[Report 1913] / Medical Officer of Health, Brighton County Borough.

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COUNTY BOROUGH OF BRIGHTON.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1913.

DUNCAN FORBES, M.D., B.Sc., D.P.H.

BRIGHTON:
The Southern Publishing Co., Ltd., 130, North Street.

Health Committee:

Chairmen - { Mr. Councillor YATES (until Nov. 1913).
Mr. Councillor Black.

Mr. Alderman C. THOMAS-STANFORD, J.P. (The Mayor) (until Nov. 1913).
Mr. Alderman JOHN L. OTTER, J.P. (The Mayor).
Mr. Alderman TITCOMB.
Mr. Councillor BURBERRY.
" " HARDY.
" " HEUN.
" " LINTOTT.
Mr. Councillor MAJOR.
" " PARRY.
" " G. PENFOLD. (until Nov. 1913).
" " PORT.
" " SKINNER.
" " WELLMAN.
" " YATES.

Town Clerk: HUGO TALBOT, Esq.

Children's Care Sub-Committee:

Chairmen - { Mr. Councillor HARDY (until Nov. 1913).
Miss M. E. HEATHCOTE.

His Worship THE MAYOR.
Mr. Councillor BLACK.
" " CAMPBELL.
" " CANE.
" " HARDY.
" " MITCHELL.
" " PORT.
Mr. Councillor SOUTHALL
" " WELLMAN.
" " WILKINSON.
Mrs. GERVIS.
Miss P. LAWRENCE, M.A.
Mr. LETHBRIDGE.

Staff of the Health Department:

Tuberculosis Officer: A. NEVILLE COX, M.D., M.R.C.P. (from May, 1913).

Chief Inspector of Nuisances: JAMES F. SKINNER (Certif. San. Institute).

INSPECTORS.

JOHN NORRISH (Certif. San. Institute), Assistant Inspector of Nuisances (Chief Clerk).
JAMES A. CUCKNEY " " " "
(Superintendent of Abattoir).
ERNEST E. MILLS (Certif. San. Institute) " " "
(Inspector under the Factory and Workshops Act and Shop Hours Act).
FREDERICK BRAYBON (Certif. San. Institute), Assistant Inspector of Nuisances.
JOSEPH WEBB " " " " "
FREDERICK SALVAGE " " " " "
JOHN SHARP " " "
ALFRED WELLSTED " " " " "
HENRY J. NEWMAN " " " " "
CHARLES GREENFIELD " " "
JOHN BAKER, Disinfector.
STANLEY E. TURNER, Senior Clerk.
REGINALD W. GRUTCHFIELD, Second Clerk.
A. J. McINTOSH, Junior Clerk.
Nurse HIPKINS, Health Visitor.
Nurse FANSTONE, " "

Staff of Sanatorium:

House Physicians: D. C. ADAM, M.B., Ch.B., D.P.H.
H. G. R. JAMIESON, M.B., Ch.B.

Matron: Miss RATCLIFF.

School Medical Staff:

School Doctor: CECIL WM. HUTT, M.D., M.A., D.P.H.
O. J. W. ADAMSON, M.R.C.S., L.R.C.P.

School Dentist: P. N. ANDREW, L.D.S.

Nurse RICHNELL.
Nurse REEVES.
Miss H. P. CAMPBELL, Clerk.
Nurse MACKENZIE.
Miss A. M. E. LATTER.
Miss M. LAWRENCE, Clerk.

Medical Officer of Health and School Medical Officer:
DUNCAN FORBES, M.D., B.Sc., D.P.H.

PREFACE.

Town Hall, Brighton.

June 10*th*, 1914.

To the Brighton Town Council.

Gentlemen,

I beg to present herewith my Report on the work of the past year.

At the end of this, my sixth year of office, I wish to acknowledge the constant and assiduous help which I have received from the members of the Sanitary Staff, of the School Medical Staff, and from the Matron and Staff at the Sanatorium. I have also to thank the members of the Health Committee and the Children's Care Sub-Committee for the time and attention which they have devoted to the important work of my Department.

I am, Gentlemen,

Yours obediently,

DUNCAN FORBES,

Medical Officer of Health and School Medical Officer.

TABLE OF CONTENTS.

STATISTICAL.

Population, 133,096.

Area, 2,536 acres.

Births, 2,485 { males, 1,244. / females, 1,241.

Inward transfers, 13; outward transfers, 5.

Birth Rate { **18·32 per 1,000** population. / 162 per 1,000 { married women between 15 and 45 years of age.

No. of illegitimate children, Total, 188 { males, 100. / females, 88.

Births in Workhouse, 37 { legitimate, 7. / illegitimate, 30.

Infantile Mortality, 117 per 1,000 { the number of deaths under 1 year was 291, of these 43 were of illegitimate children.

Still Births, 93 certified by { doctor, 76. / midwife, 17. / coroner, 0.

Deaths, 1,906 { males, 883. / females, 1,023.

Inward transfers, 173; outward transfers, 192.

Death Rate, 14·05 per 1,000.

Death Rate corrected for sex and age constitution, **12·77** (14·05 × ·9092).

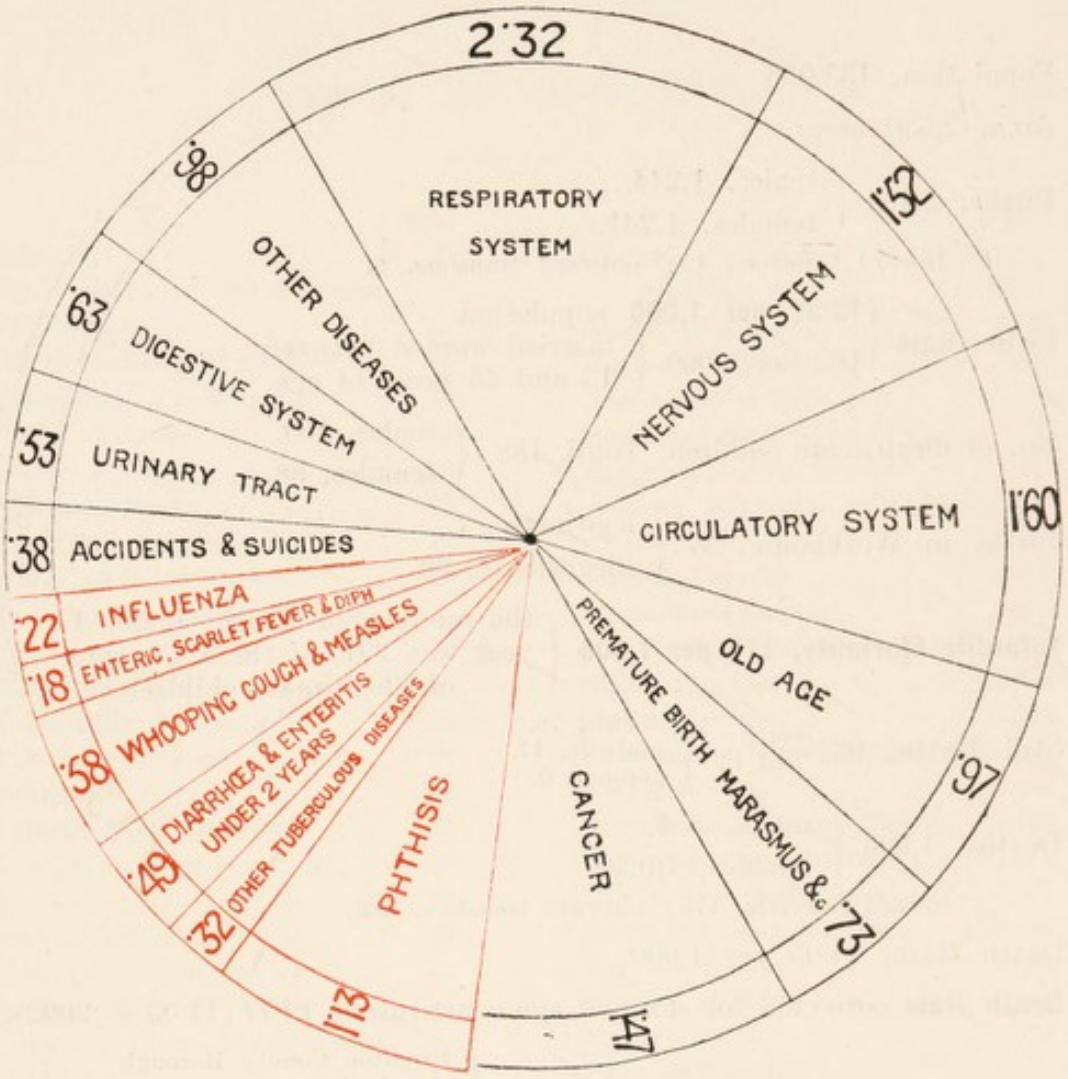
Residents dying in { Asylums, 104 { Brighton County Borough Asylum, 85. / Others, 19. / Workhouses, 260 { Brighton Workhouse, 247. / Shoreham Workhouse, 12. / Others, 1.

Total Dying in Hospitals :—

	Residents.	Non-Residents.
Royal Sussex County Hospital ...	106	96
Royal Alexandra Hospital	51	26
Women's Hospital	5	3
Sanatorium { Pulmonary Tubercle	6	—
Sanatorium { Other Diseases ...	25	1
Throat and Ear Hospital	2	2
French Convalescent Home ...	2	1
Outside Hospitals	12	—
Brighton Infirmary	247	3

Deaths in Private Houses { Residents dying away from Brighton, 44. / Deaths of Visitors to Brighton, 60.

TOTAL DEATH RATE 14·05—1913.

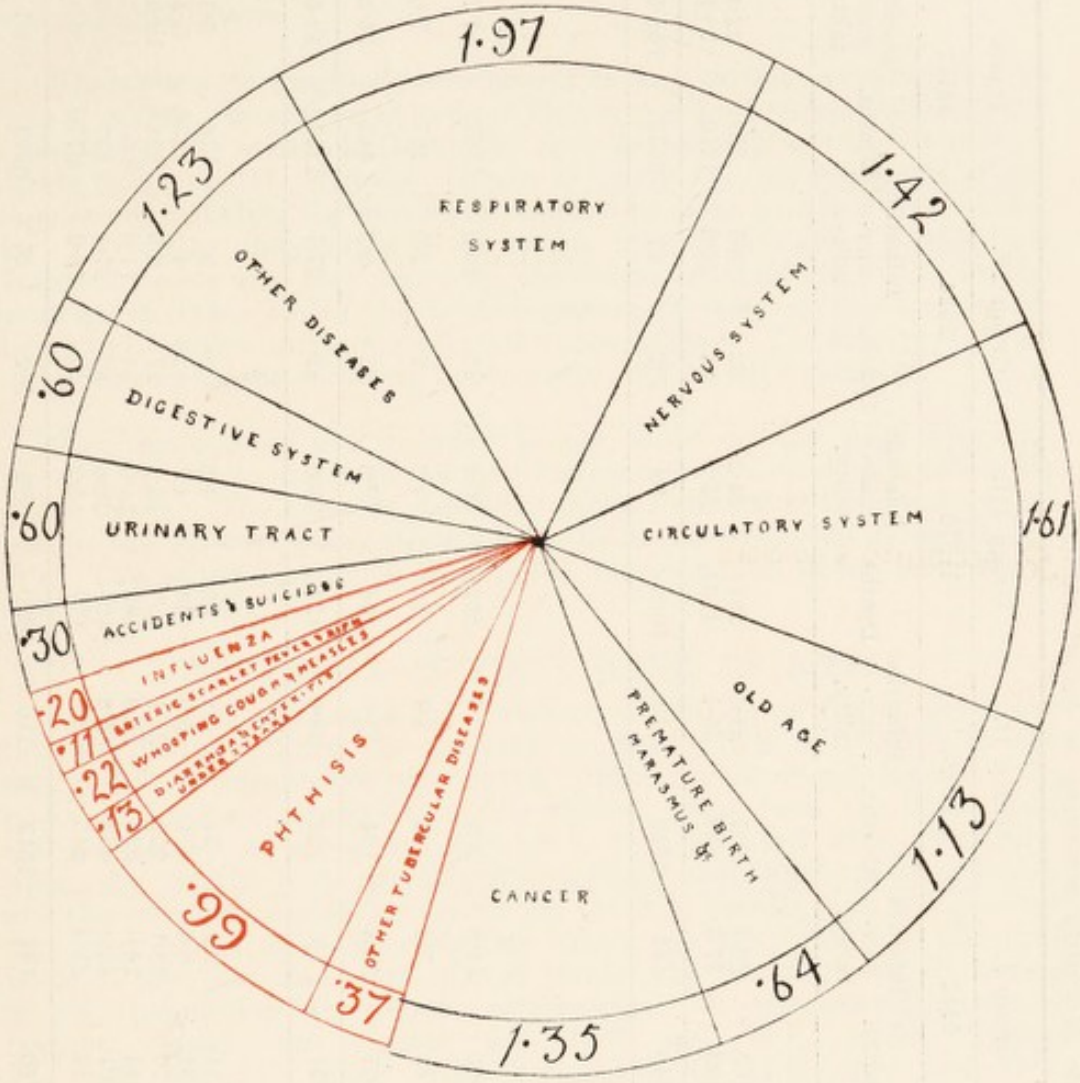


COMMENTS ON STATISTICS.

For the year 1912 the death rate for Brighton was lower than in any previous year. For 1913 there is an increase in the rate per 1,000 of 1·15. This is due to increases in the number of deaths (1) from whooping cough (46 compared with 3); (2) from diarrhoea in children under 2 (58 compared with 17); (3) from bronchitis and broncho-pneumonia (208 compared with 153).

The various increases and decreases in rates for 1912 and 1913 can be readily seen by comparing the diagrams.

TOTAL DEATH RATE 12·90—1912.



INFANTS.

The infantile mortality has increased from 76 in 1912 to 117 in 1913. The increase is due to a greater number of deaths (1) from summer diarrhoea, caused by warmer weather in August and September (50 compared with 14); (2) from bronchitis and pneumonia corresponding *as is usual* to the increase in the general death rate from respiratory diseases (54 compared with 13); (3) from whooping cough (18 compared with 2).

Infantile Mortality according to Social Status.

Total Number of Births.	Illegitimate. 2112		Group I. 5142		Group II. 11923		Group III. 11576		Group IV. 3024		Totals. 33777	
	Deaths.	Infantile mortality.	Deaths.	Infantile mortality.	Deaths.	Infantile mortality.	Deaths.	Infantile mortality.	Deaths.	Infantile mortality.	Deaths.	Infantile mortality.
(1) CLASSIFIED ACCORDING TO AGE AT DEATH.												
Deaths in 1st week	52	24·6	105	20·4	257	21·6	281	24·3	62	20·5	757	22·4
Deaths in 1st month... ...	102	48·3	193	37·5	418	35·1	416	35·9	81	26·8	1210	35·8
Total for year	398	188	740	144	1313	110	1020	88	202	67	3673	108·7
(2) DEATHS FROM PREMATURE BIRTH, ATROPHY AND MALFORMATION, CLASSIFIED ACCORDING TO AGE AT DEATH.												
Deaths in 1st week	35	16·6	76	14·8	206	17·0	232	20·0	48	15·9	597	17·7
Deaths in 2nd, 3rd and 4th weeks	31	14·6	40	7·8	93	8·1	84	7·3	9	2·9	257	7·6
Deaths in last 11 months of the first year	81	38·4	105	20·4	164	13·8	108	9·3	25	8·3	483	14·3
Total for year	147	69·6	221	43	463	38·9	424	36·6	82	27·1	1337	39·6
(3) CLASSIFIED ACCORDING TO CAUSE OF DEATH.												
Infectious Diseases	12	5·7	51	9·9	57	4·8	49	4·2	9	3	178	5·3
Convulsions	21	9·9	31	6·0	71	5·9	48	4·1	12	4	183	5·4
Bronchitis and Pneumonia ...	40	18·9	170	33·1	252	21·1	159	13·7	17	5·6	638	18·9
Diarrhoea	95	45·0	144	28·0	225	18·9	163	14·0	33	11·0	660	19·5
Premature birth, &c. ...	147	69·6	221	43·0	463	38·8	424	36·6	82	27·1	1337	39·6
All other causes	83	39·3	123	23·9	245	20·5	177	15·2	49	16·2	677	20·0
Total	398	188	740	144	1313	110	1020	88	202	67	3673	108·7

INFANTILE MORTALITY AND INCOME.

A special inquiry has been made as to the infantile mortality of the various social classes.

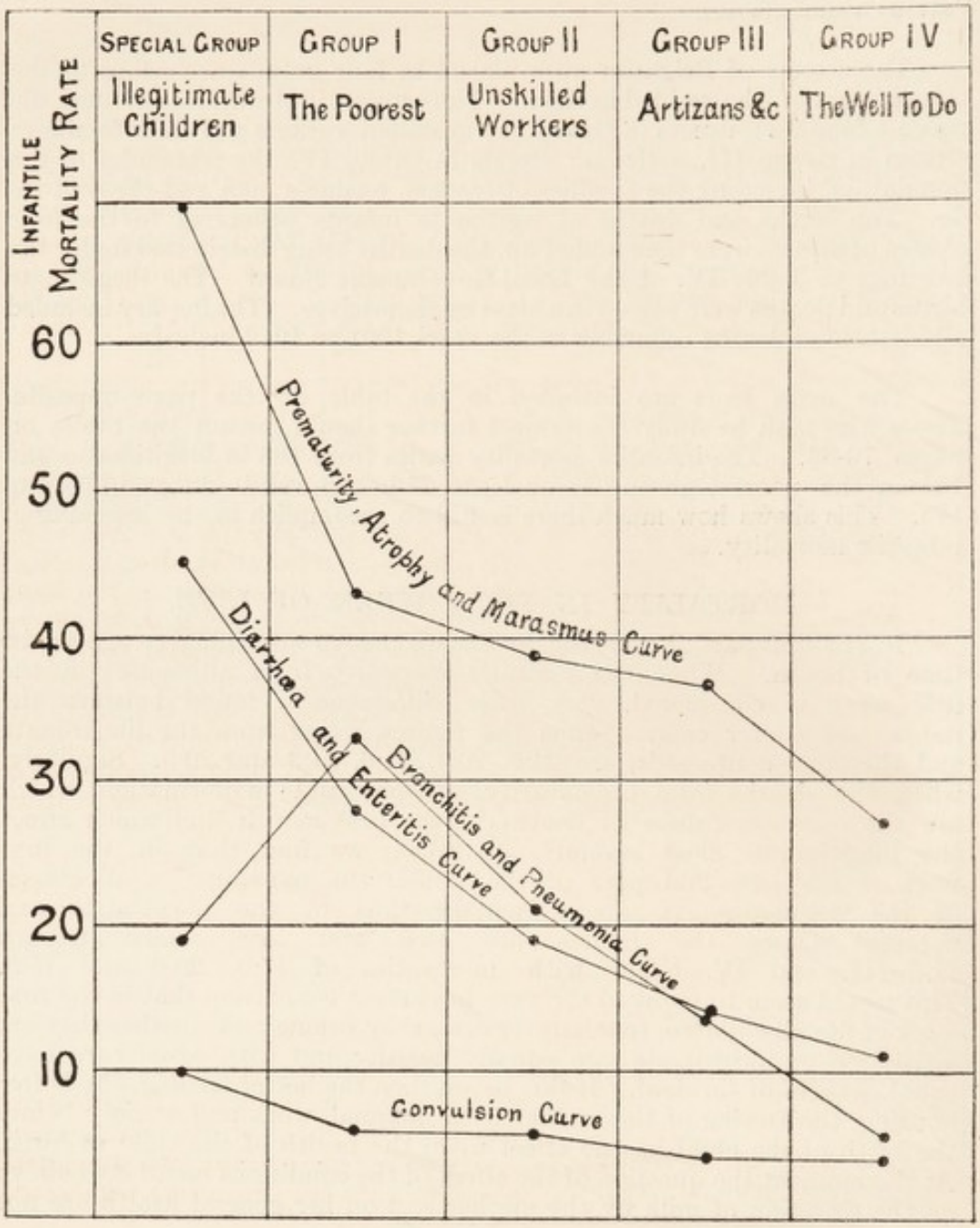
The streets of Brighton were placed in four groups according to the class of person who resided in them. Thus streets in Group I. contained the poorest families; streets in Group II., unskilled workers and their families; streets in Group III., artizans; streets in Group IV., the remainder of the population, including the families of traders, business men and the well-to-do. The births and deaths of legitimate infants belonging to the four classes of streets were then added up, the deaths being distributed under the headings of Table IV. of the Local Government Board. The illegitimate births and deaths were placed in a class by themselves. The inquiry included all births and deaths occurring in the years 1901 to 1912 inclusive.

The main facts are included in the table on the page opposite. Those who wish to study the subject further should consult the tables on pages 79-83. The infantile mortality varies from 188 in illegitimates and 144 in the poorest group (Group I.) to 67 in the well-to-do group (Group IV). This shows how much there is still to accomplish in the lessening of infantile mortality.

MORTALITY IN FIRST WEEK OF LIFE.

In the first part of table the deaths are classed according to age at the time of death. When the infantile mortality from all causes in the first week is considered, very little difference is found between the richer and poorer classes—thus the figures, going from the illegitimate and the poorest upwards, are 24·6, 20·4, 21·6, 24·3 and 20·5. Similarly, when the deaths from prematurity, atrophy and malformation, which are the common causes of deaths in the first month, and which affect the illegitimates most severely, are taken, we find that in the first week of life (see 2nd part of the table) the mortality in all classes of the population is about equal—thus in the illegitimate and poorest classes the figures are 16·6 and 14·8, whilst Groups II., III. and IV. follow with mortalities of 17·0, 20·0 and 15·9. This would seem to point to the very important conclusion that in the first week of life all children, to whatever class they belong and whether they are legitimate or illegitimate, are equally healthy and with equal care have equal chances of survival. If this be so, then the better feeding, the better housing, the freeing of the mother from manual work and anxiety before the birth of the child has no effect upon the health of the child at birth. At the moment the question of the effect of the conditions mentioned above on the secretion of milk by the mother and on her general health are not under consideration.

Diagram to shew the varying effects of Disease on the Infants of the Poor and Well-to-do.



CAUSAL CONDITIONS.

In the third part of the Table on page 8 and in the diagram on the page opposite the mortalities from groups of diseases in the various classes of the infant population are compared. The illegitimate group are most severely affected by diarrhoea, having a mortality of 45, compared with the average of 19·5. There is no doubt that this is due in a great measure to hand feeding and also to the lack of motherly care. It is interesting to note that in the prematurity-atrophy and diarrhoea curves, the percentage drop in mortality in passing from illegitimates to the very poor is exactly the same in each case. Following the prematurity-atrophy and the diarrhoea curves, it is found that there is a gradual drop in the former, whilst in the latter there is a further steep descent between Groups I. and II., shewing that a very great deal can still be accomplished in Group I. (the poorest class) in the prevention of diarrhoea. This justifies our procedure in Brighton, which aims at intensive supervision of the very poor, each infant being visited many times—this in preference to visiting a large number of children once or twice.

The curve of *bronchitis* is the most difficult to explain. According to this curve the illegitimate suffer less from respiratory diseases than Groups I. and II. The other marked feature of the curve is the large percentage falls in mortality as the curve passes from Group I. to Group IV., viz. :—between Groups I. and II. a fall of 36, between II. and III. a fall of 34, between III. and IV., the large fall of 59 per cent. Our explanation of the curve is that good housing influences enormously the mortality from respiratory diseases. We believe that just as better housing is one of the most potent influences in the reduction of the phthisis mortality, so it exercises a similar beneficial effect in the reduction of mortality from respiratory diseases in infants. According to this explanation the low death rate in the illegitimate group compared with that in Group I. is due to the illegitimates being housed better than the infants of our poorest classes. The curve also shews that, not only the housing of the very poor and unskilled workers, but also the housing of the artizan class requires considerable betterment before ideal conditions are reached.

NOTIFICATION OF BIRTHS.

The Notification of Births Act (see Table page 84) allows of early visits of the Health Visitors after the birth of children. Registration within three days of birth should take the place of the present notification and registration within six weeks, as there appears no real need for any duplication. It would also be an advantage to have all still births registered.

THE FEEDING OF INFANTS.

This matter has been fully discussed in previous reports, and I propose this year to mention only one or two outstanding facts. The number of infants visited was 931, and the average number of visits to each was seven. 77 per cent. of the infants visited were breast fed to the end of six months. In 1913 a smaller number of infants were visited, but the visits were more frequent. It is believed that more real good can be done by confining our energies to a smaller number of families.

BABIES' WELCOME.

In November, 1910, a Babies' Welcome was started at the Pelham Institute, and mothers still come there once fortnightly. The meetings

are attended regularly by the Health Visitor and the Matron of the Brighton Crèche. 24 meetings were held during the year and the average number in attendance was 17. A Babies' Welcome is now also held weekly at the Police Institute, Southover Street. The date of the first meeting was December 3rd, 1913. The average attendance is 17. Dr. Adam, assistant to the Medical Officer of Health, attends and advises the mothers as to the feeding of their infants. At both these centres the mothers are assisted to make clothes for their children and are instructed in child welfare. The mothers are encouraged to bring wasting and delicate children, under school age, to the centres.

CRÈCHES.

There are now three crèches in Brighton : one in Bristol Road, one in Gladstone Terrace, Lewes Road, and one in Albion Hill. The average daily attendance from June to December, 1913, was as follows :—25, 13 and 19—Total, 57.

THE MIDWIVES ACT, 1902.

According to the register there were 25 midwives in private practice, but five of these were not working ; all of these have been visited at their homes. Of the 20 midwives who are practising six are illiterate. During the year 187 visits were paid.

As many as 1,082 deliveries of living children were attended in or from the Women's Hospital, West Street, or its branches, during 1913. Of this number 861 belonged to Brighton. The staff consists of the Matron (Miss Blott) and six midwives ; five of the latter are allocated to districts in Brighton. Mothers expecting confinement are measured and generally examined for deformity of any kind which might hinder labour. Booking generally is done in the fifth month. The charge for first confinement is ten shillings ; for later confinements, six shillings. This hospital is one of the institutions approved as training schools under Section C. of the Rules of the Central Midwives Board. During 1913, 46 midwives were trained at the institution, and 44 of these obtained the certificate of the Central Midwives Board. The pupils are instructed by the House Surgeon and the district sisters.

Number of cases occurring in 1913, in which the Midwife advised that a Registered Medical Practitioner should be sent for (Rule E. 18).

Medical aid called in on account of the following causes, as stated by the Midwife.	Private Cases.	Outside Cases in connection with Women's Hospital, West Street
Pregnancy—		
Abortion	—	2
Ante-Partum Hæmorrhage	—	3
Labour—		
Presentation: Placenta Praevia	—	2
Presentation: Twins	2	1
Presentation: Prolapse of Cord	—	1
Presentation: Face	2	—
Presentation: Impacted Breech	2	—
Presentation: Obstructed Labour	2	12
Delay in Labour	3	20
Retention of Placenta or Membranes	1	11
Rupture of Perineum	1	22
Post Partum Hæmorrhage	1	14
Lying-in Period—		
Rise of Temperature	1	5
Other reasons connected with mother	5	12
Condition of Infant—		
Weakly Infant	3	15
Still Births	3	12
Conjunctivitis	1	4
Preparation of Body for Burial (one Midwife)	2	—
Totals	29	136
Totals, 1912	39	126

PUERPERAL FEVER.

No. in Register.	Age.	Dates of Onset.	Dates of Notification.	Attended by Midwife.	Attended by Doctor.	No. of Previous Labours.	Removed to Public Institution.	Remarks.
1	20	Mar. 31	April 9	+	—	0	Infirmary April 9	Died May 27.
2	32	April 18	April 24	—	+	0	—	
3	25	May 24	May 27	+	—	6	—	
4	22	May 25	June 10	+	—	0	—	Partially adherent placenta.
5	34	July 22	July 29	+	—	2	—	
6	27	Sept. 30	Oct. 17	—	+	1	R.S.C.H. Oct. 15	
7	38	(Miscarriage Oct. 17) Oct. 19	Oct. 22	—	+	14	Infirmary Oct. 23	Died Oct. 29th.

SMALL POX AT NEWHAVEN.

My attention was first called to the outbreak on my perusal of the weekly Local Government Board Report on the incidence of infectious diseases in England and Wales. This report came to hand on January 24th. An inspector was sent to Newhaven on the same day to find out all the particulars as to the outbreak, and especially as to the contact of Brighton residents with the patients. The Medical Officer of Health of Newhaven kindly gave us all particulars of the outbreak. The family primarily affected belonged to the poorer class and part of the house was let to lodgers. Fortunately the lodgers were of a permanent order and none of them had left the house. The disease in Newhaven was confined to a group of houses to the east of the river.

Precautions taken to prevent spread in Brighton.

(1) All doctors practising in Brighton were warned on the 24th January of the outbreak of the disease in Newhaven; they were invited to call upon me to assist them in the diagnosis of any doubtful case, and they were offered fees for the notification of chicken pox. This offer was made after consultation with the Chairman of the Sanitary Committee and the Town Clerk.

(2) All reported cases of chicken pox* were visited, and a history was taken which included the features distinguishing chicken pox from small pox. The following is a copy of the form used :—

CHICKEN POX.

Name.....Age Address .....

Notified by.....Date.....1913.

School .....

Sunday School .....

First Symptoms,

Headache,
Pain in Back,
Vomiting.

History of chicken or glass pox,

Interval between onset and rash .....Preceding rash or illness in other

Itching on appearance of rash ..... members of family.

Dates of Vaccination,

(1) Infancy,
(2) Later,

During fortnight before onset, did patient

(1) Go out of Brighton ?
(2) Receive visitors ?

---

* The age of the cases of chicken pox notified is given; from this it will be observed that 10 out of a total of 113 were over the age of 15.

Age.	Under 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45
Cases ...	2	34	55	12	5	1	2	2

Total, 113.

(3) An inspector was put on special duty in the Common Lodging Houses. Each night the lodgers were examined to find out if any had spots on the forehead, also inquiries were made as to the places from which new-comers had arrived.

(4) Successful representations were made to the Railway Company in order that they might cancel the cheap fares from Newhaven to Brighton for the Brighton—Everton Cup tie.

(5) The services of one of our Sanitary Inspectors was offered to the Newhaven Urban Council, that body agreeing to pay his wages. Our offer was really made in order that our inspector, whilst assisting generally, might give us daily information as to the course of the outbreak, particularly noting the names and addresses of Brighton contacts. A few persons, including brewers' draymen, had been in actual contact with known small pox cases ; in each instance those were successfully vaccinated within three days of contact and, as a consequence, none of them developed the disease.

(6) Boys and girls from Newhaven attended certain of the secondary and evening schools, and these were as far as possible excluded until the danger had passed.

VACCINATION.

As Brighton was last year threatened with small pox, it is opportune to call attention to the subject of vaccination. The following statement briefly gives the effects of vaccination in the prevention and modification of small pox attacks :—

1. The immediate effect of vaccination, if performed successfully within three days of infection, is to prevent any attack of small pox.

2. Immunity from attack, however intense the infection, lasts with certainty for some years.

3. Although in the course of years the successfully vaccinated person may lose this acquired immunity from attack, nevertheless (*a*) if he is attacked he suffers from a milder form of the disease than he otherwise would have done, and (*b*) the greater the total area of his vaccination scars the milder will any subsequent attack be.

4. In all infectious diseases the severity of the attacks varies enormously in two persons apparently likely to resist the disease equally, the attack in one may be trivial, in the other fatal. So it is that vaccinated persons may die from an attack of small pox, whilst unvaccinated persons may have such mild attacks as to be overlooked. In an unvaccinated population attacked by small pox there would be many mild overlooked attacks which would render the control of the spread of the disease difficult.

Epidemics of infectious disease vary in severity, and small pox is no exception to the general rule. Therefore the following figures, taken from Dr. Niven's Annual Report for Manchester for 1904 may overestimate or underestimate the mortality of the epidemic which, sooner or later, will sweep over England.

Of the unvaccinated attacked, 19 per cent. will die ; of those with a total area of vaccination scars up to ½ inch, 10 per cent. ; of those with vaccination marks of over ½ inch, only 1 per cent. A consideration of these figures should convince reasonable persons of the dangers of (1) the increase of the number of unvaccinated persons and of (2) the increasing inefficiency of vaccination. Unfortunately in Brighton the percentage of persons vaccinated, and also the percentage of persons *sufficiently* vaccinated, are rapidly decreasing—how rapidly is demonstrated below.

Increase of the Unvaccinated Population in Brighton.

(I am indebted for this information to Mr. Clifford and Mr. Bramwell, the Brighton and Preston Vaccination Officers.)

TABLE I.

Vaccination in Brighton.

	1905	1906	1907	1908	1909	1910	1911	1912
*Births Registered ...	2654	2626	2504	2560	2479	2409	2419	2388
Successfully vaccinated	1896	1810	1633	1487	1251	1020	890	768
Percentage Vaccinated ...	71	69	65	58	50	42	37	32
Conscientious Objectors...	278	314	404	603	720	973	1068	1272
Percentage Conscientious Objectors	10	12	16	24	29	40	44	53

* Not including children dying before vaccination.

Decrease of the Efficiency of Vaccination.

The three following tables shew that, whilst the number of marks in the vaccinated remains fairly constant, the area of the individual marks has decreased. Table IV. below shews that 84 per cent. of the vaccinated children born in 1908 had total vaccination areas of ½ in. or under, whilst only 16 per cent. had total areas over ½ in. Of vaccinated children born in 1895, 46 per cent. had total areas of vaccination of ½ in. or under, whilst 54 per cent, had areas of over ½ in.

TABLE II.

Year at Birth.	Percentage Unvaccinated	Total No. of Children Examined.	No. of Marks in Vaccinated Children. Percentage.			
			1 Mark.	2 Marks.	3 Marks.	4 Marks.
1894	25.2	1470	24	30	16	30
1895	22.3	1894	27	33	15	25
1896	23.1	1346	25	34	15	26
1897	26.0	2314	26	34	12	28
1898	25.0	2496	28	32	15	25
1899	21.7	3335	30	30	14	26
1900	20.6	3556	27	30	15	28
1901	22.3	4916	29	27	15	29
1902	19.1	3140	27	28	13	32
1903	24.2	5050	27	26	13	34
1904	27.5	3231	27	25	15	33
1905	28.9	2346	26	23	16	35
1906	31.8	2003	29	23	14	34
1907	43.8	1636	26	25	14	35
1908	42.8	664	27	23	17	33

TABLE III.

Year at Birth.	Percentage Unvaccinated	Total No. of Children Examined.	Area of Individual Marks in Vaccinated Children. Percentages.			
			Up to $\frac{1}{8}$ in.	Up to $\frac{1}{4}$ in.	Up to 1 in.	1 in. and over.
1894	25.2	1470	13	42	39	6
1895	22.3	1894	17	40	34	9
1896	23.1	1346	25	28	39	8
1897	26.0	2312	33	36	25	6
1898	25.0	2496	35	41	20	4
1899	23.0	3168	43	35	20	2
1900	20.4	2095	49	36	14	1
1901	22.3	3658	50	37	11	2
1902	19.7	2286	51	35	12	2
1903	23.9	3403	57	33	9	1
1904	28.2	2585	64	28	7	1
1905	25.9	1641	74	22	3	1
1906	27.0	707	74	23	2	1
1907	31.8	157	82	17	0	1

TABLE IV.

Percentages of Vaccinated Children Examined, with Total Area of Marks.

Year at Birth.	Up to $\frac{1}{8}$ in.	Up to $\frac{1}{4}$ in.	Up to $\frac{1}{2}$ in.	Up to 1 in.	Over 1 in.	Total children Vaccinated.
1895	7	12	27	36	18	1310
1896	10	15	27	35	13	896
1897	13	16	32	30	9	1525
1898	17	19	26	31	7	1689
1899	20	22	29	23	6	2382
1900	20	22	28	23	6	2502
1901	20	23	29	24	4	3517
1902	20	26	27	23	4	1991
1903	26	27	28	16	3	3346
1904	24	30	26	17	3	2121
1905	25	31	24	18	2	1669
1906	22	32	23	22	1	1370
1907	25	30	24	20	1	918
1908	28	30	26	15	1	379

Conclusions :—

(1) Regarding vaccination.

(*a*) For the safety of the community compulsory vaccination should be re-introduced.

(*b*) Not only successful, but *sufficient* vaccination should be legally required.

(*c*) A *sufficient* vaccination should be defined as four vaccination marks, with a total area of one square inch.

(2) Administration in the presence of small pox.

(*a*) On the discovery of a case of small pox the Medical Officer of Health of any district should be required not only to communicate with the Local Government Board, but to communicate at once with all Medical Officers of Health of neighbouring areas.

(*b*) During the period of the outbreak, or threatened outbreak, the Medical Officer of Health should act as deputy vaccinator, without fee.

(*c*) All known small pox contacts should be liable to compulsory vaccination or compulsory quarantine.

My reasons for these conclusions were given in a paper to the Association of Public Vaccinators of England and Wales (14th March, 1914), of which the following is an extract :—

Known small pox contacts. In every small pox epidemic many cases of small pox can be prevented by the prompt vaccination of contacts. As you are aware, small pox can be with certainty prevented if vaccination is performed within three days of infection. As far as I could judge from a study of the Manchester cases, small pox appeared to be most infectious during the second and third days of the rash. It follows that with the early discovery of the case many attacks can be successfully prevented by the vaccination of known contacts.

What usually happens is this. During a small pox outbreak great numbers of doubtful cases are visited by the Medical Officer of Health and every notified case is visited by that officer before removal. It is just at the moment that the case is pronounced to be small pox that the contacts are most willing to be vaccinated. Give them a few hours, give them a day to consider the matter, and with the lapse of time the percentage who will refuse vaccination rapidly increases. Not only so, but with the lapse of time the percentage of contacts saved from attack falls. It is for this reason that the Medical Officer of Health carries lymph with him and assists the private practitioner to have vaccination offered to all immediate contacts at the very moment of the confirmation of diagnosis. It is also for this reason that in the families of the poor who have no regular medical attendant the Medical Officer of Health should act as deputy vaccinator. If the Medical Officer of Health simply makes a list of contacts and sends this to the Public Vaccinator, who at the time of an epidemic is a very busy man, the result is an unnecessary increase of cases. By the time the Public Vaccinator arrives the case has been removed, the scare is over, and many contacts who would gladly have been vaccinated refuse vaccination.

I do not think that the Medical Officer of Health should receive any fee for such vaccination, as it is part of his ordinary duty to take all steps necessary for the prevention of the spread of infectious disease. On the other hand, if the Medical Officer of Health were *ex officio* a deputy vaccinator there is no reason why the Public Vaccinator, who helps the Medical Officer of Health in many ways during an outbreak, should not receive the fees for such cases. It is for those reasons that I should advise the appointment of all Medical Officers of Health as *ex officio* deputy vaccinators for their areas.

The compulsory vaccination or quarantine of known contacts. It does seem rather absurd that parents should have to make statutory declarations regarding their conscientious objections in order to avoid primary vaccination of their children whilst known contacts with small pox cases can simply refuse vaccination. Freedom of the individual is excellent, but in this instance his freedom is given him, not only at great risk to himself, but also at a great risk to the community. If a contact refuses vaccination then it should be possible to quarantine him. This power would be of the greatest value in dealing with outbreaks in the floating population who reside in common lodging houses and tramp wards. This class, more than any other, spreads the disease during epidemic periods, and it is quite impossible to supervise them in the same way that one can supervise contacts living in private houses. I quite admit that with compulsory power to vaccinate or quarantine, the discovery of a case of small pox in a common lodging house might lead to a stampede of the inmates, but I do not see why prompt measures should not overcome this difficulty.

OTHER INFECTIOUS DISEASES.

Particulars regarding certain infectious diseases for the year 1913 are given in the following table :—

	Total.		Per 100,000 population.		Number of deaths per 100 cases notified.	Percentage of notified cases treated in hospital.
	Number of cases.	Number of deaths.	Number of cases.	Number of deaths.		
Scarlet Fever ...	690	12	518	9·0	1·7	88
Diphtheria ...	159	7	119	5·2	4·4	86
Enteric Fever ..	27	6	19	4·5	22·2	*67
Measles	—	33	—	24·8	—	—
Whooping Cough	—	46	—	34·6	—	—

* Two cases were treated at the Royal Sussex County Hospital and one case in the Infirmary.

A list of the schools closed on account of the prevalence of the diseases mentioned above is given on page 77.

DIPHTHERIA IN SCHOOLS.

Exclusion of contacts. With regard to the exclusion of contacts with cases of diphtheria, the date of return has now been changed from the Monday following the lapse of four clear *weeks*, to the Monday following the lapse of six clear *days*. This has been rendered reasonably safe by the swabbing of the throats and noses of all home contacts attending school. During 1913, 100 throat and 97 nose swabs were taken from 100 contacts. One contact had a positive swab from the throat, two from nose and throat, and four from the nose, thus *seven per cent. of the home contacts were proved to be carriers of morphologically typical diphtheria bacilli.*

Class examination. In all instances when more than one case occurred in a school class the school was visited and the children of that class were examined for fibrinous rhinitis and other suspicious signs. 541 children were thus examined ; three cases of fibrinous rhinitis were discovered. Of 35 throat swabs, four (11 per cent.) were positive, and of 50 nose swabs, 15, including the three cases of fibrinous rhinitis (30 per cent.), were positive.

ENTERIC FEVER.

Of the 27 cases notified, three proved not to be enteric fever. The possible sources of infection in 11 cases are given below :—

Direct contact with known or overlooked cases ...	5
Oysters	2
Mussels and other shell fish	3
Carrier case	1

Of the remainder, two had suffered previously from enteric fever, five were imported cases, and in six the source of infection was not traced.

MEASLES.

Measles and whooping cough continue to be notified from the schools and are visited from the Health Office. The usual tables are given on pages 77 and 78.

The early diagnosis of measles. The earliest sign is a rise of temperature. On the following or later days, and frequently three days before the appearance of the rash, one can diagnose the condition with certainty by the presence of tiny white spots (Koplik's spots) on the buccal mucous membrane.

Incubation Period. A patient suffering from measles, but notified as scarlet fever, was admitted to the General Scarlet Fever Ward and sat, wrapped in blankets, by the fireplace for from 20 to 30 minutes. Thereafter he was transferred to a side ward. Two cases developed in the General Ward; 10 days and 12 days intervened between the presumed time of infection and the rise of temperature, and 14 and 15 days between the time of infection and the appearance of the rash.

Infection carried by a third person. This occurred in two instances in the early days of the rash. The cases of measles from which the infections were carried were in rooms which aerially had no connection with those occupied by the patients who were infected. In each instance the nurse, who was presumed to have carried the infection, is said to have worn a special cloak (not gloves) whilst attending to the case of measles and also to have thoroughly washed her hands on leaving it. As other methods of infection were not traced it seems probable that infection was carried in each instance by a nurse. I am now convinced that infection can be carried by a third person much more readily than I had formerly believed.

SUMMER DIARRHOEA.

The number of deaths from diarrhoea occurring during the year was 66, or at the annual rate of ·48 per 1,000. For August and September the mean temperature was 60·4, the earth temperature at four feet, 61.

Precautionary Measures.

Early in August the following circular letter was sent to 2,000 families in which infants had been born within the previous two years.

"Health Department,
"Town Hall, Brighton,
"August, 1913.

"How to Prevent Diarrhoea.

"*Breast Feeding.*

"During each summer a considerable number of infants die in Brighton from diarrhoea. Babies who are fed entirely from the breast nearly always escape. It is evident, therefore, that in the prevention of this very fatal summer disease precautions as to food are most important.

