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PITMAN'S MUNICIPAL SERIES

General Editor: W. BATESON, A.C.A., F.S.A.A.

**ORGANIZATION AND
ADMINISTRATION OF THE
PUBLIC HEALTH
DEPARTMENT**

BY

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PREFACE

MODERN Public Health administration may be said to have commenced with the passing of the great Public Health Act of 1875. This Act consists of no less than 343 sections, the greater number of which are concerned with the general question of local government as touching sanitation and health. The principal sections under which a Public Health Department is administered are found between numbers 13 and 133 relating to—

1. Sewerage and drainage.
2. Privies and water-closets.
3. Scavenging and cleansing.
4. Water supply
5. Cellar dwellings and lodging-houses.
6. Nuisances.
7. Offensive trades.
8. Unsound meat.
9. Infectious diseases.

It will be seen from these headings that originally Public Health administration was mainly concerned with sewerage and drainage, water supply, nuisances injurious to health, and infectious diseases.

In the fifty years that have elapsed since the passing of the Public Health Act, tremendous changes have taken place in the work of the control of Public Health. Almost from the beginning, matters connected with the construction of roads, sewers, etc., have been under the charge of the surveyor, not the medical officer of health, and in all the large areas the Public Health Department has little or nothing to do with sewerage, the laying out of roads, or the construction of new buildings.

On the other hand, many new departures have been witnessed, especially in connection with tuberculosis,

maternity and child welfare, and medical inspection of school children. At the present time the emphasis in Public Health work may be said to be on the educative and preventative rather than on the remedial aspect.

It will be seen from what has been said that Public Health administration, in its widest sense, covers a very extensive field. In practice, the duties placed upon the Public Health Authority vary greatly in extent according to the character of the district over which the authority has jurisdiction. In many areas local Acts of Parliament also affect these duties.

No attempt, therefore, is made in this book to cover the whole of the details which might fall within the scope of the Public Health Department, and reference to the purely medical side has, for obvious reasons, been omitted. Sufficient detail is given, however, to enable the reader to gain an intelligent idea of what Public Health administration is like, and forms suitable for use in various branches of the work are supplied in the hope that they will be of interest and use both to those who are already engaged in Public Health work and to those who wish to qualify themselves for such work.

Three appendices have been added. In the first of these will be found a selection of handbills suitable for distribution in connection with certain aspects of Public Health work. The second contains a number of forms for recording each day's work in various sections of the Department's activities. In the third is given a comprehensive list of the different statutes and orders under which Public Health administration is carried on. This list will be found very useful to the reader who wishes to refer in detail to the powers and duties appertaining to the work of this branch of the public service.

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PUBLIC HEALTH DEPARTMENT

CHAPTER I

INTRODUCTORY

It has been pointed out in the Preface that the practical administration of Public Health work varies considerably in different areas. It may, nevertheless, be desirable to give some account of the constitution of a modern Public Health Department having charge of a large and populous area.

The head of such a department is the Medical Officer of Health, who must be a qualified medical man, holding in addition a diploma in Public Health. His appointment has to be sanctioned by the Ministry of Health, and his duties have been defined by the Ministry. They may be summarized as follows—

He should endeavour to acquire an accurate knowledge of the social and industrial conditions which may operate prejudicially to health in his area, and be prepared to advise his authority on all matters of Public Health.

He must investigate all outbreaks of infectious disease in his area, and take all possible measures for the prevention of the spread of disease, including tuberculosis and venereal diseases.

If his authority is a local supervising authority, he must superintend the inspection of the midwives practising in the area.

He is responsible for the administration of the measures adopted for the welfare of expectant and nursing mothers, and of infants and children under 5 years of age.

If appointed as School Medical Officer, as is usually the case, he must perform all the duties laid down by the Education Acts in connection with the health of school children.

He must exercise general control over the inspection of food and food stores.

He must be prepared to inquire into any offensive trade carried on in his district, and to report on any steps to be taken to prevent any nuisance or injury to health.

He must generally direct the work of the Sanitary Inspector in respect of nuisances and other matters.

He must prepare an Annual Report on the sanitary circumstances, sanitary administration and vital statistics of the district.

In large districts the Medical Officer will have the assistance of one or more Assistant Medical Officers of Health, whose duties may be either of a general character or definitely confined to a particular section of work, such as maternity and child welfare, tuberculosis, infectious diseases, school medical inspection. Each of these, if the district is a very large one, will require the help of a number of medical assistants.

The non-medical staff will comprise Sanitary Inspectors, Health Visitors, and Clerks. In general, it may be said that the detailed work in connection with maternity and child welfare and with tuberculosis should be in the hands of Health Visitors, while that relating to structural conditions (including nuisances, etc.) should be carried out by Sanitary Inspectors.

A Sanitary Inspector should possess the Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board. His work will generally comprise the abatement of nuisances; house inspection; inspection of lodging-houses, canal boats, and workshops; inspection of slaughter-houses, milkshops, and food stores; disinfection after acute infectious diseases.

Health Visitors must be fully-trained nurses and, if doing work under the Midwives Act or the Child Welfare Act, must also hold the Certificate of the Central Midwives Board. They usually undertake the home visiting of infants and young children, infectious diseases among school children, and all cases of tuberculosis.

In a large Public Health Department there is necessarily a great deal of clerical work which can best be done by a staff of trained clerks, who should be well-versed, not only in general office routine, such as correspondence, filing, and book-keeping, but also in matters relating to sanitation, infectious diseases, and vital statistics. A considerable amount of financial work will also fall upon the clerical staff, though this will usually be done under the direction of the Treasurer's Department. The legal work of the office will generally be directed by the Town Clerk's Department, and very close co-operation will be found necessary between the Public Health Department, the Town Clerk's Department, and the Treasurer's Department.

CHAPTER II

GENERAL SANITARY WORK

In early days the work of the Public Health Department was mainly concerned with "nuisances." These are defined in Sect. 91 of the Public Health Act, 1875, the more important being as follows—

1. "*Any premises being in such a state as to be a nuisance or injurious to health.*" It is generally held that this definition covers any condition which is likely to be prejudicial to health, even though no actual injury can be proved. Thus damp, dirty, dilapidated, or verminous houses constitute a "nuisance."

2. "*Any pool, ditch, gutter, watercourse, privy, urinal, cesspool, drain, or ash-pit so foul or in such a state as to be a nuisance or injurious to health.*" A very large part of the work ordered by a sanitary authority comes under this heading.

3. "*Any animal so kept as to be a nuisance or injurious to health.*"

4. "*Any accumulation or deposit which is a nuisance or injurious to health.*" This does not apply to trade deposits, if not kept longer than is absolutely necessary, and if steps have been taken to avoid injury to health.

5. "*Any house or part of a house so overcrowded as to be injurious to the health of the inmates.*"

Nuisances usually come to the notice of the Public Health Department through one of two sources, either from information received from the public, or as a result of the inspections made by the sanitary inspectors in the ordinary course of their duties. On receipt of a complaint a visit is paid at once by the inspector in order to ascertain if a nuisance exists within the meaning of the Public Health Acts. Many acts and conditions are a nuisance at common

law which are not within the scope of the Public Health enactments.

If the inspector is satisfied that a nuisance exists, steps must be taken at once to secure its abatement.

The usual procedure in dealing with nuisances is first of all to issue a "preliminary" or "informal" notice calling on the person responsible for the nuisance to take steps to abate it. The following form may be used for this purpose, and may be issued by the inspector without the matter having been brought before the sanitary authority (i.e. the city, borough, or district council) or its Public Health Committee—

CITY OF
Public Health Department,

.....19.....

To Mr.....

Sir,

I have to call your attention to the existence of a nuisance at
arising from the following conditions—
.....
.....
.....

I have to request that the nuisance be abated within.....
days, and to this end the following work should be carried out—
.....
.....
.....

I shall be obliged if you will let me know on the enclosed card when the above work has been commenced.

I am, Sir,
Your obedient servant,

.....
CHIEF SANITARY INSPECTOR.

NOTE —Any inquiry relating to this matter may be made at the Public Health Department Offices between 9 and 10 a.m.

If the nuisance is not abated as the result of the above notice, and if it is not of an urgent character, it may be worth while to send a reminder calling attention to the matter. Appended is a convenient form of notification—

CITY OF

Public Health Department,

.....19.....

Sir,

It has been reported to me that you have not complied with the notice sent to you on..... requiring the abatement of a nuisance at.....

I have to request your attention to the matter forthwith, otherwise the Public Health Committee will have no alternative but to take the necessary legal proceedings to enforce the abatement of the nuisance.

Please let me know by return of post if the work is to be proceeded with at once.

Information relative to this matter may be obtained at this Office from 9 to 10 a.m.

I am, Sir,

Yours obediently,

.....
CHIEF SANITARY INSPECTOR.

If the reminder note fails in its object the matter must be reported to the sanitary authority or its Public Health Committee, and authority given by the latter for a

“statutory” notice to be served. This notice must be in legal form on the lines set out below.

Folio.....

CITY OF

NOTICE REQUIRING ABATEMENT OF NUISANCE

To.....

TAKE NOTICE, that under the provisions of “The Public Health Act, 1875,” the Lord Mayor, Aldermen and Citizens of the City of, acting by the Council as the Urban Sanitary Authority for the said City under the said Act, being satisfied of the existence of A NUISANCE at.....

arising from

and which said Nuisance is caused by your act, default, or sufferance, do hereby require you, within.....days from the service of this NOTICE TO ABATE THE SAME, and for that same purpose to.....

and to do all such other things as may be necessary.

If you make default in complying with the requisitions of this Notice, or if the said Nuisance, though abated, is likely to recur, a SUMMONS will be issued requiring your attendance to answer a Complaint which will be made to the Court of Summary Jurisdiction for ENFORCING THE ABATEMENT OF THE NUISANCE, and prohibiting a recurrence thereof, and for recovering the costs and penalties that may be incurred thereby.

Dated this.....day of.....19.....

.....
CHIEF SANITARY INSPECTOR.

NOTE.—Any inquiry relating to this Notice may be made at the Offices of the Public Health Department from 9 to 10 a.m.

If the nuisance is not abated as the result of the above notice, and if it is not of an urgent character, it may be worth while to send a reminder calling attention to the matter. Appended is a convenient form of notification—

CITY OF

Public Health Department,

.....19.....

Sir,

It has been reported to me that you have not complied with the notice sent to you on.....
requiring the abatement of a nuisance at.....
.....

I have to request your attention to the matter forthwith, otherwise the Public Health Committee will have no alternative but to take the necessary legal proceedings to enforce the abatement of the nuisance.

Please let me know by return of post if the work is to be proceeded with at once.

Information relative to this matter may be obtained at this Office from 9 to 10 a.m.

I am, Sir,

Yours obediently,

.....

CHIEF SANITARY INSPECTOR.

If the reminder note fails in its object the matter must be reported to the sanitary authority or its Public Health Committee, and authority given by the latter for a

“ statutory ” notice to be served. This notice must be in legal form on the lines set out below.

Folio.....

CITY OF

NOTICE REQUIRING ABATEMENT OF NUISANCE

To.....

TAKE NOTICE, that under the provisions of “ The Public Health Act, 1875,” the Lord Mayor, Aldermen and Citizens of the City of, acting by the Council as the Urban Sanitary Authority for the said City under the said Act, being satisfied of the existence of A NUISANCE at.....

arising from

and which said Nuisance is caused by your act, default, or sufferance, do hereby require you, within.....days from the service of this NOTICE TO ABATE THE SAME, and for that same purpose to.....

and to do all such other things as may be necessary.

If you make default in complying with the requisitions of this Notice, or if the said Nuisance, though abated, is likely to recur, a SUMMONS will be issued requiring your attendance to answer a Complaint which will be made to the Court of Summary Jurisdiction for ENFORCING THE ABATEMENT OF THE NUISANCE, and prohibiting a recurrence thereof, and for recovering the costs and penalties that may be incurred thereby.

Dated this.....day of.....19.....

.....
CHIEF SANITARY INSPECTOR.

NOTE.—Any inquiry relating to this Notice may be made at the Offices of the Public Health Department from 9 to 10 a.m.

In large districts it will be found convenient to have special forms printed for use in respect of special classes of nuisances. Thus in a town where a large number of notices have to be issued for the conversion of privies, the following form will be useful—

Folio.....

CITY OF

NOTICE REQUIRING ABATEMENT OF NUISANCE

To.....

TAKE NOTICE, that under the provisions of "The Public Health Act, 1875," the Lord Mayor, Aldermen and Citizens of the City of, in the County of, acting by the Council as the Urban Sanitary Authority for the said City under the said Act, being satisfied of the existence of A NUISANCE at

.....
.....
arising from the defective construction of one Midden and one Privy, thereby causing the same to become so foul as to be a nuisance, and of which said premises you are the owner, do hereby require you, within FOURTEEN DAYS from the service of this NOTICE, TO ABATE THE SAME, and for that same purpose to fill up the Midden and provide one galvanized iron receptacle (with waterproof covering) for the ashes, convert the Privy into a Water Closet (Pedestal Pattern with ring seat), and provide proper means for flushing the same, connect the Water Closet with the yard drain by means of sanitary pipes well jointed with cement, and provide an interception trap with an air inlet and a ventilation pipe, and to do all such other things as may be necessary.

If you make default in complying with the requisitions of this Notice or if the said Nuisance though abated is likely to recur, a SUMMONS will be issued requiring your attendance to answer a Complaint which will be made to the Court of Summary Jurisdiction for ENFORCING THE ABATEMENT OF THE NUISANCE, AND PROHIBITING A RECURRENCE THEREOF, and for recovering the costs and penalties that may be incurred thereby.

