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BOROUGH OF



WATFORD.

ANNUAL REPORT

ON

HEALTH,

SANITARY CONDITIONS,

ETC.,

FOR THE YEAR, 1925,

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 :

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1926.



MUNICIPAL OFFICES,
HIGH STREET,
WATFORD,

April, 1926.

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



LADIES AND GENTLEMEN,

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

It is actually the 53rd Annual Report for this district, as it was preceded by forty-nine Health Reports of the old Urban District.

This year's Report is not an ordinary report but a special Survey Report which is issued once in five years. In it an attempt is made to review the work of the last five years, and other particulars, not usually included in the Annual Report, are given.

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, 1925.

POPULATION OF WATFORD.

The Registrar-General estimates the population of the Borough of Watford at 48,990, and this figure has therefore been used in calculating the birth rate and the various death rates mentioned in this Report.

In the Memorandum which accompanies the figure supplied, it is stated that this figure is reached after allowance for natural increase, as evidenced by births and deaths, and also after taking into consideration the factor of migration. The factor of migration is stated to be obtained from such sources of information as the changes in the numbers on the Electoral Register and the migration returns obtained by the Board of Trade.

Local opinion appears to be that this estimate of 48,990 is too low. Probably this is the case. There is doubtless a natural tendency among the inhabitants of any town to take an exaggerated view of its size, but after making due allowance for this, it must still be considered that the estimate of the Registrar-General is too low. Probably 50,000 is nearer the mark, but it is not possible to give an exact figure unless a census be taken.

NATURAL AND SOCIAL CONDITIONS OF THE BOROUGH.

The natural and social conditions of a district have a considerable influence on the state of health of its inhabitants. The Medical Officer of Health of this borough frequently receives letters from persons living outside the district who wish to take up residence in Watford. These letters usually contain enquiries as to the nature of the sub-soil, or the writers wish to know whether Watford is "healthy," or "good for rheumatism." There is a current local opinion that Watford is a good place from a health point of view, in which to bring up children, and there appear to be reasonable grounds for this view. On the side of health it may be stated that the rainfall is not excessive and the sub-soil is mostly gravel, of a thickness varying from 5 or 6 to about 40 feet. Part of the Oxhey Ward is, however, situated on London clay, but being on a slope this drains well. The gravel beds overlie the chalk formation, which again is of a porous, absorbent nature, and therefore tends to drain the sub-soil above.

Whilst there are industries in the area, the majority of these produce little smoke. Domestic smoke, which in some districts is a considerable nuisance, is largely mitigated in Watford by the extensive use of gas and electricity for domestic purposes. Under these circumstances such sunlight as the English climate affords is usually available without an intercepting medium of smoke to cut off the ultra-violet rays.

With regard to open spaces, most parts of Watford are well provided for in this respect. Chief among these may be mentioned Cassiobury Park, which is now extended to an area of 168 acres, the newly acquired Oxhey Park 25½ acres, and also the West Herts Ground, which is destined to be an open space for all time.

A small part of the borough is low lying, being situated near the valley of the Colne, but the greater part is on a small tableland which does not rise to a great height, the highest parts being not more than 250 feet above sea level. It is, however, sufficiently high in most parts to ensure good drainage and also to avoid atmospheric dampness from the river valley.

With regard to the industries of the town, these are, generally speaking, of a character not dangerous to health, and, in addition, the premises on which they are carried out are well lighted and ventilated. The chief industries of the town include the manufacture of commercial motors and motor accessories, chocolate making, printing, and brewing.

It should be mentioned that a large proportion of the population is suburban, no less than 6,147 persons working elsewhere. Of this number 4,023 are employed in London and its suburbs, and 1,844 in places around Watford, the remainder finding daily employment in other districts a little further afield.

From these considerations it will be seen that the public health conditions of Watford are generally very favourable, both as regard its natural circumstances and situations, and also on account of social conditions.

These facts are reflected in its low death rate, which is only 9.8 per 1,000, compared with that of London, which is 11.7, and the whole country, which has a death rate of 12.2.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.—The water supply of the borough is excellent in all respects, the greater part of the borough being supplied from the Council's own Waterworks. A part of the Oxhey Ward, however, is supplied by the Colne Valley Waterworks.

The supply is constant, and as it is moderately hard there is no possibility of plumbo-solvent action taking place. There is a softening plant, by means of which "temporary" hardness is

removed. Even after this process the supply remains fairly hard. Samples are analysed at regular intervals by Drs. Thresh and Beale, of the Counties Public Health Laboratories, and the following is a copy of their most recent report dated March 24th, 1926:—

ALL RESULTS IN PARTS PER 100,000.

Turbidity	...	Bright with a few particles of Chalk in suspension
Colour	...	Normal
Odour	...	None
Reaction Ph.	...	Neutral 8.0
Electric Conductivity at 20° C.	...	403
Total Solids, 180° C.		26.9 approximately
Chlorine in Chlorides		3.1
Nitrogen in Nitrates		0.80
Nitrites or Free Chlorine	... ..	Absent
Hardness: Permanent		11.25
Temporary		6.75
Total		18.0
Lead, Copper, Zinc, Iron	... ..	Absent
Free Ammonia	...	0.0000
Albuminoid Ammonia		0.0000
Oxygen absorbed in 3 hrs. at 37° C.	...	0.0000
The Bacillus Coli	...	Absent in 100 c.c.
The Bacillus Enteritidis Sporogenes...	... ..	Absent in 100 c.c.

The report goes on to say that the water is of excellent quality, and that it possesses the very highest degree of purity and wholesomeness.

RIVERS AND STREAMS.—There are no sources of contamination of streams known to exist in the district. No effluent is discharged into streams from the sewage farm, and the strata of gravel at the sewage farm appear to act as a perfect filter for sewage, as no evidence of contamination of water supplies or streams from the sewage farm has ever been produced. When it is stated that the thickness of the gravel is sometimes 30 or 40 feet, it is evident that it forms a good natural filter,

CLOSET ACCOMMODATION.—The water carriage system of excreta is in general use in Watford, and usually the fittings in use are of a recent type. Whenever possible, antiquated types of closet fittings are replaced by more up to date pedestal closets. There are no privy middens in the borough. In a few instances which are too low lying for drainage, earth closets are in use, as at Little Otterspool, the Wheatsheaf Cottages, and in the case of one cottage in Rickmansworth Road.

DRAINAGE AND SEWERAGE.—During the last five years the reconstruction of old sewers and drains has been steadily progressing. Large portions have been relaid, fitted with manholes and provided with ventilating pipes. Generally speaking, the drainage and sewerage arrangements of Watford are satisfactory, particularly in the newer parts. Recently a few cesspools have been allowed to be constructed in the Hempstead Road district, but this is merely a temporary concession, until such time that certain houses can be connected with the main sewer.

In some areas adjacent to the borough boundaries, as, e.g., Nascot Wood and in the Garston district, the cesspool is the recognised method of sewage disposal. This arrangement is perhaps permissible in connection with houses which have large grounds attached to them, as the smaller the plot of land the greater is the liability for nuisance to arise from cesspools at the time of emptying. In addition, however, the risk of fouling the sub-soil and subjacent strata of chalk from leaky cesspools is a danger worthy of consideration, and in this connection the possibility of contaminating water supplies cannot be ignored.

SCAVENGING.—All houses in the borough are provided with moveable ashbins with covers, the house refuse being removed once a week. Generally speaking, this is found to be a satisfactory arrangement for house refuse, but fish and slaughter house refuse are removed daily. At the present time two motor freighters and seven horse vans are in use, and a third freighter has been ordered from Messrs. Shelvoke and Drewry, of Letchworth. From a public health point of view it is desirable to abolish the wooden vehicles as quickly as possible, as the motor vehicles are more cleanly in working than the old-fashioned dust-cart. The refuse collected is burnt in a Meldrum furnace of four cells, the heat generated being used to work the plant for pumping sewage.

During the last year 10,140 tons of refuse were removed, an increase of 740 tons over 1924.

I. GENERAL STATISTICS.

Area—2649 acres.

Population 48,990 (Registrar-General's Estimate).