"Attention to the following points would save many infants' lives :—

"*Weaning.*

"1. Do not wean your infant during the hot months of August and September. To begin artificial feeding during hot weather is very dangerous. If the breast-milk is insufficient, it is better to give this alternately with cows' milk than to give cows' milk alone.

" *Hand Feeding.*

" 2. If feeding by hand is necessary, carefully follow these directions :—

A.—If Cows' Milk is used.

(*a*) The milk should be boiled when it comes into the house, and kept in the coolest place possible, protected from flies and dust.

(*b*) The infants' food must be prepared fresh each time.

(*c*) All jugs or other utensils used for storing milk must be kept absolutely clean.

(*d*) The feeding bottle must be thoroughly washed immediately after each meal. It is best to use alternately two boat-shaped bottles without tubes, and the nipple of these should be turned inside out for cleaning. Tubes are always dangerous. If the bottle smells sour, something is not clean, and the infant will suffer.

B.—If Condensed Milk is used.

Never use condensed milk except on medical advice. If used, the tin should not be kept more than two days after being opened, and should be carefully protected from flies.

" *The Dust-bin.*

" 3. Flies are attracted by decomposing refuse in foul dust-bins ; decaying vegetables, bones, fish-heads, etc., should be burnt, and not placed in the dust-bin. In every case the cover of the dust-bin should fit properly, so that flies may be kept out. On application, the Borough Surveyor will arrange to have the refuse removed twice weekly during August and September ; there is, therefore, no need to have your dust-bin overfull.

" *Personal Cleanliness.*

" 4. In any case, but more especially if a child has diarrhoea, the utensil should be emptied immediately after use, and soiled napkins should at once be put into water. For the sake of your own family and your neighbour's children, flies should not be allowed to settle on any such excrement, as it contains highly infective material.

" *Human Carriers of Disease.*

" 5. Fatal attacks of diarrhoea may be caused by putting dirty fingers into the baby's mouth. It is best never to feel for teeth or rub the gums with your finger. Before cleansing the infant's mouth or preparing its food, your hands should be thoroughly washed. Many persons forget that the fly would be comparatively harmless if it were not for the lack of ordinary cleanliness in the home.

" *Flies as Carriers of Disease.*

"6. Flies carry dirt and the infecting agent of diarrhoea from excreta to both liquid and solid food. Milk should always be kept covered with muslin ; the children's sugar should be taken from the bag as required.

" In the hot season kill as many flies as possible by the free use of fly-papers.

"*Early Treatment Required.*

"7. If your infant does have diarrhoea, you should at once call in a doctor, as medicine and a complete change of diet is usually required. Children attacked by summer diarrhoea do not die from starvation, but from poisoning. The parent should not be anxious if milk food is stopped entirely, and barley water or white of egg is substituted for some days. If, contrary to the doctor's orders, the mother persists in giving the infant some milk, she may be giving nourishment to the diarrhoea organism which is poisoning her child. Mothers must learn that milk is not necessary to keep up the strength in those cases; in every instance the doctor's directions must be followed implicitly.

"DUNCAN FORBES,
"*Medical Officer of Health.*"

Families under observation. It was intended to keep 1,163 families under observation, but on visiting the addresses from which the births were notified, 475 families were found to have moved. This shews how frequently families of the poorer classes change their address. The remaining 688 homes were visited three times during August and September; the information noted is given below.

The following table shows the time of greatest incidence of summer diarrhoea in relation to temperature and rainfall.

Week ending	July 5	12	19	26	Aug. 2	9	16
Onsets	3	1	4	3	6	16	26
Deaths under Two	—	—	—	—	—	2	1
Average Temp. in Shade ...	61·8	57·0	59·9	60·0	63·0	59·1	61·9
Average Temp. at 4 feet	59·2	59·9	59·6	60·1	60·4	61·1	60·8
Rainfall	·20	1·52	1·78	·01	—	·16	·04

Week ending	Aug. 23	30	Sept. 6	13	20	27	Oct. 4
Onsets	31	37	17	11	9	6	2
Deaths under Two	3	8	3	8	3	4	4
Average Temp. in Shade ...	61·6	63·8	62·0	60·1	56·4	60·4	61.0
Average Temp. at 4 feet ...	61.2	61·3	61·8	61·1	60·6	60·7	60·2
Rainfall	·09	·69	2·19	·31	·56	·08	·19

Incidence of Diarrhoea. The total population in the above-mentioned houses was 4,709, and of these 196, or over 4 per cent., suffered from diarrhoea. The greatest incidence occurred in the first and second years of life, 15 per cent. and 21 per cent. respectively of the population living at these ages being attacked. In the third year of life the percentage of incidence fell sharply, and continued to fall thereafter. Of those over 10 years of age, only ½ per cent. were attacked.

Effect of Feeding. (*a*) *Incidence.* Of 329 babies under nine months who were being suckled, only 18, or 5½ per cent., were infected ; of 65 being fed on cows' milk, 23, or over 35 per cent., were infected ; of 22 being fed on condensed milk, 7, or 32 per cent., were infected.

(*b*) *Mortality.* None of the 18 suckled babies who were attacked died, whilst four, or 17 per cent., of the 23 babies fed on cows' milk who were attacked died.

Conclusions.

Although these figures are small, they indicate that breast-fed babies are less frequently attacked with summer diarrhoea than hand-fed infants. At the same time it should be noted that a percentage of suckled babies (5½ per cent.) were attacked ; the fact that suckled babies are frequently attacked is not at times sufficiently recognised. When attacked, breast-fed babies are better able to resist the disease ; no death from diarrhoea occurred amongst suckled babies in the third quarter of last year, whilst in the population under observation no less than 14 per cent. of the 36 hand-fed babies attacked died.

Bacteriology.

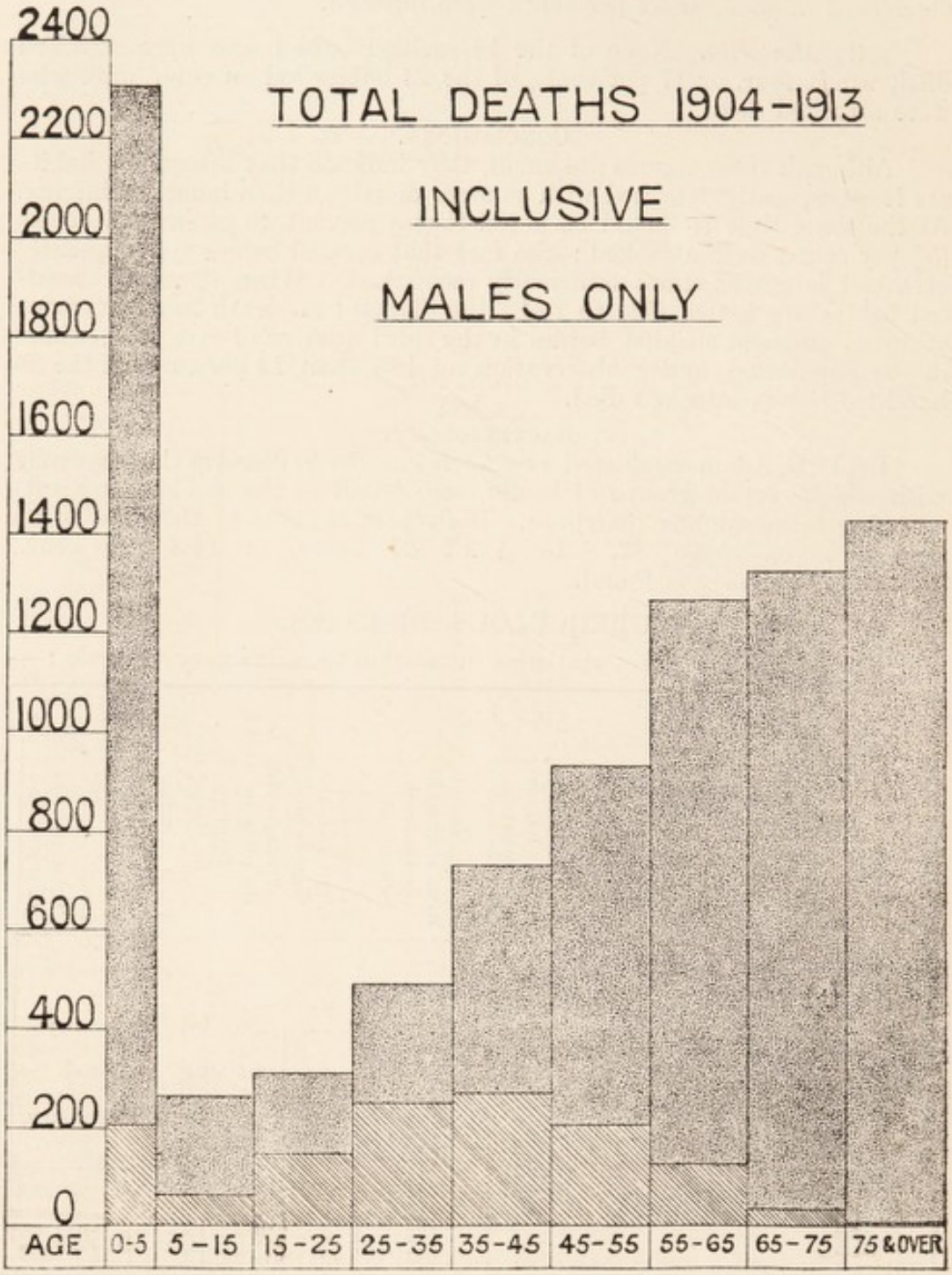
Dr. D. C. Adam conducted a research in order to discover the frequency with which certain groups of bacilli were found in the stools of patients suffering from summer diarrhoea. His report is given in the form of an Appendix on page 87. In 4 of 27 cases, or 14·8 per cent., Morgan's bacillus was found.

TUBERCULOUS DISEASES.

The table below gives statistics in relation to pulmonary tubercle : —

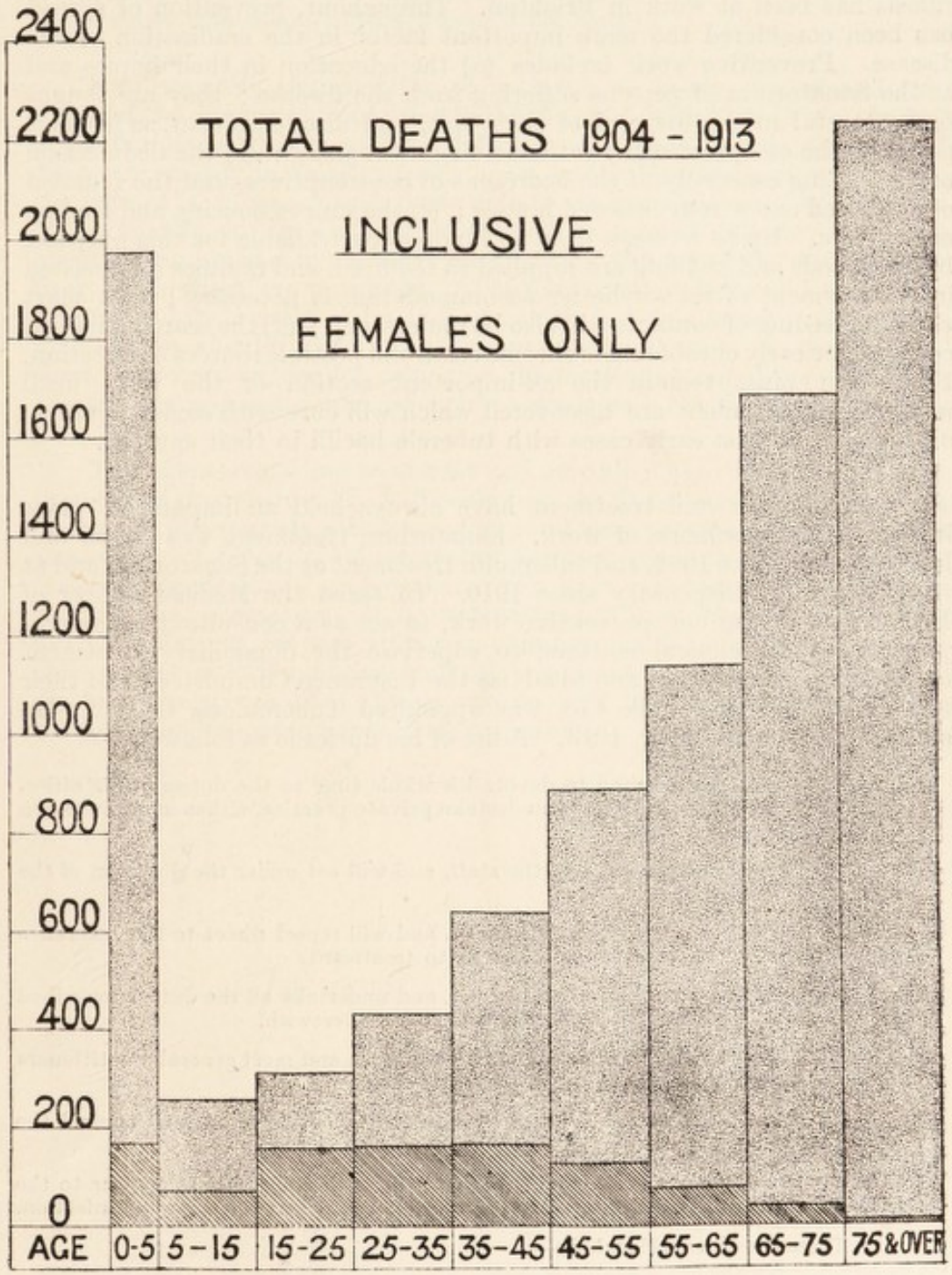
Year.	Phthisis.									Tuberculin treatment at Dispensary.		
	Annual No. of deaths from Phthisis.	Rate per 100,000.	No. of new cases notified.	No. of cases re-notified.	New cases notified per 100,000 of population.	Total No. of cases treated in the Borough Sanatorium.	No. of cases re-admitted to the Sanatorium.	Average stay in Hospital in weeks.	Total weeks in Hospital.	Total patients.	New patients.	Total number of injections.
1899	180	146	111	—	92	—	—	—	—			
1900	173	139	105	—	85	—	—	—	—			
1901	164	133	153	9	124	—	—	—	—			
1902	174	140	224	52	180	31 (from May)	—	3·9	98	Dispensary		
1903	182	145	316	82	252	98	—	4·5	434	opened		
1904	174	138	363	85	288	130	—	4·1	551			
1905	172	136	308	102	243	135	6	4·5	610	26th February,		
1906	185	145	373	119	292	213	32	5·2	1108			
1907	182	142	299	104	233	197	36	5·9	1156	1911.		
1908	167	129	270	64	209	191	31	5·4	1027			
1909	180	139	267	152	206	175	32	7·5	1320			
1910	143	109	251	105	192	165	28	10·4	1718			
1911	179	136	258	184	196	115	21	14·2	1639	35	35	346
1912	121	99	352	220	266	104	31	16·5	1702	54	38	959
1913	153	113	370	180	278	164	19	12·9	2118	89	62	2300

Two diagrams have been prepared to shew the age incidence of deaths from tuberculosis, compared with deaths from all other diseases. One diagram has been prepared for males, one for females. These shew the large proportion of deaths due to phthisis occurring at ages when lives are most valuable to the community.



The lined portion ≡ represents deaths from pulmonary tubercle.

The shaded parts represent the deaths from all other causes.



The lined portion ⫽ represents deaths from pulmonary tubercle.

The shaded parts represent the deaths from all other causes.

c

THE TUBERCULOSIS SCHEME.

For many years a scheme for the prevention and treatment of tuberculosis has been at work in Brighton. Throughout, prevention of spread has been considered the more important factor in the eradication of the disease. Preventive work includes (*a*) the education in their homes and at the Sanatorium of persons suffering from the disease ; they are taught to be careful in the disposal of their spit, and also to prevent, as far as is possible, the escape of spray into the air on coughing ; (*b*) the disinfection and cleansing especially of the bedrooms of consumptives, and the removal of advanced cases from crowded houses ; (*c*) the proper housing and feeding of contacts. Up to a recent date no funds were available for this purpose, but now beds and bedding are supplied as required, and families are assisted in the payment of rent if better accommodation is necessary ; in a short time the feeding of contacts will also be undertaken ; (*d*) the search amongst contacts for early curable cases chronic cases and possible sources of infection. Prevention must remain the all-important section of the work until methods of treatment are discovered which will cure with some certainty all cases, or at least early cases with tubercle bacilli in their sputum.

Clinical work and treatment have always held an important place in the Brighton scheme of work. Sanatorium treatment was begun and has continued since 1902, and tuberculin treatment at the Sanatorium and at the Town Hall Dispensary since 1910. To assist the Medical Officer of Health in carrying out preventive work, to act as a consultant to general practitioners in clinical matters, to supervise the domiciliary treatment of insured consumptives, and to advise the Insurance Committee as to their treatment, Dr. A. Neville Cox was appointed Tuberculosis Officer. He started work on 2nd May, 1913. A list of his duties is as follows :—

(1) He will be required to devote his whole time to the duties of his office, and he will not be permitted to undertake private practice, either in consultation or otherwise.

(2) He will be appointed to the staff, and will act under the direction of the Medical Officer of Health.

(3) He will be clinically independent, and will report direct to the Insurance Committee with his recommendations as to treatment.

(4) He will act as Dispensary Officer, and undertake all the duties prescribed by the Local Government Board in connection therewith.

(5) He will supervise all domiciliary treatment,and meet general practitioners in consultation with regard to tuberculous cases.

(6) He will act as a Visiting Physician to the Sanatorium and control the observation beds there.

(7) He will make such enquiries, and take such steps as may appear to the Medical Officer of Health necessary or desirable to prevent the spread of infection.

These enquiries will include—

(1) The investigation of sources of infection ;

(2) The search for contacts ;

(3) The inquiry into the home conditions of the patients.

(8) He will carry out any other duties which shall from time to time be required by the Brighton Town Council, the Local Government Board or the National Insurance Commissioners.

It is hoped that medical practitioners will take advantage of the services of the Tuberculosis Officer, as it is in the early stage *when the disease can frequently only be diagnosed by an expert* that it is at all probable that proper treatment will be followed by cure.

Unfortunately the majority of patients are in the second and third stages of the disease when notified to the M.O.H. This is, at times, the fault of the patient, who neglects his cough, and only goes to his doctor when the disease is already in an advanced stage; in the first stage of consumption the patient is, in most cases, quite able to continue his usual employment. Unfortunately in certain cases the cough is treated and the chest is not *carefully* examined; in a careful examination the front, the sides and the back of the chest are examined. The public should be taught that if they consult a doctor early there is hope of their being cured; the medical practitioner should insist on a thorough examination of the patient's chest before prescribing for a cough. After examination of the chest, if the practitioner is in any doubt, he should consult with the Tuberculosis Officer.

The figures regarding treatment and mortality were arrived at or taken from tables prepared by Dr. A. Neville Cox, the Tuberculosis Officer. These figures are comparable with each other, and were prepared in order to shew the great difference in the mortality between patients who have sputum *shewing tubercle bacilli* and patients who have no sputum or sputum *not shewing these organisms*. It is evident that it is absolutely useless and a waste of time to prepare statistics shewing the favourable or unfavourable results of different methods of treatment, except the patients are divided into groups of (1) those who do, and (2) those who do not have tubercle bacilli demonstrable in their sputum.

Probable duration of life in Sanatorium treated cases, with and without tubercle bacilli in the sputum (1902-1909), patients removed or lost sight of not included :—

Stage of Disease.		Chances of living. 6 months after first admission.	1 year after first admission.	2 years after first admission.	3 years after first admission.	4 years after first admission.	Totals.	Percentage alive 4 years after.	Progress of those living. Favourable.	Stationary.	Unfavourable.
Stage I.	T.B. in Sputum	5 to 1 in favour	3 to 2 in favour	4 to 3 against	5 to 3 against	2 to 1 against	57	30	11	3	2
	T.B. not found	11 to 1 in favour	4 to 1 in favour	4 to 1 in favour	4 to 1 in favour	4 to 1 in favour	59	80	38	7	2
Stage II.	T.B. in Sputum	4 to 3 in favour	3 to 2 against	2 to 1 against	4 to 1 against	5 to 1 against	170	16	10	5	3
	T.B. not found	3 to 1 in favour	3 to 2 in favour	Even chances	7 to 6 against	4 to 3 against	65	41	19	5	1
Stage III.	T.B. in Sputum	8 to 5 against	4 to 1 against	8 to 1 against	11 to 1 against	15 to 1 against	157	6	2	1	2
	T.B. not found	7 to 5 in favour	7 to 5 against	2 to 1 against	2½ to 1 against	2½ to 1 against	24	29	3	1	2
All Stages	T.B. in Sputum	Even	2 to 1 against	3 to 1 against	9 to 2 against	7 to 1 against	384	14	23	9	7
	T.B. not found	7 to 2 in favour	2 to 1 in favour	3 to 2 in favour	9 to 7 in favour	81 to 67 in favour	148	55	60	13	5

The table above puts the chances of living at too low a ratio as in each year a number of notified persons who continue to live are lost sight of.

On the contrary, the table below overstates the chances of living, as every case treated at the Sanatorium is included as living, whom we do not know to have died. No doubt many have died away from Brighton, as over one-third have been lost sight of.

Probable duration of life in Sanatorium treated cases with and without tubercle bacilli in the sputum (1902-1909), patients removed or lost sight of included as living :—

Stage of Disease.		Chances of living.				
		6 months after first admission.	1 year after first admission.	2 years after first admission.	3 years after first admission.	4 years after first admission.
Stage I. ...	T.B. in sputum	9 to 1 in favour.	3 to 1 in favour.	2 to 1 in favour.	1·75 to 1 in favour.	5 to 4 in favour.
	T.B. not found	35 to 1 in favour.	15 to 1 in favour.	15 to 1 in favour.	15 to 1 in favour.	14 to 1 in favour.
Stage II....	T.B. in sputum	2 to 1 in favour.	11 to 10 in favour.	6 to 5 against.	11 to 8 against.	7 to 4 against.
	T.B. not found	5 to 1 in favour.	3 to 1 in favour.	2·5 to 1 in favour.	2 to 1 in favour.	7 to 4 in favour.
Stage III.	T.B. in sputum	6 to 5 against.	2·5 to 1 against.	4 to 1 against.	4·5 to 1 against.	5 to 1 against.
	T.B. not found	2 to 1 in favour.	8 to 7 in favour.	8 to 7 against.	4 to 3 against.	4 to 3 against.
All Stages.	T.B. in sputum	16 to 9 in favour.	Even chances.	3 to 2 against.	5 to 3 against.	2 to 1 against.
	T.B. not found	9 to 1	5 to 1	4·5 to 1	4 to 1	3·7 to 1

TUBERCULIN.

Subcutaneous injection for diagnosis. Negative results indicate an absence of active tuberculosis, positive results active *or inactive* disease. Broadly speaking, rapid re-action to a small dose denotes a more recent disease, delayed re-action to higher doses older chronic processes. Positive local or general re-actions following subcutaneous injection are of little value compared with focal re-actions ; in other words, old tuberculin is useful in diagnosis chiefly because it produces a congestion of the tissues around tuberculous lesions, and leads to changes in the symptoms and the physical signs which changes with great care on examination and re-examination, are discoverable even in early cases.

In treatment. Tuberculin treatment is being continued with favourable results in the amelioration of symptoms and so far as can be judged in the prolongation of life. It is not encouraging to find that after long periods of treatment, tubercule bacilli persist in the sputum of certain early cases. A very large number of cases will have to be treated and classified before any reliable conclusions can be arrived at. The preparations in use for treatment are principally those known as P.T.O., P.T. and S.B.E.

The following table shews the present condition of patients treated with tuberculin for three months or more during 1910, 1911 and 1912 :—

Stage at which treatment begun.		Total.	Dead.	Progressing favourably.	Stationary.	Getting worse.	Removed or lost sight of.
Stage I....	T.B. in sputum ...	11	1	8	—	—	2
	No sputum or T.B. not found in sputum	14	—	11	1	—	2
Stage II.	T.B. in sputum ...	18	4	8	3	—	3
	No sputum or T.B. not found in sputum	5	—	2	1	—	2
Stage III.	T.B. in sputum ...	8	5	—	1	—	2
	No sputum or T.B. not found in sputum	—	—	—	—	—	—
All Stages.	T.B. in sputum ...	37	10	16	4	—	7
	No sputum or T.B. not found in sputum	19	—	13	2	—	4

Three cases belong to 1910. The 1913 cases have not been taken because of the short interval elapsing since treatment.

Details of notification during 1913 .—

	Phthisis.		Other Tubercular Diseases, from 1st February, 1913.	
	Primary Notification.	Re-Notification.	Primary Notification.	Re-Notification.
In Private Practice ...	229	37	41	2
In Public Practice—				
In-Patients Hospitals and Sanitoria ...	18	7	46	—
Out-Patients' Departments and Dispensaries	68	33		
Asylum	3	1	—	—
Poor Law Service ...	34	102	28	8
School Service ..	5	—	7	2
Public Health Service...	10	—	2	—
By Patients' Relations	3	—	—	—
Total ...	370	180	124	12

Migration of Consumptives.

Of the notified cases, 65 were already ill when they came to Brighton. The year of their coming to Brighton is given in the following table :—

Total.	1909.	1910.	1911.	1912.	1913.
65	5	5	7	11	37

On enquiry, it was found that 15 persons already suffering from phthisis came to reside in Brighton during 1912 and 1913, and died during 1913. These deaths were all credited to Brighton, although some of these persons had only been resident in Brighton for a few weeks.

Brighton residents who suffer from consumption rarely leave the town, whilst many persons come to Brighton because they suffer from that disease ; the result is that the phthisis death rate for Brighton is increased.

Disinfection after admission to Sanatorium.—The amount of disinfection that is carried out at the patient's home, in addition to thorough domestic cleansing, varies according to circumstances. Special attention is paid to the patient's bedroom, which is usually sprayed with disinfectant ; the bedding is disinfected by steam. In dirty homes, notices to cleanse are served, and this results in the stripping of wall-paper and whitewashing of ceilings. In very clean houses, frequently nothing is required, except domestic cleansing, which can be conveniently undertaken by the tenant. Damp-dusting of articles of furniture and of wall-paper are advised. Thorough disinfection is carried out after every death from pulmonary tuberculosis.

Disinfection was carried out as follows :—248 rooms were sprayed, and in one case rooms were fumigated with sulphur by the tenant. In 45 instances rooms were stripped, cleansed and whitewashed. In two cases the bedding was burnt, and in 138 the bedding and clothing were disinfected by steam.

Deaths occurring in Public Institutions.—60 cases died in the following institutions :—37 in the Brighton Workhouse ; one in the Shoreham Workhouse ; 11 in the Brighton Borough Asylum ; one in the East Sussex County Asylum ; one in the County Asylum, Stafford ; one in the Royal Sussex County Hospital ; one in the Children's Hospital ; six in the Sanatorium, and one in Brompton Hospital.

Tuberculous Joint Cases.

The Ward was opened for tuberculous joints in April, 1910. During that year 12 patients were admitted ; during 1911, four ; during 1912, 11 , and during 1913, three, making a total of 30 admissions.

Hip Disease.—14 cases were admitted. Ten have been discharged cured—of these eight had either good or fair hip movement, and two had ankylosed hips. Of the remaining four cases, one suffered from a rheumatic affection and was discharged cured ; one on admission was found to suffer

from abscess, and was discharged the following day, and one developed abscess in the Sanatorium, and was transferred to the Sussex County Hospital, One case is still in hospital.

Spine.—13 cases were admitted. Two of these suffered from spinal curvature, and not from tuberculous disease. One had abscess on admission. and was at once discharged, and three are still in hospital. The remaining seven cases have been discharged cured, with no increase of the deformity.

Knee.—Three cases were admitted. One shewed no improvement, one was cured, and one is still in hospital.

Duration of stay of cases discharged cured :—10 hip cases remained in hospital for an average of 537 days ; seven spinal cases, 412 days ; one knee-joint, 165 days.

TUBERCLE BACILLI IN MILK.

(12 per cent. of the samples infected).

During the year 1913, 56 primary samples of milk and butter have been examined at the Lister Institute for the presence of tubercle bacilli. Of the samples, 14 were butters and 42 were milks ; none of the butters were found to contain tubercle bacilli. Of the milks, seven (over 12 per cent.) were found to contain tubercle bacilli.

In consequence of the seven positive results, eight farms situated outside the County Borough were visited, and 539 cows were examined by the Veterinary Inspector. Three cows were diagnosed to be suffering from tubercle of the udder ; in each case a sample of milk was taken at the farm, and, on examination, was found to contain tubercle bacilli. Two of the cows were subsequently slaughtered at the Public Abattoir under the Tuberculosis Order of 1913. At the post-mortem examinations it was found that both cows had during life suffered from advanced generalized tuberculosis, the udder in each case being extensively diseased. The third cow was slaughtered at Lewes under the Tuberculosis Order of 1913, and found to be affected with advanced generalized tuberculosis ; the carcase was destroyed. In connection with the 42 primary samples of milk examined, 37 secondary samples were taken, of which five were found to contain tubercle bacilli. Of these five positive samples, three were from the three cows mentioned above, and two from mixed milks infected by one of these cows. It should be noted that out of the 7 positive results from the primary samples collected, we were successful, in three cases only, in securing the slaughter of the offending cows. In the four others, the animal or animals which gave rise to the tuberculous milk could not be found on our visit to the farms ; in each case, however, it was ascertained that between the dates on which the samples had been procured and our visit to the farms, cows from the milking herd had been disposed of.

One of the principle difficulties in tracing the offending animals is that there is a necessary lapse of at least thirty days between the date of procuring the sample and receiving the result of inoculation from the Lister Institute.

TUBERCULOSIS ORDER, 1913.

In connection with the death of a child, aged two years, from tubercular meningitis, one farm situated within the Borough was visited, and eighteen cows were examined by the Veterinary Inspector. One of these cows was found to be suffering from tuberculosis of the udder. A sample of milk taken from this cow was examined microscopically at the Sanatorium, and found to contain acid fast bacilli. The cow was valued under the Tuberculosis Order of 1913, and subsequently slaughtered at the Public Abattoir. On post-mortem examination, it was found that the animal had during life suffered from advanced generalized tuberculosis, the udder also shewed evidence of this disease.

Notification of Tuberculosis of the Udder by Dairy Farmers.

"Every dairyman who supplies milk within the Borough must give written notice to the Medical Officer of Health of Brighton of any cow in his dairy affected with or suspected of or exhibiting signs of tuberculosis of the udder." (Brighton Corporation Act, 1901, see Section 51, paragraph 3).

"(1) Any cow which is or appears to be suffering from tuberculosis of the udder, indurated udder or other chronic disease of the udder, and (2) any bovine animal which is or appears to be suffering from tuberculosis with emaciation, require to be notified to the local authority by the owner." (Tuberculosis Order, 1913, Article 2).

No notification has ever been received under Section 51 of the Brighton Act, and, so far as one can judge when tracing the source of tuberculous milk in the country, little or no notice is taken of Article 2 of the Tuberculosis Order of 1913. The Milk and Dairies Bill, 1914, as presented for its first reading, is unlikely to be seriously regarded by the farmer, in so far as it deals with tuberculosis.

No material progress will be made in lessening the large percentage of milks containing tubercle bacilli until whole-time veterinary inspectors responsible to and paid by a central authority regularly inspect the herds of cows throughout the country. Great and immediate benefit would accrue to the child population from a decrease of tubercle bacilli in the milk supply.

(1) There would be a decrease in tuberculosis of the alimentary tract, which, in children, is frequently caused by the bovine variety of the tubercle bacillus.

(2) In the absence of tubercle bacilli in milk, children could with safety —except in very warm weather—drink raw milk, and raw milk is a better food and contains salutary substances which are not present in boiled milk.

Eradication of Tuberculosis from Cattle.

Great as the benefits are which would result from systematic inspection of all dairy cows by veterinary surgeons, independent of the farmers of the locality, it would be cheaper in the long run to face the large initial expense of freeing the cattle in this country from tuberculosis. The most hopeful and the least expensive measures are those recommended by Bernhard Bang. The following suggestions are on similar lines.

The first necessary step is that all cattle should be tested with tuberculin, and those which re-act (Group A) should be separated entirely from those which do not re-act (Group B). In Denmark it was found that nearly 30 per cent. in small herds and from 50 to 60 per cent. in large herds re-acted to tuberculin.

Group A (*those which re-act*)—

(1) The calves of the cows which re-act should immediately after birth be separated from their mothers, and placed with Group B., and be fed with milk from Group B. They should later be tested with tuberculin, and, if they re-act, they should be returned to Group A.

(2) The cowsheds should be disinfected by spraying by the Local Sanitary Authority at regular intervals.

(3) All emaciated cows, cows with tuberculous disease of the uterus,† and cows with suspicious* udders belonging to Group A should at once be slaughtered.

(4) Owing to the demand for milk, it would be found necessary to allow the milk from Group A to be sold as usual.

Group B (cattle which do not re-act)—

(1) These should be placed in disinfected cowsheds.

(2) They should be tested at intervals with tuberculin, and any odd cow which re-acted should be sent to join Group A, the stall disinfected and the contacts kept under special observation.

The points I would emphasize as absolutely necessary are (1) the division of all cattle into two groups by means of the tuberculin test, (2) the regular repetition of this test in the non-re-acting groups.

(3) The immediate separation of calves from re-acting mothers.

(4) The regular disinfection by spraying of all cowsheds by Local Sanitary Authorities.

This scheme would gradually eradicate tuberculosis from our cattle without inconvenience to the community and at no great expense to the State.

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† Bang points out that tuberculous disease of the uterus is as frequent as tuberculosis of the udder, that it is highly infectious, that it can be diagnosed with certainty, as it is easy to find tubercle bacilli in the vaginal discharge in such cases.

* The absence of tubercle bacilli from the centrifuged strippings from an indurated udder, *as ascertained by microscopic examination*, is quite an insufficient proof of the freedom of the udder from tuberculosis. The inoculation of guinea pigs is preferable, but even this test furnishes no absolute guarantee of freedom from infection. The position taken by the Board of Agriculture is indicated in the following letter :—

(Copy.)

" Board of Agriculture and Fisheries,
" 4, Whitehall Place, London, S.W.

" *Tuberculosis Order of* 1913.

SIR,—I am directed by the Board of Agriculture and Fisheries to refer to your letter of the 10th ult., and previous correspondence on the subject of the above-mentioned Order, and I am in the first place to explain that the Order was made by the Board in pursuance of powers conferred on them by the Diseases of Animals Act, and, although the Order will, it is hoped, conduce to the advantage of the public health by the destruction of cows giving tuberculous milk, it has been contemplated by the Board that the Order should be administered purely as one made under the Diseases of Animals Acts.

" In drafting the Order, the Board have from the outset been anxious to avoid the long periods of restriction which occur occasionally under the existing provisions dealing with the disposal of milk from the point of view of the public health, and, although it is not contended by the Board that the examination of milk by inoculation is not a very valuable aid to diagnosis, they consider that it is not necessary for the reasonable working of the Tuberculosis Order that such a test should be carried out in respect of *all* cows which are suspected of giving tuberculous milk. It must be remembered that during the time taken for such examination the owner of the cow is subject to the restrictions imposed by Article 9 of the Order, and may be suffering a substantial daily loss.

BOROUGH ISOLATION HOSPITAL.

The following table shews the number of cases admitted to, treated at and discharged from the Sanatorium :—

	Number of Patients admitted suffering from the following Diseases :—										Fulking Grange.
	Scarlet Fever.	Enteric Fever.	Measles.	Diphtheria.	Phthisis.	Other Tuberculous Diseases.	Chicken Pox.	Emaciated Infants.	Other Diseases.	Total in Sanatorium.	Small Pox.
Remaining in Sanatorium Dec. 31st, 1912 ...	103	2	—	23	35	11	—	1	—	175	—
Admitted to Sanatorium during 1913	615	15	5	165	167	6	1	1	26	1001	2
Total number treated ...	718	17	5	188	202	17	1	2	26	1176	—
Number discharged ...	600	13	2	135	158	10	1	—	23	942	—
Died in Sanatorium ...	‡‡12	3	3	5	7	1	—	1	—	32	—
Remaining in Sanatorium Dec. 31st, 1913 ...	106	1	—	48	37	6	—	1	3	202	—

‡‡One of these was a nurse belonging to the staff.

"The Board do not think that the cases should be very numerous in which the Veterinary Inspector, after he has examined the cow, and after the milk has been microscopically examined, should want the further test of examination of the milk by inoculation. For instance, the Board think that a Local Authority should, on the advice of their Veterinary Inspector, release without such examination :—

(1) A cow suffering merely from a disease of the udder, which the Veterinary Inspector satisfies himself by clinical examination is not due to tuberculosis, and in whose milk, when microscopically examined, no tubercle bacilli are found ;

(2) A cow which shews inconclusive clinical symptoms of tuberculosis, and in whose milk, when microscopically examined, no tubercle bacilli are found, if the owner agrees to allow the tuberculin test, and the animal does not re-act ;

(3) A cow or bullock reported as a case of tuberculosis with emaciation when the Veterinary Inspector satisfies himself that the emaciation is not due to tuberculosis. On the other hand, the Board would urge slaughter without requiring the previous examination of the milk by inoculation of :—

(1) A cow suffering from disease of the udder, or showing clinical symptoms of tuberculosis if the microscope shews acid-fast bacilli morphopogically identical with tubercle bacilli ; or

(2) A cow which the Veterinary Officer is satisfied by his clinical examination, with or without the assistance of the tuberculin test, is suffering from tuberculosis with emaciation.

"The cases in which the view of the Veterinary Inspector would be affected by examination of the milk by inoculation under such circumstances would be rare, and the Board think it would be fair to stock-owners to avoid in such cases the delay caused by such examination.

"I am, Sir,
"Your obedient servant,
(Signed) "A. W. ANSTRUTHER,
"Assistant Secretary."

Of the above cases, three of scarlet fever, three of diphtheria, one of enteric fever and 26 of other diseases belonged to the Sanatorium staff ; two cases of scarlet fever, seven of diphtheria and one of phthisis were admitted from Warren Farm ; ten cases of scarlet fever and six of diphtheria were admitted from Newhaven Rural District. The two cases of small pox were admitted from Lewes. No charge is made for Brighton residents treated in the General Wards. £168 17s. was charged for maintenance and treatment of private patients and non-residents; £93 1s. 6d. was paid for Poor Law patients; £1,232 18s. was paid by the Insurance Committee ; £27 14s. 9d. was paid for special disinfection done in the town, etc. ; £274 13s. was paid by the Newhaven Rural District Council, and £40 10s. by the Lewes Urban Council. In addition to the above amounts, £482 5s. was received for the maintenance of Hedgcock patients who received treatment during 1913.

The table on page 41, prepared by the Borough Accountant, shews the expenditure for the year on the two hospitals. The total number of weeks spent by all the patients in the Sanatorium was 8,093, as compared with 7,162 in 1912. Of the total in 1913, scarlet fever patients spent 4,627 weeks, diphtheria patients 885 weeks, enteric fever patients 90 weeks, and phthisis patients 2,118 weeks, patients suffering from tuberculous joints 303 weeks, and patients suffering from other diseases 70 weeks. At Fulking Grange, 47 days were spent by the two small-pox patients mentioned above.

RETURN CASES OF SCARLET FEVER.

After the return of 31 scarlet fever cases from hospital, 39 cases of scarlet fever occurred in their homes. See inserted sheet.

In seven of the 31 cases, the intervals between the discharge of the primary case and the onset in the return case was over six weeks. In most returns these would not have been classed as return cases, although there is every reason to believe that return cases do occur after much longer intervals. Taking the last five years, the percentage of hospital cases giving rise to infection is 4·3 ; excluding cases in which the interval between discharge of primary case and onset in return case was six weeks or over, the percentage 4·3 is reduced to 3·3.

During the same five years, 307 cases of scarelet fever have been nursed at home, and 12, or 3·9 per cent., gave rise to return cases after they had been certified as free from infection.

This table gives full particulars regarding not only return cases of Scarlet Fever, but all notifiable cases arising after the return home of patients discharged from the infectious disease hospital.

