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FORTY-EIGHTH
ANNUAL REPORT

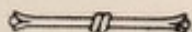
on the
Sanitary Condition
of the
Urban District of Watford
FOR THE YEAR 1920.

By
DR. ARTHUR KING, D.P.H.,
MEDICAL OFFICER OF HEALTH.

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1921.



Report on the Sanitary Condition OF THE Urban District of Watford.



TO THE CHAIRMAN AND MEMBERS OF THE WATFORD
URBAN DISTRICT COUNCIL.

GENTLEMEN,

I have pleasure in presenting my Annual Report on the Sanitary Condition of the Watford Urban District for the year 1920.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

The population at Census, 1911, amounted to 41,200. The population as estimated by the Registrar General for the year 1920 is 48,027.

This, I think, will be found to be an under-estimate when the figures of the coming census are published.

Watford is situated on the outcrop of chalk that runs S.W. to N.E. across the South-eastern half of the country, but in that part of the area occupied by Watford the chalk does not come to the surface, but is overlaid by thick deposits of gravel that ensure a dry site for most of the houses, with the exception of the few built on the lower levels, near the rivers running through the district.

There are two of the latter—the Colne, which joins the Thames near Colnbrook, and the Gade, which is a small stream rising in the chalk hills near Hemel Hempstead. The latter when it gets to Watford becomes the western boundary of the district for some considerable distance.

The greater part of Watford is situated on high ground which gradually slopes towards the rivers named, the larger part of the populated portion being well above the level of the river beds.

It will be seen, therefore, that the natural conditions of the district are very favourable for residential purposes. The sites for houses are healthy, the chalk beneath the gravel gives an inexhaustible supply of pure water, the air is but little contaminated by smoke from factories, and there are four open spaces used as recreation grounds, the largest consisting of a considerable portion of Cassiobury Park, purchased when the opportunity arose some ten years ago and largely used by the inhabitants during the summer months.

A County Council enquiry during the war granted the district a further extension of its boundaries, but this has not yet come into force.

The social conditions in normal times are quite satisfactory, but the want of more housing accommodation has lead to a great deal of overcrowding which I trust will be greatly relieved during the current year as more houses are completed on the Harebreaks estate.

The industries of Watford are not unhealthy, and the majority of the factories, of which there are a good many, are well built and quite satisfactory from the workers point of view.

The principal industries of Watford are brewing, printing, motor manufacturing and repairing, engineeting, photographic plates and paper making, and the manufacture of chocolates and other foods.

Besides these the London General Omnibus Company has erected a large garage where a number of men are employed, and a large number of employees of the London and North-Western Railway Company reside in Watford, although a good many may be employed at Euston and other points on the line.

None of the above employments entail any special risks to the health of the workers, and where female labour is made use of the demand is generally supplied by unmarried women and young girls.

VITAL STATISTICS.

The corrected figure of the Registrar General for births in Watford during 1920 is 1,077. This shows a satisfactory increase on the year before, and supplies us with a birth rate per thousand of the population of 22·4 compared with 11 in 1919.

Twenty-five sets of twins were born, and fifteen of these were alive at the end of the year ; in seven instances one twin died, and in the case of the remaining three both babies died.

The infantile death rate for 1920 is only 56·6 per thousand births, this figure being the lowest recorded during my tenure of office.

It compares with 68·9 the year before, and with the rate for all England and Wales of 89·0

The deaths of Watford residents taking place either in the district or outside, amounting to 407 according to the Registrar's returns, are less than the year before by 102, and give a net death rate per thousand of the population of 8·4.

If we compare this with the previous years, or with the figure for all England and Wales for 1920, which is 12·4, the inhabitants of Watford have every reason to congratulate themselves that their environment appears to be so conducive to general good health and well being.

BIRTH RATE, DEATH RATE AND ANALYSIS OF MORTALITY DURING 1920.

	Birth Rate per 1,000 of Total Population.	Annual Death Rate per 1,000 civilian population.									Rate per 1,000 Births		Percentage of Total Deaths.			
		ALL CAUSES.	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea & Enteritis (under two years).	Total Deaths under 1 year.	Deaths in Public Institutions.	Certified Cases.	Inquest Cases.	Uncertified causes of death.
WATFORD.	22.4	8.4	0.00	0.00	0.04	0.02	0.02	0.02	0.16	0.18	3.7	56.6	28.5	95.1	4.9	0.00
ENGLAND & WALES.	25.4	12.4	0.01	0.00	0.19	0.04	0.11	0.15	0.28	0.48	8.3	80.	24.3	92.2	6.6	1.2

Poor Law Relief.

The average amount of Poor Relief during 1920 was £100 per week.

Hospitals.

Besides the Joint Isolation Hospital which is reported on later, there are the Watford District Hospital and the Union Infirmary situated in the town.

Both are excellent Institutions, excellently managed, but the former's beds are not enough for the requirements of the district, and some of the cases that would go there are received into the latter where there is more accommodation.

The building of a much larger hospital is contemplated ; the site has been bought, and a substantial sum of money subscribed.

Still a good deal more money has to be obtained, and considering all the difficulties the new hospital will probably be some years before it is commenced.

There are in addition an Electrical and Massage Hospital, started originally for ex-soldiers, but now open to the public at a moderate fee ; and the Maternity Ward in connection with the County Nursing Association's Home.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

Water.

The Council have their own waterworks for the supply of the district, a small portion of Oxhey Ward being within the Colne Valley Waterworks area, and getting its water from that Company.

The quality of the water is excellent coming, as it does, from deep wells in the chalk, and since the new wells and new works were finished there is no fear that any shortage will appear even under the most trying circumstances.

The supply is a constant one.

Details of the plant supplied by the Engineer, Mr. Waterhouse, appeared in last year's Report.

Rivers and Streams.

Very little contamination of the rivers passing through the district takes place. The Council's farms appear equal to purifying and absorbing all the sewerage of the town without any effluent at all getting into the rivers.

One factory has had to be dealt with to prevent its discharging contaminating matter into the river, and at the present time we are going into the matter of their intended extension of premises, so that this should not become a fresh source of contamination.

Drainage and Sewerage.

The drainage of the new parts of Watford is satisfactory, and in a good deal of the old property it has been remodelled to meet the modern standard.

The old sewers in the district have been greatly improved by what was done to them before the war. Large portions were relaid, manholes built, and ventilating pipes erected.

A good deal of work still remains to be done, but although the Ministry have held an enquiry and granted the powers to obtain a loan for the work, I do not see how the Council can embark on such a large expenditure of money as this would entail at the present time.

I cannot produce evidence pointing to the necessity for *immediate* action, and consequently I hardly feel justified in advising this work being carried out until things generally become easier.

Closet Accommodation.

With the exception of one or two earth closets at Little Otterspool and the Wheatsheaf Cottages, which lie too low for the provision of a sewer, Watford has nothing but water closets, and these, generally speaking, are of a fairly up-to-date character. Where any drainage work is required we avail ourselves of this opportunity to have a pedestal closet supplied and closet fittings replaced where they are of an antiquated and unsatisfactory character.

Scavenging.

The three pail closets mentioned above are emptied three times a week, and the house refuse is collected once a week instead of bi-weekly as was the case before the war.

As practically all the houses are provided with movable ashbins with proper covers, the single collection for the week seems to work quite satisfactorily, and the dustmen carry out the collection quickly and thoroughly.

The question of electrical dustvans was put forward as more economical than the horse vans, and an Inspector from the Ministry of Health held an enquiry. Like other things (including some more urgent than this one) entailing an expenditure of considerable sums of money, I consider it would be well to defer the matter till prices come down substantially, when we may hope for a reduction in municipal expenditure that will allow of greater activity than is at present possible.

The arrangement for the extension of the Watford district after the termination of the war has not yet come into force. When the houses in the new area come into the district we shall have a number of cesspools on our hands. We have, I believe, engaged to supply sewerage facilities for these houses, but this again will entail a considerable expense, and I think before the extension becomes a reality the Council should get the permission of the Ministry of Health to defer this expenditure till more prosperous times.

The house refuse is dealt with at the destructor, and the power thus obtained is economically utilised for pumping the sewerage on to the farms.

The amount of work done by the destructor during the year is shown as follows :—

Average amount of refuse destroyed per week from town	183 tons.
Private refuse per week	7 tons.
Unsound food, carcases, dogs and cats, etc., destroyed	(numerous)

Sanitary Inspection of the District.

An account of the inspection of the district appears in the Sanitary Inspector's Report in the appendix.

It will be seen that a considerable amount of work has been done, but owing to press of other things and shortness of staff at the end of the year it was impossible to do much house inspection.

We have adopted a card similar to that in use in other parts of the county, and hope to make progress in this direction during the current year.

Premises and Occupations which can be controlled by Byelaws and Regulations.

The common lodging houses are regularly inspected, and remain as satisfactory as the oldness of the buildings will allow.

No complaints have been received during 1920 with reference to fried fish, which is our only offensive trade, and periodical inspections ensure the carrying on of business under the best conditions possible.

Other Sanitary Conditions requiring Notice.

Nothing of any urgency has occurred outside the ordinary sanitary activities calling for special mention.

SCHOOL REPORT, 1920. INSPECTIONS.

The number of children medically inspected by me during 1920 amounted to 1,105.

It is impossible from the material at command to separate them into entrants, and those born in 1908 and 1912, but during the current year I will make note of the numbers coming under these separate categories at the time of inspection.

The only leavers that I inspected were those who had not been medically examined during their twelfth year.

The refusals have practically dropped out altogether, and I cannot call to mind any occurring during 1920.

At all the Infant Departments the mothers attend in large numbers, amounting to 80 to 90 per cent. of the possible at Chater, Watford Fields, Oxhey, with not quite so many at Church of England Infants.

PHYSICAL RECORDS.

Malnutrition.

The general nutrition of the children under my inspection is very satisfactory, and in no instance have I been able to find evidence of insufficient food.

Most of the comparatively few instances of malnutrition that were found appeared to be the result of a chronic deterioration of health, probably the result of slow infection by the poison of tuberculosis or other chronic germ invasions in the mouth, throat, or alimentary canal, or from unhealthy home conditions.

If food plays any part, its nature and quality are probably more to blame than its quantity for any departure from the normal in the matter of nutrition.

I cannot help thinking that methods rendered necessary during the war have not tended to improve the quality and nature of the nation's food supply since its termination; the continuance of the wholesale substitution of margarine for butter, and the difficulty of quick and frequent delivery of milk from the producer to the retailer being illustrations of my contention.

Cleanliness.

Little fresh can be said on this subject as experience every year emphasises more strongly than ever that we have arrived at a point of improvement beyond which the progress will be very slow until the home conditions and the home surroundings and habits undergo a radical change.

Scabies.

This complaint has not yet been stamped out, but school cases are not very heavy, only two having been met with during my year's inspections, and these were treated by the family doctor.

Defective Vision.

Very few of these cases escape treatment now as, unless a special desire is expressed by the parent to have a private doctor, practically all the cases of defective vision found on inspection are seen by the County Ophthalmic Surgeon without any objection on the part of the parents.