Number of inhabited houses—9,944 (Census 1921).

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

Rateable value—£282,395.

Assessable value—263,160.

Sum represented by a penny rate—£1050.

II. EXTRACTS FROM VITAL STATISTICS FOR THE YEAR. 1925.

		Total.	M.	F.	
Births	{ Legitimate	814	404	410	} Birth rate 17.2.
	{ Illegitimate	33	16	17	

Deaths—484

Death Rate—9.8.

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

From Sepsis 1

Other causes 2

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

Legitimate 42.5

Illegitimate 121

Total 47

Deaths from measles (all ages) 0

Deaths from whooping cough (all ages) 0

Deaths from diarrhœa (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 1925 while those for the towns have been calculated on populations estimated to the middle of 1924. 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—1925.

	BIRTH-RATE PER 1,000 TOTAL POPULATION.	ANNUAL DEATH-RATE PER 1,000 POPULATION.										RATE PER 1,000 BIRTHS.	
		All Causes.	Enteric Fever.	Smallpox.	Meninges.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diphtheria & Enteritis (under two years).	Total Deaths under One year.	
England and Wales ...	18.3	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75		
105 County Boroughs and Great Towns including London ...	18.8	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79		
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000) ...	18.3	0.01	0.00	0.75	0.02	0.14	0.06	0.31	0.38	7.6	74		
London ...	18.0	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67		
WATFORD ...	17.2	0.00	0.00	0.00	0.00	0.16	0.08	0.24	0.37	3.5	47.0		

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 1925 is 48,990, which is the figure used as the basis of 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 847 the same as in the previous year. This gives a *Birth Rate* per 1,000 of 17.2. The number of *Illegitimate Births* was 33 as compared with 27 in the previous year, giving an *Illegitimate Birth Rate* of 38 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, 484, as compared with 481 in the previous year.

This gives a *Death Rate* of 9.8 per 1,000 from all causes which compares favourably with London's Death Rate of 11.7 and with the Death Rate of the whole country, which was 12.2 per 1,000.

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

TABLE B.

CAUSES OF DEATH.				Males	Females
All Causes	...	...	...	241	243
1	Enteric Fever	...	...	—	—
2	Smallpox	...	...	—	—
3	Measles	...	...	—	—
4	Scarlet Fever	...	...	—	—
5	Whooping Cough	...	...	3	4
6	Diphtheria	...	...	1	3
7	Influenza	...	...	9	3
8	Encephalitis Lethargica...	...	...	—	—
9	Meningococcal Meningitis	...	...	—	—
10	Tuberculosis of Respiratory System	...	...	28	23
11	Other Tuberculous Diseases	...	...	2	2
12	Cancer. Malignant Disease	...	...	37	34
13	Rheumatic Fever	...	...	—	—
14	Diabetes	...	...	4	1
15	Cerebral Hæmorrhage, etc	...	...	17	16
16	Heart Disease	...	...	19	34
17	Arterio-sclerosis	...	...	7	7
18	Bronchitis	...	...	22	15
19	Pneumonia (all forms)	...	...	19	13
20	Other Respiratory Diseases	...	...	6	—
21	Ulcer of Stomach or Duodenum	...	...	2	—
22	Diarrhoea, etc. (under 2 years)	...	...	—	3
23	Appendicitis and Typhlitis	...	...	4	1
24	Cirrhosis of Liver	...	...	2	2
25	Acute and chronic Nephritis	...	...	3	5
26	Puerperal Sepsis	...	...	—	1
27	Other Accidents and Diseases of Pregnancy and Parturition	...	...	—	2
28	Congenital Debility and Malformation, Premature Birth	...	...	5	11
29	Suicide	...	...	4	1
30	Other Deaths from violence	...	...	8	5
31	Other defined Diseases	...	...	38	55
32	Causes Ill-defined or Unknown	...	...	1	2
Special Causes (included above)					
	Poliomyelitis	...	...	—	—
	Polioencephalitis	...	...	—	—
Deaths of Infants under 1 year					
{ Total				18	22
{ Illegitimate				2	2

INFANT DEATHS :—Under the Age of 12 months. These number 40, giving an *Infant Death Rate* of 47 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 67 and the whole country which is 75.

There were four deaths of illegitimate children in the first year of life. This gives an *Illegitimate Death Rate* of 121 per 1,000 born, as compared with the rate among legitimate children which is 42.5 per 1,000.

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.
Suffocation... ..	—	1	—	—	—	1
Congenital Syphilis	—	1	—	—	—	1
Congenital Cardiac Disease	—	—	—	—	—	—
Bronchitis and Pneumonia	3	2	—	3	2	10
Nephritis	—	—	—	—	—	—
Congenital Debility, Malformation and Prematurity	14	2	2	—	—	18
Gastritis and Gastro-Enteritis	—	1	—	—	—	1
Whooping Cough	—	1	1	1	3	6
Meningitis	—	1	—	—	—	1
Influenza	—	1	—	1	—	2
Tuberculosis	—	—	—	1	—	1
Totals	17	9	3	6	5	40

During the last year there has been a fall in Watford's Infant Death Rate as compared with the previous year when the Infant Death Rate was 55.4. In 1923 this Death Rate was 49.6, in 1922, 58.7, and in 1921, 42.6. It will be seen therefore that last year's Infant Death Rate was one of the lowest on record. But for the fact of a prolonged spell of cold weather last winter, this lowest record would have been reached.

As it was, there was an increase of deaths from Bronchitis, Whooping Cough and Influenza which prevented this happy result from occurring.

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

SCARLET FEVER.—Towards the end of 1925 there was an increase in the number of cases of Scarlet Fever, which corresponded with a similar increase in the Metropolitan area and also in the district around Watford.

During the year 149 cases of this disease occurred. A glance at the table on the next page shows that increased prevalence of Scarlet Fever tends to recur at more or less regular intervals.

Fortunately the cases during the last year have been extremely mild, so mild that none of the 149 cases proved fatal.

A mild epidemic is certainly preferable to one of a severer type of the disease, but the disadvantage of a mild outbreak is that it is extremely difficult to prevent the spread of the disease. When mild cases first appear they are not recognised as scarlet fever by the general public. The rash is often so slight that the doctor is not called in, and anxiety is only caused when other cases appear in the same house. It is then realised that some disease of an infectious nature is going round, but by this time other cases have been infected, and so the disease is spread far and wide.

DIPHTHERIA.—Although comparatively few cases of Diphtheria occurred during the last year, only 29 being notified, the results as regards mortality were more severe than in the case of Scarlet Fever. Four deaths occurred. A similar state of affairs appears to prevail in other parts of the country. It is found that Scarlet Fever has generally become milder, but in the case of Diphtheria a severe strain is prevalent.

ENTERIC FEVER.—Fortunately no case of this disease occurred.

ERYSIPELAS was notified in eleven cases, and one case of PUERPERAL FEVER was also notified.

CHICKEN-POX was again prevalent to a considerable extent, 290 cases being notified, but fortunately there were no cases of Small-pox.

MEASLES is no longer a notifiable disease.

PNEUMONIA.—Of this disease there were 36 cases notified.

With regard to the control over infectious diseases the usual methods of isolation, disinfection and dealing with "contacts" have been adopted.

Isolation of cases infected is best carried out at the Isolation Hospital when it is possible to effect this. Generally speaking, *intention.* ~~isolation~~ of cases of Diphtheria, Scarlet Fever and Enteric Fever is not encouraged in smaller houses, especially when these are overcrowded either by a large family or by members of some other family resident therein.

There is not the least doubt that in such cases the Isolation Hospital serves a useful purpose, both in securing isolation of the infection and also in providing skilled sick nursing.

In addition, infection is by this means removed from the district where it occurs, and efficient disinfection of the premises is carried out without delay.

Bedding and other articles of clothing are removed to the steam disinfector, and fumigation of the premises which have been occupied by the patient is carried out. Much doubt has been expressed in recent years as to the value of fumigation of premises, but probably a useful purpose is served by conveying a lesson that precautions must be taken against infection of other persons. A much more useful procedure than fumigation is efficient cleaning of the walls and floors of the premises, and whenever possible re-papering or distemping of rooms. This is advised and carried out whenever possible after a case of infectious disease, and is the best method of disinfecting premises.

