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AC 4421 (1) WATFORD

BOROUGH OF



WATFORD.

ANNUAL REPORT

ON

**HEALTH,
SANITARY CONDITIONS,
ETC.,**

FOR THE YEAR 1923,

BY

WILLIAM J. COX, M.B., Ch.B., D.P.H.,

Medical Officer of Health.

Medical Officer Maternity & Child Welfare Scheme.

*Medical Superintendent of Watford Joint Isolation
Hospital.*

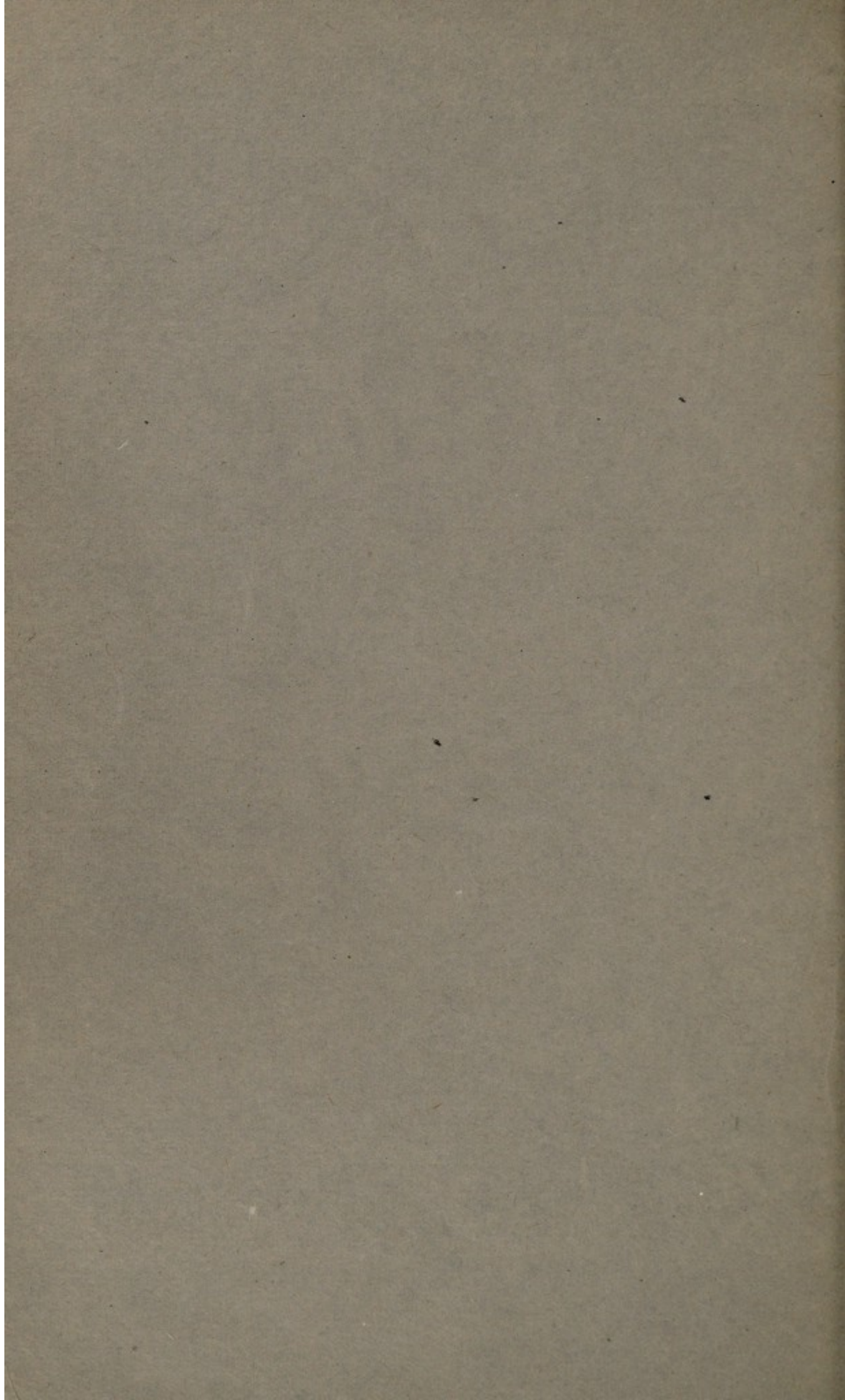
Assistant School Medical Officer, Herts C.C.

INCLUDING REPORTS ON

*Medical Inspection of Schools, Watford Dental Clinic,
and Watford Joint Isolation Hospital.*

WATFORD :

PRINTED BY C. H. PEACOCK, 101, HIGH STREET.
1924.



PUBLIC HEALTH DEPARTMENT,
MUNICIPAL OFFICES,
HIGH STREET,
WATFORD,

April, 1924.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
BOROUGH OF WATFORD.

LADIES AND GENTLEMEN,

I have the honour to submit to you my second Annual Report, which is also the second Health Report of the new Borough of Watford.

It is actually the 51st Annual Report for this district, as it was preceded by fifty Health Reports of the old Urban District.

Perhaps the most outstanding facts in my report are the comparative freedom of the Borough from Diphtheria and Scarlet Fever, and also the low infant Death Rate—this being under 50 per thousand, whilst the general Death Rate of the town is low, being only 8.5 per thousand.

These facts are all to the good. On the adverse side, the most unfavourable fact one has to report is the continued shortage of houses for the working classes. At the same time must be considered the need for demolition of insanitary dwellings, a matter which will shortly receive its due.

I have much pleasure in acknowledging the valuable assistance I have received from various other Officials of the Borough in carrying out my duties, and particularly from Mr. S. Jump, Sanitary Inspector, whose help has been invaluable.

I have the honour to be,

Your obedient Servant,

WILLIAM J. COX.

BOROUGH OF WATFORD.

ANNUAL REPORT, 1923.

I. GENERAL STATISTICS.

Area—2240 acres.

Population 47,100 (Registrar-General's Estimate).

Number of inhabited houses—10,209 (Census 1921).

Number of families or separate occupiers—10,894 (Census 1921).

Rateable value—£257,734.

Assessable value—£237,232.

Sum represented by a penny rate—£940.

II. EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1923.

		Total.	M.	F.	} Birth rate 18.3
Births	Legitimate	835	421	414	
	Illegitimate	31	11	20	
Deaths—405		Death Rate—8.5.			

Number of Women dying in or in consequence of child birth :

From Sepsis 1

Other causes 1

Deaths of infants under one year of age, per thousand births :

Legitimate 49

Illegitimate 64.5

Total 49.6

Deaths from measles (all ages) 0

Deaths from whooping cough (all ages) 1

Deaths from diarrhoea (under two years) 3

VITAL STATISTICS.

The following Table gives the chief vital statistics of the Borough of Watford, and also of London, the groups of 105 Great Towns and 157 Smaller Towns, and also of the country as a whole. The rates for England and Wales have been calculated on a population estimated to the middle of 1923, while those for the towns have been calculated on populations estimated to the middle of 1922. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.

TABLE A.
COMPARATIVE TABLE OF BIRTH AND DEATH RATES, AND ANALYSIS OF MORTALITY—1923.

	BIRTH- RATE PER 1,000 TOTAL POPULA- TION.	ANNUAL DEATH-RATE PER 1,000 POPULATION.								RATE PER 1,000 BIRTHS.		
		All Causes.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria	Influenza.	Violence.	Diarrhoea & Enteritis (under two years.	Total Deaths under one year.
England and Wales	19.7	11.6	0.01	0.00	0.14	0.03	0.10	0.07	0.22	0.44	7.7	69
105 County Boroughs and Great Towns, including London ..	20.4	11.6	0.01	0.00	0.15	0.03	0.12	0.09	0.22	0.40	9.9	72
157 Smaller Towns (1921 adjust- ed Populations 20,000-50,000)	19.8	10.6	0.01	0.00	0.19	0.02	0.10	0.06	0.21	0.38	6.4	69
London	20.2	11.2	0.01	0.00	0.08	0.02	0.09	0.13	0.17	0.45	10.2	60
WATFORD	18.3	8.5	0.00	0.00	0.00	0.02	0.02	0.02	0.22	0.28	0.06	49.6

POPULATION:—In 1911 the population of the Urban District of Watford was 40,946. At the census of 1921 it was found to be 45,910.