Eighty-one cases were discovered on my inspections in 1920 ; 60 were seen by the doctor appointed by the County, and 5 by private doctors ; 7 others are under treatment and 9 are willing to arrange for it.

Skin.

A considerable number of cases of ringworm still exist and these can only be discovered by careful inspection and microscopical examination of the broken hairs.

Unfortunately, children are not infrequently told that they are cured without the microscopical test having taken place, and this opinion is found to be incorrect when such an examination is made.

These cases without being very active themselves may infect the hairs of fresh children and continue the disease.

On the other hand an eczematous condition of the scalp in some cases may have been set up and may continue after the original disease is cured, leading one to suppose that ringworm still exists. A microscopical examination is equally important here in preventing an unnecessary exclusion from school.

Very little impetigo or other skin disease has been found on inspection.

Teeth.

Good results have followed from the work of the Watford Dental Treatment Centre, not only in respect to the teeth themselves, but in the matter of a general improvement of the children's health.

The arrangement for the Voluntary Committee of the Dental Treatment Centre to continue the work under the recognition and financial assistance of the County Council has worked well, but not so well as would have been the case had better accommodation been available.

The presence of the Centre at the Council Offices at a nominal rent of 1s. a year has led to a desire on the part of many to see these activities transferred elsewhere, and the Council itself has considered that even the present accommodation should be worth £35 rental.

At the time of writing the use of three rooms at the Welfare Centre has been offered to the County Council at the rental of £75 a year including lighting, heating and cleaning.

The work of the year is detailed in the report of the Committee which I append.

Only five cases have refused treatment.

Tuberculosis.

14 cases were referred after inspections to the County Assistant Tuberculosis Officer, and of these he confirmed the diagnosis in thirteen instances. That this disease should attack some of the children is no matter of surprise considering the present housing conditions. The war bequeathed us a number of cases of this complaint with very inadequate measures at our disposal to prevent its communication to other persons.

In some instances where the father is the sufferer he, his wife and children have only the one bedroom at their disposal, and even should a new house be offered to them, unless he is well enough to keep at work (a state of affairs attended with considerable dangers of its own in the way of spreading infection) he is unable to afford the expense of the improved accommodation.

Here a residential open air school would be of the utmost benefit. The Education Authority is the only one that can provide this. I consider that no considerations of economy should stay the immediate provision of such a school for children in the early stages of tubercular affections, and for those of tubercular parents who have unhealthy and crowded home conditions with a consequent danger of developing the disease.

I consider that it is a pressing duty of the State to seriously consider this question of dealing with the families of tubercular patients, both at home and at school, as from the inevitable effects of the disease when the father or mother are affected, it is impossible for the family to obtain favourable surroundings to stop the spread of the disease.

Enlarged Tonsils and Adenoids.

Out of sixty-four cases found in my school inspections requiring treatment fifty-three have been attended to, one refused, and the remaining ten have promised to have treatment.

More than half (thirty) of the fifty-three attended the District Hospital under the arrangement made by the County Authority, twelve went to their own doctor, five to London Hospitals, and six were attended to at the Guardian's Homes.

Blind, Deaf, Mentally Deficient and Epileptic Children.

No cases of total blindness have come under my notice, 'although one case little removed from that condition was recommended to an Institution for the Blind.

All cases of deafness were referred to the medical attendance of the child, and nine have been treated.

I have, during the year, certified seven cases of mental deficiency, and these have attended the school for such cases.

Two of those at the special school after a time were found of too bad a type to receive benefit and were transferred to other surroundings.

Minor Ailments.

Chronic cases of Otorrhoea have not been so numerous during 1920 inspections as previously, and chronic Rhinitis, although yet with us, has not been so much in evidence.

Still a few cases are seen where an unhealthy discharge from the nose has lasted in unabated vigour since the previous inspection two or three years before.

If the County Council avail themselves of the offer of the Watford Council of fresh dental quarters, a minor ailment clinic can very well be established there also.

If the unhealthy conditions attached to the nose, ears, throats, etc., of school children were regularly attended to and rectified by means of systematic syringing, spraying, etc., one predisposing cause of children's infectious diseases would be removed.

Undoubtedly unhealthy conditions, leading to the storing of germs with or without discharges in childhood, often confer on the individuals in many instances the quality of "carriers," and the evil effects last into adult life, in many instances, opening the door to disease in later years.

As these children are a positive danger, not only to themselves, but to all others that they come into contact with, the responsibility of preventing the healthy children from running this risk rests with the authority who insists on the children attending school.

Schools have their own special dangers in bringing children into close contact in classrooms with a minimum allowance of floor area per child, but I am glad to find that in some of my schools the children are taken into the fresh air several times during the school session thus allowing for a renewal of a pure air supply for the classrooms.

For the reasons stated, however, I am anxious that the advent of a Minor Ailment Clinic should be no longer delayed in Watford.

Vaccination.

Vaccination is at a very low ebb in Watford. The percentage of vaccinated children is declining all the time, and very few of the infants are now vaccinated.

Results.

With regard to the treatment of defects carried out during 1920, we can confidently say more treatment has been done, and in cases like defective vision, teeth, etc., we are further justified in considering the results satisfactory, as in the majority of cases the improvement is quite as great as could have been expected.

Physical Training.

From my experience in the medical inspection of school children during the year I am justified in saying that their general physical condition and development compared very favourably with previous years, and in my opinion this is in no small measure due to the beneficial effects of the physical training carried out under the new regulations.

The extension of the training to every day is sound, as you cannot hope to see much result from physical training carried out only twice a week, and the introduction of properly regulated games, while contributing to the physical welfare, supplies a mental training in addition.

One result that cannot be mistaken is the greater freedom exhibited in the movements of the body ; another feature of equal importance is the self-evident-pleasure now taken by the children in the training and games.

Open Air Instruction.

I have so fully and strongly advocated the provision of open air schools for day instruction for those suffering from the taint of tuberculosis, or from general deterioration of health, that I hesitate to inflict my views again on any that may see this report.

In these days of retrenchment it may be argued that the expense would be prohibitive, but I should like to suggest that, should the building on the Harebreaks estate necessitate the erection of another elementary school, at least some provision could be made for open

air instruction and for the reception of a certain number of residential children in open air quarters.

There is no doubt in my mind if all the children of the nation were reared and instructed on the open air principle, medical inspection as now carried out, and medical treatment for defects would be found to be unnecessary. Cases of Tuberculosis would be almost unknown in childhood, those of adults would be enormously reduced, and the general standard of national health would be raised to a pitch undreamed of by the present tinkers with public health problems.

To effect this would cost money, but we should get full value in the increased health and happiness of millions, and the economic saving to the nation would cover the expense many times over.

Relation of teacher, parent, and school nurse to the work of medical inspection.

In some cases the head teacher quite voluntarily attempts to prevent the school activities in the neighbourhood of the inspections being of a noisy or disturbing character, but unless this is spontaneous I do not venture to interfere with the school procedure.

As the teacher knows the date of the inspection some time beforehand, it seems to me that some directions might be given by the school authority for the teachers to consult the medical inspector as to slight modifications in the school curriculum on the days of his visit.

The work of the School Nurse is most satisfactory, everything being done not only efficiently but cheerfully, which adds a hundred per cent. to its value.

Work of Sanitary and Child Welfare in relation to the health of School Children.

The work of the infant consultations is, I am sure, laying the foundation of constitutional fitness in the case of many babies that otherwise would begin their school career in an unsatisfactory condition of health.

The child who has made uninterrupted progress during the first twelve months of its life has an enormous advantage over one who, although it may attain the age of a year, has been ailing part or the whole of the time since its birth.

WATFORD DENTAL TREATMENT CENTRE.

Statistics 1920.

No. of Children examined at School	...	...	1,366
" " with sound dentures	...	...	315
" " refused treatment	...	...	372
" " treated for first time	...	...	623
" " re-inspected	...	...	504
" " " with sound dentures	...	...	185
Attendances of Dentist (Miss Scanlan)	...	...	43
" " " (Mr. Dinnis)	...	...	42
" " Anaesthetist	...	...	12
" " Children	...	...	1,394
Average No. of Children treated	Wednesday, A.M.		7.6
	" P.M.		18.9
	Friday, P.M.		11.9
No. of Children treated with N ₂ O	...	...	278
Average per Attendances	...	...	23.2

FILLINGS.

1st Permanent Molar	...	...	...	...	191
Other " "	...	...	...	...	13
Temporary Teeth	...	...	...	...	641

EXTRACTIONS.

Temporary Teeth	...	...	...	...	1,568
Permanent Teeth	...	...	...	...	49
Other Operations	...	...	...	...	137

CHARLES H. POWELL,

Hon. Sec.

FOOD.

Milk Supply.

There are five milk sellers who have their cows in the district, and thirty-one who derive their supply of milk from farms outside the boundaries.

The distance of the sources from which the latter is drawn varies from just outside our area to as far off as Winslow, Bletchley and Ivinghoe.

The condition on its arrival at Watford depends greatly on the ability and willingness of the farmer to put it on the rail as quickly as possible after milking; in this respect the retailer is largely in the hands of the producer.

The recent attitude of labour has brought about a change in facilities for a quick supply of milk from a distance, the milkers now objecting to milking until too late to run the morning's milk to its destination for the same morning's distribution.

Often there is a difficulty in transporting to the station at once, and consequently a great deal of the milk arriving about midday in Watford is more than eighteen hours old, a certain portion of it being, perhaps, the same morning's milk

As a rule this milk is not distributed till the next day, and does not reach the consumer till about thirty-six hours after milking, and during a portion of this time it may have been stored under very unfavourable conditions at the farm.

The larger part of the milk obtained from outside only comes once a day and therefore there is nothing gained in freshness by the second delivery, under present circumstances, and except for the fact that it may be kept by the milkman under better conditions than is possible at the consumer's house there is little advantage in two over one delivery.

This, of course, does not apply to milk produced in Watford.

The earliest manifestation of being stale recognised by the public is the "turning sour" of the milk, but the germs that cause this are more or less harmless; those that give rise to putrefactive changes and disease germs being the injurious elements in stale milk,

Still, the object of the retailer is to delay this "souring," which he knows will be noticed and complained of by his customers, so a process of Pasteurisation is carried out to prevent this latter change taking place.

If the process in question is not done thoroughly the souring agents are killed without affecting the dangerous organisms, and a worse sample of milk may be turned out than if it had been allowed to go sour

The most important thing is to maintain the temperature of the milk sufficiently low to prevent the growth of germs until it reaches the consumer. This is being successfully done by some of the retailers, but I am afraid little is being attempted in this direction by either the outside producer or the Railway Co.

The present limits of the Public Health Department's activities with regard to milk are contained in the Dairies, Cowsheds and Milkshops Order, which enables the Public Health Authority to ensure the welfare of the few cows kept in the district, and the cleanliness of the premises and utensils of the retailers.

Certain attempts have been made by the Government to induce milk producers and retailers to voluntarily adopt methods that will entitle them to sell their milk as Grade A, but surely those who

suggested this must have known how utterly futile such proposals would be.

The only reason for ventilating the milk question now is the hope that the public may be induced to take an interest in it and insist on the passing of a Clean Milk Bill that will make an improvement possible.