Dated.....day of.....19.....

.....
CHIEF SANITARY INSPECTOR.

NOTE.—Any inquiry relating to this Notice may be made at the Offices of the Public Health Department from 9 to 10 a.m.

In urban districts the principal items for which notices have to be served will probably be as follows—

Defective roofs and spouting.

Dirty walls and ceilings.

Defective floors.

Obstructed or defective drains.

Privies requiring conversion into water-closets

Defective water-closets.

Inadequate ash-bins.

Yards to be paved or repaired.

Washhouses to be repaired.

If after the service of a Statutory Notice the nuisance is not abated, a summons is issued calling on the person responsible to appear at the magistrates' court, and the magistrates, if satisfied of the existence of a nuisance, may make an order for its removal within a certain time, and may inflict a fine not exceeding £5.

In many districts it will be found convenient to have the notices typed in triplicate, one copy being sent by registered letter post to the person on whom it has to be served, one remaining in the office for reference, and the third being handed to the inspector who will be responsible for seeing that the notice is complied with, and who will need to visit the premises on the expiry of the period specified in the notice. An index should also be kept, under streets or localities, from which reference can readily be made to the actual notice served in regard to any particular premises.

CHAPTER III

HOUSES UNFIT FOR HABITATION

UNDER the Housing (Inspection of District) Regulations, 1910, made under the Housing, Town Planning, etc., Act, 1909,* the obligation was placed upon sanitary authorities of causing a systematic house-to-house inspection of their districts to be made, mainly for the purpose of ascertaining whether any houses are unfit for habitation. Subsequent inspections, and also any action taken in regard to whatever defects are found, have to be recorded, and the best method of keeping such records is a card index in which the cards are filed in streets in the case of a town, or in localities in the case of a country area. The following is an example of the kind of card which may be used.

* NOTE.—This Act has just been superseded by the Housing Act, 1925, in which its principal clauses have been re-enacted.

(FRONT)

HOUSE TO HOUSE INSPECTION

No.	Date.	District.	Inspector Reporting.
-----	-------	-----------	----------------------

SITUATION.....

OCCUPIER

BUSINESS ON PREMISES..... RENT.....

OWNER (OF AGENT).....

ADDRESS.....

No. of Bedrooms..... Living Rooms..... Total.....

OCCUPANTS—

Males under 10..... Males over 10..... Total.....

Females under 10..... Females over 10..... Total.....

INTERNAL CONDITIONS

Rooms.*	Cleanliness and Repair.				
	Walls.	Ceiling.	Floor.	Windows.	Other Defects.

* In order: top to bottom and front to back.

(BACK)

SINK..... Water Over ?.....

FOOD STORE.....

WASHING ACCOMMODATION.....

EXTERNAL CONDITION

ROOF

EAVES SPOUTING.....

DOWN SPOUTS

WALLS

CHIMNEYS

PAVING

CLOSET

DRAINS

WORK REQUIRED :

.....
.....
.....

RE-VISITS :

If a house is found to be in such a state as to be unfit for habitation, the medical officer makes a representation to that effect to the sanitary authority. A notice is then served on the owner in the following form—

CITY OF

HOUSING ACT, 1925

To.....,
the owner of the house.....

TAKE NOTICE, that it appears to the Lord Mayor, Aldermen and Citizens of the City of..... acting by the Council as the Local Authority under the above Act, that the above-mentioned house is a house suitable for occupation by persons of the working classes, and that you have failed to make and keep it in all respects reasonably fit for human habitation :

And that, in pursuance of Subsection (1) of Section 3 of the Housing Act, 1925, the said Local Authority do hereby require you within a period of.....days, ending on theday of, 19....., to execute the following works as being necessary to make the said house in all respects reasonably fit for human habitation, namely—

.....
.....

Dated this..... day of....., 19.....

.....
TOWN CLERK.

If the notice is not complied with, the sanitary authority may undertake the work and recover the cost from the owner

(BACK)

SINK..... Water Over?.....

FOOD STORE.....

WASHING ACCOMMODATION.....

EXTERNAL CONDITION

ROOF.....

EAVES SPOUTING.....

DOWN SPOUTS.....

WALLS.....

CHIMNEYS.....

PAVING.....

CLOSET.....

DRAINS.....

WORK REQUIRED:

.....
.....
.....

RE-VISITS:

.....
.....

If a house is found to be in such a state as to be unfit for habitation, the medical officer makes a representation to that effect to the sanitary authority. A notice is then served on the owner in the following form—

CITY OF

HOUSING ACT, 1925

To.....,
the owner of the house.....

TAKE NOTICE, that it appears to the Lord Mayor, Aldermen and Citizens of the City of..... acting by the Council as the Local Authority under the above Act, that the above-mentioned house is a house suitable for occupation by persons of the working classes, and that you have failed to make and keep it in all respects reasonably fit for human habitation :

And that, in pursuance of Subsection (1) of Section 3 of the Housing Act, 1925, the said Local Authority do hereby require you within a period of.....days, ending on theday of, 19....., to execute the following works as being necessary to make the said house in all respects reasonably fit for human habitation, namely—

.....
.....

Dated this..... day of....., 19.....

.....
TOWN CLERK.

If the notice is not complied with, the sanitary authority may undertake the work and recover the cost from the owner.

The owner may, however, appeal to the Minister of Health against the notice if he considers it unreasonable,

or, if the house cannot be made fit for habitation without reconstruction, he may give notice to the sanitary authority declaring his intention of closing the house.

If neither of the above-mentioned courses is adopted, a Closing Order is issued on the form given below—

CITY OF

HOUSING ACT, 1925

WHEREAS, under Subsection (1) of Section 11 of the Housing Act, 1925, it is the duty of the Local Authority if, on the representation of the Medical Officer of Health, or of any other Officer of the Local Authority, or other information given, any dwelling-house appears to the Local Authority to be in a state so dangerous or injurious to health as to be unfit for human habitation, to make a Closing Order, that is to say, an Order prohibiting the use of the dwelling-house for human habitation until in the judgment of the Local Authority the dwelling-house is rendered fit for that purpose ;

AND WHEREAS it appears to the Lord Mayor, Aldermen and Citizens of the City of....., acting by the Council as the Local Authority under the above Act, on the representation of the Medical Officer of Health that the dwelling-house

.....
is in a state so dangerous or injurious to health as to be unfit for human habitation :

Now, therefore, We, the said Local Authority in pursuance of Subsection (1) of Section 11 of the Housing Act, 1925, do, by this Our Order, prohibit the use of the said dwelling-house for human habitation, until, in Our judgment, it is rendered fit for that purpose.

Dated this.....day of....., 19.....

(To be sealed with the Common Seal of the Local Authority.)

.....
TOWN CLERK.

Notice must then be given to all the occupying tenants to vacate the premises within 14 days.

If the house is subsequently put into a habitable condition the sanitary authority will determine the Closing Order, the following form being used—

CITY OF

HOUSING ACT, 1925

To.....
owner of the dwelling-house.....

WHEREAS, on the.....day of....., 19.....
in pursuance of the Housing Act, 1925, a Closing Order was made by Us, the Lord Mayor, Aldermen and Citizens of the City of..... acting by the Council as the Local Authority under the above Act, in respect of the above-mentioned dwelling-house, and by the said Closing Order, We, the said Local Authority prohibited the use of the said dwelling-house for human habitation until, in Our judgment, the dwelling-house should be rendered fit for that purpose ;

AND WHEREAS We, the said Local Authority, are satisfied that the said dwelling-house has been rendered fit for human habitation :

Now therefore We, the said Local Authority, do hereby determine the Closing Order aforesaid.

Dated this.....day of....., 19.....
(To be sealed with the Common Seal of the Local Authority.)

.....
TOWN CLERK.

If the house has not been put in repair within 3 months after the Closing Order, and notice of appeal against the order has not been given, the sanitary authority may make an order for the demolition of the house.

CITY OF

HOUSING ACT, 1925

To.....
owner of the dwelling-house.....

TAKE NOTICE, that the Lord Mayor, Aldermen and Citizens of the City of....., acting by the Council as the Local Authority under the above Act, have in pursuance of the Housing Act, 1925, made an Order for the demolition of the above-mentioned dwelling-house.

A copy of the Demolition Order is annexed.

Dated this.....day of....., 19.....

.....
TOWN CLERK.

Copy of the above-mentioned Demolition Order.

ORDER FOR DEMOLITION OF A DWELLING-HOUSE

HOUSING ACT, 1925

WHEREAS on the.....day of....., 19....., in pursuance of the Housing Act, 1925, a Closing Order was made by Us, the Local Authority under the above Act, in respect of the dwelling-house....., and the said Closing Order has remained operative for a period of three months;

AND WHEREAS after complying with the requirements of Subsection (1) of Section 14 of the Housing Act, 1925, and upon consideration of the question of the demolition of the said dwelling-house, We, the said Local Authority, are of opinion that the house has not been rendered fit for human habitation, and that the necessary steps are not being taken with all due diligence to render it so fit;

Now therefore, We, the said Local Authority, in pursuance of Subsection (2) of Section 14 of the Housing Act, 1925, do order the demolition of the house aforesaid.

Dated this.....day of....., 19.....

.....
TOWN CLERK. .

CHAPTER IV

LODGING-HOUSES

CERTAIN premises are, under various Acts of Parliament and Government Orders, subject to special supervision, and particular attention has to be paid to these. Among them are common lodging-houses ; houses let in lodgings ; canal boats ; workshops ; premises where offensive trades are carried on ; milkshops, dairies, and cowsheds ; slaughter-houses, and others.

Common Lodging-Houses.

Under Sect. 76 of the Public Health Act, a register has to be kept of all common lodging-houses. Application to have a house registered must be made to the sanitary authority. The following is a form which may be used for this purpose—

Application for Registration of a Common Lodging-House

CITY OF

PUBLIC HEALTH ACT, 1875

Name of Keeper. I,

Address of Keeper. of

hereby apply to have the house situate at and being

Address of Lodging-House. No.

registered as a common lodging-house

Dated this.....day of....., 19.....

Signature.....

To the Sanitary Authority
of the City of.....

Approved by the Public Health Committee.....

The application must be accompanied by a certificate of character, for which a form is given below—

Certificate of Character of Common Lodging-House Keeper

=====

* We, the undersigned, hereby certify that.....
is of good character, and, in our opinion, a fit and proper person to keep a
Common Lodging-House.

NAME.	ADDRESS.
1.
2.
3.

* This Form must be signed by three inhabitant householders of the parish, respectively rated to the relief of the poor of the parish, within which the lodging-house is situate, for property of the yearly rateable value of Six Pounds or upwards.

When an application is received the premises must first be inspected to see if they are suitable for the purpose. The special points to be borne in mind are that the buildings should be in sound structural condition ; that there should be fixed means of ventilation in addition to the windows ; proper accommodation for cooking ; sufficient wash basins (say 1 to 10 inmates), and suitable and sufficient w.c.'s (say 1 to 15 inmates) ; proper means of escape in case of fire ; and sufficient light on the stairs and in the passages. If the house is not satisfactory it should be made so before being put in the register.

The register of common lodging-houses should contain the particulars as shown on page 19.

COMMON LODGING-HOUSE REGISTER

Inspected by—	PREMISES—	No.							
61 Dates of	Application :	Keeper :							
		Deputy :							
	Sanction :	DESCRIPTION AND SANITARY CONDITION OF PREMISES.							
		No. of Room.	Cubic Feet.	Persons Allowed.	Card Fixed.	Floors.	Walls.	Ventilation.	Drainage.
	Licence :								Lavatories and w.c.
	By-laws Served :								Bedding and Utensils.
		Special Instructions.							

Notice of registration and of the maximum number of lodgers allowed is then sent in the following form—

CITY OF

To.....
of

WHEREAS, in pursuance of the statutory provision in that behalf, you have been duly registered by the Council of the City ofas the keeper of a common lodging-house situated at.....in the City of.....

Now I,.....Town Clerk, do hereby give you notice that, in the exercise of the powers conferred upon them in that behalf, the said Council have fixed as the maximum number of lodgers authorized to be received at any one time into such house, and into the several rooms therein, the number specified in respect of such house and of each of such rooms in the Schedule hereunto appended.

SCHEDULE

CITY OF

Common lodging-house situated at.....
Name of keeper.....

The maximum number of lodgers authorized to be received at any one time into this house is.....

The maximum number of lodgers authorized to be received at any one time into each of the several rooms in this house is the number specified in respect of such room in the appropriate column of the following table—

—	Description or number of Room.	Dimensions or cubical contents of Room.	Maximum number of Lodgers.
Ground Storey			
First Storey			
Second Storey			
Topmost Storey			

NOTE.—For the purposes of this notice every two children under the age of 10 years may be counted as one lodger.

Witness my hand this.....day of....., 19.....

TOWN CLERK.

By-laws relating to common lodging-houses must be made by every sanitary authority, and systematic visits both by day and during the night are made to see that the Acts and By-laws are complied with. These By-laws refer principally to overcrowding, separation of the sexes, cleanliness, and ventilation. When any breach of the law is discovered the following notice may be served—

CITY OF

COMMON LODGING-HOUSES

To.....

of.....

TAKE NOTICE, that under the provisions of the Public Health Acts, 1875 and 1890, and By-laws made in pursuance thereof and now in force within the City, the following breach of the said Acts or By-laws has been reported at.....

in the said City as follows :

In order to remedy the above, the following work is required, namely :

If you make default in complying with the requisitions of this notice within days, a summons will be issued requiring your attendance to answer a complaint which will be made to a Court of Summary Jurisdiction for enforcing compliance with the said Acts or By-laws.