The Registrar General's estimate for the year 1923 is 47,100, which is the figure used as the basis of the statistics of this Report.

BIRTHS:—The number of Births in the Borough of Watford during the last year after correction for inward and outward transfers was 866 as compared with 885 in the previous year. This gives a *Birth Rate* per 1,000 of 18.3. The number of *Illegitimate Births* was 32 as compared with 30 in the previous year, giving an *Illegitimate Birth Rate* of 23 per 1,000 children born.

DEATHS.—The number of deaths for the Borough after allowing for outward and inward transfers is, according to the Registrar-General's return, 405, as compared with 448 in the previous year.

This gives a *Death Rate* of 8.5 per 1,000 from all causes, which compares favourably with London's Death Rate of 11.2, and with the Death Rate of the whole country, which was 11.6 per 1,000.

The following table gives a complete list of deaths from all causes :—

TABLE B.

CAUSES OF DEATH.					Males.	Females.
All Causes					198	207
1	Enteric Fever	..	...	...	—	—
2	Smallpox	...	...	...	—	—
3	Measles	...	...	...	—	—
4	Scarlet Fever	...	...	...	—	1
5	Whooping Cough	...	...	...	1	—
6	Diphtheria	...	...	...	—	1
7	Influenza	...	...	...	5	6
8	Encephalitis Lethargica	...	...	...	—	—
9	Meningococcal Meningitis	...	...	...	—	—
10	Tuberculosis of Respiratory System	...	...	...	18	15
11	Other Tuberculous Diseases	...	...	...	1	4
12	Cancer, Malignant Disease	...	...	...	19	39
13	Rheumatic Fever	...	...	...	—	—
14	Diabetes	...	...	...	7	3
15	Cerebral Hæmorrhage, etc.	...	...	...	7	13
16	Heart Disease	...	...	...	22	28
17	Arterio-sclerosis	...	...	...	3	1
18	Bronchitis	...	...	...	15	15
19	Pneumonia (all forms)	...	...	...	10	8
20	Other Respiratory Diseases	...	...	...	2	6
21	Ulcer of Stomach or Duodenum	...	...	...	6	1
22	Diarrhœa, etc. (under 2 years)	...	...	...	2	1
23	Appendicitis and Typhlitis	...	...	...	3	3
24	Cirrhosis of Liver	...	...	...	—	—
25	Acute and chronic Nephritis	...	...	...	5	2
26	Puerperal Sepsis	...	...	...	—	1
27	Other Accidents and Diseases of Pregnancy and Parturition	...	...	...	—	1
28	Congenital Debility and Malforma- tion, Premature Birth	...	...	...	19	6
29	Suicide	...	...	...	2	2
30	Other Deaths from violence	...	...	...	6	4
31	Other defined Diseases	...	...	...	45	46
32	Causes ill-defined or Unknown	...	...	...	—	—
Special Causes (included above)						
	Poliomyelitis	...	...	...	—	—
	Polioencephalitis	...	...	...	—	—
Deaths of Infants under 1 year:						
	Total	...	...	...	30	11
	Illegitimate	...	...	...	—	2

INFANT DEATHS :—Under the age of 12 months. These number 43, giving an *Infant Death Rate* of 49.6 per 1,000 births. It will be seen from the comparative table of Birth and Death Rates, given on page 3, that the Infant Death Rate of Watford is much lower than that of London, which is 60, and of the whole country, which is 69.

DEATHS OF ILLEGITIMATE CHILDREN :—It is a satisfactory fact that of 31 illegitimate births there were only 2 deaths in the first year of life, which is a lower proportion of deaths than is usually the case. This gives an illegitimate Death Rate of 64.5 per 1,000 births.

Particulars of the various causes of death under the age of 12 months are given in the following Table :—

TABLE C.
DEATHS UNDER ONE YEAR.

CAUSE.	Under 1 Month	1 to 3 Months	3 to 6 Months	6 to 9 Months	9 to 12 Months	TOTAL
Congenital Syphilis	—	—	1	—	—	1
Congenital Cardiac Disease ...	1	—	—	—	—	1
Bronchitis	1	1	1	1	—	4
Pneumonia	—	2	—	—	—	2
Congenital Debility, Malformation and Prematurity...	23	1	1	—	—	27
Gastritis and Gastro-Enteritis	2	2	2	1	—	7
Whooping Cough	—	1	—	—	—	1
Totals... ..	27	8	5	3	—	43

III. & IV. PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

During the last year there has fortunately been a record scarcity of cases of Scarlet Fever and Diphtheria. The Joint Isolation Hospital has, in fact, rarely contained so few cases as at the present time. Table D shows the number of cases notified, the number of deaths, the number admitted to Hospital, and also the distribution of cases according to the wards in which they occurred.

TABLE D.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1923.
BOROUGH OF WATFORD.

NOTIFIABLE DISEASES.	Cases notified in whole District.													Total cases notified in each locality.							Total cases removed to Hospital.			
	At all ages	At ages												Harebreaks.	Brads-haw.	St. Andrews	Cassio-bury	Harwoods.	King's.	Queen's.		Oxhey.		
		Under 1	1 year	2 years	3 years	4 years	5 years	10 years	15 years	20 years	35 years	45 years	65 years and up.											
Small Pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)...	14	...	...	1	...	7	2	1	2	1	...	...	...	...	1	2	3	2	5	1	...	...	...	9
Erysipelas ...	11	...	1	1	...	1	...	...	1	1	1	5	...	...	2	...	8	4	1	...	...	...	...	3
Scarlet Fever ...	35	...	2	...	1	2	9	16	3	2	...	...	...	...	6	1	...	7	9	1	...	...	...	29
Typhus ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-spinal Meningitis.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-myelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica ...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Ophthalmia Neonatorum ...	40	1	1	1	...	4	2	4	9	10	5	2	...	...	5	4	7	7	8	4	4	...	...	...
Pneumonia ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Malaria ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Dysentery ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox ...	71	1	3	5	3	8	38	8	2	3	...	...	...	...	5	7	2	4	9	28	4	...	...	...
TOTALS ...	177	5	7	7	6	10	59	29	10	19	12	6	7	19	20	15	20	33	34	12	42			

The number of Scarlet Fever cases was only 35, as compared with 64 in 1922, 149 in 1921, and in some previous years even larger numbers of cases. With regard to Diphtheria, the figure is even more satisfactory, being 14 in 1923, as compared with 61 in 1922 and 36 in 1921.

Fortunately no case of Smallpox occurred in the Borough, but as a precautionary measure Chicken-pox was made notifiable for a period of twelve months until July 31st, 1924. Seventy-one notifications have been received. The other diseases notified call for no special mention with the exception of Pneumonia, in respect of which 40 notifications were received. In all these cases it was found that adequate medical and nursing attendance were being provided, and that no further action was required on the part of the Local Authority. The types of Pneumonia which are notifiable are primary and influenzal cases.

Influenza was not very prevalent during the year 1923. An epidemic had begun towards the end of the year in question, but this reached its height early in 1924, when its effects were very serious.

TABLE E shows the number of cases of Ophthalmia Neonatorum notified and the fate of these cases.

TABLE E.
OPHTHALMIA NEONATORUM.

Ophthalmia Neonatorum	Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
	Notified.	Treated.					
		At Home.	At Hospital				
	3	3	nil.	3	nil.	nil.	nil.

