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BOROUGH OF CHATHAM

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# ANNUAL REPORT

OF THE

MEDICAL OFFICER

OF HEALTH

FOR THE YEAR 1919



CHATHAM :

CLEMENTS BROS., MEETING HOUSE LANE,

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# BOROUGH OF CHATHAM



*To the Mayor and Corporation.*

GENTLEMEN,

In presenting my Annual Report for the year 1919, it is desirable to make some comments on the Sanitary history of your District during the period of the War, to record what has been accomplished, and to indicate the various directions in which further progress is needed.

The year 1919 represents a transition period occupied in recovery from altered conditions and curtailments of work, and in a reconstitution and readjustment of the normal activities of a Public Health Department. The primary necessity has been the making good of the compulsory neglect of the past five years, which has resulted in unprecedented conditions, especially as regards Housing accommodation. It has been possible to secure the improvement of some houses, because in spite of the obstacles of shortage of material, of high prices, and lack of labour, their condition was such as the render interference imperative.

As a whole the restrictions just named led to an entire suspension of all structural work.

The Social Changes ensuing during the war are of interest and importance. In areas of this character devoted to Naval and Military work, the beginning of the war witnessed a rapid increase of population by the constant advent of soldiers and sailors, and of dockyard employees. The majority of the importations were of the male sex, and barrack accommodation being insufficient, civil quarters had to be found for the men, pending the formation of camps and hutments. Then again the increased population of workers and fighters was augmented by their dependents—women and children. Housing Accommodation remained at a standstill, and the solution was found by a system of house sharing—the letting of one or more rooms, etc. The general result was overcrowding which could not be avoided. After a few months there was more accommodation for troops, and billeting only took place during the winter months. The congestion of human material in the district was evidenced in the streets, and in means of public transit, places of amusement, etc.



The possibilities of disease importation and transmission had to be considered, and satisfactory co-operation and internotification of infectious diseases was established with the Naval and Military Authorities. This system is still in force. The assistance of the Public Health Department was also given in connection with billeting—certain localities being entirely prohibited for this purpose and the number of men allotted to each house limited.

Many new problems were created by the dislocation of population, and one great feature of the war was the vast increase in the number of women workers, with its influence on homes and on children, many of these being undoubtedly neglected especially in the early stages of the change, and when the mother hitherto occupied in domestic duties was attracted by work of a higher remunerative value. There is also no doubt that the circumstances of the war had great influence on the development of Maternity and Child Welfare schemes. Other matters intimately concerned with Public Health have been the restrictions on the consumption of alcohol, the rationing of food, and the supervision of food supplies, new problems and relationships of infectious diseases, the effects of better wages, the deprivation of fats, and the long mental strain and anxieties of the conflict. Another war condition was the decline in the Birth rate, for reasons which are obvious.

The importance of combating venereal diseases has been recognised, and the war period saw the inauguration of Clinics for the free treatment of these diseases, and legislation for the suppression of quackery.

The experience gained in munition and other factories will be fruitful of benefit as regards improved conditions in workshops generally, and in provision for the Welfare and comfort of workers.

No matter in what direction we look, we find that the health of the people has a definite relation to economic conditions, to environment, and to habits.

Improved economic conditions lead to better feeding, better clothing and a generally improved standard of comfort but environment and bad habits tend to modify or annul these good results, because no living thing can develop satisfactorily unless it is properly housed, and unless it is reared in habits of order, regularity and cleanliness. Whenever there is poverty and insanitation you get increased sickness, increased mortality and what is of equal importance, a general deterioration of physique and of resisting power in the survivors.

This statement is almost mathematically accurate. If Local Authorities throw themselves whole heartedly into the work of rehousing the people—keeping steadily in view the need for



improving the public health—they will be amply rewarded by the better standard of health, the diminution of such diseases as are the outcome of insanitation, increased working power, and a lessened expenditure on institutional care.

The amount of preventable sickness, and the rate of mortality are both much lower than they were a few years ago, but are still too high. There are many factors at work, but improvement of all or any of them is dependent on improvement in housing, which must take precedence of all other measures.

I have urged this on many occasions, but it cannot be repeated too often, and its neglect will entail a grave responsibility.

The year which has just closed has seen the formation of the long talked of Ministry of Health, created with the object of unifying and co-ordinating administration in matters of Public Health, and having for its motto the extension of preventive measures which will promote health, rather than the provision of care and relief for diseases which need not have occurred if false economic ideas had not prevailed at the expense of health interest.

The Chief Medical Officer to the Ministry of Health has recently written the following words, which should be widely known:—

“ The Health Authorities all over the country—for counties, for great cities, for small villages are now called upon to exercise large duties on behalf of the physical life and capacity of the people. It is essential that they should have a clear and serviceable apprehension both of the problem of national health, and of the means of its solution ”

In a circular letter recently brought before the Council the Ministry has urged the necessity of giving the widest publicity to the Annual Reports of Medical Officers of Health on the ground that increase of public knowledge and interest in matters of health may become an effective means of educating citizens as the more important conditions of Public Health, of warning them against particular dangers, and of securing that highly important co-operation and confidence between them and the Health Authority and its Staff which is essential to successful health administration.

The epidemic of Influenza so prevalent and fatal in 1918 recurred in February, but the outbreak was of short duration and much less severe in character.

There were slight outbreaks of Measles in April and November, but with these exceptions there has been no prevalence of infectious sickness.

Matters of interest in regard to Maternity and Child Welfare Work, Venereal Diseases, Tuberculosis and Housing will be found under their appropriate headings.



The Council has invariably given careful and earnest consideration to the reports and suggestions I have put before it, and I feel sure that in matters which affect the Public Health it will continue to pursue an enlightened and progressive policy.

I desire to thank Mr. Coles Finch for supplying me with details of rainfall, Mr. Collard, Inspector of the Society for the Prevention of Cruelty to Children for his assistance in various cases I have referred to him, the Poor Law Officials, and especially Mr. J. Scrace for their ready help and co-operation, and lastly the members of my department for their loyal and assiduous services.

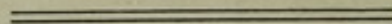
Your obedient Servant,

CHATHAM

J. HOLROYDE, F.R.C.S., D.P.H.

*March 18th, 1920.*

*Medical Officer of Health.*



## SUMMARY OF VITAL STATISTICS.

Area in Acres (inclusive of water) .....	4,443.298
"    "    (inland water only) ....	4.356
Population (Census, 1911) .....	42.250
Population (Civilians only) estimated by the Registrar General	
For Birth rate .....	40.038
For Death Rate .....	38.435
Births registered .....	876
Birth rate per 100,0 .....	21.8
Net Deaths registered .....	572
Death Rate per 1,000 .....	14.8
Zymotic Death Rate .....	0.7
Mortality from all forms of Tubercu- losis, including Phthisis .....	2.
Phthisis Death Rate .....	1.5
Infantile Mortality per 1,000 Births ...	95
Number of occupied houses .....	9614
Total Rates in the £ .....	15s. 4d.
A 1d. Rate produces.....	£700

## SPECIAL REPORTS TO COUNCIL

The following Special Reports have been made during 1919.

Insanitary Property and the provision of accom- modation .....	February 20
Housing—Selection of Sites, etc. ....	May 119th
Housing—Provision of temporary accommo- dation, and general housing conditions .....	August 18th
Maternity and Child Welfare—Provision of Lying in Home .....	October 20th
Supply of Milk to Expectant and Nursing Mothers, and Children under 5 years of age .....	October 25th
Measles and German Measles .....	December 8th
Sanitary Condition of open market, and re- commendations .....	December 15th



## A.—NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

### POPULATION.

At the Census of 1911—the population was 42250. An exact estimate of the present population is impossible, but taking into consideration its natural increase, and the amount of overcrowding owing to the joint occupation of dwellings by more than one family, my impression is that the population is about 47500. The Census of 1921 will solve the uncertainty which now exists. For the purpose of calculating Birth and Death rates the Registrar-general has issued estimates of population in every district, together with a memorandum explaining points on which misunderstanding may arise.

1. The numbers of Births and Deaths are those registered during the Calendar year, and are corrected for inward and outward transfers. They differ therefore from uncorrected figures compiled locally either for the Calendar year, or for 52 or 53 weeks.

2. The "death rate" population excludes all civilian males whether serving at home or abroad. Estimates are based largely on rationing returns supplied by the Ministry of Food.

The "birth rate" population is intended to include all elements of the population contributing to the birth rate, and consists of the death rate civilian population plus all non civilians enlisted from this country whether serving at home or abroad. This non-civilian element is distributed over all districts in the country in proportion to their estimated civil population.

3. The classification of some deaths is notified in the light of fuller information obtained after special inquiries, and may account for a slight discrepancy between the Registrar-General's and locally compiled returns.

The two populations for 1919 issued by the Registrar-General are :

For the Birth Rate	40,038
For the Death Rate	38,435

Compared with 1918 the Birth Rate population is less by 2169, and the Death rate population greater by 766.

### PHYSICAL FEATURES, GENERAL CHARACTER, SOCIAL CONDITIONS

The Borough of Chatham lies on the South Bank of the Medway, with Rochester on the North, and Gillingham on the East. The three towns form one long straggling area, of which Chatham



is the Centre. Thus situated it can only extend to the South East and South West. The district is very hilly in character with intersecting valleys, and many of the streets and roads have very steep gradients. The geological formation is chalk with a bed of brick earth in the Luton Valley, and a varying depth of overlying soil. There is plenty of open space in the district, which has had a beneficial counter effect to the close and ill-ordered dwellings and narrow streets which exists in the older parts of the town. Chatham is an important Naval and Military Centre, and has a very large Dockyard, which is the centre of its industrial life. The bulk of the inhabitants are dockyard employees, besides which there are soldiers and sailors, many pensioners, tradespeople, casual labourers, and a fair number of non-descripts, such as hawkers, general dealers, etc.

A large number of females are employed in the manufacture of ready made clothing, chiefly as outworkers.

## 1. – VITAL STATISTICS.

### BIRTHS.

The number of Births registered as belonging to Chatham during 1919 was 876.

Males	421	Females	455
Legitimate Births			818
Illegitimate Births			58
Birth Rate per 1000			21.8

The number of still Births was 34.

There have been considerable variations in the Birth Rate during the present century, with a marked tendency to decrease. During the war this was to be expected, There was a very marked fall in 1915, and the lowest known rate was reached in 1918. There are now indications that the Birth rate is again increasing.

During the period 1900 to 1909 (ten years) the average was 26.5 per 1000.

From 1910 to 1914 (5 years) it was 25.4 per 1000 and from 1915 to 1919 (5 years) it was 23.5 per 1000.

The following Table shows the natural increase of population that is, the increase of births over deaths in each division of the borough for 1919.



	Births	Deaths	No. of Births over Deaths.
St. Mary's Ward .....	196	113	83
Luton Ward .....	421	221	200
St. John's Ward ....	256	128	128
	<hr/>	<hr/>	<hr/>
Deaths in Institutions	873	462	411
		129	129
		<hr/>	<hr/>
		591	282

The nett result is an increase of Births over Deaths of 282.

### DEATHS.

There is a slight discrepancy between deaths actually registered and the return of the Registrar-General.

From the Registrar of Births and Deaths 559 certificates were received and there were 32 deaths transferred from other localities making a total of 591, as against 572 supplied by the Registrar-General.

Death Rate per 1000, 14.8



The following table supplied by the Registrar-General shows the causes of death, etc., for each sex.

Causes of Death in Chatham M.B. 1919 (Civilians Only)		Males.	Females.
	All causes .....	280	292
1.	Enteric Fever .....	2	1
2.	Small Pox .....		
3.	Measles .....		
4.	Scarlet Fever .....	1	
5.	Whooping Cough .....	4	4
6.	Diphtheria and Croup .....		2
7.	Influenza .....	13	9
8.	Erysipelas .....		
9.	Pulmonary Tuberculosis .....	32	28
10.	Tuberculous Meningitis .....	3	4
11.	Other Tuberculous Diseases .....	6	4
12.	Cancer, Malignant Disease .....	28	29
13.	Rheumatic Fever .....		
14.	Meningitis .....	1	2
15.	Organic Heart Disease .....	30	37
36.	Bronchitis .....	26	29
17.	Pneumonia (all forms) .....	20	13
18.	Other Respiratory Diseases .....	2	5
19.	Diarrhœa, etc. (under 2 years) .....	7	4
20.	Appendicitis and Typhlitis .....	1	2
21.	Cirrhosis of Liver .....	1	2
21a.	Alcoholism .....		
22.	Nephritis and Bright's Disease .....	3	5
23.	Puerperal Fever .....		3
24.	Parturition, apart from Puerperal Fever .....		2
25.	Congenital Debility, etc .....	19	15
26.	Violence, apart from suicide .....	4	2
27.	Suicide .....	6	
28.	Other Defined Diseases .....	70	88
29.	Causes Ill-defined or Unknown .....	1	2
	Special Cases (included above)		
	Cerebro Spinal Fever .....	1	1
	Poliomyelitis .....		
	Deaths of infants under 1 year of age		
	Total .....	48	36
	Illegitimate .....	6	2
	Total Births .....	421	455
	Legitimate .....	398	420
	Illegitimate .....	23	35
	Population { For Birth Rate,	40,038	
	{ For Death Rate	38,435.	