This notice is given on the understanding that it does not interfere in any way with the action of the Corporation in taking legal proceedings.

Dated this day of, 19.....

.....
MEDICAL OFFICER OF HEALTH.

NOTE —Any inquiry relating to this Notice may be made at the Public Health Department from 9 to 10 a.m.

The Public Health Act requires that every common lodging-house shall be limewashed twice a year, and the attention of the keeper should be called to this requirement by sending him notice in the following form—

CITY OF

COMMON LODGING-HOUSES

To Mr.

.....Street.

I HEREBY direct your attention to Section 82 of the Public Health Act, 1875, in reference to the periodical limewashing of Common Lodging-Houses, which is as follows—

“The Keeper of a Common Lodging-House shall, to the satisfaction of the Local Authority, *limewash the walls and ceilings thereof in the first week of each of the months of April and October in every year*, and shall, if he fails to do so, be liable to a penalty not exceeding Forty Shillings.”

Dated this.....day of....., 19.....

.....
MEDICAL OFFICER OF HEALTH.

Public Health Department,
.....

Houses Let in Lodgings

These also have to be registered, but the owner is not required to make application as in the case of common lodging-houses. He must, under the model by-laws, when required so to do by the sanitary authority, furnish the particulars set out in the form shown on the following page.

Houses let in lodgings are frequently occupied by careless and untidy people, and they, therefore, need frequent visitation to see that the by-laws are observed. In most respects the procedure with regard to them is similar to that relating to common lodging-houses, except that they are not visited at night. A card on the lines of the form on pages 24 and 25 will be found suitable both as a register of the houses and as a record of inspections.

CITY OF
HOUSES LET IN LODGINGS

To MR.....
 the landlord of a house let in lodgings known as

.....
 in the said City.

In accordance with No..... of the By-laws of the City of relating to Houses let in lodgings or occupied by members of more than one family, I HEREBY GIVE YOU NOTICE AND REQUIRE YOU within seven days of the delivery of this Notice to you to supply the information necessary for the Registration by the Council of the said City of the above House let in lodgings, and to sign and furnish by yourself or by your Agent duly authorized in this behalf a true statement of the particulars specified below with respect to the said House.

Dated this *day of*, 19.....

TOWN CLERK.

PARTICULARS REQUIRED

- (a) The total number of rooms in the house.....
- (b) The total number of rooms sub-let.....

(c) Name of each Lessee	Number of Rooms Occupied.			Rent Payable.
	Living Rooms.	Bed-rooms.	Combined Rooms.	
1.				
2.				
3.				
4.				
5.				
6.				

(d) Name and Address of Owner of the House :

Dated this *day of*, 19.....

(Signed)

(Address)

(LANDLORD OR AGENT.)

NOTE — Any inquiry relating to this Notice may be made at the Public Health Department from 9 to 10 a.m.

CHAPTER V

CANAL BOATS

EVERY owner of a canal boat which is intended for use as a dwelling must apply for registration to a sanitary authority whose district abuts on the canal on which the boat will ply. Such authorities are required to arrange for the inspection of canal boats to see that the requirements relating to registration, cleanliness, number of occupants, separation of the sexes, storage of water, and other matters are observed.

When application is made for registration the boat must be inspected, and a report made on a form such as is shown on pages 27 and 28.

If upon inspection the boat is found to comply with the regulations issued by the Local Government Board (now Ministry of Health), a certificate is issued. The form of Certificate of Registration of a canal boat is shown on pages 29 and 30.

The owner of the boat must then have the name of the district and the registered number of the boat painted in large letters on both sides of the cabin.

The certificate has to be carried on the boat and produced to the inspector whenever an inspection is made. It should, therefore, be of a durable character.

For the purpose of recording inspections a printed pocket book will be found convenient, and a specimen page of such a book is shown on page 31.

Whenever a contravention of the regulations is met with, a notice in the form shown on page 32 must be served on the owner.

CANAL BOATS ACT, 1877

40 & 41 VICT., CAP. 60.

Examining Officer's Report on Canal Boat

1. Time and place of examination of canal boat.....
 2. Name, or, if there be no name, the number of canal boat examined.....
 3. Christian Name, Surname, and Address of Owner*.....
 4. Christian Name and Surname of Master.....
 5. Route along which the boat is accustomed or intended to ply.....
 6. Nature of the traffic in which the boat is accustomed or intended to be employed.....
 7. Mode of propulsion; and whether a "wide" or "narrow" boat; and whether to be used as a "fly" boat worked by shifts.....
 8. Number of cabins in the boat.....
 9. Dimensions and cubical capacity of the cabin or cabins.....
- Rule of measurement and of deduction adopted†.....

		Ft.	In.			Ft.	In.
AFTER CABIN.	Height . .			FORE CABIN.	Height . .		
	Length . .				Length . .		
	Width . .				Width . .		
	Gross cubical capacity .				Gross cubical capacity .		
	Net cubical capacity or free air space . .				Net cubical capacity or free air space . .		

* If the boat is owned by a partnership firm, or by a company or association, corporate or unincorporate, state the name of the firm, company, or association, and their principal office or place of business.

† Here state which of the following rules has been adopted in determining the internal dimensions and cubical capacity of the cabin or cabins; distinguishing, in each case, where necessary, the rate of deduction.

RULE A (for "Wide" Boats)—

- Measure: The height from the floor to the roof in the middle of the cabin.
- The length from the bulkhead to the door of the opposite cupboard.
- The width across the cabin at the bulkhead.

The product of the height, length, and width thus measured will represent, for the purpose of this Rule, both gross and the net cubical capacity or free air space.

RULE B (for "Narrow" Boats).

- Measure: The height from the floor to the roof in the middle of the cabin.
- The length from the bulkhead to the end of the cabin at the side of the doorway.
- The greatest width from side to side of the boat at the bulkhead.

The product of the height, length, and greatest width thus measured will represent the gross cubical capacity of the cabin.

To obtain the net cubical capacity or free air space of the cabin, deduction from the gross cubical capacity should be made in accordance with the following directions—

1. If the cabin have only the following shut-up cupboards or lockers, viz., a table cupboard, a side bed-locker or cupboard, a cross bed-locker or lockers, and a cupboard above the cross-bed—

(a) If the height of the cabin be not less than five feet, deduct one-fifth.

(b) If the height of the cabin be less than five feet, deduct one-fourth.

2. If the cabin have only the following shut-up cupboards or lockers, viz., a table cupboard, a cross bed-locker or lockers, and a cupboard above the cross-bed—

(a) If the height of the cabin be not less than five feet, deduct one-sixth.

(b) If the height of the cabin be less than five feet, deduct one-eighth.

3. If the cabin have only the following shut-up cupboards or lockers, viz., a table cupboard and a cupboard above the cross-bed—

(a) If the height of the cabin be not less than five feet, deduct one-tenth.

(b) If the height of the cabin be less than five feet, deduct one-twelfth.

10. Description of the construction, furniture, and fittings of the boat, and the several cabins thereof, as regards the following details, viz.—

(a) Whether each cabin is clean, in good repair, weatherproof, and capable of being kept dry and clean.

(b) What means are provided in each cabin for the removal of foul and the admission of fresh air, exclusive of the door or doors and of any opening therein.

(c) What provision is made in respect of lockers, cupboards, and shelves in the boat.

(d) What provision is made for sleeping accommodation in each cabin.

(e) If the boat be a "narrow" boat—whether every cabin intended to be used as a dwelling is so constructed or fitted that there shall be no locker or cupboard obstructing the free passage from the door to the bulkhead, and no shut-up cupboard above the cross-bed on more than one side of the cabin.

(f) Whether each or either cabin contains a stove and chimney of suitable construction and situation.

(g) If the boat be intended to be used for the conveyance of any foul or offensive cargo; whether there are, between the space to be occupied by such cargo and the interior of each cabin intended to be used as a dwelling, two bulkheads of substantial construction, of which that one next adjoining the space to be occupied by the cargo shall be watertight, and which shall be separated by a space not less in any part than 4 inches, and open throughout to the external air, and furnished with a pump for the removal of any liquid from such space.

(h) Whether the boat is furnished with a suitable cask or other appropriate vessel or receptacle of sufficient capacity for the storage of not less than three gallons of water for drinking.

*General Observations as to the Fitness of the
Boat for Registration as a Dwelling—*

.....
.....
Dated this.....day of....., 19.....

.....
.....
EXAMINING OFFICER.

*The Canal Boats Acts, 1877 and 1884.
40 and 41 Vic., c. 60.*

CITY OF
**CERTIFICATE OF REGISTRATION OF
CANAL BOAT**

Registration Authority: THE URBAN
SANITARY AUTHORITY.

Registration Number of Boat.....

WHEREAS application has been made to us, the Urban Sanitary Authority of the City of....., acting as the Registration Authority under the Canal Boats Acts, 1877 and 1884, to register as a dwelling a canal boat, of which*

.....
of
are/is the owner, and which is accustomed or intended to ply [.....] on one of the canals whereon the said district abuts:

AND WHEREAS we have ascertained that the said boat conforms to the conditions of registration provided by the Regulations of the Local Government Board for the number of persons allowed by the said regulations to dwell therein:

Now WE, the said Urban Sanitary Authority of the City of....., acting as the Registration Authority, do hereby certify as follows, that is to say—

1. That the boat named †.....whereof*

.....
of
are/is the owner, has been duly registered as a dwelling.

2. That the place to which the said boat has been registered as belonging for the purposes of the Elementary Education Acts, is

3. That the number with which, in pursuance of the statutory provisions in that behalf, the said boat is required to be numbered is

4. That the distinctive mark with which we require the said boat to be marked is the arms borne by the Corporation of

5. That in accordance with the provisions contained in the subjoined Article of an Order of the Local Government Board, dated the Twentieth day of March, One thousand eight hundred and seventy-eight, the maximum number of persons for which the boat is registered as a dwelling is as follows—

For a boat intended to ply otherwise than a fly boat:

In after cabin.....persons, as follows, viz.—

* If the boat is owned by a partnership firm, or by a company or association, corporate or incorporate, state the name of the firm, company, or association, and their principal office or place of business.

† If it is a fly boat, insert the words "as a fly boat worked by shifts."

‡ Or "numbered," if the boat be not named.

THE ARTICLE BEFORE REFERRED TO IS AS FOLLOWS—

For the purpose of fixing the number, age, and sex of the persons who may be allowed to dwell in a canal boat, which conforms to the conditions of registration provided by these regulations, and which shall, in pursuance of the statutory provision in that behalf, have been registered as a dwelling, the following rules shall apply—

(a) Subject to the conditions hereinafter prescribed with respect to the separation of the sexes, the number of persons who may be allowed to dwell in the boat shall be such that in the cabin or cabins of the boat there shall be not less than 60 cubic feet of free air space for each person above the age of 12 years, and not less than 40 cubic feet of free air space for each child under the age of 12 years.

Provided that in the case of a boat built prior to the Thirtieth day of June, One thousand eight hundred and seventy-eight, the free air space for each child under the age of 12 years shall be deemed sufficient if it is not less than 30 cubic feet.

Provided also, that in the case of a boat registered as a "fly" boat, and worked by shifts, by four persons above the age of 12 years, there shall be not less than 180 cubic feet of free air space in any cabin occupied as a sleeping place by any two of such persons at one and the same time.

(b) A cabin occupied as a sleeping place by a husband and wife shall not, at any time while in such occupation, be occupied as a sleeping place by any other person of the female sex above the age of 12 years, or by any other person of the male sex above the age of 14 years.

Provided that in the case of a boat built prior to the Thirtieth day of June, One thousand eight hundred and seventy-eight, a cabin occupied as a sleeping place by a husband and wife may be occupied by one other person of the male sex above the age of 14 years, subject to the following conditions—

(i) That the cabin be not occupied as a sleeping place by any other person than those above mentioned.

(ii) That the part of the cabin which may be used as a sleeping place by the husband and wife shall, at all times while in actual use, be effectually separated from the part used as a sleeping place by the other occupant of the cabin by means of a sliding or otherwise movable screen or partition of wood or other solid material, so constructed or placed as to provide for efficient ventilation.

(c) A cabin occupied as a sleeping place by a person of the male sex above the age of 14 years shall not, at any time, be occupied as a sleeping place by a person of the female sex above the age of 12 years, unless she be the wife of the male occupant, or of one of the male occupants in any case within the proviso to Rule (b).

GIVEN under the Common Seal of the Urban Sanitary Authority, acting as the Registration Authority, this day of, in the year One thousand nine hundred and

.....
TOWN CLERK,
And Clerk to the Urban Sanitary Authority.

CANAL BOATS INSPECTION

Date..... Boat's Name.....

Wide, Narrow, Fly.....

Propelled by *Horse, Steam, Sail, Steam Tug*.....

Registration marked on *Stern, one, both sides*.....

Certificate produced.....

No..... Registered.....

Owner and Address.....

Master and Address.....

Registered for, Aft....., Centre....., Fore.....

Occupying, Aft....., Centre....., Fore.....

Sexes separated.....

Cabins last painted about.....

General Condition of Cabins.....

Ventilation.....

Water Vessel, *Cask, Jug, Tin Can, not full sized*.....

Pump, how often used.....

Offensive Cargo.....

Double Bulkhead.....

Infectious Diseases.....

