

Health Committee's report / City of Melbourne.

Contributors

Melbourne (Vic.). Health Committee.

Publication/Creation

[S.n.] : [s.l], [1942]

Persistent URL

<https://wellcomecollection.org/works/e5ndtbtb>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



CITY OF MELBOURNE



REPORT OF HEALTH COMMITTEE

FOR THE

YEAR ENDED 31st DECEMBER, 1942

RCB 23(e)

CONTENTS.

	Page
REPORT OF HEALTH COMMITTEE	1
REPORT OF JOHN DALE, O.B.E., M.D., B.Sc. (Public Health), MEDICAL OFFICER OF HEALTH	3
REPORT OF HILDA E. KINCAID, D.Sc., M.B., B.Sc., UPON CHILD WELFARE	7
REPORT OF HILDA BULL, B.Sc., M.B., D.P.H., UPON INFECTIOUS DISEASES	13
REPORT OF MR. J. W. BYRNE, B.D.Sc., L.D.S., DENTAL OFFICER	20
REPORT OF MISS BEATRICE WOODCOCK, B.D.Sc., L.D.S., DENTAL OFFICER	21
REPORT OF MR. T. G. O. JORDAN, CHIEF HEALTH INSPECTOR	22
REPORT OF MESSRS. DUNN, SON & STONE, CITY ANALYSTS	31
REPORT OF PROFESSOR HAROLD A. WOODRUFF, DIRECTOR OF BACTERIOLOGI- CAL LABORATORY, UNIVERSITY OF MELBOURNE	32



22501437567

CITY OF MELBOURNE



WELLCOME
LIBRARY

+

Ann Rep

WA 28

KA 8

M 51

1942

REPORT OF THE HEALTH COMMITTEE FOR THE YEAR 1942

MEMBERS OF COMMITTEE.

Councillor Townsend (Chairman)
Councillor Brens.
Councillor Carter.
Councillor Coleman (appointed 7/9/42).
Councillor Coles (appointed 7/9/42).
Councillor E. L. Morton.
Councillor Williams (resigned 28/8/42).

The Health Committee submits, for the information of the Council, a report regarding the work carried out under the direction of the Committee during the year ended 31st December, 1942.

REPORTS OF OFFICERS.

A report by the Medical Officer of Health (Dr. John Dale) upon the work of the Health Department during 1942, and upon the health of the inhabitants of the City generally, is attached hereto, together with reports by Dr. Hilda E. Kincaid upon child welfare work, by Dr. Hilda Bull upon infectious diseases, by Mr. J. W. Byrne and Miss Beatrice Woodcock upon the work of the dental clinics, by Mr. T. G. O. Jordan, the Chief Health Inspector, on the routine work of the Department, by Messrs. Dunn, Son and Stone, City Analysts, and by Professor Harold A. Woodruff, Director of the Bacteriological Laboratory, University of Melbourne. Full details of the various health activities of the Council are contained in these reports.

STATISTICS.

The most striking feature in the statistics of the year is a further rise in the birth rate which increased from the figure 14.2 for the year 1941 to that of 16.1. There has been a similar rise in the birth rate in the community as a whole and the Medical Officer of Health described this as war-time phenomenon probably due in the main to the natural desire of young people, threatened with personal extinction, to experience as full a life as possible under that threat. The infant mortality rate, 44.0, per 1,000 births, is relatively satisfactory, comparing favorably with the figure for Greater Melbourne, 43.8, and the death rate, 13.75 is a little higher than that of the previous year, 12.92.

CHILD WELFARE.

Child welfare activities, both official and voluntary, have been carried on very well during the year in spite of difficulties of finance and personnel. Owing to the war, it has not yet been possible to build premises or extensions that are badly needed but the Council granted substantial increases in the annual grants to the existing creches and kindergartens and the controlling bodies are responding with enthusiasm to the extra demands made upon them. The grants made by the Council to kindergartens and creches for the year 1942-1943 were £975 and £500 respectively.

The Committee continued its assistance to parents in indigent circumstances by the supply of milk and certain special foodstuffs, such as cod liver oil, etc., the total expenditure being £2,082/11/11, of which the amount of £479/14/1 was refunded by parents. The number of families needing assistance in the supply of milk and foodstuffs shows a further substantial reduction owing to the improved economic conditions resulting from the war. Whereas in 1940, the average daily number of recipients of subsidised milk was 850, the figure for 1941 was 630 and 411 for 1942.

The total amount expended by the Council on the maintenance work of the child welfare centres in the City of Melbourne during 1942 was £3,576/18/11, of which £337/10/0 was contributed by the State Government. Since 1927 the Council has spent over £67,749 on the construction, equipment and maintenance of child welfare centres, kindergartens and creches.

INFECTIOUS DISEASES.

During the year there was an unprecedented fall in the incidence of diphtheria, the number of cases being very much lower than has ever been previously recorded. There was, however, an increase in the prevalence of cerebro-spinal meningitis which affected the whole of the State.

The number of deaths from tuberculosis, 67, is almost the same as that of last year, 68, but the number of new cases which came to notice showed an increase. Attention is directed to the serious shortage of beds in sanatoria, particularly for males, which prevailed throughout the year. Representations were made by the Committee to the Government for increased accommodation for such cases.

INFECTIOUS DISEASES HOSPITAL—FAIRFIELD.

The Council's contribution towards the Queen's Memorial Infectious Diseases Hospital amounted to £11,501/7/0.

The contributions for the past five years were:—

1938	£10,912	13	3
1939	10,344	12	8
1940	11,588	14	6
1941	11,105	7	4
1942	11,501	7	0

HEATHERTON SANITORIUM.

The Council's contribution towards the Heatherton Sanatorium was £1,362/1/10.

The contributions for the past five years were:—

1938	£1,289	7	8
1939	1,288	11	8
1940	1,266	9	8
1941	1,260	1	6
1942	1,362	1	10

FOOD SUPPLIES.

Reports upon the examination of milk indicate that the chemical quality of milk samples is again very good, being only slightly below the maxima of the last few years, and that of 274 samples submitted for chemical examination, 258, or 94.2 per cent, of the total complied with the standard. Sixteen samples, or 5.8 per cent, did not comply with the standard. The average figure of 13.22 for total solids was again very high and the average percentage of fats, 4.16, is slightly lower than that for the previous year which was the second highest yet recorded. Details of chemical and bacteriological examination of milk samples are set out in the reports of the Medical Officer of Health and the Chief Health Inspector attached hereto.

In his report upon the work of the Health Department, the Medical Officer of Health emphasises the necessity for pasteurisation of milk, especially of the bulk supplies of large communities and points out that effective pasteurisation with immediate cooling and bottling of milk by machinery is the only real safeguard against epidemics such as typhoid fever.

HOUSING.

The programme of elimination of slum or sub-standard houses and of the construction of new houses which was begun in the Metropolitan Area in 1940 under the Housing Commission of Victoria, for which the Health Department acts as agents in the City area, was retarded in 1941 on account of the war, and practically ceased during 1942.

The accompanying report of the Chief Health Inspector contains a complete summary of the work done under the new legislation since May 1940.

The Medical Officer of Health directs attention in his report to the fact that the housing shortage continues to be very acute and stresses the need for preliminary planning for the huge task of re-housing which will face the community at the end of the war.

OFFENSIVE TRADES.

Because of the war and shortage of man power, considerable difficulty was experienced in effecting the disposal of dead animals (cattle, sheep, pigs and horses) from the railway yards, the cattle markets and public streets.

The Committee feels that it may be necessary in the future to give consideration to the question as to whether this necessary service should not be a responsibility of Municipalities or other representative authorities rather than be left to private contractors.

W. C. L. TOWNSEND, LL.M.,

Chairman.

G. J. DEAN, Acting Town Clerk.

29th April, 1943.

Report of the Medical Officer of Health for the Year 1942

Health Department,
Town Hall Chambers, Melbourne.

The Chairman and Members, Health Committee;
Gentlemen,

6th April, 1943.

I have the honour to present my report for the year 1942.

The most striking feature in the statistics of the year is the further rise in the birth rate which increased from 14.1 last year to 16.1. The lowest figure recorded in the City had been 11.0 in 1932, and the rate remained just above that level until 1940, when it rose to 13.9. There has been a similar rise in the birth rate in the community as a whole, and it can be described as a war-time phenomenon, probably due in the main to the natural desire of young people, threatened with personal extinction, to experience as full a life as possible under that threat. It is likely that the peak of the rise has been attained and that the rate will fall again, probably to the previous low level and possibly below it, unless the war is soon brought to a relatively satisfactory conclusion and the circumstances of the "new order" are definitely new.

Apart from the tragedies directly due to the war, the health of the people has apparently been well maintained. Many members of the community are, no doubt, suffering from physical and mental strain due to long hours of work, inadequate holidays and anxiety over the safety of relatives; but, counterbalancing this, are the relief for the majority from economic stress and anxiety, and the plentiful supply of the physical essentials of health and their widespread distribution. The food supply has, in the main, been good and there has been unprecedented official activity in respect of the teaching of food values and dietetics. The educative value of war in respect of dietetics is certainly immense and world-wide.

Child welfare activities, both official and voluntary, have been carried on very well in spite of difficulties of finance and personnel. It has not yet been possible to build new premises or extensions that are badly needed; but the existing creches and kindergartens have received additional grants and are responding with enthusiasm to the extra demands made upon them.

VITAL STATISTICS.

The principal vital statistics for the last ten years and the average for the five-year period 1928-1932, as supplied by the Government Statist, are given in the following Table 1:—

TABLE 1

Year	Estimated Mean Population	No. of Births	Birth Rate	No. of Deaths	Death Rate	Infantile Mortality Rate per 1000 live births
1928-32 (5 year average)	96,394	1339	13.9	1091	11.3	62.8
1933	92,120	1173	12.7	1098	11.9	47.4
1934	92,500	1120	12.4	1139	12.7	50.0
1935	92,710	1119	12.4	1111	12.3	49.2
1936	92,850	1131	12.5	1147	12.7	53.9
1937	92,850	1176	13.0	1104	12.2	41.7
1938	92,900	1156	12.8	1135	12.6	39.8
1939	93,200	1105	12.2	1208	13.4	36.2
1940	93,650	1257	13.7	1210	13.3	54.1
1941	95,400	1303	14.2	1186	12.9	36.8
1942	95,500	1499	16.1	1283	13.7	44.0

The birth rate shows a further rise to the figure of 16.1 per 1000, which again corresponds to similar rises recorded for Greater Melbourne and for the State as a whole.

The death rate, 13.7 is a little higher than that of last year, 12.9.

The infant mortality rate for the City, 44.0, is relatively satisfactory. Although it shows a considerable rise as compared with that of last year, 36.8, it compares very well with the figure for Greater Melbourne, 43.8, which was higher than the average figure, 35.5, for the five years 1937-1941.

This general increase may be explained in part by the relative prevalence of gastroenteritis and to measles and whooping cough; but it may also be associated with the very definite difficulty, due to the war, of meeting the need for maternity hospital and nursing services.

CHILD WELFARE.

Dr. Kincaid's report discusses at length the relation of infant mortality to poor mothercraft and lack of a sense of maternal responsibility among a section of the population, which is

small and should be diminishing. This section is relatively large in the residential areas of the City and probably in some of the neighbouring inner municipalities also, which include a large proportion of the oldest, most dilapidated and, therefore, cheapest, houses in the metropolitan area. It is natural that the least successful members of the community tend to drift into the poorest environment.

Additional evidence of the presence of this section of our citizens is afforded by the experience met with in the preparations made for the evacuation of children in the event of air raids, which included the examination of mothers and children for the presence of pediculosis and scabies and the treatment of these conditions. This work was very time-consuming and troublesome, and caused considerable interference with the routine work of the child welfare staff. The Council's officers and the medical officers of the Education Department examined many thousands of mothers and children for these conditions. Amongst the 2,390 individuals dealt with by the Council's officers, approximately one per cent were found to have scabies, and 17 per cent. to be infected with pediculosis. These cases, together with those discovered in the schools, were treated by a special staff at extemporised cleansing stations, where 2336 treatments for scabies were given to 263 individuals and 1695 individuals were treated for pediculosis. It is, generally speaking, the feckless section of the community who are consistently dirty and verminous, both adults and children. It is their children, attending at schools and acting as carriers of infection, who continually infect the children of other families and cause endless work and worry for the mothers.

As Dr. Kincaid points out, the dreadful inadequacy of much of the housing accommodation in respect of facilities for bathing and washing, together with the fuel shortage, must be considered as partly responsible for the prevalence of these "dirt" diseases. Dr. Kincaid has repeatedly drawn attention to the lack of proper washing facilities in many of the houses and has urged the provision of communal facilities. This recommendation deserves serious consideration in view of the length of time which is likely to elapse before the necessary improvements in housing can be carried out. In the present housing shortage many families, accustomed to and desirous of cleanliness, are compelled to occupy these inadequate houses, and it is deplorable that they should be further embarrassed by the fact that their children run continual risk of infection in school.

In another section of her report, Dr. Kincaid discusses the increase in artificial feeding of babies, which is revealed by the records of the Health Centres, and comes to the interesting conclusion that the increase is more apparent than real. The average baby to-day, even though frequently receiving a complement of "artificial" food in addition to its mother's milk, is a well-fed baby, and it is quite likely that past efforts to encourage pure breast-feeding at all costs, so to speak, resulted in some relative malnutrition of the babies concerned. In any event the excellent health of the infants of to-day, who enjoy the care of modern infant welfare service, not only here but in most civilised countries, is a tribute to the excellence of that care.