TABLE F. shows the number of cases of Tuberculosis notified and the number admitted to Hospital or Sanatorium, also the number of deaths from this disease.

TABLE F.
TUBERCULOSIS.

Age-Periods.				New Cases.				Deaths.			
				Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
				M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	...	—	—	—	—	—	—	—	—
1	...	...	...	—	—	—	1	—	—	—	1
5	...	...	...	2	2	3	5	—	—	—	—
10	...	...	...	6	8	3	1	—	—	—	—
15	...	...	...	2	2	1	1	1	1	—	—
20	...	...	...	3	6	1	2	2	—	—	—
25	...	...	...	7	5	1	2	1	5	—	1
35	...	...	...	11	8	1	3	3	4	1	—
45	...	...	...	7	4	3	—	4	3	—	—
55	...	...	...	4	6	—	—	3	2	—	—
65 and upwards	...	...	...	1	1	—	—	4	1	—	1
TOTALS				43	42	13	15	18	16	1	3

Of 34 cases which died from Pulmonary Tuberculosis, 26 were notified cases, and 8 unnotified. The question is sometimes raised as to whether Watford is a town where Tuberculosis is very prevalent. This enquiry is stimulated by the existence of a Tuberculosis Dispensary in the town, which brings the disease more prominently before the public notice, and in some quarters causes a certain amount of anxiety. It should be stated that the Death Rate in Watford from Pulmonary Tuberculosis is .72 per 1,000, which cannot be considered a very high figure, and that Tuberculosis is not more prevalent in Watford than in other parts of the country.

NON-NOTIFIABLE INFECTIOUS DISEASES :—Fortunately neither Measles nor Whooping Cough was prevalent to any serious extent during the year. The latter disease was responsible for one death.

JOINT ISOLATION HOSPITAL REPORT.

The number of patients admitted to the Hospital during 1923 was lower than in the previous year, being 111 compared with 161 in 1922.

It will be seen in the table that 91 cases of Scarlet Fever were sent to the Hospital compared with 83 during the previous twelve months, while the 1922 figure for Diphtheria of 69 was decreased to 15 in 1923.

There were 2 deaths—Scarlet Fever, 1 ; Diphtheria, 1.

The Death Rate of the patients in Hospital was 1.8 per cent.

The following is a summary of the year's work :—

In Hospital, 1st January, 1923	...	...	...	...	14
Cases admitted from Watford Borough	...	...	...	...	42
„ „ „ Rural	...	...	...	...	35
„ „ „ Rickmansworth Urban District	...	...	...	...	4
„ „ „ Bushey Urban District	...	...	...	...	29
„ „ „ Chorleywood Urban District	...	...	...	...	1
Total					125

Patients discharged—cured—during 1923	...	...	...	112
„ died in Hospital „ „	...	...	...	2
„ still in Hospital, 1st January, 1924	...	...	...	11
Total				125

The eleven cases in Hospital, 1st January, 1924, consisted of 9 Scarlet Fever and 2 Diphtheria.

TABLE SHEWING DISTRIBUTION OF DISEASES AMONGST
THE DIFFERENT DISTRICTS.

District.	Scarlet Fever.	Diph- theria	Enteric Fever.	Erysip- elas.	Small Pox.	Totals.
Watford Borough ...	29	9	1	3	—	42
Watford Rural ...	30	4	—	—	1	35
Bushey Urban ...	27	2	—	—	—	29
Rickmansworth Urban	4	—	—	—	—	4
Chorleywood Urban ...	1	—	—	—	—	1
Totals	91	15	1	3	1	111

V. SUMMARY (for Reference) OF NURSING ARRANGEMENTS, HOSPITALS, ETC., IN THE DISTRICT.

The HOSPITALS in the Borough are as follows :—

- (1.) The Watford District Hospital (now rebuilding and to be enlarged to 110 beds).
- (2.) The Union Infirmary.
- (3.) The Joint District Isolation Hospital.

The CLINICS and TREATMENT CENTRES are the following :—

NAME.	ADDRESS.	WHEN HELD.
1. Centre for Infant Consultations and weighing.	The Hut, St. Albans Road.	Tuesday and Wednesday, 2.30-4 p.m.
2. Pre-natal Consultations.	The Hut, St. Albans Road.	Thursday, 2.30—4 p.m.
3. Home for Infants.	Little Nascott, St. Albans Rd.	Resident Home.
4. Dental Clinic for Nursing and Expectant Mothers.	Little Nascott.	One session per month.
5. Maternity Home.	21, King Street.	Resident Home.
6. Tuberculosis Dispensary.	Council Offices	Adults — Monday, 2—5 p.m. Children :— Each alternate Tuesday, 2—5 p.m.
7. Orthopædic Clinic.	21, King Street.	Open every day from 9.30 a.m. Specialist attends once monthly.

Of the above Institutions, 1, 2, 3, and 4 are provided by the Borough Council, 5 and 6 by the County Council, while 7 is run by the Red Cross Association.

VENEREAL DISEASES :—The County Council is responsible for the treatment of these diseases. There are no local treatment centres in the County, owing to the proximity of London and the excellent facilities for treatment which exist at the out-patient departments of various hospitals there.

SUPERVISION OF MIDWIVES :—This again is undertaken by the Herts County Council, who also provide a training centre for midwives and district nurses at 21, King Street.

AMBULANCE FACILITIES are as follows :—

- | | | |
|------|---------------------------------------|--|
| (1.) | Infectious diseases | Motor Ambulance at Isolation Hospital. |
| (2.) | For non-infectious and accident cases | Motor Ambulance controlled by the Borough Council. |

A new Motor Ambulance has recently been provided by the Corporation in co-operation with the Watford Division of the St. John Ambulance Brigade, and is now available at the following reduced rates :—2s. per mile inside the Borough and 1s. 3d. per mile outside the Borough. The minimum charge in each case is 4s. and 6s. The ambulance is accompanied by a member of the St. John Ambulance Brigade. In the case of street accidents in the Borough no charge is made. The telephone number is that of the Fire Station, Watford 114.

VI. LABORATORY WORK.

The examination of swabs for Diphtheria is carried out in the Council's laboratory at the Public Health Offices, by the Medical Officer of Health.

The number examined during the year was 115, of which 13 were positive.

Sputum examinations for Tubercle Bacilli are undertaken by the County Council.

Samples of water for analysis are examined by Drs. Thresh and Beale, Counties Public Health Laboratories, London, and Milk samples (for grading, etc.) at the Royal Institute of Public Health.

Anti-diphtheritic and other serum are supplied to medical men, free of charge, for necessitous cases in the district.

LIST OF ADOPTIVE ACTS, BYE-LAWS AND LOCAL REGULATIONS RELATING TO THE PUBLIC HEALTH IN FORCE, IN THE DISTRICT, WITH DATE OF ADOPTION.

The under-mentioned Acts have been adopted in the Borough of Watford :—

- The Infectious Disease (Notification) Act, 1889.
- The Infectious Disease (Prevention) Act, 1890.
- The Public Health Acts Amendment Act, 1890.
- The Baths & Wash-houses Acts.
- The Private Street Works Act, 1892.
- The Public Health Acts, Amendment Act, 1907 (part).
- The Notification of Births Act, 1907.

The following Local Act and Orders are in force in the Borough of Watford :—

The Watford Urban District Council Act, 1909.

The Borough Council have made byelaws or regulations for the following matters :—

New Streets and Buildings.
The cleansing of footways and pavements.
Nuisances.
Common Lodging Houses.
Slaughter Houses.
Pleasure Grounds.
Bathing Place.
Houses let in lodgings.
Offensive Trades.
Water Supply.
Commons.
Dairies, Cowsheds and Milkshops.

During 1923 application was made to the Minister of Health for sanction of bye-laws for the Prevention of Keeping of Poultry on any premises, so as to be injurious to health, but permission was not received until January 28th, 1924.