Table showing Deaths month by month in each division of the Borough.

Month	St. Mary's Ward.	Luton Ward	St. John's Ward.	Work-house.	Totals
January	8	17	16	15	56
February	20	33	16	17	86
March	11	25	5	12	53
April	10	24	13	15	62
May	6	16	10	11	43
June	3	12	6	4	25
July	5	8	9	13	35
August	2	12	3	12	29
September	6	7	10	8	31
October	14	16	12	6	48
November	7	17	6	7	37
December	16	19	10	9	54
Totals	108	206	116	129	559

### AGES.

The number of deaths at various ages was as follows :—

Under 1 year .....	83
1 and under 5 years .....	41
5 „ „ 15 years ....	26
15 „ „ 25 years ....	28
25 „ „ 65 years ....	186
65 years and upwards....	195

The number of uncertified deaths was.....17

„ „ death of illegitimate children was...14

### INFANTILE MORTALITY.

Total deaths under 1 year .....	84
Rate per 1,000 nett births .....	95

The averages for the quinquennial periods from 1900 are

1901-5 .....	150	} average of 4 years 90
1906-10 .....	117	
1911-1915 .....	115	
1916 .....	83	
1917 .....	100	
1918 .....	86	
1919 .....	95	

Of the total deaths under 1 year of age

- 42 or 50 per cent. occurred during the first month
- 12 or 14 per cent. occurred during the 1st and 3rd month
- 12 or 14 per cent. occurred during the 3rd and 6th month
- 13 or 22 per cent. occurred during the 6th and 12th month

The following Table shows the number of deaths under one year of age classified according to diseases

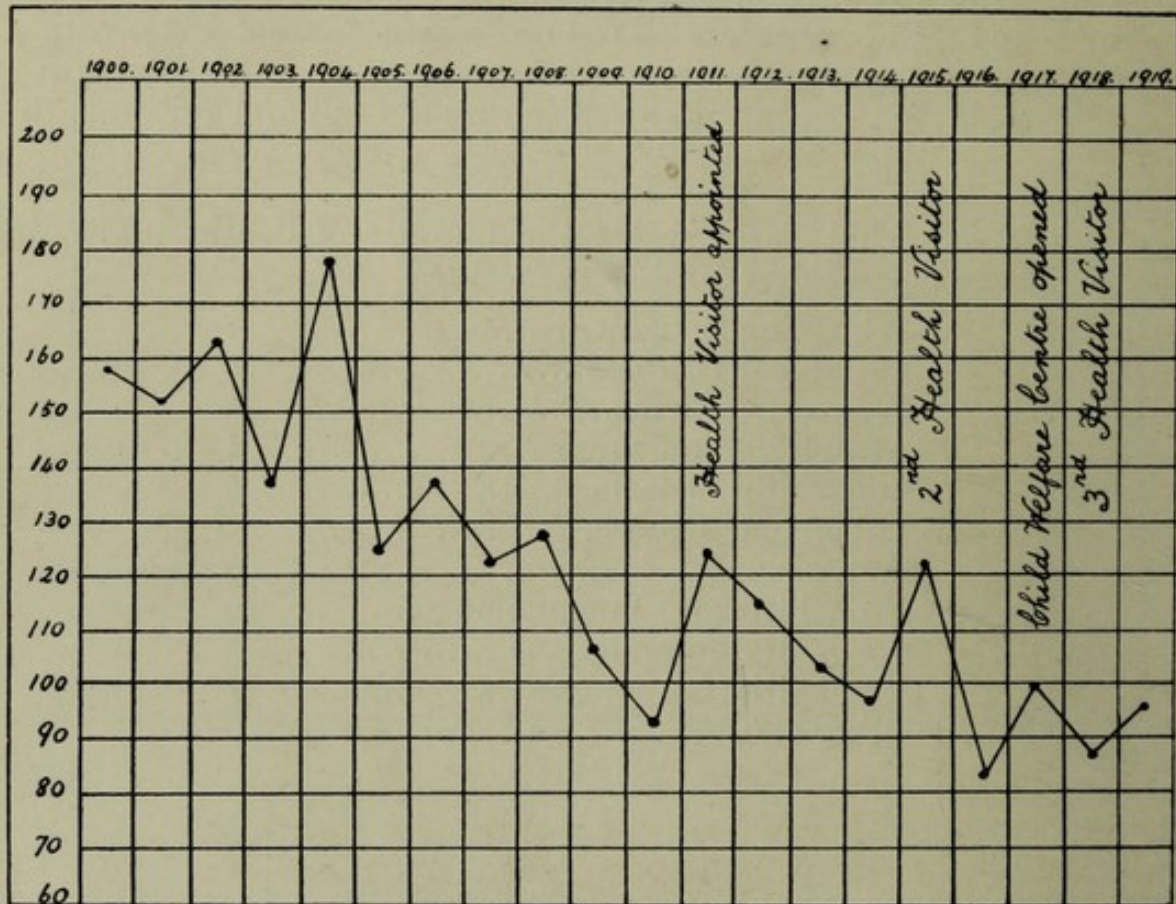
Whooping Cough.....	3
Diarrhoeal Diseases .....	9
Premature Births.....	25
Atrophy, Marasmus .....	4
Congenital Defects .....	5
Tubercular Disease .....	3
Convulsions .....	9
Bronchitis and Pneumonia .....	16
Congenital Syphilis .....	3
Meningitis .....	1
Other causes.....	6

Table showing Births, Deaths, and Infantile Mortality, Rates for the past 10 years.

Year	Birth Rate	Death Rate	Infant Mortality Rate.
1919	25.2	11.2	92
1911	26.3	15.8	127
1912	24.8	13.1	115
1913	26.	13.2	103
1914	25.	13.8	97
1915	21.	16.4	122
1916	24.9	15.	83
1917	22.5	15.5	100
1918	22.04	20.3	86
1919	21.8	14.8	95



Chart showing Infant Mortality per 1000 Births 1900 to 1919



The gradual reduction of Infant Mortality is well shown in the above chart.

### ORGANIC HEART DISEASE.

There were 67 deaths as against 69 in the previous year.

### CANCER.

From Cancer and other forms of malignant disease there were 57 deaths as against 46 in 1918.

### INFLUENZA.

From this cause there were 22 deaths. The subject is disclosed in the Section dealing with infectious diseases—page

### RESPIRATORY DISEASES.

Excluding Phthisis there were 95 deaths from these diseases. 69 of them occurred during the first 4 months of the year when the weather was wet and cold, and when there was a return of the influenza epidemic.



## **POOR LAW RELIEF AND HOSPITAL ACCOMMODATION.**

The Administrative Area of the Borough and of the Poor Law Authority is not the same, the latter including Gillingham, and a portion of Rochester. I am unable to obtain figures of the amount of Poor Law Relief in Chatham.

The Hospital accommodation in the district comprises the Poor Law Infirmary with 400 beds, 36 of which are allotted for Tuberculosis, 20 for children, and 8 for Maternity.

Two large Naval and Military Hospitals, and a General Hospital with 105 beds and a large out-patient department. This latter Institution ministers to the needs of a very large area, both Urban and Rural, and its accommodation is severely strained. The question of Hospital Accommodation is one which needs serious consideration, the supply of beds being inadequate for the needs of the district. The advantages of Hospital treatment are no longer confined to the necessitous poor, but are now largely sought by a class who some years ago would not have been considered eligible for it. Hospitals are rendering valuable assistance to Local Authorities, especially in regard to the treatment of defects found in school children, and referred from Child Welfare Centres. Payment is provided out of public funds for these cases, but otherwise revenue is derived from voluntary contributions. It is clear that unless this can be augmented, public funds must come to the rescue. With respect to provision of beds it is probable that a solution will be found by a transfer of beds now reserved solely for Poor Law Cases, to the general needs of the population, subject in some cases to payment. The Hospital provision for Infectious Diseases is described under that heading.

## **B.—SANITARY CIRCUMSTANCES OF THE DISTRICT.**

### **WATER SUPPLY.**

This is derived from deep borings in the chalk with additional headings or adits to increase the supply and is supplemented by a limited quantity of water from the lower greensand. There are three pumping stations, the principal and largest being in the Luton Valley, a smaller one at Capstone, and a third recently constructed at Snodhurst. The water is pumped into three storage reservoirs, two near the Rainham Road, and one at Bridgewood Gate on the Maidstone Road. Their joint capacity is over 9,000,000 gallons. The supply is constant and delivered at good pressure. Its chief defect is its hardness, but analysis shows it to be a satisfactory drinking water.



The Secretary of the Company has kindly favoured me with copies of the most recent Analysis (chemical and bacteriological). The samples were taken from house taps, and pumping stations. Analyses of four samples from various parts of the district are taken every six months.

The following are the most recent analyses of the water supply.

### CHATHAM WATER CHEMICAL EXAMINATION.

Chemical Analysis of a sample of water received November 20th, 1919. Marked "House Tap 19/11/19"

	Grains per Gallon.
Solids.....	26.32 (White in colour)
Chlorides .....	1.64 (2.7 Sodium Chloride)
Free Ammonia .....	.0013
Nitrate .....	.42
Nitrite .....	Nil.
Oxygen consumed ...	.004
Total hardness .....	17.3
Temporary hardness	15.5
Permanent hardness	1.8

The sample was clear, odourless, and nearly colourless. This water is quite satisfactory for supply purposes. It is free from organic matter and the mineral constituents have not appreciably changed since the previous analysis last July.

### BACTERIOLOGICAL EXAMINATION. November 3rd, 1919.

Four samples were taken from various parts of the district:—  
The results obtained with these four samples are as follows:—

	No. 1.	No. 2.	No. 3.	No. 4.
Organisms per c.c. at 200 C	17	9	13	30
ditto rapidly liquifying	1	less than 1	1	less than 1
ditto at 37.50 C.	2	1	less than 1	4
Coli Organisms	absent	absent	absent	absent
	30 c.c.	30 c.c.	30 c.c.	30 c.c.

The waters are in a satisfactory bacteriological condition for public supply.

### RIVER POLLUTION.

The River Medway receives a large amount of crude sewage, some from Civil establishments on its banks, but the greater proportion is from the Naval and Military Barracks, and the Dockyard, and from War and other vessels in the river.



## **DRAINAGE AND SEWERAGE.**

The main drainage of Chatham and Rochester is a matter of vital concern to the locality not only from a sanitary point of view, but because of its enormous cost. Prior to the war considerable progress had been effected by the Joint Sewerage Board. A site was acquired at Motley Hill, near Rainham, for the disposal of sewage, engineering plans were approved, arrangements were made to satisfy the rights and privileges of oyster fisheries, and various matters of finance had been adjusted. At present owing to the enhanced value and increased cost of materials and labour the problem is one of great difficulty and anxiety, nor does there seem any immediate prospect of its solution. Meanwhile a continuance of the cesspool system is inevitable. It is productive of nuisance, and it is not easy to cope with the constant requests for emptying. In order to deal more effectively with the increased work, additional plant has been purchased, including a new tractor. The saving of time and money is considerable, and will soon repay the increased capital outlay. The policy of the Council should be to provide the most up-to-date appliances for this work. An overflowing cesspool at the rear of a house is a serious menace to the health of the occupants, and a very pronounced form of nuisance. The chief danger to public health, from cesspools, lies in the risk of pollution of water supplies, the other disadvantages being the nuisance of overflowing and of emptying. Open privies are dangerous because of the flies which infest them, and which may carry filth into houses and on to food.

## **CLOSET ACCOMODATION.**

The types of sanitary convenience in use comprise water closets with flushing cisterns, closets with pans and traps for hand flushing, trough closets in use at schools flushed once or more daily, and open privies. Many of the latter which exist in the older parts of the town are grouped over one large privy pit, and contain several loads of excrement.

The approximate number of each type of closet is as follows :—

Closets with Flush.....	5115
Closets without Flush .....	2548
Open privies .....	1656
Pail Closets .....	45

## **SCAVENGING.**

The scavenging of a district includes the removal of refuse of every description, whether it is from the surface of the roads by street cleansing, or from houses or business premises. The whole



of this work is carried out by the Surveyor's Department with one exception. Fish Offal is removed by the Public Health Department in covered bins, collected daily in summer, three times a week in winter, and removed in a closed van. The bins, which are provided by the Council, and the interior of the Van, are cleansed daily after use. Household refuse is removed daily from the principal thoroughfares, from other parts of the town twice weekly. House holders store their refuse in all kinds of receptacles, the majority being unsuitable and unsightly. The vehicles in use are four wheeled wagons with metal covers, and two wheeled carts for which a canvas cover is used when full. The larger wagons are only suitable for use in streets of easy gradient. The two wheeled carts are large and cumbersome, and too high. Two men are needed for each cart, and the transfer of the contents of a refuse receptacle into the cart is on windy days an unpleasant procedure for passers by. A lighter type of vehicle slung low would greatly facilitate the work, and should not need two men.