Registered Number.	Sex.	Age.	Date of Onset.	Date of Admission.	Date of Discharge.	Length of stay in the Sanatorium.	Rash.	Duration of Pyrexia.	Otorrhœa.	Adenitis.	Rheumatism.	Late Albuminuria.	Nephritis.	Other Complications.	Condition on Discharge. Desquamation.	Condition on Discharge. Enlarged Glands.	Condition of Throat.	Condition on Discharge. Other Remarks.	Any Illness after Discharge.	Susceptible contacts at home under ten.	Remarks.	Return Cases. Sex and Age.	Return Cases. Registered Number.	Return Cases. Date of Onset.	Intervals between. Onsets of 1st and 2nd cases.	Intervals between. Discharge of 1st case and onset of 2nd case.
1912	**SCARLET FEVER HOSPITAL RETURN CASES.**																						1913			
117	M.	16	April 24	April 26	June 11	47	+	—	...	...	...	...	...	...	O	...	p	... ...	...	4	... ...	M. 7	229	April 19	361	313
192	F.	1	June 29	July 1	Oct. 6	68	+	4	Left.	Incised July 5	...	...	...	Measles August 5 Thick N.D. on admission	O	+	p	Profuse chronic N.D.	...	3	Jan. 27th. No. 97 bruised hand. Looked like tuberculous abscess. Sinus healed whilst in hospital.	Desquamation body only M. 9	97	Feb. 6	223	124
269	M.	6	Aug. 9	Aug. 9	Oct. 6	59	+	2	...	...	...	...	...	Thin N.D. Aug. 15 to Oct. 1	O	...	n	... ...	...	2	... ...	M. 20	206	May 15	280	222
494	F.	6	Dec. 4	Dec. 4	Feb. 8	67	+	5	...	...	...	...	...	N.D. Jan. 21 Conjunctivitis Feb. 2 Abscess heel Jan. 13	O	...	n	Nose moist	...	1	528 died from septic abscesses about joints	F. 6	528	Oct. 16	317	251
497	M.	10	Dec. 17	Dec. 17	Mar. 29	103	+	4	...	...	Jan. 5 Mar 9	...	...	Tinea Capitis	O	...	n	... ...	...	2	Sister, 226, aged 2, had fit April 10 and died April 18, said by Doctor to have suffered from measles. 497 remained well.	F. 3	226	April 9	114	12
506	M.	6	Nov. 8	Nov. 11	Jan. 15	68	+	6	R. Nov 16 Left Dec 1	Nov 29	...	...	...	... ...	O	++	n	... ...	Cold end Jan., 1913	2	... ...	F. 10	88	Feb. 1	86	18
509	M.	5	Nov. 10	Nov. 12	Jan. 2	52	+	10	R. Dec 10 to 22	...	...	...	...	Thin N.D. Nov. 17 to Dec. 11	O	+	p	... ...	...	2	... ...	M. 8	469	Sept. 21	316	264
539	F.	3	Nov. 19	Nov. 19	Jan. 8	51	+	1	...	...	...	...	...	... ...	Never	...	p	... ...	...	6	Suspicious illnesses.	F. 5 F. 32	not notified	Jan. 12 Jan. 18	55	5
558	M.	6	Nov. 26	Dec. 1	Jan. 21	52	+	5	...	...	...	...	...	N.D. Dec. 1 to Jan. 8	O	...	n	Nose crusted	Nose continued crusted	1	... ...	M. 7 M. 6	85 93	Feb. 1 Feb. 5	72	16
559	F.	13	Dec. 4	Dec. 5	Jan. 21	48	+	2	...	...	...	...	...	... ...	Feet	...	n	Small cracks nose	...	4	... ...	F. 8 F. 6 F. 6	52 59 91	Jan. 26 Jan. 29 Feb. 4	54	6
604	F.	4	Dec. 19	Dec. 19	Jan. 24	37	+	2	...	...	...	...	...	... ...	Never	...	p	Nose moist	Nasal discharge Feb. 1	2	... ...	M. 14 M. 8	99 134	Feb. 7 Feb. 18	51	15
623	F.	13	Dec. 26	Dec. 28	Feb. 20	55	+	—	...	...	...	...	...	Eczema nose Feb. 10 to 12.	Never	...	n	... ...	...	2	... ...	F. 8 M. 1	164 165	Mar. 6 Mar. 7	71	15
624	M.	4	Dec. 27	Dec. 30	Mar. 26	97	nil	—	...	...	...	...	...	C.B. Wh.C and N.D. on admission	O	...	p	Thin N.D. at times	...	2	... ...	F. 10	220	April 20	115	26
625	F.	10	Dec. 28	Dec. 30	Feb. 14	47	+	6	...	Jan. 5	...	Jan. 13 to 20	...	... ...	O	...	p	Small crusts nose	Cold and N.D. after discharge	1	... ...	F. 3	143	Feb. 20	55	7
630	M.	2	Dec. 29	Dec. 31	Feb. 11	43	nil	—	...	...	...	...	...	Bronchitis Jan. 5	Never	...	n	... ...	...	1	... ...	F. 7	243	April 18	111	67
1913 3	F.	8	Jan. 2	Jan. 2	Feb. 18	48	+	3	...	Jan. 20	...	...	...	... ...	Feet	...	p	... ...	...	1	... ...	F. 11	190	Mar. 12	70	23
44	F.	4	Jan. 21	Jan. 21	Mar. 29	68	+	4	...	...	...	Feb. 13 Mar 24	...	N.D. Feb. 4	O	...	n	... ...	N.D. Sore nose	1	... ...	F. 7	213	April 10	80	13
49	M.	11	Jan. 18	Jan. 24	Mar. 26	62	+	—	...	Feb. 17	...	...	...	K.L.B. on admission	Feet	...	n	... ...	...	1	... ...	M. 7	206	Mar. 31	73	6
50	M.	5	Jan. 22	Jan. 28	Feb. 25	32	+	6	...	...	...	...	...	Septic thumb Feb. 17	Never	+	n	... ...	N.D.	2	... ...	F. 7	152	Mar. 2	60	6
101	F.	6	Feb. 7	Feb. 9	Mar. 13	33	+	5	...	...	...	...	...	... ...	Never	+	r—n	... ...	...	0	... ...	M. 12 F. 10	188 259	Mar. 20 May 12	42	8
125	M.	4	Feb. 14	Feb. 15	Mar. 18	32	+	10	...	...	...	...	...	N.D. on admission	Never	+	n	... ...	...	4	... ...	F. 7	194	Mar. 27	42	10
167	F.	5	Mar. 9	Mar. 10	April 18	40	+	4	...	...	...	...	...	N.D. Mar. 13 for a few days	Hands	...	p	Feeble pulse at times	...	1	... ...	F. 4	274	May 22	75	36
289	M.	5	June 5	June 7	Aug. 2	57	+	4	...	...	...	...	...	... ...	O	...	p	... ...	...	3	A brother aged 3 had an attack of Scarlet Fever at Easter which the mother concealed.	F. 8	386	Aug. 16	73	15
290	M.	8	June 14	June 16	July 26	41	+	4	...	...	...	...	...	... ...	Hands	...	p	... ...	...	1	... ...	F. 7	368	Aug. 2	50	8
316	F.	11	June 29	July 2	Sept. 10	73	+	4	...	...	...	...	...	Thick N.D. July Relapsed throat with K.L.B. Aug. 2. Nose + Aug. 19, there after twice negative	O	...	n	... ...	...	4	After discharge, away from home to Sept. 28	F. 6 M. 8	508 514	Oct. 7 Oct. 13	101	28
339	M.	10	July 18	July 19	Aug. 28	41	+	3	...	...	...	...	...	Sept. 6 Fib Rhinitis once negative before discharge	Feet	s+	p	... ...	...	2	...	F. 7	428	Sept. 18	63	22
345	F.	8	July 23	July 24	Sept. 27	66	+	5	...	...	...	...	...	Acute Conjunctivitis and C.B. Oct. 21	O	...	n	... ...	...	3	... ...	F. 5	492	Oct. 2	72	6
420	F.	6	Sept. 7	Sept. 11	Oct. 25	45	+	5	...	...	...	...	...	... ...	Feet	...	n	... ...	Vomited Oct. 26	2	... ...	F. 10	557	Oct. 28	52	4
460	M.	8	Sept. 21	Sept. 22	Oct. 28	37	+	6	...	slht Sep. 25	...	...	...	... ...	Hands	...	p	... ...	...	2	... ...	M. 3	684	Dec. 22	93	56
475	F.	2	Sept. 17	Sept. 27	Nov. 19	54	+	—	...	...	...	...	...	... ...	Feet	...	n	... ...	...	0	... ...	M. 13	633	Nov. 21	66	3
572	F.	11	Nov. 5	Nov. 6	Dec. 18	43	+	15	...	...	...	...	...	... ...	Feet	...	n	Nose crusted	572 seen Jan. 19 cracked left nostril, bleeds at times, nose moist but no discharge, swab—.	4	... ...	F. 7 F. 9	693 694	Dec. 24 Dec. 25	50	7
	SCARLET FEVER HOME RETURN CASE.																									
183	M.	9	Mar. 13	...	April 26	...	...	...	...	...	...	...	...	... ...	...	...	...	... ...	...	...	... ...	M. 14	...	May 7	56	12
232	F.	6	Feb. 23	...	April 15	...	...	...	...	...	...	...	...	... ...	...	...	...	... ...	...	...	... ...	F. 5	...	April 21	58	7
	DIPHTHERIA HOSPITAL. RETURN CASE.																									
83	M.	10	Oct. 19	Oct. 21	Nov. 24	37	—	..	...	...	...	...	...	... ...	...	...	...	... ...	...	0	Swabs Case 83 :— Date Oct. 20 Throat + Nose ... Date Oct. 22 Throat + Nose — Date Nov. 13 Throat — Nose — Date Dec. 12 Throat + Nose —	M. 13	139	Dec. 10	53	17

The following table gives information regarding the intervals of time elapsing between the discharge from hospital of the primary case and the onset in the return case :—

1913.	Days.															
Intervals between																
(1) discharge from Hospital and onset return case ...	3	4	5	6	6	6	6	7	7	8	8	10	12	13	15	15
(2) onsets in primary and return cases	66	52	55	54	73	60	72	50	55	50	42	42	114	80	71	51
The day of disease on which primary case discharged from Hospital	64	49	51	49	68	38	67	44	49	43	35	33	103	68	57	37
Continued—																
Intervals between																
(1) discharge from Hospital and onset return case	15	16	18	22	23	26	28	36	56	67	124	222	251	264	313	...
(2) onsets in primary and return cases	73	72	86	63	70	115	101	75	93	111	223	280	317	316	361	...
The day of disease on which primary case discharged from Hospital	59	56	71	42	48	100	75	41	38	45	70	59	67	54	49	...

The following table gives the week of illness during which the patients were discharged ; it was thought better to give the dates of discharge according to length of illness, and not length of stay in the Sanatorium, as some cases are admitted later in the illness than others.

Before end of For 1909, 1910, 1911 1912 and 1913.	3rd week.	4th week.	5th week.	6th week.	7th week.	8th week.	9th week.	10th week.	10th and over.
	From onset of illness.								
Number discharged ...	9	36	194	478	407	215	135	114	302
Primary cases giving rise to return cases were discharged ...	—	—	5	18	24	9	6	8	11

Condition on Discharge of Scarlet Fever Cases during the five years ending 1913.

	Desquamation.			Throat.			Enlarged Tonsils.	Nasal Discharge.			Nose.				Otorrhœa.		Ciliary Blepharitis.	Cough.	Adenitis.	Cracks and Sores.	Vaginal Dischg.
	Present.	Absent.	None on hands or feet during stay in Hospital.	Normal.	Red.	Pale.		Thick.	Thin.	Undefined.	Sore.	Crusts.	Picked.	Moist.	Acute.	Chronic.					
(1) Of 1890 cases ...	777	781	332	1146	116	628	699	45	144	11	15	49	15	255	11	9	10	11	30	43	3
(2) Of 81 cases giving rise to return cases	36	31	14	49	2	30	26	4	6	2	2	3	2	8	—	—	2	3	3	2	1

The following table shews the complications from which the patients suffered during their stay in hospital :—

	1908 275 patients.	1909 284 patients.	1910 149 patients.	1911 330 patients.	1912 550 patients.	1913 613 patients.	Patients suffering from various Complications developing after admission.					
							1908	1909	1910	1911	1912	1913
Otorrhœa ...	30	22	8	35	46	53	10·9	7·7	5·4	10·6	8·4	8·6
Nephritis ...	5	5	1	10	19	13	1·8	1·7	·7	3·0	3·5	2·1
Endocarditis ...	2	4	1	1	7	7	·7	1·4	·7	·3	1·3	1·1
Harbouring D.B. on admission ...	9	2	6	9	9	11*	3.3	·7	4·1	2·2	1·6	1·8
D.B. discovered during stay ...	5	1	—	2	2	59*	1·8	·3	—	·6	·3	9·6
Percentage discharged giving rise to return cases								3·5	4·7	5·0	5·1	

* In addition to these, 5 were admitted with doubtful swabs and 14 later gave doubtful results.

The next table shews the distribution of diphtheria-like bacilli (excluding Hofmann's bacillus) in those affected on admission or during their stay in hospital :—

	On Admission.			During Stay.			
	Throat and Nose.	Nose.	Throat.	Throat and Nose.	Nose.	Throat.	Ear.
Positive	1	5	5	28	24	7	1
Atypical	1	3	1	1	9	4	—

Four of the patients were positive for over three months, and others for shorter periods. This led to a very prolonged stay in hospital in many instances. The following were discharged whilst positive :—Throat and nose, three ; nose, three ; ear, one. A case of scarlet fever followed the discharge of one of these patients.

In addition, the following complications were noted :—

On Admission :—

Whooping cough	9
Ringworm of the Head ...	4
Tubercle, other than Pulmonary	3
Rheumatism...	3
Otorrhoea	3
Septic Sores	2
Ringworm of the Body ...	1
Endocarditis...	1
Chronic Eczema	1
Chicken Pox...	1
Bronchitis	1
Pneumonia	1

Whilst in the Hospital :—

Adenitis	84
Rheumatism...	22
Late Albuminuria	19
Septic Nails	12
Relapsed Throat	10
Measles	8
Fibrinous Rhinitis	6
Abscess of Neck	5
Broncho Pneumonia ...	4
Pneumonia	3
Erythema Nodosum ...	2
Eczema, Nose	2
Bronchitis	1
Jaundice	1
Relapse	1

Nasal Discharge. In addition to the above, 69 patients suffered from nasal discharge on admission. In 120 cases it developed during the following weeks of disease :—

Week	1st.	2nd.	3rd.	4th.	5th.	6th.	6+
Number developing Nasal Discharge	21	31	15	16	11	8	18

DIPHTHERIA.

During the year 165 persons, notified as suffering from diphtheria, or harbouring diphtheria bacilli, were admitted to the Sanatorium. Of these 24 did not give D.B. either on admission or during their stay in hospital.

Condition on discharge.	Throat.	Nose.
151	—	—
2	+	—
4	+	+
3	—	+
5 died		
Total, 165		

Two boys were admitted from the Blind School on September 23rd and October 29th, 1912. They remained persistently positive. The bacilli from one of these was tested, and found avirulent. The boys were discharged on August 16th, 1913, still positive.

Deaths from Diphtheria :—

No. in Register.	Sex.	Age.	Day of disease.			Remarks.
			Doctor called in.	Admitted.	At Death.	
21	M.	$\frac{11}{12}$	5th	5th	5th	Throat and nose negative. A case of broncho-pneumonia.
51	F.	3	6th	6th	7th	Died 8 hours after admission.
94	F.	13	4th	5th	12th	Very bad sloughing throat. Died from cardiac vomiting. Hæmorrhages about site injection antitoxin.
100	M.	5	?	9th ?	21st ?	Large amount of membrane. Died from cardiac vomiting. Onset doubtful ; said to have had pneumonia.
104	F.	7	4th	5th	14th	Large amount membrane. Died from cardiac failure ; sudden at end.

Two cases notified as diphtheria required tracheotomy, the particulars are as follows :—

No.	Sex.	Age.	Date of onset.	Days of Disease. Doctor called in.	Days of Disease. Removed to Sanatorium.	Termination.
67	F.	2	Sept. 28th.	?	Oct. 2nd.	Discharged, 10th Nov.
129	F.	5	Nov. 27th.	Dec. 1st.	Dec. 1st.	Discharged, 28th Jan., 1914. Pulse still poor.

COUNTY BOROUGH OF BRIGHTON HOSPITALS.

Expenditure.

	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Sanatorium.				
Salaries and Wages—				
Medical Superintendent ...	100 0 0			
Medical Officer... ...	116 17 8			
Matron	98 19 4			
Nurses and Servants ...	1377 17 4			
Labour (gardens)	138 8 6			
		1832 2 10		
Repairs		480 4 6		
Heating Apparatus		11 6 6		
Fuel		1025 5 9		
Electricity, £175 7s. 5d. ; Gas, £68 13s. 1d.		244 0 6		
Water		84 17 6		
Hose		1 3 11		
Sundry household goods, furniture and repairs		480 7 2		
Provisions		3349 18 2		
Drugs and medical sundries		324 5 10		
Hire of Special Nurses, &c.		71 9 6		
Uniforms for Matron, dresses for nurses and servants, hospital garments, linen, flannel, &c.		229 15 9		
Printing, advertising, stationery and stamps		39 19 8		
Rates, taxes and insurance		437 18 4		
Travelling expenses, cab hire, carriage, telegrams and sundries		41 8 10		
Garden seeds and manure		15 5 8		
Telephone rental		6 13 3		
			8676 3 8	
The Grange, Fulking.				
Wages, viz. :—				
Nurses	£4 13 0			
Caretaker	69 8 4			
		74 1 4		
Repairs		128 11 5		
Fuel		14 16 0		
Sundry household goods		8 16 8		
Provisions		8 19 1		
Rates and taxes		37 0 3		
Telephone rental		35 0 0		
Travelling and miscellaneous expenses ...		3 10 6		
			310 15 3	
				£8986 18 11

LABORATORY REPORT, 1913.

	Positive.	Negative.	Doubtful.	No Growth.	Total.
Swabs from the Borough ...	154	984	8	12	1158
Sanatorium Swabs—					
Admissions Diphtheria ...	146	163	3	2	314
Convalescent Diphtheria ...	357	765	6	9	1137
Admissions Scarlet Fever ...	29	1239	11	3	1282
Convalescent Scarlet Fever	170	639	21	2	832
Other Patients	—	26	1	1	28
Sputa from Borough ...	117	418	—	—	535
Sputa from Sanatorium ...	76	93	—	—	169
Blood Specimens, Widal's Re-action—	(1)*	(2)*	(3)*	(4)*	
From Borough	8	—	1	44	53
From Sanatorium... ...	7	—	2	1	10
Hairs examined for Tinea—					
From Borough	167	275	—	—	442
From Sanatorium... ...	10	35	—	—	45

* In blood specimens—

1 = complete re-action. 3 = incomplete re-action.
2 = almost complete re-action. 4 = no clumping.

Miscellaneous Specimens.

	Positive.	Negative.
Sputum examined for Pneumococci ...	1	—
Faeces examined for "Morgan's Bacillus" (No. 1)	4	23
Faeces examined for B. Typhosus ...	—	14
Urine ,, B. Typhosus ...	—	6
Urine ,, B. Tuberculosis ...	—	1
Pus ,, B. Tuberculosis ...	1	5
Pus ,, Gonococci	1	—
Swabs ,, Gonococci	1	1
Shrimps ,, B. Coli Communis...	—	1
Pleural Fluid ,, B. Tuberculosis ...	1	—

Examination of Milk for Dirt (parts per 100,000).

No. of Samples.	No Dirt.	0—2	2—5	5—10	10 and over.
303	96	133	56	16	2

	Acid fast.	Negative.
Examination of samples of milk for tubercle bacilli	1 ...	88

Number of Water Examinations.

	Chemical.	Bacteriological.
Patcham	2	12
Falmer	2	12
Goldstone	2	17
Shoreham	2	17
Mile Oak	2	13

Specimens sent to the Lister Institute.

79 milks, 14 butters } for tubercle bacilli, see page 32.

Specimens of diphtheria-like bacilli, for virulence test :—

2 specimens, 1 throat, 1 ear } both avirulent.

1 vaginal discharge for gonococci, negative.

Glands from calf for tubercle infection, negative.

SANITARY WORK OF THE YEAR.

SANITARY INSPECTION.

In the following tables, prepared by Mr. Skinner, the Chief Sanitary Inspector, the work of the Sanitary Department is stated, so far as it can be given, in tabular form :—

Inspections during 1913.

	Totals for 1913.
Number of Streets Inspected	235
,, Houses and other Premises Inspected	13745
,, Complaints attended to	726
,, Visits to Slaughter Houses	3574
,, ,, Cowsheds, including Country Visits	78
,, ,, Bakehouses	251
,, ,, Dairies and Milk Shops ...	601
,, ,, Provision Shops	3482
,, Hawkers' Barrows Inspected ...	686
,, Day Visits to Common Lodging Houses	162
,, Night Visits to ditto	492
,, Visits in respect of Sickness... ...	8389
,, ,, to Disinfect Rooms	1133
,, ,, for Removal of Bedding ...	347
,, Drains Tested by Volatile Test ...	33
,, ,, Opened for Examination ...	284
,, Visits for Sundry Purposes	11604
,, ,, to look up Notices served ...	4892
,, Attendances at Police Court... ...	9
,, Samples Collected for Analysis ...	593
,, *Other Samples Collected*—	
Milk for presence of dirt ...	306
,, Bacteriological Examination	181
Butter for ditto	14
,, Inspections of Stables	470
,, Wastes of Water Reported	90
,, Letters sent to Schools and Public Library	1749
Meteorological Observations taken	760
,, Reports issued	2864
Visits to Schools	381
Number of Visits under Factory and Workshops and Shop Hours Acts	10701
Drains Flushed	19
Special Duty at Newhaven—One Inspector ...	26 days
Markets Committee, One Inspector	10 ,,
Visits to Houses Let in Lodgings	182
,, Offensive Trades	228
Smoke Observations	78
Contagious Diseases (Animals) Act	91
Visits to Ice Cream Vendors	113
Housing, Town Planning, &c., Act—	
Visits by Medical Officer of Health... ...	62
,, Chief Inspector	460
Customs and Inland Revenue Act—	
Visits by Medical Officer of Health... ...	18
,, Chief Inspector	26
Circulars delivered	2460
Visits respecting Births	6449
,, to Midwives	187
,, respecting Gooseberry Mildew Order ...	65

The sanitary inspections enumerated in the preceding table have been followed by the serving of the notices given in the next table. A large proportion of the work is done on the strength of verbal recommendations or preliminary notices.

Notices served during 1913.

Nature of Notice.	Warning and Verbal Notices.						Final Notices.				Total number of notices complied with.	
	Number served.		Number complied with before service of final notice.		Number reported for final notice.		Number served.		Number complied with.			
	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.
To drain into sewer and fill up cesspools	3	—	3	—	—	—	—	—	—	—	3	—
To relay drain	199	—	123	—	68	—	84	—	84	—	207	—
To repair drain and soil pipe	81	—	54	—	27	—	50	—	49	—	103	—
To trap drain	32	—	22	—	10	—	9	—	9	—	31	—
To cleanse and whitewash rooms	319	17	243	11	76	6	85	6	85	6	328	17
To clear drain or soil pipe	83	9	31	5	52	4	52	7	52	7	83	12
To clear, repair or cleanse closet, or repair flushing apparatus or pan ...	543	183	343	69	200	114	214	112	214	112	557	181
To repave yard or scullery	331	3	203	3	128	—	125	—	124	—	327	3
To abate other nuisances...	884	42	574	31	310	11	275	4	265	4	839	35
To provide covered dustbins	600	—	402	—	198	—	180	—	171	—	573	—
To provide premises with a proper water supply ...	3	—	1	—	2	—	2	—	2	—	3	—
To cleanse premises and remove foul accumulations	49	161	26	102	23	59	19	55	19	55	45	157
To provide manure receptacles	5	—	3	—	2	—	—	—	—	—	3	—
To provide w.c. accommodation	30	—	10	—	20	—	13	—	13	—	23	—
To render damp walls with cement compo	115	1	50	1	65	—	52	—	50	—	100	1
To lay on water to closets	2	1	1	1	1	—	4	—	4	—	5	1
To abate overcrowding ..	—	81	—	55	—	26	—	24	—	24	—	79
To discontinue keeping animals so as to be a nuisance	—	114	—	71	—	43	—	33	—	33	—	104
To abate smoke nuisance...	—	16	—	12	—	4	—	4	—	4	—	16
To cleanse and whitewash bakehouses	—	88	—	73	—	15	—	2	—	2	—	75
To cleanse and whitewash workrooms	—	41	—	24	—	17	—	10	—	10	—	34
To pave and drain stables	3	—	1	—	2	—	1	—	1	—	2	—
To pave yard adjoining house wall	37	—	24	—	13	—	23	—	20	—	44	—
To take up brick floor of living rooms and lay board floor with vent. under same	6	—	3	—	3	—	3	—	3	—	6	—
To lay new board floors with ventilation under same...	24	—	13	—	11	—	21	—	20	—	33	—
To fill up underground manure pits	3	—	3	—	—	—	—	—	—	—	3	—
To take down and rebuild dangerous walls... ...	2	—	—	—	2	—	2	—	2	—	2	—
Totals	3346	757	2133	458	1213	299	1214	257	1187	257	3320	715

Two summonses were necessary to enforce compliance with notices during the year, viz. :—

(1) Failing to relay a defective drain and to carry out other repairs and alterations necessary for the abatement of a nuisance.

(2) Failing to relay the defective paving of the yard of a small house.

In each case an order was made on the defendant to do the works ordered, and to pay the costs of the summons.

COMMON LODGING-HOUSES.

Eight of these are at present registered, having accommodation for 298 lodgers, one new house has been registered and two removed from the register since the date of my last annual report.

It will be seen, on reference to the table on page 44, that 492 night visits were made to the common lodging-houses during the year ; this increase is owing to the extra supervision which was kept over them during the small-pox outbreak at Newhaven. Each house was visited nightly from January 24th to March 17th inclusive, by one of the Sanitary Inspectors, who saw each inmate nightly with a view to reporting any suspicious case of sickness or the presence of spots on the forehead. Every fresh lodger was interviewed, and a report made of where he slept the previous night. In addition to the common lodging-houses, certain beerhouses, where casual lodgers are received, were kept under close supervision during the same period.

The Bye-laws have been properly carried out in these houses during the year.

HOUSES LET IN LODGINGS.

Seventy-nine of these houses are now on the register. Only one breach of the Bye-laws occurred during the year ; in this case the keeper was summoned for permitting two rooms in his house to be overcrowded, and was fined £1 and costs.

REMOVAL OF HOUSE REFUSE.

During the greater part of the year, the refuse from ordinary dwelling-houses is collected weekly, but during the hot weather, on the application of the tenant, it is collected twice a week, and, by special arrangement, the collection is made from hotels and large boarding-houses twice or three times a week during the whole year.

It would be beneficial to the health of the inhabitants of the town if the collection was made from every house at least twice a week during the summer.

NEW HOUSES.

The Borough Surveyor reports that 39 new houses have been erected and passed during the year 1913, compared with 24 in 1912 and 49 in 1911. These were situate in the following Wards :—Preston Park, 9 ; Preston, 14 ; Lewes Road, 7 ; Pier, 2 ; Queen's Park, 4 ; Kemp Town, 3.

Statement required by Article V. of The Housing (Inspection of District) Regulations 1910, in regard to the Inspection of dwelling-houses under Section 17 (1) of the Housing, Town-Planning, &c., Act, 1909 :—

Number of dwelling-houses inspected during the year 1913 under and for the purposes of the Section	12,341
Number of such dwelling-houses which were considered to be in such a state so dangerous or injurious to health as to be unfit for human habitation	8
Number of dwelling-houses in respect of which representations were made to the Local Authority with a view to the making of Closing Orders	7
Number of dwelling-houses in respect of which Closing Orders were made by the Local Authority	6
Number of dwelling-houses, the defects of which were remedied without the making of Closing Orders	2
Number of dwelling-houses which, after the making of Closing Orders were made fit for human habitation	See note below.
General character of the defects found to exist in the dwelling-houses inspected	See table on page 45.

Of the eight dwelling-houses found to be unfit for human habitation, one was immediately closed by the owner when its condition was pointed out to him by the Chief Inspector, and plans for re-building it were submitted to the Improvements Committee for their approval. The house has since been pulled down and re-built ; it was not necessary, therefore for the official representation to be made in this case.

In one other instance the owner commenced the repairs immediately on receipt of the notice of intention to make the Closing Order, and proceeded so promptly with the work that it was not necessary to make the Order.

Of the six houses in respect of which Closing Orders were made, three are being converted into workshops, one remains closed, and Demolition Orders are pending in respect of the other two.

It has not yet been found necessary to issue any notice under Section 15 of the Act, as up to the present time all cases coming within the scope of that section have been satisfactorily dealt with by mutual arrangement between Chief Inspector Skinner and the owners ; during the past year seven houses have, by this means, been put into good and substantial repair, making a total of 121 since the passing of the Act.

During the year 62 visits have been made by the Medical Officer of Health and 460 by the Chief Inspector to condemned houses to see that the repairs were properly carried out.

GOOSEBERRY MILDEW ORDER, 1912.

Two hundred copies of this Order were distributed to fruiterers and greengrocers.

The Market and wholesale fruiterers' premises were regularly inspected during the season. One seizure of infected fruit was made in the Market, and the matter reported to the Board of Agriculture.

OFFENSIVE TRADES.

Under the powers conferred upon them by Section 51 of the Public Health Acts Amendment Act, 1907, the Town Council have, during the past year, by Order, confirmed by the Local Government Board, declared certain trades, businesses and manufactures to be offensive trades within the County Borough of Brighton in addition to those specified by Section 112 of the Public Health Act, 1875; and have made Bye-laws for the regulation of these trades.

Any person who establishes any of the following trades within the Borough without first obtaining the consent in writing, of the Town Council, is liable to a heavy penalty viz. :—

Section 112 *of the Public Health Act*, 1875.	*Section* 51 *of the Public Health Acts Amendment Act*, 1907.
Blood Boiler.	Blood Drier.
Bone Boiler.	Tanner.
Fellmonger.	Leather Dresser.
Soap Boiler.	Fat Melter or Fat Extractor.
Tallow Melter.	Glue Maker.
Tripe Boiler.	Size Maker.
	Gut Scraper.
	Rag and Bone Dealer.
	Fish Frier.
	Skin Drier.
	Bone Grinder.
	Dealer in Fat, Rabbit Skins, and other Putrescible Animal Matter.

No offence has yet occurred to render it necessary to take proceedings under the Bye-laws.

FISH MARKET.

During the year the following unsound fish have been surrendered in the Fish Market and destroyed by arrangement with the owners.

Wet Fish.									Dried Fish			Shrimps.			Shell Fish.					
Flat Fish.			Herrings and Mackerel.			Other Wet Fish.									Whelks and Winkles.			Other Shell Fish.		
cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.
7	2	0	36	0	0	63	1	0	10	2	0	26	3	0	11	3	0	4	0	0

Total weight, 7 tons 19 cwt. 3 qrs.

PUBLIC ABATTOIR.

The number of animals killed in 1913 was 22,625, viz. :—

1,571	beasts	in the public slaughter-houses.
1,745	calves	
695	lambs	
5,973	sheep	
8,141	pigs	

and

129	beasts	in the private slaughter-houses (at the Abattoir).
46	calves	
299	lambs	
1,839	sheep	
2,187	pigs	

The amount received in tolls during 1913 was £440 6s. 4d.

For the financial year ending on March 31st, 1914, excluding capital expenses, the income and expenditure were as follows :—

Income £441 7s. 4d. ... Expenditure £990 12s. 11d.

The rates for animals slaughtered are :—1s. for a beast, 6d. a calf, 2d. a sheep, and 4d. a pig.

PRIVATE SLAUGHTER-HOUSES.

In various parts of the town, 25 private slaughter-houses are in use.

During the year 1913, two private slaughter-houses have been demolished, and six are at present unoccupied. Each slaughter-house is visited several times weekly by Inspector Cuckney (Superintendent of the Abattoir).

Unsound meat seized or surrendered during 1913 :—

Description.	Number of Animals.	Number condemned by Magistrate.	Number condemned by arrangement with owner.	Total weight in lbs.
A.—*At the Abattoir*—				
Bullocks (whole carcase)	13	—	13	9722
,, (part of carcase)	9	—	9	1127
Calves (whole carcase) ...	6	—	6	600
,, (part of carcase) ...	—	—	—	—
Sheep (whole carcase) ...	11	—	11	585
,, (part of carcase) ...	—	—	—	—
Pigs (whole carcase) ...	107	—	107	14277
,, (part of carcase) ...	3	—	3	33
Heads	174	—	174	2656
Livers	590	—	590	3268
Tongues	25	—	25	192
Lungs	361	—	361	1936
Hearts	244	—	244	565
Diaphragm	33	—	33	160
Stomach	185	—	185	1054
Spleen	186	—	186	367
Intestines	195	—	195	1376
Kidneys	160	—	160	40
	2302	—	2302	37958
B.—*In the Private Slaughter Houses and Shops*—				
Bullocks (whole carcase)	15	—	15	10032
,, (part of carcase)	37	—	37	4300
Calves (whole carcase) ...	3	—	3	300
,, (part of carcase) ...	—	—	—	—
Sheep (whole carcase) ...	23	—	23	1062
,, (part of carcase) ...	7	—	7	93
Pigs (whole carcase) ...	18	—	18	1798
,, (part of carcase) ...	1	—	1	26
Heads	89	—	89	1286
Livers	291	—	291	1912
Tongues	24	—	24	189
Lungs	150	—	150	933
Hearts	109	—	109	298
Diaphragm	61	—	61	250
Stomach	84	—	84	534
Spleen	79	—	79	128
Intestines	77	—	77	437
Kidneys	563	—	563	142
	1631	—	1631	23720

TUBERCULOSIS.

During the year the following carcases and parts of animals were destroyed :—

	Whole of Animal.	Part.
Beasts...	27	90
Calves...	1	2
Pigs	85	195
	113	287

Other foods seized or surrendered during 1913 :—

Potatoes, 73 cwts.
Tin of lobster.
Gooseberries, 71 lbs.
Sausages, 2 lbs.
Turkeys (8), 80 lbs.
Hens (3).
Crabs (6).
Red cabbage (72).
Kippers, 10 boxes.
Bloaters, 9 boxes.
Tangerine oranges, 3 boxes.
Apples, 3 barrels.
Apples, 2 boxes.
Pineapples, 12.
Pears, 11 bushels.
Sweets, ½-ton.
Apricots, 11 boxes.
Strawberries, 1 pad.

SALE OF FOOD AND DRUGS ACT.

Number of samples collected			593
Number of samples not genuine			31
Number of prosecutions			4
Number of convictions			3
Number withdrawn on payment of costs... ...			1
Aggregate amount in fines	£3	10	0
Costs and analyst's fee recovered ...	1	0	0
	£4	10	0
Cost of samples	£2	14	1¾
Cost of assistance, postage and railway fares	13	0	10
Cost of analysis	191	17	6
Analyst's salary	50	0	0
	257	12	5¾
Fines and costs recovered	4	10	0
	£253	2	5¾

One milkseller was fined 40s. and costs and analyst's fee, 5s.
" " " 10s. " " 5s.
" " " 20s. " " 5s.
" " withdrawn on payment of costs, 5s.

SALE OF FOOD AND DRUGS ACTS.

Return to the Local Government Board, shewing the administrative action with regard to samples not reported to be genuine, year ending December, 1913.

Name of Article.	Identification Number given to the Sample in the Quarterly Report.	Result of Analysis.	Results of Legal Proceedings under Sale of Food and Drugs Acts.		If no Legal Proceedings were instituted, state briefly the course adopted in regard to each Sample.	Remarks on any point of special interest.
			Fine.	Costs.		
Milk	98 (Official)	6.7% deficient in fat	—	—	Vendor cautioned	
,,	105 (Official)	6.7% ,, ,,	—	—	Farmer cautioned	
,,	117 (Official)	13·0% ,, ,,	—	5s.	—	Withdrawn on payment of costs.
,,	118 (Official)	6.67% ,, ,,	—	—	Vendor cautioned	
,,	126 (Official)	6.67% ,, ,,	—	—	Vendor cautioned	
,,	130 (Official)	23.3% ,, ,,	£2	9s.	—	
,,	157 (Official)	6·67% ,, ,,	—	—	Vendor cautioned	
,,	191 (Official)	6·67% ,, ,,	—	—	Vendor cautioned	
,,	212 (Official)	3·3% ,, ,,	—	—	Vendor cautioned	
,,	220 (Test)	16·67% ,, ,,	—	—	—	
,,	221 (Test)	10·0% ,, ,,	—	—	—	
,,	250 (Official)	6·67% ,, ,,	—	—	Vendor cautioned	
,,	256 (Official)	10·0% ,, ,,	—	—	—	Special test taken at farm.
,,	258 (Official)	33.0% ,, ,,	—	—	—	Special test taken at farm.
,,	282 (Official)	6.6% ,, ,,	—	—	Vendor cautioned	Further sample taken (genuine)
,,	301 (Official)	6.6% ,, ,,	—	—	Vendor cautioned	Further sample taken (genuine)
,,	312 (Test)	3.3% ,, ,,	—	—	Vendor cautioned	Further sample taken (genuine)
,,	314 (Test)	14·8% added water	—	—	Vendor cautioned	Further sample taken (genuine)
,,	315 (Test)	6·6% deficient in fat	—	—	Vendor cautioned	Further sample taken (genuine)
,,	371 (Official)	16.6% ,, ,,	10s.	5s.	—	—
Cream	428 (Test)	17·4 grains per lb. of boric acid	—	—	Vendor cautioned	Further sample taken.
Milk	456 (Official)	9·6% added water	£1	13s.6d.	—	—
,,	487 (Official Wholesale)	13.3% de ficientin fat	—	—	Consignor cautioned	After sample procured Inspector informed that 2½ gallons of milk had been taken from churn.

SALE OF FOOD AND DRUGS ACTS (*continued*).

Name of Article.	Identification Number given to the Sample in the Quarterly Report.	Result of Analysis.	Results of Legal Proceedings under Sale of Food and Drugs Acts.		If no Legal Proceedings were instituted, state briefly the course adopted in regard to each Sample.	Remarks on any point of special interest.
			Fine.	Costs.		
Milk	506 (Officlal Whole-sale)	13.3% deficient in fat	—	—	Consignor cautioned	Three other samples taken from same consignment genuine.
,,	535 (Test)	13.3% ,, ,,	—	—	Vendor cautioned	Official sample genuine.
Cream	450	9·5 grains boric acid per lb.	—	—	Imported cream, vendor cautioned and customs officer at port of importation (Newhaven) notified	Receptacle containing cream not labelled "Preserved Cream" (Public Health, Milk & Cream Regulation 1912.)
,,	484	20·0 grains boric acid per lb.				
,,	485 (Official)	20.0 grains boric acid per lb.				
Whisky	586	26% under proof	—	—	—	Deficiency evidently due to evaporation
Brandy	590					
,,	591 (Test)					
Gin	588 (Test)	43·6% under proof	—	—	Vendor cautioned	Further sample taken, genuine

Total number of samples reported to be genuine during 1913, 31.

The following breach of Butter & Margarine Act, 1907, occurred :—

In this case margarine was handed to the purchaser in a plain wrapper. On the Inspector entering the shop, it could be seen that the margarine exposed for sale was labelled as required by the Butter & Margarine Act, 1907. The vendor explained that the mistake occurred through an oversight of his assistant. A subsequent sample was purchased, and the requirements of the Act were found to be complied with.

Three hundred and three samples of milk, collected from wholesale and retail supplies, were examined at Sanatorium for presence of dirt :—

Result.			Per 100,000 parts.
96	...	...	Nil.
133	...	...	0·2
56	...	...	2·5
16	...	...	5·10
2	...	...	10 and over.
303			

In one case the farm was visited by the Food Inspector. Since the visit to the farm a great improvement has been made in the cleanliness of the milk sent into the Borough.

Another sample was from a retail source, the shop being a general shop, the receptacle containing milk being uncovered. On examination, the milk was found to contain 16.0 of dirt per 100,000 parts. Vendor was cautioned, and the receptacle containing milk is now kept covered.

PUBLIC ANALYST'S REPORT.

By MEREDITH WYNTER BLYTH, B.A., B.Sc., F.I.C.

Table shewing the results of analysis of samples taken under the Sale of Food and Drugs Act during the year 1913.

Samples of	Number of Samples.	Adulterated.	Percentage of Samples Adulterated.	Nature of Adulteration.
Milk	442	24	5·45	Abstraction of fat. Addition of water.
Cream	21	7	33·33	Presence of boric acid not declared.
Butter	56	—	—	
Margarine ...	19	—	—	
Lard	6	—	—	
Cheese	6	—	—	
Mustard ...	1	—	—	
Flour	2	—	—	
Ginger	2	—	—	
Linseed ...	2	—	—	
Pork Sausage ...	2	—	—	
Fish Paste ...	2	—	—	
Chicory and Coffee	2	—	—	
Lemonade ...	3	—	—	
Spirits	8	4	50·0	Addition of water.
Olive Oil ...	2	—	—	
Preservative ...	1	—	—	
Drugs	20	—	—	
1913 Total ...	597	35	5·86	
1912 ,, ...	508	36	7·08	
1911 ,, ...	502	23	4·58	
1910 ,, ...	535	23	4·30	
1909 ,, ...	554	12	2·16	
1908 ,, ...	501	53	10·57	
1907 ,, ...	506	50	9·88	
1906 ,, ...	501	61	12·17	
1905 ,, ...	503	60	11·92	
1904 ,, ...	501	47	9·38	
1903 ,, ...	507	92	18·14	
1902 ,, ...	502	114	22·70	
1901 ,, ...	490	93	18·97	

MILK.

The following table shews the amount of adulteration of milk, and the percentages of fat from 1907 to 1913 :—

Year.	Total Milk Samples.	Adulterated.	Percentage below Standard.	Average percentage of Fat.
1907 ...	326 ...	30 ...	9·20 ...	3·47
1908 ...	375 ...	48 ...	12·80 ...	3·51
1909 ...	342 ...	7 ...	2·04 ...	3·51
1910 ...	320 ...	14 ...	4·37 ...	3·56
1911 ...	316 ...	22 ...	6·96 ...	3·54
1212 ...	318 ...	29 ...	9·11 ...	3·41
1913 ...	442 ...	24 ...	5·45 ...	3·55

Table shewing the total samples of milk from wholesale and retail sources from 1900 to 1913 :—

	Total Samples.	Below Standard.	Per cent. below Standard.	Average per cent. of Fat.
Wholesale Samples, 1900-1912...	1145 ...	53 ...	4·62 ...	3·57
,, ,, 1913 ...	290 ...	15 ...	5·17 ...	3·54
Retail Samples, 1900-1912 ...	2906 ...	283 ...	9·74 ...	3·53
,, ,, 1913 ...	152 ...	9 ...	5·92 ...	3·56

It must be remembered that the above percentages of milk adulteration include special samples obtained from cows known to give or suspected of giving poor milk ; also they include duplicate samples from suspected sources. The amount of wilful adulteration of milk sold in Brighton, as judged by the results of analyses extending over more than ten years, is in my opinion very small.

Cream. The high percentage of adulteration of cream in 1913 is entirely due to samples containing small quantities of boric acid preservative, the presence of which was not disclosed on the label.

Spirits. The very high percentage of adulterated spirits is due to three samples being just over the legal standard.

On the whole, it may be said that the samples of food and drugs submitted to the Analyst during 1913 were of very good quality, the adulterated samples small in number, and the adulteration generally of a trivial nature.

M. WYNTER BLYTH.

THE LOCAL ADMINISTRATION OF ACTS RELATING TO FACTORIES, WORKSHOPS, WORKPLACES, BAKEHOUSES, OUTWORKERS, SHOPS AND REGISTRY OFFICES.

The inspections are made by Inspectors Mills and Webb, the inspectors appointed under the various Acts. Inspector Webb was appointed to assist Inspector Mills on 6th February, 1913.

There are at present on the Register :—

295	factories.
2,231	workshops.
158	workplaces.
4,620	shops.
26	registry offices.
7,330	Total.

The visits made during the year were :—

(1)	To Factories		111
	Workshops		421
	Bakehouses		251
	Outworkers		448
	Workplaces		173
	Total		1404
(2)	Regarding employment of children		517
	Regarding children's theatre licences ...		34
	To shops		8724
	To registry offices		22
	Total		9297

Eight hundred and seventeen visits were made after nine o'clock at night and on Sundays, and inspections of shops were made on all Bank Holidays.

Written notices have been served in respect of breaches of the various Acts as follows :—

Shops Act	144
Employment of Children Act	243
Public Health Acts	175
Factory and Workshop Act	220

The following prosecutions have been instituted :—

For failing to close on the weekly half-holiday :—

Costumier, fined £1 and costs.
Costumier, ditto.
Costumier, ditto.
Costumier, ditto.
Costumier, Milliner and Draper, ditto.
Costumier, Milliner and Draper, withdrawn on payment of costs.
Tailor, ditto.
Dealer in toilet requisites, ditto.

For failing to give their assistants a weekly half-holiday :—

Photographer, fined 10s. and costs.
Photographer, ditto.

For obstructing the Inspector in the performance of his duty :—

Costumier, fined £2 and costs.

For employing a child under 14 years of age in a Picture Theatre after 9 o'clock at night, fined 5s. and costs.

Fifteen notices of occupation of new workshops have been sent in by His Majesty's Inspector.

Sixteen notices of workshops in which protected persons were employed and in which no Abstract of the Factory and Workshop Act was shewn, have been forwarded to His Majesty's Inspector.

For the purposes of inspection and reference, the Register of Workshops has been grouped as follows :—

Tailors...	84
,, Outworkers	274
Dressmaking and Underclothing	362
,, ,, Outworkers ...	185
Bootmakers and Repairers...	174
,, ,, Outworkers	85
Laundries	141
Bakehouses	129
Building Trades	193
Furnishing Trades	149
,, ,, Outworkers	26
Smiths' and Metal Workers' Trades	71
Cycle and Motor Trades	32
Coachbuilders...	32
Photographers	24
Jewellers and Watchmakers	57
Miscellaneous	205
,, Outworkers	8
Total	2231

The following alterations have been made in the Register of Factories and Workshops :—

	Closed.	Added.
Factories ...	9 ...	20
Workshops ...	269 ...	201

One hundred and nine complaints were received during the year. Of these :—

41 were in respect of the closing of shops, most of which referred to articles sold in mixed shops ;
12 in respect of the assistants' half-holiday.
3 ditto exceeding of the 74 hours' employment of young persons in one week ;
12 ditto irregular employment of children ;
3 ditto insufficient meal times ;
1 ditto non-provision of seats for shop assistants ;
2 ditto offences in Registry Offices ;
14 ditto health and sanitary matters in shops ;
22 ditto health and sanitary matters in factories and workshops.

Six notices of irregularities in connection with factories have been forwarded to His Majesty's Inspector.