"Contacts" are dealt with as the occasion demands. Thus all school children who are "contacts" with infectious disease are excluded from school for the requisite period, and in the case of workers who are likely to convey the infection, as, e.g., persons handling food, etc., suitable periods of quarantine are advised.

The SCHICK and DICK tests for Diphtheria and Scarlet Fever have not been employed up to the present, but Diphtheria and Scarlet Fever antitoxin are in use. Diphtheria antitoxin is supplied to practitioners free of charge in necessitous cases, and Scarlet Fever antitoxin has been used in the Isolation Hospital with great success. From the good results thus obtained it appears that Scarlet Fever antitoxin is almost as useful as that of Diphtheria.

COMPARATIVE PREVALENCE OF INFECTIOUS DISEASE IN WATFORD.

The following table is interesting as showing the comparative prevalence of the chief infectious diseases in Watford and in England and Wales as a whole, the case rate per 1,000 living being given in each case. The table shows that during the last year Scarlet Fever was more prevalent and Diphtheria less prevalent in Watford than in the whole country.

	Smallpox.	Scarlet Fever.	Diphtheria	Enteric.	Puerperal Fever.	Erysipelas.
England and Wales.	0.14	2.36	1.23	0.07	0.06	0.39
WATFORD.	.00	3.0	0.59	.00	0.02	0.02

PREVALENCE OF SCARLET FEVER IN WATFORD since 1892.

The following table contains figures which were obtained in answer to an enquiry from the Ministry of Health, and which are here quoted as being of considerable local interest.

Year.	Total numb'r Scarlet Fever cases notified	Attack rate per 1000	Number cases sent to Hospital	Number of deaths
1892	52	2.5	No Record	—
1893	364	18.0	268	7
1894	60	2.9	No Record	1
1895	66	3.0	64	3
1896	44	1.5	38	—
1897	46	1.8	41	—
1898	33	1.3	31	2
1899	190	7.0	No Record	4
1900	150	5.4	136	—
1901	130	3.9	119	3
1902	264	8.8	231	1
1903	155	5.0	130	2
1904	220	7.0	198	4
1905	117	3.4	98	—
1906	197	5.6	175	7
1907	254	7.0	225	5
1908	92	2.5	82	2
1909	121	2.8	106	—
1910	120	3.0	110	2
1911	102	2.4	93	1
1912	80	1.9	61	2
1913	58	1.4	58	—
1914	116	2.8	92	1
1915	100	2.3	94	2
1916	74	1.7	70	No Record
1917	26	0.6	26	—
1918	25	0.6	23	—
1919	164	4.0	138	—
1920	213	4.7	173	1
1921	181	4.0	149	—
1922	64	1.4	50	—
1923	35	0.7	29	1
1924	24	0.5	20	—
1925	149	3.0	131	None

TABLE E. shows the one case of Ophthalmia Neonatorum notified and the fate of this case.

TABLE E.
OPHTHALMIA NEONATORUM.

	Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
	Notified.	Treated.					
		At Home	At Hospital.				
Ophthalmia Neonatorum	1	1	nil	1	nil.	nil.	nil.

TABLE F. shows the number of cases of Tuberculosis notified and 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	—	—	—	—	—	—	—	—
5	4	4	6	5	—	—	—	—
10	2	3	3	3	—	—	—	—
15	3	9	1	—	—	3	—	—
20	6	12	1	—	3	2	1	—
25	10	13	1	1	6	6	—	—
35	8	4	—	—	8	5	1	1
45	6	2	1	1	6	5	—	—
55	2	3	—	—	3	2	—	—
65 and upwards	1	1	—	—	2	—	—	—
TOTALS ...	42	51	13	10	28	23	2	2

Of the 51 cases who died from Pulmonary Tuberculosis 42 were notified and 9 unnotified.

NON-NOTIFIABLE INFECTIOUS DISEASES :—Measles was not prevalent to any serious extent during the year, but there was a serious outbreak of Whooping Cough which caused seven deaths six of these occurring in infants under the age of twelve months.

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 (recently rebuilt and enlarged to 108 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 ailing Infants.	Little Nascott, St. Albans Rd.	Resident Home.
4. Dental Clinic for Nursing and Expectant Mothers.	Little Nascot.	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 146, of which 20 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.

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

The undermentioned 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 has made bye-laws 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.
 Keeping of Poultry.
 Dogs (fouling of public footways).

VII. SANITARY ADMINISTRATION

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 1925.

Visits to Common Lodging Houses	...	...	...	47
„ Courts and Alleys	...	...	...	464
„ Infected Houses	...	...	...	209
„ Work in Progress	..	...	...	1851
Houses Inspected	...	...	...	377
„ re-Inspected	...	...	...	426
„ Inspected (Housing Acts)	...	...	...	58
„ re-Inspected	...	...	...	72
„ Inspected Rents Act	...	...	...	12
„ re-Inspected	...	...	...	12
Special visits to Insanitary areas	...	...	...	332
„ Enquiries <i>re</i> Housing	...	...	...	103
Workshops Inspected	}	...	...	267
Bakehouses				
Factories				

Inhabited Vans Inspected...	...	...	...	36
Urinals Inspected	...	...	...	157
Manure Pits Inspected	...	...	...	423
Visits to Schools <i>re</i> Infectious Disease	...	...	...	27
Nuisances investigated	...	...	...	417
Miscellaneous Visits	...	...	...	1195
House Drains Smoke Tested	...	...	...	76
„ Water „	...	...	...	66
Scavenging Superintended	...	...	...	...
Inspections <i>re</i> Petroleum Acts	...	...	...	196
„ „ Sanitary Condition of Theatres, etc.	...	...	...	6
Preliminary Notices Served	...	...	...	783
Legal Notices Served	...	...	...	51
School Notices Served after Infectious Disease	...	...	...	115
Number of Letters Sent	...	...	...	867
Number of Complaints Received	...	...	...	299
Number of Licenses granted under Petroleum Acts	...	...	...	68
Cowsheds Inspected	...	...	...	103
Milkshops and Dairies Inspected	...	...	...	630
Slaughter House Visits	...	...	...	3712
Visit to Market	...	...	...	656
„ <i>re</i> Offensive Trades	...	...	...	28
„ to Food Preparing Places	...	...	...	202
„ to Fish Shops	...	...	...	721
„ to Butcher's Shops	...	...	...	759
„ <i>re</i> Shops Acts	...	...	...	589
„ <i>re</i> Rats and Mice Act	...	...	...	204
„ <i>re</i> Overcrowding	...	...	...	15
„ <i>re</i> Smoke Nuisances	...	...	...	28
„ <i>re</i> Offensive Accumulations	...	...	...	50
„ to Watercress Beds	...	...	...	2
„ <i>re</i> Animals improperly kept	...	...	...	54
„ <i>re</i> Verminous Houses	...	...	...	18
„ <i>re</i> Defective fresh air inlets	...	...	...	21
„ <i>re</i> Milk and Dairies Act	...	...	...	38
„ <i>re</i> Dustbins	...	...	...	2395
Samples of Milk taken	...	...	...	28

INSPECTION AND SUPERVISION OF FOOD.

MILK.

THE MILK AND DAIRIES (CONSOLIDATION) ACT, the operation of which had been deferred from 1915, came into operation on September 1st, 1925, and its effects are likely to be far-reaching in preventing the production and sale of tuberculous milk. The Watford Borough Council has decided to take samples from every milk supply coming into the town at least twice a year, and also to appoint a veterinary inspector to examine the herds in the two cowsheds which are situated in the borough.

As there are nearly a hundred sources of milk supply to the borough, the sampling and examination of all these is no light matter. A full report of action taken will be given in the next Annual Report, by which time samples will have been taken and requisite measures following this procedure.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.—Under this Order there are two licensed vendors of Grade A milk and one of certified milk, but there are no producers in the Borough of milk under these special designations. There is no licensed apparatus in the Borough for the pasteurisation of milk, although this process is partially and unofficially carried out in connection with some of the milk sold in the Borough.