The question of liability for the provision of proper covered receptacles of a character defined by the Bye Laws has always been productive of lively discussions at Council Meetings, but whatever difference of opinion may exist, or difficulties in regard to existing property, there should be no difficulty in requiring that every new house erected should be provided with a galvanised iron bin and cover.

### **DISPOSAL OF REFUSE.**

The refuse is deposited on a tip in the Pickle Valley situated on the outskirts of Luton. Of late years the size of the heap has greatly increased, partly due to a decreased use of the material for brickmaking. As long as this method of disposal is continued, it would be difficult to find a more suitable site than the present one, unless it were taken further away, which would materially add to the cost. Every precaution is taken to avoid nuisance. From the point of view of Public Health, the most satisfactory means of dealing with refuse is by a destructor, although I am not prepared to state that it is equally economical.

### **MANURE.**

Under Sections 49 and 50 of the Public Health Act, 1875, powers exist to compel the removal of manure at fixed intervals. Notices were issued during the Summer and an Inspector was detailed to see that removal was effected. Not only do large accumulations of manure cause nuisance, but they form breeding grounds for flies, who carry filth and infection into houses.



# SANITARY INSPECTION OF THE DISTRICT.

## STATEMENT OF THE INSPECTOR OF NUISANCES.

Dear Sir,

I have much pleasure in submitting my Annual Report for the year ending December 31st, 1919.

### SUMMARY OF WORK DONE.

Drainage in connection with plans passed.

(a).	New buildings (private houses).	2
(b).	Army Huts. ....	1
(c).	Old buildings with new additions	1

### CESSPOOL WORK.

The work under this heading increases year by year, the number of applications for cesspool emptying is larger this year than in the previous year. 3953 applications were made, being 794 more than in the preceding year, requiring the removal of 7,900 loads of liquid sewage and 2710 loads of night soil.

The following are the cesspool applications for each month during the year :—

January .....	459
February.....	236
March .....	400
April .....	433
May .....	426
June .....	281
July .....	235
August .....	269
September .....	312
October .....	243
November .....	245
December .....	414

Number of cesspools reconstructed 82, new cesspools dug 19, choked drains cleared 289.

### COMMON LODGING HOUSES.

Twelve Common Lodging Houses are on the register, one fell into disuse during the year and was removed from the register. These houses have been well kept.



Notices served, (a) To cleanse .....	1
(b) To repair .....	0

### HOUSES LET IN LODGINGS.

There are 38 of these houses on the Register. No cases of overcrowding have been discovered during the year.

Notices served (a) To cleanse .....	1
(b) To repair .....	0

### SLAUGHTER HOUSES.

Twelve Registered and 1 Licensed Slaughter House are on the Register. Like the preceding year there has been a considerable shortage of home-killed meat. The unsound meat surrendered, after being denaturalized is sent to a London Soap Maker for the extraction of fat.

Notices served. (a) To cleanse .....	2
(b) To repair .....	1

### UN SOUND FOOD SURRENDERED.

Carcases of Beef and offal (Tubercular).....	8
Calf Carcase (Tubercular) .....	1
Sets of Lungs ,, .....	4
Livers ,, .....	3
Udder ,, .....	1
Spleen ,, .....	1
Lungs (Parasitic) .....	1
Livers ,, .....	2
Beef (Bruised) .....	3 cwt.
Bacon .....	21 cwts.
Livers (Frozen. Unsound).....	2
Boxes of Herrings (Fresh) .....	15
Boxes of Bloaters .....	5
Barrels of Bloaters .....	7 stone.
Boxes of Mackerel .....	10
Boxes of Kippers.....	5
Parcel of Kippers .....	26 lbs.
Boxes of Cod .....	1
Boxes of Megrin .....	1
Boxes of Skate.....	1
Boxes of Haddock.....	1
Parcel of Haddocks .....	40 lbs.
Trunks of Mixed Fish .....	1
Kip of Codlings .....	1



Foreign Rabbits .....	151
Chickens .....	6
Ducks .....	6
Grapes .....	23 barrels
Dates .....	132½ boxes
Tins of Beef. 6 lb.....	57
Tins of Milk .....	1083
Tins of Salmon .....	259
Tins of Meat.....	133
Tins of Tomatoes .....	123
Tins of Pineapple .....	2
Bottles of Sauce .....	61
Bottles of Essence .....	4
Bottles of Cherries .....	2
Bottles of Bovril .....	9
Gallons of Milk .....	167
Jars of Jam .....	136
Jars of Pickles .....	41
Jars of Marmalade .....	23
Cheese .....	148 lbs.
Cheeses (small).....	2
Prunes .....	½ cwt.
Flour .....	180 lbs.
Skirt & Kidney (tins) .....	28 lbs.
Liver (foreign) .....	112 lbs.
Tins of Liquid Eggs .....	37
Packets of Bisto .....	24
Packets of Pearl Barley .....	37
Ham .....	8 lbs.
Egg Powder .....	2 lbs.
Cocoa.....	12 lbs.

A considerable quantity of the above unsound food has been sent in from the various Ships and Canteens by the Navy and Army Canteen Board, much of the material owing to the time it has been open is in a putrid state. The unsound fish surrendered locally is used for manural purposes.

#### **FISH OFFAL COLLECTION.**

Fish offal is collected daily from the various fish shops. A small charge of sixpence per tin per week is made. The Corporation finds the sanitary bins for this purpose. As the full tin is taken away, a clean one is left in its place. The tins are removed in a specially constructed van, and the Offal is used for manural purposes on the Corporation's ground at Post Barn.



**OFFENSIVE TRADES.**

(1) There are 27 Fried Fish Shops on the Register, but 7 of these are still closed owing to the high price of oil and fish.

(2) Marine Store Dealers number.	5
(3) Gut Scraper.....	1
Notices served. (a) To cleanse .....	7
(b) To repair .....	0

**KNACKER YARDS.**

There are two licensed Knacker Yards in the district, and these are situated well on the confines of the Town. A complaint was received of one of these yards, the premises were visited, a Notice served and the nuisance abated.

**DAIRIES, COWSHEDS AND MILKSHOPS.**

The number of Cowkeepers registered in the district is 9. The cowsheds in use at the present time 15.

The number of Milkshops on the Register are 34, but only 22 are in use. 4 new registrations were made during the year.

Notices served. (a) To cleanse .....	6
--------------------------------------	---

**INFECTIOUS DISEASES.**

Cases removed to Hospital.

(a) Scarlet Fever .....	55
(b) Diphtheria .....	23
(c) Enteric Fever .....	4
(d) Cerebro Spinal Fever .....	3

Number of Loads of Bedding disinfected ..... 134

Number of Library Books ..... 13

Work prohibited in the homes of Outworkers ..... 3

**MORTUARY.**

Bodies removed to the Mortuary.

(a) Men .....	5
(b) Women .....	3
(c) Children .....	5
Post Mortem Examinations.....	7
Buried at the Expense of the Parish .....	2

**BAKEHOUSES.**

The workshop Bakehouses on the Register are 23, but only 8 are in use, 4 of which are underground. There are also 5 Factory Bakehouses.

Notices served. (a) To cleanse .....	5
--------------------------------------	---



**CONTAGIOUS DISEASES OF ANIMALS ACT.**

One case of Parasitic Mange was reported affecting four horses, 3 cases of suspected Swine Fever were reported, but only 1 of these were confirmed by the Board.

**NOTICES SERVED.**

Form A., Articles 2 and 19 .....	3
Form B. Articles 2 and 19 .....	5
Form C. Article 8. (5) Notice to cleanse and disinfect, burn or destroy.....	6

**NOTICES SERVED.**

<b>PRELIMINARY</b> .....	221
P.H.A. 1875. Section 36 .....	50
P.H.A. 1875. Section 91 .....	161
P.H.A.A.A. 1907. Section 44 .....	2
P.H.A.A.A. 1907. Section 46 .....	28
P.H.A.A.A. 1907. Section 49 .....	5
H. & T.P.A. 1909. Section 15 .....	55
H. & T.P.A. 1909. Section 17 .....	5
H. & T.P.A. 1909. Section 28 .....	0

**VISITS.**

Houses Inspected .....	1120
Houses Let in Lodgings .....	104
Common Lodging Houses .....	129
Drainage Work .....	294
Cesspool Work .....	296
Complaints and Re-visits .....	405
Infectious Diseases .....	310
Workshops .....	267
Workplaces.....	96
Cowsheds .....	28
Milkshops .....	58
Slaughter Houses .....	268
Restaurants .....	39
Ice Cream Shops .....	16
Offensive Trades .....	56
Miscellaneous Visits .....	292
Contagious Diseases of Animals Act .....	44
Outworkers.....	387



**NUISANCES ABATED.**

Airtight Covers provided .....	2
Accumulation of Manure removed .....	20
Bell Traps removed .....	17
Broken W.C. pans replaced .....	22
Concrete yards repaired .....	16
Concrete yards provided .....	11
Cesspools reconstructed .....	82
Cesspools (new dug) .....	19
Ceilings repaired .....	24
Drains Repaired .....	23
Drains relaid .....	40
Flushing Cisterns repaired .....	12
Floors repaired .....	32
Houses with privies converted .....	62
Inspection Pits provided .....	8
Interior of Houses cleansed .....	105
Keeping of Animals in an Unfit state .....	17
New sink waste pipes provided.....	25
New sinks provided .....	5
Overcrowding abated .....	8
Vent shaft repaired .....	12
Miscellaneous Repairs.....	90
Privy Structures repaired .....	14
Privy Pits filled in .....	62
Roofs and gutters repaired .....	104
Wash-houses repaired .....	9
Wash-houses built (new) .....	1

W. HUGHES,

*Inspector of Nuisances.*

**BYE LAWS AND REGULATIONS.**

The following Bye Laws and Regulations are in use

1. New Streets and Buildings.
2. Drainage of existing Buildings.
3. General Cleansing.
4. Nuisances.
5. The removal of offensive matter through the streets.
6. The duties of the occupier in respect of house refuse.
7. Offensive Trades.
8. Slaughter-houses.
9. Common Lodging Houses.
10. Houses Let in Lodgings.



11. Huts, Vans, Sheds and Similar Structures used for human habitation.
12. Dairies, Cow Sheds and Milk Shops Regulation.
13. Mortuary Regulations.
14. Sanitary Conveniences.
15. Knackers Yards.
16. Hours of Slaughtering.

#### **ADOPTIVE ACTS IN FORCE.**

The Infectious Diseases Prevention Act .....	1890
Public Health Amendment Act .....	1890
do. do. ....	1907
Private Street Work Act .....	1892

With regard to various premises and occupations controlled by Bye-Laws—particulars are included in the Statement supplied by the Inspector of Nuisances.

The question of revision of existing Building Bye-Laws, and of Bye-Laws for Houses let in Lodgings is referred to under the section dealing with Housing.

#### **OTHER SANITARY CONDITIONS.**

##### **RABIES ORDER.**

In connection with Rabies certain duties have to be carried out by the Medical Officer of Health. These relate to the action needed in the case of persons bitten by a suspected animal, and the arrangements for Anti-rabic treatment should the diagnosis of disease in the dog be confirmed.

One case occurred during the year, a dog being suspected and slaughtered, but after examination by the Board of Agriculture—the diagnosis was not confirmed.

##### **RATS ORDERS 1918-1919.**

Considerable publicity has been given to the growing prevalence of these rodents, to the enormous destruction of food computed at £15,000,000 yearly, and to the possible spread of disease by their agency. They also do enormous damage to property. As regards disease it is certain that the rat by its fleas is the chief agent in the causation of plague, and it is also a known carrier of dysentery, and foot and mouth disease in cattle. Spasmodic efforts have been organised from time to time to ensure its destruction, but the annual reproduction is at such a rate that only organised and continuous effort is likely to succeed. It cannot be too widely



known that complete success is impossible unless the food supplies are cut off, and therefore the owners of all premises where food is stored should endeavour to render them rat proof. It may here be noted that the Rats and Mice Destruction Act which came into force on January 1st. 1920, compels every person to destroy all rats and mice on his premises. The penalty for non-compliance is £5 to £50.

For the purpose of carrying out Rat Extermination the Councils of Rochester and Chatham have co-operated, and a joint committee has been formed. Suitable poisons can be supplied, and advice given, and an expert Rat Catcher has been appointed who works under the supervision and control of the Medical Officers of Health. The scheme is also associated with that of the County Council.