The following complaints have been received from His Majesty's Inspector respecting nuisances and defects in factories and workshops, remediable under the Public Health Acts :—

Dirty workrooms	4
Overcrowding	3
Defective floors...	1
Unventilated gas stoves	1
Premises without separate water closet accommodation for each sex	2
Premises without water closet accommodation ...	3
Defective water closets	3
Premises without means of escape in case of fire ...	2
	19

OUTWORKERS.

One hundred and sixteen lists have been sent in, and 108 letters were sent to the employers reminding them of their duty in this respect. 448 homes were visited, and there are at present 578 homes on the Register.

BAKEHOUSES.

The number of bakehouses continues to decline, their present number, 129, being nearly 100 less than in 1894. 251 inspections were made, and 95 breaches of the special regulations were dealt with.

Special work was undertaken during the year in connection with Employment of Children, Sunday opening of Shops, Celluloid dangers and Exemption Orders under the Shops Act.

Preparatory to the introduction of new Bye-laws under the Employment of Children Acts, lists were prepared of the home addresses of children employed and of the employers of child labour. Copies of the proposed alterations were served on 352 employers of children, 162 newsagents and 136 dairies, while 619 copies were served at the homes of the children, making a total of 1,269. See page 176.

A report having been asked for by the Brighton and Hove Chamber of Commerce on the increase in the Sunday opening of shops, statistics were prepared shewing the number of shops open and the number closed in certain streets and districts, other proofs being also given of the continued increase in the Sunday opening of shops in Brighton.

Copies of the circulars issued by the Home Office dealing with the dangers and advising precautions in respect of the sale and storage of celluloid articles, were left at 216 shops dealing in these goods. At the same time, many obvious dangers were pointed out to the shopkeepers, and rectified at once on the request of the Inspector.

In the early part of the year, nine trades petitioned for, and obtained, Orders exempting them from closing on the weekly half-holiday, this making a total of 22 trades exempted since the coming into force of the Shops Act. As was anticipated in my last report, there was considerable opposition to the closing section of the Act at the beginning of the year, and 11 prosecutions were instituted. This, with the subsequent exemption mentioned above, has brought about a more general compliance with the Act on the part of the shopkeepers, and the greatest difficulty now is in connection with the sale of articles in mixed shops, and the different days chosen for closing by trades in which there is no Closing Order.

The position of the Closing up to date is as follows :—

Trades Exempted by the Act.

Intoxicating Liquors.
Motor and Cycle Accessories.
Tobacco and Smokers' Requisites.
Meat, Fish, Milk, Cream, Bread, Confectionery, Fruit, Vegetables.
Refreshments.
Newspapers and Periodicals.
Medicines and Medicinal and Surgical Appliances.
Flowers and articles of a perishable nature.

Trades Exempted by Subsequent Orders.

Stamp Dealers.
Fancy Goods.
Music and Musical Instruments.
Watchmakers, Jewellers and Silversmiths.
Second-hand Clothes Dealers.
Corn and Seed Merchants.
Milliners.
Costumiers and Ladies' Tailors.
Furriers.
Brush and Basket Dealers.
Booksellers and Stationers.
Sports and Athletic Outfitters.
Antiques, Curios, Prints and Fine Arts.
Artificial Flowers.
Photographers and Photographic Apparatus Dealers.
Drapers.
Ladies' and Children's Outfitters.
Naturalists and Taxidermists (including Bird and Bird-cage dealers).
Oil and Colour Dealers.

TRADES WITH A CLOSING ORDER FOR THURSDAY (OR SATURDAY).

Umbrella Dealers.
Picture Frames.
Clothiers and Juvenile Outfitters.
Tailors.
Pawnbrokers.
Hosiers.
Boots, Leather and Grindery.
Shop Outfitters.
Opticians.
Domestic Machines.

TRADE WITH A CLOSING ORDER FOR WEDNESDAY (OR SATURDAY).

Grocery and Provision Dealers.

The under-mentioned trades are allowed to choose their own day of closing :—

Art Needlework, Embroidery and Wool Dealers.
Building Material, etc., Dealers.
Coal and Wood Dealers.
Cork Dealers.
China, etc., Dealers.
Cabinet, etc., Makers.
Electrical, Gas and Hot Water Fittings Dealers.
House Furnishers, etc.
Hairdressers.
Ironmongers and Hardware Dealers.
Leather Goods, etc., Dealers.
Marine Store Dealers.
Perfumers.
Rubber Goods Dealers.
Rick Cloth and Tent Dealers.
Theatrical Costumiers.

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.

1.— *Inspection. Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.*

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories ... ... (Including Factory Laundries).	111	17	—
Workshops... ... ... (Including Workshop Laundries).	1120	120	—
Workplaces ... ... (Other than Outworkers' premises included in Part 3 of this Report).	173	12	—
Total	1404	149	—

2.—*Defects found.*

Particulars. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts :—*				
Want of cleanliness...	73	70	—	—
Want of ventilation	10	9	—	—
Overcrowding	5	5	—	—
Want of drainage of floors	10	10	—	—
Other nuisances	21	20	—	—
†Sanitary Accommodation — insufficient ...	27	25	—	—
†Sanitary Accommodation — unsuitable or defective	22	21	—	—
†Sanitary Accommodation — not separate for sexes	7	7	—	—
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground bakehouse (S. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	95	95	—	—
Other offences ... ... (Excluding offences relating to outwork which are included in Part III. of this Report).	—	—	—	—
Total	270	262	—	—

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act as remediable under the Public Health Acts.

† Sec. 22 of the Public Health Acts Amendment Act is in force in Brighton.

4.—*Registered Workshops.*

Workshops on the Register (s. 131) at the end of the year. (1)	Number. (2)
Making of wearing apparel	1164
Bakehouses	129
Laundries	141
Furnishing Trades	175
Building Trades	193
Other Trades	429
Total number of workshops on Register	2231

5.—*Other matters.*

Class. (1)		Number. (2)
Matters notified to H.M. Inspector of Factories :—		
Failure to affix Abstract of the Factory and Workshop Act (S. 133)		16
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5) ...	Notified by H.M. Inspector	19
	Reports (of action taken) sent to H.M. Inspector	19
Other		6
Underground Bakehouses (S. 101) :—		
Certificates granted during the year		—
In use at the end of the year		84

3.—*Home Work.*

Nature of work.*	Outworkers' Lists, Section 107.							Outwork in Unwholesome Premises, Section 108.			Outwork in Infected Premises, Sections 109, 110.		
	Lists received from Employers.				Notices served on Occupiers as to keeping or sending lists.	Prosecutions.							
	Twice in the year.		Once in the year.			Failing to keep or permit inspection of lists.	Failing to send lists.	Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S.110).	Prosecutions (S. 109, 110).
	Lists.	Outworkers.	Lists.	Outworkers.									
(1)	(2)	(3)	(4)	(5)	(8)	(9)	(10)	(12)	(13)	(14)	(15)	(16)	(17)
Wearing Apparel—(1) Making, &c.	110	754	—	—	108	—	—	—	—	—	12	—	—
Furniture and Upholstery ...	4	16	—	—	—	—	—	—	—	—	—	—	—
Other Trades	—	—	1	1	—	—	—	—	—	—	—	—	—
Total...	114	770	1	1	108	—	—	—	—	—	12	—	—

* Where an occupier gives out work of more than one class, each class is separately enumerated.

TABLE I.—*(Vital Statistics of Brighton during* 1913 *and previous years).*

Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Nett Deaths belonging to the District.			
		Uncorrected Number.	Nett.						Under 1 year of Age.		At all Ages.	
			Number.	Rate	Number.	Rate	of Non-residents registered in the District.	of Residents not registered in the District.	Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1902 ...	124,424	3072		24·68	2052	16·49			387	125	1975	15·87
1903 ...	125,185	3046		24·33	1833	14·64			348	114	1769	14·13
1904 ...	125,952	2963		23·52	2156	17·12			395	133	2060	16·36
1905 ...	126,723	2901		22·89	1739	13·72			297	102	1696	13·38
1906 ...	127,499	2853		22·38	1887	14·80			317	111	1861	14·60
1907 ...	128,280	2710		21·13	1895	14·77			301	111	1895	14·77
1908 ...	129,065	2809		21·76	1956	15·16			293	104	1951	15·12
1909 ...	129,855	2675		20·60	2013	15·50			255	95	1997	15·38
1910 ...	130,650	2612		19·99	1923	14·72			289	111	1885	14·43
1911 ...	131,444	2584	2603	19·80	1895	14·42	173	113	255	98	1835	13·96
1912 ...	132,265	2488	2499	18·89	1751	13·25	148	103	189	76	1706	12·90
1913 ...	133,096	2477	2485	18·32	1925	14·19	192	173	291	117	1906	14·05

Area of District in acres (exclusive of area covered by water) } 2536.

Total Population at all ages 131,250
Number of families or separate occupiers ... 30,720 } At Census of 1911.
Average number of persons per family ... 4·3

TABLE II.

Name of Ward.	Births in 1913.	Number of Deaths during 1913.																	
		All causes.	Under one year.	Scarlet Fever.	Influenza.	Diphtheria.	Enteric Fever.	Measles.	Whooping Cough.	Diarrhœa & Enteritis.	Puerperal Fever.	Erysipelas.	Phthisis.	Other Tubercular Diseases.	Cancer.	Bronchitis and Pneumonia.	All other Respiratory Diseases.	Premature Birth.	Marasmus, &c.
King's Cliff ...	102	106 (*26*)	11 (*3*)	—	3	1	1	—	1	1	—	—	5 (*3*)	— (*1*)	13 (*5*)	14 (*3*)	3	4	1
*Queen's Park	173	147	19	1	1	—	—	10	4	3	—	—	17	2	16	21	5	—	5
Pier	211	196	42	1	5	—	1	6	3	17	—	—	10	3	21	29	2	8	6
Pavilion ...	60	30	4	—	3	1	—	—	—	1	—	—	3	—	1	4	1	2	—
Regency ...	78	101	6	—	1	—	2	—	—	1	—	—	9	3	11	20	—	1	2
West	31	57	5	—	2	—	—	—	—	1	—	—	2	1	8	9	1	1	1
Montpelier ...	77	68	6	1	1	—	—	—	3	2	—	—	5	—	6	10	1	1	1
St. Nicholas'	162	120	31	—	1	—	—	1	3	9	1	—	7	3	11	22	—	4	7
St. John's ...	311	188	39	1	—	1	—	8	8	11	—	—	19	7	14	26	2	1	8
Hanover ...	259	174	34	—	—	2	1	1	6	7	1	1	18	11	13	23	5	5	4
Lewes Road...	374	252	43	3	5	—	1	5	5	6	—	—	24	4	27	47	3	6	7
St. Peter's ...	146	111	14	2	—	—	—	—	4	3	—	1	9	3	13	18	1	3	—
Preston Park	211	132	9	1	3	—	—	1	4	—	—	—	13	2	16	16	6	2	1
Preston ...	282	216	28	2	5	2	—	1	5	4	—	—	10	4	29	19	7	6	6
Unknown addresses ...	—	8	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—
Total ...	2477	1906	291	12	30	7	6	33	46	66	2	2	153	43	199	278	37	44	49

*The Queen's Park Ward contains the Workhouse. Where the information was obtainable, deaths in this Institution have been distributed to the Wards from which the patients were removed to the Workhouse. Of the 147 deaths in the Queen's Park Ward, 26 were deaths of inmates belonging to the Workhouse, and whose home addresses were unknown. In the above table these numbers are in italic.

TABLE III.

INFANT MORTALITY, 1913—*Nett Deaths from stated Causes at various ages under One Year of age.*

Cause of Death.	Under 1 week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 weeks.	4wks. & under 2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
Influenza	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Measles	—	—	—	—	—	—	—	1	—	—	—	1	1	2	—	3	8
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Whooping Cough	—	—	—	—	—	2	3	3	—	1	3	4	1	—	—	1	18
Phthisis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Abdominal Tuberculosis...	—	—	—	—	—	2	1	—	—	—	—	—	—	1	—	—	4
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous)	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	3
Convulsions	1	1	3	—	5	—	2	1	2	2	—	1	—	—	—	—	13
Bronchitis	—	—	—	—	—	1	4	—	4	2	—	—	1	1	—	1	14
Pneumonia (all forms)	—	2	—	2	4	3	6	6	1	2	4	5	2	—	2	5	40
Diarrhœa	1	—	2	—	3	2	4	3	2	5	4	4	1	—	5	1	34
Enteritis	—	—	—	1	1	2	3	3	1	2	—	3	—	—	1	—	16
Syphilis	—	1	—	2	3	2	2	—	—	—	—	2	—	—	—	—	9
Rickets	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2
Suffocation, Overlying	—	1	—	—	1	1	—	1	—	—	—	—	—	—	—	—	3
Congenital Malformations	2	—	—	1	3	1	2	1	—	—	1	—	—	—	—	1	9
Premature Birth	33	4	6	—	43	—	—	1	—	—	—	—	—	—	—	—	44
Atrophy, Debility and Marasmus...	14	2	4	1	21	10	6	7	1	1	2	—	—	—	1	1	50
Atelectasis	5	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	5
Other Causes	—	2	—	—	2	—	1	2	3	—	1	1	—	2	—	1	13
Total of * certified deaths ...	56	13	15	7	91	26	36	29	14	15	16	22	9	7	12	14	291

Nett Births in the year { Legitimate.....2297. / Illegitimate ..... 188.

Nett Deaths in the year { Legitimate infants.....248. / Illegitimate infants ..... 43.

* There were no uncertified deaths during the year.

TABLE IV.—*Causes of Death during the year* 1913.

	Causes of Death.	Total Deaths at all Ages.	Ages at Death.																														Total Deaths, whether Resident or Non-Resident, in Public Institutions in the District.
			Total.		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		75-85		85+		Unknown Age		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
I.—General Diseases.																																					
	Enteric Fever	6	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2	...	...	1		1	...	...	...	...	...	...	...	5
	Measles	33	13	20	5	3	3	6	2	4	...	3	...	2	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8
	Scarlet Fever	12	7	5	1	...	...	...	1	1	...	1	1	1	3	1	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	12
	Whooping Cough	46	20	26	8	10	8	8	3	3	...	1	...	2	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
	Diphtheria	7	3	4	1	...	1	...	...	...	...	1	...	...	1	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3
	Influenza	30	16	14	1	1	...	...	1	2	...	...	...	...	...	1	...	...	1	...	...	1	1	1	...	1	1	...	4	2	3	3	4	2	...	...	...	2
	Dysentery	5	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	...	...	...	1	...	...	...	...	...	...
	Erysipelas	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
	Septicæmia	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	Pulmonary Tuberculosis	153	80	73	1	...	...	2	...	...	...	...	...	...	...	1	2	3	5	7	5	7	17	14	19	12	13	11	14	7	3	8	1	1	...	...	...	47
Tubercular Diseases.	Acute Miliary Tuberculosis	2	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2
	Tuberculous Meningitis	17	9	8	...	1	...	1	4	...	...	...	...	...	3	3	2	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10
	Tuberculosis of Peritoneum and Intestines	12	7	5	3	1	2	1	...	1	1	...	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15
	Tuberculosis of Spinal Column	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
	Tuberculosis of Joints	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	3
	Tuberculosis of other Organs	3	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2
	Disseminated Tuberculosis	2	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	Rickets, Softening of Bones	3	3	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
	Syphilis	13	8	5	6	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	1	...	...	...	5
Cancer.	Buccal Cavity	8	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	...	3	...	...	...	...	...	...	4
	Stomach, Liver, &c.	61	32	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	5	5	13	5	9	10	2	8	...	...	...	...	11
	Peritoneum, Intestines & Rectum	40	13	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	2	2	2	8	5	7	3	6	...	2	...	...	21
	Female Genital Organs	20	...	20	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	7	...	7	...	3	...	...	...	...	...	6
	Breast	30	...	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	4	...	8	...	9	...	6	...	1	...	...	6
	Skin	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	14
	Other or unspecified organs	39	24	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	1	4	6	6	1	9	3	2	3	...	...	...	...	...
	Other Tumours	3	1	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...

TABLE IV.—(*continued*).

Causes of Death.	Total Deaths at all Ages.	Ages at Death.																														Total Deaths, whether Resident or Non-Resident, in Public Institutions in the District.
		Total.		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		75-85		85+		Unknown Age		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
General Diseases (*contd.*)—																																				
Rheumatic Fever	6	3	3	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Chronic Rheumatism	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Osteo-arthritis	5	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	...	...	...	...	...	...	1
Gout	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Diabetes	13	8	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	1	...	3	1	...	...	2	2	...	...	...	5
Leucocythæmia	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Anæmia	5	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	1	1	...	...	...	...	...	...	2
Obesity, Oedma of Lungs	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Purpura Hæmorrhagiea	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2
Alcoholism	8	5	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	...	1	1	1	...	...	...	...	...	...	1
Leukemia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
II.—Diseases of the Nervous System, and of the Organs of Special Sense—																																				
Encephalitis	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Meningitis	9	6	3	2	1	...	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	1
Locomotor Ataxy	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	1
Other Diseases of the Spinal Column	11	5	6	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	1	1	3	2	1	1	...	...	...	...	6
Cerebral Apoplexy	21	5	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	3	2	4	...	7	...	2	...	...
Cerebral Hæmorrhage	72	35	37	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	2	2	6	7	7	3	9	4	8	18	1	3	...	...	13
Softening of Brain	9	5	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	2	...	1	2	...	1	...	...	4
Hemiplegia	11	5	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	4	1	2	...	...	...	...	6
General Paralysis of the Insane	14	8	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	5	2	1	2	1	1	1	...	...	...	...	...	...	...	2
Other Forms of Mental Alienation	7	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2	...	2	...	1	...	...	...	...	...	...	2
Epilepsy	8	2	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...	1	...	1	...	...	...	2	...	...	...	...	3
Convulsions, over 5 years	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...

TABLE IV.—(*continued*).

Causes of Death.	Total Deaths at all Ages.	Ages at Death.																														Total Deaths, whether Resident or Non-Resident, in Public Institutions in the District.
		Total.		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		75-85		85+		Unknown Age		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Diseases of the Nervous System (*contd.*)—																																				
Convulsions with Teething ...	5	1	4	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Other Infantile Convulsions ...	8	5	3	5	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Neuritis	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...
Other Diseases of the Nervous System	24	15	9	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	2	...	2	...	1	1	4	4	5	2	...	...	24
Diseases of the Eyes and Annexa																																				
Obstruction of the Nasal Duct...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Diseases of the Ear	7	2	5	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	7
III.—Circulatory System—																																				
Pericarditis	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Acute Endocarditis	4	4	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	5
Valvular Disease	76	29	47	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	2	2	4	6	6	3	9	10	4	10	2	13	...	2	...	16
Fatty Degeneration of the Heart	17	9	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	4	1	3	2	1	2	...	1	...	3
Other Organic Diseases of the Heart	85	36	49	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2	3	...	2	...	4	3	8	5	19	13	13	11	...	...	23
Angina Pectoris	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Aneurysm	4	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	1	...	...	2
Arterial Sclerosis	18	13	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	1	5	2	2	2	1	...	...	3
Cerebral Embolism and Thrombosis	9	4	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	2	3	1	...	...	3
Other Embolism and Thrombosis	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Phlebitis	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...

TABLE IV.—(*continued*).

Causes of Death.	Total Deaths at all Ages.	Ages at Death.																														Total Deaths, whether Resident or Non-Resident, in Public Institutions in the District.
		Total.		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		75-85		85+		Unknown Age		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F	M.	F.	M.	F.	M.	F.	
IV.—Diseases of Respiratory System—																																				
Enlarged Thymus Glands ...	2	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Myxoedema	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Bronchitis	142	47	95	8	6	4	1	...	3	...	...	...	1	...	...	...	...	...	...	...	1	...	2	1	1	4	2	8	9	26	16	32	4	13	...	...	14
Bronchiectasis	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Broncho-Pneumonia	66	39	27	17	8	7	4	2	3	...	1	2	1	...	...	...	...	...	...	...	...	2	2	2	3	2	2	1	3	1	1	2	...	...	...	13
Lobar-Pneumonia	19	8	11	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	2	1	1	1	...	2	2	1	1	4	...	...	...	1
Pneumonia	50	25	25	5	9	2	1	1	1	...	1	...	...	2	...	1	...	...	...	1	3	3	2	1	4	1	3	1	4	...	1	...	...	3	...	10
Pleurisy	9	4	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	1	1	2	...	1	...	...	...	1
Pulmonary Congestion	15	8	7	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	2	...	2	4	...	...	...	...	...	2
Hypostatic Pneumonia... ..	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...
Asthma	4	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	2	...	...	...	...	...
Pulmonary Empyema	2	...	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2
Other Diseases of the Respiratory System	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	2
V —Diseases of the Digestive System—																																				
Septic Tonsillitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Pyorrhœa Alveolaris	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Quinsy	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Ulcer of the Stomach	10	7	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	3	1	2	...	...	...	...	...	...	8
Inflammation of the Stomach ...	10	...	10	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	3	...	2	...	...	...	4
Haematemesis	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Chronic Dyspepsia	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...

TABLE IV.—(*continued*).

Causes of Death.	Total Deaths at all Ages.	Ages at Death. Total. M.	Total. F.	0-1 M.	0-1 F.	1-2 M.	1-2 F.	2-3 M.	2-3 F.	3-4 M.	3-4 F.	4-5 M.	4-5 F.	5-10 M.	5-10 F.	10-15 M.	10-15 F.	15-20 M.	15-20 F.	20-25 M.	20-25 F.	25-35 M.	25-35 F.	35-45 M.	35-45 F.	45-55 M.	45-55 F.	55-65 M.	55-65 F.	65-75 M.	65-75 F	75-85 M.	75-85 F.	85+ M.	85+ F.	Unknown Age M.	Unknown Age F.	Total Deaths, whether Resident or Non-Resident, in Public Institutions in the District.
Diseases of the Digestive System *(contd.)*																																				
Diarrhœa and Enteritis. Infective Enteritis	36	21	15	19	14	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8
Diarrhœa: Not returned as Infective	4	2	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.....	...	...	1	...	...	...	1	1	..	...	...	9
Enteritis: Not returned as Infective	10	7	3	3	2	1	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	3
Gastro-Enteritis: Not returned as Infective	16	9	7	5	6	2	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	..	...	...	1	...	...	...	...	...	...	...	3
Duodenal Ulcer	4	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...	1
Appendicitis	7	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	3	...	1	...	1	...	...	...	...	...	...	11
Hernia	3	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	..	...	...	2
Intestinal Obstruction ...	7	1	6	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	1	...	2	...	...	...	...	8
Other Diseases of the Intestines	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
Cirrhosis of the Liver	32	14	18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	2	7	3	3	3	4	3	2	..	...	...	...	10
Biliary Calculi	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Other Diseases of the Liver ...	3	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	4
Peritonitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Pancreatitis	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	..	...	...	...	...	...	...	...	...	2
VI.—Non-Venereal Diseases of the Genito-Urinary System and Annexa—																																				
Acute Nephritis	6	4	2	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	1	..	...	...	...	...	...	...	3
Bright's Disease...	53	27	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	8	2	8	7	5	8	4	3	...	2	...	...	8
Nephritis (unqualified) 10 years and over and Uræmia ...	5	3	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	1	...	...	1	...	...	...	...	...	...	1

TABLE IV.—(*continued*).

Causes of Death.	Total Deaths at all Ages.	Ages at Death.																										Total Deaths, whether Resident or Non-Resident, in Public Institutions in the District.
		Total.		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		75-85		85+		Unknown Age		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F	M.	F.	M.	F.	M.	F.	
Non-Venereal Diseases, &c. *(contd.)*—																																				
Other Diseases of the Kidney and Annexa	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Calculi of Bladder	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2
Diseases of the Bladder ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	..
Diseases of the Urethra ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2
Diseases of the Prostate ...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	4
Metrorrhagia	1	...	1	...	.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	1
VII.—The Puerperal State—																																				
Ante-partum Hæmorrhage ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Accidents of Childbirth ...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Puerperal Fever	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2
Puerperal Convulsions	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3
Puerperal Pulmonary Embolism	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Insanity	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of the Female Genital Organs	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Non-Puerperal Diseases of the Breast (non-cancerous) ...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2
VIII.—Diseases of the Skin and of the Cellular Tissue—																																				
Senile Gangrene	6	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	2	1	...	...	...	...	6
Cancrum Oris	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Gangrene	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
Carbuncle	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Cellulitis	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Acute Abscess	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	2

TABLE IV.—(*continued*).

Causes of Death.	Total Deaths at all Ages.	Ages at Death.																										Total Deaths, whether Resident or Non-Resident, in Public Institutions in the District.
		Total.		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		75-85		85+		Unknown Age		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Diseases of the Skin, &c. (*contd.*)—																																				
Diseases of the Integumentary System	9	3	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	1	1	1	2	...	...	...	...	8
IX.—Diseases of the Bones and of the Organs of Locomotion—																																				
Diseases of the Bones	3	3	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
X.—Malformations—																																				
Congenital Hydrocephalus ..	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformation of the Heart	6	4	2	3	2	...	...	...	...	...	...	...	...	1	..	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...
Other Congenital Malformations	4	2	2	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
XI.—Diseases of Early Infancy—																																				
Premature Birth	44	22	22	22	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
Infantile Atrophy, Debility, Marasmus	49	28	21	28	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13
Atelectasis	5	2	3	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Lack of Care	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XII.—Old Age—																																				
Old Age	132	45	87	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	11	24	42	15	34	...	...	26
XIII.—Affections Produced by External Causes—																																				
Suicide. By Hanging	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
,, Firearms	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
,, Cutting Throat	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...
,, Poisonings	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1

TABLE IV.—(*continued*).

Causes of Death.	Total Deaths at all Ages.	Ages at Death.																														Total Deaths, whether Resident or Non-Resident, in Public Institutions in the District.
		Total.		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		75-85		85+		Unknown Age		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Accidental. Affections Produced by External Causes (*contd.*)—																																				
Burns	3	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	..	...	...	...	...	3
Suffocation whilst sleeping with Parents...	3	...	3	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Drowning...	4	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Falls	20	9	11	...	...	1	...	...	.	...	...	...	..	...	...	...	...	...	...	...	...	1	...	1	...	1	2	...	2	1	1	3	4	1	2	...	...	7
Injury in Quarries	1	1	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Injury by other crushing (vehicles, railways, &c.) ...	8	6	2	...	...	...	...	...	...	1	...	...	...	1	...	1	1	...	...	1	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	6
Injury by Piercing Instruments	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Other Violence	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Homicide	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Fractures	1	1	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	..	...	...
Other Violence	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...
XIV.—Ill Defined Causes— Ill Defined Causes	7	4	3	...	...	1	3	...	...	...	...	...	...	...	...	...	..	...	...	1	...	...	...	1	...	...	...	...	...	1	...	...	..	...	...	...	5
Total	1906	883	1023	161	130	35	32	15	18	4	10	5	8	19	17	10	11	11	17	16	19	40	47	70	59	92	91	126	121	125	175	117	200	37	67	...	1	576

TABLE V.—(*Local Government Board Table*).

Cases of Infectious Disease Notified during the Year 1913.

NOTIFIABLE DISEASE.	Cases Notified in Whole Borough.													Total Cases Notified in each Ward.														Total Cases Removed to Hospital.
	At all Ages.	At Ages—Years.												1. King's Cliff	2. Queen's Park	3. Pier	4. Pavilion	5. Regency	6. West	7. Montpelier	8. St. Nicholas'	9. St. John's	10. Hanover	11. Lewes Road	12. St. Peter's	13. Preston Park	14. Preston	Workhouse, Unknown Address	Asylum, Unknown Address	
		Under 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 and upwards.	Unknown Age.																	
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	159	4	27	65	27	11	11	9	3	1	1	—	—	16	13	9	1	3	2	6	6	9	9	21	7	17	40	—	—	137
Membranous Croup ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	104	3	3	7	2	4	8	11	26	14	17	9	—	3	9	9	6	7	—	1	9	8	11	12	9	7	13	—	—	—
Scarlet Fever	690	5	117	310	155	44	24	25	8	2	—	—	—	26	27	36	9	16	12	26	31	65	60	109	36	107	130	—	—	604
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	26	—	—	—	3	5	1	8	5	3	1	—	—	2	—	3	2	4	—	—	5	1	1	3	1	3	1	—	—	17
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	7	—	—	—	—	—	2	4	1	—	—	—	—	—	—	1	—	—	—	—	1	1	2	2	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anterior Poliomyelitis ...	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Cerebral Spinal Meningitis...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	5	5	—	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Phthisis	370	—	3	32	27	27	36	92	72	41	24	8	8	8	23	38	4	20	16	17	19	27	38	55	19	34	35	15	2	145
Other Tubercular Diseases...	124	2	20	34	17	7	13	13	6	2	8	2	—	8	5	5	0	5	4	6	8	13	12	16	7	6	5	24	0	3

Of 26 cases of Scarlet Fever occurring in King's Cliff Ward 2 were in Public Institutions.
,, 27 ,, ,, ,, ,, Queen's Park ,, 7 ,, ,, ,, ,,
,, 26 ,, ,, ,, ,, Montpelier ,, 12 ,, ,, ,, ,,
,, 31 ,, ,, ,, ,, St. Nicholas ,, 1 was in a ,, Institution.
,, 13 ,, Diphtheria ,, Queen's Park ,, 1 ,, ,, ,, ,,
,, 6 ,, ,, ,, Montpelier ,, 4 were in ,, Institutions.
,, 6 ,, ,, ,, St. Nicholas ,, 1 was in a ,, Institution.
,, 3 ,, Erysipelas ,, King's Cliff ,, 2 were in ,, Institutions.
,, 9 ,, ,, ,, Queen's Park ,, 3 ,, ,, ,, ,,

The following Table gives particulars as to the known cases of Measles during 1913.

Ages.	First case in house attended School.		First case in house did not attend School.		Totals.	
	Ages of First Cases.	Ages of Secondary Cases.	Ages of First Cases.	Ages of Secondary Cases.	Ages of First Cases.	Ages of Secondary Cases.
0—3 months ...	—	2	—	—	—	2
3—6 ,, ...	—	4	2	—	2	4
6—9 ,, ...	—	3	1	4	1	7
9—12 ,, ...	—	10	5	1	5	11
1—2 years ...	—	30	10	3	10	33
2—3 ,, ...	—	37	14	3	14	40
3—4 ,, ...	14	39	8	—	22	39
4—5 ,, ...	59	23	1	1	60	24
5—6 ,, ...	111	14	1	1	112	15
6—7 ,, ...	62	7	—	3	62	10
7—8 ,, ...	29	7	—	1	29	8
8—9 ,, ...	6	3	—	2	6	5
9—10 ,, ...	7	2	—	1	7	3
10—11 ,, ...	1	3	—	2	1	5
11—12 ,, ...	—	2	—	—	—	2
12—13 ,, ...	3	1	—	—	3	1
13—14 ,, ...	2	—	—	—	2	—
14+ ,, ...	1	—	—	—	1	—
Totals ...	295	187	42	22	337	209

Schools Closed 1913.

St. Martin's Infants ...	21st January to 10th February.	Whooping Cough
Crown Street ditto ...	7th March to 31st March.	,, ,,
Hollingdean Road ditto	,, ,,	,, ,,
Loder Road ditto ...	,, ,,	,, ,,
Pelham Street ditto ...	,, ,,	,, ,,
St. Bartholomew's ditto	,, ,,	,, ,,
St. John's ditto ...	,, ,,	,, ,,
St. Martin's ditto ...	,, ,,	,, ,,
Infant classes at Coombe Road ...	,, ,,	,, ,,
Ditto, ditto Preston Mixed	,, ,,	,, ,,
Circus Street Infants ...	9th April to 19th May.	Whooping Cough and Measles.
Richmond Street ditto	14th April to 26th May.	
St. John's ditto ...	,, ,,	
St. Mary's ditto ...	2nd May to 2nd June.	
Loder Road Mixed ...	25th July to 1st September.	Scarlet Fever and Whooping Cough
Ditto Infants ...	,, ,,	
Ditto Mixed	1st September to 8th September.	Scarlet Fever.
Ditto Infants... ...	,, ,,	,,

Lewes Road Infants ...	12th December to 5th January, 1914.	Measles.
Coombe Road ditto ...	,, ,,	,,
Hollingdean Road ditto	,, ,,	,,
Ditchling Road ditto...	,, ,,	Diphtheria.
Ditto Boys	,, ,,	,,
Ditto Girls	,, ,,	,,
Preston Road Infants	,, ,,	,,
St. Martin's ditto ...	,, ,,	Measles.

Loder Road Infants: No fresh entrants were admitted from 6th October until 15th November on account of Scarlet Fever.

Children under five years of age were excluded from the following schools from 4th April to 19th May, owing to the presence of Measles and Whooping Cough :—Circus Street, Richmond Street and St. John's.

The ages of the children known to have suffered from Whooping Cough are as follow :—

0—3 months ...	... 20	6—7 years ...	... 183
3—6 ,, ...	... 26	7—8 ,, ...	... 76
6—9 ,, ...	... 11	8—9 ,, ...	... 22
9—12 ,, ...	... 9	9—10 ,, ...	... 9
1—2 years ...	... 82	10+ ,, ...	... 12
2—3 ,, ...	... 68		
3—4 ,, ...	... 78		
4—5 ,, ...	... 98	Total ...	... 871
5—6 ,, ...	... 177		

INFANT MORTALITY.

Special Group— Illegitimate Children, 1901-12 *inclusive.*

Causes of Death.	Age at Death.															Total Deaths Under 1 Year.
	Weeks.				Months.											
	0-1	1-2	2-3	3-4	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	
Small Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	1	1	—	1	—	—	—	3	3	9
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping-Cough	—	—	—	—	1	—	—	—	—	1	—	—	1	—	—	3
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza ...	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	2
Erysipelas ...	—	—	—	—	1	—	—	1	—	—	—	—	—	—	1	3
Tuberculous Meningitis ...	—	—	—	—	—	—	1	—	1	—	—	1	1	1	—	5
Abdominal Tuberculosis ...	—	—	—	—	—	—	2	2	4	—	—	—	1	1	—	10
Other Tuberculous Diseases ...	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	2
Meningitis (not Tuberculous ...	—	—	—	—	—	—	—	—	1	2	1	—	—	—	—	4
Convulsions ...	—	1	1	3	2	1	2	2	2	1	—	—	3	2	1	21
Laryngitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis ...	—	—	—	—	1	—	1	1	—	1	1	1	1	—	2	9
Pneumonia (all forms) ...	—	—	—	1	1	3	3	3	1	2	3	3	4	4	3	31
Other Respiratory Diseases ...	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	4
Diarrhoea and Enteritis ...	—	—	2	1	16	8	13	20	8	5	7	4	2	6	3	95
Gastritis	—	1	2	1	—	1	—	—	—	—	—	—	—	—	—	5
Syphilis	1	1	—	1	4	5	2	2	—	—	—	1	2	1	1	21
Rickets ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying	1	—	—	—	1	—	—	—	1	2	—	—	—	—	—	5
Injury at birth ...	4	—	—	—	1	—	—	—	—	—	—	—	—	—	—	5
Atelectasis ...	4	1	1	—	—	—	—	—	—	—	—	—	—	—	—	6
Congenital Malformation ...	1	2	1	—	—	—	—	—	1	—	—	—	—	—	—	5
Premature Birth	24	8	2	2	2	2	—	—	—	—	—	—	—	—	—	40
Atrophy, Debility and Marasmus	10	4	5	7	20	17	13	8	4	1	4	4	1	—	4	102
Other Causes ...	7	1	1	—	—	—	—	—	—	1	—	—	—	1	—	11
Total ...	52	19	15	16	51	38	39	42	24	17	16	14	17	19	19	398

INFANT MORTALITY.

Group I.—The Poorest Group (1901-12 *inclusive*).

Causes of Death.	Age at Death.															Total Deaths Under 1 Year
	Weeks.				Months.											
	0-1	1-2	2-3	3-4	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	
Small Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	1	3	2	1	4	4	6	21
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	1	3	2	2	1	4	4	7	3	—	27
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	3
Influenza ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	2
Tuberculous Meningitis ...	—	—	—	—	—	—	—	—	—	2	1	—	—	—	1	4
Abdominal Tuberculosis ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Other Tuberculous Diseases ...	—	—	—	—	—	2	—	1	1	2	2	—	—	1	2	11
Meningitis (not Tuberculous ...	—	1	—	—	—	—	—	—	1	—	1	1	—	—	—	4
Convulsions ...	7	2	—	1	3	6	2	1	2	1	1	2	—	1	2	31
Larnygitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis ...	—	4	3	3	13	11	11	4	2	5	5	4	5	5	—	75
Pneumonia (all forms) ...	1	3	3	1	5	8	5	12	4	5	7	9	9	8	15	95
Other Respiratory Diseases ...	—	—	—	—	—	4	—	—	—	1	1	1	—	1	—	8
Diarrhoea and Enteritis ...	1	1	3	2	9	17	11	15	19	10	12	8	14	12	10	144
Gastritis	1	1	1	—	—	—	2	—	—	—	2	—	—	—	—	7
Syphilis	1	1	2	2	5	2	2	—	2	—	—	—	—	—	—	17
Rickets ...	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	3
Suffocation, overlying	2	1	4	1	6	4	3	—	2	—	—	1	—	—	—	24
Injury at Birth ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Atelectasis ...	12	2	1	—	1	—	—	—	—	—	—	—	—	—	—	16
Congenital Malformation ...	5	1	2	—	1	2	—	—	1	—	—	—	—	—	—	12
Premature Birth	55	11	7	1	6	3	—	2	—	—	—	—	—	—	—	85
Atrophy, Debility and Marasmus	16	8	9	1	19	22	13	7	6	5	5	5	2	3	3	124
Other Causes ...	2	2	2	1	3	1	1	3	2	1	—	3	2	—	1	24
Total ...	105	38	37	13	72	84	54	47	45	36	43	39	48	38	41	740

INFANT MORTALITY.

Group II.— Unskilled Workers (1901-12 *inclusive*).

Causes of Death.	Age at Death.															Total Deaths Under 1 Year.
	Weeks.				Months.											
	0-1	1-2	2-3	3-4	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	
Small Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	1	—	—	—	—	1	—	2	2	2	1	3	3	15
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Whooping Cough	—	—	—	1	4	1	4	2	2	3	—	6	1	9	5	38
Diphtheria and Croup ...	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	3
Influenza ...	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2
Erysipelas ...	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	2
Tuberculous Meningitis ...	—	—	—	—	—	—	1	2	4	4	7	1	1	1	3	24
Abdominal Tuberculosis ...	—	—	—	—	1	2	2	2	3	1	1	1	1	—	—	14
Other Tuberculous Diseases ...	—	—	—	—	1	2	1	—	4	3	1	1	2	2	—	17
Meningitis (not Tuberculous) ...	—	—	2	—	1	1	2	3	2	1	2	1	2	2	3	22
Convulsions ...	13	3	4	2	9	9	2	4	5	7	2	4	4	1	2	71
Laryngitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis ...	1	4	3	3	11	15	12	4	4	3	6	7	9	2	7	91
Pneumonia (all forms)	1	1	5	2	10	17	5	18	15	11	16	19	12	15	14	161
Other Respiratory Diseases ...	2	2	2	—	3	1	1	3	2	2	1	2	2	3	2	28
Diarrhoea and Enteritis ...	1	2	4	5	18	25	26	26	21	22	13	14	20	15	13	225
Gastritis	1	—	1	—	1	2	2	1	1	—	—	1	1	—	—	11
Syphilis	1	6	—	4	7	1	4	1	—	—	—	—	—	—	—	24
Rickets	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	2
Suffocation, overlying	8	—	4	1	6	6	7	1	2	1	—	—	—	—	1	37
Injury at Birth ...	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Atelectasis ...	12	1	1	—	—	—	—	—	—	—	—	—	—	—	—	14
Congenital Malformation ...	10	4	2	2	5	3	1	1	3	2	—	—	—	—	—	33
Premature birth...	157	22	9	9	7	3	—	—	3	1	—	—	—	—	1	212
Atrophy, Debility and Marasmus	39	12	20	13	35	27	22	13	6	14	6	5	4	1	1	218
Other Causes ...	8	—	—	1	2	4	4	5	1	4	3	1	7	1	2	43
Total ...	257	59	59	43	122	119	97	87	78	83	61	67	67	55	59	1313

INFANT MORTALITY.

Group III.—Artizans, &c. (1901-12 *inclusive*).

Causes of Death.	Age at Death.															Total Deaths Under 1 Year.
	Weeks.				Months.											
	0-1	1-2	2-3	3-4	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	
Small Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	1	—	1	—	—	1	1	1	1	—	2	8
Scarlet Fever ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Whooping Cough	—	—	—	—	5	3	1	5	3	2	5	6	2	4	1	37
Diphtheria and Croup	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	3
Influenza ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Erysipelas ...	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—	3
Tuberculous Meningitis ...	—	—	—	—	—	—	1	1	1	2	2	2	—	4	1	14
Abdominal Tuberculosis ...	—	—	—	—	2	3	2	2	—	1	1	1	—	1	—	13
Other Tuberculous Diseases ...	—	—	—	—	—	—	2	1	—	1	2	1	—	—	1	8
Meningitis (not Tuberculous) ...	—	—	—	—	2	1	1	—	2	1	—	1	—	—	—	8
Convulsions ...	10	3	3	—	4	4	1	2	2	1	4	5	3	3	3	48
Laryngitis ...	1	—	—	—	—	—	—	1	1	1	—	—	—	—	—	4
Bronchitis ...	—	2	1	2	13	11	2	5	7	7	8	3	1	3	4	69
Pneumonia (all forms)	2	4	2	3	5	9	9	—	10	7	5	8	8	10	8	90
Other Respiratory Diseases ...	1	3	1	1	3	1	1	—	3	—	1	—	—	—	—	15
Diarrhoea and Enteritis ...	—	1	2	4	13	22	16	26	19	18	14	10	5	9	4	163
Gastritis	—	1	2	2	—	2	2	3	—	—	—	2	—	—	—	14
Syphilis	—	—	—	1	1	3	—	—	—	1	1	—	—	—	—	7
Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Suffocation, overlying	6	1	—	—	8	3	3	1	—	—	—	—	—	—	—	22
Injury at birth ...	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Atelectasis ...	18	2	1	—	—	—	—	—	—	—	—	—	—	—	—	21
Congenital Malformation ...	18	6	2	2	2	2	—	1	4	3	1	—	—	1	—	42
Premature birth...	169	19	14	8	11	5	2	1	—	—	—	2	—	2	—	233
Atrophy, Debility and Marasmus	45	15	1	9	21	18	7	9	2	2	2	3	4	1	—	149
Other Causes ...	6	3	2	—	6	2	3	4	3	3	3	2	—	—	3	40
Total ...	281	61	42	32	98	90	55	62	58	51	50	48	25	39	28	1020

INFANT MORTALITY.

Group IV.—The Well-to-do (1901-12 *inclusive*).