The improved economic conditions resulting from the war are again illustrated by the reduction in the number of recipients of subsidised milk. Whereas in 1940, the average daily number of recipients of subsidised milk was 850, the figure for 1941 was 630 and in 1942 it was 411.

INFECTIOUS DISEASES.

In her report upon the work under this heading, Dr. Bull records an unprecedented fall in the incidence of diphtheria. The number of cases is very much lower than has ever been previously recorded, and since, according to the natural variations in the prevalence of the disease which have been observed over the last 30 years, there was reason to expect an increased prevalence, it is probably justifiable to regard our favourable position as due very largely to the greater success of the immunisation campaign in recent years. There is, however, no room for complacency in this matter, since the number of babies brought for immunisation at the end of the first year of life is still much too low in the community as a whole to ensure our freedom from the disease. The position will not be satisfactory until parents regard immunisation at this age as a normal precaution which every parent should take in the interest of the child and the community.

Other outstanding features of the year were the increase in the prevalence of cerebro-spinal meningitis, and the prevalence of measles and whooping cough after a period of freedom from those diseases. The number of cases of cerebro-spinal meningitis was 46, as compared with 14 in 1941. This prevalence is in accord with expectation and with the experience of the whole of Australia and other countries during war conditions. The number of deaths among the City cases was rather higher than the current average, but this is to be regarded as due to chance. The outbreaks of whooping cough and measles were of moderate severity and were accompanied by 5 and 4 deaths respectively. These diseases in their periodic prevalence still take a far too high a toll of child life, a toll which is due to preventable causes since the mortality among the more affluent sections of the community is almost negligible.

The number of deaths from tuberculosis, 67, is almost the same as that of last year, 68, but the number of new cases which came to notice showed an increase. This may be due to the improvements in methods of diagnosis, resulting in the discovery of more early cases. Tuberculosis is commonly regarded as a sensitive index of the public health, closely related to the stan-

dard of living, and although that standard may be expected to fall in most countries in war-time, there is no evidence that it has done so, as yet, in Australia, and no obvious reason why it should. A serious shortage of beds in sanatoria, particularly for males, prevailed throughout the year and was the subject of representations to the Government by the Health Committee. Not only is there serious delay in the admission of ordinary notified cases, but it not infrequently happens that no bed can be found at once in any institution for urgent and pitiful cases, such as are sometimes discovered among the outcasts of a great city. The shortage of beds for ordinary cases has been accentuated by the increase in the number of early and latent cases discovered among the general population during the examination of recruits for the services, whilst the difficulty of securing adequate nursing and domestic staff has made it very difficult to service the existing accommodation. Inadequacy of accommodation for cases of tuberculosis is an old story, and, in this respect we lag lamentably behind some other countries, such as the United States. As a practising physician has recently pointed out in the press, if an epidemic of typhoid fever occurs necessitating the provision of hundreds of beds under the present difficult circumstances, the beds are provided, and public opinion, aroused by the novelty and the danger and extent of such an epidemic, would insist upon the provision of such accommodation. But there is no novelty about tuberculosis, and the inadequacy of accommodation is allowed to exist. More important, however, even than the provision of increased accommodation for sufferers from tuberculosis, is the need for economic security for the dependents of sufferers, the lack of which still induces many patients to fear discovery and treatment more than they fear the disease itself. The threat of destitution is immediate and certain, whereas the threat of the disease is less immediate, while the damaging effects to others of failure to seek isolation and treatment are more remote and less obvious still.

Despite its encouraging recession over the last hundred years, tuberculosis is still the "white scourge" and a principal cause of death of adults in their prime.

DENTAL SERVICES.

The reports of the dental officers, Mr. J. W. Byrne and Miss Beatrice Woodcock, indicate the amount of work carried out at the clinics in Kensington and North Carlton respectively. It is still a matter of disappointment that the attendances at these clinics are not larger, but this is due in part at least to the fact that the dental officers, owing to military call-ups, and to ill-health, were interrupted in their work, and to the partial evacuation of children and the demands on women-power for war work.

FOOD SUPPLIES.

Details regarding the inspection of food premises and the examination of foodstuffs are included in the attached report by the Chief Health Inspector, Mr. T. G. O. Jordan, upon the activities of the inspectorial staff during the year.

The average quality of the milk samples examined for chemical composition was again very good, being only slightly below the maxima of the last few years, and the tables giving details of individual vendors again show that the great majority of these maintain a high average standard. The number of milk samples found to be below standard (16) is considerably higher than that of last year (8). This is to be accounted for mainly by the fact that in 1942 a larger number of samples was taken from milk bars and house trade dairies, and, of the 16 samples below standard, no fewer than 9 were discovered among the latter groups, which comprise a total of 55, or 20 per cent. of the total samples taken. In view of the recent rapid extension of the business of Milk Bars, arrangements have been made to increase the number of samples taken from these sources.

In investigating the cleanliness of the milk by bacteriological examination, samples were taken from milk of the firms supplying milk under the Council's subsidised scheme, of one firm supplying Institutions, and of carts in course of delivery. They were examined, as in former years, at the Milk Research Laboratory to the Director of which, Dr. H. E. Albiston, we are again indebted. The deterioration in the results as compared with former years which manifested itself during 1941, has, unfortunately, persisted during 1942. During the first four months of the year, the average counts rose to very high figures, higher indeed than the averages of the counts of seven or eight years ago. The matter was the subject of reports which were freely discussed in the press and since that time, that is to say, during the latter two-thirds of the year, averages of the counts have shown a very considerable improvement. The average results, as may be seen from the tables in Mr. Jordan's report, are about the same as they were last year; and the results of the phosphatase test which is a guide to the efficiency of pasteurization, show a moderate and encouraging improvement. There is no doubt that the deterioration in the cleanliness, manifest over the last two years, has been due to disturbance of the labour conditions in the industry owing to the war, and to the difficulties met with in respect of transport and supply of materials. It is to be hoped, in view of the very great importance of the milk supply from the dietetic point of view, and of possible danger in respect of the spread of infectious disease, that the labour conditions will be stabilised and that the necessary supplies and material will be guaranteed as far as possible.

The occurrence at the time of writing of a very extensive outbreak of typhoid fever, almost certainly milk borne, in an outer suburb of Melbourne, emphasises the necessity for pasteurization of milk, especially of the bulk supplies of large communities. No matter how cleanly and conscientious may be the personnel employed in the milk industry, it is always possible that infection may be conveyed to the milk by a person who is a carrier of the germs or is suffering from a mild attack of infectious disease, and effective pasteurization with immediate cooling and bottling of milk by machinery is the only real safeguard against such epidemics.

HOUSING.

The program of elimination of slum or sub-standard houses and of the construction of new houses, which was begun in the metropolitan area in 1940 under the Housing Commission, for which the Department acts as agent in the City area, was slowed down last year on account of the war and almost ceased during 1942. Mr. Jordan's report contains a complete summary of the work done under the new legislation since May, 1940. Although activity according to program has been virtually suspended, a very great deal of work has, of course, been necessary, under the Health Act, in the effort to maintain as many as possible of the dilapidated houses in a reasonably habitable condition. Even this activity, has, however, been hampered by the difficulty of obtaining materials and competent labour.

As the war progresses the housing deficit is rapidly mounting and, as the years pass, the general dilapidation progressively increases. The huge task of re-housing which will face the community at the end of the war should, on the whole, be viewed with equanimity. It is a task which is inescapable and challenging in its extent and possibilities. Enormous forces of labour and energy will be released and tasks such as those of re-housing and of the construction of new schools, community centres and other civic facilities of all kinds will afford outlets for their worthwhile engagement. The preliminary planning for this constructive and regenerative work should undoubtedly be carried on in any moments of rest and relaxation from the urgent tasks of war, as an encouragement to the united and successful prosecution of the war.

The housing shortage continues to be very acute. The registration of boarding houses is at a maximum figure and there is overcrowding in houses generally. This necessitates constant activity in an endeavour to maintain standards and to prevent gross abuses.

GENERAL

The circumstances of the war naturally interfere with the maintenance of the standards of ordinary sanitation. Owing to shortage of staff and the employment of less efficient personnel, the cleanliness of streets and the removal of refuse has been carried out with greater difficulty. In some areas rats are more abundant than formerly and great difficulties are being met with in securing the disposal of animal refuse at the offensive trade premises which undertake that work. These difficulties are outlined in Mr. Jordan's report.

STAFF

In conclusion, I am very happy to express again my thanks to the whole of the staff and my appreciation of the work they have carried out during the year.

Yours faithfully,

JOHN DALE, O.B.E., M.D., B.Sc. (Public Health)
Medical Officer of Health.

CHILD WELFARE

Health Department,

Town Hall Chambers, Melbourne.

26th February, 1943.

The Medical Officer of Health:
Sir,

I have the honour to report on the child welfare work for the year 1942

The health of the children was generally satisfactory. Enterocolitis did not cause much trouble, in spite of reports of trouble elsewhere. During the Summer months some parents and toddlers reported attacks of diarrhoea which subsided quickly. A few babies had diarrhoea, but, fortunately, the majority of babies escaped, even when other members of the family were affected. This is probably because care with the baby's food is fairly general. A careless mother, however, unfortunately constitutes a menace not only to her own family but to others, since each case of enteritis is naturally a source of danger to all who may be reached by human or fly carriers. Roughly 30% of the artificially fed babies attending the Centres use wet milk and 70% dried milk. All those using wet milk are instructed to boil or scald their milk before use.

In the third quarter of the year, German measles and whooping cough were epidemic. The whooping cough epidemic did not appear to be so wide-spread as on some former occasions, nor did the disease seem to be in a particularly severe form. However, we found several cases of cardiac murmur after the attacks.

Early in the third quarter of the year, we were asked by the Government to arrange for medical examination of mothers and pre-school children who were registered for evacuation with the local schools. Lists of the names and addresses of those registered were obtained from the head masters, and individual notices were then sent out, through the schools or through the post, to the mothers, stating that they were required to attend a Health Centre with their pre-school children in order to be medically examined. Approximately only 50% of these attended. Accordingly, later, further notices were inserted in the daily papers stating that those individuals registered for evacuation and not already examined were required to attend at the local Health Centre. These notices resulted in a very few more attendances. In some schools further personal letters were sent out resulting in another 3% or 4% attending.

It is possible that there were various reasons accounting for the failure of so many to report for examination, as for example:—

1. Previous private evacuation
2. Decision, after registration, not to evacuate at all
3. Removal of the family from the City area.
4. Disinclination to make the effort to come for examination.

Approximately, 1640 individuals were examined by me in the North Melbourne, West Melbourne, Kensington and North East Carlton areas, and 750 by Dr. Bull in the Carlton and North Carlton areas. Of these, just on 1% were found to have scabies and 17% were found to be infected with pediculosis of the hair.

At about the same time, the school medical officers, examining the school children, sent to the Medical Officer of Health, lists of the school children requiring treatment for hair and skin.

The Government had asked that a treatment station should be set up for the treatment of those suffering from infectious conditions of the skin and hair. Such a station, which we called an "Evacuation Clinic" was established, at first in the North Melbourne Football Pavilion, and, later, transferred to a building kindly loaned for the purpose by the Children's Hospital. This station was staffed by Sister Dossetor, who is the Council's Sister for infectious diseases, and four assistants, the number of assistants being reduced to three as the rush of work eased. All those persons who had been found, on examination, to need treatment, were urged to come to the treatment station, being contacted either through the school, or by letter, or by personal visits by the Sister or her assistants.

Although a large number attended and were treated, as will be seen by the figures supplied by Sister Dossetor, the extent of the co-operation given by mothers and families themselves was disappointing. A general "clean-up" of skin and hair was attempted, but, owing to lack of co-operation, the "clean-up" was not universal. A considerable number of those originally found to be infected, amounting to several hundreds, did not attend for treatment, and the treated patients were frequently the victims of reinfection by the untreated, as the careless and non-co-operative form a constant source of reinfection. It is futile to treat only the children, for mothers and older sisters or friends are also often infected, so in all cases an attempt was made to contact and treat the whole family.

The headmasters of the schools were extremely helpful, and had it not been for their help, considerably fewer children would have reported for treatment.

The incidence of infection with, and persistence of, such things as scabies and pediculosis, is very largely tied up with housing. It is extremely difficult to attempt home treatment of such conditions in houses where laundry and hot bathing facilities are as poor as they are in many of our residential areas. Until all poor houses are abolished and families are housed with better conveniences, the need for cheap and efficient community facilities for bathing and the laundering and drying of clothes is very apparent. While many of our families continue to live in, more or less, "slum" houses, cleanliness is extremely difficult to acquire, or retain, even after acquired at considerable Council cost. Such bathing and laundry facilities are as important to health as parks, gardens, playgrounds, swimming pools, etc.

I feel that the examination and "clean-up" brought about by the thought of possible evacuation, although it missed a large number of people, was worth-while, as it brought to light the extent of the trouble and aroused a "parasite conscience" which was very desirable.

Routine attendances at the Health Centres for this year were a little lower than for 1941, but the attendances for examination in connection with evacuation plans largely counteracted this. Several factors influenced attendances during this year, viz., private evacuation of a few families to the country during the first and second quarters; closing of Tandarra Health Centre in February, when the staff and inmates of the Foundling Hospital, which sponsored Tandarra, were removed to the country, and the failure of a few unsatisfactory mothers to continue regular attendances when better incomes removed the incentive for them to attend merely for the material benefits obtainable at the Centres. The East Melbourne area, which had been supervised by Tandarra, was handed over to the Training School of the Victorian Baby Health Centres Association.