### **SCHOOLS.**

The Sanitary condition and water supply of public elementary schools are dealt with in my Report to the Education Committee. Generally speaking—the newer schools provided by the Local Education Authority, are in better structural and sanitary condition, and better equipped than the older or non-provided schools. In order that satisfactory cleanliness may be secured, your Inspector of Nuisances has been appointed to supervise and direct the work of caretakers, and in the event of carelessness or neglect he will report to the School Medical Officer, who has the power to take disciplinary action subject to the approval of the Committee. Structural repairs are carried out by the Borough Surveyor. Painting and renovation, suspended during the war are badly needed in most of the schools, and in some, lighting and ventilation might be improved.

The aggregation of children at schools has an important bearing on the prevalence of infectious disease and the action taken in this connection is described under Infectious Diseases (page 33)

## **C.—FOOD.**

### **MILK SUPPLY.**

Number of Registered Cowkeepers	9
"    "    Registered Dairymen and Purveyors of Milk .....	34
Number of Cowsheds in use .....	15
"    "    "    not in use ...	3



The Regulations for inspection of cattle, for prescribing lighting, ventilation, cleansing, drainage and water supply in dairies and cowsheds, for securing the cleanliness of milk stores, milk shops and milk vessels, and for prescribing precautions to be taken against infection of milk by purveyors and retailers are made under the Dairies, Cow Sheds and Milkshop Order 1885 (amended 1886 and 1889)

The operation of the Milk and Dairies Bill 1914 is still suspended

There is no article of food of more importance, or more liable to bacterial contamination than milk. Given a healthy animal, milk is or should be a sterile fluid at the source, but it passes through many hands before it reaches the consumer, and both in the cowshed, in transit and in storage, the dangers of fouling are numerous. With very few exceptions the farmer who produces, the milkers and others concerned in the work of the cowsheds, the carrier and milk seller, and the householder are either supremely ignorant and apathetic, or wilfully negligent and culpable in regard to milk. Healthy animals, and a due regard to the elementary principles of cleanliness should be the rule from cow to consumer instead of the reverse, and the singular thing is that the public acquiesce in this state of matters. Individuals who carefully scrutinise the purity of water—accept a milky solution of manure and other ingredients with equanimity. The whole question of the milk supply should be dealt with from the Public Health point of view, regulations should be equally enforced in all areas, and vested interests should not be allowed to stand in the way of legislation which will enforce a proper standard of cleanliness in all details connected with the supply.

In a report recently made to the Council by your Veterinary Inspector, who visits and reports once a quarter in regard to the health and cleanliness of the cows, out of 196 animals 93 or 42 per cent were found not clean. This is a condition which should not be, but the existing powers are ineffective for dealing with these cases. It should be a penal matter to supply dirty milk, which is impossible to prevent when cows are plastered with manure, when udders are not properly cleansed, and when the milker also disregards elementary cleanliness.

Beyond the examination of cows for Tuberculosis of the udder or other signs of disease—no action has been taken in regard to tuberculous milk. The Tuberculous Order 1914 is still suspended. It is probable that this order and the Milk and Dairies (Consolidation) Act 1915 will come into operation in the near future.



**MILK AND CREAM REGULATIONS 1912 AND 1917.**

**No Action has been Reported.**

**MILK (MOTHERS AND CHILDREN) ORDER 1918.**

A statement of the action taken will be found under Maternity and Child Welfare (page 45).

**FOOD SUPPLIES AND INSPECTION.**

A reference to the Statement of the Inspector of Nuisances will show that the work under this head has been unusually heavy during 1919. It is a gratifying fact that such large quantities of food have been surrendered, and it should be added that the total condemned as unfit for food only represents a portion of that submitted to examination. In some instances bad packing and delay in transport have been the cause of deterioration. The public are also becoming more alive to the importance of good quality, and many complaints and specimens of food have been brought to the office. The extension of the open market, which deals principally in fish, meat, fruit and vegetables has greatly increased the work of food supervision.

In connection with this subject the kitchens of restaurants and eating houses are kept under observation. Many of the places in which food is prepared and cooked are far from being satisfactory in fact the whole subject of food handling, whether it is meat, bread, or milk is open to grave criticism. However clean it may be at the point of production it passes through many avenues of contamination before it reaches the consumer.

The fact is that under existing powers control is ineffective and inadequate, and at the same time a large section of the public tends more and more to rely on prepared foods, thus leading to a considerable increase in their manufacture and retail distribution.

**BAKEHOUSES.**

There are 23 Workshop Bakehouses on the register. Four of these are underground. There are also 5 Factory Bakehouses. They are inspected every 3 months. Notice to cleanse and limewash were issued in 5 instances.

**SLAUGHTER HOUSES.**

There are 13 registered Slaughter Houses. The modified arrangement described in my Report for 1918 is still in force, and simplifies the method of supervision. All sheep are killed at a central establishment and bullocks allocated according to require-



ments. This is the regular system, but there has been evidence of irregularity, and a considerable amount of illicit trading in meat has taken place. The difficulties of securing evidence and conviction are great, but a recent case before the court in which a heavy penalty was enforced is only one of others which escape detection.

The number of inspections of premises is given in the Inspector's statement, and generally speaking the proprietors carry out the provisions of Bye Laws, but beyond that I have no praise for private slaughterhouses, because I am of opinion that no satisfactory control of the meat supply can be effected without the provision of a Public Abattoir, and the abolition of the private slaughterhouse.

Animals are invariably killed by felling or sticking, and whilst this is effective with skilled and experienced men, it cannot be said to be devoid of cruelty, and an effort should be made to secure the general use of human-killers in this locality.

### **OPEN MARKET.**

In the early part of December the following report was presented to the Public Health Committee, and referred by them to the Markets Sub-Committee. It was decided to instruct the Borough Surveyor to effectually drain the ground, to arrange for a supply of water to be laid on, and that each tenant should in future provide his own receptacle for rubbish. Unless these recommendations are enforced, the ground in the vicinity of the stalls will become fouled and littered with rubbish, and during hot weather will lead to nuisance, danger to health, and a great prevalence of flies.

### **BOROUGH OF CHATHAM.**

#### **To the Chairman and Members of the Public Health Committee. Open Market.**

The expansion of this Market has been so great that most of the available space in the Paddock is now occupied, and the present conditions owing to the sale of goods of a putrescible character, and to the large numbers of people using the unmade ground are likely to become insanitary and dangerous to health in the near future. The surface is becoming fouled, and although nuisance is mitigated by the open character of the market, it tends progressively to increase, whilst the presence of vegetable and other rubbish, and the imperfectly cleansed work of many stalls containing food aggravate the risk. In plain words the condition of the Market is such that immediate steps should be taken to prevent contamination of the ground, and to secure adequate cleanliness



The measures required comprise the following :—

- (a) A re-arrangement of stalls, so that fish, vegetables, and all edible articles should be together.
- (b) The provision of a paved surface for vendors of these articles, which can be easily and effectively cleansed.
- (c) The provision of receptacles for rubbish and offal, at present thrown on the ground.
- (d) An accessible and plentiful supply of water, so as to facilitate the scrubbing and cleansing of the stalls from which food is retailed.

Chatham.

J. HOLROYDE,

15th December, 1919.

*Medical Officer of Health*

### FOOD AND DRUGS ACT.

The administration of this Act is in the hands of the County Police—Samples are taken by the Superintendent, or by an Officer deputed by him and are sent to the County Analyst at Maidstone for examination.

During the Year 1919—183 samples were taken as follows :—

Article	No. of Samples taken.
Arrowroot .....	1
Butter .....	28
Baking Powder .....	2
Coffee.....	4
Cocoa.....	3
Cocoa Essence .....	2
Cheese .....	1
Corn Flour .....	1
Citric Acid .....	1
Cream of Tartar .....	1
Flour .....	2
Flour (Self Raising) .....	2
Gin.....	2
Apricot Jam .....	2
Blackberry and Apple Jam .....	3
Damson Jam .....	1
Plum Jam.....	1
Raspberry Jam .....	1
Lard .....	20
Margarine .....	37
New Milk .....	50



Article	No. of Samples taken
Mustard .....	5
Mercury Ointment .....	1
Oatmeal .....	1
Rum .....	1
Sago.....	2
Tapioca .....	3
Tea .....	1
Whisky .....	3
Vinegar .....	1
	Total 183

Proceedings were taken in two cases :—

One for selling adulterated mercury ointment—Fined £1.

One for selling milk adulterated with water—proceedings pending.

#### CHEMICAL AND BACTERIOLOGICAL WORK.

Chemical Analyses of Food, Drugs, etc. are carried out by the County Analyst.

Bacteriological work is performed at the County Council Laboratory at Maidstone, and the arrangements in force are satisfactory, replies in duplicates being received promptly.

With regard to the Bacteriology of Cerebro-Spinal Fever, the examination of Cerebro-Spinal Fluid and of contacts has been carried out at Fort Pitt Military Hospital. This arrangement has been of great convenience, because the vitality of the organism is so low that examination very shortly after obtaining a specimen is necessary. The Council is under an obligation to Capt. Samut and his staff for the courtesy and ready help which has been given.

The following Table shows the number of specimens sent to the County Laboratory during the 1919, and results of examination

	Total No. Forwarded	No. Giving Positive Results	No. Giving Negative Results
Diphtheria .....	40	8	32
Enteric Fever.....	15	4	11
Pulmonary Tuberculosis	94	26	68
Malaria .....	1	—	1
Ringworm of Scalp .....	13	9	4

Twenty-seven of the above were sent by myself. The majority of Tuberculosis specimens were sent by the President of the Medical Board, or by the Tuberculosis Officer.



## D. PREVALENCE AND CONTROL OVER INFECTIOUS DISEASES.

Infectious Diseases are notifiable and non-notifiable.

During 1919 the list of diseases for Compulsory Notification has been expanded by the inclusion of Pneumonia, Malaria, Dysentery, Trench Fever, Encephalitis Lethargic and Acute Polio-Encephalitis.

The extended List of Notifiable Diseases for 1919 includes Scarlet Fever, Diphtheria, Small-Pox, Enteric or Typhoid Fever, Typhus, Relapsing and Continued Fevers, Puerperal Fever, Cholera, Plague, Measles and German Measles, Ophthalmia Neonatorum, all forms of Tuberculosis, Pneumonia, Malaria, Dysentery, Trench Fever, Encephalitis Lethargic, and Acute Polio-Encephalitis, and Cerebro-Spinal Fever. With the exception of two small recurrent outbreaks of Measles in the Spring and Autumn, the Borough has been very free from infectious sickness.

Contacts with, or carriers of the following diseases arrived in the District, and were kept under observation until the end of the incubation period :—

Small Pox .....	10	Malaria .....	1
Dysentery .....	2	Bubonic Plague ....	1

Table showing the number of cases of Infectious Sickness coming to the notice of the medical Officer of Health during 1919.

Month	Scarlet Fever	Diphtheria	Enteric Fever	Measles and German Measles	Cerebro Spinal Fever	Encephalitis and Acute Polio-Encephalitis	Puerperal Fever	Erysepelas	Malaria	Ophthalmia Neonatorum	Influenzal Pneumonia	Polio-Encephalitis
January	9	1								3		
February	9	1		1				1				
March	2	1		9							13	
April	6	1		34						2	5	
May	3	3		15	2							
June	5	1		4						2		
July	2	2	1	1				1	1		1	
August	7	3	2						1	1	1	1
September	2	2	1						1	1		
October	6	1		5	1							
November		2		34				1		2		
December	4	9		20			4	1		3		
<b>Totals</b>	<b>55</b>	<b>27</b>	<b>4</b>	<b>123</b>	<b>3</b>		<b>4</b>	<b>2</b>	<b>3</b>	<b>14</b>	<b>20</b>	<b>1</b>
Removed to Hospital	49	23	4		3		1					



## DISINFECTION.

In dealing with Infectious Disease, the satisfactory disinfection of articles used by the sick is very necessary, and the following measures are taken.

Clothing, bedding, etc. are disinfected by current steam in a Thresh's Steam Disinfecting Apparatus.

A specially constructed van is used for the purpose of removal.

Rooms are fumigated by Formalin Vapour, or Sulphurous Acid Gas.

Enteric Fever excreta are treated with a solution of Perchloride of Mercury, and Izal is supplied for the reception of the Sputum of Tubercular patients.

The efficacy of Steam Disinfection is undoubted, that of room fumigation is less certain. It should never take the place of, but always be accompanied by measures of cleansing. Probably nothing is more efficacious than free ventilation, sunlight, soap, water and hard scrubbing.

Again, the use of disinfectants to pour down drains gives rise to a false security; and it cannot be too strongly insisted that deodorising is not disinfecting, and that if scrupulous cleanliness is practised in and about the dwelling—disinfectants are not needed. Their indiscriminate use has been much curtailed.

## SCHOOLS AND INFECTIOUS DISEASES.

Children are brought into such close relationship with each other in School Classrooms, that whenever infectious diseases are introduced, their spread is facilitated, and a study of the incidence at any particular school may supply the information leading to an effective check on its progress.