Causes of Death.	Age at Death.															Total Deaths Under 1 Year.
	Weeks.				Months.											
	0-1	1-2	2-3	3-4	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	
Small Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	3
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	1	1	—	1	1	1	—	—	—	—	5
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Influenza ...	1	—	—	—	1	—	—	—	—	—	—	1	—	2	1	6
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ...	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	4
Abdominal Tuberculosis ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2
Other Tuberculous Diseases ...	—	—	—	—	—	1	1	1	—	—	—	—	1	1	1	6
Meningitis (not Tuberculous) ...	—	—	—	—	—	—	—	—	1	—	1	1	—	—	1	4
Convulsions ...	2	1	—	—	—	3	1	2	1	1	—	—	1	—	—	12
Laryngitis ...	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2
Bronchitis ...	—	—	—	—	—	—	—	—	2	1	—	—	—	1	—	4
Pneumonia (all forms)	—	1	—	2	—	1	2	1	1	—	2	—	2	—	1	13
Other Respiratory Diseases ...	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	3
Diarrhoea and Enteritis ...	1	2	—	1	5	1	3	1	4	4	4	4	1	2	—	33
Gastritis	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	2
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Suffocation, overlying	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3
Injury at birth ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Atelectasis ...	5	—	—	—	—	1	—	—	—	—	—	—	—	—	—	6
Congenital Malformation ...	7	2	—	—	4	1	—	—	—	1	—	—	—	1	—	16
Premature birth...	32	1	1	—	2	2	1	—	—	—	—	—	—	—	—	39
Atrophy, Debility and Marasmus	9	3	2	—	6	3	1	—	1	—	—	—	1	1	—	27
Other Causes ...	—	1	—	1	—	—	1	2	—	—	—	—	1	1	1	8
Total ...	62	11	3	5	20	14	11	8	12	9	10	8	10	9	10	202

NOTIFICATIONS OF BIRTHS.

The following table shews the number of births notified since July 1st, 1909 :—

Notified by	1909. July—Dec.	1910.	1911.	1912.	1913.
Doctor	226	389	416	272	263
Midwife	842	1749	1670	1571	1681
Parent	89	137	168	141	141
Doctor and Midwife ...	10	7	10	7	2
Doctor and Parent ...	9	4	11	5	1
Midwife and Parent ...	20	5	—	—	1
Other relative	2	1	9	8	1
Taken from death returns	1	3	—	—	—
Total { Births ...	1149	2216	2223	1921	2090
Total { Still-births ...	50	79	61	83	74
Total Registered Births	—	2612	2584	2488	2477

Of the number of notifications received during 1913, 46 were sent only after the issue of a circular letter, pointing out that notification was required by the Act. Up to the present, no one has refused to notify after receiving an intimation of the obligation to do so.

Over 82 per cent. of births are notified apart from direction from this office.

APPENDIX.

REPORT

ON THE

BACTERIOLOGICAL EXAMINATION

OF

27 SPECIMENS OF FAECES

FROM

CASES OF DIARRHOEA IN YOUNG CHILDREN,

By D. C. ADAM, M.B., Ch.B.

APPENDIX.

Report on the Bacteriological Examination of 27 specimens of faeces from cases of diarrhoea in young children.

The investigation was intended to determine the percentage of cases from the faeces of which Morgan's bacillus No. 1 could be recovered. The classification of Lewis in the Local Government Board Report for 1911 is adopted. All lactose fermenting organisms are neglected. Of the non-lactose fermenters, those which produce no change with glucose form Group A, which contains three varities ; those which produce acid with glucose but not with mannite form Group B, which contains seven varieties ; and those which produce acid and gas with Glucose but not with mannite form Group G, which also comprises seven varieties. Lewis considers that Morgan's bacillus is represented by G4 ; but he also thinks it is identical with several other members of this group, viz., G1, G2, G4, G5.

TABLE I.

Group.	Variety.	Glucose.	Mannite.	Motility.	Indole.	Litmus Milk.
A.	1.	—		N.M.	—	—
	2.	—		N.M.	—	A.
	3.	—		N.M.	—	Alk.
B.	1.	A.	—	N.M.	—	—
	2.	A.	—	N.M.	—	A.C.
	3.	A.	—	M.	—	Alk.
	4.	A.	—	N.M.	+	AC.
	5.	A.	—	M.	—	—
	6.	A.	—	M.	+	Alk.
	7.	A.	—	M.	+	Alk.
G.	1.	AG.	—	N.M.	+	Alk.
	2.	AG.	—	M.	+	—
	3.	AG.	—	N.M.	—	—
	4.	AG.	—	M.	+	Alk.
	5.	AG.	—	N.M.	—	Alk.
	6.	AG.	—	M.	+	Alk.*
	7.	AG.	—	M.	+	AC.

* Acid with Saccharose.

Technique.—An emulsion of the faecal material was made in about 10cc of sterile saline solution. Two loopfuls of this were spread on each of three plates of neutral red bile salt agar with lactose, ·5 per cent. ; mannite, ·5 per cent., and crystal violet 1-100000. These were incubated at 37°C for 24-48 hours, and then examined for non-fermenting colonies. By the use of this medium, all organisms were eliminated except those falling into Groups A, B and G. At least 10 non-fermenting colonies were sub-cultured ; but if the three plates shewed less than 10 such colonies then all were sub-cultured. The sub-cultures were made on nutrient agar, and were incubated at 37°C until a sufficiently good growth had been obtained. They were used for the remaining steps of the investigation.

Tubes of ·5 per cent. lactose litmus peptone water and ·5 per cent. mannite litmus peptone water were inoculated from the sub-cultures, and incubated at 37°C for 10 days ; if, during this time, no acid or gas was formed, the organism was considered a non-lactose fermenter and non-mannite fermenter. A gelatin stab was made at the same time, kept at room temperature for four weeks, and examined periodically for liquefaction. Those organisms which did not ferment lactose or mannite and did not liquefy gelatin were inoculated into tubes of ·5 per cent. glucose litmus peptone water and incubated at 37°C for seven days. Those which produced acid and gas were regarded as belonging to Group G, and, in their case, the following tests were carried out. They were inoculated into litmus milk (37°C for 14 days) ; peptone water for indole (37°C for seven days), and bouillon for motility in hanging drop preparation.

Of the 27 specimens examined, 12 did not produce colourless colonies, on NRBSLMAgar. These were Specimens No. 2, 6, 7, 8, 9, 11, 12, 14, 15, 16, 17, 18. The remaining fifteen did produce colourless colonies, and in their case the examination was proceeded with, with the following result :—

No. 1.—10 colonies were sub-cultured. Of these two subsequently produced acid and gas with both lactose and mannite, and the remainder liquefied gelatin.

No. 3.—10 colonies sub-cultured. Eight produced acid and gas with both lactose and mannite. Of the remainder, 3h produced acid only with glucose, and probably belonged to Group B. 3k had no effect on glucose, and probably belonged to Group A.

No. 4.—10 colonies sub-cultured. All liquefied gelatin.

No. 5.—10 colonies sub-cultured. Six fermented lactose, and the remainder liquefied gelatin.

No. 10.—One colony sub-cultured. This liquefied gelatin.

No.13.—10 colonies sub-cultured. Three appeared to be moulds. One fermented lactose and mannite and the remainder liquefied gelatin.

No. 19.—One colony sub-cultured. This was found to belong to Group G. It formed indole, was non-motile and produced an Alkaline reaction in litmus milk.

No. 20.—Two colonies sub-cultured. 20b produced acid with mannite. 20a produced acid only with glucose, and probably belonged to Group B.

No. 21.—Three colonies sub-cultured. 21b fermented lactose and mannite. 21a and 21c produced no change with glucose, and probably belonged to Group A.

No. 22.—One colony sub-cultured, which fermented both lactose and mannite.

No. 23 and No. 24.—Five colonies from each sub-cultured, all of which fermented both lactose and mannite.

No. 25.—10 colonies sub-cultured. Two fermented lactose and mannite. Seven liquefied gelatin. 25d was found to belong to Group G ; it produced indole, was non-motile and produced an Alkaline re-action with litmus milk.

No. 26.—Seven colonies sub-cultured. All belonged to Group G. All produced an Alkaline re-action with litmus milk, and formed indole. Four were motile and three non-motile.

No. 27.—10 colonies sub-cultured. One fermented lactose. Eight liquefied gelatin. 27f belonged to Group G., was non-motile, formed indole and produced an Alkaline re-action with litmus milk.

TABLE II.

Specimen.	Sub-culture.	Motility.	Indole.	Litmus Milk.
19.	a.	N.M.	+	Alk.
25.	d.	N.M.	+	Alk.
26.	a.	N.M.	+	Alk.
	b.	M.	+	Alk.
	c.	M.	+	Alk.
	d.	N.M.	+	Alk.
	e.	N.M.	+	Alk.
	f.	M.	+	Alk.
	g.	M.	+	Alk.
27.	f.	N.M.	+	Alk.

The motile organisms from Specimen No. 26 were cultured in peptone water containing Saccharose, and produced no change. They agreed in their re-actions with G4. The other organisms were similar in behaviour to G1.

Considering G1 as representing the same organism as G4—Morgan's bacillus No. 1—this organism was found in four specimens, or 14·8 per cent. of the total number examined. This number is equivalent to 33 per cent. of the specimens from which non-lactose fermenters were recovered.

Annual Report

ON THE

MEDICAL INSPECTION, &c.,

OF

SCHOOL CHILDREN

OF THE

COUNTY BOROUGH OF BRIGHTON

FOR THE YEAR 1913.

BY

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BRIGHTON:
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GENERAL VIEW OF THE PRINCIPAL DETAILS IN CONNECTION WITH ELEMENTARY EDUCATION IN THE DISTRICT.

The Borough of Brighton has an estimated population for 1913 of 133,096. The area of the district is 2,620 acres.

There are 18 provided schools, including one for mentally defective children, and 15 unprovided schools.

In the 33 schools there are 79 departments. The following table shews the chief factors in regard to atendance during 1913 :—

Accommodation...	...	...	19,664
No. on Registers	...	...	17,949
Average Attendance	...	...	15,972
Percentage of Attendance		...	89·0

A decrease of 1·2 per cent. in the attendance has occurred this year.

The percentage of the average number of children in attendance to population=12·4.

The number of children in the elementary schools, arranged according to age grouping, was, in 1912-1913 :—

	"Provided" and "Non-Provided" Schools.				
Ages... ...	3-4.	4-5.	5-14.	over 14	Totals.
Boys' Departments ...	—	—	5205	69	5274
Girls' Departments ...	—	—	5033	44	5077
Mixed Departments ...	17	49	1595	12	1673
Infants' Departments ...	165	888	5162	—	6215
Totals	182	937	16995	125	18239
Previous year ...	260	1000	17384	152	18796

Percentage of children attending elementary schools under 5 years of age.

	Provided.	Non-Provided.	Total.
1913	5·4	7·8	6·1
1912	5·9	8·8	6·7
1911	6·2	9·7	7·3
1910	7·5	11·6	8·7
1909	6·9	10·5	8·04
1908	8·0	10·6	8·79

The rateable value of the Borough is £894,808 : the Education Rate for 1913-1914 is 1s. 3¾d. in the £.

The following table shews the cost of medical inspection and treatment based on the annual estimates for elementary school children in the year 1913-1914 :—

Cost per child in average attendance... 1s. 2¾d.
Cost as decimal of 1d. rate ... ... ·3 (nearly) of a penny.

This includes practically all expenses incurred by the Medical Inspection Department of the Education Office.

The Annual Report has been written in accordance with the form prescribed in Circular No. 596 (1908) of the Board of Education. The lettering and numbers at the head of each section are those adopted in the schedule of the Board.

(*a*) Hygienic Conditions in the Schools.

Improvements in the following directions have been effected during the past year.

Galleries have been removed from the infants' departments at St. Mark's, Elm Grove, Central, Stanford Road and Park Street Schools.

A new system of heating by low pressure hot water has been installed in the Ditchling Road School.

Porches have been provided over the doors leading from the playgrounds at Elm Grove and Ditchling Road Infants' Schools, in order to afford shelter in unfavourable weather.

In connection with St. John's School, the new building for the boys will be opened in September, 1914, and the managers are taking steps in connection with the preparation of plans for the alteration of the existing premises for the girls and infants.

The hygienic conditions in schools were set out in tabular form in the year 1910. The information regarding cloak-room accommodation has been revised and brought up-to-date (see the table below).

CLOAK-ROOM ACCOMMODATION, JANUARY, 1913.

No. of schools inspected		33
No. of cloak-rooms		119
Site of Cloak-room :—		
Separate room		109
Passage		9
Class-room		1
Natural Lighting :—		
Good		93
Not good		26
Ventilation :—		
Good		108
Not good		11
Completely disconnected from school-room		99
Not completely disconnected		20
No separate entrance and exit		40
Separate entrance and exit on opposite sides		7
Separate entrance and exit on the same side		72
Largest number of tiers,	1 with	1.
	43 ,,	2.
	57 ,,	3.
	16 ,,	4.
	2 ,,	5.
Distance between tiers,	6 ,,	6 in. to 8 in.
	15 ,,	9 in. to 10 in.
	5 ,,	11 in.
	36 ,,	1 ft.
	27 ,,	1 ft. 1 in. to 1 ft. 3 in.
	26 ,,	1 ft. 4 in. to 1 ft. 6 in.
	4 ,,	above 1 ft. 6in.
Distance between pegs,	3 ,,	under 6 in.
	17 ,,	6 in. to 8 in.
	31 ,,	9 in. to 10 in.
	64 ,,	11 in. to 1 ft.
	4 ,,	1 ft. 1 in. to 1 ft. 3 in.
No. of cloak-rooms in which pegs are numbered		88
No. of cloak-rooms without numbered pegs		27
No. of cloak-rooms with partly numbered pegs		4

Supervision of Children absent from School on the ground of Ill-Health.

A full account of the methods adopted in respect of the above was given in the Annual Report for 1910, in which the following points were dealt with : Reserve Sickness Register, exclusion of individual scholars under Art. 53 (b) Code, School Attendance Branch Sub-Committee, Attendance Slips. The following table gives particulars of official exclusions for certain diseases by the School Doctors for 1913 :—

	Exclusions (in weeks) at Inspection and Treatment Clinic; and at Medical Inspection.
Non-notifiable infectious diseases	511
Phthisis	123
Other forms of tuberculosis	123
Lung disease	205½
Throat diseases and enlarged glands	202⅔
Rheumatism and chorea	181⅓
Heart disease	146
Neurosis	20⅔
Epilepsy	79⅔
Anaemia, dyspepsia and debility	277
Diseases of the eye	381½
Diseases of the ear	114
Ring-worm	372⅔
Impetigo and eczema	790
Other forms of skin disease	290⅔
Verminous conditions	807
Other diseases	240
Total	4865½

During the year a record of the loss of attendance from certified medical causes has been kept in a duplicate register by each Head Teacher, and a weekly return of the absences due to sickness has been sent in to the Education Office. The following table gives the return of absences due to sickness from January to December, 1913, together with the meteorological conditions :—

Number of Absences due to Sickness, 1913.

Month.	Average number of Pupils per Week.	Number of Attendances Lost on account of										Totals.	Percentage of Absence due to Sickness.	Percentage of Average Attendance.	Average per day.		
		Whooping Cough.	Measles.	Mumps.	Chicken Pox.	Diphtheria.	Scarlet Fever.	Ringworm.	Other Skin Diseases.	Verminous Cases.	Other Cases.				Rainfall (inches).	Sunshine (hours).	Temperature.
January	1037	1819	195	116	1829	420	4363	1407	1996	472	22239	34856	4·84	89·7	·163	1·35	43·3
February	1305	6222	330	183	1403	534	4550	1295	2251	363	26729	43860	5·99	88·3	·02	2· 6	42·6
March	1164	4079	140	165	750	300	2885	825	896	423	18339	28802	7·24	87·2	·06	3·96	45·6
April	1386	12795	1304	170	939	244	3160	1124	1160	769	23924	45589	6·65	87·8	·115	4· 6	47·2
May	1230	10184	2900	112	474	139	2382	879	1163	1073	17422	36728	5·61	89·1	·06	6· 6	53·9
June	1054	7195	4618	98	421	186	2386	1141	1432	1460	17392	36329	5·03	89·5	·026	6· 8	58·3
July	939	5774	3796	41	710	342	2416	967	1262	1699	21406	38413	4·54	88·7	·074	5· 6	59·9
September	695	1149	357	20	439	372	2388	568	1206	787	15287	22573	3· 2	89·7	·08	4· 7	59·4
October	1846	810	333	83	652	1193	4148	589	1883	2912	22473	35076	3· 9	90·4	·11	4· 3	56·7
November	2394	521	1166	135	552	1832	4016	643	1973	1178	25409	37425	5·23	89·5	·095	2· 7	50·0
December	2265	271	1856	81	467	1343	3767	519	1331	918	23293	33846	6·35	87·7	·074	1·24	45·4
Total number of Attendances lost on account of sickness for 1913		50819	16995	1204	8636	6905	36461	9957	16553	12054	233913	393497					

Swabs are now taken from the throats and noses of diphtheria contacts, and, if these are negative, they return to school on the Monday following the lapse of six days instead of four weeks after the removal of the patient. This procedure has, with safety, led to the reduction of loss of attendance due to this cause.

THE ROUTINE OF MEDICAL INSPECTION.

A full and detailed account of this has been given in previous reports for 1908-11.

It should be borne in mind that with the development of the work of the School Medical Staff that it is no longer necessary to rely solely on routine medical inspection for the discovery of defective children.

As will be seen on page 102, arrangements are in force which enable a teacher to have any child suspected of being defective examined at the School Doctor's routine visit to the school, or at the School Clinic. The School Doctors, at their routine visits, go round to each of the class-rooms to detect any other defective children.

The fortnightly visits of the School Nurses to each of the schools result in the detection of a considerable number of children suffering from disease not only of the scalp, but of other parts of the skin ; they are also instrumental in sending, to the treatment Clinic, children suffering from minor diseases of the eye and aural discharge.

The School Attendance Officers also send defective children absent from school to the School Clinic.

Lastly the School Clinic has become so well recognised as a part of the organisation of the education system of the town that parents of their own accord bring their children to be examined by the School Doctors.

It would, therefore, be incorrect to assume that the number of defective children discovered by the School Medical Staff is by any means confined to those discovered at the Routine Medical Inspection.

The Procedure of "Following Up."

After the inspection, the parents of children found to be defective in any way are notified of the defect or disease, and advised to seek treatment from their usual Medical Attendant (Form 5 M.I.).

If any condition requiring further examination has been found, the parents are requested to attend at the School Clinic with their child. After such re-examination, advice is given as to the precautions to be taken and the necessity or otherwise of obtaining treatment. The re-examinations usually made are in cases of heart and lung diseases, diseases of the nervous system, and errors of refraction.

At present no child is definitely diagnosed as suffering from heart disease or pulmonary tuberculosis until a complete examination of the child has been carried out at the School Clinic. The facilities afforded by reason of the whole-time School Medical Staff carrying out the treatment themselves enable us to make complete examinations of children suspected

to be suffering from defective vision ; the result of the examination being in several cases that certain children are not needlessly condemned to wear spectacles.

After notification, the home is visited by a School Nurse, who advises the parent what steps should be taken to cure the child. The advice given depends on the nature of the defect, and on the social circumstances of the family. In order to facilitate the visitation of such cases, a card-index system is used, streets being grouped in alphabetical order ; the names of cases in each street are entered upon the card from a list furnished to the School Nurse. The work of visitation has thus been rendered much easier. Visits are made on at least three occasions if no treatment is obtained.

When a child has failed to obtain treatment, pressure is often brought upon parents by the Head Teacher, the child being sent up to the Medical Inspection Offices for re-examination. As each Head Teacher is furnished with a list of names of defective children divided up into three groups, according to the nature of the treatment (*e.g.*, Hospital, Clinic or Private Doctor—Advice only—Exercises), it is easy for them to note whether treatment is obtained or not, and hence to be of material assistance in " following up " cases.

Many cases, in which attention has not been given to the child, are brought up at the following medical inspection at the school, and the parents are again notified and followed up, often with good results.

The District Care Committees have now been formed ; these consist of Managers, the nominees of the Education Committee, and Head Teachers. The schools have been divided into seven groups, and a Committee has been appointed for each group of schools. Arrangements are made for the reference of certain classes of cases requiring medical and dental treatment to these district Committees.

(*b*) (iii.) Presence of Parent at the Inspection.

A card inviting the parent to be present is given to each child due for examination (Form 3 M.I.). Information is asked for in regard to the previous illness of the child, the card is then returned, and the entries copied on the schedule by the Nurse.

In no case was a child examined if any objection had been made. In some of those cases in which no evidence was forthcoming of an objection (except non-attendance at school on the date in question), the children were subsequently examined after a further notice to the parent.

The percentage of actual refusals was 2·8 per cent. on the total for examination. The number of children absent on the day of inspection was 447, *i.e.*, 7·6 per cent. Thus 89·6 per cent. of children receiving notices were examined at the routine inspection. In those cases which were not examined, where there seemed a probability of the existence of a defect, the parents were requested to bring the children to the Inspection Clinic for examination and advice if necessary.

Altogether 2,211 (37·4 per cent.) parents attended out of 5,914 invited. The attendance of parents was always highest in the infants' department (52·2 per cent.), next in the girls' (37·5 per cent.), and lowest in the boys departments (21·9 per cent.).

The co-operation of parents in the subsequent treatment was always asked for. Notification of the defect or disease, personal interviews, advice as to the necessity and means of obtaining treatment, periodical visits paid to the homes by the School Nurse, together with visits paid by the Care Workers, were the chief means employed to this end. The existence of means of treatment provided by the Education Committee for most of the common complaints found among school children has much simplified this part of the work.

It would be of considerable assistance to parents, however, if a voluntary agency would undertake the work of collection and distribution of Hospital and Dispensary Letters to suitable cases, *i.e.*, those defective children suffering from defects not treated by the School Medical Staff.

(*b*) (iv.) Disturbance of School Arrangements.

Inspection was carried out in a class-room in 49 departments ; a Head Teacher's room was used for the purpose in four cases ; rooms adjoining the school premises (clubrooms) in nine, while in connection with the most recently-built school in the town, rooms specially built for the purpose were available for the medical inspection of the two departments.

c. General Statement of the Extent and Scope of Medical Inspection during 1913.

c. (i.) Visits to Schools and Departments.

Inspection has been carried out in all the departments of the 33 schools.

For the purposes of the routine inspection, 160 visits have been made to the various departments. The infants' departments require considerably more visits than the boys' and girls' departments, owing to the larger number of children to be inspected.

In the examination of children for free meals, 94 visits were made to schools.

In the course of special enquiries at schools, 146 visits were made by the School Doctors. This includes a fortnightly visit made to the special school for the examination of mentally defective children.

The total number of visits made to the 33 schools was 400.

c (ii.) The Selection of Children for Inspection.

The following is the grouping of children inspected during 1913 :—

1. New entrants since the 1912 inspection (s. 13, Education Act, 1907).
2. Children born in 1900, *i.e.*, in their 13th or 14th years ; no child leaves school at an earlier age in Brighton (s. 12, Circular 576).
3. Children born in 1905, *i.e.*, in their 8th or 9th years.
4. Children selected as defective by the Teaching and School Medical Staff.

A child is thus examined at least three times during his school life viz., on entrance and at the ages of 8-9 and 12-13.

c. (iii.) THE NUMBER OF CHILDREN INSPECTED.

The following table shews the number of children seen at routine inspection, classified according to age and sex :—

TABLE I.—*Number of Children Inspected* 1*st January*, 1913, *to December*, 1913.

A.—"*Code*" *Groups.*

Age ...	Entrants.						Leavers.					Grand Total.
	3	4	5	6	Other Ages.	Total.	12	13	14	Other Ages.	Total.	
Boys ...	75	289	470	147	—	981	713	184	2	—	899	1880
Girls ...	62	218	445	211	—	936	659	164	2	—	825	1761
Totals ...	137	507	915	358	—	1917	1372	348	4	—	1724	3641

B.—*Groups other than "Code."*

Age ...	Intermediate Group.					Special Cases.	Re-examinations (*i.e*) No. of children. re-examined.
	7	8	9	10	11		
Boys ...	76	190	813	57	35	—	411
Girls ...	74	194	729	56	49	—	363
Totals ...	150	384	1542	113	84	978	774
			2273				

From this table it will be seen that the majority of children were examined at ages 5, 9 and 12 ; the variable age at entry causes the number of examinations made at 3 and 4 years of age to be fewer.

Apart from the routine inspection, cases are specially examined and re-examined at the Schools and School Clinic ; many are also examined for the Canteen Sub-Committee.

c (iv.) CHILDREN REFERRED FOR SUBSEQUENT OR FURTHER EXAMINATION.

At the routine inspection certain children are referred for a more detailed examination The chief defects necessitating this are diseases of the heart and lungs, of the nervous system, deformities and eye defects. These children, if necessary, are periodically re-examined.

Ninety children were referred for subsequent examination, *i.e.*, 1·5 per cent. of the total inspected (5,914).

Many children are referred by School Nurses, Head Teachers or Attendance Officers to the Inspection Clinic, at 7, Gloucester Place. Many of these have already been seen at the routine inspection, hence the number actually re-inspected is much larger than that given above.

The number of attendances made at the Inspection Clinic was 3,508 ; the number of new cases was 1,706.

At the schools 978 children were examined, in addition to the children due for routine inspection.

The Head Teachers were asked to present the names of any children who had not been previously inspected, and whom they wished the School Doctors to see on account of any defect. In addition, a visit was paid by the School Doctors to the class-rooms, and every child in the school was observed in order to find out any additional defects which might escape the notice of teachers. After these children had been examined the lists of defective children sent to the schools were looked through, and suitable children sent for and re-examined ; a record of the examination is made on a card attached to the ordinary routine inspection card.

The cards of all defective children are placed behind those of the normal children in the card cabinet which is kept at the office. On the occasion of a routine visit to a school, all the cards of the defective children of that school are taken to the school ; when the child is no longer defective, the card is placed with those of the normal children.

Especial attention was directed towards those children who had been prescribed spectacles ; in many cases they were not wearing the spectacles ; various reasons were given, in most cases the spectacles had been broken or lost, in a few cases the parents had not purchased the spectacles yet. In every case the parents were seen or written to and every possible assistance was afforded them in the way of obtaining new spectacles, or having the broken spectacles repaired ; the necessity of the children constantly wearing their spectacles was also emphasized.

Children with chronic complaints, such as marginal blepharitis and otorrhoea, were seen again, and, if necessary, referred to the School Clinic for further treatment. The arrangements in force at present ensure that the defective children among those specially examined and re-examined are followed up in the same way as those detected at the routine inspection.

TABLE II.—*Return shewing the Physical Condition of the Children Inspected.*

Condition.		Entrants.				Leavers.				Intermediate Group. (Art. 7, 8, 9, 10, 11).				Total.				Special Cases.
		Boys	Girls	Total	%	Boys	Girls	Total	%	Boys	Girls	Total	%	Boys	Girls	Total	%	
Total Inspected ...		981	936	1917	—	899	825	1724	—	1171	1102	2273	—	3051	2863	5914	—	
Clothing	Satisfactory	647	635	1282	**82·4**	590	560	1150	**70·3**	733	751	1484	**78.4**	1970	1946	3916	**77·1**	
	Unsatisfactory	172	101	273	**17·6**	259	226	485	**29·7**	230	179	409	**21·6**	661	506	1167	**22·9**	
Footgear	Satisfactory	598	538	1136	**73·1**	635	588	1223	**74·8**	776	677	1453	**76·8**	2009	1803	3812	**75·0**	
	Unsatisfactory	221	198	419	**26·0**	214	198	412	**25·2**	187	253	440	**23·2**	622	649	1271	**25·0**	
Cleanliness of head	Clean (*i.e., no nits or pediculi*	899	750	1649	**86**	884	720	1604	**93·1**	1047	809	1856	**81·7**	2830	2279	5109	**86·4**	
	Nits only	59	143	202	**10·5**	9	89	98	**5·7**	93	212	305	**13·4**	161	444	605	**10·2**	
	Pediculi	23	43	66	**3·5**	6	16	22	**1·2**	31	81	112	**4·9**	60	140	200	**3·4**	
Cleanliness of body	Clean (*no evidence of body vermin*)	739	606	1345	**70·1**	778	726	1504	**87·2**	920	845	1765	**77·7**	2437	2177	4614	**78·1**	
	Dirty (*bitten by body vermin*)	238	329	567	**29·6**	116	98	214	**12·4**	243	253	496	**21·8**	597	680	1277	**21·6**	
	Pediculi present	4	1	5	**0·3**	5	1	6	**0·4**	8	4	12	**0·5**	17	6	23	**0·3**	
Nutrition	Excellent	417	473	890	**46·4**	414	394	808	**46·9**	585	625	1210	**53·2**	1416	1492	2908	**49·1**	See below
	Normal	432	370	802	**41·9**	320	298	618	**35·8**	463	393	856	**37.7**	1215	1061	2276	**38·5**	
	Below normal	126	89	215	**11·2**	162	133	295	**17·1**	114	78	192	**8·4**	402	300	702	**11·9**	
	Bad	6	4	10	**0·5**	3	0	3	**0·2**	9	6	15	**0·7**	18	10	28	**0·5**	
Nose and throat ...	No defect	485	548	1033	**53·9**	498	439	937	**54·4**	538	578	1116	**49·1**	1521	1565	3086	**52·2**	
	Mouth breathers	200	155	355	**18·5**	85	67	152	**8·8**	248	185	433	**19·0**	533	407	940	**15·9**	
	Tonsils : slightly enlarged	174	121	295	**15·4**	197	209	406	**23·5**	181	180	361	**16·0**	552	510	1062	**17·9**	
	Tonsils : much enlarged ...	45	49	94	**49**	82	67	149	**8·6**	74	62	136	**6·0**	201	178	379	**6·5**	
	Adenoids: slight / Adenoids: marked } *adenoids*	57	50	107	**5·6**	31	34	65	**3·8**	103	79	182	**8·0**	191	163	354	**5·9**	
	Enlarged tonsils and adenoids (not included in above)	20	13	33	**1·7**	6	9	15	**0·9**	27	18	45	**1·9**	53	40	93	**1·6**	
External eye disease	No disease	958	901	1859	**97·1**	861	786	1647	**95·5**	1126	1055	2181	**96·0**	2945	2742	5687	**96·2**	
	Blepharitis	16	20	36	**1·9**	11	14	25	**1·5**	26	30	56	**2·5**	53	64	117	**2·0**	
	Conjunctivitis	2	3	5	**0·3**	11	11	22	**1·3**	4	6	7	**0·3**	17	20	37	**0·6**	
	Corneal opacities	0	4	4	**0·2**	4	6	12	**0·7**	6	4	13	**0·5**	10	14	24	**0·5**	
	Other disease	5	4	9	**0·5**	10	8	18	**1·0**	8	7	15	**0·7**	23	19	42	**0·7**	

TABLE II.—*Continued.*

Condition.		Entrants.				Leavers.				Intermediate. Group. (Art. 7, 8, 9, 10, 11).				Total.				Special Cases.
		Boys	Girls	Total	%	Boys	Girls	Total	%	Boys	Girls	Total	%	Boys	Girls	Total	%	
Total Inspected ...		981	936	1917	—	899	825	1724	—	1171	1102	2273	—	3051	2863	5914	—	
Ear disease ...																		
	No disease	915	885	1800	**93·9**	857	784	1641	**95·2**	1088	1030	2118	**93·2**	2860	2699	5559	**93·9**	
	Obstruction, R. / Obstruction, L. — *Obstruction (wax) in either or both ears*	46	26	72	**3·7**	30	22	52	**3·0**	62	51	113	**5·0**	138	99	237	**4·1**	
	Otorrhoea, R. / Otorrhoea, L. — *Otorrhoea in either or both ears*	20	25	45	**2·4**	12	19	31	**1·8**	21	21	42	**1·8**	53	65	118	**2·0**	
	Other disease																	
Teeth	*Less than six decayed* ...	892	855	1747	**91·2**	842	789	1631	**94·6**	1065	1002	2067	**90·9**	2799	2646	5445	**92·1**	
	Six or more decayed ...	76	67	143	**7·4**	56	35	91	**5·3**	104	88	192	**8·5**	236	190	426	**7·2**	
	Sepsis (Gumboils)	13	14	27	**1·4**	1	1	2	**0·1**	2	12	14	**0·6**	16	27	43	**0·7**	
Heart & circulation	No disease	957	915	1872	**97·7**	876	777	1653	**95·9**	1106	1029	2137	**94·0**	2939	2723	5662	**95·8**	
	Organic disease	1	0	1	**0.05**	6	8	14	**0·8**	5	12	17	**0·8**	12	20	32	**0·5**	
	Functional disease ...	0	1	1	**0·05**	0	0	0	**0**	5	7	12	**0·5**	5	8	13	**0·2**	
	Anaemia	20	17	37	**1·9**	8	16	24	**1·4**	32	38	70	**3·1**	60	71	131	**2·2**	See below
	Other defect	3	3	6	**0·3**	9	24	33	**1·9**	23	14	37	**1·6**	35	41	76	**1·3**	
Lungs	No disease	916	886	1802	**94·0**	878	808	1686	**97·8**	1126	1070	2196	**96·6**	2920	2764	5684	**96·1**	
	Chronic bronchitis and bronchial catarrh	63	50	113	**5·9**	15	13	28	**1·6**	40	29	69	**3·0**	118	92	210	**3.5**	
	Tuberculosis	1	—	1	**0·05**	2	—	2	**0·1**	4	3	7	**0·35**	7	3	10	**0·2**	
	Tuberculosis suspected ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Other disease	1	—	1	**0·05**	4	4	8	**0·5**	1	0	1	**0·05**	6	4	10	**0·2**	
Nervous system ...	No disease	967	921	1888	**98·5**	883	810	1693	**98·2**	1156	1085	2241	**98·5**	3006	2816	5822	**98·4**	
	Epilepsy (major or minor)	4	1	5	**0·3**	2	1	3	**0·2**	2	0	2	**0·1**	8	2	10	**0·2**	
	Chorea	—	—	—	—	1	2	3	**0·2**	1	1	2	**0·1**	2	3	5	**0·1**	
	Other disease	10	14	24	**1·2**	13	12	25	**1·4**	12	16	28	**1·3**	35	42	77	**1·3**	

TABLE II.—*Continued.*

Condition.		Entrants.				Leavers.				Intermediate. Group. (Art. 7, 8, 9, 10, 11).				Total.				Special Cases.
		Boys	Girls	Total	%	Boys	Girls	Total	%	Boys	Girls	Total	%	Boys	Girls	Total	%	
Total Inspected ...		981	936	1917	—	899	825	1724	—	1171	1102	2273	—	3051	2863	5914	—	
Skin	No disease	791	804	1595	**83·2**	820	757	1577	**91·5**	986	904	1890	**83·2**	2597	2465	5062	**85·6**	
	Ringworm : body	1	—	1	**0·05**	2	1	3	**0·2**	—	1	1	**0·05**	3	2	5	**0·1**	
	Ringworm : head	18	15	33	**1·7**	3	4	7	**0·4**	8	22	30	**1·3**	29	41	70	**1·2**	
	Impetigo	30	23	53	**2·8**	7	6	13	**0·8**	32	14	46	**2·0**	69	43	112	**1·9**	
	Scabies	—	—	—	—	1	—	1	**0·05**	—	1	1	**0·05**	1	1	2	**0·04**	
	Other disease	141	94	235	**12·3**	66	57	123	**7·1**	145	160	305	**13·4**	352	311	663	**11·2**	
Rickets	No disease	924	920	1844	**96·3**	871	818	1289	**97·9**	1111	1066	2177	**95·8**	2906	2804	5710	**96·5**	
	Slight	44	11	55	**2·8**	21	6	27	**1·6**	51	30	81	**3·6**	116	47	163	**2·8**	
	Marked	13	5	18	**0·9**	7	1	8	**0·5**	9	6	15	**0·6**	29	12	41	**0·7**	
Deformities ...	No deformity	976	932	1908	**99·5**	887	775	1662	**96·4**	1161	1039	2200	**96·8**	3024	2746	5770	**97·6**	
	Deformity present	5	34	19	**0·5**	12	50	162	**3·6**	10	63	73	**3·2**	27	117	144	**2·4**	
Tuberculosis ...	No disease	978	935	1913	**99·8**	897	823	1720	**99·8**	1165	1100	2265	**99·6**	3040	3858	5898	**99·7**	See below.
Non-pulmonary ...	Glandular	1	1	2	**0·1**	—	—	—	—	1	1	2	**0·1**	2	2	4	**0·1**	
	Bones and joints	2	—	2	**0·1**	2	2	4	**0·2**	5	1	6	**0·3**	9	3	12	**0·2**	
	Other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Speech	Not defective	961	926	1887	**98·5**	872	812	1684	**97·6**	1146	1089	2235	**98.4**	2979	2827	5806	**98·2**	
	Defective articulation ...	18	8	26	**1·3**	11	9	20	**1·2**	13	8	21	**0·9**	42	25	67	**1·1**	
	Stammering	2	2	4	**0·2**	16	4	20	**1·2**	12	5	17	**0·7**	30	11	41	**0·7**	
Mental Condition	Normal	926	890	1816	**94·7**	780	712	1492	**86·5**	1005	975	1980	**87·3**	2711	2577	5288	**89·4**	
	Dull or backward	54	46	100	**5·3**	118	110	228	**13·3**	161	123	284	**12·4**	333	279	612	**10·4**	
	Mentally defective (all grades)	1	—	1	**0·05**	1	3	4	**0·2**	5	4	9	**0·3**	7	7	14	**0·2**	
Vision	6/6 each eye (normal vision)															2927		
	6/6 R															3071		
	L															3045		
	6/9 R															715		
	L															692		
	6/12 R															185		

These figures relate to 4,189 children.

TABLE II.—*Continued.*

Condition.		Entrants.				Leavers.				Intermediate. Group. (Art. 7, 8, 9, 10, 11).				Total.				Special Cases.
		Boys	Girls	Total	%	Boys	Girls	Total	%	Boys	Girls	Total	%	Boys	Girls	Total	%	
Total Inspected ...		981	936	1917	—	899	825	1724	—	1171	1102	2273	—	3051	2863	5914	—	
Vision	L.															212		
	6/18 R															125		
	L.															123		
	6/24 R.															53		
	L.															61		
	6/36 R.									These figures relate to 4,189 children.						22		
	L.															33		
	6/60 R.															7		
	L.															11		
	0/60 R.															11		
	L.															12		
Squint		25	26	51	**2·7**	23	14	37	**2·1**	39	17	56	**2·5**	87	57	144	**2·4**	
Hearing	*Watch heard at 36in. from either ear*	968	915	1883	**98·3**	853	768	1621	**94·0**	1118	1072	2190	**96·3**	2939	2755	5694	**96·3**	See below.
	Watch heard at 18in., either ear	8	14	22	**1·1**	31	38	69	**4·1**	27	15	42	**1·9**	66	67	133	**2·2**	
	Watch heard at 12in. from either ear	4	6	10	**0·5**	10	15	25	**1·4**	22	8	30	**1·4**	36	29	65	**1·1**	
	Watch not heard at 12in. from either ear ...	1	1	2	**0·1**	5	4	9	**0·5**	4	7	11	**0·4**	10	12	22	**0·4**	

SPECIAL* CASES.

SUMMARY—

Mental Defects	74
Speech ,, ...	49
Verminous Cases	26
Defective Teeth	12
Discharge of Nose and Throat	226
,, Eye	55
Defective Vision	177
Discharge of Ear	56
,, Lungs	4
,, Heart and Circulation	28
,, Nervous System	27
Rheumatism, &c.	6
Tuberculosis	8
Rickets	4
Congenital Deformities	10
Acquired	11
Infectious Diseases	2
Dyspepsia and Debility	10
Skin Diseases	66
Other Diseases	9
No defect present	118
	978

* These include cases presented by the Head Teachers, or picked out by the School Doctors at the time of the routine examination. For analysis of special cases see page 139.

The total number of physical defects, excluding mental defects and verminous children, found in 5,914 children was 2,343, average ·4 defects per child. Excluding mouth-breathers, the figure is ·32 defects per child.

It should be clearly understood that several defects may be present in one child, *e.g.*, a child may have adenoids and deafness with defective vision. The number of defective children has, therefore, been calculated and found to be 2,099, or 35·5 per cent.; exclusive of mouth-breathers, it is 27·5 per cent.

From these figures it will be seen that approximately 35 per cent. of the children in the Elementary Schools require advice or treatment for physical defects.

This is a large percentage, and, unsupported by further analysis, might convey a false impression. It will be noticed that the figure drops to 27·5 per cent. if one excludes simple mouth-breathers, curable by exercises.

The following table has been drawn up to shew the proportions of defective children requiring definite medical treatment, physical exercises, or advice. Under the heading of advice are included children suffering from verminous conditions, neurosis, heart disease, mental deficiency, etc.; those requiring exercises include children suffering from mouth-breathing, a slight degree of adenoids, round shoulders lateral curvature, etc.

The results are tabulated for sex, and according to the departments of the School.

Department.	Total examined.	Advice.		Exercises.		Medical Treatment.	
		No.	%	No.	%	No.	%
Boys	1993	82	4·1	198	9·9	439	22·0
Girls	1854	49	2·6	211	11·4	391	21·0
Infants { Boys ...	1058	28	2·6	161	15·2	202	19·0
Infants { Girls ...	1069	27	2·6	114	11·3	196	19·4
Totals { Boys ...	3051	110	3·6	359	11·7	641	21·0
Totals { Girls ...	2863	76	2·6	325	11·3	587	20·5
Grand Totals ...	5914	186	3·1	684	11·6	1228	20·8

From this table it will be seen that 20·8 per cent. of the total children routinely inspected required medical treatment, while 14·7 per cent. were in need of advice or simple exercises.

It should be borne in mind, however, that if the standard approached nearer to the ideal, the percentage of children designated defective would be considerably higher.

d. General Review of the Facts Disclosed by Medical Inspection.

Mental Capacity.—The entries under this heading were filled up by Head Teachers, who are, generally speaking, better able to form a correct judgment than the Medical Inspector, unless a considerable amount of time be spent by the latter.

Any entry to the effect that a child is "backward" or "mentally defective" is the subject of an investigation by the School Doctors.

The following table shews the number and percentage of children inspected in 1913, mental capacity being classified as suggested by the Board. It is based on statistics from 5,914 children, and does not include children attending the Special School.

Mental Capacity	*Boys.* No. of Children.	*Boys.* Per-centage.	*Girls.* No. of Children.	*Girls.* Per-centage.	Total Percentage.
Bright	1471	48·2	1557	54·4	51·3
Fair	1240	40·7	1020	35·6	38·1
Dull	271	8·9	212	7·4	8·2
Backward	62	2·0	67	2·4	2·2
Mentally Deficient ...	7	0·2	7	0·2	0·2
Totals	3051		2863		

From this table it will be seen that 89·4 per cent. of the children are of satisfactory intelligence, and 10·6 per cent. are unsatisfactory in this respect.

Experimental Classes of the Intermediate Type.

A full and detailed description of the experimental classes for children between the mentally deficient and the merely dull (the so-called "intermediate" group) was given in the Annual Report for 1910.

Two of such classes have been established—one in April, 1910, at Richmond Street Boys' School, and one in November, 1910, at Hanover Terrace Girls' School.

The chief object of these classes is to give much more manual instruction, and to adapt as freely as possible educational handwork to the usual subjects of the school curriculum. Indirectly it is hoped to foster originality and develop initiative in a group of children who, previously, have certainly not had opportunity or facilities for development of these characteristics. There is, in these classes, scope, not only for the acquisition of "learning," but also for the development of character.

The work of these classes has been very satisfactory during 1913, and there can be little doubt that the formation of the classes has been justified by the result obtained. An extension of such classes to other districts would be advisable.

Richmond Street Intermediate Class for Boys.

In December 1913, examination of the class exhibited the following conditions :—

Age of boys when examined :	11	12	13	14
Number :	6	12	9	2
Standard of ability when examined, as computed by Head Teacher :	I. 2	II. 16	III. 8	IV. 3—29
Physique—Good	...		...	12
Moderate	...		...	10
Poor	...		...	7
Nutrition—Excellent	...		...	12
Normal	...		...	10
Sub-normal	...		...	6
Poor	...		...	1

Physical Defects.—Enlarged tonsils were present in one boy ; otorrhoea had occurred in two ; two were mouth breathers ; a rickety chest was present in two boys ; a flat chest in one.