There was a rise in the infant mortality rate in 1942 to 44.0 per thousand, as against 36.8 in 1941. The rate in babies between one month and one year rose, relatively, more than the neonatal death rate, which was 25.3 per thousand as against 24.6 in 1941, whilst the rate between one month and one year was 18.6 per thousand as against 12.3 in 1941.

In an article on Child Health in Holland, England and Scotland, appearing in a recent British Medical Journal, comparison is made between the infant death rate in Holland, England and Scotland in 1938, i.e., in the last year of peace. It is shown that the figure for Holland's infantile mortality rate is much lower than that for either England or Scotland, although 60 years ago Holland's infant death rate was far and away the highest of these three countries. Holland is cited with New Zealand as having recently the lowest infantile mortality rate of those on the published international list. It is further pointed out that the number of infant deaths which occur between one month and twelve months is about two-thirds of the total under one year.

It is interesting in this connection to note that in the year quoted—1938—though the total infant death rate in the City of Melbourne was a little higher (viz., four per thousand) than in Holland, the death rate between one month and one year was lower than that for Holland, and was only about one-third of the total infant mortality rate.

In discussing the causes of the deaths between one month and one year, the article points out that "mismanaged feeding ought to be accepted as an important predisposing cause of infant deaths." To my mind, it is the **most** important predisposing cause at the present time. The article adds that it is only when the mother has the knowledge of domestic sanitation and infant dietetics, together with the facilities for applying it and the conscience to do so, that she can fulfil her task of guarding the health of the infant after birth. In our own City, there is no reason for any mother to lack the requisite knowledge, which can be obtained at every Health Centre, nor to lack essential food, which every Health Centre will help her to get if she cannot procure it herself. Housing facilities for good domestic technique are admittedly poor in many cases, but the maternal conscience, in a few cases is apparently poorer even than the facilities.

As in previous reports, I emphasise the fact that the majority of our deaths in infants between one month and one year are preventable and would have been prevented if Health Centre attendances had been regular enough to allow of complete supervision, and, if there had been full co-operation of the parents with the Centre. Children whose parents are careless and ignorant, take up a great deal of the Centre staffs' time, with, sometimes, no apparent result. However good Centre provisions may be, lack of maternal conscience can neutralize them all and result in otherwise preventable deaths.

In one week there were, for instance, in one house two deaths of illegitimate babies, on whom much time had been spent and for whom many visits had been paid to the house. The help of the Society for the Prevention of Cruelty to Children was eventually sought, and both babies were removed to hospital, where they died very soon after.

There are undoubtedly some deaths from infections which occur in well-managed and apparently healthy babies, but they are few in number and may be accidental infections with a virulent organism.

Of the 27 deaths notified in children between one month and one year, 2 were practically neonatal being of premature babies just one month of age and still in the Women's Hospital. Their mothers had come to the City only for their confinement. Seven others were not known to the Centres, having also come recently to the City; 5 had been known to the Sisters and had

been visited several times in their homes, but had shown no co-operation; 6 had attended the Centres occasionally but the mothers had failed to follow advice given, whilst 7 had been fairly satisfactory in attendance at Centres and in maternal care. Seventeen of the 27 deaths were from respiratory disease.

TABLE SHOWING VOLUME OF HEALTH CENTRE WORK.

	Council Centres		Training Centre (V.B.H.C.)		Total	
	1941	1942	1941	1942	1941	1942
No. of new babies	1092	1136	308	237	1400	1373
No. of individual babies under 1 year	1065	1186	298	127	1363	1313
No. of individual babies between 1 and 2 years	981	988	132	41	1113	1029
Total number of individual babies under 2 years	2046	2174	430	168	2476	2342
Total attendances of babies under 2 years	24,459	22,895	5171	3000	29,630	25,895
No. of new expectant mothers	138	146	38	15	176	161
No. of individual expectant mothers	211	193	23	4	234	197
Total consultations with expectant mothers	427	461	115	51	542	512
Visits by nurses to mothers or babies	5035	5433	898	639	5933	6072
No. of times babies referred to doctor or hospital	365	450	110	72	475	522
No. of children new to pre-school sessions	717	496	6	6	723	502
No. of individual pre-school children	1645	1352	43	13	1688	1365
Total attendances of pre-school children	5952	4109	205	119	6157	4228
Visits or consultations by nurses re pre-school children (apart from sessions)	2519	2810	—	—	2519	2810
No. referred to Dental Hospital	—	182	—	—	—	182
No. of pre-school children examined at their own Kindergartens	313	—	—	—	313	288
Examinations at Health Centres in connection with evacuation plans	—	2390	—	—	—	2390

EDUCATION IN MOTHERCRAFT.

A course of lectures on hygiene and mothercraft was given to senior girls in the City State Schools by Sister Shaw. The girls appear very interested in these annual lectures, but it is regrettable that the knowledge reaches so few girls. Seven schools who received the course supplied a total roll of 194 girls, of whom 157 sat for examination, 37 obtained special certificates, 102 passed and 18 failed to reach the required standard.

BREAST FEEDING.

The figures given throughout the year indicate a progressive decrease in breast-feeding. A similar decrease appears to be taking place in most British communities. The decrease which our own Centre figures show, cause us regret and concern, as it has always been one of the chief aims in Centre work to stress the importance and desirability of breast-feeding, and to endeavour to combat any decline. Our figures, therefore, seem to imply a serious deterioration in infant feeding, and a failure of Infant Welfare Centres to achieve one of their aims.

We are forced to admit failure in this respect. We do not know yet why some mothers are able to successfully feed their babies for a prolonged period whilst others cannot do so, nor why there is such a large amount of neonatal failure, i.e., failure of the mother to secrete sufficient milk in the first few weeks, or why so many babies are complemented or weaned before the Centre Sister even sees them. This neonatal failure is a matter for the Maternity Hospitals, and maternity nurses, and as so many of our babies commence artificial feeding in the first two weeks of life, before they attend a Centre, it is a very important matter. Analysis of the 1942 records of the babies attending one Centre, which was taken as a typical one, whose clients came from both comfortable and poor homes, revealed the following facts:—

In 27.6% artificial feeding had been commenced in the neonatal period (i.e., in the first month).

Another 23.9% failed to completely breast-feed at varying periods from 1—4 months of age.

Another 20.8% failed to completely breast-feed at periods between 4—6 months of age.

But another 27.7% secreted sufficient breast milk until after 6 months of age.

Breast-feeding in the neonatal period is possibly of much greater importance than in the later months, and it is disconcerting to find so much neonatal failure. The large number of neonatal failures draws attention to the importance of adequate care and time being spent by midwifery nurses in hospitals and in the homes in encouraging mothers to breast-feed, and in seeing that babies are put early and frequently enough to the breast so that sucking may be naturally established as early as possible.

Whilst admitting failure to increase breast-feeding or even to stop its decline, I am of the opinion, however, that the average infant is not worse but better fed than the average infant of, say, 12 to 15 years ago, for, whilst breast-feeding may have declined, the standard of artificial-feeding has materially improved; and, further, I think it is open to question as to whether breast feeding has declined quite as much as it appears to have done.

Years ago, infant mortality was high, and the mortality was highest in those who were artificially-fed. Sir Truby King, with his active campaign to increase breast-feeding, exercised a tremendous influence in many parts of the world, particularly in New Zealand and Australia, and so intense was his personality and so powerful his propaganda extolling breast-feeding that some of his followers may, perhaps, have been carried away by wishful thinking and, in the endeavour to establish or re-establish milk secretion when it was inadequate, may have lost some valuable time before feeding the baby with a complement.

My experience in Centre work dates from late 1927, and I remember the almost fanatical attitude which was adopted then towards breast-feeding. Mothers felt they were in disgrace if they did not breast-feed their babies, and often would not admit that anything other than the breast was being given. I remember, by cross-examination and indirect questioning, finding mothers who were complementing with biscuits and condensed milk, who had never admitted to anything but breast-feeding and whose babies were recorded as breast-fed. Had they admitted that they were giving some artificial feeding, they could have been helped much more effectively.

Because breast-feeding had become such a fetish there was, even when breast milk was obviously failing, a certain reluctance to complement. In studying some of the old Centre records, there appears frequently a lag in complementing a baby's feeding even when small gains obviously showed underfeeding. Some of the charts show an underweight condition from sometimes three, four or five months, up to eight or nine months, when the breast-feeding period was supposed to end and the influence of the fetish no longer predominated and the baby then became adequately fed. Nearly all these babies put on weight rapidly after nine months, so that they were of what was regarded as a normal weight at one year.

In later years, though the importance and the advantage of breast-feeding have been stressed as before, a more realistic attitude has been adopted, and, if milk secretion has not been sufficient, there has been no hesitation or delay in complementing up to what, as far as we know, is the correct amount. I feel sure that the mothers make more correct statements nowadays because they feel no sense of disgrace or failure if their milk secretion is not sufficient. In earlier years, moreover, Centre attendants were probably not quite so representative of the whole community as they are now. Mothers who were interested and careful came readily, but the relatively careless were not contacted so frequently or urged so persistently to come to the Centres for supervision as they are now. This means that the breast-feeding figures of early years, even if accurate, would not be quite comparable with those of recent date.

It is difficult to say how much breast-feeding has decreased. If it has decreased as much as it appears, we have at least this compensation that the average infant physique has not deteriorated, but improved, since earlier and better complementary feeding has been the order of the day. "Marasmus," or wasting disease, was not uncommon in years gone by. To-day, it is practically unknown.

In the general progress of an infant, the ability and common sense of parents, which make for good mothercraft, appear to be even more important determining factors than a human origin of the milk. Analysis of the records shows that, if the right amounts of essential food elements are given under cleanly conditions, along with sufficient sleep, fresh air and sunshine, progress is satisfactory, whether the child is breast-fed or not; but poor mothercraft and satisfactory progress practically never go hand in hand. Alimentary infections are more frequent in artificially-fed than in breast-fed infants, but even they are rare where the mothercraft is good. Respiratory infections appear just as frequently in breast-fed as in artificially-fed babies.

Feeding Records throughout our Centres compiled from the Sisters' quarterly reports of the feeding of individual babies at their last attendance before the report is made.

	Under three months			Three to six months			Six to nine months		
	Entirely Breast Fed	Partially Breast Fed	Total	Entirely Breast Fed	Partially Breast Fed	Total	Entirely Breast Fed	Partially Breast Fed	Total
1927	86.6%	7.3%	93.9%	58.5%	15.8%	74.3%	52.2%	17.4%	69.6%
1928	83.8%	5.4%	89.2%	60.1%	13.4%	73.5%	45.8%	17.6%	63.4%
1937	74.3%	13.7%	88.0%	52.6%	22.2%	74.8%	31.6%	23.1%	54.7%
1938	72.0%	14.3%	86.3%	46.1%	23.1%	69.2%	27.6%	23.0%	50.6%
1939	70.3%	14.9%	85.2%	47.2%	22.4%	69.6%	28.9%	20.6%	49.5%
1940	67.3%	12.2%	79.5%	45.7%	17.2%	62.9%	34.3%	11.5%	45.8%
1941	63.9%	15.7%	79.6%	43.7%	10.3%	54.0%	31.7%	10.4%	42.1%
1942	55.3%	13.6%	68.9%	38.8%	11.2%	50.0%	31.8%	10.3%	42.1%

MILK AND ACCESSORY FOOD SUPPLY FOR CENTRE ATTENDANTS.

The amount of wet milk supplied through the Centres was 1,752 pints (all of which went to tuberculous families, the average number of recipients being 6.) The amount of dried milk supplied through the Centres to babies and pre-school children was 25,189 lbs. This was 7,315 pints less wet milk and 11,094 lbs. less dried milk than was supplied in 1941.

The total number of recipients during 1942 was 769, the average number at any one time being 411. One hundred and eight families received help for the whole of the year. Sixty gallons of iron and vitamin concentrate were distributed. In 1941, the total number of milk recipients was 1,084, the average number at any one time being 850.

In September, Miss Crisp, our Social Worker, who was responsible for milk distribution, was given leave of absence to do work connected with the war effort, and Sister Polkinghorne was appointed to take her place.

MATERNAL MORTALITY.

We received notifications of 11 deaths connected with pregnancy or labour.

Septicaemia associated with abortion (Coroner's cases) (M—married, S—single) M, 24; M, 24; M, 29; M, 22; M, 35; S, 33. — — — — —	5 died at Women's Hospital and 1 at Royal Melbourne Hospital.
Septicaemia and peritonitis M, 39 — — — — —	Died at Queen Victoria Hospital.
Appendicectomy and abortion M 23, — — — — —	Died at Royal Melbourne Hospital.
Placenta praevia and caesarean section M, 35 — — — — —	Died at St. Vincent's Hospital.
Pulmonary embolus following confinement M, 21 — — — — —	Died at St. Vincent's Hospital.
German measles and obstetrical shock M, 24 — — — — —	Died at Women's Hospital.

BIRTHS AND INFANT MORTALITY.

The number of births notified during the year was 1,350, and the number of infant deaths 65 (38 of which were neonatal and 27 between one month and one year). After allocation to the City by the Government Statist of 149 births and one infant death, the death rate was computed as 44.03, the neonatal death rate being 25.35 and the death rate of those between one month and one year, 18.68.

Infantile Death Rates.