Remarks and Contraventions (if any) of the Acts or Regulations—

CITY OF No. 1

Contravention of Canal Boats Acts, Etc.

Boat..... No.....
 Reg. at.....
 Owner's Name.....
 Address.....

 Master's Name.....
 Address.....

 Section of Act or Regulations and particulars.....
 19.....
 Date Boat Inspected.....
 Date Notice sent to Owner.....
 Latest date for return of Certificate.....
 Date Certificate received.....
 Remarks.....
 Date of Certificate signed by Canal Boat Inspector for.....

 Initials of H.M. Chief Inspector under Canal Boats Acts on visit of inquiry.....
 Date

82

CITY OF No. 1

**FORM OF NOTICE
Canal Boats Acts, Etc.**

PUBLIC HEALTH DEPT.,
.....

Sir,

I have to request that you will have the complaint on the annexed form—having reference to a boat of which you are the registered owner—remedied forthwith, and thereafter obtain the Certificate that such has been done (also on Form annexed), signed by some duly appointed Inspector of Canal Boats, and return the same here, as addressed, withindays from this date, otherwise proceedings will be taken.

This notice is not required by the Acts, and does not prevent proceedings being commenced against you in the meantime by any other Sanitary Authority.

Your obedient Servant,
.....

Canal Boat Inspector.

CITY OF No. 1

Canal Boats Acts

PUBLIC HEALTH DEPT.,
.....

Re Canal Boat No.....

COMPLAINT

The above-named Boat was met with on.....day of.....19....., contravening the.....
(State Section of Act or Regulation.)
in so far that.....
.....
.....

CERTIFICATE

I hereby certify that I inspected the above-named boat on.....and found that the cause of complaint had been remedied.

Signed.....
Canal Boat Inspector for.....

N.B.—If this form is not duly returned by the owner within the time specified, legal proceedings will be taken.

When the cause of the complaint has been remedied the portion of the notice containing the certificate is returned to the officer who issued the original notice.

CHAPTER VI

WORKSHOPS, OFFENSIVE TRADES, SMOKE NUISANCES

SUCH matters as the supervision of factories and workshops, and of premises in which offensive trades are carried on, and the abatement of smoke nuisances, will now receive attention.

Factories and Workshops.

The supervision of factories and workshops is undertaken partly by the local sanitary authority and partly by the Home Office. The local authority has to keep a register of workshops and workplaces, and is responsible for inspecting them. The register is best kept on a card index plan so that new workshops can readily be added and obsolete entries cancelled.

For convenience in visiting, the cards should be filed in streets or districts behind a sufficient number of guide cards.

If at the time of visiting a workshop in which women or young people are employed, the abstract of the Act is not exhibited, notice of the omission has to be sent to the factory inspector.

Sanitary defects in workshops are dealt with in the same way as general nuisances (*see* page 5).

With the exception of factory bakehouses, factories are not inspected by the Public Health officers, except on a report from the factory inspector that the closet accommodation requires improvement, or there is some other nuisance on the premises.

When such a report is received the sanitary inspector pays a visit and if any nuisance exists a notice for its abatement is served.

If the register of workshops is kept in the form given on the following two pages, it serves also as a record of inspections.

It is compulsory in regard to certain trades for those occupiers of factories and workshops who give out work to be done at home, to keep lists of their out-workers, and

(FRONT)
WORKSHOPS CARD

SITUATION..... TRADE.....

OCCUPIER..... OWNER.....

Room.	Cubic Capacity in Feet.	Maximum Number of Persons.	No. of Stoves or Fireplaces.	MEANS OF VENTILATION.	Lighted by		REMARKS.
					Day.	Night.	
1							
2							
3							
4							
5							
6							

34

WATER SUPPLY..... CLOSET ACCOMMODATION

URINALS, NO. AND CONDITION..... SEPARATE ACCOMMODATION FOR SEXES ?

(BACK)

WORKSHOPS CARD

DATE OF VISIT.	ABSTRACT UP?	DEFECTS, ETC., FOUND.	ACTION TAKEN.

to send copies of such lists to the sanitary authority on or before 1st February and 1st August each year. The premises at which home-work is done are visited, and if any are found to be unwholesome or invaded by infectious disease, notice is sent to the employer prohibiting the giving out of any further work until the unwholesome conditions have been remedied or the premises disinfected, as the case may be.

Offensive Trades.

No offensive trade scheduled in the Public Health Act, 1875, or any trade declared by the sanitary authority under the Amendment Act, 1907, may be established without the consent of the sanitary authority. A register is kept of the premises where offensive trades are carried on, and visits are paid as often as necessary. The card shown on page 37 is suitable for the purpose.

Manure Receptacles.

It is advisable to keep a register of mews and other places where manure accumulates, and to see that such manure does not become a cause of nuisance. Such a register may be in the form as shown on page 38.

Smoke Nuisances.

Observations of the emission of black smoke from factory chimneys are systematically made in order to detect any nuisance within the meaning of Sect. 91 (7) of the Public Health Act. Usually the observation is of one hour's duration, and, if the emission exceeds a certain number of minutes, the facts are reported to the Public Health Committee, who take such action as they deem necessary. It is desirable for the inspector to make notes of his observations (page 39) in a duplicate book, so that one copy can be used for office purposes, while the duplicate copy is retained in the book, and can be produced if legal proceedings follow.

OFFENSIVE TRADES

NATURE OF BUSINESS	PREMISES :	DATES OF— Application..... Sanction
Name and Address of Occupier.....		
Methods Adopted to Suppress Nuisance.....		
Provision for Storage of Materials.....		
Description and Condition of Utensils.....		
SANITARY CONDITION OF PREMISES :		
Walls		
Floors		
Drainage		
Lavatories : No..... Condition.....		
W.C's.		

(Reverse side for re-visits and conditions found.)

MANURE RECEPTACLES

SITUATION.....

OCCUPIER OF PREMISES

DESCRIPTION OF RECEPTACLE.....

POSITION

REMARKS

.....

BY-LAWS SERVED.....

38

DATE OF VISIT.	CONDITION.	INSPECTOR.

SMOKE OBSERVATION

DATE	SITUATION OF PREMISES			
	SMOKE EMITTED.			
	From	To	Minutes.	
BLACK . . .				Direction of Wind..... Strength.....
				Height of Chimney.....
				Class of Boilers..... No.....
MODERATE .				Class of Fuel.....
				Fired : Hand.....
				Automatic.....
NONE . . .				Remarks of Inspector.....
			
			
			
TOTALS IN MINUTES .	Black.	Moderate.	None.	

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CHAPTER VII

DAIRIES, SLAUGHTER-HOUSES, FOOD INSPECTION, ADULTERATION

THE present chapter is concerned with further matters requiring special supervision, and the forms to be used in connection with them.

Dairies, Cow Sheds, and Milkshops.

Orders concerning these were issued by the Local Government Board in 1885, and amended slightly in 1886 and 1899. They relate to registration, sanitary condition of the premises, and freedom from contamination of the milk. Detailed regulations have to be made by the sanitary authority, and visits paid to all the premises concerned to see that the regulations are carried out. No person may carry on the business of a cow keeper, dairyman, or purveyor of milk, unless he is registered for the purpose. Anyone wishing to start such a business must apply to the sanitary authority to be registered, and a suitable form for making such application is shown on the opposite page.

The premises are then inspected, and, if found to be suitable or if made so, a certificate of registration is issued. A form of certificate for a cow keeper is shown on the opposite page.

For the register a card index will be found convenient, and will serve also the purpose of a record of inspections. The form of card is shown on page 42.

Slaughter-houses.

Slaughter-houses erected before 1895 were registered under the Town Improvement Clauses Act ; those erected since that date have to be licensed by the sanitary authority.

CITY OF

**The Dairies, Cow Sheds, and Milkshops
Orders of 1885, 1886, and 1899**

I,
of
hereby give you notice that I intend to carry on the trade of a
..... at
in the City of, in the County of
and that I apply to be Registered as such under the above-named
Order.

Dated this day of, 19.....

(Signature).....

*To the Local Authority under the above Order
for the City of*

No.

CITY OF

PUBLIC HEALTH DEPARTMENT

COW SHED

.....19.....

THIS IS TO CERTIFY that.....

of
is Registered to carry on the trade of Cow Keeper under the Dairies,
Cow Sheds, and Milkshops Orders of 1885, 1886, and 1899.

Registered No.

Registered to keepCows.

Situation of Place Registered

INSPECTOR.

**N.B.—The Register No. and number of cows registered must be
fixed over door of shed, and maintained at all times in a legible
condition.**

Any disease amongst the Cows to be notified to Veterinary Inspector

at

DAIRIES, COW SHEDS, AND MILKSHOPS

DATE INSPECTED INSPECTOR DATE REGISTERED	NAME..... ADDRESS.....
CUBIC FEET IN SHED COWS ALLOWED MANURE RECEPTACLES..... WATER SUPPLY OTHER MATTERS.....	FARMER SUPPLYING MILK UTENSILS: KIND..... CONDITION..... WHERE STORED..... REMARKS
DRAINAGE LIGHTING FLOORS	VENTILATION WALLS..... CEILINGS.....

(Reverse side for re-visits and conditions found.)

SLAUGHTER-HOUSE INSPECTION CARD

INSPECTOR	PREMISES	Dates : Erected
		Registered
		Licensed
Inspected	Name Licensee	Licence Renewed :
By-laws	Address	
Fixed	Description and Sanitary Condition of :	
Sizes : S.H.	Floors.	Walls.
„ H.R. . . . .	.....	.....
„ Lair . . . . .	.....	.....
Water Supply . . . . .	.....	.....
Name on Entrance	Vent	Receptacles for offal
Stable adjoining . . . . .	.....	.....
Nearest Dwelling. . . . .	.....	.....
	GENERAL CLEANLINESS.	
Notices served	Premises	
.....	Implements	
.....	Remarks	

(The reverse side is ruled to show subsequent visits.)

FOOD

Nature of Business.	Occupier's Name and Address.....	First Inspected.
---------------------	----------------------------------	------------------

GENERAL CONDITION OF PREMISES AND ARRANGEMENTS TO PREVENT CONTAMINATION OF FOOD.

.....

.....

.....

.....

44

DATE VISIT.	CONDITIONS FOUND.

A register has to be kept and by-laws made, these having reference to cleanliness, drainage, ventilation, and provision for storing and removing refuse. Slaughter-houses need to be regularly inspected, and a card suitable for recording visits is given on page 43.

Food Preparation and Storage.

All places where food is prepared or stored for distribution, such as cooked meat stores, restaurants, fried fish shops and others, have to be inspected, and the card shown on the opposite page has been found useful for this purpose.

Unsound Food.

Food of a perishable nature exposed for sale in shops and markets has also to be inspected. In many districts any meat, fish, fruit, or other food found by the dealer to be diseased or unsound is handed over at once to the Public Health Department to be destroyed. If this is not done, however, such food must be officially seized by the inspector, and taken before a Justice of the Peace who, if satisfied that it is not fit for food, will order it to be destroyed, and may inflict a fine on the tradesman who offered it for sale. A record should be kept of the amount of food seized or surrendered, with details as to the name and address of the owner, the character and weight of the food, and the reason for its seizure or surrender.

Sale of Food and Drugs.

With a view to detecting any adulteration, special officers are, under the Sale of Food and Drugs Acts, appointed to take samples of food and drugs offered for sale. Such officers may be either sanitary inspectors or police constables. They are required, when taking samples, to carry with them their official appointment and the official seal which has to be affixed to each sample taken. Every sample must be divided into three portions, one to be

retained by the vendor, one handed by the inspector personally to the public analyst, and one retained by the inspector for reference. A convenient method of carrying out this procedure is to have a pocket book in the form shown on the opposite page, the three upper sections being in the form of gummed "tear-offs" to be affixed to the sample after division, while the counterfoil serves as the inspector's record of the sample taken.

The particulars on the counterfoil are then copied into a register, and the analyst's report and action taken (if any) are subsequently added. The ruling of a suitable form of register is given on page 48.

In the case of milk taken in course of delivery by railway, one portion of the sample taken is sent to the farmer who forwarded the milk. In order that delivery of this portion may be readily proved, it is well to send it by registered parcel post, and a note in the terms shown on page 49 should be sent at the same time.

When a sample of milk taken in this way is reported as below the standard of genuine milk (8.5 per cent of solids not fat, and 3.0 of fat), it may be advisable for the inspector to visit the farm and take samples of the morning and evening milking to compare with the sample purchased at the railway station.

Under the Cream and Milk Regulations, samples have to be taken and examined for the presence of preservatives, and to see that the regulations as to labelling are complied with.

CITY OF PUBLIC HEALTH DEPARTMENT.

Article asked for } $\frac{C}{No. 500}$

CITY OF PUBLIC HEALTH DEPARTMENT.

Article asked for } $\frac{C}{No. 500}$

CITY OF PUBLIC HEALTH DEPARTMENT.

Article asked for } $\frac{C}{No. 500}$

CITY OF
PUBLIC HEALTH DEPARTMENT

$\frac{C}{No. 500}$

Date Time

Article asked for

Price paid

Where purchased

Vendor's Name and Address

REMARKS—

Inspector

Agent

FOOD AND DRUGS ACT REGISTER

No.	Date of Purchase.	Declared and Divided.	Name of Purchaser.	Name of Agent (if any).	Name and Address of Seller.	Name of Article.	Amount Paid.	Result of Analysis.	Date of Hearing.	Fines.	Costs.	Remarks.

CITY OF

PUBLIC HEALTH DEPARTMENT

.....19.....