Squint was present in three boys.

The vision was as follows :—

$\frac{6}{18}$	...	2	$\frac{6}{9}$	...	7
$\frac{6}{12}$	...	3	$\frac{6}{6}$	...	17

Six were slightly deaf.

Fourteen boys left the Class in 1913.

The record as to the employment of the boys who have left the Intermediate Class since its commencement is as follows :—

Initial of surname.	*Year left class.*	*Employment.*
B.	1910	Works in newspaper business (wholesale).
E.	1910	Stable Boy (poor mental ability).
H.	1910	Removed to Hove, where he attended an ordinary elementary school.
K.	1910	Referred to former school on account of truancy.
C.	1911	Transferred to care of Poor Law Guardians.
E.	1911	Tailor—learning the trade.
E.	1911	Employed at cycle works ; later assisted operator at a picture palace.
F.	1911	Employed at wholesale sweet stores ; later at photographers, where he was learning the business.
G.	1911	Removed to New Zealand.
H.	1911	" Gordon Boy " messenger.
N.	1911	Paperhanging, &c.—works with father.
S.	1911	Paper seller.
C.	1912	Engineering at Railway Works.
D.	1912	Grocer's assistant ; not an errand boy, but learning the business.
E. K.	1912	House boy.
W. K.	1912	In connection with business owned by father—manufacturing confectioners.
M.	1912	At first in fruit and fish stores ; later in coal stores.
M.	1912	On training ship " Arethusa."
S.	1912	In wholesale perfumery works ; not an errand boy, learning the business.
S.	1912	At first assisted father—a fish hawker ; now employed in newspaper shop.
W.	1912	With greengrocer ; regular employment since leaving.
B.	1912	Learning printing business ; permanent employment.
G.	1912	Works in bakery ; learning the trade—permanent employment.
B.	1912	An assistant in hosier's shop—not errand boy.
S.	1912	Boot boy in hotel (poor mental ability).
H.	1913	Works machine for cork-cutting ; permanent employment.
M.	1913	Pointsboy for Tramways Committee ; permanent employment possible.
S.	1913	Made own goat-chaise for use on Front where he worked in the summer ; later in hospital.
G.	1913	Errand boy in bootshop.
W.	1913	Transferred to care of Poor Law Guardians—in band at Warren Farm School.
B.	1913	Errand boy in greengrocery stores.
B.	1913	At manufacturing confectioners—permanent employment.

Initial of surname.	*Year left class.*	*Employment.*
M.	1913	At saw mills ; permanent employment.
N.	1913	Referred to former school on account of truancy.
N.	1913	No information, except that he is stated to be suffering from ill-health.
B.	1913	Working in telephone exchange.
C.	1913	Suffering from hemiplegia and athetosis ; transferred to school near his home.
R.	1913	Electrical engineering business—permanent em-employment.

Hanover Terrace Girls' Intermediate Class.

Formed in November, 1910.

Number on roll, December, 1913... ... 24

This is a class for intermediate and very backward girls, selected after medical examination as suitable for the special course.

Age of girls when examined	9	10	11	12	13
Number	1	5	1	10	7

The physical condition of the girls were as follows :—

Physique—Good		9
Moderate		13
Poor		2
Nutrition—Excellent		17
Normal		4
Sub-normal		3

Adenoids were present in one girl ; one was a mouth-breather ; two girls suffered from deafness ; two were slightly deaf ; aural discharge was present in one girl.

One girl suffered from the minor degree of epilepsy (petit-mal).

The vision of the children was as follows :—

$\frac{6}{12}$	3
$\frac{6}{9}$	8
$\frac{6}{6}$	13

Squint was present in one girl.

Mental Defects.—In all the mental capacity was very poorly developed, this was especially noticeable in regard to figures.

Training.—This has been largely manual, handwork of various kinds being used in connection with most of the subjects. Domestic work, hygiene and care of children and infants have been well taught ; the Head Mistress reports that the children take a keen interest in this part of the work.

BACKWARD CLASSES.

In addition to the two special classes mentioned above, special arrangements are made for the tuition of backward children in 10 departments ; a special class is formed in seven ; in one department they are taught in a playground class in the summer ; in one department the backward boys are able to devote a considerable portion of their school hours to practical work in the school garden ; in one department the backward girls spend more time in needlework and hand-work generally than the normal children.

Speech.—The entries under this heading are filled in by the head teachers.

The following table gives the results obtained from the records of 5,914 children between the ages of 6 and 14 :—

	Boys.			*Girls.*	
	No. defective.	Per cent.		No. defective.	Per cent.
Stammering	30	1·0	...	11	0·4
Other defects ...	42	1·4	...	25	0·9
Total examined ...	3051			2863	

The results shew that there has probably been defective filling-in of these details, as the amount of speech defect is undoubtedly higher than this.

It will be seen that speech defect is commoner among boys, that of stammering especially.

Stammering Classes, 1913.

During the year three sets of classes have been held for stammering boys by Mr. Sager.

The classes were conducted for the greater part of the time in a room at the Central National Boys' School, later a room was hired for the purpose at the Gloucester Place Baptist Chapel. The circulars to obtain the co-operation of the parents and teachers, mentioned in the Annual Report for 1912, were sent out ; the time-table given in this Report was followed.

To regulate the attendance of the boys at the class, attendance cards, of which a copy is given below, have been used :—

Hand this card to your head teacher when you return to school each day.

BRIGHTON EDUCATION COMMITTEE.

Scholars' Registration Card—Class for Stammerers.

Name..... *Age*.....

School..... *Address*.....

Dates on which child attended for instruction at class for stammerers.

	Week ended		Week ended		Week ended		Week ended	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Mon.								
Tues.								
Wed.								
Th.								
Fri.								

This card must be initialed by the teacher (Mr. Sager) at each attendance of the child at the class for stammerers.

Details as to the attendance at the classes, and degree of improvement resulting are given in tabular form below:—

Class commenced.	No. attended regularly.	Improvement. Marked.	Fair.	Slight.	None.	No. attended irregularly or for short time.
January	30	13	14	3	0	0
May	27	10	4	8	5	2
September ...	24	12	7	3	2	10
Totals ...	81	35	25	14	7	12

The number of boys under tuition who made regular attendances at one or more classes was fifty-seven ; tuition was commenced in the case of eight other boys.

Of the fifty-seven boys who made regular attendances, the improvement in the case of twenty-eight was marked ; in fifteen fair ; in eight slight ; no improvement occurred in six.

Twenty-two boys were under regular tuition in more than one class

Twenty boys attended two classes regularly ; the improvement observed in the case of four was marked ; in seven fair ; in five slight ; in four no improvement.

Two boys attended three classes regularly ; both of these made fair improvement.

It has been decided that when the classes are resumed the Berquand method shall be adopted. This method consists essentially of the synthetic reconstruction of orderly speech from its elements. It has been adopted with considerable success by several Education Authorities, notably Manchester.

Anthropometric Measurements.—The following tables relate principally to school entrants and children born during the years 1900 and 1905.

The following table shews the average height and weight of children classified according to age and sex :—

Boys.

Age.	Corrected Age.	No. Examined.	Total Weight. kils.	Average Weight. kils.	Average Weight. lbs.	Total Height. cm.	Average Height. cm.	Average Height. ins.
3- 4	$3\frac{7}{12}$	75	1058·5	14·1	31·1	6869·0	91·6	36·1
4- 5	$4\frac{7}{12}$	289	4500·4	15·6	34·4	28492·7	98·6	38·8
5- 6	$5\frac{4}{12}$	470	7832·3	16·7	36·8	48784·5	103·8	40·8
6- 7	$6\frac{4}{12}$	147	2769·2	18·8	41·4	16241·0	110·5	43·5
7- 8	$7\frac{5}{12}$	76	1576·2	20·7	45·6	8838·0	116·3	45·8
8- 9	$8\frac{9}{12}$	190	4413·3	23·2	51·1	23263·0	122·4	48·2
9-10	$9\frac{5}{12}$	813	19911·5	24·5	54·0	101106·9	124·4	49·0
10-11	$10\frac{5}{12}$	57	1510·5	26·5	58·4	7462·0	130·9	51·5
11-12	$11\frac{5}{12}$	35	1011·7	28·9	63·7	4728·0	135·1	53·2
12-13	$12\frac{7}{12}$	713	22797·3	32·0	70·5	99787·5	140·0	55·1
13-14	$13\frac{3}{12}$	184	6076·5	33·0	72·7	26133·1	142·0	55·9
	Total ..	3049						

Girls.

Age.	Corrected Age.	No. Examined.	Total Weight. kils.	Average Weight. kils.	Average Weight. lbs.	Total Height. cm.	Average Height. cm.	Average Height. ins.
3- 4	$3\frac{7}{12}$	62	857·3	13·8	30·4	5640·4	90·9	35·8
4- 5	$4\frac{6}{12}$	218	3345·2	15·3	33·7	21308·5	97·7	38·4
5- 6	$5\frac{5}{12}$	445	7452·7	16·7	36·8	46060·1	103·5	40·7
6- 7	$6\frac{5}{12}$	211	3832·4	18·2	40·1	22908·0	108·6	42·7
7- 8	$7\frac{6}{12}$	74	1522·6	20·6	45·4	8550·0	115·5	45·5
8- 9	$8\frac{8}{12}$	194	4445·1	22·9	50·5	23635·3	121·8	47·9
9-10	$9\frac{5}{12}$	729	17603·0	24·1	53·1	91017·5	124·9	49·1
10-11	$10\frac{5}{12}$	56	1515·2	27·1	59·7	7316·5	130·7	51·4
11-12	$11\frac{6}{12}$	49	1445·6	29·5	65·0	6644·8	135·6	53·4
12-13	$12\frac{6}{12}$	659	22087·6	33·5	73·8	93395·5	141·7	55·8
13-14	$13\frac{3}{12}$	164	5781·5	35·3	77·8	23608·0	143·9	56·6
	Total ..	2861						

As a means of estimating "nutrition" apart from "physique," the relation of weight to height has been employed. In order to do this a table must be constructed shewing the average weight at a definite series of height measurements. This has been done for 55,952 records of Brighton children. The measurements are taken from the records of 1908 to 1913 inclusive. The next table shews these measurements at certain heights—the complete table being too long for publication. Such a table is of great assistance in determining if a child is poorly nourished; and this provides a quick method of distinguishing whether or not it requires free meals. A child which is not up to the proper weight for a certain height is more in need of feeding than is the child below *both* weight and height standard for its age, but of an average height-weight ratio; the latter child is well nourished, and its deficiency in general physique is often due to other causes than improper or insufficient food.

	Boys.			*Girls.*		
Height in cm.	Total Examined.	Average weight Totals.	Average weight in kilos.	Total Examined.	Average weight Totals.	Average weight in kilos.
80	14	165·5	11·8	37	436·8	11·8
85	149	1944·2	13·0	177	2219·6	12·5
90	671	9271·4	13·8	637	8931·2	14·0
95	1367	20199·6	14·7	1371	20474·7	14·9
100	2255	36052·1	16·0	2072	33328·7	16·1
105	2680	46671·2	17·4	2638	45914·1	17·4
110	2801	52521·6	18·8	2801	51913·1	18·5
115	2476	49188·7	19·9	2474	52035·0	21·0
120	2390	53136·2	22·2	2105	50621·4	24·0
125	2364	58214·3	24·6	2259	54907·0	24·3
130	2540	67412·4	26·5	2358	63778·1	26·6
135	2601	73478·9	28·2	2146	62585·4	29·1
140	2451	81201·7	33·1	2081	67814·9	32·6
145	1909	64374·9	33·7	1894	67029·4	35·4
150	1126	41030·3	36·4	1313	51208·5	39·0
155	500	20045·2	40·1	771	31532·1	40·9
160	141	6144·3	43·6	275	12441·8	45·2
165	58	2740·1	47·2	50	2431·7	48·6
	28493			27459		

Each height number and the corresponding weight represents the average of the five numbers of which it is the centre, *e.g.*, the totals for 100 are those of 98, 99, 100, 101, 102 cm.

Clothing and Verminous Conditions.

(4) *Clothing.*—The condition of the clothing is an index primarily of the social status, and secondarily, of the economic conditions under which the child is living. It is of interest from the medical point of view, inasmuch as neglect of cleanliness, &c., goes hand in hand with neglect of the body.

The following table shews the results of examination of the clothing and footgear of 2,631 boys and 2,452 girls.

	Boys. Per cent.	*Girls.* Per cent.	*Totals.* Per cent.
Clothing—Good ...	74·9	79·3	77·1
Moderate	21·1	17·3	19·2
Poor ...	4·0	3·4	3·7
Footgear—Good ...	76·3	73·5	75
Moderate	16·4	18·0	17·1
Poor ...	7·3	8·5	7·9

There are at present several voluntary agencies by which children with inadequate clothing and footgear are provided with a suitable oufit.

The " Tindal-Robertson Fund " serves for the provision of boots for poor children, and is administered by the Children's Care Department of the Education office ; 198 pairs of boots were granted to school children last year from this source.

Several poor cripple children, who received surgical boots from the New Year Boot Fund, have had their boots repaired by the maker of the boots during the year, and the cost has been defrayed from the Tindal-Robertson Fund.

The Fund originated by the Brighton Police for providing complete outfits of clothing and footgear, is in every way a great help to parents of the poorer classes. From this Fund 732 children (409 boys and 323 girls), have been relieved during the last year ; in addition to this number of girls, 58 were supplied with complete outfits for domestic service ; four children were supplied with outfits to enable them to go to Canada.

The Children's New Year Boot Fund, a voluntary association, provides a great number of children with boots. During 1913-1914, 2,389 pairs of boots have been provided for children attending elementary schools ; moreover, all necessitous cripple children in the district are seen by the Senior School Doctor, who selects those children merely requiring surgical boots, and arranges for their provision by a surgical bootmaker. Children requiring operations, irons or other appliances are dealt with appropriately ; the Brighton Invalid Children's Aid Association has kindly undertaken to make arrangements for the provision to suitable children of the appliances, the boots being supplied from the New Year Boot Fund. Children coming within the scope of the Poor Law are dealt with entirely by the Guardians.

A certain number of children are provided with clothing by the Salvation Army Officers and certain charitable associations.

(5). *Body.*—The following table shews the results of examination of 3,051 boys and 2,863 girls (5,914 children).

State of Body.	*Boys.* Per cent.	*Girls.* Per cent.	*Total.* Per cent. 1913.	1912.
Clean	80·2	76	78·1	78·2
Slightly bitten ...	18·2	23·3	20·8	18·0
Badly bitten	1·0	0·5	0·8	2·9
Body lice	0·6	0·2	0·3	0·7

(6). *Hair.*—The condition of the hair was investigated in all cases, The results of this examination have been classified under various headings, and are shewn in the next table.

Comparative tables for previous years have been given also.

	Boys.						Girls.					
	Per cent.						Per cent.					
	1908	1909	1910	1911	1912	1913	1908	1909	1910	1911	1912	1913
Clean (free from nits)... ...	82·8	90·6	94·1	94·3	89·3	92·7	48·6	53·5	55·8	58·2	67·9	79·6
Nits (moderate)	17·0	9·0	5·7	5·3	9·7	5·3	50·0	42·4	39·0	36·4	28·9	15·5
Nits (excessive or lice) ...	0·2	0·4	0·2	0·4	1·0	2·0	1·4	4·1	5·2	5·4	3·2	4·9
Seborrhœa ...	2·0	4·5	4·6	7·0	3·1	0·9	1·0	3·3	3·4	3·1	2·3	0·8
Ringworm ...	1·2	1·7	1·5	2·2	1·3	0·9	0·3	1·1	0·9	4·4	0·9	1·4
Impetigo ...	0·1	0·1	0·1	0·4	0·5	0·4	0·3	0·2	0·3	0·7	0·2	0·4

It will be noticed from the above table that the percentage of boys with clean heads has increased during the last year; in the case of the girls, a marked improvement has taken place.

Since 1906 the Public Elementary Schools in Brighton have been visited by a school nurse for the purpose of detection of verminous school children and dealing with them. This official was appointed as a School Attendance Officer; reports of the work done during these visits to the schools are reported to the School Attendance Branch Sub-Committee.

The work, which up to last year formed practically the whole of the duties of the second of the two school nurses, has now been divided between the second and third school nurses. By reason of the resignation of the former senior nurse and the promotion of the second nurse, all those nurses have an intimate knowledge, not only of the routine, but also of the habitual offenders.

The re-arrangement of duties in this way allows of each of the school nurses becoming acquainted with all the branches of the work undertaken by the Medical Department, and does away with the monotony and staleness which must inevitably result when their duties are confined to one and by no means the most pleasant part of the work.

From the time-table of the work of the second and third school nurses shewn on page 148, it will be seen that with few exceptions, each of the departments of the schools is visited once a fortnight.

The necessity for this provision was shewn by the number of verminous children requiring exclusion found on a visit to a school, where, owing to illness of one of the nurses, the usual fortnightly visit had been unavoidably

omitted. As far as possible when it is found that a visit to a school for this purpose must be omitted, care is taken to pay the visits to those schools where conditions of the children as regards vermin are most unsatisfactory.

The routine carried out by the school nurses in connection with these visits is as follows :—

A card is made out for each child that has been found to be verminous ; these are taken to the school and all habitual offenders are re-examined. The whole of the members of one class are examined at each visit ; in order to avoid preparation of these children in anticipation of the visit care is taken not to examine the classes in a definite order. Children with nits in their hair are given a card with printed instructions how to remedy the defect.

Those with live vermin in their head or body are also given a similar card, and are reported to the Head Teacher, who excludes the child from school, and, acting according to the regulations of the scheme for co-operation between the School Attendance and Medical Departments, gives the child a card for the parent, requesting the attendance of the parent and child at the School Clinic on the next occasion on which a Skin Clinic is held. As these are held three times a week very little delay occurs. The children's names are also entered in a form which is sent to the Clinic ; in this way, those failing to attend are detected ; their names are sent to the School Attendance Department so that the School Attendance Officer may visit the homes and warn the parents of the necessity of attending.

For several reasons it was found difficult to carry on the scheme for dealing with verminous conditions mentioned in the Annual Report for 1911, viz., procedure under Section 122 of the Children Act, 1908, whereby after repeated warnings to the parents and failure on their part to cleanse the children, they were seized and dealt with at the Cleansing Station at the Sanatorium. But it was also found that exclusion of verminous children from school by itself was also inefficacious ; the parents in many cases made no attempt to cleanse the children.

The scheme outlined in the following report by the School Medical Staff and adopted by the Education Committee, came into force on April 1st, 1913.

"*Scheme for dealing with Verminous Children.*

"Ladies and Gentlemen,—We beg to submit the following suggestions and observations :—Children in a verminous condition present many difficulties to the Education Committee. While it is very important that the loss of school attendance of these children should be as small as possible, it is essential for the welfare of the clean children attending the school, not to mention the teachers, that the others should be free from the danger of being infected with vermin.

"The question has different aspects both as regards head and body lice, and also as regards boys and girls. The vermin found on school children include (1) body lice (2) head lice (3) fleas and bugs, also found on the body.

" As regards body lice there is no reason why the child should not be freed from this form of vermin in 24 hours. The essentials are that the child shall have a hot bath and be thoroughly soaped. The underclothes require boiling and the outer clothes to be gone over with a hot iron, special attention being paid to the seams. There is no difference as regards boys or girls in this respect. I would suggest that the parent be given till the next Skin Clinic meeting for an opportunity of cleansing the child. If the child is not clean then, that the parent be prosecuted under the Attendance Bye-laws.

" With regard to head lice in boys, this is a matter which should be put right in a very short time by cutting the hair and rubbing either white precipitate ointment or carbolic oil into the hair and running through it with a small tooth comb ; two days should be ample to ensure that no more live vermin or nits are present in the hair. With regard to girls with long hair, the matter is one of considerable difficulty and several applications of carbolic oil or white precipitate ointment are necessary to ensure that all the vermin are killed. The nits especially cling to the hair and usually require the use of some solvent material (such as vinegar diluted with water) as well as the tooth comb to get them away. A period of seven days should, however, be sufficient to render the child in a fit condition to return to school. The child would be required to attend at each meeting of the Skin Clinic (held on Tuesday and Thursday afternoons, and Saturday mornings) for the purpose of ascertaining if the trouble were cured or if treatment were being carried out. Failure to attend the Skin Clinic after the elapse of seven days, would be deemed sufficient reason for prosecution under the Attendance Bye-laws.

" If live vermin are still in the hair at the end of seven days, it is advisable to consider whether we should require the child's hair to be cut. If this is refused we would suggest that we afford the parents until the next Skin Clinic to get the child clean and if the child is not clean, we suggest that the parents be prosecuted according to the Attendance Bye-laws. If the condition recurs, arrangements should be made for the cleansing of the child either by the Education Authority, Sanitary Authority or the Guardians. If the condition relapses after that, we suggest that the child be seized under the Children Act and cleansed ; on recurrence the parent should be prosecuted again under the Children Act, when a severe penalty can be inflicted, similar action also to be taken in the case of body lice.

" We would suggest that a verminous register be kept by Mr. Hartt and the School Doctor conjointly, recording the effects as to any action taken and the results as regards the success or otherwise of the prosecution.

" We are, Ladies and Gentlemen,
" Your obedient servants,

(Signed) " Duncan Forbes,
" School Medical Officer.

(Signed) " C. W. Hutt,
" Senior School Doctor.

" 18th February, 1913."

The salient points of the scheme are carried out as follows :—

1. Simple written directions for cleansing verminous children are sent to the parent by post to ensure delivery. Action is not taken unless the letter has been delivered.

2. The parents of children with body lice are allowed at least two days in which the children can be cleansed.

3. In the case of boys with head lice the parents are allowed at least two days for cleansing.

4. Parents of girls with head lice, if the girls heads are not clean within seven days are requested to cut the hair quite short. The parents are allowed at least 10 days to cleanse the girls before a prosecution is recommended.

A copy of the letter sent to the parents, giving directions for cleansing the children, is given below.

SCHOOL CLINIC,
7, GLOUCESTER PLACE,
BRIGHTON.
Date....., 191...

DEAR SIR, OR MADAM,

Your child ..... is unfit to attend school ; live vermin are present on the head and body. I should be obliged if you would carry out the following directions, failure to carry out which will render you liable to prosecution. The child must attend here free from vermin on ..... at .....o'clock.

Instructions for getting rid of Vermin on the Head.

The head must be washed and scrubbed daily with Paraffin Oil, to which an equal quantity of Olive Oil may be added. If there are scabs, these, when softened, should be removed. Sore places, scabs and enlarged glands will generally get better on removing all lice and nits. The hair must be combed daily with a fine tooth comb, so as to remove all lice and nits, until all trace of vermin is absent.

To ensure a rapid cure, all hair with nits, and all hair within a quarter of an inch of a sore must be cut off.

To prevent any nits becoming lice, the hair should be washed with Paraffin daily for a week, and every other day for a second week. Do not use Paraffin near the fire or near a naked light. If there is any difficulty in removing the nits, the tooth comb should be dipped in an equal part of vinegar and water.

When there is any difficulty in keeping a child's head clean, the hair should be worn quite short.

Instructions for getting rid of Vermin on the Body and Clothes.

1. Wash all underclothing thoroughly.

2. Iron the underclothing, and also the vest and coat with a hot iron, paying special attention to the seams.

3. All vermin should be removed from the bedclothes by washing them, and from the mattresses by thoroughly shaking them.

4. The clothing, bedclothes and mattresses of all others with this condition should be similarly treated.

I am, yours truly,
(Signed) C. W. HUTT, M.D.,
Senior School Doctor.

Mr. or Mrs. .....

.....

Brighton.

The next table shews the nature of the vermin in a given number of boys, girls, infant boys and infant girls, all of whom were infected by vermin. Body lice are shewn to be relatively more common in boys than in girls; boys in the infants' departments are relatively less affected with this form of vermin than boys in the senior departments. The same holds with regard to girls in the infants' departments as compared with girls in the senior departments.

Head lice are relatively more common in girls than in boys. They are found relatively more frequently in boys in the infants' departments than in the senior departments.

	Boys.		Girls.		Infant Boys.		Infant Girls.		Total.	
	No. of cases.	Per cent.	No. of cases.	Per cent.	No. of cases.	Per cent.	No. of cases.	Per cent.	No. of cases.	Per cent.
Head lice	80	36·2	238	63·3	40	53·3	91	74·6	449	55·2
Body lice	62	28·1	22	5·9	9	12·0	8	6·5	101	12.7
Both ...	79	35·7	116	30·8	26	34·7	23	18·9	244	32·1
Total ...	221	100·0	376	100·0	75	100·0	122	100·0	794	100·0
Total with Head lice	159	71·9	354	94·1	66	88·0	114	93·5	693	87·3
Total with Body lice	141	63·8	138	36·7	35	46·7	31	25·4	345	44·8

The table below gives the numbers of cases sent under the scheme to the Clinic as verminous; the number and percentage of cases found clean at the first visit; the number and percentage of cases still verminous at the first visit; the number and percentage of cases free from vermin before becoming liable for prosecution; the number and percentage of cases liable for prosecution and the number of cases prosecuted.

Verminous Scheme— April 1st to December 31st, 1913.

	No. of cases sent to Clinic as verminous.		Cases free from vermin first visit.		Cases verminous at first visit.		Cases free from vermin before becoming liable.		Cases liable for prosecution.		No. of prosecutions.
			No.	%	No.	%	No.	%	No.	%	
Senior											
Boys	348	943	108	*31·1*	240	*68·9*	123	*35·4*	117	*33·5*	77
Girls	595		83	*13·9*	512	*86·1*	418	*70·2*	94	*15·9*	74
Infant											
Boys	124	314	34	*27·4*	90	*72·6*	64	*51·6*	26	*21·0*	22
Girls	190		41	*21·6*	149	*78·4*	114	*60·0*	35	*18·4*	25
Total	1257		266	*21·1*	991	*78·9*	719	*57·2*	272	*21·7*	198

Verminous conditions would appear to be three times as common in senior departments three-quarters of the cases being derived from senior departments.

The average attendance in the senior departments is roughly 10,000 ; that in the infants' departments roughly 5,000 ; it would therefore appear that verminous conditions in senior and infant departments are relatively present in the proportion of three to two ; this can only be accounted for by the greater care bestowed on the younger children by their parents.

Verminous conditions are found nearly twice as often among girls as among boys, both in senior and infant departments.

A comparison of the percentages of children found clean at the first visit to the Clinic shews that boys are more rapidly cleansed than girls ; infant girls are more rapidly cleansed than girls of the senior department. The percentage of senior boys who become liable for prosecution is twice as great as the percentage of senior girls ; this might be thought to be due to the longer period given to the parents of children with head lice (more common in girls) if it were not shewn that by the large percentage of boys clean at the first visit that the parents of boys who desire to cleanse them, can do so within a very short time.

As we have shewn above, parents bestow more care on their younger children. The close approximation of the percentages of infant boys and infant girls becoming liable for prosecution seems to shew that boys of the senior departments do not as a whole receive the same amount of attention as girls.

The total number of prosecutions was 198 ; in 154 instances a fine varying from 2s. 6d. to 10s. was inflicted at the first hearing ; of the 44 adjourned cases seven were subsequently fined, making a total of 161 cases in which a fine was inflicted ; in 37 cases no fine was inflicted.

The total number of prosecutions dealt with 171 children ; a prosecution was initiated once in reference to 149 (87·1 per cent.) children ; twice in the case of 18 (10·5 per cent.) children ; three times in the case of 3 (1·8 per cent.) children and four times in the case of 1 (0·6 per cent. child.)·

These children belonged to 137 families—97 (70·8 per cent.) parents were prosecuted once ; 26 (29 per cent.) were prosecuted twice ; 8 (5·8 per cent.) were prosecuted three times ; 5 (3·7 per cent.) were prosecuted four times and 1 (0·7 per cent.) was prosecuted five times.

Although it is very regrettable that in certain cases it has been found necessary to prosecute the parents on more than one occasion, it can be justly claimed that the scheme on the whole fulfils the purpose for which it was devised, viz., the prevention of parents allowing their children to become verminous and not taking steps to improve the condition. The recurrence of the liability for prosecution in certain families would seem to shew that some steps further than a prosecution under the Attendance Bye-laws is necessary in their case.

That improvement is taking place is shewn by the following table which gives the percentage of cases liable for prosecution in each month of the school year since the scheme has been in force ; on the whole a steady fall in the percentage of those liable for prosecution has occurred month by month.

Month.	No. of verminous cases at first visit.	No. of cases ultimately liable for prosecution.	No. of cases ultimately prosecuted.	Per cent. of cases liable.
April	92	37	18	40·2
May	56	16	13	28·6
June	144	50	37	34·7
July	105	33	26	31·5
September ...	147	37	27	25·2
October	229	52	40	22·7
November ...	142	31	26	21·8
December ...	76	16	11	21·1
Total	991	272	198	27·4

The distribution of these verminous cases among the different schools and the prevalence of verminous conditions in each are indicated below.

The next table allows of a comparison of the number of verminous cases considered in relation to the average attendance at the school.

The mean ratio of verminous cases to attendance for all the schools of the Borough, expressed in terms of percentage, is six; the dividing line of those below and above this figure occurs between Finsbury Road School and Coombe Road School.

SCHOOLS.

		Verminous cases on preliminary register 1913.	Average attendance.	Ratio.	Notes on verminous condition.
1.	St. Mary Magdalene ...	0	100	0·0	
2.	Preston Road	2	630	0·3	
3.	St. Mark's	2	330	0·6	
4.	Stanford Road	5	670	0·7	
5.	Loder Road	3	380	0·8	
6.	Ditchling Road	9	990	0·9	
7.	Middle Street	6	630	1·0	
8.	St. Stephen's	2	170	1·2	
9.	Hollingdean Road ...	4	220	1·8	
10.	Pelham Street	15	730	2·1	
11.	Lewes Road	20	880	2·3	
12.	Crown Street	3	120	2·5	
13.	St. Margaret's	4	140	2·9	
14.	Preston National	3	90	3·3	
15.	St. Paul's	10	230	4·3	
16.	Park Street	29	640	4·5	
17.	Finsbury Road	43	770	5·6	Below mean.
	* *	*	*		
18.	Coombe Road	35	560	6·2	Above mean.
19.	Elm Grove...	75	1140	6·6	
20.	Hanover Terrace	59	850	6·8	
21.	Central National	48	680	7·1	
22.	St. Luke's Terrace ...	73	1020	7·2	
23.	St. Mary's	38	420	9·0	
24.	St. John's	73	730	10·0	
25.	Circus Street	58	530	10·9	
26.	All Souls'	44	390	11·3	
27.	St. Martin's	52	460	11·3	
28.	St. Bartholomew's ...	56	460	12·2	
29.	St. John Baptist	39	300	13·0	
30.	St. Joseph's	28	160	17·5	
31.	Richmond Street	133	600	22·2	
32.	Special	20	40	50·0	

The difference in respect of verminous conditions between each of the Departments of a school is roughly indicated by the relative positions in the following lists.

BOYS' DEPARTMENT.

		Cases.	Average Attendance.	Ratio.
1.	Pelham Street	0	230	0·0
2.	St. Mark's	0	120	0·0
3.	St. Paul's	0	80	0·0
4.	Preston Road	1	260	0·4
5.	Stanford Road	1	250	0·4
6.	Ditchling Road	3	360	0·8
7.	Lewes Road	3	310	1·0
8.	Finsbury Road	3	260	1·2
9.	Central National	4	290	1·4
10.	Middle Street	4	230	1·7
11.	St. John Baptist	3	100	3·0
12.	Park Street	6	200	3·0
13.	St. Martin's	5	140	3·6
14.	St. Bartholomew's ...	6	160	3·8
	* *	*	*	
15.	Hanover Terrace	12	280	4·3
16.	St. Mary's	7	120	5·8
17.	Elm Grove...	15	250	6·0
18.	Coombe Road	16	260	6·2
19.	Circus Street	12	180	6·7
20.	St. John's	21	250	8·4
21.	St. Luke's Terrace ...	49	330	14·8
22.	Richmond Street	41	170	24·1

Mean ratio, 4.3

GIRLS' DEPARTMENT.

		Cases.	Average Attendance.	Ratio.
1.	Preston Road	0	180	0·0
2.	Stanford Road	2	220	0·9
3.	Middle Street	2	200	1·0
4.	Ditchling Road	4	340	1·2
5.	Elm Grove	4	290	1·4
6.	S. Mark's	2	120	1·7
7.	Lewes Road	6	290	2·1
8.	Pelham Street	5	190	2·6
9.	Coombe Road	19	300	6·3
10.	St. Luke's Terrace ...	22	300	7·3
	* *	*	*	
11.	St. John's	22	250	8·8
12.	Park Street	18	200	9·0
13.	Central National	24	210	11·4
14.	Finsbury Road	30	240	12·5
15.	St. Mary's	21	150	14·0
16.	Hanover Terrace	40	280	14·3
17.	St. Martin's	28	160	17·5
18.	Circus Street	33	170	19·4
19.	St. John Baptist	23	110	20·9
20.	St. Bartholomew's ...	32	150	21·3
21.	Richmond Street	62	170	36·4

Mean ratio, 8.4.

MIXED DEPARTMENTS (Senior Only)

		Cases.	Average Attendance.	Ratio.
1.	Loder Road	2	230 ...	0·9
2.	St. Stephen's	2	170 ...	1·2
	* *	*	*	
3.	All Soul's	33	230 ...	14·3
4.	Elm Grove J.M.	45	290 ...	15·5
5.	Special	20	40 ...	50·0

Mean ratio, 10.6

MIXED DEPARTMENTS (Senior and Infants).

		Cases.	Average Attendance.	Ratio.
1.	St. Mary Magdalene ...	0	100 ...	0 0
2.	St. Margaret's	4	140 ...	2·9
3.	Preston National	3	90 ...	3·3
4.	St. Paul's	10	150 ...	6·7
	* *	*	*	
5.	St. Joseph's	28	160 ...	17·5

Mean ratio, 7.0

INFANTS' DEPARTMENTS.

		Cases.	Average Attendance.	Ratio.
1.	Middle Street	0	200 ...	0 0
2.	St. Mark's	0	90 ...	0·0
3.	St. Luke's Terrace ...	2	390 ...	0·5
4.	Preston Road	1	190 ...	0·5
5.	Loder Road	1	150 ...	0·7
6.	Ditchling Road	2	290 ...	0·7
7.	Stanford Road	2	200 ...	1·0
8.	Hollingdean Road ...	4	220 ...	1·8
9.	Park Street	5	240 ...	2·1
10.	Hanover Terrace	7	290 ...	2·4
11.	Crown Street	3	120 ...	2·5
12.	Pelham Street	10	310 ...	3·2
13.	Elm Grove...	11	310 ...	3·6
14.	Finsbury Road	10	270 ...	3·7
15.	Lewes Road	11	280 ...	3·9
	* *	*	*	
16.	St. Mary's	10	150 ...	6·7
17.	All Souls'	11	160 ...	6·9
18.	Circus Street	13	180 ...	7·2
19.	Central National	20	180 ...	11·1
20.	Richmond Street	30	260 ...	11·5
21.	St. Martin's	19	160 ...	11·9
22.	St. Bartholomew's ...	18	150 ...	12·0
23.	St. John's	30	230 ...	13·0
24.	St. John Baptist	13	90 ...	14·4

Mean ratio, 4.4.

	Cases.	Average Attendance.	Ratio.
Boys (Senior)	212	4960	4·3
Girls (Senior)	399	4640	8·4
Mixed—Senior only	102	960	10·6
Senior and Infants ...	45	640	7·0
Infants	233	5210	4·4
Total	991	16410	6·0
Provided Schools	592	11500	5·1
Non-Provided Schools	399	4910	8·1

Work of the School Nurses (Attendance Department).

The following table, prepared from the school nurses' fortnightly reports, gives some idea of the amount of work which these conditions entail. The figures refer to the number of *examinations* made, and not to the number of cases, which was, of course, much less.

	No. of Examinations.
Verminous condition of head and body ...	5328
Ringworm	2562
Impetigo	407
Other conditions	159
	8456

The number of visits to school departments for the purpose of securing cleanliness was 1,194, and the number of visits made to homes, in order to instruct the parents as to their responsibilities and as to how to carry out cleansing processes was 577.

(7) *Nutrition.*

Number examined : 5,914 ; Boys 3,051, Girls 2,863.

State of Nutrition.	Boys. per cent.	Girls. per cent.	Total. per cent.	1912.
Excellent	46·4	52·3	49·1	49·0
Normal	39·8	37·0	38·5	35·3
Subnormal	13·2	10·4	11·9	14·9
Bad	0·6	0·3	0·5	0·8

It will be noted that 12.4 per cent. of the children shew well-marked signs of mal-nutrition.

(10) Defects and Diseases of the Nose and Throat.

Mouth Breathers.—In the examination of 5,914 children, this defect was noticed in 940, *i.e.*, 15·9.

From the next table, shewing incidence according to age and sex, it will be seen that this condition is more common among males than females.

The numbers and percentages given are inclusive of adenoid cases.

Age.	*Boys.* Number examined.	*Boys.* Per cent. Mouth-breathers, including adenoid cases.	*Girls.* Number examined.	*Girls.* Per cent. Mouth-breathers, including adenoid cases.	Boys and Girls per cent.
3	75	17·3	62	12·9	15·1
4	289	20·0	218	22·0	21·0
5	470	20·7	445	14·4	17·5
6	147	21·8	211	16·6	19·2
7	76	18·4	74	18·9	18·6
8	190	20·5	194	17·5	19·0
9	813	22·8	729	17·3	20·0
10	57	8·8	56	8·9	8·8
11	35	14·3	49	12·2	13·3
12	713	7·2	659	6·2	6·7
13	184	17·9	164	15·9	16·9
Total	3049	17·4	2861	14·2	15·8

Adenoids, with or without enlarged tonsils, were responsible for 8·0 per cent. of mouth-breathers among boys, and 7·1 per cent. among girls, or 7·5 per cent. for all children examined. The remaining 22·5 per cent. of cases were due to temporary colds, or very much more frequently to the formation of a " habit " often associated with the neglect of the handkerchief.

Instruction in the proper use of the handkerchief is given in the course of the lessons on hygiene in 22 departments. Handkerchief drill is carried out in 25 departments.

Handkerchiefs are given away in two departments; paper handkerchiefs are given in two; while in eight cotton or linen substitutes are provided.

Handkerchiefs are sold to the children of 10 departments, the prices varying from ¼d. to 1d.

Certain of the Head Teachers are of the opinion that assistance from the Education Committee is required in the provision of handkerchiefs or a suitable substitute.

A special circular (Form 8, M.I.) is given to the parents of mouth-breathers, urging the importance of deep breathing exercises at home especially after operations for adenoids and enlarged tonsils.

Nasal Obstruction.—Partial obstruction was found in 119 boys, *i.e.*, 3·9 per cent., and in 100 girls, *i.e.*, 3·5 per cent.

A high degree of obstruction was present in 0·2 per cent. of children.

Deviation of the nasal septum was found in 42 children, *i.e.*, 0·7 per cent.

Nasal or naso-pharyngeal catarrh was frequently present.

Adenoids and Enlarged Tonsils.—Of 5,914 children examined, the following were found to have adenoids or enlarged tonsils or both;—

	Adenoids.	Adenoids with much Enlarged Tonsils.	Enlarged Tonsils.	Total.
Boys ...	191	53	201	445
Girls ...	163	40	178	381
Total ...	354	93	379	826
Per cent.	6·0	1·6	6·4	14·0

The table may be re-arranged as follows :—

	Boys.		Girls.	
	No.	Per cent.	No.	Per cent.
Adenoids	244	8·0	254	8·3
Enlarged tonsils ...	203	7·1	218	7·6

The following table shews the age and sex incidence :—

	Boys.				Girls.			
			Tonsils per cent.				Tonsils per cent.	
Age.	No. examined.	Adenoids per cent.	Slight enlargement.	Much enlargement.	No. examined.	Adenoids per cent.	Slight enlargement.	Much enlargement.
3	75	5·3	18·7	2·7	62	4·8	17·7	1·6
4	289	11·4	19·4	8·0	218	8·7	10·5	7·8
5	470	6·6	17·0	7·0	445	4·0	14·4	7·4
6	147	6·1	16·3	4·8	211	10·9	10·9	5·2
7	76	7·9	6·6	3·9	74	10·8	2·7	12·2
8	190	8·4	14·2	7·9	194	8.2	16·5	7·7
9	813	12·5	16·4	9·1	729	9·3	17·3	6·7
10	57	5·3	17·5	12·3	56	5·4	16·1	5·4
11	35	8·9	17·1	5·7	49	4·1	22·4	8·2
12	713	3·5	23·4	10·1	659	4·1	26·4	9·7
13	184	6·5	16·3	8·7	164	9·8	27·3	8·5
14	2	—	—	—	2	—	50·0	—
Totals	3051	8·0	18·1	7·1	2863	8·3	17·8	7·6

The per centage incidence for both adenoids and enlarged tonsils is rather higher at most ages among girls than among boys.

Other Conditions.

Simple enlargement of the thyroid gland was found in seven boys and in 25 girls.

Glands.—In the anterior group are included the submaxillary, superficial and deep cervical and tonsillar glands; in the posterior group the suboccipital and posterior cervical.

		Boys, per cent.		Girls, per cent.
Anterior group	Slight enlargement ...	41·4	...	34·0
	Marked enlargement ...	4·3	...	2·4
	Tuberculosis			
Posterior group	Hard and Palpable ...	7·2	...	5·5
	Enlarged	0·8	...	0·2

The anterior gland enlargement is due chiefly to dental caries and tonsillar enlargement; the posterior to pediculosis.

Tuberculosis of the anterior glands was found in seven children. Scars of tuberculous glands were met with in 15 boys and 10 girls, *i.e.*, ·42 per cent. of cases.

Scars, probably due to septic abscess of the neck, were found in 22 cases, *i.e.*, ·4 per cent.

(9) Teeth.

The enumeration of carious (decayed) teeth requires instrumental investigation, and if carefully done, almost doubles the time of length for inspection. In the inspection during 1913, a classification of the following groups has been used :—

X. Teeth good or fair; no marked loss of masticating power; caries not more than six teeth.

Y. Considerable loss of masticating power; more than six teeth shew caries.

Z. Teeth very carious; suppuration and sinuses (gumboils).

The following table shews the percentages in these groups at all ages :—

	Boys.		Girls.
X.	91·7	...	92·4
Y.	6·4	...	5·9
Z.	1·0	...	0·7

The teeth in 92·1 per cent. are in fair or good condition; in 7·9 per cent. they are bad.

In 43 cases (·75 per cent.) a gumboil was present.

(13) Ear Disease.

Otorrhoea (ear discharge), was present, at the time of inspection, in 118 cases out of 5,914 children, *i.e.*, 2·0 per cent.

A definite history of previous otorrhoea was obtained in 292 cases, *i.e.*, 5·0 per cent. of children examined, and this is probably an under-estimation of the true number who had suffered previously with this trouble.

An excessive amount of wax blocking up the ear was found in 237 children, *i.e.*, 4·1 per cent.

(14) Hearing

was tested with a watch for each ear separately; the watch was easily audible to a normal ear at 36 inches.

The following table shews the results of these tests in the case of 5,914 children.