	Neonatal (under one month)	Between 1 month and one year	Total
1932 — — — — —	27.1	30.9	58.0
1933 — — — — —	26.4	21.3	47.7
1934 — — — — —	30.4	19.6	50.0
1935 — — — — —	26.0	23.3	49.2
1936 — — — — —	24.8	29.2	53.9
1937 — — — — —	28.1	13.6	41.7
1938 — — — — —	26.0	13.8	39.8
1939 — — — — —	26.2	10.0	36.2
1940 — — — — —	42.2	11.9	54.1
1941 — — — — —	24.6	12.3	36.8
1942 — — — — —	25.3	18.6	44.0

Neonatal Deaths.

The causes of the 38 neonatal deaths notified in 1942 were as follows:—

Prematurity (uncomplicated) — — — — —	15	Intracranial haemorrhage — — — — —	2
Prematurity with obliteration of oesophageal opening — — — — —	1	Post maturity and knot in cord — — — — —	1
Prematurity with erythroblastosis (ab- normality of blood formation) — — — — —	1	Bronchopneumonia and malnutrition — — — — —	1
Prematurity with mongolism and con- genital heart disease — — — — —	1	Septicaemia and abscess in buttock — — — — —	1
Atelectasis (imperfect expansion of the lungs) — — — — —	4	Volvulus, exomphalus (twisting and congenital misplacement of organs) and pneumonia — — — — —	1
Asphyxia — — — — —	2	Pemphigus neonatorum (a skin disease of the newly born) — — — — —	1
Icterus gravis (jaundice) — — — — —	2	Congenital heart disease — — — — —	1
Pneumonia — — — — —	2	Suffocation — — — — —	1
		Murder — — — — —	1

Investigation of the 38 deaths showed that 34 had had antenatal attention (19 from private doctor's, 11 from the Women's Hospital 4 from the Queen Victoria Hospital). Seventeen were born in private or intermediate hospitals, 12 in the Women's Hospital, 4 in the Queen Victoria Hospital, and 5 in their own homes. Thirty-six of the fathers were employed either in civil or military work and all the mothers appeared to have been able to obtain a reasonably satisfactory diet. Two of the mothers were City residents for only a short time, and no details were obtainable.

Deaths between 1 Month and 1 Year.

The causes of the 27 deaths notified at this age were as follows:—

* Gastroenteritis — — — — —	5	Influenzal meningitis — — — — —	1
Pneumonia — — — — —	2	Meningococcal meningitis — — — — —	1
Pneumonia and tonsillitis — — — — —	1	Empyema and peritonitis — — — — —	1
Bronchopneumonia — — — — —	3	Pylorospasm (congenital obstruction of the stomach) — — — — —	1
Bronchopneumonia and whooping cough — — — — —	2	Progressive muscular atrophy — — — — —	1
Bronchopneumonia following measles — — — — —	2	Hydrocephalus and inanition — — — — —	1
Bronchopneumonia and malnutrition — — — — —	2	Cerebral haemorrhage — — — — —	1
Bronchopneumonia and congenital heart disease — — — — —	1	Suffocation from inhalation of stomach contents — — — — —	1
Pneumococcal meningitis — — — — —	1		

*Of the 5 gastroenteritis cases, 2 might be regarded as neonatal deaths as they were pre-mature babies of just one month, still in the Women's Hospital. One was an illegitimate baby,

reported to the Society for the Prevention of Cruelty to Children; 1 was a frail twin, in hospital practically since birth and 1 was a Centre attendant who had been treated at hospital for digestive trouble.

As stated previously, only 7 of these babies who died between one month and one year could be regarded as satisfactory Centre attendants. The deaths of these were due to pneumonia (1), bronchopneumonia and congenital heart (1), pneumococcal meningitis (1), gastroenteritis (1), progressive muscular atrophy (1), general peritonitis and empyaema (1), meningococcal meningitis (1).

Deaths in Children between 1 and 2 years of age were as follows:—

Bronchopneumonia and whooping cough (13 months and 16 months. Both children known to Centres and home visited but did not attend Centre). —————	2
Bronchopneumonia and influenzal meningitis (19 months). (Attended Centre rarely) —————	1
Influenzal meningitis (18 months). (Not known to Centre—lived in Brunswick during its first year) —	1
Meningococcal septicaemia (15 months and 19 months). (Both only recently moved into City). ———	2
Otitis media and mastoiditis (21 months). (Came to City one week before the death). —————	1
Otitis media and cerebral abscess and enteritis (16 months). (Known to Centre, but did not attend). —	1

PRE-SCHOOL MORTALITY.

There were 7 deaths in children between 2 and 6 years of age.

Bronchopneumonia following measles (2 years, an inmate of Child Welfare Dept.; and 4 years, a well-cared for child who had attended Fitzroy Centre until she recently moved into the City). —	2
Whooping cough (2 years, not known to Centre. Came to City a few weeks before its death). ———	1
Encephalitis (3 years, not known to Centre. Was born in the country). —————	1
Cerebral oedema and convulsions (3 years, known to Centre. Very unsatisfactory home conditions). —	1
Diphtheria (2 years. Inmate of a Home for Mothers and Children). —————	1
Enterocolitis (2 years, a mental case in Kew Mental Hospital). —————	1

KINDERGARTENS AND CRECHES

The Kindergartens in the City have sustained their admirable activities in spite of the difficulties of war, and close contact has been maintained with them.

The Kindergarten Union has always regarded medical inspection of their children as an integral part of their programme. Other kindergartens are gradually becoming more conscious of the value of medical supervision, and are co-operating more and more with the Health Centres. A fair proportion of the child attendants at the various kindergartens attend the Health Centres with their mothers, as a routine, but a number of other children can be supervised at the Centres only through the co-operation of the Kindergarten Directors, who bring them in groups for weighing and full examination.

All places, such as creches and kindergartens, where children may spend a part or the whole of their day, can influence the physical, mental and social development of children very materially, and can serve as demonstration Centres for parent education. It is, therefore, of fundamental importance that all such institutions should aim at reaching high standards with regard to staff, accommodation, equipment, food and cleanliness. If the misfortune of war eventually causes the withdrawal of many married women from their homes, with consequent disruption of family life, these institutions will assume an even more important role.

ACKNOWLEDGEMENTS.

I wish to thank Dr. Bull for her supervision of the children at the Pigdon Street Health Centre and to express once more my appreciation of the enthusiastic and excellent work of all the Health Centre Sisters, together with that of the voluntary helpers who so generously give their services.

HILDA E. KINCAID D.Sc. M.B., B.S.

INFECTIOUS DISEASES.

Health Department,

Town Hall Chambers, Melbourne,

26th February, 1943.

The Medical Officer of Health:

Sir,

I have the honour to submit a report on the incidence and control of infectious diseases in the City of Melbourne for the year 1942.

DIPHTHERIA.

TABLE 1.

Year	No. of Cases	Cases per 100,000	Deaths	Case Fatality	Fatality per 100,000
1915-24 (average) — — — — —	373	355	14	3.7	13.3
1925-34 (average) — — — — —	230	239	6	2.9	6.9
1935 — — — — —	257	266	7	2.7	7.5
1936 — — — — —	241	259	5	2.0	5.4
1937 — — — — —	127	137	2	1.5	2.2
1938 — — — — —	103	111	1	1.0	1.1
1939 — — — — —	110	118	2	1.8	2.1
1940 — — — — —	100	106	2	2.0	2.1
1941 — — — — —	235	246	9	3.8	9.3
1942 — — — — —	56	59	1	1.8	1.0

A sudden and unprecedented fall in the incidence of diphtheria was the highlight of events on the epidemiological front in 1942. After the high incidence and grave fatality rate of the year 1941, the usual expectation would have been a very gradual curve of subsidence, perhaps after a further rise; but a precipitous drop like this in the fairly symmetrical wave-like curve of the rise and fall of incidence is sufficiently remarkable to stimulate interest in seeking an explanation.

The "patchiness" of the epidemic, which was noted in 1940-41, evidently persisted, because there were great variations in the figures shown for other municipalities. However, even allowing for this "creep" of a strain of the bacillus giving rise to unusually severe symptoms, there remained our minimum expectation for the period. That the actual figure was less than half the expected one must, I think, be attributed to the fact that such a large proportion of the younger children was immunized last year. This conclusion was confirmed by tests conducted in the schools, which showed the greatest proportion of successfully protected children we have ever recorded. Seventy per cent. of children tested were immune to diphtheria, and practically all who were not immune were those being tested for the first time in their lives. As these were all under ten years of age, it shows an increase in the resistance of children of this age much greater than would be expected in an unprotected community.

In 1941, when children of all ages were tested, the percentage of immunes was only 57 in the State Schools, and 52 when the figures for kindergarten and Catholic schools were included. As children in the 10-14 years of age group are almost 90 per cent. immune, the figures for 1942 are not strictly comparable; but it is very striking to find that in the usually much more vulnerable group of children under 10 years of age, the percentage of immunes in 1942 was 70 in the State Schools, and 68 in the combined State and Catholic schools and kindergartens.

Incidence.

The incidence was the lowest ever recorded in the City. There were 56 cases of diphtheria, 24 in males and 32 in females.

Deaths.

There was only one death from diphtheria, in a boy of two years of age. Unfortunately, as there were so few cases of the disease about, the condition was not recognised until it was too late for effective treatment. No protective treatment had been given in this case.

Rates.

The rate per 100,000 of cases of diphtheria in the City, 58.7, is the lowest ever recorded. The average rate for the 9 adjacent municipalities, 101.3, which was lower than that of the City in 1941, was nearly double in 1942. Only two municipalities were lower than Melbourne City, and others were much higher, ranging from 35 to 396 per 100,000. In four instances, the rate

was over 160 per 100,000. The rate for Melbourne City was not only below that of the whole metropolitan area for the first time, but also below the figure for the whole State.

Cases per 100,000.

The figures are:— Melbourne City 58.7
Metropolitan Area 64.9
Whole State 68.2

TABLE 11

AGE INCIDENCE

Age	MALES Cases	FEMALES Cases			Percentages
0 -1 year	1	—	}	9 males 6 females	15 27%
1 year	—	2			
2 years	3	2			
3 years	2	—			
4 years	3	2	}	8 males 6 females	14 25%
5 years	2	3			
6 years	1	2			
7 years	4	1			
8 years	1	—			
9 years	—	—	}	4 males 8 females	12 21%
10 years	1	1			
11 years	3	4			
12 years	—	1			
13 years	—	2			
14 years	—	—		3 males, 12 females	15 27%
15 years and over	3	12			
Totals	24	32			

INSTITUTIONAL CASES.

Twelve of the cases were in institutions, six in public hospitals, and six in institutions for the care of children. Three cases were in adults, two of whom were nurses. One had not been immunized; the other, who was a very mild case, had two doses in 1941. The institutional cases were 21% in 1942, as compared with 6.4% in 1941, again illustrating the increased resistance of the general community.

TABLE 111.

NUMBERS OF INSTITUTIONAL AND GENERAL CASES.

Year	Total	Institutional	General
1931	308	27	281
1932	310	40	270
1933	307	86	221
1934	215	31	185
1935	257	38	219
1936	241	21	220
1937	127	9	118
1938	103	22	81
1939	110	53	57
1940	100	37	63
1941	235	15	220
1942	56	12	44

Diphtheria in Families.

There were only two instances of multiple infections in families, with two cases each. An interesting series of infections occurred in one family of 5 children, all of whom were suspected to be suffering from diphtheria and were sent to Fairfield. However, only one, a boy of 8, who had lived in the country, and had missed being immunized, was found to be suffering from the disease. The other protected children proved to be suffering from tonsillitis, and were sent home in a few days.

Diphtheria in Individuals previously treated.

Only one child, a girl of 2 years of age, who had been immunized, was reported to be suffering from diphtheria. She had measles, and developed a croupy cough, and tonsillitis, which was regarded as diphtheritic, though no swab was taken. Occasionally, cases do occur in protected children immediately after an attack of measles, which is thought to lower resistance against a number of infections, notably diphtheria and tuberculosis.

Carrier Rate for Diphtheria in a Sample of the Metropolitan Population.

Swabs were taken in one of our large institutions for children of all new entrants. Of 736, only 5 were positive. One was in a child admitted from another institution, who was suffering from diphtheria on admission, and the other positive swabs, were non-virulent. The number of positive swabs is less than in 1941, but has been consistently lower considering the prevalence of diphtheria in the metropolitan area which supplies most of the new admissions to the institution.

TABLE IV.

	No. examined	Negative	Positive	Virulent
1940	964	952	12	1
1941	1058	1045	13	4
1942	736	731	5	1

Immunization.

As so many children had been immunized in 1941, it was decided to revert to our usual practice and treat only those under 10 years of age. The high proportion of children who were immune on re-testing was due to the good response in 1941, and was reflected in the very low rate of incidence.

A change of material from toxoid to alum-precipitated toxoid was made in the Health Centres during the year. This is a material of a high potency, and owes its superior antigenic power to the fact that it is more slowly absorbed and eliminated than ordinary toxoid, and so operates for a longer period of time. The results of re-testing, after using this material, have been very satisfactory, and the fact that only two doses of A.P.T. are required compared with three of toxoid, is a great advantage. However, more data must be collected before any change can be made in the general recommendations for immunization. Of 128 children re-tested three months after immunization, only seven showed reactions, and, in every case, it was moderate or faint, so that 94% showed complete protection and the other seven probably had developed some protective substances, but not quite enough to become Schick negative.