There is evidence that the amount of milk sold under special designations is increasing, and this is undoubtedly a satisfactory development.

MEAT.

Watford is an important centre for the slaughter of animals, and the Kosher method is practised at one large slaughter house in the town. A full-time officer is engaged in food inspection, the greater part of his time being employed in connection with duties at the slaughter houses.

The following is a tabular statement of the number of slaughter houses in the town:—

	In 1920.		In January, 1925.		In December, 1925.
Registered ...	6	...	6	...	6
Licensed ...	5	...	5	...	5
	—		—		—
Total ...	11	...	11	...	11
	—		—		—

The particulars of food inspection are given under the heading of work carried out by the Sanitary Inspector.

SALE OF FOOD AND DRUGS ACT.—The administration of this Act in the hands of the Herts County Council,

TABLE SHOWING EXTENT OF TUBERCULOUS DISEASES IN ANIMALS EXAMINED, YEAR ENDING
DECEMBER 31st, 1925.

Kind of Animal.	Number Examined.	Of which were Tuberculous.	Horns.	Thorax.			Abdomen.								Udders.	Entire Carcases Condemned owing to Tuberculosis.
				Lungs.	Hearts and Pericardii.	Serous Membranes.	Livers.	Stomachs.	Spleens.	Kidneys.	Intestines.	Uteri.	Serous Membranes.	Mesenteries.		
Beasts	3779	{ 15 Bulls 173 Cows 41 Heifers 83 Bullocks — 312	189	187	14	85	155	67	62	55	63	13	67	62	47	3 Bulls 51 Cows 5 Heifers 3 Bullocks — 62
Sheep	10782	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	10502	307	195	185	4	22	27	18	18	14	18	1	17	18	2	18 Pigs
Calves	2640	2	2	2	—	2	2	2	2	1	2	—	2	2	—	2 Calves
Totals	27 703	621	386	354	18	109	184	87	82	70	83	14	86	82	49	82

1925.

FOOD INSPECTION

Total number of animals examined.

Beasts	Sheep.	Pigs.	Calves.
3779	10782	10,502	2640

Condemned and Destroyed.

1148 st.	English Beef.
492 st.	Imported Beef.
17 st.	English Mutton.
63 st.	Pork.
16 st.	Frozen Mutton.
70	Beasts and all Organs.
30	Calves and all Organs.
214	Beasts' Lungs.
279	„ Livers.
119	„ Udders.
189	„ Heads.
189	„ Tongues.
78	„ Other Organs.
13	Sheep and all Organs.
51	Sheep's Plucks.
24	Sheep's Heads.
39	Pigs and all Organs.
195	Pigs' Heads.
224	„ Plucks.
28 st.	Haddocks.
6	Boxs of Dried Haddocks.
8 st.	Soles.
18 st.	Skate.
1	Box Kippers.
17 st.	Mixed Fish.
1	Box of Pears.
3	bags Whelks.
20	Tins Corned Beef.
8	Tins Plums.
6	Bushels Peas.
56 lbs.	Greengages.
1	Goat.

14 lbs. Bacon.
 4 Tins Peaches.
 49 „ Milk.
 1 Barrel Apples.

NUISANCES ABATED.

Choked Drains	...	...	...	...	211
„ W.C.'s	...	...	...	...	50
„ Urinals	...	...	...	...	19
„ Gullies	...	...	...	...	41
Defective Drains	...	...	...	...	106
„ Inspection Chamber	...	...	...	...	4
„ „ „ Covers	...	...	...	...	2
„ Interceptors	...	...	...	...	2
„ W.C.'s	...	...	...	...	51
„ W.C. Flushing Fittings	...	...	...	...	78
„ Soil Pipes	...	...	...	...	12
„ Vent „	...	...	...	...	1
„ Gullies	...	...	...	...	54
„ Sinks and Sink Waste Pipes	...	...	...	...	37
„ Eaves Guttering and Rain Water Pipes...	...	...	...	...	78
„ Fresh Air Inlets...	...	...	...	...	28
„ Roofs	...	...	...	...	52
„ Doors and Door Frames	...	...	...	...	28
„ Floors	...	...	...	...	46
„ Cellar Flaps	...	...	...	...	2
„ Staircases	...	...	...	...	8
„ Ceilings, Plastering, etc.	...	...	...	...	64
„ Coppers	...	...	...	...	25
„ Chimneys and Flues	...	...	...	...	10
„ Window Frames and Sash Cords	...	...	...	...	53
„ Fireplaces and Cooking Ranges	...	...	...	...	39
„ Brickwork	...	...	...	...	45
Houses White-washed, etc.	...	...	...	...	152
Yard Paving Repaired	...	...	...	...	13
Offensive Accumulations...	...	...	...	...	78
Filthy Houses, etc.	...	...	...	...	8
Dampness Remedied	...	...	...	...	74

Dirty Closets and Yards ...	...	...	...	62
Overcrowding ...	...	...	...	4
Workshops Lime-washed ...	...	...	...	54
General Repairs, etc. ...	...	...	...	106
Poultry and Animals Improperly kept ...	...	...	...	27
Dustbins Provided ...	...	...	...	939
Smoke Nuisances Remedied ...	...	...	...	2

DISINFECTION, ETC.

Rooms after Infectious Disease ...	...	...	...	221
" " Consumption ...	...	...	...	139
" " Cancer ...	...	...	...	31
" For Vermin ...	...	...	...	4
School Rooms after Infectious Disease ...	...	...	...	60
Hospital Wards, etc., Disinfected ...	...	...	...	2

BEDDING, ETC., DISINFECTED.

Palliascs ...	...	2	Carpets ...	...	4
Mattresses ...	...	51	Coats ...	...	2
Beds ...	...	145	Rugs ...	...	27
Pillows ...	...	287	Sundries ...	...	284
Bolsters ...	...	143	Eiderdowns ...	...	2
Blankets ...	...	210	Cushions ...	...	3
Sheets ...	...	178	Bed Quilts ...	...	160
Counterpanes ...	...	87			

BEDDING, ETC., DESTROYED.

Beds ...	...	3	General Body Linen 4 Bundles		
Sundries ...	...	9	Mattresses ...	5	
Sheets ...	...	8	Pillows ...	5	
Blankets ...	...	20	Bolsters ...	2	
Counterpanes...	...	6	Towels ...	7	

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)—

WINIFRED PIGGOTT, M.R.C.S., L.R.C.P.

- X. Dental Officer, Maternity 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 Foods).

Assistant Sanitary Inspector—

D. SILLETT, Cert. R. San. Inst.

- X. Matron, Infants Home, Little Nascott—

MISS S. L. ATTENBOROUGH.

- 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.

During the last five years the position in Watford with regard to meeting the housing shortage has changed considerably. In January, 1921, 590 houses had been completed out of the total number of 953 which were projected. The remainder were completed in that year and the year following, the total number of houses being made up 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
Total	953

At the beginning of 1921, the late Dr. King, Medical Officer of Health at that time, reported that at least 1,000 houses were urgently needed, basing his estimate on the fact that there was then a waiting list of 1,000 applicants.

At the end of 1923 there was still a waiting list of 1,000 families requiring houses. This number would have increased on the previous figure but for the fact that the completion of houses on the Harebreaks Estate prevented this.

After the completion of the Harebreaks Scheme and no further scheme being proceeded with at the time, the number of families on Mr. Pickering's waiting list began to increase, and at the end of 1924 the number was 1,300. Mr. Pickering informs me at the time of writing this Report (March, 1926), that the number of families at present on his list is 1,650.

This is in spite of the fact that 254 houses have been completed by private enterprise during last year, in addition to 16 built on the tenant-purchase system. Unfortunately private enterprise remains unable to cope with the demand for working-class houses. This is on account of the fact that it is no longer an economic proposition to build working-class houses. That is to say, if a private individual or a corporation erects new cottage property, the rents yielded by such property do not yield an adequate interest on the capital which is expended in building, etc.

Under these circumstances private enterprise benefits mainly those who can afford to build their own house.

In the matter of building what are usually described as middle-class houses, it is evident that there has been a considerable recovery on the part of private enterprise. This is shown by the number built by private enterprise during 1925 (254 houses) as compared with 221 in 1924, 199 in 1923, 59 in 1922, and only 41 in 1921.