Measures dealing with beer appear to have a great fascination for our legislators, but their coyness and bashfulness when faced with the milk problem would be funny if the tragic side of the picture were not so self-evident.

We are all aware of the necessity for economy in municipal expenditure, but good health is an essential, not a luxury, and should not be the last, but the first question considered in dealing with national prosperity.

The passage of a Clean Milk Bill, although it might entail some additional expenditure on the part of the producers and retailers, need put no new burden on the rates, and a large number of consumers would be willing to pay even more than they do now if they were sure of obtaining a certified article in return.

Milk (mothers and children) Order, 1919.

The milk supplied by the Watford Urban District Council to mothers and children has been given only to those who cannot afford to purchase all the supply they require, and each case is carefully gone into by myself after exhaustive enquiry on the part of the Health Visitors.

In some cases we give half what we consider they should have on the understanding that they are willing and able to purchase a like quantity themselves.

A scale of wages, etc., has been drawn up to form a rough guide as to what cases should receive grants of milk, but so many points come in, to influence one's decision, that it generally resolves itself into treating each case on its merits.

The cost of milk so supplied amounted to £400— a figure that is not high compared with the population.

Eight samples of milk were taken during 1920, and all were found to be free from tubercle bacilli.

Meat.

(1) The importance of meat inspection can only be fully realised by those who have frequent opportunities of seeing animals slaughtered, and who are more or less in touch with the trade in chilled and frozen meat.

Very few people ever consider the question of disease or know what a number of animals, when slaughtered, are found in an

unhealthy or diseased condition. Nor does the cleanliness or otherwise of the slaughterhouses trouble them.

Yet I have no hesitation in saying that without a Public Abattoir, which all butchers should be compelled to use, any arrangement made for inspection must be faulty and will allow meat of an injurious quality to be sold and consumed to the possible detriment of the consumer's health.

The figures given later will show the great amount of disease principally tuberculosis, amongst animals intended for human food, and in milking cows.

With regard to the slaughterhouses they are not of the latest date, and leave much to be desired, but if those who slaughter there are reasonably careful and cleanly they are capable of answering the purpose for which they were intended.

(2) There is no municipal abattoir in Watford, but during the war the largest slaughterhouse belonging to Messrs. Fisher was used as a central slaughterhouse for Watford and the districts round, and for the time being became, for all practical purposes, a central abattoir.

The Watford Council have one Meat and Food Inspector, and although the supervision of this place entailed the putting in of extra hours, the inspection was well and efficiently carried out, since there was only the one place for him to look after.

The benefit of this centralised slaughtering was so apparent in Watford(and I conclude that it was the same in other places) that it is almost unbelievable that this opportunity of establishing public abattoirs all over the country should have been let slip.

Still things have been allowed to get back to the pre-war condition, with slaughtering now taking place at eleven different slaughterhouses.

As there are no restrictions as to when slaughtering takes place it is manifestly impossible to exercise adequate supervision, it being possible for any suspicious animal to be killed at any time, night or day, when the inspector is not on duty.

I reported in 1919, and during the year under consideration, on the need for a public slaughterhouse, and the benefit and saving to be obtained from a waste eliminator plant for treating diseased meat, offal, etc., but the difficulties in the way of expenditure have proved too great. Although the Council have expressed a very positive opinion in their favour it was decided that such undertakings, involving a large initial outlay to make them a success, could not be embarked upon at the present time.

(3) No proceedings before the magistrates were taken by the Council in 1920.

(4) The number of carcasses examined and the number condemned and destroyed appear in the statement at the end of the Report.

The number of slaughterhouses in use in the district at the dates asked for by the Ministry of Health is as follows:—

				1914		Jan. 1920	Dec., 1920
Registered	...	...	...	6	...	1	6
Licensed	...	...	...	7	...	0	5

The reduction from seven licensed slaughterhouses to five is the result of one being abolished and one being disused, the license in the latter case having been withdrawn after a successful prosecution.

The Meat and Food Inspectors Report gives figures showing the amount of unsound food condemned during the year.

The bakehouses are all satisfactory, and undergo the required cleansing and whitewashing at the proper intervals.

The exposure of meat and other perishable foods in open shop windows, and of confectionery to contamination by flies in the summer time is very unsatisfactory, but it is difficult without more powers to rectify this.

The prevention of contamination of milk, meat and other foods by flies is a matter that requires constant attention during the hot weather, and for this purpose all accumulations of manure or other injurious refuse are sprayed with a solution of sulphate of iron at least once every week during the prevalence of these pests.

This measure has been of considerable service in keeping down the multiplication of flies, but one favourite breeding ground it is still difficult for us to attack.

The living-room-kitchen, if not kept clean and free from food debris, which is often allowed to remain from one meal to another, constitutes not only a harbourage for flies in the summer time, but in the cold weather serves as winter quarters for hybernating individuals that become the starters of the next year's generations.

It is a great pity that this danger is not better recognised, and greater care taken in keeping rooms where food is stored and consumed scrupulously clean.

One sudden death occurred during the year that appeared from the circumstances of the case to be possibly due to food poisoning.

I found that the patient had had a supper of whelks before he fell ill, and it seemed as if these might have supplied a food poison responsible for his sudden illness and death, although other people partook of the same food without showing any signs of illness.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE.

The notifications of infectious disease during 1920 underwent a very great reduction compared with the previous twelve months.

The total amounted to 442, while in 1919 it was as high as 1628.

The inclusion of measles in the list of notifiable diseases has been the cause of great fluctuations, as it is a disease so highly infectious that when an epidemic is started the limit of children attacked is only reached when most of the susceptible children have contracted the complaint. This results in periodic waves of extreme prevalence every second or third year with almost total quiescence in the intervals.

Out of the 1628 notifications mentioned above as received in 1919, 1228 were cases of Measles, but as during 1920 the disease had practically died out, and in addition it was no longer notifiable, the comparatively modest total of 442 for all infectious disease is explained.

The occurrence of very wide spread epidemics of scarlet fever and diphtheria in the Metropolitan area appeared to have but a slight effect on Watford. In fact although an increase was exhibited in the scarlet fever cases, diphtheria patients were less numerous than in 1919.

No cases of Cerebro-Spinal Fever, Poliomyelitis, Encephalitis Lethargica, Dysentery or Trench Fever were notified, and only one of Malaria.

In the case of Tuberculosis the number of pulmonary cases was 124 compared with 87, and of other forms 19 against 12 in the previous year.

Anti-diphtheria serum can always be obtained by medical men at the Public Health Offices, but as most diphtheria cases of any severity come into the hospital it is not largely used before admission.

In a few cases a dose is administered by the doctor at once before notification, and this course is to be commended as in severe forms of the disease the element of time is a vital one.

Still, however, if the doctor notifies the case at once, with the provision of motor transport at the hospital very little time is lost before the patient has the benefit of appropriate treatment.

I would, therefore, impress upon the doctor the urgency for immediate notification of *all* cases of this disease, as those of a virulent character undergo rapid development, and in the initial stages may not exhibit any special indication of their future course.

Scarlet Fever.

This disease had exhibited an increased prevalence during the latter part of 1919, which continued to be the case more or less during the whole of the year 1920.

The distribution in the different wards was fairly in proportion to the population. Kings Ward and North Watford, the largest wards, led off with 77 and 63 cases respectively ; Queens came next with 32, and Oxhey and St. Andrews completed the list with 23 and 18.

The character of Scarlet Fever outbreaks has undergone a gradual alteration, the tendency being to the evolution of a disease of milder and less serious nature than that prevalent fifteen or twenty years ago.

In the absence of precise information as to the identity of the scarlet fever germ, it is difficult to supply an accurate explanation of this, but the fact remains that, in the majority of the cases occurring recently, the symptoms are not severe, and that serious complications of much rarer occurrence than has previously been the case.

Whether this evolution is the result of eliminating the co-operative agency of septic organisms, leaving the comparatively innocent scarlet fever germ to act unaided, or whether several Streptococci of slightly different identity, but of markedly different virulence, exist, and are all capable of producing symptoms considered characteristic of the disease it is difficult to decide, but it is a point of considerable importance in dealing with the question of whether eventually we may hope to stamp out the disease altogether, and further reliable information on the character of the germ in the different types of so called scarlet fever cases would be of very great service.

The practical point is to eliminate, as far as possible, those conditions which keep alive the disease from one epidemic to another, and maintain an intermittent supply of sporadic cases during the whole time.

The unhealthy and germ laden portals of the respiratory and digestive tracts must be freed from their permanent load of residential infectious material, and then we may hope to see the disappearance of the diseases that are now being kept alive by periodic recruiting from these obscure sources of infection.

Diphtheria.

Only 45 cases were notified during 1920, the number in the year previous being 64.

A few of these were notified on the result of swab examination

with no clinical evidence, and were only carriers, not real cases of diphtheria.

Although this disease has shown a marked tendency to decline in numbers for some time past, and a good many of the cases are mild, and some altogether doubtful, there seems to be no definite alteration of type, as all through the year we have had a scattered supply of the true virulent form. Fortunately we are better equipped to deal with such cases, both as to treatment and prevention, and consequently, bad as they are, the fatality is slight, and they are mostly prevented from giving rise to further trouble.

No specially favourable or unfavourable conditions in any particular locality appeared to influence the distribution of the cases, and the numbers in the different wards again bore the same relation to each other as the populations in these various areas. Kings had 16 cases notified, North Watford 12, Queens 8, Oxhey 6, and St. Andrews 3.

School influence could not be shown to be an active factor in originating and spreading the disease; at one time several cases occurred amongst the girls at Leavesden Road School, but a visit to the classes where these had arisen revealed no carriers, and no evidence of direct infection from one case to another.

The seasonable distribution was not at all uniform, the latter part of 1920 exhibiting an unusual freedom from cases of diphtheria.

Influenza.

This disease exhibited no special prevalence during 1920. Eight deaths were registered as being due to this cause.

Measles.

After the violent outbreak in 1919, measles became quiescent in 1920. Notification being no longer in force we got information of a few cases occurring through the school teachers, and one or two doctor's notifications came in error. We may expect the disease to reappear in 1921 or 1922.

Tuberculosis.

As already stated a larger number of cases of this disease was notified in 1920 than in the previous year. This, I believe, was partly due to more thorough notification on the part of medical men, but the fact remains that the present measures for the control of the spread of the disease do not appear to be as successful as one would desire in stamping out tuberculosis affections, especially the pulmonary form of the complaint.

Under these circumstances it is the duty of all Public Health Authorities responsible for the administration of the Tuberculosis Regulations to consider whether more can be done in the way of preventing the spread of consumption, and whether the present powers are adequate for attaining this result.

The present arrangements are partly under the County authority, and partly under the local Public Health Authority.

Although, broadly speaking, the first body deals with treatment, supplying sanatorium benefit, dispensary treatment, domiciliary nursing, etc., and the local authority takes on preventative measures such as visiting and attending to the rectification of injurious surroundings, this dual control is apt to lead to overlapping in some cases, and, on the other hand, may result in some uncertainty as to which authority is responsible for certain details.