The general rule is to exclude all known cases, and children from infected houses, also all known contacts.

The Head Teachers receive weekly information of all notified diseases, and all children from infected houses are excluded for definite periods.

Each School is supplied with a printed Schedule of the various infectious diseases. This indicates the early symptoms and appearance of the chief diseases, the mode of onset, the incubation period, the day of appearance of the rash, and the period of isolation (a) for those attacked (b) for those who have been exposed to infection.



**SMALL POX.**

No cases were reported.

10 contacts arrived in the district, and were kept under observation for 14 days. Of these 7 had been re-vaccinated and 3 were done on arrival.

Owing to the prevalence of Small Pox in the neighbouring district of Gravesend during May and June, it was deemed advisable to re-vaccinate all the members of the Public Health Department, whose duties might bring them into contact with the disease, if it broke out in the Borough. There is considerable risk that the disease may be imported into the country by soldiers returning from foreign service, and the risk is increased by the fact that the proportion of unvaccinated infants and young children is now very large. As regards adults the position is better, because of the practice of re-vaccination in the Navy, Army, and in Munition Factories.

**VACCINATION.**

The Vaccination Officer has supplied me with the following particulars of vaccination in the Rochester and Chatham district during 1919.

No. of Births .....	1179
Successful Vaccinations .....	727
Objections .....	406
Percentage Vaccinated .....	61

**SCARLET FEVER.**

Cases notified .....	56
Deaths .....	1
Households affected .....	42
Removed to Hospital .....	49
Percentage removed .....	88
Wrongly diagnosed .....	3

## Local Incidence

St. Mary's Ward .....	11
Luton ,, .....	29
St. John's ,, .....	16



Table showing particulars of Scarlet Fever during the past ten years.

Year.	Total No. of cases notified.	No. under 5 years.	Deaths registered.	Treated in Hospital.	Attack rate per 1000 of population.	Mortality per 1000.	Percentage removed to Hospital.
1910 ..	34	5	—	30	0.8	—	81
1911 ..	145	35	3	88	3.4	.007	60
1912 ..	207	36	—	131	4.8		63
1913 ..	96	22	1	65	2.2	.002	68
1914 ..	107	17	—	74	2.5		65
1915 ..	126	26	4	92	2.8	.008	70
1916 ..	88	13	2	70	2.	.004	79
1917 ..	52	8	—	43	1.2		83
1918 ..	93	7	2	81	2.1	.004	87
1919 ..	56	7	1	49	1.2	.002	88

### DIPHTHERIA.

Cases notified .....	27
Deaths .....	2
Households affected .....	25
Removed to Hospital .....	23
Percentage removed .....	85

Local incidence :

St. Mary's Ward .....	5
Luton ,, .....	11
St. John's ,, .....	11

The numbers notified during 1915-16-17-18 were 98, 76, 34, 31.

Scarlet Fever and Diphtheria are both of a milder type than was the case a few years ago. For the latter disease the use of Anti-toxic Serum is of great benefit. When used promptly it diminishes the severity of the attack, reduces the mortality, and the complications. Stocks are kept at the Town Hall, and at the Chief Fire Station, where it can be obtained any hour of the day or night. De pite these advantages, there was only one application during the year. I can only urge that its advantages are such, that it should be the rule and not the exception to administer it in all cases.



Table showing cases notified and deaths from Diphtheria during ten years 1911-19:—

Year	Cases Reported	Deaths	Death rate per cent of those attacked
1910	77	8	10
1911	74	5	6
1912	269	15	5
1913	139	8	5
1914	202	23	11
1915	96	13	13.5
1917	76	3	4
1917	34	2	6
1918	31	1	3
1919	27	2	7

### ENTERIC OR TYPHOID FEVER.

Four cases were notified in three households. All were removed to Hospital. In two of these cases, the association of a chronic typhoid carrier was discovered. During 1916 this person was an inmate of the Isolation Hospital with Enteric Fever.

In August two cases were notified on the same date in this household, and shortly afterwards another member of the family residing elsewhere was notified. The dates were August 24th (2 cases), September 9th (1 case). The members of the household were examined in order to discover if a carrier existed, but the first examination gave negative results. Another attempt was made which brought to light the fact that the person who had Enteric Fever in 1916 was from time to time excreting Typhoid Bacilli in large quantities. As she had been occupied in the preparation and cooking of food for the household she had probably infected the recent cases. Instructions for her guidance were issued, especially with regard to the handling of food, and periodical bacteriological examinations are made, but up to the present she remains a carrier, and under supervision.

### MEASLES AND GERMAN MEASLES.

These diseases have been compulsorily notifiable for three years, but from December 31st, 1919, the Regulations are rescinded, unless a Local Authority is desirous of continuing them. In that event all cases will be notifiable instead of primary cases only. The reason for the change is that with a disease like Measles, highly infectious in the pre-eruptive stage, notification is not an essential factor in its control. In future Local Authorities will rely largely on information derived from Schools and from Health



Visitors. Parents and Guardians are also encouraged to report cases. Unfortunately for their children, many parents regard Measles as a trivial disease, and in the past this attitude has been responsible for much avoidable sickness and mortality. Experience shows that suitable treatment, warmth and intelligent nursing will do much to tide over the critical period. The arrangements in force are :

1. The issue of posters and leaflets to the public.
2. The prompt visitation of all known cases, advising parents of the necessary precautions, the making of inquiries, and giving instructions as regards nursing. Medical assistance is urged in all cases, and in necessitous cases may be provided by the Sanitary Authority. The Health Visitors are instructed to report to the Medical Officer of Health especially if nursing or medical treatment is needed.
3. In certain cases Nursing assistance has been given.
4. A few beds will be available at St. William's Hospital, restricted to severe and necessitous cases.
5. During convalescence, cases are visited with a view of detecting the onset of any undesirable complications, and of adopting measures for their relief.

The comparative incidence of Measles during 1916-17-18-19 is as follows :—

Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total	Deaths	Case M'tality per cent
1916	355	189	56	2	605	16	2.5
1917	92	145	28	169	434	8	1.9
1918	277	104	8		409	13	3.2
1919	14	50	1	58	123	none	
	716	488	93	229	1571	37	2.3

The cases occurring in 1919 were mostly amongst children under 5 years of age, and a very satisfactory feature is the absence of deaths. The systematic visiting, and the provision of nursing assistance are of benefit in making parents realise the necessity of dealing with measles as a serious disease.

A weekly return of cases absent on account of alleged measles is sent from the Schools, and all cases are visited.

The Autumn outbreak was almost entirely confined to children attending the Infant Department of Ordnance Street Council School. Under Article 57 of the Education Code, all children



under the age of 8 years were excluded for a period of 3 weeks, which terminated at the onset of the Christmas Holidays, thus extending to 5 weeks. The spread of infection was checked, and there are now only a few sporadic cases.

The sources of information were :—

Medical Practitioners .....	94 cases	or 76 per cent.
Parents .....	6 „	or 5 per cent.
School Teachers .....	23 „	or 19 per cent.

### **WHOOPIING COUGH.**

Not notifiable. There were 8 deaths.

The visiting and nursing of children suffering from this disease is carried out on the same lines as in Measles.

### **ZYMOTIC OR INFECTIVE ENTERITIS.**

Commonly known as Diarrhœa, Enteritis or Gastritis.

There were thirteen deaths, ten of which were amongst children under 1 year of age. In previous reports I have discussed the conditions under which this disease becomes prevalent. Much of the work of the Female Sanitary Staff is directed towards the improvement of some of these conditions. Their endeavour is to encourage mothers to realise their responsibilities, and to carry them out, and not to diminish this responsibility by doing things for them.

During the summer months special attention was given to the homes of the poorer classes, and nursing assistance was given when such action appeared necessary.

### **OPHTHALMIA NEONATORUM.**

Fourteen cases were notified, as compared with 14 in 1918, 1917, and 22 in 1916.

Reported by Midwives .....	8
Reported by Doctors .....	6

Each case came under Medical treatment, 9 by private practitioners, and 5 at the Hospital. Regular visits were paid by the Health Visitors, who advise and assist in the application of remedies.

Recovery was complete in 12 cases, and in 2 there was permanent injury to one eye.

### **CEREBRO-SPINAL MENINGITIS.**

Three cases were notified, two during May and one in October. In the latter case the diagnosis was not confirmed, and the death of the patient which took place in St. William's Hospital was registered as Tubercular Meningitis.



The cases reported in May were aged respectively 9 years, and 6 months. They were treated at the Alexandra Hospital, Wigmore, and both died there. The diagnosis was confirmed in each case.

All contacts, 14 in number were examined, but no carrier was found.

This disease and its local incidence has been fully discussed in previous reports. In 1916, 1917, and 1918 the cases numbered 22, 12, and 13, and it was also largely prevalent amongst soldiers and sailors.

The diminished prevalence since the spring of 1918, led to the closure of the special hospital in 1919, and the present arrangement is that a limited number of cases, up to 4, should be admitted into St. William's Hospital. Before this decision was taken, the Authorities at St. Bartholomew's Hospital were approached with a view of utilising beds in that Institution, but they declined to admit these cases. I have previously stated, and see no reason to modify my views, that Cerebro-Spinal Fever may be safely treated in the wards of a General or other Hospital, provided always that there is sufficient space for each bed, that there is free ventilation, and that those in attendance observe certain measures of precaution, equally necessary in Pneumonia or Influenza. Should there be an outbreak of any magnitude, the present arrangement would not be adequate. Another advantage gained at a general hospital is the presence of a resident medical officer, and the provision of Laboratory accommodation, and I think it would be well if the Conjoint Authorities requested the Trustees to reconsider their decision. The cases admitted would be paid for on an agreed scale, and the Hospital would not be at any financial loss.

#### **ACUTE ANTERIOR POLIO-MYELITIS.**

One case was notified, a child aged three years.

She was treated at home, and antiseptic treatment of the Nose-Pharynx of both patient and contacts was carried out.

#### **ENCEPHALITIS LETHARGICA AND ACUTE POLIO-ENCEPHALITIS.**

These diseases became notifiable in 1919, but no cases have been reported.

#### **MALARIA.**

Four cases were notified, three being soldiers returned from service in the Near East, and one case being a boy aged 10 years, who during a stay in the Isle of Sheppey had been bitten by Mosquitos. A sample of blood was taken but gave a negative result.



## PNEUMONIA.

Twenty cases of acute Primary Pneumonia were notified. All non institutional cases were visited, the patients isolated as far as far as possible, attendants warned against the danger of infection, precautions advised, and disinfection of Sputum and discharges carried out. Fourteen cases were in the Medway Union Infirmary. They all occurred during the month of March, and were sequelæ of Influenza. There were ten females and four males. Of the cases occurring in private houses four were males and two females.

## HOSPITAL PROVISION FOR INFECTIOUS DISEASES.

During 1919, three Institutions were available.

1. St. William's Hospital with 80 beds for Scarlet Fever, Diphtheria, and Enteric Fever.

2. The Small Pox Hospital with 24 beds.

Both these are used jointly by Rochester and Chatham.

3. The Alexandra Hospital at Wigmore with 14 beds, reserved for cases of Cerebro-Spinal Fever, and used jointly by Rochester, Chatham, and Gillingham.

The use of the latter has been now discontinued. A limited number of Cerebro-Spinal Fever Cases can be treated at St. William's Hospital, and sanction has also been given to the admission of selected cases of Measles, provided that beds are available, and that due measures are taken to avoid cross infection.

## INFLUENZA.

This disease so prevalent and fatal during 1918, which reached its highest level in November, seemed to be practically over by the end of that year. A small recurrence took place during March and April, 1919, but the incidence was comparatively trivial.

The total deaths registered during the year as Primary Influenza were 26 in number. Of these there were during

January .....	3
February.....	9
March .....	10
April .....	1
November .....	3

Concurrently was an increased number of deaths from Bronchitis and Pneumonia.

Administrative measures on the lines described in my report or 1918 were carried out, and in view of a possible recurrence, similar arrangements have been effected, and can be at once



utilised. Once an epidemic occurs, there is less to be done in the way of prevention, than in help and treatment for the sufferers. A prophylactic vaccine, advised but not guaranteed, has been prepared by the Ministry of Health, and is issued gratuitously to Medical Practitioners on application to the Medical Officer of Health

### VENEREAL DISEASES.

A Centre for the free treatment of these diseases is held at St. Bartholomew's Hospital, under County Administration.

It is open four times weekly.

Men, Tuesdays and Thursdays, 5.30 to 7.30 p.m.

Women, Thursdays, 3 to 5 p.m. Fridays, 10.30 a.m. to 12.30 p.m.

No recommendations are required. All patients are given a number on entry, and are only known and treated under that number.