Very deaf ...	0·4	per cent.	(watch not heard at	12	inches	from	each	ear).
Deaf ...	1·1	,,	,, heard at	12	,,	,,	,,	
Slightly deaf	2·2	,,	,, ,,	18	,,	,,	,,	

The common causes of deafness were :—

1. Cerumen.
2. Perforation of the tympanic membrane, with or without otorrhoea
3. Adenoids, or throat deafness.

Of these, the last (in the absence of previous inflammation and destruction of the middle ear) is curable by removal of the adenoids. As a very considerable number of children with deafness have adenoids, it is probable that, with operative measures, the amount of deafness among school children will decrease markedly in succeeding years.

Re-examination of many cases, examined at previous inspections, and recommended to have operations for adenoids and deafness, have shewn that there has, almost universally, been great improvement in the power of hearing, and in many cases the parents have personally expressed their gratitude for the advice given.

Diseases of the Eye.

5,914 children were examined.

Ciliary blepharitis (sore lids).—117 cases, *i.e.*, 2·0 per cent.

Styes were present in 16 children, *i.e.*, 0·3. per cent.

Conjunctivitis.—37 cases, *i.e.*, 0·6 per cent. In three of these cases phlyctenules were present. Corneal ulcers were found in three cases.

Opacities.—Nebulae, 13; leucoma, 2; cataract, 7; scar of perforating wound, 2 (total, 24, *i.e.*, 0·4 per cent.)

Other conditions.—Ptosis, 6; synechiae, 1; cyst, 4; proptosis, 1; macula, 1; polypoid caruncle, 2; coloboma iridis, 1; keratitis, 2; epiphora 1; blind eye, 3; meibomian cyst, 1; total, 23.

Total number of cases of eye defects (excluding errors of refraction) was 220, *i.e.*, 3·7 per cent.

(12) Vision.

All children of six and over, who were able to read, were tested as previously described. The number of children tested was 4,351.

The next table shews a summary of the results thus obtained ; statistics from all ages are included.

The numbers in each square shew the total cases with vision corresponding with degree marked on the vertical line (L. eye) and top line (R. eye), *e.g.*, there were 2,927 children with equal vision of $\frac{6}{6}$ in R. and L. eyes, and 78 children with vision of $\frac{6}{9}$ in R. eyes and $\frac{6}{6}$ in the L. eye, and so on.

The record of visual power in children who usually wear spectacles, is taken when the child is wearing them.

Total Examined.—Boys, 2,215 ; girls, 2,136—4,351.

		Right eye							
		$\frac{6}{6}$	$\frac{6}{9}$	$\frac{6}{12}$	$\frac{6}{18}$	$\frac{6}{24}$	$\frac{6}{36}$	$\frac{6}{60}$	$\frac{0}{60}$
Left eye	$\frac{6}{6}$	2927	78	13	6	9	6	1	5
	$\frac{6}{9}$	80	553	34	12	6	3	1	3
	$\frac{6}{12}$	23	48	107	22	4	6	—	2
	$\frac{6}{18}$	12	12	19	66	11	2	1	—
	$\frac{6}{24}$	11	11	4	14	20	—	1	—
	$\frac{6}{36}$	9	9	4	4	3	4	—	—
	$\frac{6}{60}$	3	2	2	—	—	1	3	—
	$\frac{0}{60}$	6	2	2	1	—	—	—	1

162 children were unable to read, *i.e.*, 3.7 % (out of a total of 4,351 children of six years and over).

From this table the following facts may be obtained :—

1. The number of children with equal vision in each eye is 3,681, *i.e.*, 87·9 per cent. of the total examined.

2. The number with better vision in the right eye than the left is 282 (6·7 per cent.) ; with better vision in the left eye is 226 (5.4 per cent.) ; or 12·1 per cent. of the children have unequal vision in the two eyes.

The next table shews, in a more popular manner, the approximate degree of visual power.

	BOYS.	Per centage.			GIRLS.	Per centage.		
Age.	No. Examined.	*Good or Fair.	Moderate.	Bad.	No. Examined.	Good or Fair.	Moderate.	Bad.
6	101	93·0	4·0	3·0	135	96·3	1·5	2·2
7	65	93·9	1·5	4·6	64	96·8	1·6	1·6
8	186	94·6	3·2	2·2	191	92·7	5·3	2·1
9	808	94·2	3·7	2·1	724	92·8	4·4	2·8
10	57	98·2	1·8	—	55	96·4	1·8	1·8
11	34	94·1	2·9	2·9	49	98·0	2·0	—
12	713	93·1	3·2	3·7	659	88·9	6·6	4·4
13	184	89·7	5·4	4·9	164	90·3	3·0	6·7
Totals, 1913	2148	93·5	3·6	2·9	2041	91·9	4·7	3·4
Totals, 1912	2358	90·9	4·5	4·6	2238	88·3	6·8	4·9
Totals, 1911	3111	88·8	6·0	5·1	3030	85·3	8·1	6·6
Totals, 1910	2685	91·7	3·5	4·8	2561	88·3	5·6	6·0
Totals, 1909	3121	90·8	3·2	6·0	3118	89·1	4·1	6·8

*In this table "good or fair" vision = $\frac{6}{6}$ or $\frac{6}{9}$, "moderate" = $\frac{6}{12}$, "bad" = $\frac{6}{18}$ or worse.

It will be noted that the girls have worse vision than the boys.

The number of boys wearing spectacles when examined was 92 (4·3 per cent.) ; of girls, 117 (5·7 per cent.) ; thus, although a higher percentage of girls already have their vision corrected, yet the statistics shew vision to be worse practically at all ages among girls. It is probable that the cause is environmental largely, the factors being strain produced by sewing, reading, and the diminished amount of outdoor exercise as compared with boys.

Table shewing nature of Refraction Error.—From an analysis of 232 prescriptions, the following table was obtained :—

	No.	Per cent.	
Hypermetropia ...	87	37·5	63·4
Hypermetropic astigmatation	60	25·9	
Myopia	40	17·2	31·6
Myopic astigmation ...	33	14·2	
Mixed astigmation ...	5	2·2	
Odd eyes	7	3·0	
Total ...	232	100·0	

Squint.—This condition was found in 144 children (5·2 per cent.) at the routine inspection ; in a considerable proportion of these children the condition was in the process of amelioration by the continued use of suitable spectacles ; this number includes children of 3, 4 and 5 years of age. A considerable degree of partial blindness in the squinting eye was common. The necessity for early treatment is not yet recognised by parents.

Opacities.—In 22 cases there was defect of vision from opacities of the cornea or lens. The degree of interference with vision was less than might have been expected. This is shewn in the following table :—

Opacity.	*Vision.* $\frac{6}{12}$ or under.	$\frac{6}{18}$ or worse.
Unilateral	4 ...	8
Bilateral	2 ...	6
Total	6 ...	14

Opacities were also present in two other cases, but the children were too young to be able to read the sight testing card.

Eye strain was met with in considerable degree in two cases, both of which were recommended for treatment.

Recommendation for Treatment.—Children with vision of $\frac{6}{18}$ or less, with strabismus without great amblyopia, and with signs or symptoms of eye strain were recommended to seek treatment, or were given advice.

(17) Diseases of the Heart.

In 76 cases, *i.e.*, 1·3 per cent., a haemic murmur was present over the heart area. In most cases this has very little significance, especially in young children with thin chest walls ; these have not been included in the figures given for functional heart disease in the official table.

In 13 cases (·2 per cent.) non-valvular disease of the heart was diagnosed, while in 32 (·5 per cent.) organic valvular heart disease was present. The following table shews the lesions present :—

	Boys.	Girls.	Totals.
Mitral regurgitation	7 ...	15 ...	22
Mitral stenosis and regurgitation	1 ...	1 ...	2
Mitral Stenosis	4 ...	1 ...	5
Congenital disease	0 ...	3 ...	3
	12	20	32

In almost all cases of acquired heart disease, a history of previous rheumatism, rheumatic fever, chorea or other rheumatic manifestations was obtained.

The ages at which the acquired heart lesions were discovered is shewn in the following table :—

	Boys.	Girls.	No. examined.	Total.
5 ...	1 ...	— ...	915 ...	1
8 ...	— ...	3 ...	384 ...	3
9 ...	5 ...	6 ...	1542 ...	11
12 ...	4 ...	4 ...	1372 ...	8
13 ...	2 ...	4 ...	348 ...	6
	12	17	4561	29

Appropriate advice is given to parents and head teachers with regard to limitation of exertion, etc., and the necessity for treatment of any recurrence of rheumatism, however slight.

In one department a certain quantity of boots, stockings, underclothing and clothing is available for the children on exceptionally wet days.

A considerable degree of anaemia was found in 131 children. It is moderately common in a slight degree among school children of the poorer classes, generally owing to social conditions, over-crowding, closed windows and lack of proper nourishment.

(18) Diseases of the Lungs.

Bronchitis was found in 210 cases, *i.e.*, 3·5 per cent.

Other lung diseases, 10.

Phthisis is discussed under Tuberculosis, page 138.

(19) Diseases of the Nervous System.

Chorea.—Five cases were found, three of which occurred among girls. Exclusion is generally necessary, and a subsequent examination is made for other rheumatic lesions.

Neurosis.—47 children (0·8 per cent.) were found to have some form of neurosis in a considerable degree, generally night terrors, sleep talking or walking, or habit spasm. In many of these cases temporary exclusion or limitation of lessons is necessary; the open-air school would be the ideal place for the education of this group.

Enuresis was present in 16 cases; migraine in 1.

Epilepsy.—Ten children, *i.e.*, ·17 per cent., were found to have some form of this disease. At present there are six children in Institutions for the Epileptic; most of those seen this year are not suitable cases for residential institutions.

Mental Deficiency.—The following were the types among 46 children in the special school :—

Microcephalic, 3; Mongolian, 3; Epileptic, 5; Associated with cerebral paralysis, etc., 1; Genetous, 34.

Paralysis.—The following were the lesions observed :—

Infantile paralysis, 3.
Paralysis of arm, 4.
Paralysis of face (seventh nerve), 4.
Hemiplegia, 2.

(20) Diseases of the Skin.

Pityriasis alba or patchy desquamation on the face and neck is far the commonest condition. It occurred in 479 children, *i.e.*, 8·1 per cent.

Impetigo of the face was found in 90 cases (1·5 per cent.); of the scalp in 22 (·4 per cent.). *Eczema* in 24 cases (·4 per cent.); *seborrhea capitis* was present in 0·9 per cent of children.

Ringworm of the scalp was found in 29 boys (0·9 per cent.) and 41 girls (1·5 per cent.); a total of 70 cases actually found during the routine inspection. Many of these cases were already under supervision and treatment at the School Clinic; cases almost cured are included.

Ringworm of the body (tinea circinata) was found in five cases.

The following were the other conditions found :—multiple papillomata, 11; herpes, 12; acne, 7; lichen urticatus, 13; chronic onychia, 1; scabies, 2; psoriasis, 3; leucoderma, 2; naevi, 14; xeroderma, 32; boils, 4; alopecia, 6; other diseases and conditions, 3.

Deformities.

(*a*) *Acquired Deformities.*

Upper Limb and Neck.—Wry-neck, 1.

Lower Limb.—Exostosis of foot, 1; hammer-toe, 2.

Spine.—Lateral curvature alone was found in 58 children, *i.e.*, 1.0 per cent.; kyphosis (round shoulders) alone to a well-marked extent in 55, *i.e.*, 0.9 per cent.; while in 13 cases both these conditions were present in the same child. One case of lordosis was also found.

Chest.—The following deformities were found, apart from rickets :—

Flat chest...	52	...	0·9 per cent.
Pigeon chest	145	...	2·5 ,,
Funnel chest	49	...	0·8 ,,
Barrel chest	5	...	0·1 ,,

These deformities are usually associated with the presence of adenoids or mouth-breathing, or are the result of previous lung diseases. A great improvement might be effected by suitable exercises.

Rickety Deformities.—The following were found : Chest, 110 (1·9 per cent.); frontal bossing, 53 (0·9 per cent.); curved tibiae, 21 (0·4 per cent.); genu valgum (knock-knee), 17 (0·3 per cent.); genu varum (bow legs), 3 (0·5 per cent.). The deformity in most of the above was slight, and needed no special treatment. The percentage of visible deformities is much less at 13 than at 6 or 7 years of age.

(*b*) *Congenital Deformities.*

Head.—Bifid uvula, 55 cases (0·9 per cent.); cleft palate, 5 cases (0·1 per cent.); hare-lip, 3 cases.

Upper Limb and Chest.—Cubitus varus, 1; accessory thumb, 1; cleft sternum, 1; macrodactyly, 1.

Lower Limb.—Talipes (club foot), 1.

Other Congenital Faults.—Mongolian eye-folds, 9 (0·2 per cent.); accessory auricle, 8; accessory nipple, 1.

In the number of deformities included in the official table on page 105, deformities of the chest, rickety deformities, bifid uvulae, accessory auricles, accessory nipples and Mongolian eye-folds are omitted.

Remedial Exercises for Treatment of Deformities, as mentioned in the Annual Report for 1912.

In 1912, in addition to a large class of 19 girls belonging to a particular school, and suffering from such defects as round shoulders, flat chests, slight degrees of adenoids or persistent mouth-breathing, a small class of six girls, suffering from lateral curvature of the spine, and selected from the whole of the school children of the Borough, was held. At this small class, exercises involving the use of special apparatus were given, together with massage.

In 1913, in order to benefit a larger number of children, instead of the small class of six children, larger classes, arranged on somewhat different lines were held. Most of the children selected for the class suffered from slight lateral curvature of the spine. The children were arranged in several groups, according to the presence or absence of the curve and the direction of the curve, *e.g.*, either as the curve was to the right or to the left. Special free-standing exercises were given for half-an-hour to develop the side of the body at fault where a curvature was present, and improve the general physique, after which the children were taken to another room, where they were given exercises using special apparatus and massage for another half hour.

The numbers attending the three classes were 16, 19 and 14 respectively; 10 girls attended two classes.

The duration of each of the classes was about three months. The net result of the three classes may be expressed in tabular form, as follows :—

No. of Children Attended Regularly.	No. re-examined.	Improvement.			
		Marked.	Fair.	Slight.	None.
39	34	19	5	9	1

A class composed of boys of defective physique attending a particular school was held at Park Street School during the summer; the number of boys given exercises was 26.

They were medically examined before and after the class.

The general result of the exercises was satisfactory; the Head Teacher also testified to the improvement in the bearing and alertness both mental and physical of a considerable proportion of the boys.

(20) Tuberculosis.

The following cases were discovered during the routine inspections :—

	Active.	Quiescent.	Per cent.
Tuberculosis of lungs	2	8	·2
Tuberculosis of joints and bones	1	11	·2
Tuberculosis of glands	3	1	·07
Total	6	20	·5

Scars, the result of tuberculous abscesses of the glands in the neck, were also found in 25 children (·4 per cent.)

Tuberculous lesions were present in 51 cases, *i.e.*, ·9 per cent. (this includes scars of past lesions and active cases).

All children shewing signs of active tuberculosis of the lungs are excluded from school attendance ; this explains the small number discovered during routine inspection.

All scholars from homes in which there is a patient suffering from pulmonary tuberculosis are notified to the School Doctor and are observed at the routine medical examination.

Tuberculous Bone and Joint Disease in Children.

Arrangements were made during 1910 at the Borough Sanatorium for the admission and treatment of early cases of these varieties of tuberculosis, The marked deformities which have previously arisen from the neglect of early suitable treatment should henceforth become less common.

(23) Infectious or Contagious Diseases.

Apart from ringworm, scabies, impetigo, and some forms of conjunctivitis, very few cases were seen : those found included : chicken pox, 2 ; scarlet fever, 1 ; tonsillitis, 3 ; diphtheria, 1 ; whooping cough, 2.

Teachers and Attendance Officers are asked to send suspicious cases of sore throat to the Health Offices, and not to the School Clinic.

(24) Other Diseases or Defects.

The following were found : Herniae, 6 ; dyspepsia, 35 ; intestinal parasites, 13 ; sore throat, 4 ; enlarged thyroid, 32 ; pharyngitis 1 ; mastitis, 1 ; others, 8.

ANALYSIS OF SPECIAL CASES.

MENTAL CONDITIONS :—		
Mentally deficient	17	
Backward	57	—74
DEFECTIVE SPEECH :—		
Stammering	16	
Other Defects	33	—49
VERMINOUS CONDITIONS		26
DEFECTIVE TEETH		12
DISEASES OF NOSE AND THROAT :—		
Adenoids	73	
Enlarged Tonsils	23	
Mouth Breathing	116	
Naso-pharyngeal catarrh	7	
Hypertrophic Rhinitis	2	
Tonsillitis	3	
Other throat affections	2	—226
DISEASES OF THE EYE :—		
Conjunctivitis	22	
Stye	4	
Ciliary Blepharitis	17	
Keratitis	1	
Nystagmus	1	
Ptosis	1	
Coloboma Iridis	1	
Corneal ulcers	3	
Injury to eye	2	
Enucleated eye	1	
Other diseases of the eye	2	—55
DEFECTIVE VISION, &c. :—		
Defective Vision	86	
Squint	55	
Renewal of Spectacles	36	—177
DISEASES OF THE EAR :—		
Otorrhoea	27	
Deafness	26	
Ear ache	3	—56
DISEASES OF THE LUNGS :—		
Bronchitis		—4
DISEASES OF THE HEART AND CIRCULATION :—		
Congenital Heart Disease	1	
Mitral Regurgitation	1	
Functional Syncope	5	
Anaemia	20	
Chilblains	1	—28
DISEASES OF THE NERVOUS SYSTEM :—		
Epilepsy	3	
Petit Mal	1	
Habit Spasm	4	
Neurosis	3	
Enuresis	5	
Migraine	1	
Infantile Paralysis	9	
Tic Convulsif	1	—27

RHEUMATISM, &c. :—		
Rheumatism	2	
Chorea	3	
Purpura	1	6
TUBERCULOSIS :—		
Pulmonary	2	
Glandular	1	
Osseous and Articular	4	
Lupus	1	8
RICKETS		4
CONGENITAL DEFORMITIES :—		
Cleft Palate	8	
Hare-lip	1	
Macrodactyly	1	10
ACQUIRED DEFORMITIES :—		
Kyphosis	4	
Scoliosis	4	
Flat-foot	2	
Hydrocephalus	1	11
INFECTIOUS DISEASES :—		
Scarlet Fever	1	
Whooping Cough	1	2
DYSPEPSIA AND DEBILITY		10
SKIN DISEASES :—		
Impetigo	36	
Ringworm	18	
Seborrhoea	2	
Boils	2	
Lichen urticatus	1	
,, planus	1	
Papillomata	3	
Septic finger	1	
Eczema	2	66
OTHER DISEASES, &c. :—		
Haemophilia	1	
Thread Worms	2	
Tenosynovitis of foot	1	
Painful foot	1	
Hernia	1	
Concussion	1	
Stomatitis	1	
Ganglion of wrist	1	9
NO DEFECT PRESENT		118
		978

VACCINATION.

The number and approximate size of vaccination scars was noted in each child examined. Of 5,910 children, 30·5 per cent. shewed no vaccination marks. A summary of the figures with comments is given on page 15 of the Health Report.

The following table shews the results of this examination.

Age.	Total Examined.	Number with no Visible Marks.	Number of Marks. Percentage. 0	1	2	3	4	Total Area of Marks. Percentage. 0	$\frac{1}{32}$-$\frac{1}{8}$ sq. in.	$\frac{5}{32}$-$\frac{1}{4}$ sq. in.	$\frac{3}{32}$-$\frac{1}{2}$ sq. in.	$\frac{17}{32}$-1 sq. in. or more	Total Vaccinated. Per cent. under 1 in.	Per cent. of 1 in. and over.
3	137	69	50·4	8·9	13·8	6·5	20·4	50·4	16·8	16·8	9·5	6·5	95·6	4·4
4	507	213	42·0	15·0	13·4	9·7	19·9	42·0	17·6	17.2	14·6	8·6	95·9	4·1
5	915	425	46·5	12·5	14·0	7·9	19·1	46·5	15·7	16·9	11·6	9·3	90·0	10·0
6	358	139	38·8	16·8	14·8	9·2	20·4	38·8	15·7	21·2	12·3	12·0	89·5	10·5
7	150	59	39·3	7·4	15·3	12·7	25·3	39·3	8·7	20·0	14·7	17·3	85·7	14·3
8	384	96	25·0	19·5	18·0	10·2	27·3	25·0	16·4	22·2	20·8	15·6	91·0	9·0
9	1542	385	24·9	20·1	18·6	10·6	25·8	24·9	18·3	20·7	19·9	16·1	90·2	9·8
10	113	27	23·9	12·4	22·1	9·7	31·9	23·9	11·5	18·6	23·9	22·1	81·4	18·6
11	84	23	27·4	14·3	17·8	15·5	25·0	27·4	11·9	14·3	26·2	20·2	80·3	19·7
12	1372	292	21·3	23·2	25·0	10·4	20·1	21·3	16·9	19·8	20·8	21·2	82·4	17·6
13	348	75	21·5	27·0	23·9	10·1	17·5	21·5	10·9	17·2	25·6	24·7	78·4	21·6

(F) REVIEW OF METHODS AVAILABLE FOR THE TREATMENT OF DEFECTS.

At the time of writing the whole scheme of treatment as described in the last Annual Report is working smoothly. Refractions, X-ray work, dental treatment and the treatment of contagious skin diseases are done at 7, Gloucester Place; tonsils and adenoids are removed at the Sanatorium.

For the procedure see last year's Report.

REPORT OF SCHOOL DENTIST FOR 1913.

The School Dentist began work on 11th November, 1912. As it was thought advisable to leave the purchase of the dental chair, instruments, &c., to the dentist, treatment could not be undertaken conveniently until after the Christmas holidays. The intervening period was occupied by the inspection of a large number of children; this accounts for a smaller number being inspected during 1913 than will be the case in the present and in future years.

Results of Inspection, 1913.

(3 *Schools.*)

Total No. of Children Examined ... 150.

TABLE I.

No. of Children Examined.	Aged.	No. of Temporary Incisors Examined.		No. of Decayed Teeth.		No. of Teeth Extracted.		No. of Temporary Molars Examined.		No. of Decayed Teeth.		No. of Dead Teeth.		No. of Permanent Molars Examined.		No. of Defective & Decayed Teeth.	
		Upr.	Lr.	Upr.	Lr.	Upr.	Lr.	Upr.	Lr.	Upr.	Lr.	Upr.	Lr.	Upr.	Lr.	Upr.	Lr.
2	3 Year Girls	12	12	—	—	—	—	8	8	6	5	—	—	—	—	—	—
4	3 ,, Boys	24	24	—	—	—	—	16	16	2	4	—	—	—	—	—	—
6	Total, 3 Years	36	36	—	—	—	—	24	24	8	9	—	—	—	—	—	—
9	4 Year Girls	54	54	7	—	—	—	36	36	6	10	—	—	—	—	—	—
20	4 ,, Boys	120	120	20	—	—	—	8	80	25	22	2	5	—	—	—	—
29	Total, 4 Years	174	174	27	—	—	—	116	116	31	32	2	5	—	—	—	—
20	5 Year Girls	118	120	20	7	2	—	80	78	25	18	9	15	7	10	3	1
21	5 ,, Boys	126	124	21	1	—	2	84	84	26	10	4	8	7	7	2	3
41	Total, 5 Years	244	244	41	8	2	2	164	162	51	28	13	23	14	17	5	4
33	6 Year Girls	192	182	14	8	8	16	131	132	39	19	16	25	34	41	14	19
30	6 ,, Boys	172	164	29	5	—	8	118	115	17	28	14	17	36	37	13	12
63	Total, 6 Years	364	346	43	13	8	24	249	247	56	47	30	42	70	78	27	31
7	7 Year Girls	38	39	6	—	6	3	27	27	—	4	—	—	12	12	6	9
4	7 ,, Boys	22	23	2	—	1	—	16	16	1	1	2	6	7	8	4	6
11	Total, 7 Years	60	62	8	—	7	3	43	43	1	5	2	6	19	20	10	15

TABLE II.—*Children Examined.*

Number of Children Examined.		Per cent. Children without decay in Temp. Molars.	Per cent. Children without any decay.
2	3-year Girls	—	—
4	3-year Boys	50·0	50·0
9	4-year Girls	11·1	11·1
20	4-year Boys	25·0	20·0
20	5-year Girls	25·0	20·0
21	5-year Boys	28·6	23·8
33	6-year Girls	24·2	15·1
30	6-year Boys	16·6	10·0
7	7-year Girls	57·1	14·3
4	7-year Boys	50·0	25·0
150	TOTAL	25·3	17·3

TABLE III.—*Teeth Examined.*

Number Teeth Examined		Per cent. Teeth Decayed.
878	Upper Temporary Incisors... ...	13·5
862	Lower Temporary Incisors... ...	2·4
596	Upper Temporary Molars	26·0
592	Lower Temporary Molars	20·4
103	Upper Permanent Molars... ...	40·8
115	Lower Permanent Molars	43·5
3146	Total teeth examined	15·8

The Percentage of Parents consenting to Treatment.—This varied very much in different schools, being as low as 16 in one school and as high as 50 in another.

Attendance at the Dental Clinic.—To parents of children found to require treatment at the routine inspection 1,416 notices were sent; 396 attended and have been treated completely. Our thanks are due to the members of the various Children's Care Committees who, by impressing on the parents the advantages of treatment, have succeeded in increasing considerably the number of children attending the clinic for treatment. 407 children not of the 5 and 6 year old groups (the groups inspected) have been referred to the Clinic by the School Doctors, Head Teachers and Hospitals, and also have been brought by the parents themselves.

How attendance is encouraged.

(1) Pain is reduced to the minimum. For extractions either a local anaesthetic is injected or " gas " is administered; the former is the method commonly employed, the latter, at times, for the extraction of permanent teeth in older children. Before proceeding to complete difficult fillings medicated dressings are applied.

(2) Up to the present no charge has been made for treatment.

Treatment is of two kinds, preventive and curative. Preventive treatment in Brighton has had for its object the saving of the teeth which are in use during the greater part of school life, and also the removal of teeth too decayed for restoration and likely to infect the second dentition. By the annual re-inspection of treated cases extractions will not be required after the first treatment.

Curative treatment.—The treatment of children suffering from toothache and alveolar abscess has absorbed a great deal of time. Out of 2114 visits to the dentist for treatment 806 were made by children of non-inspected ages. A number of cases of oral deformity caused by early decay of temporary teeth, tongue sucking and mouth breathing, have been treated by extraction and grinding. By the kindness and co-operation of Mr. Patrick Stoner two cases of cleft palate have been fitted with obturators, appliances, as their name indicates, used to fill a cleft in the roof of the mouth.

Summary of Teeth Treated during 1913.

Extractions.			Fillings.			Dressings.	Grinding.	Scaling.	Polishing.
With Gas.	Local Anaesthetic.	No Anaesthetic.	Amalgam and Cement.	Amalgam Cement.	G.P.				
291	+ 1246	+ 153	133	+ 2469	+ 137 + 28				
	1690			2767		628	85	6	1

803 children treated.

Average per child = 2 extractions, 3 fillings, 1 dressing.

(Extraction usually indicates the removal of the remains of a decayed tooth *i.e.*, a "stump.")

From the beginning of May the record of the number of temporary and permanent teeth treated was kept separately. The table giving the details follows on the next page.

Summary of Teeth Treated from 1*st May to* 31*st December*, 1913.

	Extractions.			Fillings.				Dressings.	Grinding.	Scaling.	Polishing.
	With Gas.	Local Anaesthetic.	No Anaesthetic.	Amalgam and Cement	Amalgam.	Cement.	Gutta Percha.				
Temporary	112	828	94	24	1075	30	20	367	58		
Permanent	118	52	—	70	642	25	3	81	17		
Total ...	230	880	94	94	1717	55	23	448	75		
	1204			1889				448	75	6	1

Instruction in cleansing the teeth is given in the course of lessons on Hygiene in 34 departments ; a practical demonstration in addition is given in six. Tooth-brush drill is carried out in one department ; tooth-brush clubs have been formed in three departments.

THE SCHOOL CLINIC.

This is now in the 8th year of its existence. A good idea of the present arrangement of work can be obtained by a study of the time-tables below.

Outline of Provisional Time-Table.

Dr. C. W. Hutt.			Dr. O. J. W. Adamson.		
MONDAY. 9.30 Office Work, etc.	2.0 Ear & Eye Clinic.	5.0 Cases after operation for Tonsils and Adenoids.	9.30 Inspection.	2.0 Inspection Clinic.	5.0 Cases after operation for Tonsils and Adenoids.
TUESDAY. 9.30 Inspection.	2.0—5.0 Skin Clinic.		9.30 Inspection.	2.0—5.0 Skin Clinic.	
WEDNESDAY. 9.30 Operations for Tonsils and Adenoids.	2.0 Ear and Eye Clinic. 3.30 X-Rays.	6.45 School Attendance Branch Sub-Committee.	9.30 Operations for Tonsils and Adenoids.	2.0 Ear and Eye Clinic.	5.0 Inspection Clinic.
THURSDAY. 9.30 Inspection.	2.0 Office Work, etc.	5.0 Examination of cases for special treatment.	9.30 Inspection.	2.0 Skin Clinic.	5.0 Examination of cases for special treatment.
FRIDAY. 9.30 Refraction Clinic.	2.0 Inspection Clinic. 3.30 X-Ray.	5.0 New cases before operation for Tonsils and Adenoids	9.30 Inspection.	2.0 Ear and Eye Clinic.	5.0 New cases before operation for Tonsils and Adenoids
SATURDAY. 9.30 Refraction Clinic.			9.30 Skin Clinic.	11.30 Dental Anaesthetics.	

Outline of Provisional Time-Table for Nurses.

SENIOR SCHOOL NURSE.			SECOND SCHOOL NURSE.		THIRD SCHOOL NURSE.	
MONDAY. 9.0 Clerical work.	2.0 Ear and Eye Clinic.	5.0 Arrangements for Refraction Clinic.	9.0 Medical Inspection.	2.0 (*1st week*). Ear and Eye Clinic. (*2nd week*). Routine visits to Schools.	9.0 Routine visits to Schools.	2.0 (*1st week*). Routine visits to Schools. (*2nd week*). Ear and Eye Clinic.
TUESDAY. 9.0 Medical Inspection.	2.0 Skin Clinic.		9.0 Medical Inspection.	2.0 Following up.	9.0 Routine visits to Schools.	2.0 Skin Clinic.
WEDNESDAY. 9.0 Assistance during removal of Tonsils and Adenoids.		5.0 Inspection Clinic (every 3rd week).	9.0 Assistance at operations for Tonsils and Adenoids.	2.0 (*1st week*). Ear and Eye Clinic. (*2nd week*). Routine visits to Schools.	9.0 Routine visits to Schools.	2.0 (*1st week*). Routine visits to Schools. (*2nd week*). Ear and Eye Clinic.
THURSDAY 9.0 Medical Inspection.	2.0 Skin Clinic.		9.0 Routine visits to Schools.	2.0 Skin Clinic.	9.0 Medical Inspection.	2.0 Following up.
FRIDAY. 9.0 Clerical work.	2.0 Ear and Eye Clinic.	5.0 Assistant at arrangements for operations for Tonsils and Adenoids.	9.0 Routine visits to Schools.	2.0 (*1st week*). Ear and Eye Clinic. (*2nd week*). Routine visits to Schools.	9.0 Medical Inspection.	2.0 (*1st week*). Routine visits to Schools. (*2nd week*). Ear and Eye Clinic.
SATURDAY. 9.0 Skin Clinic. Clerical work.			9.0 Skin Clinic.	10.30 Clerical work and following up.	9.0 Skin Clinic.	10.30 Clerical work and following up.

INSPECTION CLINIC.

During 1913 the number of attendances was 2,963, made by 1,716 children. These figures are exclusive of attendances made in connection with operations for tonsils and adenoids, and the stammering and remedial exercises classes.

The following table indicates the nature of the defect necessitating the attendance of the child at the Inspection Clinic :—

Mental Capacity		21	Tuberculosis		56
Speech Defects		15	Rheumatism		27
Verminous conditions ...		21	Infectious diseases ...		119
Defects or diseases	of nose and throat	250	Contacts with infectious diseases		7
	Glands of the neck	44	Debility		33
	Teeth	14	Rickets		3
	Ear	35	Deformities		25
	Eye (excluding vision)	65	Diseases of joints and bones		8
	Vision	249	Accidents and injuries ...		36
	Circulatory system	75	Other defects		9
	Respiratory system	151	No defect present ...		38
	Nervous system	113			
	Alimentary system	148			
	Urogenital system	11	Total ...		1716
	Skin	143			

One of the most valuable purposes served by an Inspection Clinic is the medical examination of children suspected by the teachers to be defective.

One of the main objects of the Act initiating the medical inspection of school children is that the child should be in a fit state to profit by the education afforded him by the State. An observant teacher often suspects that a certain child is not profiting by the teaching by reason of some physical defect, and it is of the greatest importance that the possibility of the confirmation or otherwise of the existence of a suspected defect should not be confined to the time of the visit of the doctor to the school for the purpose of carrying out the routine examination, to give one reason only for the breaking down of such an arrangement the child may be absent from school.

In order to use the Inspection Clinic as much as possible certain arrangements have been made by the Education Committee.

Some Head Teachers were in the habit of sending children to the School Clinic, and took the trouble to write letters in each case as to the reason for sending them ; in order to utilise this valuable procedure to a greater extent it was arranged that when any teacher observed a child, who had not previously come under the notice of the Medical Department, to be physically defective, the child should be given a card duly filled in and requesting the parent to take the child to the School Clinic ; and a list with the names of such children and the reasons for sending them should be filled up and sent direct to the Clinic, these lists to be delivered before 4 o'clock of the day on which the child is to attend at the Clinic. The results of examination are filled in by the School Doctors and returned by the

School Attendance Department to the Head Teacher; the failure of any child to attend is thus made known to both the Attendance Department and the Head Teacher.

The same procedure is used in connection with children sent to the Treatment Clinics.

In order to prevent a child returning from school in a condition prejudicial to its own health or the health of others no child excluded from school is allowed to return without a medical certificate stating that he or she is fit to return to school.

Another important use of the Inspection Clinic is to ensure that children fit to attend school are not kept away by parents for alleged medical reasons of an unsatisfactory nature.

Similar arrangements to those described above were made in the case of School Attendance Officers so that any doubtful cases should be submitted to the School Medical Staff for examination, also so that any children found absent from school suffering from a defect treated at the School Clinic and not already under treatment should be sent to the Clinic.

Copies of the cards and lists used are given below. The filling in the alleged complaint saves much of the School Doctors' time. All Head Teachers and School Attendance Officers are supplied with a time table of the hours of attendance at the Clinic for various defects; a circular was sent to the Head Teachers and School Attendance Officers giving directions as to the filling up of the cards and lists, and advising them as to the conditions in which it was desirable that children should be excluded from school.

Card.

Alleged Disease _____ FORM M.I. 21.

COUNTY BOROUGH OF BRIGHTON EDUCATION COMMITTEE.

Name of School _____

Department _____

Date _____, *191* .

Dear Sir, or Madam,

Please arrange for your child _____ *to be taken to 7, Gloucester Place by* _____ *on* _____ *for examination by the School Medical Staff; he is not to return to School in the meantime.*

Yours truly,

_____

Head Teacher.

PLEASE TAKE THIS CARD AT EACH VISIT TO THE SCHOOL CLINIC.

List.

.....SCHOOL.

.....DEPARTMENT.

Date.....19.....

To the SENIOR SCHOOL DOCTOR,

Report on Cases Submitted to School Medical Staff.

I beg to report that the parents of the undermentioned children have this day been asked to take them to 7, Gloucester Place on the next occasion on which the Clinic is held : the nature of the complaint is stated in each case, viz. :—

NAME OF CHILD.	ADDRESS.	REMARKS BY HEAD TEACHER, INCLUDING ALLEGED COMPLAINT.

(Signed)..... *Head Teacher.*

NOTE.—This form must be delivered at 7, Gloucester Place by not later than four o'clock of the day on which the complaint is detected ; any cases subsequently detected to be placed on next day's list.

A card and list on similar lines are used by the School Attendance Officers.

As the result of correspondence between the Brighton Education Department and the Board of Education, the Local Authority were authorised to make suitable arrangements so as to enable the attendance of children at the School Clinic for the purpose of examination only and not for treatment, to count as attendance at school provided that the minimal time required by the code is made up by the combination of the time spent at the Clinic and at school.

A copy of the card in use is given below :—

500-2-14.
S. 109.

Form 45.
Sch. Attend.

Card to be given by School Doctor to Child if Attendance at School Clinic and School is to count as an attendance at School.

EDUCATION COMMITTEE for the COUNTY BOROUGH of BRIGHTON.

Medical Department,
7, Gloucester Place,
Date.....

To the Head Teacher.....School.

Dear Sir or Madam,

The bearer.....has attended at the School Clinic at 9 o'clock this morning / 2 o'clock this afternoon for special medical examination ; the attendance may be counted if the morning / afternoon session is completed in School.

Yours truly,
C. W. HUTT,
Senior School Doctor.

The Child must give this Card to the Head Teacher this morning / afternoon

In order to secure re-attendance at the School Clinic on the correct day an attendance card kept by the child has been devised ; a copy of this is given below. Its use has caused a considerable improvement in the regularity of attendance :—

Form 12 b.
5,000-12-13.

S109 & 117.

ATTENDANCE CARD.

School Clinic.

7, Gloucester Place, Brighton.

Name .....

School .....

Address .....

Date Attended.		Please attend again on
Fit for School.	Unfit for School.	

This card is to be brought to the Clinic at each attendance ; it should be shewn to the School Attendance Officer if he asks for it.

Date Attended.		Please attend again on
Fit for School.	Unfit for School.	

This Card is to be kept by the Patient.

TREATMENT CLINICS.

(*a*) Skin Diseases.

The following table shews the conditions treated and number of cases and attendances :—

DISEASE.	BOYS.		GIRLS.		INF. BOYS		INF. GIRLS		Total.	
	No.	Attendances	No.	Attendances	No.	Attendances	No.	Attendances	No.	Attendances
Vermin	351	753	606	1769	126	259	193	431	1276	3212
Ringworm, scalp ...	112	1127	114	1234	117	957	83	908	426	4226
,, scalp and skin...	10	137	7	94	13	94	9	150	39	475
,, skin ...	43	259	28	172	23	123	15	57	109	611
Impetigo, scalp ...	26	118	69	310	41	187	54	197	190	812
,, face ...	243	882	147	459	176	530	86	259	652	2130
,, scalp and face ...	13	73	8	47	16	95	9	37	46	252
Scabies	5	24	23	172	9	47	13	79	50	322
Alopecia	4	13	1	3	2	5	2	3	9	24
Seborrhœa	15	27	13	23	14	24	11	18	53	92
Psoriasis	2	2	8	16	1	1	1	1	12	20
Eczema	5	8	4	10	3	6	5	17	17	41
Septic sores... ...	15	49	7	24	1	6	2	5	25	84
Other skin diseases	14	15	19	34	4	6	8	18	45	73
Other diseases ...	37	66	18	25	18	24	8	21	81	136
Totals ...	895	3553	1072	4392	564	2364	499	2201	3030	12510

Number of new cases in 1913 2541
Number of re-attendances 9969

Number of times ointment, &c., actually applied to cases, 4,868.

Number of children under treatment :—

(January 22nd, 1914).

Verminous	76
Ringworm of scalp	173
Ringworm of skin	10
Impetigo of scalp	29
Impetigo of face	103
Scabies	9
Other skin diseases	9
Other diseases	5
Total	414

To secure regular re-attendance at the Skin Clinic, at the end of the day the Doctors' cards relating to the children are put under the dates on which they should re-attend. On failure to re-attend the Head Teachers are notified and informed as to the date on which the children should re-attend.

A copy of the slip and circular used are given below :—

Slip.

School..... *Department*.....

Name.	Address.	Defect.	Date on which should next Attend.	Time.

Circular.

"Medical Department School Clinic,
"7, Gloucester Place,
"Brighton.

"DEAR SIR, OR MADAM,

"I beg to say that the children on the enclosed list have not attended the Clinic on the occasion when requested. I should be much obliged if you would arrange for their attendance on the next appropriate occasion, viz. :—

"SKIN DISEASES. seen downstairs on Tuesday and Thursday afternoons at 2 o'clock, and Saturday mornings at 9 o'clock.

"EAR DISCHARGE AND EYE DISEASES (not spectacle cases), seen downstairs on Monday, Wednesday and Friday afternoons at 2 o'clock.

"OTHER CASES, seen upstairs on Monday and Friday afternoons at 2 o'clock, Wednesday Evenings at 5 o'clock.

"If any of the children are not in attendance at School I should be much obliged if you would give their names to the School Attendance Officer so that he may visit the homes.

"If the children are obviously cured of their complaint it will not be necessary to send them to the Clinic, but an intimation of the cases being satisfactory should be sent to me.

"I am,
"Yours faithfuily
"C. W. HUTT,
"Senior School Doctor.

"The Head Teacher."

The clerical work involved is very considerable, but the improvement in the re-attendance compensates for the time spent.

The parents of children who fail to re-attend at the Ear and Eye Clinic are visited by the School Nurses as often as their other duties will allow.

X-Ray Treatment of Ringworm.

During 1913, 45 children have been treated for Ringworm of the Scalp, by X-Rays. In 33 cases, 5 exposures were made ; in 3 cases, 3 exposures were made ; in 2 cases, 2 exposures ; in 7 cases, 1 exposure. In all, 197 exposures were made for 45 children. The average number of exposures for each child being 4·4. In most of the cases where less than five exposures were made, the procedure was reluctantly adopted because the parent was only willing to allow removal of part of the hair.

b. Minor Diseases of the Eye (not Spectacle Cases) and Aural Discharge.

The following Table shews the conditions treated and the number of cases and attendances.

	Boys.		Girls.		Infant Boys.		Infant Girls.		Total.	
	No.	Att.	No.	Att.	No.	Att.	No.	Att.	No.	Att.
Ciliary Blepharitis	47	305	45	234	20	62	23	83	135	684
Corneal Ulcers ...	2	9	1	12	3	4	—	—	6	25
Conjunctivitis ...	56	347	66	316	12	57	18	68	152	788
Phlyc. ditto ...	8	56	10	90	6	48	5	12	29	206
Styes	4	12	10	26	4	8	4	11	22	57
Other Eye diseases	5	10	5	22	2	12	2	2	14	46
Otorrhoea ...	89	1088	71	669	42	238	42	304	244	2299
Other Ear diseases	14	22	14	46	5	5	5	7	38	80
Totals ...	225	1849	222	1415	94	434	99	487	640	4185

Number of new cases in 1913 620
Number of re-attendances 3495

Number of times applications were made to eyes or ears 4,080.

Number of children under treatment :—

(January 21st, 1914).

Ciliary Blepharitis 76
Conjunctivitis 85
Styes 9
Other eye diseases 6
Otorrhoea 168
Other ear diseases 7

Total 351

The following circular was sent to the Head Teachers in order to secure their co-operation with the work of the Treatment Clinics :—

" 7 Gloucester Place,
" Brighton.
" 13th September, 1913.

" *Attendance of Children at the School Treatment Clinics.*

" DEAR SIR, OR MADAM,

" The following points are submitted for your information :—

" *Ringworm of the Scalp.*

" In order to assist the parents in the treatment of this disease, the School Nurses rub ointment into the scalp in certain cases ; these children should attend weekly. In cases where the Nurses do not apply ointment the attendance should be every fourteen days unless directed otherwise. It is desirable that the children should attend on the same day of the week, *i.e.*, cases attending Tuesdays should come up on Tuesdays and not on Thursdays. In order that the school attendance shall not suffer, the children suffering from a mild form of this disease are allowed by the School Doctor to attend school providing they wear their caps in School and have a suitable ointment, &c., applied daily ; regular attendance of these children at the Treatment Clinic is imperative.