The local Public Health Authority has power apparently to undertake the whole programme, both treatment and prevention, but as under the Insurance Act and other regulations the county is practically forced into adopting measures for treatment and also in some directions touches the field of prevention, it is inadvisable for the local body to undertake what the County is already doing. Thus it becomes sometimes a matter of doubt as to what is really left for local health administration to undertake.

However this may be, it is certainly the duty of the latter to look to the surroundings of the patient and his family and to rectify any unsatisfactory conditions discovered where possible.

As a matter of fact all cases when notified to me as Medical Officer of Health are visited and note taken of the home conditions, habits and surroundings generally, and in the case of ex-service men a periodical return of these particulars is made to the County Medical Officer of Health. The improvement of the environment when unsatisfactory then devolves upon the local authority, but here one is met with considerable difficulties.

The conditions mostly found favourable for the spreading of infection are overcrowding, unsuitable and insanitary dwellings, unsuitable occupations, and, in some cases, neglect on the part of the patient to follow the advice given.

If all these conditions were satisfactorily dealt with the danger of infection would certainly be greatly reduced, especially if the patient had been trained in a sanatorium or otherwise to take the necessary precautions.

But however successful the educational measures may be in promoting habits leading to prevention of the spread of this disease, the intimate relations between the members of a family in their home life and sometimes those existing in workrooms between the

workers, render it absolutely necessary that the housing accommodation should be of the very best, allowing of plenty of fresh air and sunlight with no overcrowding.

But our visit to the home after receiving a notification often reveals the patient sleeping in a small bedroom, unable to be ventilated without a draught, in company with several other members of the family.

It is no uncommon thing to find a family of father, mother and one, two or three children having only two rooms for all purposes, including cooking, washing and storing food.

The back garden is generally too small for a shelter, and in many cases, where the husband is the patient, the income is barely enough to keep the members of the family alive, and certainly insufficient to pay the rent of such a house as the circumstances of the case require.

*The Tuberculosis Regulations of 1911 tell us that "the fact that a patient may be trained and may, as a result, cease to be a source of infection, in which case he need be subject to no disability, should be made clear both to the patient in the interest of society and to society in the interest of the patient."

No training will make a patient cease to be a source of infection under the conditions found existing in very many instances. What is the use of training a patient in the advantages of fresh air night and day, personal cleanliness and cleanly surroundings, generous diet and suitable occupation when these are mostly unattainable?

As the Health Authority is prohibited from exercising any control or restrictions over the actions of the patient, the question of employment and habits can only be matters for advice, and this perfect freedom on the patient's part is not always exercised for his own benefit or for that of others.

But the surroundings as represented by the house accommodation can and should receive the serious attention of the local Public Health Authority.

The regulations already mentioned confer power on the latter body on the advice of its Medical Officer of Health to "supply facilities and articles as may be necessary for preventing the spread of infection, and for removing conditions favourable to infection," and surely this must include proper housing accommodation. If, as often happens the head of the family, the patient, cannot afford the rent of a proper house, the local authority should give the requisite assistance and see that the family is supplied with the necessary "facilities for preventing the spread of the complaint."

* These Regulations were superseded by those of 1912.

The town spends a considerable sum each year in measures intended to stop the spread of other infectious diseases, that are not anything like as fatal as consumption, and cases are removed to the Isolation Hospital because home conditions are not suitable for their remaining without giving rise to other cases.

It is not suggested that the expense of hospital isolation be incurred for consumptive patients (although in advanced cases this would be the best course), but the interests of the community do demand that the housing conditions should be the best possible to prevent a tuberculosis patient passing on the disease to others.

There are a number of houses with certain modifications in construction to be built by the Council that are intended for families where a case of consumption exists, and these should be pushed on with at once, and *where suitable families are unable to pay the rent, the requisite help should be given as one of the "facilities" already mentioned.*

To leave cases of this disease under present housing conditions a moment longer than is necessary is accepting a serious responsibility by the local Public Health Authority, and to leave these conditions to continue indefinitely without an effort to improve them means further disease and further deaths in the future—deaths that under more favourable surroundings might never occur.

The other question of whether the present powers of dealing with the disease are adequate is one that will be answered in the negative by most of those who are in a position to give an authoritative opinion, and we may say, without fear of contradiction, that we shall never get rid of tuberculosis until new methods of procedure are undertaken, including more control over the patient himself.

MATERNITY AND CHILD WELFARE CENTRE.

The necessary work to Little Nascot was completed in time to commence activities there, including the transference of the Day Nursery by the end of March, 1920.

The official opening did not take place till July 28th, when the ceremony was performed by the Marchioness of Salisbury after a Dedication Service conducted by the Vicar of Watford, The Rev. C. F. Ayerst.

During the first three months Dr. Perrit attended at the consultations only and received payment at the rate of £150 a year; but as soon as the main building was occupied she took up her duties as Medical Officer at the Home, and Nursery at the figure decided upon when her appointment took place—£250 a year.

Both the day children and residents got on in an extremely satisfactory way, showing regular gains in weight and every sign of uniform progress.

The babies benefitted much by the open air facilities of the upstairs verandah until the hot spell at the end of August, when this part of the building appeared extraordinarily infested with flies.

From this date a deterioration of health set in, a tendency to looseness of the bowels appeared, affecting nearly all the children—toddlers and babies—and one child died of an infectious gastro-enteritis.

The infection having once got amongst the babies the efforts to keep them healthy and prevent still further development of infection met with considerable difficulties.

Several deaths occurred which, although not primarily due to Enteritis, were cases where one felt that the latent tendencies to disease had probably been brought into activity, and their severity increased by the presence of gastro-intestinal infection.

The rapidly progressive wasting, so characteristic of this form of infection was a marked symptom in all the fatal cases, and to those unacquainted with this inevitable result it was calculated to give an impression that the child was being starved through neglect rather than through the inability of the digestive organs to deal with the food given and absorb it into the system. In such cases the child is far more likely to be starved by giving too much food than too little.

From August 25th to the end of the year six deaths occurred, but only three could be definitely certified as due to Gastro-enteritis or Enteritis, although in the others the fatal termination was probably contributed to by an unhealthy condition of the digestive track.

The Maternity and Child Welfare Committee were anxious to leave no stone unturned to bring about a more satisfactory state of things, and at its request a Lady Medical Inspector from the Ministry of Health visited the Centre to advise.

Dr. Barrie Lambert came to the conclusion that, as far as the conduct of the Centre was concerned, nothing but favourable criticism was justified, and Dr. Cameron, a leading specialist on children's diseases, who came later, expressed the same opinion.

They both acknowledged that these epidemics did almost inevitably occur occasionally in baby institutions, and that the two elements in the caring for young babies most likely to prevent them were fresh air and fresh clean milk.

The management of the Centre had been quite alive to this, and in planning the accommodation had especially provided fresh air verandahs for each class of children admitted, and had hoped to have a scheme for a milk supply produced and controlled by the Council as a necessary part of its programme.

The unprecedented plague of flies in August, however, had not been foreseen, and the fear of a large extra expenditure blocked the realisation of the milk scheme.

It is intended to establish effective protection against the former before the season for the prevalence of these pests again comes round, and as the keeping of the necessary cows by the municipality if seriously gone into would, I am sure, prove to be little, if any, more expensive than the purchase of milk, I have hopes that the year 1921 may see such an arrangement carried out. It was proposed to have enough cows to produce all the milk required for distribution to mothers and children in the town, but it might facilitate matters if, at first, the supply were confined to the babies in the Home only. This, probably, would necessitate the keeping of only one cow to begin with which would not be a very serious undertaking by the Council.

As originally planned, three classes of children were to be received into the Home, viz., day children, resident babies and toddlers, and those suffering from wasting and digestive troubles.

The recommendation of Dr. Barrie Lambert, the Ministry of Health's Inspector, was that resident babies and young children in a sound state of health should be the only ones admitted for a period of six months, and that of those only a limited number should be under one year old.

As the Day Nursery did not appear to be a pressing need, if one might judge by the small number of children brought to it each day, it was decided to close it.

When this arrangement comes into force there will then be six months to decide what further use should be made of the building at the end of that time, and to make the most careful preparations to ensure good results.

I shall not feel confident that we can look forward to success with sick and wasting, or even, perhaps, healthy children during the hotter part of the year unless we can command a supply of Grade A milk.

Without this we *may* succeed, but we may not; but with it, provided the milk be placed under conditions ensuring its purity being maintained until consumed, I believe that the most adverse weather influences, or even flies, will be unable to produce the unhealthy and fatal developments of last autumn.

The most encouraging part of the mothers' and infants' work is the afternoon consultations, and the school for mothers.

The following represents the details of the afternoon meetings: Monday, Pre-natal consultations, 2,30, by Dr. Perrit. Tuesday, School for mothers, needlework, knitting, etc., babies garments by Mrs. Brown. Wednesday, Babies' Consultations, 2,30, by Dr.

Perrit. Thursday, School for Mothers (as above), by Mrs. Brown. Friday, Babies' Consultations, 2.30, by Dr. Perrit.

The number of attendances, given later, will show how much this part of the work has benefitted by the better arrangements, and I am pleased to state that in the early part of the current year (1921) the County Nursing Home (whose midwives attend a very large number of confinements) is earnestly taking up the question of ante-natal advice, and has taken steps to recommend expectant mothers under their care to attend the ante-natal clinic at least once, and oftener if necessary, during the expectant period.

The figures I mentioned show that the number of mothers coming to Monday afternoon consultations is increasing, and although this is not taking place very rapidly, the progress is satisfactory to those who know, from experience, how difficult it is to convince young prospective mothers of the importance of pre-natal preparation.

During the year under consideration the annex to the main building occupied as offices by Messrs. Humbert and Flint, came into the possession of the Council.

The repair and painting of these rooms was undertaken with a view not only to using them ourselves, but in order to meet the request for accommodation for consulting rooms for the Insurance Consulting Doctor for this area.

This, however, fell through, and as stated elsewhere it is hoped that some arrangement may be made to transfer the Dental Treatment Centre for public elementary school children to these quarters.

If this is done we can then use the same rooms for treating the teeth of expectant and nursing mothers, and hope by this means to reduce somewhat the number of so called unavoidable infant deaths due to pre-natal unhealthy, but preventable, conditions.

Twenty-nine still births were notified, but I have no doubt that this figure does not represent the whole number occurring.

Out of 1,169 births, information of which was obtained either through notifications or from the registrar, 106 were received from the latter that had not been previously notified.

To obtain early notification of more than 90 per cent. of the births is quite a satisfactory record, and we cannot expect to improve much on that in the future.

Institutional treatment for mothers at the time of their confinement is undertaken by the County Council, as also the provision of midwives for the district. There has at present been no difficulty in Watford cases being admitted.

All cases of expectant or nursing mothers, or of children under five, who require more milk than they can themselves procure,

are carefully gone into, and when the circumstances warrant, an order on one of the milkmen is given for the necessary quantity.

As, however, it has been supplied in all to only 112 mothers and children during the year at a cost of about £400, we may rest assured that the necessary care has been taken in selecting only suitable cases that really stand in need of municipal aid.

The dealing with illegitimate children, and those that have lost their mother, is a very difficult problem.