VII. SANITARY ADMINISTRATION.

The number of Slaughter Houses in the District is 11, of which 6 are "Registered" and 5 are "Licensed."

Full particulars of inspections and work carried out during the year are given in the Report of the Sanitary Inspectors as set out below :—

REPORT OF THE WORK CARRIED OUT BY THE SANITARY INSPECTORS DURING THE YEAR 1923.

Visits to Common Lodging Houses	...	...	...	72
„ Courts and Alleys	...	...	...	507
„ Infected Houses	...	...	...	252
„ Work in Progress	...	...	...	2486
Houses Inspected	...	...	...	340
„ re-Inspected	...	...	...	294
„ Inspected (Housing Acts)	...	...	...	105
„ re-Inspected	...	...	...	191
„ Inspected Rents Act	...	...	...	5
„ re-Inspected	...	...	...	12
Special visits to Insanitary areas	...	...	...	174
„ Enquiries <i>re</i> Housing	...	...	...	175

FOOD INSPECTION.

Total number of animals examined.

Beasts.	Sheep.	Pigs.	Calves.
4258	7959	7309	3473

Condemned and Destroyed.

534 st. English Beef.
 264 st. Frozen Beef.
 34 Beasts and all Organs.
 11 Calves and all Organs.
 116 Beasts' Lungs.
 216 „ Livers.
 62 „ Udders.
 92 „ Heads.
 90 „ Tongues.
 26 „ Other Organs.
 7 Sheep and all Organs.
 28 Frozen Lambs.
 84 st. Frozen Mutton.
 26 Sheep's Plucks.
 5 doz. Frozen Sheep's Kidneys.
 27 Pigs and all Organs.
 50 Pigs' Heads.
 44 „ Plucks.
 45 Tins Preserved Meat.
 3 lbs. Bacon.
 11 st. Haddocks.
 1 Box Dried Haddocks.
 16 st. Herrings
 2 st. Plaice.
 31 st. Mixed Fish.
 5 Boxes Bloaters.
 6 st. Cod.
 56 lbs. Gooseberries.
 27 Rabbits.
 3 bags Whelks.
 24 lbs. Apricots.
 24 lbs. Peaches.
 14 cwts. Potatoes.
 53 doz. Eggs.

NUISANCES ABATED.

Choked Drains	...	...	...	...	...	285
„ W.C.'s	...	...	...	...	...	69
„ Urinals	...	...	...	...	...	17
„ Gullies	...	...	...	...	...	29
Defective Drains	...	...	...	...	...	68
„ Inspection Chamber	...	...	...	...	...	40
„ „ Chamber Covers	...	...	...	...	...	42
„ Interceptors	...	...	...	...	...	16
„ W.C.'s	...	...	...	...	...	72
„ W.C. Flushing Fittings	...	...	...	...	...	53
„ Soil Pipes	...	...	...	...	...	24
„ Vent „	...	...	...	...	...	2
„ Gullies	...	...	...	...	...	46
„ Sinks and Sink Waste Pipes	...	...	...	...	...	33
„ Eaves Guttering and Rain Water Pipes	...	...	...	...	...	91
„ Fresh Air Inlets	...	...	...	...	...	27
„ Roofs	...	...	...	...	...	105
„ Doors and Door Frames	...	...	...	...	...	35
„ Floors	...	...	...	...	...	94
„ Cellar Flaps	...	...	...	...	...	2
„ Staircases	...	...	...	...	...	20
„ Ceilings, Plastering, etc.	...	...	...	...	...	121
„ Coppers	...	...	...	...	...	34
„ Chimneys and Flues	...	...	...	...	...	19
„ Window Frames and Sash Cords	...	...	...	...	...	77
„ Fireplaces and Cooking Ranges	...	...	...	...	...	45
„ Brickwork	...	...	...	...	...	27
Houses White-washed, etc	...	...	...	...	...	183
Yard Paving Repaired	...	...	...	...	...	13
Offensive Accumulations	...	...	...	...	...	23
Filthy Houses, etc	...	...	...	...	...	1
Dampness Remedied	...	...	...	...	...	119
Dirty Closets and Yards	...	...	...	...	...	12
Overcrowding	...	...	...	...	...	2
Workshops Lime-washed	...	...	...	...	...	74
General Repairs, etc.	...	...	...	...	...	140
Poultry and Animals Improperly kept	...	...	...	...	...	90
Dustbins Provided	...	...	...	...	...	141
Extermination of Rats	...	...	...	...	...
Smoke Nuisances Remedied	...	...	...	...	...	2

DISINFECTION, ETC.

Rooms after Infectious Disease	...	...	...	...	82
„ „ Consumption	...	...	...	...	93
„ „ Cancer	...	...	...	...	17
„ For Vermin	...	...	...	...	78
School Rooms after Infectious Disease	...	...	...	...	25
Hospital Wards, etc., Disinfected	...	...	...	...	29

BEDDING, ETC., DISINFECTED.

Palliasses	...	...	11	Nightgowns	...	8
Mattresses	...	...	20	Curtains	...	3 Pairs
Beds	...	...	38	Carpets	...	4
Bed Covers	...	...	14	Coats	...	6
Pillows	...	...	67	Rugs	...	6
Bolsters	...	...	29	Dresses	...	1
Blankets	...	...	66	Sundries	...	24
Sheets	...	...	26	Eiderdowns	...	10
Bed Quilts	...	...	9	Cushions	...	4
Counterpanes	...	...	16	Dressing Gowns	...	2
General Body Linen	...	...	23	Shirts	...	5
Shawls	...	...	2			

BEDDING, ETC., DESTROYED.

Beds	...	...	10	General Body Linen	1	Bundle
Sundries	...	...	1	Mattresses	...	1
Sheets	...	...	7	Pillows	...	6
Blankets	...	...	8			

VIII. PUBLIC HEALTH STAFF.

X. Medical Officer of Health, X. Medical Superintendent
Isolation Hospital, X. Medical Officer Maternity and
Child Welfare Scheme—

WILLIAM J. COX, M.B., CH.B., D.P.H.

X. Assistant Medical Officer (for Ante-Natal Clinic)—

DOROTHY B. GERE, M.R.C.S., L.R.C.P.

X. Dental Officer, Maternity and Child Welfare Centre—

SIDNEY W. FISK, M.R.C.S., L.R.C.P. L.D.S.

X. Senior Sanitary Inspector—

S. JUMP, M.S.I.A., Cert. R. San. Inst.

,, ,, ,, (Meat and Foods)

X. Meat and Food Inspector—

R. V. JACOB, Cert. R. San. Inst.

,, ,, ,, (Meat and Food)

Assistant Sanitary Inspector—

H. J. HARLAND, Cert. R. San. Inst.

,, ,, ,, (Meat and Foods)

X. Health Visitors—

MISS G. M. HAMMOND, GENERAL TRAINING, & C.M.B.

Cert. R. San. Inst. (Health Visitor)

MISS K. MIDDLETON, GENERAL TRAINING.

Clerk—

A. W. NICOL.

X Denotes salary contribution made by Exchequer grants.

IX. HOUSING.

"While the housing of the working classes has always been a question of the greatest social importance, never has it been so important as now. It is not too much to say that an adequate solution of the housing question is the foundation of all social progress. Health and housing are indissolubly connected. If this country is to be the country we desire to see it become, a great offensive must be undertaken against disease and crime, and the first point at which the attack must be delivered is the unhealthy, ugly, overcrowded house in the mean street, which we all of us know too well.

"If a healthy race is to be reared it can be reared only in healthy homes; if infant mortality is to be reduced and tuberculosis to be stamped out, the first essential is the improvement of housing conditions; if drink and crime are to be successfully combated, decent, sanitary houses must be provided. If "unrest" is to be converted into contentment, the provision of good houses may prove one of the most potent agents in that conversion."