Immunization in Health Centres.

TABLE V.

Year	Total Individuals	Immunized			Two or three doses
		1	2	3	
1940	741	63	72	365	437
1941	1462	73	135	980	1116
1942	1139	76	452	47	499

TABLE VI.

Institution	Total Presenting	Schick Negative	Schick Positive	Not Immunized	Not Recorded	1	2	3
HOSPITALS and INSTITUTIONS—								
Children's Welfare Dept.	315	135	68	7	27	44	102	—
Melbourne Hospital	115	39	75	4	1	7	64	—
Alfred Hospital	100	26	74	1	—	1	72	—
Children's Hospital	66	24	42	6	—	5	24	7
Carlton Home	39	10	19	4	—	2	23	—
Mercy Hospital	16	5	11	—	—	2	9	—
After Care	46	26	—	—	5	—	15	—
Medical Students	142	64	78	24	—	10	44	—
Totals	839	329	367	46	33	71	353	7
HEALTH CENTRES—								
Carlton	153	69	3	2	9	13	57	3
Abbotsford Street	138	65	7	1	6	6	53	7
Newry Street	269	140	11	—	17	13	76	23
Kensington	265	76	2	2	15	20	150	2
Town Hall, North Melbourne	194	81	5	3	9	18	77	6
Pidgon Street	120	66	6	—	3	6	39	6
Totals	1139	497	34	8	59	76	452	47
SCHOOLS (STATE)—								
Errol Street	195	153	29	2	9	8	23	—
Lee Street	177	113	45	8	19	12	25	—
Figdon Street	128	100	22	8	1	1	18	—
Boundary Road	73	47	20	6	6	4	10	—
Rathdown Street	80	41	25	1	14	4	20	—
King Street	136	102	23	6	11	6	11	—
Kensington	208	129	68	11	11	6	51	—
Flemington	68	56	10	2	2	—	8	—
Faraday Street	92	68	22	3	2	1	18	—
Totals	1157	809	264	47	75	42	184	—

Institution	Total Presenting	Schick Negative	Schick Positive	Not Immunized	Not Recorded	1	Immunized 2	3
CATHOLIC SCHOOLS AND KINDERGARTENS—								
St. Brendan's	119	78	26	2	12	6	21	—
Holy Rosary	45	27	9	—	9	—	9	—
St. George's	35	27	7	1	1	1	5	—
St. Mary's	111	87	8	3	19	1	10	—
St. Michael's	96	67	26	4	1	4	20	—
St. Mark's	41	27	7	1	6	—	7	—
St. Jude's	28	9	4	—	10	9	—	—
Bouverie Street Kindergarten	15	9	4	2	2	—	2	—
Exhibition Street Kindergarten	43	24	18	1	1	2	2	13
Totals	533	355	109	14	52	23	76	13
GRAND TOTALS	3668	1990	774	115	219	212	1065	67

SCARLET FEVER.

TABLE 1.

Year	No. of Cases	Cases per 100,000	Deaths	Case Fatality	Deaths per 100,000
1931	246	256.23	3	1.22	3.123
1932	209	222.23	1	0.48	1.060
1933	131	142.20	1	0.76	1.080
1934	100	108.00	—	—	—
1935	73	77.00	—	—	—
1936	70	75.30	—	—	—
1937	50	53.80	—	—	—
1938	202	217.43	1	0.49	1.090
1939	325	348.00	1	0.30	1.100
1940	244	260.00	1	0.41	1.062
1941	240	251.00	—	—	—
1942	152	159.3	—	—	—

The number of cases of scarlet fever was the lowest for five years; but the decline in incidence was less striking than in the case of diphtheria. On the whole, at any rate among our population, the cases were mild, and sequelae few, though an occasional severe case, for instance, a mastoid, was a reminder of what the disease can do when it is really virulent.

There were 152 cases; 56 in males and 96 in females, showing the usual preference for females. There were no deaths. On the whole, as is to be expected after a prolonged period of high incidence, the disease has tended to attack the lower age groups; but the variation over a period of ten years is less than might have been expected as is shown by the following table:—

TABLE 11.

Percentage of Total Cases in Age Groups.

	1942	10 year average
0-4 years	27	25
5-9 years	37	33
10-14 years	12	14
15 years and over	24	28

TABLE 111.

AGE INCIDENCE OF SCARLET FEVER.

Age	MALES	FEMALES	Percentages			
0-1 year	—	—	19 males 22 females	}	41	27%
1 year	2	2				
2 years	8	6				
3 years	2	6				
4 years	7	8	23 males 33 females	}	56	37%
5 years	12	6				
6 years	3	12				
7 years	4	7				
8 years	4	4				
9 years	—	4	7 males 11 females	}	18	12%
10 years	1	3				
11 years	3	—				
12 years	1	4				
13 years	—	2				
14 years	2	2	7 males 30 females		37	24%
15 years and over	7	30				
Totals	56	96				

Scarlet Fever in Institutions.

There were 47 cases of scarlet fever in institutions, 29 in hospitals, of which 16 were adult cases, and 13 children; 13 in institutions for children and 5 in other institutions, 3 military.

Figures for previous five years were 69 in 1938, 101 in 1939, 56 in 1940, 63 in 1941, and 63 in 1942.

SWABS FOR SCARLET FEVER AND DIPHThERIA.

Swabs taken from contacts of cases of diphtheria numbered 350, 280 throat and 70 nasal. This includes swabbing of contacts in a home for infants, and at the After-Care Clinic at Macedon. Of these, 9 were positive, 5 throat and 4 nasal.

Fifty-seven swabs were taken from contacts of scarlet fever, the majority being at the After-Care Clinic. Of these, 2 showed the presence of the haemolytic streptococci, Group A.

CEREBRO-SPINAL MENINGITIS.

As will be seen by Table IV, there has been a considerable increase in the number of cases of cerebro-spinal meningitis notified during the year. The occurrence of the fulminating haemorrhagic type of the disease in the late Winter suggested that an epidemic of some proportions might be threatening, but the incidence is still nothing like that during the last war.

Altogether, 46 cases, 20 males and 18 females in the civilian population, and 8 male in the Services, were notified. As contrasted with the inter-epidemic periods, when only sporadic cases are found, mostly in infants, 30 out of the 46, or 65% were over 15 years of age.

Of the 38 civilians, 7 died, 2 male and 5 female; and of the 8 Service-men two died, aged 18 and 30 years respectively. The death rate, 18 per cent. in the civilian population, and nearly 20 per cent. when the military cases are included, is unusually high, now that the sulphonamides have been used with such effect; but a proportion of the cases was of the fulminating type, and, although the duration might be less than 24 hours, the patient in some instances was moribund on arrival at hospital.

Table IV shows the number of cases, age, sex distribution, and the fatality rate in the years 1941 and 1942.

TABLE IV.

AGE INCIDENCE OF CEREBRO-SPINAL MENINGITIS.

Age	1942				1941			
	Cases		Deaths		Cases		Deaths	
	Male	Female	Male	Female	Male	Female	Male	Female
0-4 years	5	6	—	2	2	—	—	—
5-9 years	3	2	—	—	1	—	—	—
10-19 years	4	2	1	—	3	1	1	—
20-29 years	4	4	—	1	1	2	—	—
30-40 years	4	2	2	1	2	1	1	—
40 years and over	8	2	1	1	1	—	—	—
Totals	28	18	4	5	10	4	2	—
	46 cases		9 deaths		14 cases		2 deaths	

MILITARY.

Deaths. K.L., aged 18 years — Airman trainee — died 24/5/42.
R.H., aged 30 years — R.A.A.F. — died 25/8/42.

GENERAL.

Deaths. P.M., aged 31 years — died 1/4/42 — actor, male.
P.M., aged 43 years — died 29/5/42 — cutter, male.
Y.B., aged 10 months — died 2/6/42 — infant, female.
M.D., aged 33 years — died 30/6/42 — trained nurse, female.
M.K., aged 26 years — died 31/7/42 — home duties, female.
E.B., aged 77 years — died 25/8/42 — home duties, female.
L.H., aged 16 months — died 16/10/42 — infant, female.

INFECTIOUS DISEASE IN RELATION TO SOCIAL CONDITIONS, ETC.

Owing to the decrease in the number of cases of infectious disease, the enquiry into the social conditions of those affected shows a smaller return than in 1941. Thirty-seven families where diphtheria occurred, 89 with scarlet fever and 27 with cerebro-spinal meningitis, were investigated, and data obtained as to their home conditions. All the other cases were visited, but they were either in institutions, boarding houses or single rooms and no family data was relevant.

In the 37 families suffering from diphtheria, 209 persons, 103 adults and 106 children, lived in 163 rooms, or 1.3 individuals to a room. As the kitchen is usually the only living room, this is counted as a room.

In 89 families with scarlet fever, 350 persons, 138 adults and 212 children, lived in 400 rooms, or about 0.9 i.e. less than one person to a room, showing that the impression that scarlet fever is just as likely to attack a good locality as a bad one has some foundation.

With cerebro-spinal meningitis, as with diphtheria, the incidence is again in the poorer and more crowded districts. In the 27 families where the disease occurred, there were 107 persons in 94 rooms, or 1.1 to a room.

The study of housing supports these observations. Of the 37 houses with diphtheria cases, 27 or 70% were bad or indifferent. In the 89 houses with scarlet fever cases, 36 or only 40% were bad or indifferent, and with the cerebro-spinal fever 60% of the houses were bad or indifferent, and some of the houses were among the worst in the City. Fifty per cent. of houses where meningitis occurred were very bad indeed.

As regards employment, practically every household had one or more people in employment, so that the economic position was better, though in most cases it could not be called satisfactory. High rents for houses slowly falling to pieces, and the high cost of living, prevent the picture of universal employment being as rosy on examination as it might appear in the distance. Only in three families out of 153, was there unemployment and this was temporary.

It was interesting to note that of 308 adults, fathers, mothers and older members of families, about half of whom would be male, only 20 were in the Services and 19 in munitions. The rest were in "protected industries."

The incidence of infections among recent migrants to the City was about the same as last year. Only 56 per cent. of the families visited had lived in the City over 5 years, compared with 55 per cent. in 1941, and 70 per cent. in 1940. Nearly 20 per cent. of patients had been in the city for less than a year compared with 28 per cent. in 1941, and 10 per cent. in 1940.

Of 358 child contacts, 19 or 5 per cent. had had previous scarlet fever, and 24 or nearly 7 per cent. had diphtheria. These rates are lower than in previous years, and may possibly be due to the fact that information on these points was often obtained from relatives other than the mother, who were looking after the children in the mother's absence. Just under 40 per cent. of the children investigated had been immunized against diphtheria.

TUBERCULOSIS

The following report on the occurrence of tuberculosis in the City is based on the analysis of her work supplied by Sister Frongerud, who is Health Visitor in charge of this section.

The total number of individuals under supervision was higher in 1942 than for some years. This does not necessarily indicate any increase in the incidence of the disease, since it is probable that more infections are being detected owing to the large number of examinations for entry of men and women to the Fighting Services.

The total number of individuals was 350, compared with 308 in 1941, 311 in 1940 and 311 in 1939. Of these, 209 were males and 141 females. These include 12 repatriation cases and 25 "wanderers" — individuals with no fixed address.

TABLE 1.
AGE DISTRIBUTION.

Years	Male	Female	Totals
0-4 years	1	—	1
5-9 years	—	—	—
10-14 years	1	1	2
15-19 years	7	7	14
20-24 years	19	24	43
25-34 years	44	47	91
35-44 years	47	33	80
45-54 years	43	13	56
55-64 years	31	12	43
65 years and over	16	4	20
Unknown	—	—	—
Totals	209	141	350

The preponderance of female cases over males in the 15 — 24 year age group is less marked than usual, 31 to 26. In 1941, it was 30 to 17.

New Cases.

There were 160 new cases (150 in 1941), 103 in males and 57 in females. Of these, 14 died during the year.

Deaths From Tuberculosis.

There were 67 deaths from tuberculosis, 39 male and 28 female. They were all from the pulmonary form of the disease.

Of those who died, 16 (12 men and 4 women) were "wanderers", 20 died in Sanatorium, 30 in hospital, 16 at home and 1 was picked up in the street.

Fourteen had been known to be ill for less than a year, 6 between one and five years, 11 between five and ten years, 9 for over ten years. Twenty-seven deaths occurred in which the presence of tuberculosis had not been suspected, or at any rate confirmed and notified, before death, and the notification of the condition was received at the Health Department after death had taken place.

As an indication of the rate of progress in the fatal cases, it is reported that 9 were ill less than one year, 28 between one and five years and 30 over five years.

TABLE 11.
AGE DISTRIBUTION OF DEATHS.

Years	Male	Female	Totals
0-4 years	—	—	—
5-9 years	—	—	—
10-14 years	—	—	—
15-19 years	—	1	1
20-24 years	2	2	4
25-34 years	2	4	6
35-44 years	8	5	13
45-54 years	9	4	13
55-64 years	8	6	14
65 years and over	10	6	16
Unknown	—	—	—
Totals	39	28	67

Sputum Tests.

Three hundred and fifty sputum tests were made, of which 95 were positive, 64 in males and 31 in females.

Child Contacts.

Fifty-three children, under 15 years of age, were living in contact with cases who had positive sputum, and 130 with those whose sputum was negative. Nineteen cases were from Repatriation.

Of the children in contact with positive cases, 13 were under 5 years, 21 between 5 and 9 years and 19 between 10 and 14 years.