Diagnosis is confirmed by bacteriological examination, and treatment is of the most modern and complete character. The necessity for seeking early treatment is important. If this is done and the attendances are regular and continuous, cure can be effected, but if the attendances are irregular, or if treatment is discontinued too early, recovery may become unduly delayed or impossible, and very grave results will follow. A considerable amount of propaganda work has been carried out, and in the early part of 1919, I was enabled by the courtesy of the Admiral Superintendent, and with the help of other officials, to organise an educational campaign in the Dockyard. A speaker was sent down by the National Council for Combating Venereal Diseases, who succeeded in addressing some 3000 men. The immediate result of this work was a great increase in the number of patients applying at the Centre for treatment.

During the year 1918, the total number of new cases was 185, an average of 46 for each quarter.

During 1919, the figures were as follows:—

	New Cases	Males	Females	Total Attendances
1st Quarter	117	73	44	1086
2nd Quarter	157	118	39	1441
3rd Quarter	153	128	25	1507
4th Quarter	168	136	32	1578
	—	—	—	—
Toatls	595	455	140	5612



432 patients were treated by Salvarsan or its substitutes, and 1667 doses of these preparations were injected.

### TUBERCULOSIS.

The Administrative Authority for the treatment of Tuberculosis is the County Council, but primary action in respect of notification and subsequent inquiry is a duty of the Local Authority.

### PULMONARY TUBERCULOSIS.

There were 64 deaths, of which 53 occurred in the Borough, and 11 in Institutions outside.

### PRIMARY NOTIFICATIONS

From Private Practitioners .....	27
Hospitals .....	9
Poor Law .....	1
School Medical Officer .....	25
	—
Total .....	62

### DISTRIBUTION.

St. Mary's Ward .....	12
Luton Ward .....	38
St. John's Ward .....	11

### Ages.

Under one year .....	None
1 and under 5 years .....	None
5     "     15     " .....	31
15   "     25   " .....	8
25   "     45   " .....	16
45   "     65   " .....	7

Sex—Males, 29 ; Females 33.

Primary visits .....	57
Subsequent visits .....	139
Houses cleansed .....	6
Houses disinfected .....	40

### NON-PULMONARY TUBERCULOSIS.

The deaths numbered 13, from Tuberculous Meningitis 7, other forms of Tuberculosis 6.



**PRIMARY NOTIFICATIONS.**

From Private Practitioners .....	4
Hospital Cases .....	16

## Ages.

Under 1 year.....	None
1 to 5 years .....	2
5 ,, 15 ,, .....	7
15 ,, 25 ,, .....	5
25 and upwards .....	6

Sex—Males, 11 ; Females 9.

**CLASSIFICATION.**

Glandular .....	8
Joints .....	5
Other parts.....	7

Twenty-five children from Elementary Schools with suspected or definite Tuberculosis were referred to the Dispensary for treatment.

**TUBERCULOSIS DISPENSARY.**

The Tuberculosis Officer of the District has supplied me with the following particulars of Chatham cases.

Number of new patients .....	185
Total attendances of new and old patients during 1919 .....	2078
Number sent to Institutions .....	34

**DIAGNOSIS—NEW PATIENTS.**

Pulmonary Tuberculosis .....	79
Surgical Tuberculosis .....	24
Bronchitis .....	13
Other diseases .....	11
Apparently healthy.....	27
Referred for observation .....	31

At the Medway Union Infirmary there are 36 beds reserved for Tuberculosis in specially constructed wards, with balconies which face South. Both Pulmonary and Surgical Tuberculosis are treated. It is a pity that more cases are not admitted to this very excellent Institution. In many cases treated at home I have been able to secure extra nourishment through the agency of the Guardians.



Comparing the number of notifications received to-day with previous years it seems fairly certain that a good many escape notification. Probably in several instances, it is due to forgetfulness, in others there is a sentimental objection to telling patients and their friends of the exact nature of the malady, especially in its early stages, when there is more prospect of cure, and more hope of error. But it is really at this stage, indeed almost in the pre-tubercular stage that treatment is most promising and definite in its results. It must be confessed that the immediate outlook is not reassuring, and it is further apparent that if all the proposed measures for dealing with Tuberculosis are to be put in operation, a very heavy burden will be laid upon the community. Dispensaries, Sanatoria, Hospitals, and Colonies are necessary for treatment and after cure, but as far as eliminating the disease is concerned priority must be given to preventive measures, and these in the aggregate mean generally improved health in the population, and include in their scope the prevention of poverty, which with all it entails is probably the most potent factor of all.

Better housing, effective legislation for dealing with tuberculous cattle and tuberculous milk, improved factory and workshop conditions, above all improved hygienic habits amongst the public in regard to ventilation, personal and domestic uncleanness, care in preventing the spread of infection, the physical education of children, greater care in dealing with the complications and sequelæ of Measles and Whooping Cough, and further research into the origin, distribution and hereditary influences of Tuberculosis rank first in the order of relative importance.

The co-operation of Medical Practitioners in the campaign is most essential, because they are in a position to see the early manifestations of disease, and it should be made worth their while to co-operate in prevention as well as in the treatment. For this purpose an addition to the primary form of notification containing headings for remarks as to the social and sanitary circumstances of the patient would be of value..

Phthisis in its essence is a disease of domestication, of excessive indoor life, especially when the air is moist, warm and windless. The tendency of all living things is to waste when barred from the free play of sun and moving air. Stall fed cows, animals in the Zoo, plants forced and heated all get this tendency. Its incidence does and always will depend on inherited predisposition or limited resistance, in fact it is the resultant of many factors, and not any particular one, and the best hope of amelioration lies in the practice of the measures above advocated.



## **E.—MATERNITY AND CHILD WELFARE**

The supervision of Midwives under the Act of 1902 is carried out by the County Council. The Act of 1918 entirely relieves non County Boroughs of any control over the Midwives in their districts. This principle should not obtain in places where Child Welfare Centres are in operation, and which are attended by expectant mothers, because Midwives are most valuable agencies in connection with measures designed for Maternity and Child Welfare, and it is desirable that they should be under the immediate control and direction of the Medical Officer of Health.

The number of registered Midwives in the Borough is nine, five being certificated, and four *bona fide* Midwives.

### **PUERPERAL FEVER.**

- 4 cases were notified.
- 4 deaths were registered.

From other accidents and diseases of pregnancy and parturition there were three deaths.

One case of Puerperal Septicæmia was removed to Hospital, one to the Medway Infirmary, and in two cases nursing assistance was given by one of the nurses on the staff of this department. All the cases were visited and assistance proffered.

### **HEALTH VISITORS.**

Three Health Visitors are employed. Two are whole time, the other gives one fourth of her time to School Medical work.

The duties of Health Visitors are of a varied character, and by their agency supervision is exercised, and touch is kept with almost every child born, special attention being given to such as are ailing or delicate.

In addition to work under the Notification of Births Act, is that done in connection with disease. The visitation and inquiry into cases of Measles, Whooping Cough, Epidemic Diarrhœa, Ophthalmia Neonatorum and Tuberculosis furnish opportunity for advice and assistance, and is most valuable and greatly appreciated.

Puerperal Fever is also visited, and one of the Health Visitors is specially enjoined to render nursing assistance when it is required in connection with these diseases. They are available for any special work, and at times it is necessary to relax the routine duties, and to concentrate on a disease of exceptional prevalence, such as outbreaks of Influenza or Measles.



Two Health Visitors are in attendance at each session of the Centre, they also visit the homes of women outworkers, and superintend the sanitary condition of Women's Public Conveniences.

Each Visitor makes a monthly report of her duties, and I am satisfied with the general results of the work. It stimulates interest in the mothers, it does not detract from their responsibility, they appreciate the advice given, and I feel sure that medical aid is secured, and earlier treatment effected in many instances of illness, which but for the advice given and acted upon would become more serious in character and more fatal. The results of this preventive and remedial work are less apparent to-day than they will be a few years hence. Prevention, if possible, the search for and treatment at the beginning of disease will do much to remove the causes of future debility and incapacity.

The following is a list of duties :—

Visits under the Notification of Births Act.

Visits and home nursing of cases of Influenza, Pneumonia, Measles, Whooping Cough, Ophthalmia Neonatorum.

Visits to cases of Tuberculosis and Puerperal Septicæmia.

Attendance at Welfare Centres.

The keeping of systematic records of work.

To note and report insanitary conditions.

#### **NOTIFICATION OF BIRTHS ACT 1907.**

The Borough is divided into three districts, one being allotted to each Health Visitor.

The average number of visits paid to all infants during the first year of life is 8, but to those who are ailing and delicate extra visits are paid.

Anti-Natal Visiting is carried out in a few cases, and after the end of the first year continuation visits at intervals of three months are paid to selected children, who for various reasons deviate from the normal.

Sixty-eight of these cases are now being visited, whose ages range from one to four years. 16 of them are illegitimate children. Most of these children if not afflicted with definite disease are weak and delicate, and in 47 cases the home conditions are unsatisfactory. In 8 other cases improvement has occurred, but there is certainly a definite association between the health of the child, the state of the home, and the capacity of the mother.



The total number of Births registered as occurring within the Borough during 1919 was 883. The total number notified was 864 or 99 per cent. The sources of information were :—

Doctors .....	118
Midwives.....	692
Registrar.....	54

Excluding the number received from the Registrar 92 per cent. were notified by doctors and midwives.

Table showing work under Act during 1919.

Total visits paid .....	6254
Number of breast fed infants .....	518
Number fed with breast and bottle	139
Number bottle only .....	87
Defective addresses .....	18
Removals .....	64
Number of houses clean .....	449
"    "    fairly clean ....	265
"    "    not clean .....	52
Number of still born infants .....	34
Doctors' cases not visited .....	52
Deaths during visits .....	70
Number of mothers employed.....	55
Outworkers.....	15
Charwomen .....	12
Domestic Service .....	10
Shops.....	2
Factories .....	5
Hawkers .....	9
Milk Rounds .....	2

Sixty-eight children over the age of 1 year were visited. These were all delicate or ailing, and in many cases were brought to the Centre.

### STILL BIRTHS.

34 were notified. Investigation of the causes showed that :—  
 12 were due to difficult or complicated labour.  
 2 to inattention at birth.

Whilst in the remainder such reasons as falls, worry or delicate health were given.

The majority of Still Births and Premature Births have their origin in Syphilitic disease in one or both parents.



### **EPIDEMIC DIARRHŒA.**

During the summer months when this disease is most prevalent, special visits are paid to all known cases, and to houses where the domestic circumstances and surroundings are not satisfactory, and where breast feeding is not being carried out. In giving advice the Health Visitors are instructed to lay stress on the methods of storing milk and other foods in the dwelling, on the proper cleansing of milk vessels, and on the covering and keeping cool of milk vessels. The necessity for free ventilation, the danger of handling food with unwashed hands, and the practice of domestic cleanliness inside and outside the dwelling are constantly urged. The immediate provision of medical advice is enjoined, and where this is neglected, attendance at the Maternity Centre.

### **OPHTHALMIA NEONATORUM.**

Particulars of this disease are reported under the section dealing with Infectious Diseases. Each case was visited daily until it improved, and assistance and instruction given in the proper and regular application of remedies.

### **MEASLES AND WHOOPING COUGH.**

Particulars of these diseases will be found under the Infectious Diseases Section. The majority of cases coming to notice are visited by the Health Visitors. The effect is that medical attention is more widely sought, and that parents are realising that measles is a serious and fatal disease, and that it is necessary to take precautions not only against infection, but for the sake of the patient. Nursing assistance is given in some cases, and during the critical stage of the disease is of great value.

### **ILLEGITIMATE AND BOARDED OUT CHILDREN.**

These two classes merge into each other, because most illegitimate children who survive are boarded out. Lists of boarded out children are supplied by the Inspector under the Children Act, and all are visited by the Council's officers, so as to ascertain that the homes are satisfactory, and that due care is given to the children, besides which most of the cases are induced to attend periodically at the Centre. The only provision for the unmarried mother and her child is at the Workhouse, and at two Rescue Homes, one belonging to the Salvation Army and the other to the Rochester Diocesan Society. Each of the latter gives shelter to girls on probation from Court, and to others of a dull and shiftless type, and this association cannot be regarded as suitable for the unmarried mother.



The present state of the law in regard to illegitimacy, and the custodial care of mother and infant is greatly in need of amendment. Your Council has recently passed a resolution in favour of this.

### **MATERNITY AND CHILD WELFARE CENTRE.**

This centre which was opened in April 1917 has been steadily increasing its work, and may be regarded as the focus of all local activities in the Child Welfare Campaign. It is greatly appreciated by the mothers, the majority of whom attend with great regularity, nor is there any doubt of its beneficial influence on the welfare of the Children.

The educational value of a Centre cannot be represented in statistics, but the teaching of how to do it in the right way, instead of the wrong one is one of its most important functions. Once we can secure the attendance of the mother, she can be informed as regards management, feeding, clothing, sleeping, fresh air, cleanliness and other details which count for health and comfort. If the child is ill, she is referred for treatment, first of all to her own doctor, and under certain circumstances to the Hospital or Dispensary. In fact the Centre is a bureau of advice and information, which can be had for the asking. Its scope includes all children up to the age of 5 years, and also expectant mothers. The numbers of the latter are small, and there is great difficulty in getting them to attend.