HIS MAJESTY KING GEORGE V. April 11th, 1919.

The above words are an extract from a speech delivered by His Majesty at a housing reception held at Buckingham Palace, when representatives of various municipal bodies and housing associations were present. The truth of these statements is fully realised in Watford, and much has been done to meet housing requirements, by the erection of 953 houses, this scheme being completed in 1922. These are as follows:—

	Houses.
Harebreaks (C. Brightman & Son)	828
Harebreaks (Garden Cities Co.)	47
Willow Lane (Garden Cities Co.)	40
Sydney Road (W. King & Son)	28
Rickmansworth Road (W. King & Son)	10
	<hr/>
Total	953
	<hr/>

In addition to the above houses, there is a further number of 22 cottages, built in Willow Lane in 1913, and first occupied in May and June, 1914. Thus there is a total of nearly 1,000 houses in the Borough which have been built by municipal enterprise. It is doubtful whether any town in England of the size of Watford has done more for housing of the working classes. In spite of this great achievement, much still remains to be done. The building of working class houses is still greatly in arrears. In my report for 1922, I drew attention to the fact that such operations had been about nine years in arrears, towards which 1,000 municipal houses were a contribution representing the output of about four years of normal building. At the present time Mr. Pickering, the Housing Agent, has a waiting list of 1,000 families requiring houses. Doubtless there are others who have not summoned up courage to place their names on the list, in many cases owing to the knowledge that they are unable to pay the rent which would be required.

There is not the least doubt that if a thousand, or even more new houses were built in Watford there are sufficient people in the town, now living in rooms, to provide tenants for this number.

The only difficulty standing in the way is that of finance. Local authorities will doubtless hesitate before embarking on further costly schemes, but, on the other hand, a matter like housing, which is of such great importance to the public health, cannot be held up indefinitely.

Private enterprise has been repeatedly invoked to come to the assistance of the public by providing houses for the working classes, but it has only responded to a limited extent, and only in cases where dwellings have been built by the owner for his own occupation. What is here referred to is the local operation of the Small Dwellings Acquisition Act, under which nearly a hundred houses have been built during the period from October, 1923, to the end of February, 1924.

This is all to the good, and it is desirable that private enterprise of this type should be stimulated as far as possible.

With regard to a further scheme by the Local Authority to relieve the housing shortage, at the present time sanction has been given by the Ministry of Health for the erection of 50 small houses of the non-parlour type on the Wiggshall Estate, and plans are being prepared for these. This scheme is in addition to the 40 which are nearing completion, and which are intended for the re-housing of tenants who will be displaced by the demolition of Ballard's Buildings, to which further reference is made in the next paragraph.

It will be seen that the housing problem in Watford is a dual one, concerning itself with (1) the provision of further housing accommodation for the working classes, and (2) the demolition of insanitary houses.

At the present time sanctions obtained from the Ministry of Health are as follows :—

- (a) To erect 40 houses for Ballard's Buildings tenants.
- (b) To erect 50 houses to relieve the general housing shortage.
- (c) To erect a further 74 houses for re-housing tenants displaced by other slum demolitions.

All these houses are to be erected on the Wiggshall Estate.

DEMOLITION OF UNFIT HOUSES :—There are in Watford a large number of houses which are unfit for human habitation, and which undoubtedly come in the category of slum property.

The following is a list of areas which were scheduled in 1919 as insanitary :—Meeting Alley (52 houses), Grove Circus (11), Ballard's Buildings (57), New Road (52), Fox Alley (14), Lower High Street (16), Wells' Yard (32), Chater's Yard (15). Total, 249 unfit houses. The population of these areas in 1919 was approximately 1,100 persons.

In addition, there are other smaller isolated blocks of houses which are unfit for habitation, which, with the number referred to in the above list, brings the total number of unfit dwellings up to nearly 300. It will be noticed that the number of houses in the Ballard's Building area is given as 52, but this number is now less owing to the fact that a number of these houses have since 1919 become so dilapidated as to be unsafe for habitation, and these have been closed.

Many of the houses classed as unfit for human habitation could not be considered fit for cattle in respect of lighting and ventilation, and owing to the extreme condition of disrepair into which they have fallen. In some cases it is impossible to place them in a state of repair, and in others they are indescribably filthy and infested by rats and other obnoxious vermin.

It is necessary that these buildings should be demolished entirely. Watford is suffering from mistakes of the past in this respect, in that unfit houses have been condemned, and then allowed a further lease of life as stores and warehouses. The cause of public health is best served by their entire removal.

The condition of many of our unfit houses has become much worse since the war. The continued existence of such houses has been already tolerated too long owing to the great shortage which still exists, under the pretext that an insanitary house is better than none at all.

This may be true to a certain extent, but if this policy is continued too long, and it has now been in vogue for about ten years, the slum comes to be regarded as a "necessary evil." At the present time there is no doubt that an active policy of slum demolition is clearly indicated in Watford.

It is, in fact, the intention of the Public Health Committee to demolish, with all possible speed, 150 of the worst houses in Watford. I am glad to report that in several cases property owners are giving every assistance by voluntarily pulling down insanitary property. This they would have done before in some cases, had there been other houses for the dispossessed tenants to go to.

The statistics for the year 1923 relating to housing are as follows :—

HOUSING.

Number of new houses erected during the year :—

(a) Total	...	...	...	...	...	...	199
(b) With State assistance under the Housing Acts, 1919 or 1923 :—							
(i) By the Local Authority (commenced)	...						40
(ii) By other bodies or persons (plans passed)							60

1. *Unfit dwelling-houses.*

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	450
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...	...	...	105
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	1
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	449

2. *Remedy of Defects without Service of formal Notices.*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	435
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3. *Action under Statutory Powers.*

A.—Proceedings under section 28 of the Housing, Town Planning, etc., Act, 1919.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	nil.
(2) Number of dwelling-houses which were rendered fit :—	
(a) by owners	„
(b) by Local Authority in default of owners	„
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	„

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	14
(2) Number of dwelling-houses in which defects were remedied :—	
(a) by owners	14
(b) by Local Authority in default of owners	—

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

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

X. MATERNITY AND CHILD WELFARE SCHEME.

In the Borough of Watford there is an almost complete scheme, which is carried out jointly by the Borough Council and the County Council. According to the Memorandum of the Local Government Board, issued in 1914, a complete scheme would comprise the following elements, each of which should, in this connection, be organised in its direct bearing on infantile health.

1. Arrangements for the local supervision of Midwives.
2. Arrangements for ANTE-NATAL WORK—
 - (1) An Ante-natal Clinic for expectant mothers.
 - (2) The home visiting of expectant mothers.
 - (3) A Maternity Hospital or beds at a hospital, in which complicated cases of pregnancy can receive treatment.
3. Arrangements for NATAL WORK—
 - (1) Such assistance as may be needed to ensure the mother having skilled and prompt attendance during confinement at home.
 - (2) The confinement of sick women, including women having contracted pelvis or suffering from any other condition involving danger to the mother or infant, at a hospital.
4. Arrangements for POST-NATAL WORK—
 - (1) The treatment in a hospital of complications arising after parturition, whether in the mother or in the infant.
 - (2) The Provision of Systematic Advice and Treatment for Infants at a Baby Clinic or Infant Dispensary.
 - (3) The continuance of these Clinics and Dispensaries, so as to be available for children up to the age when they are entered on a school register, *i.e.*, the register of a Public Elementary School, Nursery School, Crèche, Day Nursery, School for Mothers or other school.
 - (4) The systematic home visitation of infants and of children not on a school register as above defined.

The above Order was followed in 1918 by the Maternity and Child Welfare Act,

The Act widened the powers of Local Authorities in the matters of maternity and child welfare. It enabled them to make such arrangements as are sanctioned by the Board for attending to the health of expectant mothers and nursing mothers and of children who have not attained the age of five years, and are not being educated in schools recognised by the Board of Education.