PARATYPHOID FEVER.

There was one case of paratyphoid fever, with severe illness in a woman of 20. Her husband was in the Military Services, but there did not appear to have been anything in camp. It was a good home and careful people; and no source of the disease was discovered.

POLIOMYELITIS.

One case of poliomyelitis in a male infant of five months of age was notified to the Department. On the history, there appeared to be some doubt as to whether the case was meningitis or poliomyelitis, but it was finally diagnosed as poliomyelitis.

WHOOPING COUGH.

There was a moderate prevalence of whooping cough during the year. Arrangements were made with the Children's Hospital to give vaccine to children resident in the City, where it was considered advisable.

The medical superintendent of a large institution for children asked for vaccine for the younger children, and this was supplied. The results were again very satisfactory. Although children recovering from whooping cough were introduced into wards where the children were of an age usually very susceptible, only one or two doubtful coughs developed.

There were 5 deaths following whooping cough, 2 in the first year and 2 in the second year of life, from broncho-pneumonia following whooping cough, and one at the age of two years.

MEASLES.

Measles was also remarkably prevalent, and sometimes the lower classes of a school were almost deserted when a visit was made to give them protective treatment against diphtheria.

There were 4 deaths following measles. Two children under one year of age died from measles and broncho-pneumonia, and one aged 2 and one aged 4. It is unusual for children under one year of age to die from measles, the greatest incidence being in the second and third years.

ACKNOWLEDGMENTS.

I wish to express my appreciation of the assistance of the Nursing and Clerical Staff, and also of the Head Teachers and Infant Mistresses in facilitating the work in the schools.

HILDA W. BULL, B.Sc., M.B., D.P.H.

REPORTS OF DENTAL OFFICERS.

105 Collins Street,
Melbourne, C.1.
16th March, 1943.

The Medical Officer of Health:

Sir,

I have the honour to submit the eighth annual report of the Dental Section of the Kensington Baby Health Centre.

There follows a summary of the services rendered to those children who have visited the Dental Centre.

	1941	1942
No. of children examined — — — — —	382	461
No. of new patients — — — — —	160	220

Summary of Treatments.

Visits — — — — —	664	725
Treatments and fillings — — — — —	50	69
General anaesthetics — — — — —	49	38
No. of affected teeth removed under local anaesthetic — — — — —	34	6

Ages of Patients.

Again the majority of the children were three (3) years or under, and advice and direction only was needed. The great majority of the mothers seem to appreciate the service, and many of them who have left the district, desire to keep up their visits to the Kensington Health Centre. It is an extremely difficult procedure to treat children of such tender years, and this year I have been fortunate in having the help for a portion of the year of an honorary attendant, Mrs. Hardy, and I would thank her sincerely for the help she gave me.

Latterly, Sister Polkinghorne has assisted me and has made a great difference to the work of the dental section. She has given me great help in treating the babies and I sincerely appreciate her enthusiasm.

GENERAL ANAESTHETICS.

The staff of the pre-school clinic at the Dental Hospital have given me their usual splendid co-operation.

COMFORTERS ARE DISAPPEARING.

I am informed that owing to war conditions comforters are becoming hard to purchase. I cannot help again expressing the opinion that this scarcity would be a good thing. There are a surprising number of children being examined who have malocclusion and dental disease from these un-natural things.

WHOLEMEAL BREAD.

I would like to quote from the British Dental Journal of April, 1942, as follows:—

"The action of the War Council in submitting a memorandum to the Ministry of Health to endorse the action of the Government in eliminating the white loaf will, it is hoped, meet with the approval of the Dental profession."

"The people of London prefer it (white bread) to wholemeal because it is whiter; thus they sacrifice their health and the lives of their tender infants in a most absurd gratification of a misjudging eye."

In order to endeavour to counteract the effect of a so-called civilized diet which contains an excess of food made of highly-refined sugar and flour, I have a great number of children using an antacid mouth wash, and in most cases they present for examination a splendidly clean mouth.

Number of Visits.

The number of visits was good considering that for two months during the year, I was called into camp by the Military Authorities so that I might assist in getting the troops dentally fit.

In conclusion, I would like to express my sincere thanks to the Sisters at Kensington, and to all at the Health Office for their ever-ready help.

J. W. BYRNE, B.D.Sc., L.D.S.

The Medical Officer of Health:

Sir,

I have the honour to submit the third annual report of the Dental Section of the Newry Street Health Centre.

The following is a summary of the number of children attending and the operations performed for the year ending December, 1942:—

No. of visits to the Health Centre	282
Ages of children were as follows:—	
1 year	21
2 years	48
3 years	62
4 years	77
5 years	70
6 years	4
No. of new patients in the above	59
No. of examinations made at Lady Gowrie Child Centre	191

Analysis of Work Performed.

No. of prophylactic treatments	59
No. of fillings, deciduous teeth	212
No. of other operations, including temporary fillings, dressing and care of infected mouths	55
No. of teeth extracted with local anaesthetic	6
No. of attendances at which no treatment was required	150
No. of general anaesthetic cases treated at Melbourne Dental Hospital	11

Interproximal caries is by far the most prevalent type, and this is due in part to the improper use of the toothbrush. Fine particles easily lodge between the teeth and the gingival caries is unnoticed by mothers until it is too late.

There were only seven cases of extreme malocclusion during the year. Little can be done for the children at this early age apart from showing the mother the habits which may be causing the condition, and directing her in overcoming them and the child from aggravating the trouble.

I wish to thank Sister Smith at the Health Centre and Sister Elson at the Kindergarten, for their co-operation and help in sending the mothers along.

BEATRICE WOODCOCK, B.D.Sc., L.D.S.

REPORT OF CHIEF HEALTH INSPECTOR

Health Department,
Town Hall Chambers, Melbourne, C.1.
16th March, 1943.

The Medical Officer of Health,
Sir,

I have the honour to submit a report for the year 1942 upon the varied activities of the Department, which are governed by the provisions of the following Acts and Regulations.

ACTS AND REGULATIONS.

Acts.

Health Acts, Local Government Act, Factories Acts, Police Offences Act, Melbourne and Geelong Corporation Act, Goods Act, Births Notification Acts, Slum Reclamation and Housing Acts.

Regulations under Health Act.

Registration, Rat Destruction, Hairdressers' Shops, Offensive Trades, Seizure (Claims), Eating House, Camping, General Sanitary, Analysis, Septic Tanks, Cattle Sale Yards, Infectious Diseases, Cleanliness (Food), Food and Drug Standards, Nightsoil, Smoke Abatement, Tobacco Packages, Stream Pollution, Fire Prevention, Building (Tent), Boarding and Lodging Houses.

Other Regulations.

Housing (Standard of Habitation) Regulations, Regulations under the Goods Act.

By-Laws and Regulations.

By-Laws and Regulations of the Council relating to Places of Amusement, Public Buildings, Dancing Saloons, Fowl Yards, etc., are also administered by the Department.

HOUSING.

The abnormal situation created by war conditions, as reported last year, has been intensified, and the shortage of labour and scarcity of materials existing have considerably impeded the progress of all works connected with housing.

Houses Dealt With Under the Slum Reclamation and Housing Acts.

In continuance of the work as agents for and under the direction of the Housing Commission, 802 inspections and reinspections for work in progress have been carried out. In accordance with the revised policy of the Commission, instituted last year, attention has been confined principally to houses which were obviously dilapidated or in need of urgent and extensive repairs, and, in consequence, the number of official reports recorded is considerably less than in the previous year. The number of statutory reports submitted to the Commission was only 45 as compared with 198 in 1941. These were classified in accordance with the requirements of the Act, 33 being included in List "A," requiring demolition of the premises, and 12 in List "B" to comply with the Standard of Habitation Regulations.

The following table shows the action recommended regarding the houses "reported" and the number in each area:—

TABLE 1.

HOUSES REPORTED.

	City	E. Melb.	S. Yarra	Carlton	N. Carlton	W. Melb.	N. Melb.	K'sington	Flem'ton	Total
Demolition — — —	10	—	—	9	7	4	2	—	1	33
Repairs — — —	—	—	—	5	2	3	2	—	—	12

Notices Issued.

Under instructions of the Housing Commission, statutory Notices affecting 63 properties were issued, together with copies of the Commission's Declaration respecting such premises. This involved the preparation and service of 68 Notices, 63 on owners and 5 on mortgagees. In conformity with the revised policy of the Commission not to disturb existing tenancies, no Notices were served on the occupiers of these houses. The majority of the Notices served were accompanied by offers of deferment subject to the owners undertaking to comply with certain conditions. With respect to Demolition Notices, if the owner undertook to effect urgent repairs, the demolition of the premises was deferred for the duration of the war. In connection with Notices regarding repairs, the work was divided into two groups — "A," representing urgent

repairs, and "B," representing other requirements — and the owner, on agreeing not to disturb the tenants, was permitted to carry out the urgent repairs within 60 days and to defer the remainder of the work for a period of two years. The nature of the Notices issued, together with the areas affected, are set out hereunder:—

TABLE 11.
NOTICES SERVED.

	City	E. Melb.	S. Yarra	Carlton	N. Carlton	W. Melb.	N. Melb.	K'sington	Flem'ton	Total
Demolition — — —	10	—	—	12	16	1	2	—	—	41
Repairs — — — —	—	—	—	8	3	4	5	1	1	22

Compliance With Notices.

As a result of notices issued during the year and of others outstanding, compliance has been effected in 67 instances. Twenty-one premises have been demolished and 20 premises satisfactorily repaired, whilst urgent repairs have been carried out at 13 premises, where demolition orders have been served, and at 13 premises in accordance with the concession relating to houses where Notices were issued for repairs. Fifteen premises have been vacated and are now awaiting demolition. Work at other premises was in various stages of progress at the close of the year.

TABLE 111.
COMPLIANCE WITH NOTICES.

	City	E. Melb.	S. Yarra	Carlton	N. Carlton	W. Melb.	N. Melb.	K'sington	Flem'ton	Total
Demolition — — —	—	—	—	9	1	6	5	—	—	21
Repairs — — — —	—	1	—	6	4	2	6	—	1	20
Urgent Repairs — —	—	—	1	9	3	6	5	—	2	26

Since the coming into operation of the current housing legislation in May, 1940, a total of 599 houses have been inspected in detail and reported to the Housing Commission.

The following tables set out the number of houses reported, the number of notices served and the number of compliances in the several areas.

TABLE "A"
HOUSES REPORTED SINCE MAY 1940.

	City	E. Melb.	S. Yarra	Carlton	N. Carlton	W. Melb.	N. Melb.	K'sington	Flem'ton	Total
Demolition — — —	21	—	1	156	30	15	184	17	3	427
Repairs — — — —	—	1	2	37	24	33	64	8	3	172

TABLE "B"
NOTICES SERVED SINCE MAY 1940.

	City	E. Melb.	S. Yarra	Carlton	N. Carlton	W. Melb.	N. Melb.	K'sington	Flem'ton	Total
Demolition — — —	21	—	—	120	23	10	126	2	2	304
Repairs — — — —	—	1	2	30	25	30	36	6	4	134

TABLE "C"
COMPLIANCES SINCE MAY 1940.

	City	E. Melb.	S. Yarra	Carlton	N. Carlton	W. Melb.	N. Melb.	K'sington	Flem'ton	Total
Demolition — — —	6	—	—	91	7	15	71	—	—	190
Repairs — — — —	—	1	—	15	10	7	12	—	1	46
Urgent Repairs — —	—	—	1	9	3	6	5	—	2	26

The present system of offering deferments and granting extensions of time for repairs makes the work more involved, and considerably increases the work of the inspectorial staff without achieving any very definite improvement in the actual living conditions of the people. The progressive deterioration of this class of property will necessitate a complete review of the properties concerned at the conclusion of the period of deferments and extensions of time allowed.

The number of persons displaced as a result of our activities under the Housing Acts has been considerably less this year as a result of the policy previously mentioned. During the year, 25 families from several City areas were re-housed by the Commission, only 10 of which were from premises reported by the Department to the Commission. Others were selected from outside applicants, to create what the Commission terms "a balance of tenant types" and so to avoid in any one area a preponderance of tenants from sub-standard houses. The 10 families re-housed from the houses reported consisted of 28 adults and 26 children. No figures are available

of the other 15 families dealt with. This makes a total of 107 families consisting of 201 adults and 180 children, as shown by our returns, which have been re-housed since the commencement of the housing scheme in 1940.

Health Act.

In addition to the work done under the Housing Acts, 427 investigations of various phases of housing, such as defective roofs, sanitary fittings and drainage, have been dealt with under the Health Act as a result of complaints, and 255 Notices have been served on the owners of properties to effect urgent repairs as directed. Compliances were effected in 247 instances, and the work was in progress at the other 8 at the close of the year.

Apart from our activities under the Housing or Health Acts, records are kept of all demolitions of dwellings undertaken voluntarily by owners for factory or business extension, and in this connection, 17 houses were demolished during the year. This, together with demolitions under the Housing Acts, makes a total for the year of 38 premises demolished in the City area, and a grand total of 305 since May 1940. It would appear from a perusal of the Building Surveyor's reports covering the period, that this wastage has been more than compensated by the erection of new dwellings and flats.

Boarding Houses.

There were 666 boarding and lodging houses registered under the Health Act in the various City districts, which is the highest figure yet recorded and represents an increase of seventeen over that of the previous year. The increase may be accounted for by the influx of population into the City area, which would tend to bring a larger number of houses within the category prescribed by the Health Act. These premises are inspected at regular intervals, and, during the year, 28 Notices to effect repairs and renovations were served on both owners of the properties and the registered proprietors of the premises. In compliance with these Notices and with others previously served, improvements were effected at 67 premises.