This is all to the good, but it leaves the problem of providing working-class houses almost untouched, except so far as it can be undertaken by municipal housing schemes.

At the present time the following schemes are on foot to remedy the housing shortage in Watford:—

- (1) On the Harebreaks (Hossacks) Estate ... 124 houses.
- (2) On the Wiggenhall Estate... .. 48 houses.

This gives a total of 172 houses which are shortly to be erected to relieve the shortage.

In addition, it should not be forgotten that on the Wiggenhall Estate 74 houses are being built for re-housing slum dwellers, and that some of these are now nearing completion.

The above houses are being built under the Housing Act of 1924. The tenant purchase scheme is also helping to relieve the shortage, and this scheme deserves the highest praise. During the last year 16 houses were erected by this method of purchase, and a further scheme for 22 houses at Harebreaks is being started.

Every possible step should be taken to provide more houses, and it is of interest to report that in addition to providing more houses at Harebreaks and Wiggenhall, private enterprise has been assisted financially by the Corporation under two Acts of Parliament as follows:—

Loans offered up to 31st March, 1925.

	Number.		Amount.
Small Dwellings Act ...	213	...	£118,700
Housing Act, 1923... ..	108	...	£68,920
	321	...	£187,720

DEMOLITION OF UNFIT HOUSES.—During the last five years very good progress has been made in this urgent matter.

In 1921 the position was that there were 6 areas scheduled containing in all 249 houses.

As a matter of fact these were actually scheduled in 1919, when a special housing survey was made, and the list was as follows:—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 1919, when the survey was made, it was impossible to close these houses, as no alternative accommodation could be provided, and this position remained the same until 1922, when a fresh move was made in the matter.

The Ministry of Health was approached for sanction to build 40 new houses on the Wiggshall Estate in order to re-house the tenants of Ballard's Buildings. This sanction was granted, and later on a further sanction was obtained from the Ministry to erect 74 more houses for the same purpose on this estate, making a total of 114 houses available for re-housing tenants displaced by slum demolitions.

During 1924 considerable progress was made, as 54 houses were closed and 51 demolition orders made.

The three houses which remained undemolished were 2 in Lamb Yard, which were re-constructed for use as business premises, and the old Georgian House which fronts on New Street. With regard to the last mentioned, it is reported that the owners are about to submit plans for its conversion into ~~four~~ ^{three} self-contained flats.

The removal of the tenants of Ballard's Buildings down to the new estate appears to have had most satisfactory results in every way.

The tenants are pleased with their new houses and are endeavouring to live up to their improved environment. Watford's worst slum has now been entirely demolished, although thirty years after the first recommendation for demolition by Dr. Robert A. St. Leger, Medical Officer of Health at that time.

In 1924 further progress was made, in addition to action with regard to Ballard's Buildings.

On January 29th, 1924, the Insanitary Areas Sub-Committee inspected the following houses in the areas as set out below:—

Nos. 2, 4, 6, 8, 10 and 12, 9, 11, 13, 15 and 17, Butcher's Yard	11
Nos. 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41 and 42, Meeting Alley	24
Nos. 1, 2, 3, 4, 5 and 6, Court 3, Meeting Alley ...	6
Nos. 19 and 21, Beechen Grove	2
Nos. 15, 17 and 19, Loates Lane	3
No. 1a, Carey Place, and 2 and 3, Carey Yard ...	3
No. 6, Red Lion Yard	1
	<hr/>
	50
	<hr/>

They were of opinion that all the houses mentioned were unfit for human habitation, and should be closed, and demolished as soon as other accommodation can be provided for the occupiers. They recommended the building of 50 houses of non-parlour type for the displaced tenants.

At the present time 41 of the above houses are being taken as the next area to be dealt with. When these are closed and the tenants re-housed it will be possible to proceed with a third instalment of closure, demolition, and re-housing. By this means more than half of the worst of the 249 houses scheduled in 1919 will be dealt with, and a great sanitary advance will be made.

HOUSING STATISTICS FOR THE YEAR 1925.

Number of new houses erected during the year:—

(a) Total (including numbers given separately under (b))	270
(b) With State assistance under the Housing Acts:	
(i) By the Local Authority	Nil*
(ii) By other bodies or persons	270

* None were completed by Local Authority this year, but 74 were commenced on Wiggenhall Estate for re-housing tenants from slum areas.

1. UNFIT DWELLING-HOUSES.

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	435
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	120
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	58
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	377

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	350
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3. ACTION UNDER STATUTORY POWERS.

A.—Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners	32*
(b) By Local Authority in default of owners	Nil
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ...	Nil

* Notices served 1924 under Section 28 of Act, 1919.

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	377
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By owners	Nil
(b) By Local Authority in default of owners	Nil

C.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	Nil
(2) Number of dwelling-houses in respect of which Closing Orders were made	Nil
(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	Nil
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	50*

* Notices served in December, 1924.

With regard to the number of housing inspections during the year, this has fallen a little below the average of some previous years, owing to the illness of one member of the sanitary staff, and other changes which have disorganised the work of the department.

A new Assistant Sanitary Inspector has been appointed, and with a more settled staff there is no doubt that more will be accomplished in the next year than in 1925.

FACTORIES AND WORKSHOPS.

The following tabulated statement (required by the Secretary of State) gives details of inspections, etc.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Inspections (2.)	Written Notices (3)	Prosecutions. (4)
Factories (Including Factory Laundries)	90	37	—
Workshops (Including Workshop Laundries)	159	28	—
Workplaces Other than Outworkers premises	8	1	—
Total	257	66	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts:—*</i>				
Want of cleanliness	53	53	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	5	5	—	—
Sanitary accommodation { insufficient	—	—	—	—
{ unsuitable or defective... ..	8	8	—	—
{ not separate for sexes	—	—	—	—
<i>Offences under the Factory and Workshop Acts:—</i>				
Illegal occupation of underground bake-house (s. 101)	—	—	—	—
Other offences (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)	—	—	—	—
Total	66	66	—	—

*Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

X. MATERNITY AND CHILD WELFARE CENTRE.

During the last five years this work has been well maintained and has also developed to some extent. Thus a dental clinic has been started for children under the age of five years and also for nursing and expectant mothers. In addition the assistance of the Orthopædic centre of the Red Cross Association has proved very useful, a larger number of infant cases being referred to it each successive year.

The following tables give statistics for the last five years which are interesting for the purpose of comparison:—

I. Visits by Health Visitors.

	1921.	1922.	1923.	1924.	1925.
First visits ...	771	813	782	757	717
Re-visits ...	2334	2403	2346	2454	2273
Visits 1-5 years	641	888	1150	1278	1083
Ante-natal ...	195	169	207	184	194
Tuberculosis, etc.	—	433	433	493	627

II. Statistics of Infant Welfare Centre.

(Work carried on in the Hut)

	1921.	1922.	1923.	1924.	1925.
Weighing ...	5148	4940	5540	6056	6141
Medical consultations ...	961	1450	1253	1119	1226
Children on books ...	860	849	867	784	822
New cases seen by doctor	340	365	398	306	361
<i>Ante-natal clinic:—</i>					
Mothers attending ...	175	252	249	277	321
Total attendances ...	454	464	545	553	581
<i>Dental Clinic:—</i>					
Ante-natal cases ...	—	—	—	26	30
Nursing mothers ...	—	—	—	19	30
Children ...	—	—	—	14	39
<i>School for Mothers:—</i>					
Attendances ...	757	510	651	518	513
<i>Orthopædic Centre:—</i>					
Cases referred for treatment	—	—	9	22	36
<i>Free Milk:—</i>					
Number Cases ...	67	70	59	49	55

The above table shows that there has been no falling off in the use of the Infant Welfare Centre by mothers.

The consultations at the ante-natal centre also continues to be well attended, whilst the dental work is steadily developing.

It is again necessary to acknowledge the valuable assistance rendered by voluntary workers at the Hut, who have given their time and energies freely in assisting the work. Their presence and support have been most helpful to the work.