Under the Act of 1918 grants became available for the following additional services, subject to the Board approving the arrangements made :—

Hospital treatment for children up to five years of age.

Lying-in homes.

Home helps.

The provision of food for expectant and nursing mothers and for children under five years of age.

Crèches and day nurseries.

Convalescent homes.

Homes for the children of widowed and deserted mothers and for illegitimate children.

Experimental work for the health of expectant and nursing mothers and of infants and children under five years of age.

It will be seen that wide powers have been given to Local Authorities under the various Acts and Orders of the old Local Government Board and the present Ministry of Health.

The importance of maternity and child welfare work was brought into prominence by the war and its results. Later on the Ministry of Health, for economic reasons, discouraged any new developments of this work by Local Authorities.

In February, 1924, however, this policy was rescinded by the Ministry, and a Circular was sent out stating that the Government had decided to revert generally to the position which previously existed. The Minister will be prepared, with the approval of Parliament, to make grants on the prescribed basis for such further development as is considered advisable by, and is within the power of the Local Authority, subject to the ordinary process of approval by the Ministry.

In Watford, however, there appears to be no necessity for fresh developments, as the present scheme is already well developed.

Briefly reviewing the scheme as it at present exists here, the arrangements are as follows :—

SUPERVISION OF MIDWIVES :—This work is undertaken by the County Council, who, in addition, provide an excellent institution at Watford for the training of district nurses and midwives.

ANTE-NATAL WORK :—The following facilities exist :—

- (a) Ante-natal Clinic, of which Dr. Dorothy Gere is Medical Officer. Cases are referred to this Clinic by the Maternity Home and the Health Visitors. The work of this Clinic appears to be greatly appreciated by expectant mothers. In 1923, 545 attendances were made, as compared with 454 in 1922.
- (b) Home visiting of expectant mothers is carried out by the Health Visitors, who paid 207 ante-natal visits, as compared with 164 in 1922.

NATAL WORK :—The Maternity Home at Watford is run by the County Council, and is made good use of both by women living in the Borough and in the surrounding district. There are 12 beds, and during the year 1923, 196 cases were dealt with.

POST-NATAL WORK :—In this department the chief work is done at (a) The INFANT WELFARE CENTRE. This is conducted on the usual lines of weighing by the Health Visitors and Nurses, with consultations by the Medical Officer when necessary. The nurses in training at the District Nursing Home also attend, this attendance constituting a part of their course of training, which extends over a period of fifteen months.

In connection with the Infant Welfare Centre the services of voluntary workers should be specially mentioned. Their work deserves the highest praise, as it is entirely unpaid, and involves the sacrifice of much time. In some cases the workers give up two afternoons per week. Their duties consist in making mothers welcome, supervising the sale of infant foods, making and dispensing tea to the mothers, and generally assisting in the work of the Centre. Their services are much appreciated, both by the other workers at the Centre and also by the mothers.

The Centre is held twice a week, and there is usually a large attendance both in winter and summer, although larger numbers usually attend at the latter season owing to the more favourable climatic conditions. During the last year 5,540 attendances were made by mothers bringing infants, as compared with 4,940 in 1922, showing an increase of 600 attendances. 398 infants were brought for the first time, as compared with 365 in the preceding year. 867 mothers attended compared with 849 in 1922.

The attendance at the Centre is not confined to infants in arms, as, in addition, any child of "pre-school" age (*i.e.*, under 5 years) may be brought. The majority of cases, however, begin to attend before the age of six months, a large proportion being brought in the first few weeks of life.

SCHOOL FOR MOTHERS.—Under this title a Needlework Class is held by the Health Visitors, and is fairly well attended. During the last year 72 mothers attended, making 651 attendances, as compared with 1922, when 60 attended, making 510 attendances.

DENTAL CLINIC FOR NURSING AND EXPECTANT MOTHERS:—A start was made with this work in September of this year, when Dr. Sidney Fisk was appointed dentist. It is a great advantage in this particular work to have the services of a dentist who is also qualified to practice medicine. The work of the Clinic includes extractions, fillings, and the provision of artificial teeth. Children under the age of 5 years are also admitted for treatment, as they are too young to attend the School Clinic.

Up to the end of the year eight women and four children have attended. Although the Clinic has had a small beginning, a very wide field of work has been opened up by it. In the future this class of work will be very fruitful in its results. Dental conditions among many women of the working classes are appalling owing to neglect of the teeth which generally prevails, resulting in dyspepsia, anæmia, mal-nutrition, inability to suckle children, and in some cases terminating in death from pulmonary tuberculosis, the onset of which is favoured by septic conditions of the mouth. In addition, other constitutional results may be caused by a septic focus in the mouth, such as pyrexia and joint troubles.

There is a popular idea that for every child born a tooth is lost by the mother, "for every child a tooth," but in women of the poorer classes the rate of dental decay is usually much more rapid.

In some cases it will be found that women are unable to pay the cost of artificial teeth, but the Ministry of Health is prepared to make a grant towards the cost of providing dentures, provided that an unreasonable expenditure is not involved. In all cases as much as possible of the cost will be recovered from the mothers.

MILK (MOTHERS AND CHILDREN'S) ORDER, 1920:—Under this Order free milk has been supplied to 50 families during the past year. It is usual to supply a pint per day to necessitous cases, such cases being a child who is ill-nourished, or a mother who is unable to suckle her infant. Expectant mothers are also assisted in this way when necessary.

The total cost incurred during the year 1923 was £109 7s. 1d.

BENEVOLENT FUND:—This fund is raised by means of small voluntary contributions from mothers paid into a box at the Centre.

The money is applied to the relief of necessitous cases, and the amount realised was £3 11s.

ORTHOPÆDIC CENTRE AT 21, KING STREET.—This Centre serves as a useful adjunct to the child welfare work of the town. Cases of deformity are referred to it from the Infant Welfare Centre, and also from the schools. Mr. S. L. Higgs, F.R.C.S., a specialist in this branch of work, attends once a month. 10 cases were referred to Mr. Higgs for massage or other forms of remedial treatment. The cases were as follows:—Talipes 4, Rickets 4, Backwardness in walking 2.

INFANTS' HOME AT LITTLE NASCOTT:—This institution, which was originally started as a Crèche during the war, came to be utilized for the reception of ailing infants who required treatment, and also, in certain cases, for infants who had no home or who could not be suitably cared for in their own homes.

At the present time it is the intention to use this institution mainly for the reception of ailing or delicate children. The admission of normal or healthy infants will be a subsidiary aim, as it is felt that a more useful purpose is served by dealing with children who require special care and treatment.

During the past year this plan has been carried out, with the result that 44 children out of the total number of 77 admitted were ailing or delicate children.

During the previous year 44 were admitted, of whom 11 were ailing. The record of 1923 therefore shows that four times the number of ailing children were admitted as compared with 1922, and that in respect of the total number admitted there was an increase of 26.

The reasons for admission were as follows:—

Illness of mother	18 cases.
Child ailing	44 „
Mother in service	4 „
Mother a widow (at work)	5 „
Housing difficulties	4 „
Child deserted by mother	2 „

Total ... 77

Towards the end of the year a new Matron, Miss S. L. Attenborough, was appointed, and a considerable sum was spent on new equipment in the shape of hospital cots, bedding, and extra clothing for the children. A wooden frame was erected on the playroof to support a canvas awning. The effect of this is to convert the roof into an open-air space, which can be used in sunny weather.

The Home is now much better equipped than in the past. The new equipment was purchased by means of the Reserve Fund. From the same source, money was obtained to buy a dental chair and instruments for use at the Dental Clinic in connection with the Maternity and Child Welfare Scheme. But for the existence of this Reserve Fund it would have been extremely difficult to finance this very necessary extension and improvement of the Scheme, as these became urgent during the period of financial difficulty. There is no doubt, however, that these improvements were badly needed, and also that the money has been well spent.