FOOD AND FOOD PREMISES.

Regular attention has been paid by the staff to the important work of inspection of all premises where food is manufactured, prepared, stored or exposed for sale. In addition to the supervision of food factories, hotels, boarding houses, grocers, greengrocers, butchers, delicatessen, small-goods and confectionery shops, this work involves the supervision of 489 Eating Houses and 271 premises where cordials, etc. are manufactured.

With the growing popularity of Milk Bars in the City area, special attention has been given to the general cleanliness of these premises, to the utensils and all other equipment used in the preparation of drinks and to the glassware and crockery used in connection therewith. In addition, samples of milk have been taken at intervals for the purpose of analysis.

Towards the end of the year, there was gazetted an amendment to the Cleanliness (Food) Regulations, prescribing a new Regulation governing the disposal of waste beer in hotels. All licensees of hotels in the City area, to the number of 178, were immediately advised by circular that the Regulation was operative, and a copy of the Regulations was enclosed for their guidance. The administering of this Regulation is likely to present some difficulties and will involve more frequent visits to hotel bars than have been hitherto necessary.

The regulations administered in connection with all such premises are the Cleanliness (Food), Eating House, Boarding House, Seizure, General Sanitary, and Rat Regulations. Improvements were effected at 73 premises during the year. Details of these inspections are shown in the attached summary of work.

FOOD SAMPLING.

The total number of samples procured for chemical analysis during the year was 351, or 4 less than the previous year. The samples consisted of Butter 21 (10), Cheese 3 (8), Cream 2 (6), Jam 6 (4), Ice Cream 3 (6), Milk 274 (281), Sausage Meat 16 (16), Tomato Sauce 6 (8), Vinegar 5 (6), Coffee 4 (-), Currants 4 (-), Sultanias 6 (-), Confectionery 1 (-). The figures in brackets indicate the samples submitted in the previous year.

There were 21 samples, or approximately 6%, which failed to comply with the standard, comprising 16 milk, 2 sausage meat, 2 butter and 1 tomato sauce. In addition to the 2 samples of sausage meat not complying with the standard, 2 other samples failed to comply with the requirements of the Regulations, not being labelled to indicate that they contained preservatives. Of the 2 samples of butter which did not comply with the standard, 1 was slightly in excess in its water content and a letter of warning was issued. The other sample of butter was a special sample which was found to contain a slight quantity of boric acid. As this was a sample from a consignment originally destined for export but had been diverted for local consumption, no action was taken. The sample of tomato sauce was found to contain a small trace of artificial (coal-tar) colouring and the vendor was warned by letter. Proceedings instituted against the vendors of sausage meat not complying with the standard resulted in fines and costs amounting to £17/16/0.

The total number of milk samples procured during the year was 274, involving 85 vendors, consisting of 41 dairymen, 33 milk bars and 11 house trade dairies. Compared with 1941, there is a decrease of 7 in the number of samples and an increase of 7 in the number of vendors. Owing to the introduction by the Milk Board of the zoning and block delivery systems, there is a lesser number of dairymen now delivering in the City areas than previously.

The number of samples from all sources which complied with the standard was 258, or 94.2% of the total. Sixteen samples, or 5.8%, did not comply with the standard. Of the samples below standard, 6 were deficient in total solids and fatty solids, 4 samples in fatty solids, 2 in solids not fat and containing added water, 2 in total solids, solids not fat and fatty solids and containing added water, 1 in total solids and solids not fat and containing added water, 1 in fatty solids and containing added water. Thirty-six samples were submitted to the freezing point test to determine the presence of added water, 30 of which passed the test satisfactorily.

The number of samples taken from milk carts in course of delivery was 217 as compared with 260 for the previous year. This number was made up of 146 from bulk supplies and 71 from bottled milk. Twenty two samples were procured at house trade dairies, 33 samples of "drinking milk" from milk bars, and 2 producers' samples were taken at the point of delivery.

Of the 16 samples which were found to be below standard, 6 were from milk bars, 3 from house trade dairies and 7 from delivery carts, of which 4 were from bulk supplies and 3 from "bottled milk." One sample from bulk supplies proved to be of an abnormal nature, being deficient in non-fats but excessive in fats, almost approaching a cream standard. No action was taken in this instance. Proceedings, however, were taken against the vendors of all other samples found to be below standard. Fines and costs amounting to £129/18/6 were inflicted.

An analysis of the figures shows the average quality of milk per sample as follows:—

	Total Solids	Non-Fats	Fats
All Sources	13.18	9.00	4.18
Bulk Supplies	13.26	8.99	4.27
Bottled Samples	13.02	8.95	4.07
House Trade Dairies	12.97	9.14	3.83
Milk Bars	13.22	9.06	4.16

The following comparative table shows the average quality of milk per sample since 1928; also the percentage of samples which did not comply with the standard.

Year	No. of Samples	Total Solids	Non-Fats	Fats	Percentage of samples below standard
1928	300	12.96	8.95	4.01	1.0%
1929	633	12.88	8.89	3.99	3.8%
1930	276	12.90	8.90	4.00	3.6%
1931	289	12.97	9.00	3.97	2.7%
1932	286	12.88	8.89	3.99	2.5%
1933	282	12.95	8.96	3.99	2.4%
1934	281	13.01	8.95	4.06	2.4%
1935	271	13.01	8.90	4.11	5.0%
1936	280	12.92	8.88	4.04	3.5%
1937	265	13.11	8.90	4.21	2.6%
1938	269	13.11	8.97	4.14	5.2%
1939	275	13.38	9.18	4.20	1.09%
1940	279	13.24	8.98	4.26	3.2%
1941	281	13.27	9.03	4.24	2.8%
1942	274	13.18	9.00	4.18	5.8%

There was a total of 255 samples submitted to the Veterinary Research Institute, Parkville, for bacteriological examination, consisting of 211 from "bottled milk" and 44 from bulk supplies. The number of samples examined show a slight increase when compared with that of the previous year (250).

As in former years, samples were procured from the companies supplying milk under the Council's subsidised scheme and from carts in the course of delivery in the City proper. Regular weekly samples were obtained from a metropolitan hospital. In addition, special samples were procured at a Pre-School Child Development Centre in North Carlton, for experimental purposes.

The result of the examinations disclose that 57 samples, or 22 per cent. of the total, showed unsatisfactory results, the counts being higher than the accepted standard. Sixteen of these samples were found to be infected with the streptococci of mastitis, and 7 showed evidence of excessive bacterial contamination.

Of 81 samples taken from milk supplied to infants under the Council's scheme, 12 or 15% were unsatisfactory, whilst of 174 from carts in course of delivery and other sources, 45, or 26% were unsatisfactory.

The whole of the samples, with the exception of two, submitted to the Laboratory were of pasteurised milk, all of which were submitted to the Phosphatase Test with the following results:—

Source	No. of samples	Satisfactory	Percentage	Unsatisfactory	Percentage
All Sources	253	200	79%	53	21%
Subsidised Milk	81	68	84%	13	16%
Royal Melbourne Hospital	42	41	98%	1	2%
Carts in course of delivery and other sources	130	91	70%	39	30%

The above results show some improvement on the figures for the previous year, and would indicate that the pasteurising process is being carried out with greater attention to detail.

The following Table "A" gives a comparative summary of the averages of the different milks and it will be noted that, after adjustments by elimination of abnormal counts, the average of the Microscopic and Agar Plate counts maintain the high figures commented upon in the last year's report.

The majority of the abnormal counts occurred during the first quarter of the year, when labour difficulties were very pronounced in the dairying industry.

Table "B" gives a comparative summary of the averages for the periods 1939-1942.

BACTERIOLOGICAL EXAMINATIONS OF MILK SAMPLES 1942.

TABLE "A"

COMPARATIVE SUMMARY OF AVERAGE COUNTS OF DIFFERENT MILKS.

(The Counts give the number of Germs per cubic centimetre of milk)

Vendor	No. of Samples	Microscopic Count		Agar Plate Count		E.coli. in 0.01 ml. Percentages	Remarks
		Average % of Samples under 1 million	Average % of Samples under 50,000				
All Sources	255	971,000 (omitting 15 abnormal samples) 586,000	79%	205,000 (omitting 35 abnormal samples) 53,000	67%	—53% +47%	57 letters 16 ev. s. mastitis 7 ev. excess. bacterial contamn. 5 letters 2 ev. s. mastitis 1 excessive bac. contamn. 7 letters
Vendor "A" Pasteurised	39	217,000	95%	61,000 (omitting 2 abnormal samples) 42,000	82%	—74% +26%	
Vendor "B" Pasteurised	42	468,000 (omitting 1 abnormal sample) 367,000	83%	116,000 (omitting 5 abnormal samples) 60,000	62%	—64% +36%	
Vendor "C" Pasteurised Metropolitan Hospital	42	1,377,000 (omitting 5 abnormal samples) 568,000	70%	151,000 (omitting 7 abnormal samples) 62,000	52%	—88% +12%	11 letters 6 ev. s. mastitis 1 excessive bac. contamn. 34 letters 8 ev. s. mastitis 5 excessive bac. contamn.
Milk carts in course of and other sources	132	1,225,000 (omitting 9 abnormal samples) 822,000	71%	298,000 (omitting 21 abnormal samples) 69,000	57%	—31% +69%	

COMPARATIVE SUMMARY OF BACTERIOLOGICAL EXAMINATION OF MILK SAMPLES.

Periods 1939, 1940, 1941 and for year 1942.

TABLE "B"

	1 Microscopic Count				2 Living Germs				3 Percentage of Samples showing absence of E. coli in 0.01 ml.			
	Percentage of Samples showing under 1,000,000 per c.c.				Percentage of Samples showing under 50,000 per c.c.							
	1939	1940	1941	1942	1939	1940	1941	1942	1939	1940	1941	1942
A Milk bottled in City pasteurised at country depot	81%	97%	92%	95%	88%	88%	56%	82%	73%	90%	90%	74%
B Milk bottled in City pasteurised at country depot	—	100%	92%	83%	—	97%	60%	62%	—	76%	71%	64%
C Milk delivered in bulk, pasteurised on farm	92%	95%	81%	70%	97%	86%	70%	52%	100%	91%	93%	88%
D Various Milk Carts	65%	76%	69%	71%	60%	49%	37%	57%	55%	54%	44%	31%

Under present conditions a sample of milk may reasonably be expected to contain less than one million germs per cubic centimetre as shown by direct microscopic count (Column 1.), less than 50,000 germs per cubic centimetre capable of growing at blood heat (Column 2.), and absence of bacillus coli which is derived from filth, in one-hundredth part of a milli-litre (Column 3.).

The table shows what proportion of the samples attained this standard.

SWIMMING BATHS.

As in former years attention has been given to the condition of the water in the various swimming pools throughout the City. Twenty (20) samples of the water were submitted for bacteriological examination during the warm weather period. The samples were all taken during afternoons when the pools were in active use by large numbers of bathers. The results of these examinations, together with the regular tests for free chlorine in the water, indicated that the purification plants were being maintained generally in a satisfactory working condition.

RAT DESTRUCTION

Notwithstanding that the rat staff has been depleted through enlistments and hampered by sickness among the remaining members, the important work of rat destruction has been maintained during the year throughout the City proper, city shops and warehouses being given regular and systematic attention, whilst outer areas have been visited periodically as the occasion demanded.

In addition to the use of dogs, regular trapping, mainly at the larger food premises, is carried out, and 500 traps are in regular service. Where other methods are impracticable, poison is used and approximately 25,000 baits have been laid, which must have accounted for a large number of rodents not shown in the actual returns of those destroyed. A considerable quantity of poison baits has also been supplied to rate-payers on application. Preventive measures and the rat-proofing of premises have been carried out under the direction and supervision of the district health inspectors whenever found necessary.

Constant care is exercised in determining the sickness in the rat population, (and for this and experimental purposes, specimens are submitted at intervals for bacteriological examination.

The extent of these operations will be evident from the following table:—

Complaints attended to	Notices under Rat Regulations	Premises Visited	No. of premises where structural work car- ried out	Total No. of rodents destroyed
448	54	1906	109	Rats 5980 Mice 118
				6098

The species of rats caught and destroyed during the year is shown in the following table, which gives a comparison with previous years, and shows the differentiation between the sub-species of the black rats (prior to 1937 the totals for black and brown rats only were recorded):—

Year		Black Rats	Brown Rats	Total
1935		3073	3428	6501
1936		4275	4490	8765
	M. Rattus	M. Alex.	M. Norveg.	Total
1937	892	2409	4816	8117
1938	957	2379	4708	8044
1939	1090	2065	4252	7407
1940	923	1620	3933	6576
1941	924	1510	4172	6506
1942	1034	1648	3298	5980

OFFENSIVE TRADES

In the administration of the Offensive Trades Regulations and the relevant sections of the Health Act governing these premises, 779 visits of inspection have been made and whilst the state of the premises generally were found to be satisfactory, the conditions found on premises of the industry associated with the disposal of dead stock and animal offal has given cause for grave concern. Investigation of this problem disclosed that man-power difficulties, the inability to replace defective machinery, and the scarcity of materials to effect essential alterations and repairs, were in a large measure responsible for the unsatisfactory conditions. So acute was this problem in the early part of the year that representations were made to the several authorities concerned in an endeavour to overcome the difficulties. The trades were proclaimed a "protected industry" in respect of man-power, and the Premier of Victoria issued, under powers derived from Commonwealth Security (General) Regulations and published in the Victoria Government Gazette of 18th March an Order described as the "Offensive Trades Order" empowering municipal councils to take over and carry on any Offensive Trade premises in the interests of national security. No steps have yet been taken under the provisions of this order, although the conditions in the industry continue to present great difficulties.