Sir,

I have this day, under the Sale of Food and Drugs Acts, 1875 to 1907, procured at the place of delivery, to wit, at the Railway Station, called.....

.....
a sample of Milk in course of delivery, and consigned by you to

.....
by train arriving at

from churn numbered.....which containedgallons

It is my intention to submit the same to the Public Analyst to be analysed. I have this day forwarded to you by registered parcel post a portion of the sample above referred to, marked No....., and sealed with my seal.

I am,

Yours respectfully,

.....
INSPECTOR.

To Mr.....

.....
FARM,

PUBLIC HEALTH DEPARTMENT

APPLICATION FOR REGISTRATION

UNDER THE

MARGARINE ACT, 1887,

AND

THE SALE OF FOOD AND DRUGS ACT, 1899 ;

BUTTER AND MARGARINE ACT, 1907.

To the Mayor, Aldermen and Burgesses of.....
being the Local Authority for the said borough.

I,

of
hereby make application for a Certificate of Registration under the
above-named Act(s), and herewith enclose particulars as required
by the General Order of the Local Government Board, dated
26th February, 1900.

PARTICULARS

Nature of Business, whether Manu- }
factory of, or Business of a }
Wholesale Dealer in, Margarine }
or Margarine Cheese, or Milk }
Blended Butter, as the circum- }
stances require. }

The Name and Address of the }
Owner or Occupier or Wholesale }
Dealer making the application. }

The Situation of the Manufactory }
or of the Premises where the }
Business of the Wholesale Dealer }
is carried on. }

The Name and Address or Names }
and Addresses of the Owner or }
Owners or Occupier or Occupiers }
or Wholesale Dealer or Dealers }
carrying on the Manufacture or }
the Business. }

Dated.....

(Signed).....

Sale of Margarine.

All premises in which margarine is manufactured or sold wholesale have to be registered, and a certificate of registration issued. The form of application for registration is shown on the opposite page.

The certificate issued, a copy of which has to be sent to the Ministry of Agriculture, is in the following form—

CERTIFICATE
UNDER
THE MARGARINE ACT, 1887,
AND
THE SALE OF FOOD AND DRUGS ACT, 1899 ;
BUTTER AND MARGARINE ACT, 1907.

THIS IS TO CERTIFY THAT the premises known as

.....
situate at

at which the.....
Margarine or Margarine-Cheese (is or are) at present carried on by

.....
the.....thereof, has been duly
registered by.....in accordance with the pro-
visions of the Margarine Act, 1887, or the Sale of Food and Drugs
Act, 1899, or the Butter and Margarine Act, 1907, in that behalf,
on the application of.....

Dated this day of, 19.....

.....
TOWN CLERK.

CHAPTER VIII

INFECTIOUS DISEASES

THE following diseases were made compulsorily notifiable by the Infectious Disease (Notification) Act, 1899—smallpox, scarlet fever, diphtheria (including membranous croup), enteric fever, erysipelas, cholera, typhus fever, relapsing fever, continued fever, and puerperal fever. Very few cases now occur in this country of cholera, typhus fever, relapsing fever, or continued fever, but scarlet fever and diphtheria are still very prevalent, and enteric fever and smallpox cause a considerable amount of sickness, though much less than they once did.

A register of notifications must be kept, and all notified cases should be at once entered therein, and given a consecutive number, a separate series of numbers being instituted for each notifiable disease. It will be found worth while also to enter the name of the patient, together with his register number, in an alphabetical index for reference.

In most districts the houses in which cases of the foregoing diseases—with the exception of puerperal fever—occur are visited by the sanitary inspectors acting under the direction of the medical officer of health. A specimen sheet for recording particulars relating to cases of diphtheria is given on pages 53 and 54. Similar sheets with modifications where necessary are used for other diseases.

Public hospital accommodation is provided in most areas for suitable cases of smallpox, scarlet fever, diphtheria, and enteric fever. When a case is removed to hospital, disinfection of the house is immediately carried out. Instructions for the disinfection of rooms and their contents may be given as in the forms shown on pages 55 and 56.

(Back.)

DIPHTHERIA INQUIRY FORM

Occupants of the House

NAME.	Age.		Place of Work or School and Standard.	Diphtheria History.*	Date of Sore Throat.	Last at Work or School.
	M.	F.				

45

*A—HAD DIPHTHERIA.

B—NOT HAD DIPHTHERIA.

C—NOW ILL OF DIPHTHERIA.

Disinfection Required.....

Probable Date of Disinfection.....

NOTES

.....
.....

Copy of Bacteriological Report, if any.....

Anti-toxin given ? Yes. No. Not known. Date.....

(Signed).....INSPECTOR.

ARTICLES TO BE DISINFECTED

CITY OF

PUBLIC HEALTH DEPARTMENT

.....19.....

Articles to be removed for disinfection at

Beds.	Mattresses.	Counterpanes	Blankets.	Sheets.	Bolsters.	Pillows.	Garments.	Boots.	Carpets.	Sundries.

55

.....INSPECTOR.

.....REMOVING OFFICER.

The above articles have been returned on.....19....., in addition to the following, which were removed to Hospital and since disinfected—

Blankets.	Sheets.	Garments.	Boots.	Sundries.

.....RETURNING OFFICER.

Received all the above Articles on.....19..... (Signed).....

ROOMS TO BE DISINFECTED

CITY OF

PUBLIC HEALTH DEPARTMENT

.....19.....

NAME

ADDRESS

DISEASE.....

56

ROOMS REQUIRING DISINFECTION.....

.....INSPECTOR.

All the above disinfection has been carried out on.....

.....19.....

.....DISINFECTOR.

Where the case is treated at home, a post card may be left on which the doctor in attendance can notify the Public Health Department when the patient is free from infection, and disinfection of the house may then be carried out. The following is a form of post card—

Case of.....
Address
Date for Disinfection.....
Signature of Doctor in attendance.....
When the Doctor considers that Disinfection may be carried out, the card should be filled up and posted.

(The Address of the Medical Officer is printed on the reverse side.)

If, in addition to the disinfection carried out by the sanitary authority, the medical officer of health certifies that further cleansing and disinfecting is required, the notice shown on page 58 is served.

In places where the Infectious Disease (Prevention) Act, 1890, is in force, notice of certain sections of that Act must be given to the occupier of every house in which infectious disease occurs. The notice may be as shown on page 59.

Maps and Charts.

In connection with the more important infectious diseases it will be found very helpful to keep a disease map. On this map the position of each notified case is marked by a spot of a certain colour to indicate a particular disease. Thus, scarlet fever might be shown by a red spot, diphtheria by blue, enteric fever by green. A glass-headed pin may also be affixed, and removed as soon as the house is declared free from infection. Such a map shows at once the position

You are requested to inform the Inspector when the Room or House has been thoroughly stripped and cleansed, and is ready for inspection, before re-papering.

CITY OF

Reference No.....

INFECTIOUS DISEASE (PREVENTION) ACT, 1890 (SEC. 5).

NOTICE

To

The Owner or Occupier of the House.....
in the City of.....

WHEREAS it hath been certified by the
Medical Officer of Health for the City of....., THAT
the Cleansing and Disinfecting of the (specify parts of house)

.....
of the House above described likely to retain infection, would tend
to prevent or check Infectious Disease ;

NOW, THEREFORE, I,....., Clerk to the Urban
Sanitary Authority, for the City of, HEREBY
GIVE YOU NOTICE, in pursuance of the provisions in that behalf,
contained in the Infectious Disease (Prevention) Act, 1890, that the
said Sanitary Authority will CLEANSE and DISINFECT the

.....
and for that purpose strip off all paper and burn it ; limewash the
ceilings and walls ; and wash all the painted surfaces at your cost,
unless within Twenty-four hours from the receipt of this Notice
you inform the said Sanitary Authority that you will cleanse and
disinfect the House, or part thereof, to the satisfaction of the
Medical Officer of Health within THREE days from the date hereof.

Dated this.....day of.....
One Thousand Nine Hundred and.....

.....
TOWN CLERK.

The Inspector may be seen at the Public Health Department
from 9 to 10 a.m.

.....
CHIEF SANITARY INSPECTOR.

N.B.—It is most desirable that the Walls should remain unpapered
for at least a month after they are Stripped and Lined.

Should another case occur in the same house, attention to the
above will save expense.

All Paper removed from the wall must be BURNT AT ONCE.

CITY OF

**THE INFECTIOUS DISEASE (Prevention)
ACT, 1890**

To

The Occupier of

TAKE NOTICE that " The Infectious Disease (Prevention) Act, 1890," was adopted by the Council, acting as the Urban Sanitary Authority for this City, on....., and came into operation on, and the following is a copy of certain of its provisions—

Section 6. Any Local Authority, or the Medical Officer of Health of any Local Authority generally empowered by the Authority in that behalf, may, by notice in writing, require the owner of any bedding, clothing, or other articles which have been exposed to the infection of any infectious disease to cause the same to be delivered over to an Officer of the Local Authority for removal for the purpose of disinfection ; and any person who fails to comply with such a requirement shall be liable to a penalty not exceeding Ten Pounds.

Section 7. Every person who shall cease to occupy any house, room, or part of a house, in which any person has within six weeks previously been suffering from an Infectious Disease without having such house, room, or part of a house, and all articles therein liable to retain infection, disinfected to the satisfaction of a registered medical practitioner, as testified by a certificate signed by him, or without first giving to the owner of such house, room, or part of a house, notice of the previous existence of such disease; and every person ceasing to occupy any house, room, or part of a house, and who, on being questioned by the owner thereof or by any person negotiating for the hire of such house, room, or part of a house, as to the fact of there having, within six weeks previously, been therein any person suffering from any infectious disease, knowingly makes a false answer to such question, shall be liable to a penalty not exceeding Ten Pounds.

Section 13. Any person who shall knowingly cast, or cause or permit to be cast, into any ash-pit, ash-tub, or other receptacle for the deposit of refuse matter, any infectious rubbish without previous disinfection, shall be guilty of an offence under this Act.

The expression " infectious disease " means any of the following diseases, namely: Smallpox, Cholera, Diphtheria, Membranous Croup, Erysipelas, the disease known as Scarletina, or Scarlet Fever, and the Fevers known by any of the following names: Typhus, Typhoid, Enteric, Relapsing, Continued, or Puerperal.

By order of the Public Health Committee of the Council.

.....
TOWN CLERK.

of every existing case, and also of those cases which have now cleared up.

A chart showing the schools invaded by infectious disease may also be kept in suitable cases. Such a chart should be ruled to cover 52 weeks, and when a case of infectious illness occurs the standard in which the patient belonged should be entered opposite the name of the school in the week in which the case occurred.

Milk Supply.

In order to guard against the possibility of an infected milk supply remaining undetected, it is advisable to keep a card index of all the purveyors of milk in the district, and upon each card to enter the names of any patients using milk from that particular purveyor. Any outbreak of disease in connection with a milk supply will by this method be immediately noticed, and steps can be taken to prevent any further spread of infection.

Exclusion of Children from School.

School children living in infected houses are excluded from school for the time shown in the schedule on the opposite page.

Whenever children are excluded from school on account of infectious disease it is necessary to send information of such exclusion to the head teacher or to the attendance officer. In cases of scarlet fever and diphtheria it is usual to exclude all children in the house until ten days after disinfection has been carried out. This may be done by issuing the form shown on page 62.

The form should be printed in a duplicate book, so that one copy of every notice remains in the office for reference.

A further notice is generally dispatched when it is time for the children to resume attendance at school. On page 63 is a form for this purpose.

 (Exclusion from School)

DISEASE.	INCUBATION PERIOD.	EXCLUSION PERIOD.		LEADING SYMPTOMS.	
		For Children actually suffering from an Infectious Disease.	For other children in Infected Houses.		
			Who have previously suffered from the Disease in question.		Who have <i>not</i> previously suffered from the Disease in question.
Measles (& German Measles)	10-14 days	Three weeks from date of onset	No exclusion	Three weeks from date of onset of last case in house	Sneezing, running eyes, and symptoms of cold in head, cough, fever and rash
Whooping Cough	5-14 days	Until disappearance of the "whoop"	No exclusion	Until disappearance of the "whoop" in every case in the house	Characteristic "whoop" or cough produced by spasmodic expirations followed by a long drawn inspiration
12 Chicken Pox	11-19 days	Three weeks from date of onset, or until all scabs have become detached from the scalp (whichever is longer)	No exclusion	Three weeks from date of onset of last case in house	Small raised transparent spots later becoming pustular, occurring in crops over the body and on the scalp
Mumps	14-23 days	Four weeks from date of onset	No exclusion	Four weeks from onset of last case in house	Swelling to front of ears or below the jaw, pain on opening the mouth
Scarlet Fever	2-8 days	Until receipt of re-admission notice from M.O.H. This is sent 10 days after discharge of patient from hospital, or if patient is at home, ten days after disinfection following his recovery	Until receipt of re-admission notice from M.O.H. This is sent 10 days after disinfection following removal of last case to hospital, or, if patients are treated at home, 10 days after disinfection following recovery of last case		Vomiting and fever, shivering, headache, sore throat and rash
Diphtheria	2-10 days	As for Scarlet Fever	As for Scarlet Fever		Headache and general malaise, sore throat with characteristic membrane on tonsils, bloodstained discharge from nostrils causing soreness

EXCLUSION NOTICE

CITY OF

A100

PUBLIC HEALTH DEPARTMENT

.....19.....

.....SCHOOL.