TREATMENT OF COUNTY CASES UNDER MATERNITY AND CHILD WELFARE SCHEME.—The Infant Welfare Centre receives cases from various other places outside the Borough, for which a small grant is made by the County Council for each attendance made. No distinction is made between these outside cases and cases living in the Borough. During the year 39 infants were brought from outside the Borough, making 189 attendances and involving 87 consultations.

At the Ante-Natal Clinic, 30 outside cases attended, making 60 attendances. Cases came from Bushey, Croxley Green, Rickmansworth, Letchmore Heath, Leavesden, and Garston.

NOTIFICATION OF BIRTHS:—It is important that notifications of birth should be sent in to the M.O.H. in accordance with the provisions of the Notification of Births Acts, 1907 and 1915. If notification is delayed, the Health Visitor may be unaware of certain cases where it is necessary that she should attend after the midwife and doctor have ceased to visit.

The following table gives the number of births notified from various sources:—

Number of births notified by:—

(a) Medical Practitioners	...	...	283
(b) Midwives and Maternity Home...			508
(c) Registrar of Births, not having been previously notified	...	...	108
			<hr/>
Total			899
			<hr/>

Fifteen of the above were still-born and 16 illegitimate. There were 19 sets of twins born. In five cases both twins were born dead, and in four other cases one twin died, but the other survived, and ultimately did well.

VISITS OF HEALTH VISITORS:—Visits are paid as early as possible after notification of birth has been received, but in the majority of cases it is unnecessary to visit on the day the notification is received, owing to the attendance of doctor or midwife. The first visit is, therefore, usually deferred until these have ceased attendance.

In addition to first visits, re-visits are paid, and these are in many cases kept up until the age of five years. Visits to cases suffering from Tuberculosis are also paid, and a grant towards the salary of one Health Visitor is made by the County Council in recognition of this fact. The visits paid during the year were as follows:—

First visits to births	782
Re-visits during the first year ...	2346
Visits paid between one and five years	1150
Ante-natal visits	207
Tuberculosis visits	433
	<hr/>
Total ...	4918
	<hr/>

DECLINE OF INFANT MORTALITY:—The infant mortality of a district is the number of deaths per thousand infants born, which occur under the age of twelve months. This rate has been steadily declining over the whole country during the last thirty years.

To the uninitiated among the general public, the statement that the infant mortality of Watford is under 50 per 1,000 may not mean much, unless it is also stated that in 1898 this figure was 144 per 1,000. In other words, for every infant death occurring nowadays, three infants deaths occurred some thirty years ago.

The progress of this decline in infant mortality in Watford was as follows:—In 1898 it was 144 per 1,000; in 1900, 142; in 1901 there was a sudden drop to 105, but this figure was never again reached, although in 1906 it rose to 96 from 84 the previous year, and in 1911 it reached 93, having fallen to 66 in 1910. In 1913 it was 79, but in 1920 it had fallen to 56 per 1,000.

It will be seen that, in spite of fluctuations caused by "bad years" (as *e.g.*, as year with a hot summer causing much infant diarrhoea, or a hard winter in which bronchitis and whooping cough were prevalent) there has been a general tendency to a steady decline of infant mortality.

Although this has occurred over the whole country, one is pleased to state that the infant mortality of Watford remains generally at a lower level than that of the whole country.

During the year 1923 the mortality for Watford was 49.6, whilst that for the whole of England and Wales was 69.

It might be argued that in Watford there is little need for special measures which are generally described as Infant Welfare work, owing to the low infant death rate which obtains here.

To argue thus would, however, be a confusion of cause with effect, as it is largely *because* of Watford's well co-ordinated scheme for Maternity and Child Welfare that the death rate stands as low as it does.

The majority of these measures have already received mention, but, in addition, mention should be made of the work of the medical practitioners and midwives in this connection. These have always been to the fore in their efforts to spread knowledge of mothercraft, and they now provide attendance and advice, which every year becomes more highly skilled and more scientific. With reference to obstetrical work it is interesting to note that of 889 births notified to the M.O.H., 508, or 56 per cent. of these, came from the Maternity Home and the midwives of the town. It will be seen from these figures what an important part the midwife now plays in maternal and child welfare, and it will be realised how necessary it is that midwives should be well trained. Watford is fortunate in possessing not only a Maternity Home, which is well run, but also a training school for midwives and district nurses, which is doing excellent work, both in training midwives and also in providing the greater part of the midwifery service of the town. There is not the least doubt that the training centre is another factor which has contributed very largely to the present low infant mortality of the Borough.

Also the increase of intelligence and a higher standard of efficiency on the part of the mothers must not be overlooked as having an important bearing on this matter.

Doubtless this greater care on the part of mothers has been greatly stimulated by steady work on the part of the Health Visitors. It would be difficult to attach too great importance to this work, which has now been done in Watford for 14

years. On the contrary, I believe it is not generally realised what an enormous amount of good is done by this work, largely because it is done unobtrusively.

In TABLE C are given particulars of all infant deaths in Watford under the age of twelve months.

Fortunately there were fewer deaths at this age from Whooping Cough and Bronchitis than in the preceding year, five in 1923 as compared with 15 in 1922.

There is unfortunately one group of causes of death in this table which it is difficult to influence by our present methods of treatment. I refer to the heading "Congenital debility, malformation, and prematurity. This is a large contributory factor to the death rate each year. There is no doubt that the causes of these conditions are largely maternal and ante-natal, and it may take many years to effect their removal. In addition to Syphilis, Tuberculosis, and Alcoholism, due to the operation of what are sometimes known as the three racial poisons, there are psychic causes at work, such as worry and anxiety, which exercise a baneful effect on the welfare of both mother and child.

Not among the least of these at the present time is the housing difficulty, which frequently crops up at the same time as the existence of pregnancy.

With regard to future reductions of the infant mortality, there is every prospect that the downward tendency will be still maintained with the general social improvement of all classes which is now taking place, and the intensive campaign which is being everywhere carried on by a great variety of agencies. It should be the aim of this campaign, however, not only to diminish the infant mortality, but also to lessen ill-health generally.

XI. MEDICAL INSPECTION OF SCHOOLS, WATFORD AREA, 1923.

The Medical Officer of Health of the Borough of Watford is responsible for medical inspection of the following schools:—Chater, Field, Parkgate Road, Holy Rood Roman Catholic, Beechen Grove Boys, Higher Elementary and Beechen Grove Special.

The children of these schools constitute about half the total number in the elementary schools of the Borough, the remaining schools in the town being dealt with by Dr. Buchanan.

The following groups of children were inspected :—

- (1.) Those children just admitted to school—
“entrants.”
- (2.) Children born in the year 1915, known as the
“intermediate” group.
- (3.) The group known as “leavers,” in which are
included those children born in 1911, and any
others in school known to be on the point of
leaving, and who have not been previously
examined.

In all, 935 children were examined in the course of routine inspection. Of these 935 children, 231 (or 25.7 per cent.) were found to be suffering from defects which required medical treatment. Altogether the 231 children were suffering from 328 defects, as it is quite common for one child to have two conditions which require treatment, as, *e.g.*, enlarged tonsils and carious teeth.

The following table shows the number of more serious ailments which were referred for treatment, and also the number who obtained treatment and the number untreated :—

Ailment.	No. of children affected.	No. treated	Untreated.
Dental Disease ...	187	160	27
Visual Defects ...	43	38	5
Tonsils and Adenoids ...	80	70	10
Heart Disease ...	9	9	—
Other Diseases ...	9	8	1
	<hr/> 328 <hr/>	<hr/> 285 <hr/>	<hr/> 43 <hr/>

It will be seen that out of 328 referred for treatment, 285, or 87 per cent., have obtained treatment at the end of the year or shortly after. The remainder (43 cases, or 13 per cent.), which had not received treatment at the end of the year, are made up of 27 dental cases, 5 eye cases requiring spectacles, and 10 cases of enlarged tonsils. In a few cases treatment was declined by the parents, who took no action in the matter.