" *Ringworm of the Skin.*

" As a rule children with this disease are not allowed to attend school unless the ringworm is in such a position that it can be covered up. These children should attend every Tuesday, Thursday and Saturday, unless attending school when one attendance weekly will suffice.

" *Impetigo of the Face and Scalp.*

" Children suffering from these complaints are, as a rule, not fit to attend school. They should attend each Skin Clinic.

" *Conjunctivitis.*

" These children who, as a rule, are unfit to attend school should attend the Clinic each Monday, Wednesday and Friday at 2 p.m.

" *Ear Discharge.*

" Where the discharge is copious or offensive, the child will not be fit to attend school, but should attend the Clinic each Monday, Wednesday and Friday at 2 p.m.

" *Ciliary Blepharitis* (*Sore eyelids*).

" In severe cases, the child must attend the Clinic three times a week ; in slight cases once a week will suffice. Almost all these children will be able to attend school.

" It would be of great assistance if the Head Teachers would arrange for the monitress to bring to the Clinic those children who are under nine years of age, or who cannot cross the streets safely when unaccompanied. In the case of those children who are not attending school and whose mothers are not able to bring them, it would be of great assistance if they assembled at the school and were also brought to the Clinic by the monitress.

"It is arranged, wherever possible that the children, when in attendance at school should attend the Saturday Clinic in order to save loss of grant.

"I am,
"Yours faithfully,
"C. W. HUTT,
"Senior School Doctor.

"The Head Teacher."

The total number of attendances at the Treatment Clinics (16,695) was a considerable increase on the number for 1912 (8,310).

The increase is accounted for by the institution of a Clinic for the treatment of ear discharge and minor diseases of the eye; the attendances for treatment of these conditions being 4,185 in 1913, as opposed to 727 in 1912, when these children were seen on the same occasion as those suffering from skin diseases.

The scheme for dealing with verminous children caused a large increase in the attendance at the Skin Clinic, 3,212 attendances being made in 1913, against 667 in 1912.

The number of attendances for ringworm in 1912 was 4,002, made by 647 cases, the average attendance per case being 6·2; in 1913, 5,312 attendances were made by 574 cases, the average attendance per case being 9·2.

The number of attendances for impetigo in 1912 was 1,515, made by 597 cases, the average attendance per case being 2·5; in 1913, 3,194 attendances were made by 888 cases, the average attendance per case being 3·6.

The increase in the number of cases of impetigo treated at the Skin Clinic may probably be ascribed to the improved facilities for detecting the children suffering from the defect; the numbers of these children has risen, 254 cases being treated in 1909, 366 in 1910, 522 in 1911, 597 in 1912 and 888 in 1913.

The School Clinic is kept open for treatment during the school vacations.

The Clinic is in a measure self-supporting as regards the drug bill (1d. is charged for each box of ointment, &c., where payment is possible).

The expenditure on drugs for 1913 was £20 8s. 3d.; contributions by parents, £8 0s. 3d.

(*c*) Clinic for Errors of Refraction.

The following is the record of work done during 1913:—

No. of times held.	Total attendances.	Average attendance.
80	571	7·1

(*d*) Removal of Enlarged Tonsils and Adenoids.

During 1913 an operation for this purpose has been performed in the case of 203 children.

PROCEDURE AT THE TREATMENT CLINICS.

Contagious Skin Diseases.—The chief points relating to the procedure in the case of children suffering from these diseases are given in the circular sent out to the teachers, see page 157.

As far as possible the following selection of cases of ringworm for treatment by X-rays has been made :—1. Those attending a certain school or department of a school. 2. Those where none of the children in the family are below school age. When a child has only a small area affected, the opportunity has also been taken of the attendance at the Skin Clinic of the parent willing to agree to X-ray treatment to proceed at once with the treatment.

In most instances the Kienbock-Adamson method of exposure is used in which the whole of the head is exposed to the action of the X-rays. The whole of the hair is removed by clippers ; the five centre sare marked out. The X-rays are successively thrown on each of the areas. The five exposures are as a rule completed at one sitting. Each area requires an exposure of about ten minutes ; with the preparation of the machine, the adjustment of the tube, the taking of notes and giving directions to the parent about the after-treatment, an hour and twenty minutes at least is spent on each case in which five exposures are made.

The after treatment is described in a slip which is given to the parents on the completion of the treatment, a copy of which is as follows :—

" *Treatment of Children suffering from Ringworm after Exposure to X-Rays.*

" The child should not wear any cap or hat that he has worn while he has had ringworm unless the lining is taken out and a fresh one put in its place, or unless he has worn the cap or hat while he has had a special cap on his head in connection with the cure of the ringworm. He should have two caps made of a piece of old linen or calico, &c., one of these should be worn each day and at the end of the day placed in a saucepan of boiling water and boiled for ten minutes.

" The head should be washed with ordinary yellow soap and water three times a week ; the ointment (sulphur and salicin) given you at the Clinic should be applied to the whole of the scalp once daily.

" The child should have a separate towel, flannel, hair brush and comb, &c., and sleep in a bed by himself. After washing the child's head the mother should wash her hands carefully with soap and water.

" At about the end of three weeks the hair will begin to fall out ; care should be taken by greasing the head with the ointment that these hairs do not become scattered and cause ringworm in other children. The head should be kept greased with ointment until all the hair has come off in the places treated by the X-rays.

" By about the end of the third month the hair will, in most cases, have grown properly ; the child should be taken to the Senior School Doctor, and if he is satisfied that a cure has taken place, the child may leave his hat or cap off in school.

"The other children in the family should be carefully examined for any sign of ringworm ; in any case of doubt the School Doctors will be pleased to see the children on a Tuesday or Thursday at 2 o'clock (not in the holidays) and advise the parents.

"Children who have been treated with X-rays should come up on the Friday three weeks afterwards at 3.30 ; the next visit should be paid at the end of the next three weeks unless requested otherwise.

(Signed) "C. W. HUTT, M.D.,
"Senior School Doctor."

Clinics for aural discharge and minor diseases of the eye (not spectacle cases) are held on Mondays, Wednesdays and Fridays at 2 o'clock.

Children not in attendance at school (cases of acute conjunctivitis, phlyctenular conjunctivitis, severe degrees of marginal blepharitis, ear discharge passing beyond the bounds of the external auditory meatus, or very offensive in character) are seen at each successive clinic ; otherwise children with aural discharge attend on an average twice a week ; slight cases of marginal blepharitis attend once weekly.

In cases where parents of children suffering from aural discharge do not attend at the Clinic, a printed card is sent asking them to obtain a sixpenny glass syringe and to syringe either ear three times a day with water that has just been boiled.

In the event of parents neglecting to carry out the syringing, the cases are referred to the Children's Care Committee, by whom a visit is paid to the house to persuade the parents to carry out their part of the treatment. In cases of poverty, syringes are lent to the parents. At the Clinic the treatment by peroxide of hydrogen is carried out. The ear is mopped out by swabs of cotton wool on a metal carrier ; drops of hydrogen peroxide (20 vols.) are introduced by means of a dropper while the child holds the head on one side so as to allow the liquid to percolate into the tympanic cavity. After the elapse of several minutes the pus, epithelial débris, &c., are removed by mopping ; the process is repeated until the ear is thoroughly cleansed.

The parents of children with aural discharge presenting signs of enlarged tonsils or adenoids are advised to allow an operation for their removal.

In cases of phlyctenular conjunctivitis, after the eyes have been bathed with boracic lotion, yellow oxide of mercury ointment (2 grains to the ounce) is introduced into the conjunctival sac ; for use at home the parents are given boxes of this ointment and boric crystals, which have directions for making the lotion on the label. In phlyctenular keratitis an ointment containing 2 grains of yellow oxide of mercury and 4 grains of atropin to the ounce is used, together with boracic lotion.

An ointment containing 2 grains of zinc sulphate to the ounce is used in cases of angular conjunctivitis.

Marginal blepharitis is treated by means of sodium bicarbonate lotion and yellow oxide of mercury ointment.

Defective Eyesight.—The names, addresses and school of children suffering from defective eyesight are kept in a register ; a printed form is sent out to the parent on Monday mornings asking them to attend on the following Friday evening at 5 o'clock to arrange about the examination of their children's eyesight.

The parents are given atropin ointment with directions as to its use ; the children are at the same time given a form to give to the Head Teacher, so that the children should not be asked to read, write or sew, &c.

Copies of these forms are given below :—

Letter sent to Parent.

" Medical Department School Clinic,
" 7, Gloucester Place,
" Brighton.

Date.....19

" DEAR MADAM,

" In reference to your child..... eyesight requiring attention, I should be obliged if you would call at the above address on Monday evening next..... at 5 o'clock, when arrangements can be made for treatment by the School Doctor, or if you have already obtained treatment, would you kindly let me know by letter or calling at the time mentioned above. Please bring this letter with you.

" I am,
" Yours faithfully,
" C. W. HUTT, M.D.,
" Senior School Doctor.

" Mrs.....
.....
" Brighton."

Instructions given to Parent.

" Medical Department, School Clinic.
" 7, Gloucester Place,
" Brighton.

" *Eye Clinic.*

" The child is to be brought to the above address at.....a.m. on.....

The Ointment is to be used as follows :—

" Pull down the lower lids of both eyes and put in a piece of ointment the size of a small pea by means of a clean match stick with the head broken off.

" The eyes should be kept closed for five minutes after each application.

" This must be done three times a day for three days before the child comes up to have the eyes tested, as well as on the same morning.

" The black of the eye will become very large and the child's sight be somewhat dim if the ointment is applied properly.

" You should not use the ointment after the eyes have been tested at 7, Gloucester Place unless you are especially told to do so.

" Please bring this notice with you.

(Signed) " C. W. HUTT,
" Senior School Doctor."

Form for Head Teacher.

" Medical Department, School Clinic,
" 7, Gloucester Place,
" Brighton.

" *Eye Clinic—7, Gloucester Place.*

" *This Form is to be shewn to the Head Teacher.*

" *Name of Patient*.....

" *Date*.....

" The vision of this child is at present being examined. Please notice the pupil of the eye : if this is at all large the child will be unable to see objects close at hand plainly, and should not do any reading, writing (including written arithmetic) or needlework.

" This condition will gradually pass off in between two and three weeks, when the child may resume ordinary work and will have been provided with spectacles, if these are necesssary.

" The child has been asked to attend here on..... in the morning.

" C. W. HUTT,
" Senior School Doctor."

The Refraction Clinic is held on Friday and Saturday mornings ; in the event of the child's eyes not being sufficiently under the influence of atropin, drops of a solution of homatropin 1 per cent and cocaine 2 per cent. in castor oil are instilled into the eyes at the Clinic ; this is, however, a lengthy procedure and it is to be hoped that the necessity for its use will not often arise.

After the examination of the eye by retinoscopy, those children who can read are asked to attend again in a fortnight's time, when they read the test-type with the aid of different lenses. The prescriptions for the spectacles are written on special cards ; these are taken to the Education Office, where an order is given which enables the spectacles to be obtained from a certain optician with whom a contract has been made for the supply of spectacles at a cheap rate. The prescriptions are returned by the optician to the School Clinic, where they are kept in a card index. If the child attends again on account of breakage or loss of spectacles, or because his parent considers the spectacles are not suitable, the record of the prescription given before is very useful.

A copy of the reverse of prescription card is given below :—

REVERSE.

DIRECTIONS TO PARENT.

Please take this card between the hours of 9.0—1.0 *and* 2.30—5.30 (*Saturdays* 9.0—1.0 *only*) *to Mr. Hartt, Children's Care Department, at the Education Offices,* 54, *Old Steine* (*next Y.M.C.A.*).

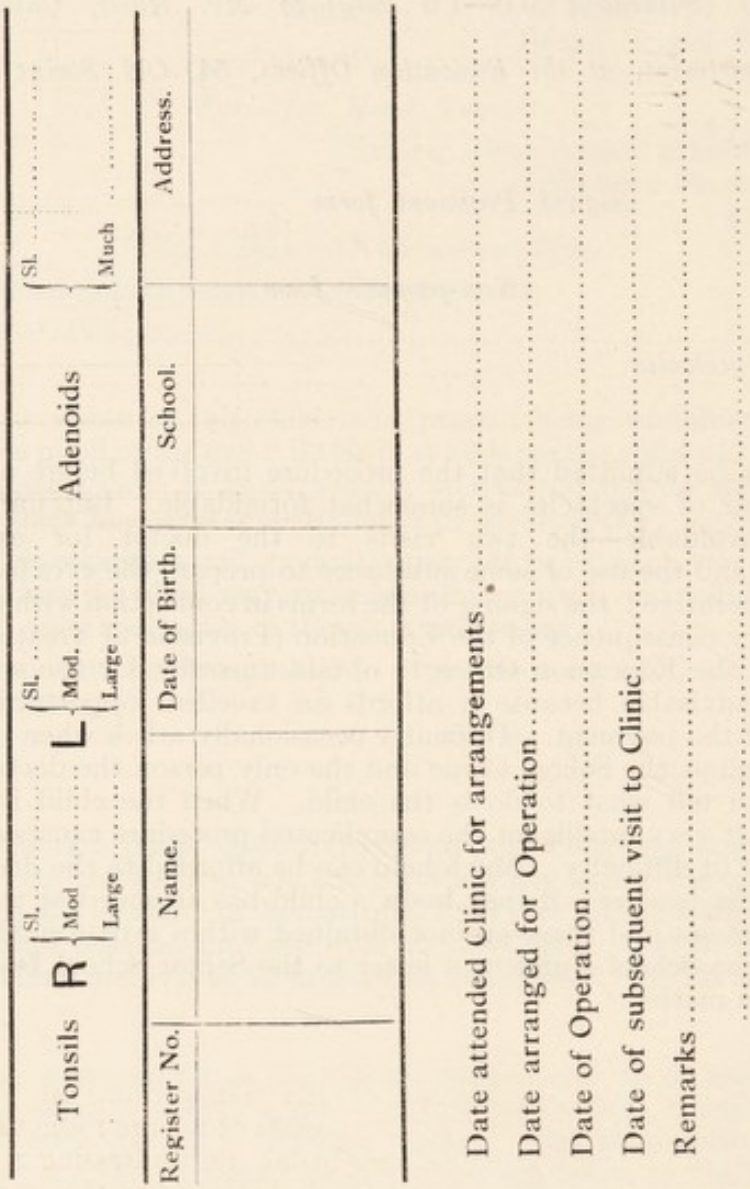
Signed Payment form.....

Non-payment form.....

Cost of Spectacles.....

It must be admitted that the procedure involved before a child can obtain a pair of spectacles is somewhat formidable. But unfortunately this is unavoidable—the two visits to the doctor for examination of the eyes, and the use of some substance to prepare the eyes for examination, are imperative ; the signing of the forms in connection with payment is the necessary consequence of the Education (Provision of Treatment) Act ; the visit to the Education Office to obtain an order for the spectacles is considered advisable because it affords an excellent opportunity for the collection of the payment. Difficulty occasionally arises when the parents do not attend at the School Clinic and the only person the doctor actually sees and can tell what to do is the child. When the child is of tender years and not very intelligent the complicated procedure causes a considerable amount of difficulty. Much help can be afforded to the doctor in this respect by the teacher ; if they know a child has attended at the Clinic to obtain spectacles and these are not obtained within a reasonable time, an enquiry of the School Nurse or a letter to the Senior School Doctor would expedite the matter.

Enlarged tonsils and adenoids.—The names, addresses and school of children suffering from these defects are kept in a register: letters to the parents are sent out from the Clinic on a Monday morning, asking them, if their children have not already received medical attention, to attend at the Clinic on a certain Friday evening at 5 o'clock, when full details of the case are recorded on a special card, a copy of which is given below :—



Tonsils R { Sl. ..... Mod ..... Large ..... } L { Sl. ..... Mod. ..... Large ..... } Adenoids { Sl. ..... Much ... . }

Register No.	Name.	Date of Birth.	School.	Address.

Date attended Clinic for arrangements.....

Date arranged for Operation.....

Date of Operation.....

Date of subsequent visit to Clinic.....

Remarks ....

.....

Symptoms.	Before Operation	After Operation
Date		
Snoring		
Mouth Breathing ..		
Frequent Colds ..		
Deafness		
Aural Discharge ..		
Nasal Discharge ..		
Speech Defects ..		
Frequent Cough ..		
Frequent Sore Throat		
Sickness		
Diarrhœa		
Mental Dullness ..		
Night Terrors ..		
Enuresis		
Teeth Grinding ..		
Nervousness ..		
Height ..		
Weight ..		
Other Notes ..		

Signs.	Before Operation	After Operation
Date		
Cervical Glands ..		
Tonsils		
Nasal Obstruction		
Palate		
Other Signs ..		

Notes at Operation.	
T.—R ..	
L ..	
Ad. ..	

Notes at subsequent Visit.

The operations are performed at the Sanatorium on Wednesday mornings in an Isolation Block, which consists of a large room used for the operation and another room containing beds; an undressing room and a W.C. are also provided. The parents and children use the waiting room attached to an unused Discharge Block. The anaesthetic used is a mixture of two parts of chloroform with three parts of ether and is given on a Skinner's mask, a piece of flannel, thoroughly shrunk by boiling, being used instead of lint. The children are seen on Monday evenings at 5 o'clock, ten days after the operation.

Copies of the directions given to parents, the pamphlet given to parents of mouth breathers and the letter sent to the Head Teachers of the children are given below :—

" Register No..... *Date*.....19.....

" DIRECTIONS TO PARENTS IN CASES OF ENLARGED TONSILS AND ADENOIDS OR BOTH.

" Please bring your child.....to the Sanatorium, Bear Road, at 9.30 o'clock in the morning on.....

" A tablespoonful of castor oil should be given on the morning of the day before the operation : he or she should have a bath on the evening before the operation.

" The child should have a light breakfast not later then 7 a.m., consisting of tea and dry toast sopped in tea, and nothing to eat afterwards.

" The child should be given nothing to eat or drink until six hours after the operation, when he may have milk and soda water or cold milk puddings. The next day he should have slops ; on the third day ordinary food.

" The child in the ordinary way should return to school on the fifth day after the operation.

" It is very important in those cases where the child is in the habit of breathing through the mouth instead of through the nose, that they should learn to breathe properly through the nose,

" Simple directions as to what to do in those cases are given on another pamphlet.

" Please bring your child after the operation to see the School Doctor at 7, Gloucester Place, on..... at.....

(Signed) " C. W. HUTT,
" Senior School Doctor."

Pamphlet.

" School Clinic,
" 7, Gloucester Place,
" Brighton.

" *Mouth Breathers.*

" DEAR SIR, OR MADAM,

" Your child.....has developed the bad habit of breathing through the mouth instead of through the nose. As this habit is directly responsible for a great deal of throat and chest trouble, and makes the child more liable to scarlet fever and diphtheria, you are strongly advised to adopt the following measures, which, if *regularly* carried out, will cure this condition. In cases in which mouth breathing is caused by adenoids (growths at the back of the nose) and enlarged tonsils, the same exercises should be carried out daily for six months at least after operation. By these means a return of these growths is prevented. The nose *warms* and *filters* the air which is breathed in.

" The child should also be taught how to blow the nose properly, and should always be made to keep the nose clean ; he or she should always be provided with a handkerchief.

" *The Exercises.*

" 1.—These should be performed for 10 minutes every morning immediately on rising from bed, and for 10 minutes every evening before going to bed.

" 2.—While the exercises are being done the windows of the bedroom should be open, and there should be as little clothing on the chest as convenient. The nose should be properly blown if necessary so as to leave a clear passage for the air to enter.

" 3.—The child should stand in the position of ' attention,' with the lips closed.

" 4.—The child should then breathe in through the nose, *slowly and deeply*, so as to fully expand the chest. The chest is then emptied by breathing out quietly and steadily through the nose. This should be done at least 100 times morning and evening.

" 5.—After the child has absolutely mastered the above exercise, the same movements with simple movements of the arms may be carried out as though in school.

" During the day the child should, when necessary, be told to shut the mouth.

" I am,
" Yours faithfully,
" C. W. HUTT, M.D.,
" Senior School Doctor."

Form for information of Head Teacher.

" Medical Department, School Clinic,
" 7, Gloucester Place,
" Brighton.

" Date.....19.....

" DEAR SIR, OR MADAM,

" I beg to say that it has been arranged for.....to have an operation for enlarged $\frac{\text{adenoids}}{\text{tonsils}}$, on..... It is not expected that $\frac{\text{he}}{\text{she}}$ will be able to return to school at the earliest until the elapse of four days, including the day of operation.

" If the child has previously breathed through the mouth it would be of great service if you would be so kind as to see that this habit is checked as much as possible and that the child keeps the nose clean care being directed to this immediately before deep breathing exercises to which special attention should be given in these cases.

" I am
" Yours truly,
(Signed) " C. W. HUTT,
" Senior School Doctor.

" The Head Teacher.
.....Dept.
.....School."

If required, beds are available in the isolation block mentioned.

It has only been found necessary in one instance to keep the child in Hospital for the night; this was in the case of a boy of 8 years of age, in which, after removal of enlarged tonsils, profuse haemorrhage occurred from the tonsillar bed of the right tonsil; the child was re-anaesthetised, pressure applied for forty-five minutes by means of a piece of cotton wool soaked in adrenaline solution at the end of a pair of long artery forceps. The child, although somewhat collapsed after the haemorrhage had been controlled, was well enough to return home the next morning.

The children operated upon have all been seen before return to school and no case of late haemorrhage has been reported.

Treatment Apart from the School Clinic.

This is obtained from the hospitals and dispensaries, and from the private practitioner.

Other agencies, such as the local branch of the Guild of the Brave Poor Things and the Brighton Invalid Children's Aid Association (formed 1910) are available for help in certain cases.

As mentioned elsewhere it would be of considerable service to the ailing school children if a voluntary agency were to undertake the collection and distribution of Hospital and Dispensary letters to suitable cases.

(*h*) The Education of Defective Children.

Physically Defective.—No special arrangements at present exist for the special education of this group. A few children have been accommodated in the ordinary elementary schools. The necessity for the provision of a special school was dealt with in a report made in 1910.

Epileptics.—There are at present six children in residential institutions, approved by the Board.

Deaf and Dumb.—Two children at present receive instruction in the local institution for the Deaf and Dumb, and one at the Royal Institution for the Deaf, Margate.

Blind.—Eleven children are receiving education in the Barclay Home or the Blind Asylum in Brighton.

Mentally Defective.—The Trafalgar Street special school for mentally defective children was opened in 1898, for children whose ages range from 5 to 16 years.

The facts relating to attendance, &c., are as follows :—Accommodation : 40, average number on roll for 1913 : 43.

Attending January, 1913	44
Admitted during 1913	19
Left during 1913	17
Attending December, 1913	46

It has been stated before that the accommodation is very inadequate, especially considering the number of children who are awaiting admission.

The instruction given is largely practical, and handwork occupies the larger portion of the time-table.

A small garden is now available for the teaching of gardening ; it will also be utilised for organized games and open-air teaching.

From the boys in attendance at the school, ten were selected by the Senior School Doctor to attend a course of swimming lessons at Brill's Baths ; the results were eminently satisfactory.

Shoe-repairing and woodwork are taught to the older boys. Other subjects taught include :—

Simple cookery and kitchen work (to girls).
Needlework and knitting, cross-stitch and crochet (to older girls).
Basket and raffia work.
String work, *i.e.*, netting, macramé and knotting.
Bead work and kindergarten occupations.
Clay-modelling, drawing and brush-work.
Rug-making (plain and pattern).

There is in connection with the school an " After-care " Committee. From the social point of view, after care of the mentally deficient is even more important than special education, as it deals with the child at a more critical period of life from the moral standpoint.

The record of the children who have left the school during 1913 is as follows : —

Boys—

Three excused at 14 years of age to work ; two of these continued at the same employment ; the third has left Brighton.

Two left at 16 years of age ; one of these was in regular work when visited in December ; the other is employed at odd work.

One was sent by the Poor Law Guardians to Warren Farm School.

Three were transferred to Richmond Street Practical Class.

Two were admitted for purposes of observation ; of these, one proved to be ineducable, the other capable of instruction at an ordinary elementary school.

Girls—

Two left at 16 years of age ; one of them is capable of some house-work at home.

One left Brighton.

Three were admitted for purposes of observation and proved to be ineducable.

The Work of the After Care Branch Sub-Committee.

The After Care Committee has now been definitely made part of the official organisation of the Education Committee; it deals with the welfare of children after leaving the Trafalgar Street Special School for mentally defective and those children who have been educated by the Local Authority at various institutions, as indicated above.

Each case is visited at least twice a year. Reports are made, and notes entered on the "records," which are kept at the Special School.

The details of these records are given in tabular form below :—

After Care Statistics.

	Mentally Defective.		Blind.		Deaf.		Epileptic.		Totals.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys	Girls
Number under observation	64	36	2	2	5	...	3	4	74	42
Transferred to other Schools	19	9	...	...	...	...	...	...	19	9
Discharged through illness or unteachable	7	5	...	...	...	...	...	1	7	6
Deaths	3	3	...	...	1	...	...	1	4	4
Lost trace of ...	10	7	...	1	...	...	...	1	10	9
Institutions—										
Colony	1	...	...	...	...	...	...	...	1	...
Workhouse ...	2	...	...	...	1	...	...	1	3	1
Prison	...	...	...	...	...	...	...	...	...	...
Epileptic ...	...	...	...	...	...	...	1	...	1	...
Blind	...	...	...	...	...	...	...	...	...	...
Asylum ...	3	...	...	...	...	...	...	...	3	...
Other Institutions ...	2	3	...	...	...	...	...	...	2	3
Useful at home ...	5	6	...	...	...	...	...	...	5	6
Not useful at home...	1	2	1	...	...	...	...	...	2	2
Earning wages ...	11	1	1	1	3	...	2	...	17	2
Period under supervision	1906 to 1913.		1899 to 1913.		1897 to 1913.		1907 to 1913.			

The following list gives particulars of the nature of the employment of these children :—

Mentally Defective.

Boys— Errand boy ...	1	Road sweeper ...	1
French polisher	1	Cobbling ...	1
Tin worker ...	1	Odd work ...	2
House boy ...	3	Unknown ...	1
Barber's boy ...	1	*Girls*—Day girl ...	1

Blind—

Piano tuning	1 Boy.
Making Braille books for the blind	1 Girl.

Deaf and Dumb—

Boys—Shoe repairing	2
Fishing	1

Epileptic—

Boys—Work at coal shed	2

TABLE III.— *Numerical Return of all Exceptional Children in the Area.*

———		———	Boys.	Girls.	Total.
Blind (including partially blind).		Attending Public Elementary Schools.	16	17	33
		Attending Certified Schools for the Blind.	7	7	14
		Not at School	0	0	0
Deaf and Dumb (including partially deaf).		Attending Public Elementary Schools.	18	17	35
		Attending Certified Schools for the Deaf.	3	2	5
		Not at School	0	0	0
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools.	15	11	26
		Attending Certified Schools for Mentally Defective Children.	24	25	49
		Not at School	5	2	7
	Imbeciles.	At School	0	0	0
		Not at School	8	6	14
	Idiots.	———	1	0	1
Epileptics.		Attending Public Elementary Schools.†	33	23	56
		Attending Certified Schools for Epileptics.	5	1	6
		Not at School	7	12	19
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools.	55	44	99††
		Attending Certified Schools for Physically Defective Children.	0	0	0
		Not at School	5	1	6
	Other forms of Tuberculosis.	Attending Public Elementary Schools.	47	39	86
		Attending Certified Schools for Physically Defective Children.	0	0	0
		Not at School	9	9	18
	Cripples other than Tubercular.	Attending Public Elementary Schools.	33	32	65
		Attending Certified Schools for Physically Defective Children.	0	0	0
		Not at School	0	4	4
Dull or Backward.*		Retarded 2 years.	291	401	692
		Retarded 3 years.	104	114	218

* Judged according to age and standard.

† In addition three boys and three girls epileptic and mentally defective attend the Special School for mentally defective.

†† These include all cases notified by the School Doctors and other medical practitioners.

In the Annual Report for 1909 an account of a special investigation as to mentally deficient, dull, and backward children was given, and certain recommendations were made in regard to the provision of additional accommodation and training. These were as follows :—

1. Special (or practical) classes to be established, in various schools, for 250 children, intermediate between backward and mentally defective.
2. A special school to be provided to accommodate from 100 to 120 children who are mentally defective.
3. A school of the same size for the education of physically defective children.

(*i*) Instruction in Personal Hygiene and Temperance.

Definite instruction in Hygiene and Temperance, on the lines of the Official Syllabus issued by the Board of Education, is given in all of the 52 departments for senior children. In accordance with Circular 758 on the training of girls in infant care and home management, this branch of instruction has been correlated as far as possible with other school work, and in many departments a practical and systematic training is given, based on the scheme described in "Home Management" (Chambers & Co. : Wilena Hitching). This has been energetically taken up by the Head Teachers in many Girls' Departments, and is looked upon as a most important branch of the older girls' education.

Municipal School for Home Training and Model Home.

This school, which was opened in September, 1910, provides a thorough training in domestic work for girls who have just left elementary schools, with practical work in a Model Home ; a full account of the method of working and curriculum was given in the Report for 1910. It has proved very successful, and is now well attended by girls leaving the elementary schools at the age of 14.

Instruction in Cookery.—All girls of 11 in Standard IV. and upwards receive two courses of instruction in cookery during the last three years of school life ; each course represents 100 hours instruction half of which is spent in practical work. There are six centres, which are admirably equipped and managed, for such instruction.

A full description of the physical exercises and organized games is given in the Annual Report for 1911.

During 1913, 479 boys and 269 girls were taught to swim out of a total of 1,193 boys and 819 girls attending for instruction.

Playground classes have been held in certain of the schools during 1913.

Different classes in rotation have been taught in the playground throughout the whole year in two departments ; in the summer months in 19 : when the weather permits in 19 : occasionally in six. A class comprised of the same children has been taught in the playground throughout the summer in three departments.

WORK IN CONNECTION WITH THE EDUCATION (PROVISION OF MEALS ACT), 1906.

In the Report for 1908 a short history of the movement and the administration and organization were discussed.

The menus are given below ; Irish stew was provided twice a week last winter, instead of once a week as in the previous winter.

Winter Menu.

Monday	... ...	Irish stew and one piece of bread.
Tuesday	... ...	Raisin or currant pudding, and bread and dripping.
Wednesday	... ...	Pea-soup and 8 ounces of bread.
Thursday	... ...	Irish stew and one piece of bread.
Friday	... ...	Bean soup and bread.

Summer Menu.

Bean soup and bread.
Currant bread and butter.
Raisin or currant pudding, and bread and dripping.
Bread and butter and banana.
Pea-soup and bread.
Water is allowed with the meals in the summer.

The powers conferred upon the Local Education Authority under the Education (Provision of Meals) Act, 1906, are limited to the expenditure of monies from the rates for the purpose of feeding children who are in attendance at public elementary schools, and who are unable by reason of lack of food to take full advantage of the education provided for them. At the end of the December school term, it was found that there were 342 children on the feeding list, so in order to be enabled to make some provision for the adequate feeding of these children during the period the schools were closed for the Christmas holidays, the Education Committee made application to the Brighton Town Council for a grant from any available funds for the purpose of providing free breakfasts to the children whose names were on the canteen feeding list. The Council made a grant of £25 from the unappropriated income of the Hedgcock Trust Estate, in order that the breakfasts might be given, and a meal of cocoa, milk and buns was provided from the 29th December, 1913, to the 7th January, 1914, inclusive. The meals were served at the Richmond Street and Elm Grove Feeding Centres, and the following figures shew the number of children fed and the number of meals supplied :—

	Feeding Centre.		
	Richmond Street.	Elm Grove.	Totals.
Number of children on feeding list	237	105	342
Average per day	151	75·5	226·5
Total number of breakfasts...	1209	604	1813

For the statistical purposes the records of the financial year 1911-1912 are available.

	1907-8	1908-9	1909-10	1910-11	1911-2	1912-3
Actual number of children who have received any free meals during the year	1213	1427	902	1050	1070	969
Total number of meals ...	86202	113490	64246	76701	62644	73596
Penny tickets sold ...	2409	1234	2355	3679	3891	2060
Average number of free meals granted per day :—						
Summer session ...	98	257	250	219	342	484
Winter session ...	620	844	450	491		
Highest number of meals granted per day... ...	805	1097	700	650	626	580
Lowest number of meals granted per day... ...	82	187	221	203	104	120

Total net cost of food supplied ... £240 12 1

Average cost of food per meal ... ¾d.

Children from 20 of the 32 schools have received meals ; the percentage of children thus fed to the number of children on the books of the elementary schools is 5·2 per cent. (1908-9=8 per cent. ; '09-'10=5 ; '10-'11=5·9 ; '11-'12=5·8).

The following table shews the percentage of children granted meals to the number on the books for groups of schools :—

Per cent. of Children granted Meals.	No. of Schools. 1908-9.	1909-10.	1910-11.	1911-12.	1912-13.
30 per cent. and over...	1	—	1	1	—
20 ,, ,, ...	4	1	1	—	1
10 ,, ,, ...	7	6	7	9	5
Under 10 per cent. ...	15	15	13	14	14

Of the 969 children who received any Free Meals, 491 were recommended by the School Doctor on medical grounds ; 478 were not recommended by the School Doctor, but were fed on economic grounds.

As in past years all children nominated for free meals are weighed and measured by the School Nurses ; any child presenting an abnormal appearance is referred to the School Doctors. Entries are made on the appropriate cards as to whether the weight of the child is above or below that of the average Brighton child for its height ; if any signs of malnutrition are present the fact is noted on the cards.

The Watching List has been resumed : this includes children about whom the Canteen Sub-Committee feel in doubt for any reason as to the advisability of the provision of meals. All such children are fed at once, arrangements being made for a subsequent re-examination by one of the School Doctors when a medical report is submitted to the next meeting, the matter coming up automatically for re-consideration.

PREVENTION OF CRUELTY TO CHILDREN ACT, 1904.

The duties under this Act (formerly carried out by H.M. Inspector of Factories) are to see that all restrictions and conditions endorsed upon the licences granted by the Magistrates to permit children to perform in places of public entertainment are properly complied with.

35 children were licensed during 1913, 32 girls and three boys.
Nine girls were employed as singers and dancers, 20 as child actresses and three as musicians.

The three boys were employed as child actors.

The ages of the children were as follow :—

14	aged	13	years.
10	,,	12	,,
8	,,	11	,,
3	,,	10	,,

The hours to which children were licensed were :—

8	children, till	11 p.m.
9	,,	,, 10.45 p.m.
4	,,	,, 10.30 p.m.
11	,,	,, 10.15 p.m.
3	,,	,, 10.0 p.m.

Two managers were cautioned for exceeding the time by ten minutes ; these complied with the licence during the remainder of the engagement. Two managers were cautioned in respect of non-attendance at school. One child, whom I was sent for to see in school appeared to be very ill and was medically examined, and particulars were sent on to the authorities of the town to which she was proceeding to perform in the following week.

EMPLOYMENT OF CHILDREN ACT.

Lists of children employed in shops have been supplied twice during the year.

The following table gives the total number of names submitted on the two lists during 1913 :—

School.	Boys.	Girls.	School.	Boys.	Girls.
All Souls'...	30	12	Brought forward ...	816	76
Central	81	6	St. Mary's...	25	1
Christ Church	—	—	St. Paul's	23	2
Circus Street	26	6	St. Martin's	30	—
Ditchling Road	100	1	St. Joseph's	15	—
Elm Grove	64	—	St. Luke's Terrace ...	89	—
Finsbury Road	58	33	St. Mark's	33	4
Hanover Terrace	75	6	St. John's	41	5
Lewes Road	40	1	St. John the Baptist ...	8	3
Loder Road	55	—	St. Bartholomew's ...	51	—
Middle Street	44	—	St. Stephen's	37	—
Pelham Street	101	4	Stanford Road	84	—
Park Street	47	—	St. Margaret's	—	2
Preston Road	66	7	St. Mary Magdalene's ...	8	—
Richmond Street	29	—	Coombe Road	18	22
Carried forward ...	816	76	Total	1278	116

The introduction of new Bye-laws in June made a considerable difference in the conditions of employment of children. These alterations are set out below :—

Bye-law 1. The age under which a child may not be employed is increased from 10 years to 12 years, but a person is not to be liable to a penalty under this Bye-law if he shews that the employment was of a light and casual nature and of short duration.

Bye-law 3. The maximum number of hours during which a child liable to attend school full time may be employed on any school day is reduced from 4 hours to 3. A new regulation is made limiting to 8 the hours during which a child who is liable to attend school full time may be employed on any one day when the school is not open. The hours of employment in the case of the delivery of milk in the morning will be from 6.30 to 8 a.m. instead of from 6 to 8 a.m. as at present, and in the case of the delivery of newspapers in the morning from 6.45 to 8.15 a.m. instead of from 6.30 to 8.30 a.m., and in the evening from 6.30 to 8 p.m. instead of from 6.30 to 8.30 p.m.

Bye-law 5. The employment of a child on Sunday is prohibited, except for a period not exceeding 3 hours between 7 a.m. and 1 p.m.

Bye-law 7. The age under which boys are prohibited from street trading is increased from 12 to 14 years, except in the case of boys who at the time of these Bye-laws coming into operation are over the age of 12 years and are at that date engaged in street trading.

Preparatory to the introduction of the new Bye-laws copies of the proposed alterations were served on 650 employers and at 619 home addresses of children.

243 written notices were sent to employers found contravening the Bye-laws, the greater part of which was for employing children under 12 years of age contrary to the new Bye-law.

380 day and 137 night inspections were made. The irregularities were generally rectified immediately on the employers' attention being called to them.

One prosecution was taken for employing a child in a Picture Theatre after 9 o'clock at night.

1909	...	1,917	children employed,	429	offences	(22 per cent.).
1910	...	1,948	,,	332	,,	(17 per cent.).
1911	...	2,069	,,	271	,,	(13 per cent.).
1912	...	1,925	,,	158	,,	(8 per cent.
1913	...	1,394	,,	244	,,	(17 per cent.).

The increase in the number of offences is due to the new Bye-laws not being sufficiently known.

MEDICAL INSPECTION IN THE MUNICIPAL SECONDARY SCHOOLS, 1913.

A. *Boys' Department* :—

Number on Roll	614
Average Attendance	570
Total number examined	559

The following tables give a comparison of the average height and weight of Secondary School Boys contrasted with Elementary School, Public School and the general average for the country ; the boys in the Secondary School are weighed in gymnastic costume, the height is taken without shoes.

WEIGHT in Kilograms.

Age.	Number Recorded.	Secondary School, 1913.	Elementary School.	Deficiency or Excess.	Public School.	Deficiency or Excess.	General Population.	Deficiency or Excess.
9	23	28·22	24·8	-3·42	—	—	27·4	- ·82
10	33	31·14	26·0	-5·14	30·6	-·54	30·6	- ·54
11	51	31·9	29·2	-2·7	33·1	+1·2	32·7	+ ·8
12	95	34·4	31·9	-2·5	36·4	+2·0	34·8	+ ·4
13	106	38·1	33·6	-4·5	40·2	+2·1	37·4	- ·7
14	99	41 9	38·3	-3·6	45·0	+3·1	41·8	- ·1
15	90	48·48	—	—	50·2	+1·72	46 6	-1·88
16	40	53·6	—	—	58·2	+4·6	54·0	+ ·4
17	10	52·46	—	—	64·2	+11·74	59·4	+6 94

HEIGHT in Centimetres.

9	23	133·1	126·2	-6·9	—	—	126·2	-6·9
10	33	138·4	129·7	-8·7	135·6	-2·8	131·6	-6·8
11	59	140·5	134·4	-6·1	139·4	-1·1	135·8	-4·7
12	164	143·96	140·1	-3·86	144·6	+ ·76	139·6	-4·36
13	109	149·8	143·5	-6·3	149·4	- ·4	144 5	-5·3
14	100	154·8	154·5	- ·3	154·8	·0	150·6	-4·2
15	90	161·75	—	—	160·8	- ·95	158·0	-3·75
16	40	166 2	—	—	168·8	+1·8	163·4	-2·8
17	10	166·5	—	—	172·0	+5·5	168·2	+1·7

NOTE.—1 Kilogram = 2·2 lbs. 1 Centimetre = ·4 in.

B. *Girls' Department* :—

No. on roll	386
Average attendance	362
Total number examined	378

MUNICIPAL SECONDARY SCHOOL FOR GIRLS.

WEIGHT (Kilograms).

Age.	Total Ex. Secondary School.	Secondary School, 1913.	Elementary Schools.	Deficiency or Excess.	Public School.	Deficiency or Excess.	General Population.	Deficiency or Excess.
9	9	26·2	24·8	−1·4	—	—	—	—
10	14	30·2	26·1	−4·1	31·3	+1·1	28·1	−2·1
11	28	32·2	28·4	−3·8	36·0	+3·8	30·9	−1·3
12	66	35·1	33·4	−1·7	39·1	+4·0	34·7	− ·4
13	84	41·2	35·3	−5·9	43·0	+1·8	39·5	−1·7
14	74	44·0	40·0	−4·0	47·8	+3·8	43·8	− ·2
15	65	49·6	—	—	50·5	+ ·9	47·6	−2·0
16	23	51·5	—	—	52·8	+1·8	51·2	+ ·2
17	9	53·5	—	—	—	—	52·2	−1·3
			HEIGHT (Centimetres).					
9	9	126·8	126·2	− ·6	—	—	—	—
10	14	136·1	129·0	−7·1	135·6	− ·5	129·8	−6·3
11	28	143·2	133·8	−9·4	141·5	−1·7	134·8	−8·4
12	66	143·6	141·9	−1·7	147·3	+3·7	141·5	−2·1
13	84	148·9	144·6	−4·3	151·3	+2·4	146·8	−2·1
14	74	153·5	147·6	−5·9	154·4	+ ·9	151·8	−1·7
15	65	157·7	—	—	158·9	+1·2	154·8	−2·9
16	23	159·0	—	—	159·9	+ ·9	156·8	−2·2
17	9	158·5	—	—	—	—	158·8	+ ·3

NOTE.—1 Kilogram = 2·2 lbs. 1 Centimetre = ·4 in.

Vision.

The vision of all the children in attendance in both Boys' and Girls' Departments was tested.

Snellen's test types were used ; the vision of the boys was tested in the first place by Mr. Chrishop, that of the girls by Miss Colson ; both of these teachers give the instruction in gymnastics. The following classes of boys and girls were referred by them for further examination by the Senior School Doctor :—

1. Any not able to read the whole of the $\frac{6}{12}$ line.
2. Those wearing spectacles.
3. Those with obvious defects such as disease of the lids, &c.
4. Those complaining of headache, especially if felt in the forehead.

The results of the inspection are as follows :—

Boys—

Number tested by Mr. Chrishop	559
Number inspected by the Senior School Doctor ...	47
Number of boys whose glasses required strengthening or repair	2
Number of boys advised to wear their spectacles constantly	2
Number of boys further examined at School Clinic	1
Number of boys in whose case letters were sent advising their parents that the eyesight required further examination (vision less than $\frac{6}{12}$ with both eyes together)	9

Girls—

Number tested by Miss Colson	378
,, inspected by Senior School Doctor ...	124
,, of girls whose spectacle frames required alteration	1
Number of girls advised to wear their spectacles constantly	4
Number of girls with ciliary blepharitis	1
,, ,, with slight epiphora	1
,, ,, in whose case letters were sent advising their parents that the eyesight required further examination (vision less than $\frac{6}{12}$ with both eyes together)	15

A considerable number of girls complained of headache; a definite instance of migraine was found.