The following children should NOT be allowed to attend School, on account of the occurrence of infectious illness at their homes, until a certificate is sent from this office that they may do so safely. The names underlined are those of actual patients, the others are those of contacts.

Address.	Name.	Age.	Standard.	Disease.

.....
 MEDICAL OFFICER OF HEALTH.

Entered by.....

In order that the re-admission forms may be sent out at the proper time, a register of cases must be kept, and the form shown on page 64 will be found very convenient.

At the same time as the re-admission notice is sent to the school (or attendance officer), a note should be sent to the parents. A post card as shown on page 65 will serve the purpose.

RE-ADMISSION NOTICE

CITY OF

B100

PUBLIC HEALTH DEPARTMENT

.....19.....

.....SCHOOL.

The following children may now be re-admitted to School, disinfection having been carried out.

Address.	Name.	Age.	Standard.	Disease.

N.B.—In certain cases it will be found that the children are not sufficiently well to attend School, notwithstanding the fact that infection has ceased.

.....

MEDICAL OFFICER OF HEALTH.

Entered by

EXCLUSION AND RE-ADMISSION REGISTER

100

No. in Register.	ADDRESS.	NAME.	Age.	School.	Standard.	Disease.	Exclusion Notice.		Date of Disinfection or Re-visit.	Re-admission Notice.		Inspector or Health Visitor.
							Date.	No.		Date.	No.	

Public Health Department,

.....

I have to inform you that a notice has this day been sent to the Head Teacher stating that so far as this Department knows there is no reason why your children should not return to school. If, therefore, you do not send them to-morrow, you must let the Teacher know why they are still being kept away.

.....

MEDICAL OFFICER OF HEALTH.

Date as Postmark.

Diseases Not Compulsorily Notifiable.

Cases of measles, whooping cough, chicken pox, and mumps are not compulsorily notifiable except in a very few areas, but in many instances the Public Health Department receives reports of all cases coming to the knowledge of the teachers in the public schools. Such cases are usually visited by health visitors or school nurses, and particulars relating to the case are taken on a card on the lines of the one shown on page 66.

In the above-mentioned diseases it is not usual to exclude from school those children who have already had an attack. Very little, if any, disinfection is done, and the re-admission of the scholars who have been excluded is left to the teacher or attendance officer. The annexed form (page 67) will be found suitable for use in cases of these complaints.

As many cases of measles and whooping cough are not under medical attention, advice as to treatment will often have to be given by the health visitor, and a printed leaflet of the kind set out in the Appendix will be found of great service.

MEASLES INQUIRY CARD

Date..... Name..... Address..... No.....
 German Measles ; Measles..... Case in House Age..... Onset..... Reported by.....

CHILDREN UNDER 15 YEARS OF AGE.

NAME.	Age.	SCHOOL.	Standard.	History.*	Date of Onset.	Last Date at School.

99

* *A—Had Disease Previously.* *B—Not had Disease.* *C—Has Disease Now.*

Sunday School..... Total Inmates..... Living Rooms..... Bedrooms.....
 Rent..... Patient Isolated ?..... Where Nursed ?..... In Bed ?..... Doctor's Name.....
 If Nurse Required..... Need for Re-visit ?..... House well kept ?..... Library Books ?.....
 Case Reported to School ?..... Date ?..... Date of Visits..... Signed.....

CITY OF

C 750

PUBLIC HEALTH DEPARTMENT

.....SCHOOL.....19.....

MEASLES, WHOOPING COUGH, CHICKEN POX, MUMPS

The undermentioned children are living in houses where one of the above diseases has broken out. Those marked *A* need not be kept away from School ; those marked *B* and *C* should be excluded until the date given in the last column.

ADDRESS.	NAME.	Age.	Standard.	Disease History.*	Date of Onset.	Disease.	Probable Date for Re-admission.

67

* *A—Had this disease previously.* *B—Not had this disease.* *C—Now ill with this disease.*

N.B.—After this Notice, certificates are NOT issued stating when children may return to School.

In cases of MEASLES and CHICKEN POX children may usually be re-admitted in *three weeks* after the eruption in the last child attacked in the household.

In the case of MUMPS, at the end of *four weeks* from the commencement of the disease in the last case.

In the case of WHOOPING COUGH, after the disappearance of the characteristic "whoop."

.....MEDICAL OFFICER OF HEALTH.

CHAPTER IX

TUBERCULOSIS, PNEUMONIA

COMPULSORY notification of all cases of tuberculosis has been in force since 1913 under orders of the late Local Government Board, now replaced by the Ministry of Health.

Under the Public Health (Tuberculosis) Act, 1921, all county councils and the councils of county boroughs must prepare schemes for dealing with cases of tuberculosis, these schemes involving systematic visiting of cases in their homes, and the provision of sanatorium treatment for curative and educational purposes, and for the isolation of infectious cases where necessary.

Home Visits.

On receipt of a notification, a visit is paid to the patient's home by a health visitor, and a record made of the conditions found. Subsequent visits ensue as required, and entries relating to them are recorded. The most convenient form for these records is a card as shown on pages 69-70.

As these cards may remain in use for a considerable number of years, they should be of durable quality, and when the first card is filled a continuation card should be attached.

The principal object of this home visiting is to advise the patient as to the best way to preserve his own health as far as possible, and as to the precautions to be taken to prevent the spread of the disease to others.

To impress the advice given on the minds of the patient and his relatives, a printed form may be used similar to the one given in Appendix A (page 130).

(FRONT)

TUBERCULOSIS. HOME VISITING CARD

REGISTER No.....

DISTRICT.....

NAME AND ADDRESS.	Age.	M.S.W.	OCCUPATION AND WORKPLACE (LAST 5 YEARS).				
	Localization.	Notified (Date.)	Medical Attendant.	First Ill.	Visited.	Recd. for Treatment.	Advised to Treatment Centre.

PREVIOUS HEALTH AND ILLNESS OF PATIENT.

FAMILY HISTORY AND PROBABLE SOURCE.

CONDITIONS AT WORKPLACE.	INMATES.	AGE.	C.*	WORKPLACE.	HEALTH.
House Faces..... Rent.....					
Living rooms..... Bedrooms.....					
Ventilation					
Lighting					
Cleanliness					
Dampness.....					
Defects					

* Mark C against any contact whose health gives rise to suspicion.

(BACK)

TUBERCULOSIS. HOME VISITING CARD

DATE OF VISIT.	SPUTUM.	ISOLATION.	TREATMENT.	WORK ?	REMARKS.

70

PARTICULARS OF EXAMINATIONS BY TUBERCULOSIS OFFICERS

Examined..... Recommended..... Admitted Sanatorium..... Discharged.....

Re-examined..... Recommended..... Signed.....

At the time of visiting, inquiries are made regarding the health of other members of the household, and any who may show signs suggesting the onset of the same complaint are urged to consult their own doctor or the tuberculosis officer.

The record cards are kept in the form of a card index, and in order to make sure that the cases are visited systematically, it is well to keep a street register of cases in which the dates of the visits can be entered. A suitable form of register is given on the preceding page.

Where the arrangements for the patient's sleeping accommodation are not satisfactory, efforts should be made to obtain for his use a separate bed, and, if possible, a separate bedroom. In some towns it has been found desirable to let out shelters and beds either on hire only or on hire-purchase. In issuing beds and bedding the forms of agreement shown on pages 73 and 74 may be used.

Treatment from Sanitary Authority.

If the medical attendant wishes the patient to receive any treatment from the sanitary authority, the case is reported to the tuberculosis officer, who examines the patient and decides what form of treatment is necessary, e.g. admission to a sanatorium, attendance at a tuberculosis dispensary for tuberculin and other treatment, or ordinary medical attention at home.

When a patient is admitted to a sanatorium or removes to another address, it is customary to have disinfection of the patient's bedroom carried out, and the same forms may be used as for other infectious diseases (*see* pages 55 and 56).

Where additional nourishment is considered necessary by the tuberculosis officer, inquiries into the financial position of the patient should be made, and a form similar to the one shown on pages 75 and 76 may be used.

(10081)-9

No. 749

CITY OF

No. 749

PUBLIC HEALTH DEPARTMENT

Date

.....19.....

Name

I hereby agree to take on loan, Free of Charge, for the exclusive use of

Address

Age

of
from the Lord Mayor, Aldermen, and Citizens of the City of.....
hereinafter referred to as the Corporation, the following articles—

78

STEAD

.....STEAD.....SINGLE BLANKETS

OVERLAY

.....OVERLAY.....OVER BLANKETS

PILLOWS

.....PILLOWS.....PAIRS OF SHEETS

PILLOW CASES

.....PILLOW CASES

SINGLE BLANKETS

PAIRS OF SHEETS

The above articles are lent on the following conditions—

1. The said articles are the property of the Corporation and shall not be removed from the above address without the permission of the Corporation.
2. They shall be used exclusively by the patient noted above.
3. They shall be placed in such a position in the house as is approved by the Tuberculosis Visitor.
4. They shall be allowed to be inspected at all reasonable times and shall be kept in good and serviceable condition, subject to fair wear and tear.
5. The Corporation shall be allowed to remove the articles at any time.
6. Should the patient cease to require the articles, notice must be sent to the Public Health Department without delay.
7. Any change of address to be reported at once to the Public Health Department.

Signed

HOUSEHOLDER.

Signed

HOUSEHOLDER.

At the time of visiting, inquiries are made regarding the health of other members of the household, and any who may show signs suggesting the onset of the same complaint are urged to consult their own doctor or the tuberculosis officer.

The record cards are kept in the form of a card index, and in order to make sure that the cases are visited systematically, it is well to keep a street register of cases in which the dates of the visits can be entered. A suitable form of register is given on the preceding page.

Where the arrangements for the patient's sleeping accommodation are not satisfactory, efforts should be made to obtain for his use a separate bed, and, if possible, a separate bedroom. In some towns it has been found desirable to let out shelters and beds either on hire only or on hire-purchase. In issuing beds and bedding the forms of agreement shown on pages 73 and 74 may be used.

Treatment from Sanitary Authority.

If the medical attendant wishes the patient to receive any treatment from the sanitary authority, the case is reported to the tuberculosis officer, who examines the patient and decides what form of treatment is necessary, e.g. admission to a sanatorium, attendance at a tuberculosis dispensary for tuberculin and other treatment, or ordinary medical attention at home.

When a patient is admitted to a sanatorium or removes to another address, it is customary to have disinfection of the patient's bedroom carried out, and the same forms may be used as for other infectious diseases (*see* pages 55 and 56).

Where additional nourishment is considered necessary by the tuberculosis officer, inquiries into the financial position of the patient should be made, and a form similar to the one shown on pages 75 and 76 may be used.

9-11870a

No. 749

CITY OF

No. 749

PUBLIC HEALTH DEPARTMENT

Date.....

.....19.....

Name.....

I hereby agree to take on loan, Free of Charge, for the exclusive use of

Address.....

Age.....

of
from the Lord Mayor, Aldermen, and Citizens of the City of.....
hereinafter referred to as the Corporation, the following articles—

78 STEAD

.....STEADSINGLE BLANKETS

OVERLAY

.....OVERLAYOVER BLANKETS

PILLOWS

.....PILLOWSPAIRS OF SHEETS

PILLOW CASES

.....PILLOW CASES

SINGLE BLANKETS

PAIRS OF SHEETS

The above articles are lent on the following conditions—

1. The said articles are the property of the Corporation and shall not be removed from the above address without the permission of the Corporation.
2. They shall be used exclusively by the patient noted above.
3. They shall be placed in such a position in the house as is approved by the Tuberculosis Visitor.
4. They shall be allowed to be inspected at all reasonable times and shall be kept in good and serviceable condition, subject to fair wear and tear.
5. The Corporation shall be allowed to remove the articles at any time.
6. Should the patient cease to require the articles, notice must be sent to the Public Health Department without delay.
7. Any change of address to be reported at once to the Public Health Department.

Signed.....

HOUSEHOLDER.

Signed.....

HOUSEHOLDER.



No. H749

CITY OF No. H749
PUBLIC HEALTH DEPARTMENT

Date.....19.....

Name..... I hereby agree to hire from the date hereof from the Lord Mayor, Aldermen
and the Citizens of the City of....., hereinafter called the Corporation,
the following articles—

Address.....
.....STEAD.....SINGLE BLANKETS
.....OVERLAY.....OVER BLANKETS
.....PILLOWS.....PAIRS OF SHEETS
.....PILLOW CASES

at a Rent of.....per week on the following conditions, viz.—

STEAD
74 OVERLAY
PILLOWS
PILLOW CASES
SINGLE BLANKETS
PAIRS OF SHEETS
Rent.....per week

1. The rent shall be payable monthly on the _____ Monday of each month. The first payment shall become due on Monday _____
2. The articles shall be kept at _____ and shall remain the absolute property of the Corporation, unless purchased by the Hirer under Clauses 5 and 6 of this Agreement.
3. If any of the said monthly payments shall be in arrears for 28 days, or if the articles are being used improperly or negligently, or if the Hirer shall fail to observe or perform any of the conditions to be observed or performed by him, the Corporation shall be entitled to re-take possession of and remove the articles.
4. The articles shall not be removed from the above address without the permission of the Corporation. If removed contrary to this Agreement, the Hirer shall immediately pay to the Corporation the value of the articles as liquidated damages.
5. The Hirer shall be allowed to purchase the articles at any time for the sum of £ _____ less the total amount of instalments already paid by him, if any, under Clause 1.
6. When the total amount of rent paid covers the cost of the articles as under Paragraph 5, the Hirer may purchase, and the Corporation shall sell to him, the articles, at the price of 1s.
7. Facilities shall be allowed to inspect the articles at all reasonable times.