It occasionally happens that parents are averse to obtaining dental treatment for their children on the grounds that pain will be caused, but the number of these objectors is becoming less every year, owing to the methods employed at the Dental Clinic. Gas is given in about 60 per cent. of the cases treated, and in many other cases local anæsthetics are used.

In the case of enlarged tonsils and adenoids parents sometimes object to removal, either on account of a rooted objection to operations, or else because they are of opinion that the child will, as they express it, "grow out of" this trouble. Very often, in the first instance only, the parent may object to removal of tonsils and adenoids. Frequently, however, on observing that the symptoms persist, the parent gives consent and the operation is performed. As a rule only the worst cases are recommended for operation.

With regard to obtaining spectacles, less difficulty is now encountered than formerly, as the majority of parents are fully alive to the importance of preserving their children's eyesight. Occasionally, however, there is a prejudice against wearing spectacles.

It will be seen from the above table that the majority of cases referred for treatment were of three varieties—teeth, enlarged tonsils, and defective sight. Various other conditions were, however, found, for which advice was given to parents, as, *e.g.*, enlarged glands, nocturnal enuresis, anæmia, and slight functional disorders of the heart.

The attendance of parents at medical inspection is most valuable, and should be encouraged in every possible way.

Parents frequently wish to be satisfied about various points connected with their children's health, and, in addition, the medical inspector often wishes to draw their attention to the presence of minor ailments. These minor ailments are in many cases quite trivial, but if neglected more serious trouble may ensue.

With regard to attendance of parents, it is the routine practice to ask parents to attend at the examination of "entrants," but this invitation might with great advantage be extended to the occasions when "intermediates" and "leavers" are examined.

Parents sometimes express a wish to attend these examinations, and, for various reasons, some of which have been already enumerated, their presence might be productive of much good.

CLEANLINESS.—Generally speaking, the condition of the children in Watford Schools is satisfactory with regard to cleanliness. In 47 cases, however, during the year, the School Nurse found it necessary to exclude children for verminous conditions. This number of cases represents about 1.2 per cent. of all the children in the schools referred to, which is very satisfactory compared with the conditions of cleanliness which were found when medical inspection of schools was first started.

SPECIAL SCHOOL:—Watford is fortunate in possessing a school for mentally deficient children. There is accommodation for about 40 children, and the school is usually full. The advantages of having a school of this type in Watford hardly need to be enumerated. They are briefly, however, that the mentally deficient child receives benefit from special attention which he receives in a smaller class, and from training better suited to his degree of intelligence, and to the other schools in the town, that they are relieved of children who are a source of embarrassment and a drag on the progress of their class. During the last year the Special School has continued its good work much as in previous years. Generally speaking, the children in this school appear to be happy and contented. In this respect their condition is without doubt more satisfactory than it would be were they left in an ordinary school. Special attention is given to hand work, in which the mentally deficient child usually shows more aptitude than he does in purely intellectual exercises. In the latter, if compared with his normal fellows, his record is usually somewhat discouraging. Even in this respect, however, he does much better in the Special School than if he is left to compete on unequal terms with other children in an ordinary school. Great praise is due to the Headmistress and her assistant for the mental progress which is made by their pupils. Their social improvement is also very marked. At the present time there are a few vacancies in the Special School, and the work of finding suitable cases for admission would be greatly assisted if the Head Teachers of the various departments would bring forward for inspection any cases which they consider mentally defective.

It is desirable that the defect should be detected as early as possible, and this invitation therefore applies specially to teachers in infant and junior departments.

WATFORD DENTAL TREATMENT CENTRE.

I am indebted to Mr. Charles H. Powell, Honorary Secretary of the Centre, for the following statistics of the work.

	1921	1922	1923
Number of Children examined at School ...	1012	538	539
" " with sound dentures ...	307	111	111
" " refused treatment ...	407	340	371
" " treated for first time ...	681	653	843
" " re-inspected ...	939	1488	1662
" " " with sound dentures ...	237	553	639
Percentage with sound dentures after re-inspection ...	25.2	37.3	38.5
Attendances of Dentist (Miss Scanlan) ...	42	41	43
" " (Mr. L. Dinnis) ...	41	41	44
" " Anæsthetist (Dr. Reynolds) ...	16	18	18
" " Children ...	1524	1662	1916
Average number of Children treated per attendance (Wednesday) ...	24.1	25.2	27.8
Average number of Children treated per attendance (Friday) ...	12.4	15.3	16.4
Number of Children treated with Nitrous Oxide Gas ...	403	461	517
Average number per attendance ...	25.2	25.6	28.7

FILLINGS.

First Permanent Molar ...	183	323	357
Other Permanent Molars ...	29	58	79
Temporary Teeth ...	696	442	363
Totals ...	908	823	799

EXTRACTIONS.

Temporary Teeth ...	1403	1457	1687
Permanent Teeth ...	90	102	183
Other Operations ...	134	103	115

STATISTICS OF DENTAL TREATMENT CENTERS

The following statistics are based on the reports of the dental treatment centers for the year 1967. The data are presented in the following tables. The first table shows the number of patients treated in each center, and the second table shows the number of procedures performed in each center. The third table shows the number of procedures performed in each center, and the fourth table shows the number of procedures performed in each center.

Center	Number of Patients Treated	Number of Procedures Performed
1	100	100
2	100	100
3	100	100
4	100	100
5	100	100
6	100	100
7	100	100
8	100	100
9	100	100
10	100	100
11	100	100
12	100	100
13	100	100
14	100	100
15	100	100
16	100	100
17	100	100
18	100	100
19	100	100
20	100	100
21	100	100
22	100	100
23	100	100
24	100	100
25	100	100
26	100	100
27	100	100
28	100	100
29	100	100
30	100	100
31	100	100
32	100	100
33	100	100
34	100	100
35	100	100
36	100	100
37	100	100
38	100	100
39	100	100
40	100	100
41	100	100
42	100	100
43	100	100
44	100	100
45	100	100
46	100	100
47	100	100
48	100	100
49	100	100
50	100	100

APPENDIX

Center	Number of Patients Treated	Number of Procedures Performed
1	100	100
2	100	100
3	100	100
4	100	100
5	100	100
6	100	100
7	100	100
8	100	100
9	100	100
10	100	100
11	100	100
12	100	100
13	100	100
14	100	100
15	100	100
16	100	100
17	100	100
18	100	100
19	100	100
20	100	100
21	100	100
22	100	100
23	100	100
24	100	100
25	100	100
26	100	100
27	100	100
28	100	100
29	100	100
30	100	100
31	100	100
32	100	100
33	100	100
34	100	100
35	100	100
36	100	100
37	100	100
38	100	100
39	100	100
40	100	100
41	100	100
42	100	100
43	100	100
44	100	100
45	100	100
46	100	100
47	100	100
48	100	100
49	100	100
50	100	100

EXTRACTS

Center	Number of Patients Treated	Number of Procedures Performed
1	100	100
2	100	100
3	100	100
4	100	100
5	100	100
6	100	100
7	100	100
8	100	100
9	100	100
10	100	100
11	100	100
12	100	100
13	100	100
14	100	100
15	100	100
16	100	100
17	100	100
18	100	100
19	100	100
20	100	100
21	100	100
22	100	100
23	100	100
24	100	100
25	100	100
26	100	100
27	100	100
28	100	100
29	100	100
30	100	100
31	100	100
32	100	100
33	100	100
34	100	100
35	100	100
36	100	100
37	100	100
38	100	100
39	100	100
40	100	100
41	100	100
42	100	100
43	100	100
44	100	100
45	100	100
46	100	100
47	100	100
48	100	100
49	100	100
50	100	100