### **THE WORK OF THE CENTRE.**

Two excellent rooms at the Public Library are devoted to the work. The one defect is the absence of a third room, which gets more necessary by the increased attendances, and would secure greater privacy for consultations, and less disturbance from noise. It is opened on Tuesdays and Fridays from 2.30 to 4.30 p.m.

The Medical Officer and two Health Visitors are in attendance.

The number of new cases attending was 317 as compared with 264 in 1918.

Eleven of these were expectant mothers.

These cases represent nearly 35 per cent. of the births registered.

The total number of attendances was 1506.

There were 183 children born in 1919, and 123 continuing attendance from previous years. 67 children were over 1 year of age at the date of first attendance.



The new cases during each quarter were :—

First Quarter .....	79
Second Quarter .....	83
Third Quarter.....	85
Fourth Quarter .....	70
	<hr/>
Total .....	317

Twelve cases were referred to the Hospital for treatment, and two to the Tuberculosis Dispensary.

The Hospital cases were :—

Phimosis .....	7
Ophthalmia Neonatorium .....	1
Tonsils and Adenoids .....	2
Abscess of Axilla .....	1
Rickety deformity.....	1

### FEEDING OF INFANTS.

The following statement refers to infants when first attending :

Breast Fed .....	116
Breast and Bottle .....	103
Bottle only .....	52

Breast-feeding is by far the best method, and is always advocated. It is not however practised to the extent it ought to be, and although most mothers allege various reasons, I am of opinion that one great obstacle is that it is more of a tie than artificial feeding is. The above figures show that only 43 per cent. were entirely breast fed. There is less difficulty in inducing mothers to partly feed their children, and given the use of dried milk, suitably prepared there seems to be no objection to this.

In addition to the Municipal Centre, there is one held at 90 High Street, in connection with the Royal Naval Benevolent Society. It is very desirable to co-ordinate the work with that of the Municipal Centre, and steps are now being taken to effect this. The question of grant to Voluntary Societies is dependent on co-operation and supervision by the Local Authority. This Centre is entirely confined to the wives and children of naval ratings, but there is not a complete system of Health Visiting in connection with it. It is open on alternate Wednesdays from 2.30 to 4.p.m. The number of new cases attending during 1919 was :—

Children .....	45
Expectant mothers .....	3
Total Attendances.....	460
Weekly average .....	9



The premises are well equipped and suitable for the work, and it is very desirable that it should come under the control of the Local Authority, that Health Visiting should be undertaken by the Council's staff, and that registration and recording should be on similar lines to the methods in use at the Municipal Centre.

As regards Child management the chief faults are :—

Improper food and irregular feeding.

Clothing, too much, too little, unsuitable.

Want of cleanliness.

Reforms in connection with these items invariably lead to improvement in the child and many querulous and puny infants can soon be transformed into healthy, vigorous and good-tempered ones by attention to these details.

### **ANTE-NATAL WORK.**

Eleven expectant mothers have attended during the year. It is a part of the work which is unsatisfactory in results, because so few will take the trouble to attend. The co-operation of doctors and midwives has been requested, and the Medical Officer is prepared to interview cases by special arrangement if midwives will make appointments.

### **SUPPLY OF DRIED MILK.**

The preparation supplied at the Centre is Glaxo, and the results from its use have been most satisfactory. It seldom disagrees, and for infant feeding is superior to Cow's Milk. During the hot weather it is not so liable to contamination by harmful organisms, and children fed with it have not the same liability to Diarrhœa. It is supplied to mothers attending the Centre at cost price.

### **MILK (MOTHERS and CHILDRENS) ORDER, 1918.**

In February, 1918, a Circular Letter and Order was issued by the Local Government Board on this subject, and a Circular by the Ministry of Health on October 14th, 1919, urged Local Authorities to make full use of their powers, and to consider extension of the arrangements in force in view of the probable shortage in households from lack of means or lack of supply. At a meeting of the Public Health Committee on October 16th I was formally empowered to give such assistance as I considered desirable, and the following arrangements were approved :—

Expectant and nursing mothers are encouraged to attend the Centre, and to bring children under 5 years.



Any cases unable from lack of means to provide milk are supplied with Dried Milk free of cost, or at a reduced price.

The Health Visitors have been instructed to report to the M.O.H. any expectant and nursing mothers who in their opinion require an additional supply of milk, and letters have been addressed to doctors and midwives for the same object.

Care has been taken to avoid overlapping of the functions of the Board of Guardians, etc., and in every case careful inquiry is made as to size of family, average weekly wage, etc. As a rough guide if the weekly income (after payment of rent) does not exceed 10/- for each adult, and 8/- for each child, the application is favourably considered.

No milk is supplied except through the agency of the Centre, and regular attendance is enjoined.

The benefit is unquestionable, nursing mothers are better able to suckle their infants, and infants deprived of the breast do not go short of necessary food.

The only drugs supplied at the Centre are a few Grey Powders, other simple remedies occasionally suggested are obtained by the parents from a chemist.

### **PROVISION OF LYING IN HOME.**

A report was recently presented to the Council in which I advocated the establishment of a Maternity or Lying-in Home, and the proposal was approved. A sub-committee was formed to consider the best method of giving effect to the recommendation, and if possible to find suitable premises. Therein lies the difficulty, as there are so few which would be available even if empty. The premises must be large enough to provide accommodation for patients, nurses, and domestic staff. The reasons given for this proposal were as follows: With the exception of 8 beds in the Medway Union Infirmary, there is no accommodation in Chatham for either normal or abnormal cases, that many confinements take place amidst surroundings of dirt and squalor, and under circumstances which are quite unsuitable, and which re-act to the detriment both of mother and infant. In a clean and well equipped home, arranged for this special purpose, a mother can have complete rest from her household cares, and will also receive valuable education as regards the management of herself and her child by the the best of all methods, viz.- practical observation. I feel confident that need exists for an institution of this character, and it would be partly self supporting.



## **F—SANITARY ADMINISTRATION.**

The Public Health Committee consists of the whole of the members of the Council. It meets on the third Thursday in each month.

The Department is staffed by :—

Medical Officer of Health.

Chief Inspector of Nuisances and Food Inspector.

Two Assistant Inspectors.

Three Health Visitors

Two Clerks.

One of the Health Visitors gives one fourth of her time to work under the Education Committee, and one is detailed for nursing assistance in Measles, Epidemic Diarrhœa, Puerperal Fever, etc.

The question of office accommodation is under consideration, and I need only say that at present it is inadequate, badly lighted and badly ventilated, besides having insufficient capacity for the storage of the necessary requirements of the department.

A Public Health Office should be an example of good hygienic principles, and not of bad ones.

## **G—HOUSING.**

### **I. GENERAL HOUSING CONDITIONS IN THE DISTRICT.**

1. An Inspection of the Rate Books shows that there are 9614 occupied houses in the Borough, and as far as I can ascertain there are no empty houses.

About 9,000 of these are working class houses. During 1919 four plans for the erection of dwellings were approved, and two have been built. There are none in course of erection.

During the five years prior to the War, the annual average of new houses was 75.

### **2. POPULATION.**

It is impossible to estimate this with accuracy. The figures are about 47,500.

3. (a) There is a very great shortage of houses, many of the existing dwellings containing more than one family.

(b) To meet this shortage, the Council propose to erect 300 houses on a site containing  $32\frac{1}{2}$  acres situated on high ground to the South West of the Borough.



## II OVERCROWDING.

- (a) This exists to a considerable extent, and can only be remedied by the provision of more accommodation.

The following statement is approximately correct :—

Containing 5 or more occupants	.....	3268	houses
„ 8 „ „	.....	810	„
„ 11 „ „	.....	115	„

- (b) The causes of overcrowding are two—one being the shortage of houses, the other increase of population. A possible third cause is the high price now obtainable for letting a part of a house.
- (c) Notices have been served in some instances, but without effect, and the measures contemplated are an increase in the number of dwellings, and when these are provided it will be possible to abate overcrowding.
- (d) The number of cases actually dealt with during the year was seven, and the action taken has been in the form of readjustment by the transfer of one of two large families to a house when the existing family was small.

## III FITNESS OF HOUSES.

1. (a) The general standard of houses for the working classes varies materially. In the older parts of the town it is bad, in the newer parts fairly satisfactory.
- (b) Unfit houses are in many cases old, and in defective repair, with leaking roofs, broken walls and ceilings, defective wood-work, badly lighted and ventilated, and dirty. Common yards, Common taps, insufficient and foul sanitary conveniences, back to back or non-through dwellings.

2. The method of dealing with unfit houses is based on the degree of unfitness. Minor defects are dealt with under the Nuisance Sections of the Public Health Acts of 1875, 1890 and 1907, houses in a condition not reasonably fit for habitation under Section 15 of the 1909 Act, and more recently under Section 28 of the 1919 Act, and when definitely unfit under Section 17 of the Act of 1909.

3. The difficulties in securing remedial measures are due to the shortage of labour, to the cost of materials, and in some cases to the financial inability of some small owners. Further objections put forward are that the necessary work cannot be done during the occupation of the house.



4. As regards the water supply, common taps are giving place to a single house supply.

Closet accommodation is being gradually improved by the provision of new closets and by the abolition of the open privy. There are no permanent ash-pits, and in every part of the town refuse is removed at least twice weekly. The receptacles in use are mostly unsatisfactory. (See Scavenging).

#### IV. UNHEALTHY AREAS.

1. An area known as the Brook Area was the subject of representation under Part I, Act 1890 in May 1913. A scheme was considered in 1913 and 1914 but no action was taken.

2. A Supplementary Report was made to the Council recently, and a resolution has been carried by the Council—declaring this area to be insanitary.

Full particulars and details will be found in the Report appended—copies of which have been sent to the Ministry.

#### BROOK AREA.

The present Report is supplemental to, and should be considered in conjunction with the Report on the Area which I submitted to the Council in May, 1913. That Report describes with fair accuracy the conditions which exist to day.

There have been some minor modifications which do not affect the general proposition that the Area is an unhealthy one. Four houses in FRUINS COURT, Nos. 133, 135, 137, 139 BROOK (front and back) have been demolished. 153 BROOK (back to back) converted into a Motor Garage. 167, 169, 171 BROOK have been demolished, and 1, 3, 5, 7 QUEEN STREET have been repaired and improved.

With respect to existing dwellings, 11 have been repaired and cleansed under the provisions of Section 15 of the Act of 1909, but the majority of the houses, owing to the neglect of the past six years are in a more insanitary condition than they were in 1913.

As will be seen from the original report the defects are general and particular, *e.g.* the streets are narrow and the houses badly arranged, several are back to back, they are badly lighted and ventilated, water supply and washing accommodation is inadequate, sanitary conveniences are insufficient, foul and defective, yards are used in common, and the condition of the greater part of the houses is such as to render them unfit for human habitation.

After full consideration I see no reason to modify the opinion given in the representation of 1913, and suggest that the best



policy in the future interests of the town will be to deal with the Area in a comprehensive manner, and to clear it of most of the existing dwellings.

It is important to have in view some defined scheme for the future of the Area, whether new and improved dwellings are to be erected, or factories or business premises, or whether it is to be maintained as an open space.

The fact that the Area is declared unhealthy as a whole must be kept in mind, but for the time being a method of partial clearance which would remove the worst evils can be put into operation, only it must be regarded as an intermediate and temporary measure, and the final object should be the complete elimination of the slums which now exist.

But in any case progress is dependent on the removal of the existing obstacle to effective action, and this obstacle is the very serious deficiency of houses. Before working out the details of any improvement scheme, the Regional Commissioner of the district should be consulted, and his approval obtained.

Most of the houses to be cleared are in that Section of the Area which forms an almost rectangular block including the whole of KING STREET, CROSS STREET as far as 29 on the eastern side and 32 on the western side, the whole of QUEEN STREET and vicinity, and the following houses facing the BROOK 113, 115, 117, 119, 121, 123, 125, 127, 129, 131 besides all houses in the rear, and approached from these streets.

Other houses fronting the BROOK and in FIELDS COURT and GAMBIERS COURT will also require demolition.

By dealing with the Area as a whole the Council will have power if it fits in with their scheme of development, to reconstruct or alter such houses as are structurally sound, and which are capable of conversion into satisfactory self contained dwellings, or in this class of house it may be possible to come to some agreement with the owner who would carry out the work according to the requirements of the Council.

In part 1 of the Act of 1890, the action of a Local Authority in dealing with an unhealthy area was dependent on the sufficiency of its resources. Now the removal of insanitary areas ranks for State Aid, and the burden on the Local Rates subject to the conditions set forth in the Regulations need not exceed the produce of a 1d. rate.