Signed.....
HIRER.

.....The Hirer.
Witness.....

ANY CHANGE OF ADDRESS TO BE REPORTED AT ONCE TO THE PUBLIC HEALTH DEPARTMENT

(FRONT)

TUBERCULOSIS AFTERGARE

APPLICATION BY AGE..... REF. No.....
ADDRESS..... DATE.....
REFERRED BY..... DATE OF FIRST APPLICATION.....

MEMBERS OF FAMILY AND HOUSEHOLD.

NAME.	Age.	Relation- ship.	PRESENT OR LAST EMPLOYER.	If Out of Work, How Long ?	Wages or Unemployment Allowance.	
.....
.....
.....
.....
.....
.....
.....
.....
.....

75

(BACK)

TUBERCULOSIS AFTERCARE

	£	s.	d.
INCOME as overleaf			
„ from Pension			
„ „ Sickness or Disablement Benefit (Insurance Act)			
„ „ Clubs, Friendly Societies, Etc.			
„ „ Lodgers			
„ „ Board of Guardians in Money or Food			
„ „ Other Sources, viz.—			
TOTAL WEEKLY INCOME			
Deducting Rent.....Clubs.....			
WEEKLY INCOME, with Rent and Other Payments Deducted			

76

Notes on Case

Bed..... Shelter..... Type of House.....

Isolation of Patient..... Whether suitable Case.....

REMARKS

(Signed).....(Visitor)

Diet No..... Granted from..... to.....

REMARKS

(Signed).....(Tuberculosis Officer)

Pneumonia, Etc.

Under more recent orders of the Local Government Board (now the Ministry of Health), cases of cerebro-spinal fever, dysentery, encephalitis lethargica, malaria, ophthalmia neonatorum, plague, pneumonia, acute poliomyelitis, polio-encephalitis, and trench fever, are notifiable. In most of these diseases except ophthalmia neonatorum (*see* page 97), inquiries are made and subsequent action taken by the medical staff of the Public Health Department. In the case of pneumonia inquiries may be made and assistance and advice given by the Health Visitor, and an inquiry form is given on the preceding page.

CHAPTER X

MATERNITY AND CHILD WELFARE

UNDER the Maternity and Child Welfare Act, 1918, county borough councils and county councils are required to prepare schemes for maternity and child welfare work. Such schemes are expected to cover the following points—

1. The ante-natal care of the mother.
2. An adequate service for attendance at confinement.
3. Help in the home during the lying-in period.
4. Maternity home accommodation.
5. Homes for unmarried mothers and their babies.
6. Notification of births and stillbirths.
7. Home visiting.
8. Infant welfare centres.
9. Treatment centres and hospitals.
10. Day nurseries and homes for healthy babies.

Under the Notification of Births Act, 1907, and the extension Act of 1915, every birth has to be notified to the medical officer of health within 36 hours. Printed forms for the purpose must be supplied to the doctors and midwives practising in the area.

Home Visits.

In suitable cases a visit is paid to the home by a health visitor, who must, under the orders of the Ministry of Health, be a trained nurse holding also the certificate of the Central Midwives Board. Subsequent visits are paid where necessary at more or less frequent intervals until the child is five years old. On pages 80 and 81 is a record card intended to cover the whole of the period from birth to the age of five. It is designed on the supposition that monthly visits will be paid during the first year, quarterly during the second, and half-yearly in the third, fourth, and fifth years.

(FRONT)

CHILD WELFARE HOME VISITING CARD

NAME..... BORN..... SEX.....

ADDRESS (1).....
(2).....

MIDWIFE OR NURSE..... DR..... PREM.?..... LEG.?.....

PREVIOUS PREGNANCIES—

Miscarriages..... Stillbirths..... Born Alive.....
Since Dead..... Causes and Ages.....

MOTHER'S { HEALTH..... FATHER'S HEALTH.....
AGE..... OCC'N.....

No. of Rooms..... OCCUPANTS..... CONDITION.....

DATE OF VISIT.	FEEDING.	CLEAN- LINESS.	FRESH AIR.	CLOTHING.	HEALTH.	At Centre Since Last Visit?
	(B) Breast and Artificial (A) Artificial (Kind) (S) Suitable (Time & Amt.) (U) Unsuitable (Time & Amt.)	(C) Clean (F) Fair (D) Dirty	(S) Suffic'nt (N) Not Sufficient (C) Separate cot at night	(S) Suitable (U) Un- suitable	(G) Good (F) Fair (P) Poor (T) Teething Commenced Illness (if any)	
First 9 MONTHS

SPECIAL NOTES (With Dates)

.....

.....

.....

.....

VACCINATION : DATE..... Conscientious Objector.....

(BACK)
CHILD WELFARE HOME VISITING CARD

	DATE OF VISIT.	AGE.	DIET. (S) Suitable (N) Not Suitable	FRESH AIR & EXERCISE. (S) Satisfactory (N) Not Satisfactory	HEALTH.* (G) Good (F) Fair (P) Poor Any illness or Defects?	TEETH. (N) Normal (D) De- layed (C) Caries
9-12 MONTHS						
1-2 YEARS						
2-3						
3-4						
4-5						

* *Notes especially Rickets, Enlarged Tonsils, Otorrhoea Squint, and Infectious Diseases.*

SPECIAL NOTES with Dates (Contd.).....

FINAL NOTE. Gen. Health..... Development.....
 DEFECTS (Squint, Otorrhoea, Enlarged Tonsils, etc.).....
 SCHOOL TO BE ATTENDED

DEATH ? Date..... Cause.....

These cards are filed in a card cabinet under the month and week in which a further routine visit falls due.

It will be found very convenient to keep a register somewhat in the form given on the following page.

HOME VISITING REGISTER

MONTH OF..... 19...

	Date	M.	Tu.	W.	Th.	F.	W'kly Totals.	M.	Tu.	W.	Th.	F.	W'kly Totals.	M.	Tu.	W.	Th.	F.	W'kly Totals.	M.	Tu.	W.	Th.	F.	W'kly Totals.
1st Week																									
	(Names of Streets to be visited this week)																								
2nd Week	(Ditto)																								
3rd Week	(Ditto)																								
4th Week	(Ditto)																								
TOTAL VISITS . . .																									
WORK AT CENTRE . . .																									
STREETS OMITTED . . .																									
(Giving Visits due in each)																									
TOTAL VISITS OMITTED																									

82

P = Primary visit.
R = Routine visit.
S = Special visit.
AP = Ante-natal primary visit.
AR = Ante-natal re-visit.
C = Clinic (Infants or Mothers).
D = Attending Dinner Centre.
M = Cookery, Sewing or Mothercraft Class.
W = Weighing of Infants.

Visits to Centres.

At the first visit the mother is invited to bring her child regularly to the maternity and child welfare centre, where there is a doctor in attendance, and where the child can be weighed and examined.

At each visit to the centre details of the child's condition and progress are entered in a clinic sheet such as the one shown on page 84.

The clinic sheets are filed in numerical order, a separate drawer or division being used for the children born in any one year, and a weight card bearing the same number as the clinic sheet is issued to the mother. (*See* page 85.)

If this card is brought to the centre at each visit the clinic sheet is readily found in the file. It is well, however, to provide a small alphabetical card index to the sheets, so that if the weight card is not produced the sheet can be found without difficulty.

If the card is printed as shown on page 85, it can be used for the doctor's instructions to the mother, as well as a record of the child's weight.

It will be found interesting to attach to the clinic sheet a weight chart similar to the one shown on pages 86 and 87.

The black line on this chart (which will be *red* in the original) shows the normal weight of a healthy child at various ages, and each time a record of weight is made on the chart it is obvious at once whether the child is above or below the normal standard, and whether its weight is increasing satisfactorily or not.

A register of attendances at the centre should be kept ; children who are attending regularly will not need to be visited at home except for some special reason. If the register is kept in the form shown on page 88 and 89, one entry of the name and address will suffice for the five years during which the child should attend the centre.

HOME VISITING REGISTER

MONTH OF 19...

	Date	M.	Tu.	W.	Th.	F.	W'kly Totals.	M.	Tu.	W.	Th.	F.	W'kly Totals.	M.	Tu.	W.	Th.	F.	W'kly Totals.	M.	Tu.	W.	Th.	F.	W'kly Totals.
1st Week																									
	(Names of Streets to be visited this week)																								
2nd Week																									
	(Ditto)																								
3rd Week																									
	(Ditto)																								
4th Week																									
	(Ditto)																								
TOTAL VISITS . . .																									
WORK AT CENTRE . .																									
STREETS OMITTED . .																									
(Giving Visits due in each)																									
TOTAL VISITS OMITTED:																									

P = Primary visit. **R** = Routine visit. **S** = Special visit. **AP** = Ante-natal primary visit. **AR** = Ante-natal re-visit. **C** = Clinic (Infants or Mothers).
D = Attending Dinner Centre. **M** = Cookery, Sewing or Mothersraft Class. **W** = Weighing of Infants.

Visits to Centres.

At the first visit the mother is invited to bring her child regularly to the maternity and child welfare centre, where there is a doctor in attendance, and where the child can be weighed and examined.

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If the card is printed as shown on page 85, it can be used for the doctor's instructions to the mother, as well as a record of the child's weight.

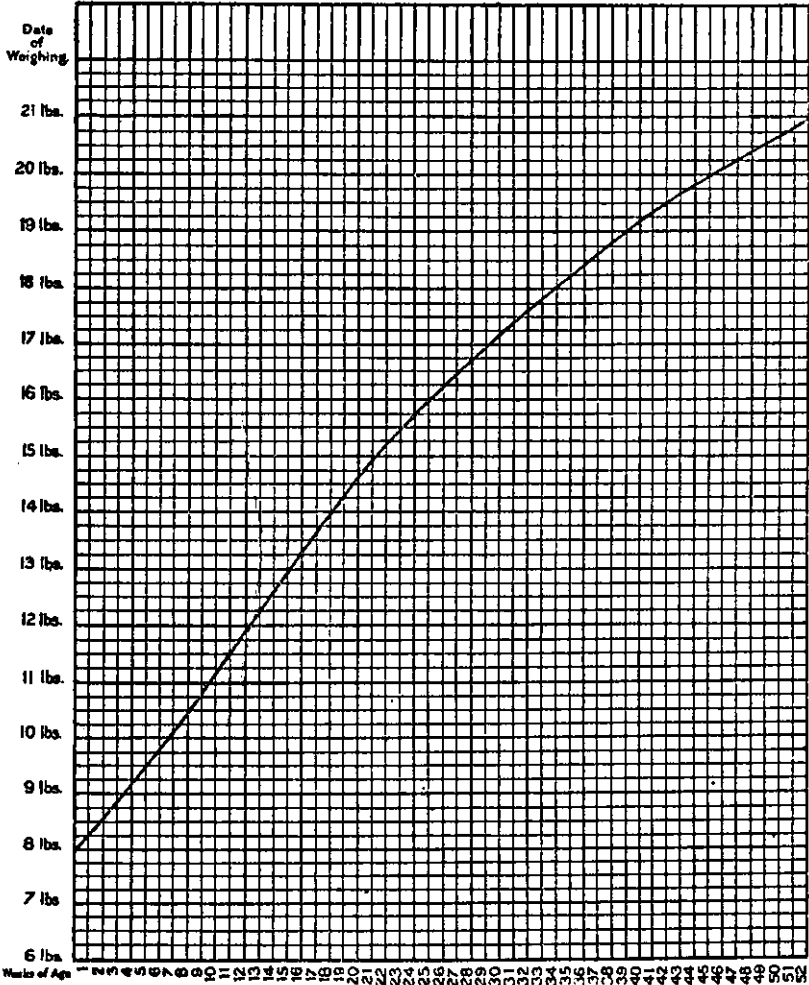
It will be found interesting to attach to the clinic sheet a weight chart similar to the one shown on pages 86 and 87.

The black line on this chart (which will be *red* in the original) shows the normal weight of a healthy child at various ages, and each time a record of weight is made on the chart it is obvious at once whether the child is above or below the normal standard, and whether its weight is increasing satisfactorily or not.

A register of attendances at the centre should be kept ; children who are attending regularly will not need to be visited at home except for some special reason. If the register is kept in the form shown on page 88 and 89, one entry of the name and address will suffice for the five years during which the child should attend the centre.