It seems as if only three courses are open to us :—

1. To receive them into an Institution, charging a small sum for their maintenance.
2. Pay the mother sufficient allowance to enable her to make a home for her baby without going out to work.
3. Find foster parents for them.

The objection to the first course is that institutional treatment occasionally breaks down in the case of very young babies ; the second is expensive and likely to be successful only if you can depend on the mother going straight in the future ; and in following the third we are up against the difficulty of finding suitable homes.

In Watford we tried the first course and did not get much encouragement to go on in the case of young babies. We must not, however, be too much discouraged by this result, or afraid of making another effort to grapple with the difficulties of this method.

If we can secure clean milk and fresh air I think we may be sure of success, and considering that the other two alternatives are by no means free from objections, I think we should not abandon the first without another effort to make it a success.

Puerperal Fever was notified four times during 1920 ; all these cases recovered, but one died in the Watford District Hospital that was not notified, and another fatal case occurred in a maternity home outside our district.

Ophthalmia Neonatorum gave fourteen cases, but measles was almost non-existent.

A good number of cases of whooping cough occurred amongst school children, but I cannot give any reliable figures.

Infantile diarrhoea gave rise to four deaths, pointing to a very small degree of prevalence, but there appeared to be a somewhat chronic and less severe type of intestinal infection amongst many of the young children that, except when they were brought together institutionally, was not of a serious nature.

The cases of Ophthalmia Neonatorum were visited and the results of the action taken were uniformly favourable, no serious damage to sight resulting in any instance.

HEALTH VISITOR'S REPORT.

Work carried out under the Notification of Births Act
and at the Consultation Centre.

Number of Births notified by

(a) Medical Practitioners	...	...	326
(b) Midwives	...	...	702
(c) Parents	...	...	35
Received from the Registrar and not previously notified to M.O.H.	...	...	106
Total			1,169

Twenty-nine of the above were still-born and twenty-five were illegitimate.

No. of first visits paid to births	...	...	...	1,016
„ re-visits paid during the first year	...	...	...	2,401
„ visits to children between one and five years of age	...	...	...	859
„ ante-natal visits paid	...	...	...	282
„ Mothers on the Register attending the Consultation Centre during 1920 for advice and weighing of Children	...	...	...	742
„ Children brought for the first time	...	...	...	567
„ Children seen by Doctor	...	...	...	481
Total number of weighings	...	...	...	3,945
Average weekly attendance	...	...	...	76
Total number of Doctor's Consultations	...	...	...	1,172
Weekly average	...	...	...	22.5
No. of expectant mothers helped with milk and other foods	...	...	...	25
„ expectant mothers who attended the centre and made garments	...	...	...	12
Total number of mothers who attended the needlework and knitting classes	...	...	...	65
No. of attendances	...	...	...	750
„ other cases helped with milk	...	...	...	87

During the year we started a benevolent fund.; 35s. was collected, and at Xmas time woollen material was bought and made up at some of the elementary schools and the garments distributed to needy cases. It was a great help.

Home Helps.

During the year fifteen cases were supplied with a home help. We have been unable to secure any women to act as permanent home helps, but there are a certain number of satisfactory women who will take a case when required.

The need for these has not been so great as during the war, and the opening of the maternity ward and the known difficulty of guaranteeing a suitable woman at the time of confinement has tended to reduce the demand.

I hope that when the nation settles down to work again there will be a revival in this branch of maternity work as I think it is of great benefit to the health of the mother, and likely to promote a satisfactory recovery from confinement.

GERTRUDE HAMMOND.

HOUSING.

1. If, compared with other towns, the general housing conditions in Watford are rather better than the average; of the 7,741 working-class dwellings 249 occur in the unhealthy areas, and about a similar number are seriously defective, but the majority of these last are capable of being made healthy.

Of the remaining number at least three-quarters have been built within the last twenty years, and although the type is the usual speculative builder style, and does not come up to the revised standard of to-day, they may be considered houses reasonably fit for human habitation.

The present state of repair of the majority is by no means satisfactory, many not having been built very substantially require frequent attention to repairs, and these have been almost entirely neglected during the duration of the war, and equally so since its termination.

2. (a) It is impossible to say exactly what the shortage of houses is at the present time in Watford.

We know from the number of applications for houses that there is a great shortage, and as we have had considerably over 1,000 requests it appears reasonable to say that at least this number of houses are *urgently* needed.

Very few of the above applicants have houses now, as most of them are in one or two rooms, and consequently, when they are supplied through the agency of the Housing Scheme, very few vacated houses of the cheap type will be available for people whose requirements they might meet.

Should there be any such houses they would be more than required for those people displaced by the closing of the worst cottages in the unhealthy areas I reported on in 1919.

(b) I have little doubt that the estimate appearing in last year's report of 2,000 houses being required is a correct one, but when we consider the difficulties in the past, the uncertainties of the future, and above all, the fact that many people who need the new accommodation most cannot afford to pay the high rent asked, I think the Council should definitely decide not to proceed at the present moment with schemes involving the building of more houses than those which are *urgently* needed from a public health point of view.

The Harebreaks Estate will give 875 houses, some of which are completed and occupied; Willow Lane No. 2 has already added during the year 40 fresh houses now in use, and another 20 in Sydney Road and Rickmansworth Road have been completed and are inhabited.

With some more houses proposed to be built by Mr. King the total will reach very nearly 1,000, without those to be erected on the Wiggenhall Estate.

The latter, when built on, should supply an additional 375 houses, but it would, in my opinion, be well to limit the Councils' efforts to the completion of 1,000 houses which should be finished and occupied before any further action is taken. Of course, the position would have to be made quite clear to the Ministry, and their sanction obtained so as not to lose their financial aid for those houses, the building of which would be deferred.*

Should it be considered that developing Harebreaks and leaving the Wiggenhall site untouched is not distributing the new houses evenly over the district, it might be possible to reduce the number on Harebreaks by 100, which could be built on Wiggenhall.

This arrangement might be objected to by the Contractor for the Harebreaks houses, but I am sure that Messrs. Brightman's desire for the public interest would weigh very much in inducing them to meet the Council's wishes if possible.

* Since writing the above, a communication has been received from the Ministry of Health postponing any building on the Wiggenhall Estate for the present.

With regard to the results obtained during 1920 under the Council's Housing Schemes, these have not come up to expectations.

I have in the appendix given a resume of the action taken by the Council during the twelve months, and I think that this clearly shows that there has been no lack of interest nor any slackening of effort on the part of that body to push on with the work.

The conference at the Ministry, where it was decided to try and complete 1,000 houses during the year, revealed an equally eager desire on the part of the Ministry of Health to supply the urgently needed house accommodation at as early a date as possible.

But when at the end of the year only 85 houses finished for occupation out of 355 commenced was found to represent the year's work, it naturally becomes the business of those interested to try and ascertain the reason for this discrepancy between what was planned and what was really done.

A perusal of the appendix will give us some help in this direction, although perhaps only those in intimate contact with the work in its various stages can fully appreciate all the difficulties met with.

One point that is evident from the first is that to expect the completion of 1,000 houses in the year was to attempt the impossible.

It meant an average turn out of twenty houses a week throughout the twelve months, and as it would be an impossibility to have any finished before six months it really involved a weekly output of forty houses during the latter half of the year.

The next fact that is equally plain is that the divided control over the building schemes rendered an approach to "hustling" an impossibility.

The scheme had to be prepared and carried out by the Council, but everything had to be overhauled and approved by the London Housing Board, and then by the Ministry of Health.

The agreement with the builders had to be one framed by the Ministry and repugnant to the Council, and certain of the building materials, such as bricks and tiles were to be obtained through the Government Supply Department.

If the policy of the Ministry did not change at certain intervals the Council's interpretations of it must have been faulty, as after following what was supposed to be the Ministry's wishes in drawing up plans, most of these had to be abandoned, incurring a considerable loss of valuable time.

It must be understood that this criticism does not in any way reflect on the genuineness of the Ministry's wish to see housing got on with, but does suggest that the methods adopted by that department defeated their own ends.

Another question that naturally arises is whether the method of contracting adopted was the one best calculated to produce a quick and abundant output.

Out of the three methods—(1) big contracts, (2) number of small builders, (3) direct labour—the Ministry recommended the first, and Messrs. Brightman's Ltd. obtained the contract to build over 800 houses; small contracts for Willow Lane houses and 47 on Harebreaks having already been given to Garden Cities Ltd. earlier in the year. An arrangement of rather a different character was made with Mr. King, builder, to erect 18 houses on Sydney Road according to approved plans, on the understanding that the Council would purchase them at an arranged price when completed.

Thus the erection of the main bulk of the houses remained with Messrs. Brightman.

Of course, in a big scheme like this, one of the important points is to secure all the labour possible, and in doing so to at least get hold of all the local labour.

Of course, all the local builders have their own staffs which they wish to retain as far as possible, and consequently unless they are concerned in the building schemes a good deal of the local labour is not available. Unless the one contractor can bring in an overwhelming supply from outside, the want of co-operation of all the builders appears to be a drawback to getting the best results.

In obtaining materials we have to consider whether a number of builders would be more successful in securing an adequate supply than has been the case with the Council's arrangement.

In considering direct labour the question arises whether here we could reckon on getting the necessary supply of men, but it appears to me, considering that under the present arrangement the Council's officials do a lot of supervision, undertake the supply of a considerable part of the materials, make weekly payments to the contractor, etc., it would have been quite possible for the Council to have had some combination method of subletting to the local builders, which might have resulted in quicker building, and might also have enabled them to save a portion of the considerable profit accruing under the Ministry's agreement to the contractor.

As there is a considerable part of the work done by sub-letting now, my suggestion does not seem to me unreasonable.

I think we may at least come to the final conclusion that, had we had simple instructions to build a definite number of houses of a reasonably satisfactory type at a fixed price, and then been left a free hand, we certainly should have begun building earlier when materials and labour were cheaper and more plentiful, and by the end of 1920 we should have had far more houses completed for less money than has been the case.

The Council and their officials have carried out big schemes successfully before, and know quite well what is wanted and how to go to work to get it, and no one perhaps understands the best way of suiting the local needs better than those on the spot.

The Ministry had to pay the larger part of the cost so it has a perfect right to put some limitation on the expenditure, but I feel sure that the Council would have produced an article more quickly and more cheaply if left to itself, and one that when finished would have been quite satisfactory to the Ministry.

II. Overcrowding.

1. With regard to overcrowding, this is much the same as last year with the exception of the relief afforded by the 85 houses completed during 1920 under the building schemes.

2. The causes, as far as could be judged, I went into last year, and it is unnecessary to say more on this subject.

3. The supply of fresh houses is the only method of relief, and this is being done as previously pointed out.

4. The cases dealt with have been those where the Council were able to supply fresh house accommodation as new houses were completed.

III. Fitness of Houses.

1. (a) The general standard of houses is of a similar character to those in many suburbs of London, but the old houses in courts and alleys off the High Street are rather of the character of slums.

(b) The defects were gone into last year, and with the exception of the addition of twelve months' wear and tear without, in the majority of cases, any repair, these houses have not undergone much alteration.