In an effort to assist the proprietors to maintain a reasonable standard of sanitation in these premises, it has been necessary to dispose of a certain quantity of carcasses and offal by means of the unorthodox method of burial.

Two (2) applications under Section 82 of the Health Act were considered and consent of Council was granted for the establishment of a Hide and Skin Store in Langford Street, North Melbourne and alterations and additions to a woolscouring establishment in Footscray Road, South Kensington. As a result of the amending Health Act 1941 13 additional butchers' premises were registered for fat rendering from materials derived from their own shops. These registrations show a corresponding increase of sixteen (16) over the number of premises registered last year.

The number of offensive trade premises registered was 114 which are shown under the following classifications:—

Bone Boiling and Milling, 1; Fat-Extracting or Melting, 23; Fellmongery, Woolscouring and Woolwashing, 14; Flock Shoddy or Mungo Manufacture, 2; Glue or Size Factories, 1; Gut cleaning or scraping, 2; Manure works, 3; Marine Stores, 9; Poultry killing, cleaning and dressing, 10; Rag Picking or Sorting, 1; Soap Works, 2; Store for Skins, Hides, Hoofs, Hair or Bones, 48; Boiling Down Works, 1; Oil Boiling, 1; Abattoirs, 1; Refuse Destructor, 1; Tip, 1.

REGISTRATIONS

Total registrations effected under the Health Act show an increase of 57 for the year 17 boarding houses, 18 eating houses, 5 ice cream and aerated waters, 1 common lodging house and 16 offensive trades. As previously mentioned, the influx of population to the City no doubt accounts for the increase in the number of boarding houses and increased demands made upon the catering services is reflected in the increase of eating houses. A number of premises, both boarding houses and eating houses, have been taken over by the military authorities for hostels and rest rooms for members of the services and, as such, are not registerable. The following table gives particulars of the registrations effected:—

Premises	No. Registered	No. not Renewed	No. Altns. Repairs or Renovns.	No. New Registrations	No. of Transfers
Boarding Houses	659	15	67	31	106
Eating Houses	489	18	42	36	56
Ice Cream and Aerated Waters	271	18	14	23	14
Common Lodging Houses	7	—	—	1	—
Cattle Sale Yards	1	—	—	—	—
Premises where Eggs are Chilled	4	—	—	—	—
Offensive Trades	114	—	6	16	3
Totals	1545	51	129	107	179

Under the Council's By-Laws and Regulations, 30 Dancing Saloons and 7 Places of Pastime were also registered.

HAIRDRESSING SALOONS

Regular inspections of all hairdressing establishments have been carried out throughout the year for the purpose of administering the Hairdressers' Shops Regulations 1922 made under the Health Acts.

The premises generally were found to be well kept and in compliance with the Regulations.

STABLES.

Whilst these premises are kept under regular supervision to ensure their general cleanliness, a special surveillance is exercised during the summer months to combat the fly menace by enforcing the regular removal of manure and the cleansing of manure pits.

SMOKE NUISANCE

The smoke and soot problem associated with all large cities demands continuous attention in order to keep the nuisance within reasonable bounds. The fuel problem, as reported last year, still presents difficulties and constant attention is necessary to ensure that chimneys of all premises coming under the jurisdiction of the Smoke Regulations are regularly swept and kept clean. During the year, 45 complaints were received and investigated, which involved 112 inspections and observations by members of the staff. Alterations were effected at 10 premises, including the reconstruction of four (4) furnaces. Minor improvements were effected to the chimneys of a number of cafes and boarding houses.

SANITARY SERVICES.

In connection with temporary sanitary conveniences, there were 314 installations involving approximately 16,372 clearances. This work has increased owing to the provision of installations at military encampments surrounding the City. In addition to these installations, the marshalling grounds for troops taking part in marches through the City were provided with temporary services involving 373 clearances. This work, as formerly, was carried out by contract under the supervision of the Senior Health Inspector. The nightsoil is transported by motor truck to the Melbourne and Metropolitan Board of Works Depot at Campbellfield.

INVESTIGATION OF COMPLAINTS.

This work occupies considerable time and often calls for considerable resource and initiative. During the year, over 1,200 complaints were investigated. An analysis of these show that 448 dealt with rat infestation, 427 related to various phases of defective housing, 65 to foodstuffs and food premises, 82 to unsatisfactory garbage bins and refuse, 45 to smoke, 48 to yards and drainage of premises and 16 to vermin in dwellings, whilst the remainder are grouped as miscellaneous.

PUBLIC BUILDINGS

Regular supervision has been maintained of all registered Dancing Saloons and Places of Pastime and, in co-operation with officers of the Public Health Department, of all Theatres and other Public Buildings. Owing to the abnormal conditions existing, and the increased demand made by the public on places of amusement and entertainment, this branch of the work has become more onerous, a greater amount of surveillance having been required in order to prevent overcrowding and to ensure the proper conduct of the premises concerned.

SUMMARY OF ROUTINE WORK CARRIED OUT DURING 1942.

No. of complaints received and attended to	1200
Reinspections for compliance with notices	1940
Fire Reports received and attended to	218
Inspections and reinspections under Slum Reclamation and Housing Acts	802
Reports forwarded to Housing Commission	45
Notices served under Slum Reclamation and Housing Acts	65
Specifications forwarded to owners under Slum Reclamation and Housing Acts	22
Inspections and reinspections made under Health Act	679
No. of specifications forwarded to owners and proprietors under Health Act	143
Inspections of Hotels and Boarding Houses	2924
Inspections of Common Lodging Houses	35
Inspections of Eating Houses	5841
Inspections of Ice Cream and Aerated Water premises	1705
Inspections of Factories (where food is manufactured)	1463
Inspections of other food premises	6711
Seizures of Foodstuffs (consisting of Mushrooms, Tinned Lobster, Fruit Cake)	3
Inspections of Public Buildings (day and evening)	643
Inspections of Hairdressing Saloons	727
Inspections of Offensive Trades and Cattle Sale Yards	779
Inspections of vacant land	81
Inspections of yards and refuse	13417
Inspections of Stables and Manure Bins	719
Interviews with property owners, architects, contractors, etc.	5738
Inspections by female staff of premises where females employed	51
Investigations of infectious diseases and instructions to householders (scarlet fever 104, diphtheria 55, other infectious diseases 35)	194
Investigation of tuberculosis and domiciliary visits	2470
Visits to Health Centres (6) and Midwives (112)	118
Returns of infectious disease furnished to Public Health Department	300
Notifications of infectious disease forwarded to Headmasters	6
Returns of registrations and transfers forwarded to Public Health Department	324
No. of notices received under Births Notification Acts	1499
Plans of new buildings and alterations examined	121
Notices served to secure the abatement of Nuisances—	
(a) Defective Sanitary Conveniences	128
(b) Defective drainage	47
(c) Dirty premises and yards	16
(d) Accumulation of refuse and rubbish	34
(e) Dirty and defective stables	19
(f) Other nuisances	227
	471

Matters referred to other departments—City Engineer, 21; Building Surveyor, 24; By-Laws, 10; Dog Inspector, 2 57

Premises within the City registered by Factories Department—Factories 2511; Shops 3345 5856

NEW LEGISLATION.

The following new legislation was brought into operation throughout the year:—

Health Act 1941

Health (Patent Medicines) Act 1942

Milk and Dairy Supervision Act (1942 (T.B. Milk)

Offensive Trade Order (Victoria) under Commonwealth National Security Regulations

The delegation of powers and duties by the Commission of Public Health to Municipal Councils under provision of Section 336 of the Health Act 1928, relating to the approval of Public Buildings, i.e., (a) Shooting Galleries and (b) Amusement Parlours.
 Amending Food and Drug Standards Regulations 1942
 Amending Food and Drug Standards Regulation 1942 (No. 2)
 Amending Cleanliness (Food) Regulations 1942
 Amending Cleanliness (Food) Regulations 1942 (No. 2)
 Amending Boarding and Lodging House Regulations 1942
 Amending Offensive Trades Regulations 1942.

PROCLAMATIONS—

Amending Proclamation of 4th November, 1940, relating to the Offensive Trade of Nightsoil reception, carriage and disposal.

Proclaiming scabies, impetigo and pediculosis as infectious diseases under the Health Act. By-Law No.256 amending By-Law No 229 prescribing fees for registration under Health Act.

PROSECUTIONS.

Sixty (60) offenders were proceeded against for contraventions of the Health Acts, Regulations and Council's By-Laws. In seventeen (17) instances (affecting employes) the cases were withdrawn. In 43 instances defendants were convicted and fined as follows:—

Nature of Offence	No. of Cases	Fines	Costs
Selling adulterated Milk	14	£86 0 0	£43 18 6
Selling adulterated Sausages	2	5 0 0	6 13 0
Failing to label package of food containing preservative	2	2 0 0	3 13 0
Failing to keep premises clean	6	20 10 0	11 8 6
Failing to protect food from flies	2	8 0 0	8 19 6
Failing to protect food from cockroaches	1	3 0 0	—
Failing to maintain premises against ingress of rats	1	3 0 0	—
Leaving waste food on premises contrary to Rat Destruction Regulations	3	6 0 0	—
Smoking where food was being prepared	3	4 10 0	—
Failing to provide proper garbage receptacles	5	9 0 0	5 6 0
Permitting slaughtering at unregistered premises	1	20 0 0	2 2 0
Slaughtering at unregistered premises	1	10 0 0	2 2 0
Failing to display copy of Cleanliness (Food) Regulations	1	1 0 0	—
Failing to close Place of Pastime on Sunday	1	3 0 0	1 3 6
Totals	43	£181 0 0	£85 6 0

GENERAL.

This year has been fraught with many difficulties, including the depletion of the staff by Enlistments and Call-ups, and, as the vacancies have not been filled, the work of the Department has had to be distributed over the remaining members of the staff. The altered circumstances have, however, been willingly accepted by all concerned, and I am, therefore, happy to record my keen appreciation of the loyal co-operation and assistance of the entire staff.

THOS. G. O. JORDAN, M.R.S.I.

Chief Health Inspector

REPORT OF CITY ANALYSTS

Melbourne Analytical Laboratory,
27 William Street, Melbourne.
5th January, 1943.

The Chairman, Health Committee.
City of Melbourne.

Sir,

We have the honor to report that during the year ended 31st December, 1942, we have received three hundred and fifty-one (351) samples of Foods and Drugs. The following is a brief summary of the results obtained from the Analytical Examinations:—

Vinegar—5 samples	Complied with the standard
Coffee—4 samples	Complied with the standard
Jam—6 samples	Complied with the standard
Cheese—3 samples	Complied with the standard
Cream—2 samples	Complied with the standard
Ice Cream—3 samples	Complied with the standard
Butter—21 samples	18 complied with the standard, 1 above in its water content. 1 contained 0.11% of boric acid, 1 (not complete analysis) no boric acid, or rancidity detected.
Milk—274 samples	258 complied with the standard. 6 below in Total Solids and Fatty Solids. 4 below in Fatty Solids, 2 below in Solids not Fat and contained added water, 2 below in Total Solids, Solids not Fat, Fatty Solids and contained added water, 1 below in Total Solids, Solids not Fat and contained added water, 1 below in Fatty Solids, and contained added water.
Currants—4 samples	No adulteration detected.
Sultanas—6 samples	No adulteration detected.
Tomato Sauce—6 samples	5 no adulteration detected. 1 contained artificial (coal-tar) colouring.
Confectionery—1 sample	Consisted principally of a mixture of commercial glucose and sucrose.
Sausages—16 samples	2 contained no sulphur dioxide. 2 contained a trace of sulphur dioxide. The others contained respectively, 0.6, 0.9, 1.5, 1.5, 1.7, 2.1, 2.1, 3.5, 3.5, 3.5, 4.3, 4.9, grains of sulphur dioxide to the pound. No boric acid, saltpetre, nitrite, or excess starch detected.

Yours obediently,

(Signed) DUNN, SON AND STONE,
(Analysts to the City of Melbourne)

REPORT OF BACTERIOLOGICAL EXAMINATIONS

The University of Melbourne,

Bacteriology Department,

Melbourne, N.3.

16th February, 1943.

Annual Report on the Bacteriological Examinations undertaken on behalf of the Melbourne City Council by the Bacteriological Laboratory, Melbourne University, for the year 1942.

Diphtheria—A total of 242 swabs were cultured and examined and 9 were found to be "positive." Six virulence tests were carried out; the organisms isolated all proved to be non-virulent.

Scarlet Fever—56 blood plates were examined for the presence of Haemolytic streptococci and 20 were positive, i.e., giving haemolysis and the test for Lancefield's Group A organisms.

Tuberculosis—2 specimens of sputum were examined microscopically; 1 specimen was found to be "positive."

Water—20 specimens of water from Swimming Baths were examined and reported for total count of bacteria and B. coli content. A high standard of bacteriological purity for the water in swimming pools was indicated by the samples.

Milk—2 bottles of milk were examined for bacteriological quality. Total counts of organisms and B. coli content were reported.

(Signed) HAROLD A. WOODRUFF, Director.