MILK (MOTHERS' AND CHILDREN'S) ORDER, 1920.—

Under this Order free milk has been supplied to 55 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 financial year ended March, 1926, was £65 14s. 5d.

The number of cases assisted during the last five years is shown in Table II, and it is interesting to note that this variety of charitable relief has not increased year by year. Only cases of urgent necessity are relieved, and there is reason to believe that this form of relief is not abused.

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 £4 0s. 3d.

By means of this fund assistance was given to deserving cases in the form of special boots for a child, extra nourishment for sick mothers, and "woollies" and flannel garments distributed to suitable cases.

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	...	...	...	240
(b) Midwives	...	...	...	578
(c) Registrar of Births, not having been previously notified	...	...	...	82
				<hr/>
Total	...	...	...	900
				<hr/>

There were 25 still-births notified. 133 births were notified as having occurred in the Maternity Home at 21, King Street. Some of these births were transferable to other districts from which the mothers came to the Home. Allowing for the factor of transferable births there remain 847 births which properly belong to Watford, according to the return of the Registrar-General. Of this number 33 were illegitimate births.

INFANTS' HOME AT LITTLE NASCOT.—This institution has gone through various vicissitudes during the last five years. Originally founded as a crèche during war time, it eventually became an infants' home, and at the beginning of its career as an infants' home was used for the reception of both ailing and normal infants.

More recently its use has been restricted to the admission of ailing and delicate children. The number of these in the Borough of Watford is no doubt considerable, but in practice it is found that many parents are unwilling for their children to go to an institution unless they are considered to be extremely ill. On the other hand, a minority of parents of a less worthy type are quite willing to part with their children on almost any terms, and are only too pleased for them to be cared for by other people for an indefinite period of time. In order to frustrate this tendency on the part of the latter class of parent, infants are not retained at Little Nascot when their health is established, but are returned to the care of their parents. During the year arrangements have been made for the admission of cases outside the Borough, a grant from the County Council being available towards the expense of maintenance. It was found that cases needing admission were brought to the Infant Welfare Centre from outside districts, and this arrangement was made to meet such emergencies.

The statistics relating to Little Nascot for 1925 are as follows:—

Cases in Home on January 1st	...	...	9
Admitted during the year	...	...	36
			<hr/>
Total	...	...	45
			<hr/>

The average stay per case was 102 days.

Reasons for admission—

Malnutrition	...	...	...	12
Indigestion, Gastritis, etc.	...	...	...	10
Pneumonia and Bronchitis	...	...	...	6
Skin conditions	...	...	...	4
Various	...	...	...	4
				<hr/>
Total	...	...	...	36*
				<hr/>

* As compared with 33 admissions the previous year.

The results of treatment were generally very satisfactory, only two deaths occurring in the institution, whilst the majority of cases were discharged in good health or improved. Three cases were transferred to other institutions, two to the Infants' Hospital, Vincent Square, and one to the Orthopædic Hospital, Stanmore.

TREATMENT OF COUNTY CASES UNDER MATERNITY AND CHILD WELFARE SCHEME.—With regard to the work carried on in the Hut, including the ordinary work of the Centre, the pre-natal clinic and the dental clinic for mothers, and children of pre-school age, no distinction is made between mothers living in the borough and those living outside.

In addition outside cases are now admitted to Little Nascot Infants' Home. The attendance of county cases at the Infants' Welfare Centre in the Hut appears to be on the increase. Thus in 1924, 37 infants from the county area attended, making 180 attendances, and involving 85 medical consultations. In 1925, 42 infants were brought, making 293 attendances and requiring 134 medical consultations.

With regard to the Ante-Natal Clinic, 48 mothers attended in 1925, as compared with 30 in 1924, making 103 attendances in 1925 as compared with 62 attendances in 1924.

Croxley Green was responsible for the attendance of 14 infants at the Centre, and 6 ante-natal cases. From Bushey 11 mothers attended the ante-natal consultations and 15 infants were brought. Garston contributed 5 ante-natal cases and 5 infants for consultations.

Others came from places further afield. Thus, 6 ante-natal cases came from the Langleys, and others from Elstree, Radlett, Bricket Wood and Chorley Wood.

At the Dental Clinic 3 mothers and 4 children attended from districts outside the Borough.

ORTHOPÆDIC CENTRE AT 21, KING STREET.—This institution may be regarded as an indispensable adjunct to the Child Welfare work of the town. As already stated, an increasing number of infants is sent there for advice and treatment each year.

XI. MEDICAL INSPECTION OF SCHOOLS, WATFORD AREA, 1925.

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, and the following report therefore relates chiefly to these schools.

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 year 1917, known as the "intermediate" group.
- (3) The group known as "leavers," in which are included those children born in 1913, and any others in school known to be on the point of leaving, and who have not been previously examined.

In all 1,045 children were examined in the course of routine inspection. Of these 1,045 children, 334 (or nearly 33 per cent.) were found to be suffering from defects which required medical treatment. Altogether the 334 children were suffering from 458 defects, as it is quite common for one child to have two conditions which require treatment, as, e.g., enlarged tonsils and carious teeth.

In the great majority of cases treatment was obtained promptly by the parents, on or shortly after receiving notification of the defect from the medical inspector.

The following table gives a list of ailments for which parents were advised to obtain treatment either at the hands of their family doctor at the Dental Clinic, or in the case of enlarged tonsils by operative or other treatment by the staff of the Peace Memorial Hospital or their own medical attendant. The results of this procedure are also shown in the table. In addition, advice was given in many instances to parents attending the inspections with regard to functional heart disease, anæmia, poor nutrition, and various minor ailments where it was not necessary to seek medical treatment.

Disease.	Number of children affected.	Number treated.	Under treatment.	No action taken by parents.
Carious Teeth ...	239	199	22	16
Tonsils and Adenoids ...	142	102	36	2
Defective Vision ...	49	39	9	1
Heart Disease ...	6	6	—	—
Orthopædic Cases ...	5	2	3	—
Cervical Glands ...	7	7	—	—
Goitre ...	1	1	—	—
Other Diseases ...	8	8	—	—

The results shown in the above table may be considered highly satisfactory. Generally speaking, when the defect is pointed out, the parents respond promptly by obtaining treatment, and nowadays there is little or no objection either to inspection or treatment. The following up of defects is done very efficiently and tactfully by the School Nurse, and it is indeed largely due to her efforts that such excellent results in the way of treatment are obtained.

SCHOOL HYGIENE.—Generally speaking the school premises in Watford are very hygienic. In the majority of cases the buildings are modern and are therefore well ventilated and lighted. The chief sanitary defects are to be found at Oxhey and Sotheron Road Schools, where trough closets are still in use. I have received complaints from both schools about the nuisance which arises from these insanitary arrangements. Trough closets at schools are unsatisfactory both in a sanitary and an æsthetic sense, and attempts to keep them strictly clean and free from offensive odour are never entirely successful. At Parkgate Road School the headmaster has called my attention to faulty lighting of some of the classrooms, where extra electric lights appear to be necessary.

With regard to heating of school premises, the coldest school in Watford is Holy Rood Roman Catholic. This school is a good modern building, but the heating apparatus is very inadequate, and the matter should receive attention from the School Managers.

MEALS AT SCHOOL.—In some schools which draw their children from the immediate neighbourhood there is no need to make arrangements for the children to eat their mid-day meal at school.

Such is the case at Chater and Field Schools. At certain other schools different conditions obtain. Thus some of the children at Oxhey School come from Carpenders Park, and at Parkgate Road School children attend from Garston and even further afield. Obviously in some cases children must bring their dinner to these schools and eat it there. Some supervision is necessary, and at Parkgate Road School the headmistress provides hot cocoa for girls staying to dinner at a charge of sixpence per week, and gives personal supervision. At the Special School, which receives children from all parts of the district, the caretaker is in charge of arrangements for the mid-day meals, hot cocoa also being provided in this case. Generally speaking, it appears that adequate care and supervision of the mid-day meal is exercised in most schools in Watford. The provision of hot cocoa is an admirable arrangement, and almost a necessity in the winter months.