(c) Undoubtedly, in many instances, the defects are due to the lack of proper management and supervision by owners, but the cost of upkeep gives more excuse for the want of repair than in normal times.

3. The difficulties in remedying unfitness remain very much as they were in 1919, the increased rent allowed to the landlord not supplying very much reserve to draw upon for the purpose of repairs. One of the difficulties is likely to be mitigated to some extent during the year by the completion of more houses at Harebreaks, and it is to be hoped that another will be relieved by the reduction in the cost of materials and builders' work generally.

4. Nothing special calls for remark with regard to water supply, closet accommodation, and refuse disposal, especially

applying to houses as where action is required it is only in respect to property reported on under the Housing of the Working Classes Act dealt with in the next section.

IV. Unhealthy Areas.

In my last report I gave particulars of six areas that had been scheduled by the Council, and mentioned the difficulties in dealing with them until fresh housing accommodation was available.

Nothing was done with regard to them during 1920, except to formulate schemes, but I may say that at the time of writing (March, 1921) the whole matter is receiving the attention of the Ministry of Health. Inspectors from the Ministry have gone over the areas in question, and have promised that after considering the proposals of the Council, the decision of the Ministry as to how they shall be dealt with will be sent to the Council.

V. Byelaws relating to Houses, to Houses let in lodgings, etc.

1. More latitude might be allowed in the building byelaws providing for a relaxation of some provisions in special cases, but where this would in any way be likely to interfere with the health of the occupiers the Medical Officer of Health should have the right of veto.

HOUSING CONDITIONS.

Statistics.

Year ended 31st December, 1920,

I.—GENERAL.

(1)	Estimated population	...	...	...	48,027
(2)	General death-rate	...	...	...	8·4
(3)	Death-rate from tuberculosis	...	...	...	·9
(4)	Infantile Mortality	...	...	...	56·6
(5)	Number of dwelling-houses of all classes	...	...	...	10,184
(6)	Number of working-class dwelling-houses	...	...	...	7,826
(7)	Number of new working-class houses erected	...	...	...	85

II.—UNFIT DWELLING-HOUSES.

I.—Inspection.

(1)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts.)	501
-----	--	-----	-----	-----	-----

(2)	Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	168
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	11
(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 ...	538

II.—Remedy of Defects without Service of Formal Notice.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	396
---	-----

III.—Action under Statutory Powers.

A. Proceedings under section 28 of the Housing, Town Planning, &c., Act, 1919.

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	2
(2)	Number of dwelling-houses which were rendered fit :—	
	(a) by owners	2
	(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.

B. Proceedings under Public Health Acts.

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	164
(2)	Number of dwelling-houses in which defects were remedied :—	
	(a) by owners	129
	(b) by Local Authority in default of owners	Nil.

C. Proceedings under sections 17 & 18 of the
Housing, Town Planning, &c., Act, 1909.

(1) Number of representations made with a view to 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 ...	Nil.

III.—UNHEALTHY AREAS.

Areas represented to the Local Authority with a view to Improvement Schemes under (a) Part I., or (b) Part II., of the Act of 1890 :—

- (1) Name of Area.
- (2) Acreage.
- (3) Number of working-class houses in area.
- (4) Number of working-class persons to be displaced.
4. Number of houses not complying with the building bye-laws erected with consent of Local Authority under section 25 of the Housing, Town Planning, &c., Act, 1919.
5. Staff engaged on housing work with, briefly, the duties of each officer.

Medical Officer of Health, Chief Sanitary Inspector and Assistant Sanitary Inspector.
(General routine duties together with Housing).

Six areas scheduled in 1919, still under the consideration of the Ministry of Health.

JOINT ISOLATION HOSPITAL REPORT.

The number of patients admitted to the hospital in 1920 was higher than in the previous year, being 291 compared with 252 in 1919.

All the districts participated in the increase, except Chorley Wood Urban District, which had no patients in the hospital at all during the year.

This increase was due to a larger number of scarlet fever cases coming from all the districts with the exception mentioned, but this was compensated for to some extent by a drop in the admissions of patients with diphtheria.

It will be seen in the table that 240 cases of the former disease were sent to the hospital compared with only 164 during the previous twelve months, while the 1919 figure for diphtheria of 76 cases was reduced to 47 in 1920.

One Erysipelas patient was admitted from Watford Urban, and three cases were sent in as enteric fever—one from Watford Rural and two from Bushey Urban—but these last were very indefinite and, if genuine typhoid cases, were of an exceptionally mild type.

One case of mastoid infection occurred amongst the scarlet fever patients, but made an excellent recovery after operation, and other complications were of the usual character.

Some of the diphtheria cases were of a very virulent type, but although these all developed paralysis later on, which in several instances produced marked symptoms of heart failure, only one death from this cause took place.

Two deaths occurred from severe septic scarlet fever, and these, with the diphtheria case above, were all the fatalities for the year.

The death rate of the patients in hospital was under one per cent.

No cases of laryngeal diphtheria were admitted in 1920.

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

In Hospital January 1st, 1920	...	...	...	59
Cases admitted from Watford Urban District	...	...	...	208
" " " " Rural	...	...	...	50
" " " Rickmansworth Urban District	...	...	...	5
" " " Bushey	...	...	...	28
" " " Chorleywood	...	...	...	—
			Total	350
<hr/>				
Patients discharged cured during 1920	...	...	...	325
" died in Hospital	...	...	...	3
" still in Hospital January 1st, 1921	...	...	...	22
			Total	350

The twenty-two cases in Hospital on January 1st, 1921, consisted of 18 Scarlet Fever and 4 Diphtheria patients.

TABLE SHOWING DISTRIBUTION OF DISEASES AMONGST
THE DIFFERENT DISTRICTS.

District.	Scarlet Fever.	Diphth- eria.	Enteric Fever	Erysipe- las	Totals.
Watford Urban	173	34	—	1	208
Watford Rural	40	9	1	—	50
Bushey Urban	23	3	2	—	28
Rickmansworth Urban	4	1	—	—	5
Chorleywood Urban	—	—	—	—	—
Totals	240	47	3	1	291

In concluding this report I must thank all those connected with me in public health work for their efficient and unvarying support.

The year has not been an easy one, but although we may feel disappointed that the difficulties of the times have somewhat handicapped our efforts, we may feel grateful to realise that the general health of the population of Watford has been well above the average existing in other parts of the country during the period covered by this report.

I have the honour to remain, Gentlemen,

Yours obediently,

ARTHUR KING.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR, 1920.
WATFORD URBAN DISTRICT.

NOTIFIABLE DISEASES.	Cases notified in whole District.							Total cases notified in each locality.					Total cases removed to Hospital.	
	At all ages.	At ages						Kings.	Queens.	St. Andrews.	Callowland.	Oxhey.		
		Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65							65 & upwards.
Small Pox	...	2	9	25	4	5	—	16	8	3	12	6	34	
Cholera	...	—	1	—	4	4	2	1	1	2	7	1	1	
Plague	...	—	59	134	12	8	—	77	32	18	63	23	173	
Diphtheria (including Membraneous croup	...	—	—	—	—	—	—	—	—	—	—	—	—	
Erysipelas	...	—	—	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever	...	—	—	—	—	—	—	—	—	—	—	—	—	
Typhus	...	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric Fever	...	—	—	—	—	—	—	—	—	—	—	—	—	
Relapsing Fever	...	—	—	—	—	—	—	—	—	—	—	—	—	
Continued Fever	...	—	—	—	—	—	—	—	—	—	—	—	—	
Cerebro Spinal Meningitis	...	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Fever	...	—	—	—	—	—	—	—	—	—	—	—	—	
Polio-myelitis	...	—	—	—	—	—	—	—	—	—	—	—	—	
Encephalitis Lethargica	...	—	—	—	—	—	—	—	—	—	—	—	—	
Ophthalmia Neonatorum	...	14	—	—	—	—	—	3	7	—	4	—	—	
Pneumonia	...	4	2	—	—	1	2	3	2	—	—	4	—	
Malaria	...	—	—	—	—	—	—	—	1	—	—	—	—	
Measles	...	—	—	—	—	—	—	—	—	—	—	—	—	
Pulmonary Tuberculosis	...	—	1	38	34	38	13	47	21	6	40	10	—	
Other Forms of Tuberculosis	...	—	1	10	5	3	—	6	3	—	9	1	—	
Totals	...	442	20	73	208	60	63	17	1	156	76	135	46	208

REPORT OF WORK CARRIED OUT BY THE SANITARY INSPECTORS DURING THE YEAR 1920.

Visits to Common Lodging Houses	...	...	...	69
„ Courts and Alleys	...	...	...	579
„ Infected Houses	...	...	...	929
„ „ „ Special Enquiries	...	...	...	38
„ Work in Progress	...	...	...	1,727
Houses Inspected	...	...	...	501
Houses re-Inspected	...	...	...	113
Houses Inspected (Housing and Town Planning Act)	...	...	...	168
Houses re-Inspected	„	„	„	11
Houses Visited <i>re</i> Rents Act	...	...	...	19
Special Visits <i>re</i> Housing	...	...	...	209
Workshops Inspected				
Bakehouses	„	}	...	...
Factories	„		...	...
Inhabited Vans Inspected	...	...	...	54
Urinals Inspected	...	...	...	28
Manure Pits Inspected and Sprayed	...	...	...	1,526
Visits to Schools <i>re</i> Infectious Disease	...	...	...	55
„ Ice Cream Manufacturers	...	...	...	54
Nuisances Investigated	...	...	...	581
Miscellaneous Visits	...	...	...	947
House Drains Tested	...	...	...	53
Scavenging Superintended	...	...	...
Inspections <i>re</i> Petroleum Acts	...	...	...	102
„ „ Sanitary Condition of Theatres, etc.	...	...	...	19
Samples of Milk taken	...	...	...	8
Samples of Water	...	...	...
Preliminary Notices Served	...	...	...	496

Legal Notices Served	...	...	...	...	191
School Notices Served after Infectious Disease	...	...	...	...	328
Letters sent	...	...	...	...	487
No. of Licences granted under Petroleum Acts	...	...	...	...	43
Cowsheds and Dairies Inspected	...	...	...	...	50
Milkshops Inspected	...	...	...	...	284
Slaughterhouse Visits	...	...	...	...	1,812
Visits to Market	...	...	...	...	236
Offensive Trades	...	...	...	...	24
Visits to Food Preparing Places	...	...	...	...	132
„ Fish Shops	...	...	...	...	298
„ Butcher's Shops	...	...	...	...	466
„ <i>re</i> Food Control	...	...	...	...	132
„ Shops Act	...	...	...	...	40
„ Rats and Mice Act	...	...	...	...	18
„ <i>re</i> Overcrowding	...	...	...	...	10

TABLE SHOWING EXTENT OF TUBERCULOSIS PROCESS IN ANIMALS EXAMINED,
YEAR ENDING DECEMBER 31st, 1920.