If re-housing on the cleared site should take place—there is a possibility of erecting more houses per acre than would be permissible on a new site, so long as due regard is paid to the necessary requirements of a healthy dwelling, and to the amenities of the locality.



The Ministry of Health has intimated that in addition to the Survey which was drawn up in October, 1919, and which contained the broad outline of the remedial measures contemplated, the Local Authority is expected to submit definite proposals for dealing with unfit houses and unhealthy areas in their district. This plan is to be carried out in three stages to be completed in the nine months ending July 31st, 1920, and the first definite proposals on these lines should be submitted before the 31st January, 1920.

Any schemes dealing with slum clearance or involving the borrowing of money must be submitted, but detailed proposals for dealing with unfit houses do not require the sanction of the Ministry.

It is a condition of assistance that schemes shall be carried out with reasonable promptitude, and that it will only be given "if the Minister is satisfied that reasonable progress has been made with the carrying into effect of the scheme within four years of the passing of the Act of 1919 (31st July 1923), or within such further period as the Minister may allow, but not later than July 31st, 1925."

Extension of time will be granted only in cases where the Minister is satisfied that the Local Authority is grappling with the problem comprehensively and with real earnestness.

The annexed schedule indicates the houses in the Area which in my opinion ought to be cleared, whatever its future may be, and in the event of re-housing certain houses are named which could be reconstructed, and made to fit in with the scheme of development. Obviously the retention of all, or a portion of these latter houses will depend on the Council's decision as to the future of the cleared site. In conclusion I would ask the Council to look upon this matter of housing as one of urgency. So many things are bound up with it, health, comfort, the welfare of children, intemperance, immorality, and physical and mental deterioration, that it should take precedence of all other public health measures, because many of them can never be more than palliatives so long as bad housing exists.

I trust that in a few years the appearance of Chatham will be transformed, and that the existing dingy and dirty houses, narrow streets, courts and alleys, will give way to better arranged and better constructed dwellings which will be fit to live in, and which will also be a credit to the town besides being of incalculable benefit to the health of the Community.

Chatham.

January 1st, 1920.

J. HOLROYDE,

Medical Officer of Health.



**SCHEDULE OF HOUSES RECOMMENDED FOR CLEARANCE.**

BROOK. 115 and cottage in rear, 117, 119, 121, 123, 125, 127  
131, 143, 155, 157, 159, 161, 161a, 163, 165.

FIELDS COURT. 1 and 2.

GAMBIERS COURT. 1, 2, 3, 4, 5, 6, 7, 8,

KING STREET. 1, 3, 7, 7a and cottage in rear, 9, 9a, 11, 11a,  
13, 15, 15a, 17, 17a, 19, 19a, 21, 21a, 2, 4, 6, 8, 10, 10a, 12,  
14, 16, Cottages in rear of 113 Brook.

CROSS STREET. 1, 3, 5, 7, 13, 13a, 15, 15a, 17a, 19, 21, 23, 25,  
27, 27a, 29. 2, 4, 6, 8, 10, 10a, 12, 12a, 14, 14a, 16, 18,  
20, 22, 24, 26, 28, 30, 32.

QUEEN STREET. 2, 4, 10, 12, 14, 16, 16a,  
1, 2, 3, Hills Court,  
1, 3, 5, 7, 9, 11, 13, 13a, 15, 15a.  
1, 2, 3, Randalls Court.

**SCHEDULE OF HOUSES WHICH MIGHT BE RE-ADAPTED IF  
THEY WILL FIT IN WITH SCHEME.**

BROOK. 113, 129, 141, 145, 147, 151.

KING STREET. 5, 25, 27, 27a, 29, 29a, 31, 31a, 18, 18a, 20,  
20a, 22, 22a,

CROSS STREET. 9, 11.

3. There have been no complaints during the year that Areas were unhealthy.

**V. Bye-laws relating to Houses, Houses  
Let in Lodgings and to Huts, Vans, Sheds, &c.**

1. The present Bye-Laws have worked satisfactorily in view of the standard which has been prevalent in the past, but with the use of new materials, and of new methods of building, the time has come when Bye-Laws should be revised, so as to allow of more elasticity and adaptation to particular cases.

2. The revision of Bye Laws relating to houses let in lodgings is also desirable, and in many cases would result in the closing of this class of house.



## VI.—General and Miscellaneous.

Much attention has been given to the question of housing during the past year, and progress has only been limited by existing difficulties. In February, 1919, I placed before the Council a Report urging the provision of huts as temporary dwellings to meet the shortage, and a Schedule indicating streets and localities where there is insanitary property. A further Report on urgency, and on the need for selecting sites was presented on May 19th, and a Report in August, showing the association of defective housing and a high mortality in 3 selected districts, with a statement of the general requirements of new deallings. More recent is the supplementary Report on the Brook Area.

A Housing and Town Planning Committee has been formed, which deals with the question of sites and new dwellings, and which has executive powers except in financial matters.

Particulars of the action taken in regard to housing will be found in the following Appendices.

During the year a survey of the District has been carried out, and I am now in possession of information respecting the condition of the most unsatisfactory types of houses in such localities as the Brook and vicinity, Best Street, Whittaker Street, and neighbourhood, Fort Pitt Street, and adjoining Streets, and of houses situated in various Courts and Alleys off the High Street.

This survey has revealed the fact that nearly every dwelling of this class is unsatisfactory in one degree or another, due very often to the continued neglect of minor repairs. Leaky roofs, damaged walls and ceilings, defective woodwork, want of sinks, absence of storage for food, windows which will not open, badly paved yards, unsatisfactory refuse disposal and closet accommodation, with unclean interiors are common. The majority of these houses can be dealt with under the provisions of Sec. 28 of the 1919 Act, but some will require more drastic measures, and in some instances where groups of houses are close and badly arranged—it may be necessary to proceed under Part II. of the Act of 1890.

There are two parties to the housing question, viz., landlord and tenant, and there are often faults on both sides. The present policy throws obligations on owners which are fair and just, and which will, when carried out provide occupiers of houses with conveniences hitherto lacking, their absence being a great handicap in any house. On the other side of the question is the bad tenant, who if he fails to comply with the requirements of a decent existence, should be held responsible for wilful damage and neglect.



The financial proposals of the Government are of a generous character, and no Local Authority need be deterred from improving its housing on the ground that it cannot afford to do so. I have on many occasions advocated better housing for the people on other grounds, which cannot be ignored.

The real reasons are

1. The Shortage of Houses.
2. The overcrowding of existing dwellings.
3. The insanitary condition of many.
4. The normal increase of population.
5. The influence of these conditions on the Public Health.

It should no longer be necessary for Health Officers to point out the evils attendant on bad housing—they are plain for all to read, and recent legislation has rendered the path of progress much easier. A vigorous and enlightened policy will be of benefit not only to the health of the town, but to its future development and prosperity, and I have every confidence that with these objects in view your Council will proceed as speedily as possible to improve its slums, and at the same time erect new and improved types of dwelling on the outskirts.

To such as are content with the present stamp of housing accommodation which exists in some parts of the district, and who adopt a passive attitude towards reform, I commend a study of the following figures as an unanswerable argument in favour of early action. They will repay careful study. They relate to areas in Chatham in which are houses having one or more of such defects as "inadequate ventilation and light, common yards, defective privy accommodation, and drainage, dirt, and overcrowding." Three districts are selected in which much of the property is of this type.

Table I.	Total deaths in Borough	Death rate per 1,000
	1913	574
	1913	15.8
	1914	610
	1915	927
	1916	572
	1917	567
		13.8
		16.4
		15.
		15.2

Table II.	Total deaths in Schedule Districts	Death rate per 1,000
	1913	157
	1914	163
	1915	190
	1916	153
	1917	143
		24.1
		25
		29.2
		22.2
		22



Table III. Deaths under 1 year of age.

	Total in Borough	Total in District	Percentage of Total.
1913	117	40	34
1914	107	50	47
1915	115	42	36.5
1916	87	26	30
1917	92	34	37
Average of 5 years	103	38	37

These figures represent deaths only. The mortality in certain houses is from 50 to 60 per cent in excess of the general rate, and more than one third of the total infant mortality is found in these houses. To get a true estimate of the evils attendant on bad housing, it is necessary to remember that in addition to the deaths—there is excessive sickness, disablement and incapacity for work amongst the survivors.

The only remedy is one of a radical character, and that is the extermination of slum property, and the provision of dwellings which will contain the essential requisites of a healthy existence. When that is done, then if the privileges and amenities are abused by the occupants—there should be some form of legal redress.

#### Statistics for Year ending December 31st, 1919.

1. The number of complaints received from householders with respect to defective houses was 158. In no case was there direct complaint that a house was unfit to live in—generally speaking they were requests for inspection on the ground that the owner or agent refused to do anything.

#### 2. Action under Sec. 17 Housing Act 1919.

- (a) The total number of houses inspected under or for the purpose of this section was 25.
- (b) 14 were considered as unfit for human habitation, and reported to the Council, 5 Closing Orders have been issued and 9 are awaiting confirmation.
- (c) None.

#### 3. Action under Sec. 15 Housing Act 1919 and Sec. 28 Housing Act 1919.

- (a) Fifty-five orders for repairs issued, 3 awaiting confirmation.
- (b) None carried out by Local Authority.
- (c) Two houses closed by owner voluntarily, 37 were put into a fit state, 18 are outstanding.



**4. Closing Orders.**

- (a) The number of houses represented to the Local Authority with a view to the making of Closing Orders is 14.
- (b) Closing orders made 14.
- (c) Number in which closing orders have been determined—none.

**5. Demolition Orders.**

- (a) One made.
- (b) One house demolished.

6. No houses have been demolished voluntarily.

7. No representations in regard to obstructive buildings have been made (Sec. 38 Housing Act 1890).

8. The Staff engaged in housing work consists of Medical Officer of Health, Inspector of Nuisances and 1 Assistant Inspector

**DUTIES.**

All houses dealt with under any Section of the Housing Acts, are visited personally by the Medical Officer of Health, and reported by him to the Council. The Inspector of Nuisances accompanies him, and makes out specifications of work required. He also serves all notices. An Assistant Inspector is occupied in obtaining particulars of dwelling houses, in making a general survey, and in the keeping of records.



**Factories, Workshops, Laundries, Workplaces and  
Homework.**

**BOROUGH OF CHATHAM.**

**1.—Inspection.**

Including Inspections made by Sanitary Inspectors or Inspectors of  
Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries) .. ..	24	0	
Workshops (including Workshop Laundries) .. ..	267	8	
Workplaces (other than Outworkers' premises included in Part 3 of this Report) .. ..	80	0	
Total .. .. .	371	8	

**2.—Defects Found.**

Particulars.	No. of Defects.			Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<b>Nuisances under the Public Health Acts :—</b>				
Want of cleanliness .. .. .	6	6		
Want of ventilation .. .. .	5	4		
Overcrowding .. .. .	0	0		
Want of Drainage of floors .. .. .	0	0		
Other Nuisances .. .. .	0	0		
Sanitary Accommodation { insufficient .. .. .	0	0		
{ unsuitable or defective .. .. .	1	1		
{ not separate for sexes .. .. .	0	0		
<b>Offences under the Factory and Workshop Act :—</b>				
Illegal occupation of underground bakehouse ..	0	0		
Breach of special sanitary requirements for bakehouses .. .. .	0	0		
Other offences (excluding offences relating to outwork which are included in Part 3 of this Report) .. .. .	0	0		
Total .. .. .	12	11		



**3.—Homework.**

Wearing Apparel— (1) making, &c.							Received from other Councils	Forwarded to other Councils	Outwork in infected premises.	
	Sending twice in the year.			Sending once in the year.					Instances.	Orders made.
	Lists.	Contractors.	Workmen.	Lists.	Contractors.	Workmen.				
	11	0	1132	0	0	0	4	7	3	3
Total .. ..	11	0	1132	0	0	0	4	7	3	3

**4.—Registered Workshops.**

Workshops on the Register at the end of the year.	Number.
Tenement Workshops .. .. .	0
Workshop Bakehouses .. .. .	9
Domestic Workshops .. .. .	34
Laundries (Workshops) .. .. .	2
Other Workshops .. .. .	127
Total number of Workshops on Register .. ..	172

**5.—Other Matters.**

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Acts ..	0
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Acts :—	
Notified by H.M. Inspector .. .. .	7
Reports (of action taken) sent to H.M. Inspector .. .. .	7
Other .. .. .	0
Underground Bakehouses :—	
Certificates granted during the year .. .. .	0
In use at the end of the year .. .. .	4



**RAINFALL DURING 1919.**

Taken at Luton Waterworks by Mr. Coles Finch.

January .....	3.84	inches.
February .....	2.09	„
March .....	2.66	„
April .....	3.40	„
May .....	.18	„
June .....	1.13	„
July .....	2.27	„
August .....	2.23	„
September .....	.95	„
October .....	.58	„
November .....	2.33	„
December .....	3.21	„
	<hr/>	
Total	24.87	„