INFECTIOUS DISEASE IN SCHOOLS.—Head teachers are provided with a card for notification of infectious diseases to the district Medical Officer of Health. It is important that these should be made use of. In the case of Scarlet Fever and Diphtheria the Medical Officer of Health is already aware of the existence of these cases from notifications received from the medical attendant. In the case of non-notifiable diseases, however (Chicken-pox, Whooping Cough, Measles and Influenza) school notification is often the only means of becoming aware of the existence of these infections.

It is not suggested that school closure is necessary when these cases occur in an urban district school. This, in fact, is rarely necessary nor desirable, but it is essential that all actual cases of infectious disease should be excluded from school attendance, and also all known "contacts" with infection in most cases.

OPEN-AIR EDUCATION AND PHYSICAL TRAINING.—

It is impossible to over-emphasise the importance of these factors to the health of the school child. The provision of school allotments is very desirable, and this has already been done in the case of the Special School. Open-air classes where there are facilities for these should be encouraged. It is necessary that new school premises when such are contemplated should be designed more on "open air" lines than in the past. There is much room for improvement in this respect, even in the more modern Council Schools, in which little or no provision is usually made for verandahs, open-air classrooms, etc.

CO-OPERATION OF PARENTS, SCHOOL TEACHERS AND OTHERS.—

Valuable assistance to medical inspection is rendered by parents, school teachers and attendance officers. The interest of parents in the matter has already been mentioned in this report, and it only remains to add that the majority of teachers render great assistance both to the work of inspection and also in encouraging the obtaining of treatment. The influence of the teacher is of paramount importance in this matter, and one usually finds that in schools where the teacher is keen on medical inspection and treatment the parents follow suit. The attendance of the parent at the inspection is of great importance. If the parent is absent half the value of the inspection may be lost, as it is necessary for the information about the child's ailment to be transmitted to the parent either by a printed form or by means of another person than the medical inspector.

Parents should be present not only at the first inspection for "entrants," but also at the second and third inspections for "intermediates" and "leavers." Their co-operation is then more easily obtained, as it is easier to obtain their interest at a personal interview, and, in addition, the medical inspector obtains a fuller history of the case when the parent is present at the inspection. Also, it is probable that many parents feel they have a right to be present when their children are medically examined.

SPECIAL EXAMINATION OF DEFECTIVE CHILDREN.

—A large number of children have been examined during the year in order to detect the presence of special defects, such as mental deficiency, epilepsy, blindness, deafness, and crippling defects, such as tuberculous joints, severe organic heart disease and deformities.

In order to ascertain the existence of these conditions a circular letter was sent out to all head teachers, who in reply supplied a list of all children who they considered might come under one of these categories.

As a result of this investigation the following cases were certified:—Mental deficiency, 17; Epilepsy, 5; Tuberculous Hip Joint, 1; Tuberculous Glands, 2; Organic Heart Disease, 3; Deafness, 1.

VERMINOUS INSPECTION.—This important work has been carried out as usual by the School Nurse. The number of visits paid to the schools for this purpose was 95, in the course of which visits 22,521 inspections were made. The findings at these visits were usually very satisfactory.

THE SPECIAL SCHOOL.—The excellent work at this school has been carried out on much the same lines as in previous years, except that a school allotment has been obtained.

This new departure has been a very successful venture, as children have taken great interest in the work and have benefited much, both in mind and body, from the exercise and training obtained in the open air.

There is no doubt that the Special School is doing a very useful work in Watford by educating (as far as education is possible) a class of children who are a problem to their parents and also to teachers in ordinary schools.

The latter cannot be expected to give special attention to this extremely backward class of child, owing to the large number of ordinary children which they have to deal with in their classes. Many parents appreciate the work of the Special School, and in some cases apply for their children to be admitted. There is a certain percentage of children in the ordinary schools who can only be dealt with by the Special School or else in a resident institution. There are not sufficient resident schools to accommodate all feeble-minded or mentally deficient children, nor is it desirable that all such children should be sent to institutions. The Special School, therefore, serves a useful purpose, and is a necessity in a town the size of Watford.

XII. WATFORD DENTAL CLINIC.

The importance of the early treatment of dental disease is every year becoming more obvious to the general public, but at the same time far too little is being done to remedy matters in this direction. A well organised dental treatment centre is required in every large centre of population. In Watford the work began as in many other places as a voluntary effort to mitigate the evil of dental caries in school children. This Centre was taken over by the Herts C.C., and since then the work has continued to grow. In September, 1923, the treatment of children of pre-school age and also of nursing and expectant mothers was added to the work already carried out at the clinic. The Maternity and Child Welfare Committee of the Borough is responsible for the latter part of the work. On the resignation of Miss Scanlan, L.D.S., the County Council appointed Mr. Allan, L.D.S., as whole-time school dentist. In addition, Mr. L. Dennis, L.D.S., and Dr. S. Fisk, L.D.S., act as part-time school dentists. Dr. S. Fisk also

does the work in connection with the Maternity and Child Welfare Dental Clinic of the Borough, which is carried on in the same premises. The addition of the latter branch of work adds greatly to the usefulness of the Clinic, which now covers a much wider field than formerly.

STATISTICS OF SCHOOL DENTAL WORK.

I am indebted to Mr. C. H. Powell for the following figures:—

	1921.	1922.	1923.	1924.	1925.
Routine inspections of children by School Dentist	1,012	538	539	347	374
Percentage of above requiring treatment	69.	79.	79.	72.	73.
Number re-inspected at School by Dentist	939	1,488	1,662	1,620	1,862
Percentage of above with sound dentures	25.	37.	38.	46.	48.
Number of half-day attendances by dentists	83	82	87	104	134
Number of attendances by anæsthetists	16	18	18	23	22
Number of children treated with N (2) O Gas	403	461	517	522	509
Average number treated on anæsthetic days	25	25	28	22	22
Total number of attendances of children	1,524	1,662	1,916	2,016	2,294

From the above figures it will be seen that there has been a steady growth of the work since 1921. The routine inspections referred to are those of school children between the ages of six and eight years as recommended by the Board of Education. These show that from 70 to 80 per cent. of the children inspected are in need of dental treatment. A consideration of the results of re-inspection also shows an increasing percentage of school children with sound dentures, which is an encouraging feature of the work.

The following table shows the nature of the work done at the Dental Clinic, the figures in this case also being supplied by Mr. C. H. Powell, who acts as honorary secretary of the Clinic and of the local committee.

FILLINGS.

	1921.	1922.	1923.	1924.	1925.
First Permanent Molar	183	323	357	317	363
Other Permanent Molars	29	58	79	101	73
Temporary Teeth	696	442	363	235	386
Totals	908	823	799	653	822

EXTRACTIONS.

Temporary Teeth	1,403	1,457	1,687	2,114	2,473
Permanent Teeth	90	102	183	251	309
Other Operations (Scaling, Dressing, etc.)	134	103	115	71	84

INSPECTION OF SCHOLARS BY SCHOOL DENTISTS.

SCHOOL.	AGES.											Nos. Requiring Treatment Total.		
	5	6	7	8	9	10	11	12	13	14	Nos. Complete.			
Victoria G. & I.	19	83	81	51	39	40	16	1	—	—	14	162	168	330
" G. & B.	—	—	2	40	37	42	37	46	26	2	2	145	87	232
Holy Rood ...	—	7	13	24	22	12	6	10	21	1	1	47	69	116
Oxhey ...	8	14	22	23	7	18	5	11	14	2	2	39	85	124
Field ...	9	35	24	35	42	27	22	26	13	8	8	107	134	241
St. Andrew's ...	—	20	29	41	21	19	13	18	6	5	5	34	138	172
Parkgate ...	7	45	28	44	53	35	28	14	9	5	5	132	136	268
Alexandra ...	3	56	49	31	36	51	36	42	14	5	5	135	188	323
Leavesden Road G. & I.	3	49	56	24	27	22	22	23	21	3	3	113	137	250
" " B.	—	—	10	24	36	24	25	36	22	3	3	100	80	180
	49	309	314	337	320	290	210	227	146	34	1014	1222	2236	

XIII. WATFORD JOINT ISOLATION HOSPITAL.

This Hospital serves a combined district with a population of over 84,000, and contains 66 beds. During the last year four out of the five blocks were in regular use, two for Scarlet Fever, one for Diphtheria, and the fourth for cases of Enteric Fever and Erysipelas when required. A fifth block might be used but for the fact that it contains no bathroom accommodation and that it is also insufficiently heated. If it were fitted up with this necessary equipment it would be as useful a block as the others, and would serve a good purpose in case of emergencies. The Hospital has been made much more use of in 1925 than in the year previous to this date, owing to the prevalence of a mild epidemic of Scarlet Fever.