Kind of Animal.	Number Examined	Of which were Tuberculous.	Heads.	Thorax.			Abdomen.							Udders.	Entire Carcases Condemned owing to Tuberculosis	
				Lungs.	Heart and Pericardium	Serous Membranes.	Livers.	Stomachs.	Spleens.	Kidneys.	Intestines.	Uteri.	Serous Membranes.			Mesentery.
Beasts	...	4,101	216	348	104	144	177	84	113	86	63	21	136	160	47	143 Cows 9 Heifers 9 Bullocks 1 Bull <hr/> 162
Sheep	...	7,475	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	...	1,929	11	13	8	6	13	5	9	7	2	—	3	9	—	8 Pigs
Calves	...	1,259	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	...	14,764	227	361	112	150	190	89	122	93	65	21	139	169	47	170

FOOD INSPECTION.**Carcases examined.**

Beasts	Sheep	Pigs	Calves
4101	7475	1929	1259

Condemned and destroyed.

418 st. English Beef.

951 st. Frozen Beef.

176 Beasts and all Organs.

4 Calves and all Organs.

10 st. Veal.

238 Beasts' Lungs.

240 „ Livers.

108 „ Udders.

92 „ Heads.

79 „ Tongues.

38 „ other Organs.

17 Sheep and all Organs.

8 Frozen Lambs.

40 Carcases Frozen Mutton.

1060 st. Frozen Mutton.

47 Sheeps Plucks.

10 „ Heads.

29 Pigs and all Organs.

7 st. Pork.

2 Pigs Heads.

3 „ Plucks.

1 Box Tripe.

1 Tin Tongue.

60 Tins Corn Beef.

161 Tins Preserved Meat.

15 cwt. 3 qrs. 9 lbs. Bacon.
 150 Hams.
 2350 lbs. Frozen Liver.
 116 Rabbits.
 60 lbs. Rabbits.
 6 Boxes Bloaters.
 72 „ Kippers.
 3 „ Herrings.
 1 „ Mackerel.
 9 Barrels Herrings.
 41½ st. Mixed Fish.
 200 cwt. do.
 105 Tins Salmon.
 247 Tins Milk.
 80 Eggs.
 7½ cwt. Dates.
 19 Boxes Tomatoes.
 1 Barrel Grapes.
 200 lbs. Apples.
 1 Bag Potatoes.
 3 Sacks Cauliflowers.

NUISANCES.

				Abated.	Outstanding.
Defective Drains	...	...	...	47	—
Choked Drains	...	...	...	156	—
„ W.C.'s	..	...	...	102	—
„ Gullies	..	...	...	63	—

				Abated.	Outstanding.
Defective W.C.	...	...	...	62	7
„ Soil Pipes and Vents			...	35	—
„ Gullies	...	...	...	28	1
„ Sink Pipes	...	...	...	35	3
„ Flushing Fittings	...	...	...	57	4
„ Sinks	...	...	...	35	2
„ Eaves Gutters, and Rain Water Pipes	...	...	...	84	9
„ Fresh Air Inlets		...	...	7	—
„ Roofs	...	...	...	51	8
„ Doors	...	...	...	—	4
„ Floors	...	...	...	52	6
„ Staircases	...	...	...	3	—
„ Inspection Chambers			...	32	4
„ Ceilings and Plastering			...	37	3
„ Coppers	...	...	...	7	2
„ Chimneys	...	...	...	9	2
„ Fireplaces	...	...	...	7	—
„ Dangerous Walls		...	...	3	—
„ Window Frames and Sash Cords				21	4
„ Cooking Ranges	...	...	...	3	4
Yard Paving Repaired, etc.	...	...	...	8	—
Offensive Accumulations		...	...	27	—
Whitewashing, etc.	...	...	...	164	74
Filthy Houses, etc.	...	...	...	11	—
Dampness Remedied	...	...	...	72	16
Dirty Closets and Yards		...	...	52	—
Overcrowding	...	...	...	10	—
Workshops Limewashed		...	—	91	—
General Repairs	...	...	...	84	58

			Abated.	Outstanding.
Poultry and Animals improperly kept	...	...	3	—
Dustbins provided	...	...	17	4
Extermination of Rats	...	...	6 Houses.	

DISINFECTION, ETC.

Rooms after Infectious Diseases	...	...	...	438
Rooms after Consumption	...	...	...	83
Rooms after Cancer	...	...	...	19
Rooms for Vermin	...	...	...	44
School Rooms after Infectious Disease	...	...	...	107
Hospital Wards, etc.	...	...	...	14

BEDDING, ETC., DISINFECTED.

Palliasses	...	...	30	Curtains	...	...	3
Mattressess	...	...	154	Carpets	...	...	13
Beds	...	...	117	Cloaks	...	...	2
Pillows	...	...	258	Coats	...	...	16
Bolsters	...	...	127	Boys' Suits	...	...	6
Blankets	...	...	386	Caps	...	...	4
Sheets	...	...	62	Rugs	...	...	64
Bed Quilts	...	...	104	Dresses	...	...	2
Counterpanes	...	...	10	Sundries	...	...	145
General Body Linen	...	...	23	Eiderdowns	...	...	12
Shawls	...	...	8	Cushions	...	...	13

BEDDING, ETC., DESTROYED.

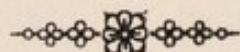
Beds	...	...	5	Pillows	...	...	7
General Body Linen	...	...	1	Bolsters	...	...	3
Sundries	...	...	2	Palliasses	...	...	5
Mattresses	...	...	1	Blankets	...	...	3

WATFORD:
H. L. CASTLE,
VICTORIA PRINTING WORKS,
WATER LANE.
1921.

APPENDIX

ON

Progress of Housing Schemes.



At the end of 1919, on the *Willow Lane No. 2* Scheme, the street and sewerage work had been commenced; the final plans of the *Harebreaks Estate* were ready, had been provisionally approved, but not finally passed by the Ministry, and the *Wiggenhall Estate* was being surveyed preparatory to the preparation of a lay-out plan.

Housing Committee, January 6th.

The first Committee Meeting of the year considered a letter from Sir James Carmichael, Director General of Housing, Ministry of Health, asking the Chairman, architect and other officials interested to attend a conference at the Ministry on January 8th to confer with the Deputy Director General and settle a definite Housing Programme for the year 1920.

Housing Committee, January 13th.

At this meeting the Clerk made a report on the Conference held at the Ministry of Health on the 8th inst.

The first point considered was the number of houses that could be erected during the year, and Mr. Walker Smith for the Ministry asked for an undertaking that Watford would build 1,000 houses in the period.

It was realised by both sides that unforeseen difficulties might occur, but an earnest desire on the part of the Ministry was expressed to help the Council in every way and the Council's representatives were equally eager to carry out the suggested programme successfully.

Certain undertakings with regard to Willow Lane Scheme (2) and Harebreaks were given and it was understood finally that 40 Willow Lane houses, which were commenced and about 960 at Harebreaks would be completed during the year if possible.

Mr. Walker Smith undertook that the Council would be alright for materials, and as far as could be arranged for labour.

At another interview with the Chairman of the Council he also said that if that body failed to obtain the necessary loans the Ministry would do so.

An additional proposal of the Ministry was that an attempt should be made by the Council to induce local builders to erect houses, on vacant plots, for sale to the Council when completed, and for this purpose a Conference between builders and the Housing Committee with a representative of the Housing Board present, should be held.

Only one local builder, Mr. King, availed himself of the offer, and put in plans of houses for the approval of the Council and the Ministry.

At this meeting Mr. Vincent Harris submitted a number of plans he had received from the Ministry, showing their types of houses.

After these were inspected the Medical Officer of Health stated he would be bound to object to any reduction in the price of the houses which would be gained by less accommodation.

The Committee, however, after considerable discussion, agreed, under protest, to build half of the houses from the Ministry's plans and half from their own, provided that the Ministry agreed to five conditions set out under *a b c d* and *e* paragraphs of their resolution.

Housing Committee, January 16th, 1920.

The Chairman reported that to expedite matters he had visited the London Housing Board and that it was arranged that there should be twelve types of houses, six from the Ministry's and six from the cheaper types of the Council's architects.

This, however, did not appear to be final as it was stated that the whole matter of Council's types might be raised again, as it was unlikely any of the latter would be passed which might be found to cost £50 more than the Ministry's types, and no guarantee was given that the lowest tenders, when obtained, would be accepted.

The Committee decided to agree to the arrangement on the conditions *a b c d* and *e* already laid down, and in doing so stipulated "that the Ministry of Health shall, once the types are settled, undertake that the lowest tenders when obtained will be accepted by the Ministry, that no further difficulty and no delay will be raised or occasioned once tenders are accepted, and that all necessary sanctions will at once be furnished on the request of the London Housing Board."

A letter was read from the latter body referring to the specification for roads and sewers and layout plans for Harebreaks approving *generally* of the same but making twelve conditions containing various alterations.

These all aimed at reducing cost but hardly any of them appeared to be advisable in the opinion of the Committee.

The result of a visit by the Surveyor to the offices of the Housing Board was that some conditions were dropped altogether; he demonstrated that others were either more expensive or likely to give serious trouble in the future owing to local conditions, while in the remainder the saving was problematical, but the result on the scheme generally would be damaging.

The Committee considered the report of the Surveyor and agreed to some of the conditions in a modified form, while in other cases such as the substitution of tarred gravel boards for concrete slab curb they decided to adhere to the original proposals.

Housing Committee, January 19th.

At this meeting a letter from Mr. Vincent Harris, the Council's Advisory Architect, again raised the question of types of houses to be built at Harebreaks.

The London Housing Board had now decided that instead of six types of the Council's Architects only two were to be used, and Mr. Harris asked if, in view of the great need for houses, it would not be better to use all Ministry of Health types.

The Committee decided to leave the allocation to Mr. Harris, requesting him "to incorporate as many of the types of the Council's Architects as he can," the conditions of the Council set out in minute

No. 3 (V) of the Committee's Report of the 13th inst., and in minute No. 1 (a) of the Report of the 16th inst. having yet to be accepted by the Ministry.

Housing Committee, February 2nd.

At this meeting a letter was read from the Ministry of Health with reference to minute 3 (V) which contained important conditions under which the Council agreed to the Ministry's latest re-arrangement of the Harebreaks Housing Scheme.

The Ministry practically accepted these conditions, although in one instance it was "subject to certain modifications" and in another "if reasonable in all the circumstances."

At the Council Meeting (February 3rd) it was resolved "that in the light of the information before the Council of the Ministry's action in cutting down the general standard of the building schemes in Watford, this Council appoints a deputation consisting of the Chairmen of the various Committees with the Clerk and Surveyor to wait upon the Ministry with a view to protest against any lower standard than that laid down in their own Manual."

At the Public Health Committee (February 24th) a report of the visit of the deputation on the 9th instant was made as follows :— "Mr. Walker Smith in answer to the deputation stated that the Ministry had not consciously departed from the principles as to accommodation laid down in the Ministry's manual which, however, was only intended as a rough guide, and he also stated that in the Ministry's opinion their plans were not inferior in this respect to the plans prepared by the Council's architects." An understanding was come to that on all State-aided schemes in Watford the percentage of non-parlour houses required should not exceed 10 per cent.

An undertaking was given by Mr. Walker Smith that all delays in receiving approvals and sanctions should be cut out and all matters dealt with promptly, and that the Council would in all matters receive the fullest and most prompt assistance. He exonerated the Council from blame for any delay that might have arisen hitherto, and expressed the determination of the Ministry that, so far as could be, no delay should henceforth occur. The Ministry were particularly anxious to get 1,000 houses up this year, and he stated that the Ministry's estimate of the probable total requirements for Watford would be 2,500.

He recognised quite clearly that in all matters the Council's approval must first be obtained, and that no reduction in amenities or accommodation could be considered without the Council's permission, the Council, as he expressed it, being the first line of defence.

He stated that in his opinion the only way of getting the number of houses required in the time was by employing a big contractor who would produce in the mass, and a railway siding was, in his opinion, essential.

The effect on the minds of the deputation as to the possibilities of an adequate scheme being executed within a reasonable time was reassuring, and the deputation withdrew feeling satisfied that they would have the support of the Ministry's officials in dealing with the future of the problem.

At a meeting held on February 23rd of the Housing Committee, it was decided to accept an offer from Messrs. Brightmans for forty houses of the same type as those in Willow Lane which were designed in the Engineer's office of the Council.

Housing Committee, February 26th.

At this meeting the vital question of expedition in building operations and how this should be assured was discussed, and tenders of two contractors were submitted.

The result was the acceptance of the tender of Messrs. C. Brightman & Son Ltd. for the erection of 813 houses on the Harebreaks Estate at the average basic price of £980 per house, subject to sufficient variations of exterior elevations to the receipt of the sanction of the Ministry of Health, and to the money being available.

A sanction had been obtained early in January from the Ministry for the erection of 47 houses from the Council's architect's plans by Garden Cities Housing Co. Ltd."

The costing system recommended by the Ministry was considered by the Committee, and Mr. Pleasants of Messrs. Brightmans stated that if adopted it would considerably increase the price of each house. It was decided to adopt a cheaper method if it could be arranged with the Ministry.

At the Council Meeting, April 6th.

Sanction was received from the Ministry to the acceptance of the tender of Mr. C. Ball for street and sewer work at Harebreaks

and the tender was promptly accepted and directions given for the application for the necessary loan to be made.

Housing Committee, April 8th.

A letter from Dr. Maxwell of the Ministry of Health was read asking for all the plans and detailed drawings of the Council's architects with a view to considering how far any of them could be utilised for the latter half of the scheme.

It was considered that this would probably lead to further delay, and the Committee decided to proceed with the whole of the remainder of the scheme with Ministry types of houses.

The Accountant reported that the Ministry of Health had now agreed to the alternative system of costing recommended by himself and the contractor.

A letter from the contractors was read stating that the Ministry had revised their terms of profit to contractors, and had now raised the normal profit from £32 to £45 per house, and the minimum profit from £20 to £33 per house and they therefore made application for the increased profit.

The application was forwarded to the Ministry who ultimately agreed to raise the profit to £40 and £30 respectively.

The Committee decided to enter into a contract with Messrs. Brightmans for the erection of 853 houses without waiting for the receipt of the Ministry's formal sanction to the necessary loan which had been applied for.

Housing Committee, April 23rd, 1920.

At this meeting a letter from Mr. Vincent Harris raised the point of hollow walls for the houses at Harebreaks. These had been strongly recommended by the Ministry at the commencement, and warmly welcomed as a step in advance in house building in Watford.

Mr. Harris suggested that he should have power to construct the whole of the houses with these except sculleries and similar rooms. The matter was left to his discretion provided the basic prices were not increased.

Housing Committee, May 17th.

At the Committee Meeting a letter from Mr. Harris stated that after communicating with the contractors he found that an extra charge of £15 a house would be made for hollow walls, and he had arranged for five per cent. to be built in this manner, and the Committee agreed to this but decided to apply to the Ministry for fifty per cent. of the house construction on the estate being built with hollow walls, Mr. Harris, the Surveyor and Medical Officer to interview the Ministry in the meantime.

Housing Committee, June 24th.

The final word with regard to hollow walls was reported by the Surveyor, it appearing that "ten per cent. on the sections at present in progress" was the most that could be obtained from the Ministry.

The question of types after six months discussion was finally settled, Mr. Harris submitting substituted types which the Committee approved, and a letter from the London Housing Board gave its approval on the understanding that the Contractor agreed to erect at the same basic cost.

Housing Committee, September 16th.

This meeting dealt with the sub-letting of electric wiring, plastering, plumbing, glazing, slating and tiling and under the head of plastering Messrs. Brightman pointed out the difficulty of obtaining plasterers.

Housing Committee, October 12.

Correspondence was submitted which had passed between the contractors, the Ministry of Health and Mr. Harris as to workmen leaving the housing schemes, and it was reported that further enquiries were being made.

It was also reported by Mr. Harris that it was difficult to finish some of the houses on account of the difficulty in obtaining tiles, these being got through the Building Materials Department of the Ministry.

The Committee approved of the substitution of slates for tiles subject to the Ministry agreeing.

Housing Committee, November 10th.

Correspondence between the Clerk and Mr. Harris and also between Messrs. Garden Cities Housing Co. was submitted with reference to various matters some of which appeared to be delaying the progress of building at Harebreaks, and it appeared that considerable difficulty was experienced in some cases in getting material.

Housing Committee, November 30th.

It was reported that the Ministry had agreed on November 9th to the Committee's proposal on October 12th to the substitution of slates for tiles for some of the roofs.

What has been accomplished in the way of building under the different housing schemes during 1920 is given in the following statement prepared in January, 1921, by Mr. Mushett, Chief Clerk of Works.

It will be noticed that of the Harebreaks contracts 29 houses were completed out of a number of 875 ; that 36 out of 40 in the Willow Lane No. 2 were occupied ; that all the 18 Sydney Road houses built by Mr. King were finished and inhabited, and that two out of a later contract for 10 in Rickmansworth Road were also finished.

PROGRESS REPORT SHOWING HOUSING AT YEAR ENDING 19th JANUARY, 1921.

Contractors.	Number of Houses.	Date of Starting.	Present Stage.								Labour Return.							TOTAL LABOUR.
			1	2	3	4	5	6	7	8	Bricklayers.	Joiners.	Plumbers.	Plasterers.	Painters.	Labourers.	General.	
C. Brightman & Son, Ltd.	828	15-5-20	258	196	162	146	104	48	64	22	84	52	16	23	14	227	18	434
Garden Cities	47	27-3-20	29	29	25	23	17	8	17	7	20	17	3	4	4	43	6	97
Willow Lane	40	17-1-20	40	40	40	40	40	36	40	36	4	7	1	3	5	9	2	31
Sydney Road	18	8-2-20			Completed.					18								
Rickmansworth Road	10	15-8-20	10	10	10	8	8	6	6	2	6	4	3	3	2	9	1	28
Totals			355	275	237	217	169	98	127	85	114	80	23	33	25	283	27	590

STREETS & SEWERS—HAREBREAKS.

Formation finished	...	18,000	Sq. Yd.
Foundations of Carriage Ways	...	15,000	" "
Sewers Laid	...	6,500	Lin. "
Storm Sewers Laid	...	6,500	" "
Labour	...	120	" "

C. BALL'S CONTRACT.

WATER MAINS—HAREBREAKS.

Water Mains Laid	...	2,980	Lin. Yd.
Labour	...	28	" "

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.
1.—INSPECTION.

Premises.	Inspections.	Number of		Prosecutions.
		Written Notices.		
Factories (including Factory Laundries) ...	76	13		Nil.
Workshops (including Workshop Laundries) ...	176	62		"
Workplaces (other than Outworkers' premises included in Part 3 of this Report) ...	22	3		"
Total ...	274	78		"

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts:—</i>				
Want of Cleanliness ...	59	59	Nil.	Nil.
Want of Ventilation ...	—	—	"	"
Overcrowding ...	—	—	"	"
Want of Drainage or Floors ...	1	1	"	"
Other Nuisances ...	6	6	"	"
Sanitary accommodations { insufficient ...	3	3	"	"
{ unsuitable or defective ...	8	8	"	"
{ not separate for sexes ...	1	1	"	"
<i>Offences under the Factory and Workshop Act:—</i>				
Illegal occupation of Underground Bakehouse (S. 101) ...	Nil.	Nil.	"	"
Breach of Special Sanitary Requirements for Bakehouses (S.S. 97 to 100) ...	"	"	"	"
Failure as regard Lists of Outworkers (S. 107) ...	"	"	"	"
Giving out Work to be done in { unwholesome (S. 108) ...	"	"	"	"
Premises which are { infected (S. 110) ...	"	"	"	"
Allowing Wearing Apparel to be made in the Premises Infected by Scarlet Fever or Smallpox (S. 109) ...	"	"	"	"
Other Offences ...	"	"	"	"
Total ...	78	78	Nil.	Nil.

3.—OTHER MATTERS.

Class.		Number.	
Matters notified to H.M. Inspectors of Factories:—			
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	...	Nil.	
Action taken in matters referred by H.M. Inspectors { Notified by H.M. Inspector	...	"	
as remediable under the Public Health Acts, but { Reports (of action taken) sent to	...	2	
not under the Factory Act (S. 5)	...	Nil.	
Other ... ..	...	Nil.	
Underground Bakehouses (S. 101)	...	Nil.	
Certificates granted during the year	...	"	
In use at the end of the year	...	8	
Homework:—		Number of	
<i>List of Outworkers</i> (S. 107) :—		Lists.	Outworkers.
Lists received	...	23	15
<i>Homework in unwholesome or infected premises</i> :—		Other.	
Notices prohibiting Homework in Unwholesome Premises (S. 108)	...	Nil.	Nil.
Cases of Infectious Disease Notified in Homeworkers' Premises	...	"	"
Orders prohibiting Homework in Infected Premises (S. 110)	...	"	"
Workshops on the Register (S. 131) at the end of the year :—			
Important classes of {	...	81	
workshops such as {	...	33	
workshop bakehouses, {	...	27	
may be enumerated {	...	13	
here. {	...	61	
Other Workshops	...		
Total number of Workshops on Register	...	215	

No.		Date		Description		Amount	
1		1890	Jan 1	Balance forward			
2		1890	Jan 15	Received from John Doe		100	
3		1890	Jan 20	Received from John Doe		50	
4		1890	Jan 25	Received from John Doe		25	
5		1890	Jan 30	Received from John Doe		10	
6		1890	Feb 1	Received from John Doe		5	
7		1890	Feb 5	Received from John Doe		2	
8		1890	Feb 10	Received from John Doe		1	
9		1890	Feb 15	Received from John Doe		0.50	
10		1890	Feb 20	Received from John Doe		0.25	
11		1890	Feb 25	Received from John Doe		0.10	
12		1890	Feb 30	Received from John Doe		0.05	
13		1890	Mar 1	Received from John Doe		0.02	
14		1890	Mar 5	Received from John Doe		0.01	
15		1890	Mar 10	Received from John Doe		0.00	
16		1890	Mar 15	Received from John Doe		0.00	
17		1890	Mar 20	Received from John Doe		0.00	
18		1890	Mar 25	Received from John Doe		0.00	
19		1890	Mar 30	Received from John Doe		0.00	
20		1890	Mar 31	Received from John Doe		0.00	