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

In Hospital, 1st January, 1925	...	...	...	...	...	15
Cases admitted from Watford Borough	...	...	...	...	...	164
" " " " Rural District	...	...	...	...	...	13
" " " " Rickmansworth Urban District	...	...	...	...	...	11
" " " " Bushey Urban District	...	...	...	...	...	27
" " " " Chorleywood Urban District	...	...	...	...	...	2
						232
Patients discharged—cured—during 1925	...	...	...	...	...	186
" died in Hospital during 1925	...	...	...	...	...	4
" still in Hospital, 1st January, 1926	...	...	...	...	...	42
						232

The forty-two cases in Hospital, 1st January, 1926, consisted of 30 Scarlet Fever, 11 Diphtheria, and 1 Encephalitis Lethargica.

TABLE SHEWING NUMBER OF CASES ADMITTED FROM
THE VARIOUS DISTRICTS in 1925

District	Scarlet Fe ver	Diphth- eria.	Enteric Fever.	Erysip- elas.	Enceph- Letharg.	Totals
Watford Borough ...	133	28	1	1	1	164
Watford Rural ...	10	1	—	1	—	12
Bushey Urban ...	16	11	—	—	—	27
Rickmansworth Urban	11	—	—	—	—	11
Chorleywood Urban ...	2	—	—	—	—	2
Totals	172	40	1	2	1	216

In addition one case of Small-pox was admitted from Watford Rural District, making a total of 217 cases admitted from the Joint Hospital District.

During the previous four years the number of cases admitted each year was as follows:—1921, 251; 1922, 83; 1923, 91; 1924, 85.

Thus the district enjoyed comparative immunity from infectious disease for three years.

During the last year there has been an increased prevalence of infectious disease in all the districts with the exception of Chorley Wood. There was, however, a greater prevalence of infectious disease in the year 1921 than in the past year.

The number of cases of Diphtheria during the last year increased slightly in the Borough, 28 cases as compared with 25 in the previous year, and in the Bushey Urban District the increase of cases was due to a small outbreak at the Caledonian Schools. On the other hand fewer cases of Encephalitis Lethargica were admitted in 1925, one as compared with five in the previous year. There was only one case of Enteric Fever admitted as compared with seven in 1924. The deaths were as follows:—2 cases of Diphtheria from Bushey Urban District, and from the Borough of Watford 1 Diphtheria and 1 Enteric Fever.—Total, 4.

This is a very small number of deaths out of 217 cases admitted, being less than 2 per cent., and it is accounted for by the extreme mildness of the type of Scarlet Fever which prevailed.

What is sometimes described as the "old-fashioned" type of Scarlet Fever hardly exists at the present time. The great majority of cases had a very slight rash which disappeared usually after one, two or three days, causing very little "peeling" in most cases. In such cases the temperature did not exceed 99 deg. or 99.5 deg. A small proportion of cases ran a slightly higher temperature, and some of these gave rise to ear discharge as a complication. Only in two or three cases did Nephritis occur, and this cleared up satisfactorily in all cases. Of 172 cases of Scarlet Fever admitted no death occurred, which says much for the mildness of the outbreak. Diphtheria with its 40 cases, causing 3 deaths in the hospital, was much more serious from the point of view of mortality caused.

With regard to the length of time spent in the Isolation Hospital by Scarlet Fever patients owing to the extreme mildness of the epidemic this was shortened a little in some cases. Many patients, however, were less fortunate in the period of their detention, which sometimes lasted as long as eight or ten weeks on account of ear discharge. Considering the mildness of the type of Scarlet Fever prevalent, cases of Otitis Media were more numerous than

one would have expected. An epidemic of Scarlet Fever of the mild type presents certain difficulties which are less marked in the case of the severer type. One of these is a greater liability for the disease to spread. This arises from the fact that mild cases are frequently not regarded by the general public as Scarlet Fever, and it sometimes happens that no notice is taken of the first case in a house until others occur. Spread of the disease is thus greatly facilitated.

SMALL-POX HOSPITAL.—During the last five years the Watford district has been little affected by Small-pox. For the last three years epidemics have occurred in various towns in the North and the Midlands. One case from Kings Langley was isolated at the Holywell Hospital in 1923, none in 1924, and during the last year a case was admitted from Radlett.

The building which is used at Holywell for the reception of Small-pox cases cannot be considered very satisfactory for the purpose. Two years ago the premises were even less satisfactory than now, but since that time great improvements have been made in the sanitary equipment.

SCARLET FEVER ANTITOXIN.—For the first time in Watford, Scarlet Fever Antitoxin has been used in the treatment of cases at the Isolation Hospital. The serum was supplied from the Lister Institute. Much is claimed for the serum, that it reduces temperature, cuts short the course of the illness, and diminishes the liability to complications. The majority of cases at the hospital during the last year have been of the type which could not recover more quickly than they did, even in the absence of serum treatment. There were, however, some cases with an initial temperature of 100 deg., and others in which the temperature was persistent for a few days. A number of these cases were treated with antitoxic serum, which had a marked effect in immediately bringing down the temperature and also in removing all toxic symptoms. About twenty cases have been so treated, and the results were highly satisfactory in every way. It is too early to say from the experience of so few cases whether the liability to complications is diminished, but there is every reason to expect this from the fact that pyrexia and toxic symptoms are favourably influenced by the serum.

XIII. APPENDIX—INCUBATION AND EXCLUSION PERIODS OF THE COMMONER INFECTIOUS DISEASES.

The following table is published for the information of head teachers and others interested in the prevention of the spread of infectious disease. It is practically identical with the table published in the official Memorandum on Closure and Exclusion from School issued jointly by the Ministry of Health, and the Board of Education.

It is necessary to have a uniform method of dealing with this matter in all the Schools of the Borough and hence the value of publication of this table. It should be understood however that all persons do not react in exactly the same way to an infection, and that in addition to differences in individual reaction to disease, there are also variations in the virulence of the same disease which may cause modifications in its behaviour in different epidemics. In these circumstances no cut and dried description of any disease can be applied to every case of that disease.

Disease.	Incubation Period.	Interval between onset of illness and appearance of rash.	Period of Exclusion.	
			Patient.	Contacts.
Scarlet Fever	1-8 days.	1-2 days.	Three weeks after return from hospital, or in the case of patients treated at home, three weeks after release from isolation	One week after removal of patient to hospital, or, in the case of patients at home, one week after release from isolation.
Diphtheria ...	2-10 days.	—	Three weeks after end of attack; or until pronounced free from infection by a medical practitioner.	Two weeks after removal of patient to hospital, or, in the case of patients treated at home, ten days after release from isolation. Negative swabs should be obtained.
Measles ...	7-14 days.	4 days.	Three weeks from date of appearance of rash.	Infants and other children, who have not had the disease, three weeks from date of onset of last case in house.
German Measles ...	5-21 days.	0-2 days.	One week from the date of appearance of rash.	Infants and other children, who have not had the disease, three weeks from date of last exposure to patient with rash.
Whooping Cough ...	6-18 days.	—	Six weeks from commencement of cough.	Infants only, for six weeks from date of onset of last case, or three weeks from date of last exposure to infection.
Mumps ...	12-23 days.	—	Until one week after subsidence of swelling.	No exclusion.
Chicken Pox	11-21 days.	0-2 days.	Three weeks, or until all scabs have disappeared.	Infants and other children, who have not had the disease, three weeks from date of last exposure to infection.
Small Pox ...	10-14 but usually 12 days.	3 days.	Six weeks, or until the patient is certified free from infection by a medical practitioner.	Sixteen days unless recently vaccinated, when exclusion is unnecessary.