(FRONT)
INFANT'S WEIGHT CHART

No. _____ Born _____ 19____ Name _____

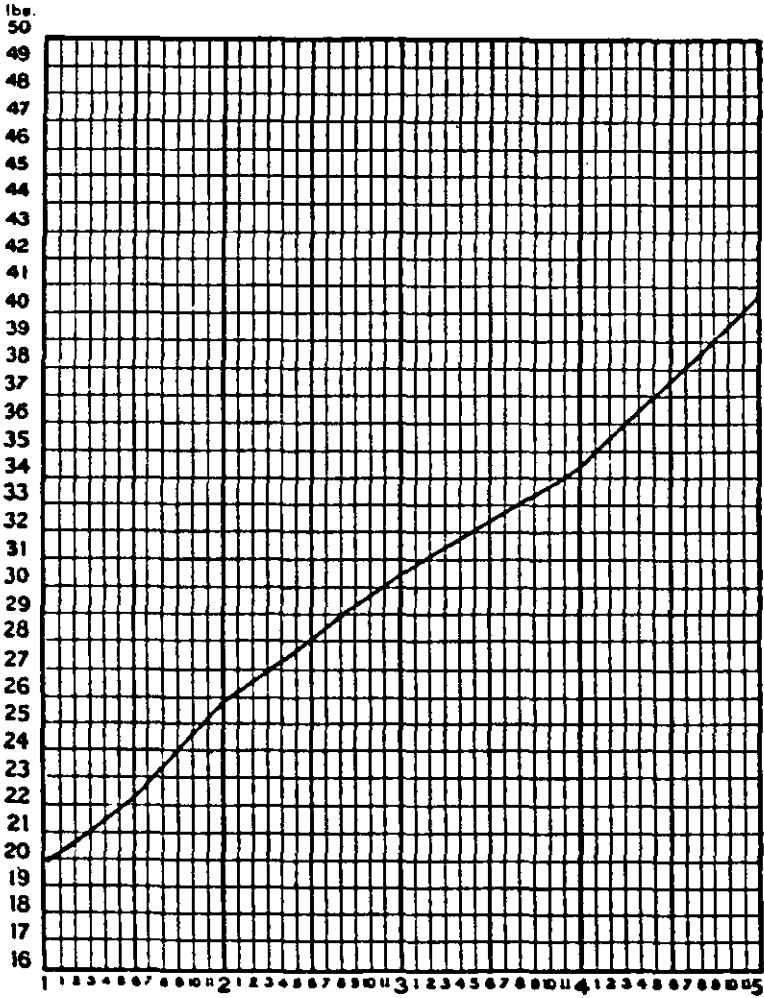


NOTE.—The black line indicates the normal weight of an average baby in this district.

(BACK)

INFANT'S WEIGHT CHART

No. _____ Born _____ 19__ Name _____



YEARS OF AGE.

Stillbirths.

In addition to visits paid in connection with infants born alive, it is advisable in many cases to visit mothers who have had stillborn babies, and a form suitable for use in this connection is appended.

STILLBIRTH

MOTHER'S NAME..... AGE.....

ADDRESS

SEX OF CHILD..... LEG. OR ILLEG. ?.....

DATE (BIRTH)..... NOTN..... GESTATION.....

DURATION OF LABOUR..... PRESENTATION.....

MACERATED

POSSIBLE CAUSE

PREVIOUS STILLBIRTHS..... LIVE BIRTHS.....

DIED IN FIRST YEAR..... MISCARRIAGES.....

* CONCEPTIONS 1..... 2..... 3..... 4..... 5.....
 (Including Present) 6..... 7..... 8..... 9..... 10.....
 11..... 12..... 13..... 14..... 15.....

MOTHER'S OCCUPATION

HOW LONG AT WORK IN PREGNANCY.....

HEALTH IN PREGNANCY.....

DOCTOR OR MIDWIFE..... PRESENT AT BIRTH.....

NO. OF ROOMS..... HOME CIRCUMSTANCES.....

 VISITOR.....

 DATE OF VISIT.....

RE-VISIT :
 DATE

REPORT

* M—Miscarriage. S—Stillbirth. L—Born Alive. (L)—Died within 14 Days.

(FRONT)

ANTE-NATAL VISITS

NAME AGE.....

ADDRESS

DATE OF EXPECTED CONFINEMENT

NO. OF PREGNANCY..... ANY DEFORMITY.....

GENERAL HEALTH

DETAILS OF PAST PREGNANCIES :

Live Births..... Still Births.....

Miscarriages..... Died in 1st Year.....

DATES AND DETAILS : 1st.....

2nd..... 3rd.....

4th..... 5th.....

6th..... 7th.....

8th..... 9th.....

10th..... 11th.....

NO. OF CHILDREN LIVING AND THEIR AGES.....

MOTHER'S OCCUPATION

HOW LONG AT WORK IN PRESENT PREGNANCY ?.....

HOME : NO. OF ROOMS..... NO. OF OCCUPANTS.....

Sanitary or otherwise.....

General Remarks.....

In most cases it is desirable to pay a further visit after the lapse of six months. Where necessary more frequent visits should, of course, be made, the object being to ensure that every effort is made to improve the mother's health, and avoid the occurrence of any further stillbirths.

At the welfare centre sessions are held not only for infants and young children, but also for expectant and post-natal mothers.

Ante-Natal Visits.

Expectant mothers are visited at their homes, and advice given as to how to maintain their health, and as to the best arrangements for their confinement. In many districts maternity homes are provided for suitable cases, also convalescent homes and special babies' hospitals. It is usually necessary to keep a record of the number of visits, etc., on a form similar to that shown on pages 91 and 92.

Midwives Act, 1902.

The "supervisory authority" under this Act is the council of every county and county borough, and of any district exercising control on behalf of a county council.

Only midwives holding the certificate of the Central Midwives Board are allowed to practise as such. Before a midwife can commence practice she must give notice to the supervisory authority, and during the month of January in each succeeding year notice of continuing to practice must be sent. To ensure this it is advisable to send to each midwife in December a circular enclosing the form of notice shown on the following page.

MIDWIVES ACT, 1902—Section 10

To the Public Health Committee of.....

I,
 (formerly).....
 holding a Certificate from the Central Midwives Board, No.....
 dated.....19.....

hereby give you notice of my intention to practise as a Midwife
 within your area during the year commencing 1st January, 19.....

(Signed).....

Residing at.....
 and pursuing my calling at.....

Dated this.....day of.....19.....

No. of CASES ATTENDED IN 19.....

(This information is required for a return to be sent to the Ministry
 of Health.)

The inspector of midwives is expected to exercise general supervision over the work of midwives practising in the district, and to see that the rules of the Central Midwives Board regarding such work are duly carried out. These rules are chiefly concerned with the cleanliness of the midwife's person and clothes; her equipment with the necessary instruments and disinfectants; proper attention to her patient and the baby when born; keeping a register of cases; sending for medical help when necessary; and notifying the sanitary authority, on the prescribed forms, of cases requiring medical help, the death of the mother or child, the occurrence of a stillbirth, the laying out of a dead body, or contact with a person suffering from an infectious disease.

It is suggested that each midwife should be seen not less frequently than once a quarter, at least until the inspector is satisfied that the midwife will carry out her instructions satisfactorily.

A register of midwives should be kept, and may be used as a record of inspections if kept in the form given on the following page.

(FRONT)
MIDWIVES REGISTER

NAME

ADDRESS

No. of Certificate..... Date..... How Gained.....

	1925	1926	1927	1928	1929
Notice Received.					
Notifications <i>vs</i> — Medical Help . Death of Mother Death of Child. Stillbirths . . Infection . .					
Number of Cases Attended . . Cases of— Puerperal Fever Ophthalmia .					

(BACK)

VISITS

Date.	Cleanliness.	Bag.	Instruments.	Antiseptic.	Remarks.

Puerperal Fever.

In many districts the inspector of midwives inquires into cases of puerperal sepsis, and the form below may be used for this purpose.

(FRONT)

INQUIRY INTO NOTIFIED CASES OF PUERPERAL SEPSIS

Date *Case No.*.....

Name of Patient..... *Age*.....

Address

Medical Attendant : Dr...... *Date of Notification*.....

Midwife, or Maternity Nurse.....

Date of Confinement..... { *Full Term.*
Premature.
Abortion.

Previous Pregnancies..... *Full Term*.....

.....*Premature**Abortions*

HISTORY OF CASE—

General Health

LABOUR—

Date and Time of Onset.....

Date and Hour of Birth.....

Attendant Present and When Called.....
(*Doctor, Midwife, or Handywoman.*)

PREPARATION { *Bed and Room*

{ *Personal Linen*

{ *Patient's Person*

Number of Vaginal Examinations.....

PRESENTATION..... *Complication*.....

Instruments Used, and Reason for Use.....

PLACENTA AND MEMBRANES—

Method of Delivery.....

Entire ?..... *Time of Delivery*.....

Perineal Tear or other Injury.....

SATISFACTORY ANTISEPTIC PRECAUTIONS.....

(BACK)

PUERPERIUM—

Date of first rise of Temperature and Degree.....

Date of Onset of other Symptoms, naming symptoms, e.g. Rigor,
Vomiting, Headache, Abdominal Pain, Offensive Lochia—

.....

.....

Date when Doctor called in (if not attending).....

Treatment.....

.....

Satisfactory Nursing at Home ?.....

Date of Removal to Hospital.....

Name of Hospital..... Hospital No.....

MIDWIFE—

Dates of Visits.....

Case conducted satisfactorily.....

General Report.....

.....

DISINFECTION

RESULT

.....

Signature.....

Ophthalmia Neonatorum.

Cases of ophthalmia neonatorum have to be notified by midwives and doctors under an order of the old Local Government Board. The form of card shown on pages 98 and 99 is suitable for reporting particulars of such cases.

(FRONT)
OPHTHALMIA NEONATORUM

Name and Address.....

Date of Birth..... Legitimate..... Illegitimate..... Notification Received.....

Notified by..... First Indication of Ophthalmia Noticed.....

First seen by Dr..... Name of Dr..... Advice.....

Prophylactic Employed?..... Nature of Prophylactic.....

Attendance at Birth : Dr..... Midwife..... Dr. and Midwife.

Age of Mother..... Parity..... Previous Vaginal Discharge or Cystitis.....

⌘ Character of Labour : Normal..... Abnormal..... Remarks.....

Previous Cases in Family.....

RIGHT EYE (<i>First Visit</i>)		LEFT EYE (<i>First Visit</i>)	
Lids.....	Cornea.....	Lids.....	Cornea.....
Conjunctiva.....	Discharge.....	Conjunctiva.....	Discharge.....
Treated at Hospital.....	Hospital and Home.....	Home Only.....	
Dr.....	Method of Treatment.....		
Remarks			
.....			

Signed *Date*

(BACK)

SUBSEQUENT VISITS.	REMARKS.
<i>Date.</i>	

66

FINAL REPORT—

RIGHT EYE	Normal	Slightly Defective	Very Defective	Totally Blind
LEFT EYE	Normal	Slightly Defective	Very Defective	Totally Blind

(Cross out whichever is inapplicable.)

CHAPTER XI

HEALTH OF SCHOOL CHILDREN

THE Board of Education requires that all children in public elementary schools shall be medically examined—

1. As soon as possible after their first admission ;
2. At the age of 7 or 8 ;
3. At the age of 12 or 13.

In a very large number of districts the medical officer of health is also the school medical officer, and the medical inspection and any subsequent measures form part of the work of the Public Health Department.

When an inspection is to be made, notice is sent to the head teacher, who generally prepares the schedules by filling in the name, address, date of birth, and the school or schools attended. The following is a specimen of a suitable schedule—

CITY OF

SCHEDULE OF EXAMINATION BY SCHOOL MEDICAL OFFICER

NAME.....
(Surname First)

DATE OF BIRTH

ADDRESS. 1.
2.
3.

SCHOOL 1. LEFT

2.

3.

1. PERSONAL AND FAMILY HISTORY--

(a) General

(b) Medical

MEASLES.		WHOOPING COUGH.		SCARLET FEVER.		DIPHTHERIA.		MUMPS.		CHICKEN POX.	
B.*	A.*	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.

* i.e. Before first examination or after first examination.

Any other illnesses

2. FAMILY FACTOR

	I.	II.	III.	IV.
3. DATE OF INSPECTION				
3a. STATE IF PARENT PRESENT				
4. DEPARTMENT				
5. STANDARD				
6. AGE				
7. REGULARITY OF ATTENDANCE				
8. GENERAL APPEARANCE (a) Colour of Hair (b) Colour of Eyes				
9. HEIGHT	Cents.	Cents.	Cents.	Cents.
10. WEIGHT	Kilos.	Kilos.	Kilos.	Kilos.
11. NUTRITION				
12. CLEANLINESS OF BODY				
13. CLEANLINESS OF HEAD				
14. CLOTHING				
15. FOOTWEAR				
16. EYE DISEASE (EXT.)	R. L.	R. L.	R. L.	R. L.
17. VISION (State if glasses are worn)				
(a) Colour Vision				
18. SQUINT				
19. OTHER EYE DEFECT				
20. OTORRHOEA				

	I.	II.	III.	IV.
21. HEARING				
22. RHINITIS				
23. MOUTH BREATHING				
24. MOUTH				
25. TEETH				
26. TONSILS				
27. ADENOIDS				
28. LYMPHATIC GLANDS { Submax				
29. { Cervical				
30. HEART				
31. LUNGS				
32. CHEST MEASUREMENT	Full inspiration	Full insp.	Full insp.	Full insp.
33. CHEST MEASUREMENT	Full expiration	Full exp.	Full exp.	Full exp.
34. SKIN				
35. SCALP				
36. BONE DISEASE				
37. JOINT DISEASE				
38. DEFORMITIES				
39. PARALYSIS				
40. RICKETS				
41. MENTAL CONDITION				
42. SPEECH				
43. HEAD MEASUREMENTS	C.I.			
44. SPECIAL NOTES				
45. ADVICE GIVEN				
46. INITIALS OF EXAMINER				
47. NOTES SUBSEQUENT TO PERIODIC EXAMINATIONS : TREATMENT ADOPTED, ETC. :-				

It is very desirable that one of the parents should be present when a child is examined. To ensure this a notice, in the form given below, may be sent out to the parents of the children who are to be examined—

CITY OF

.....SCHOOL.

.....19.....

TO THE PARENTS OR GUARDIANS OF

.....

In accordance with the Provisions of the Education Act, 1921, the School Doctor is about to make an examination of the Children in this School, and will examine your child on..... at.....o'clock.

This examination offers a valuable opportunity for the early discovery of ailments and defects which, if neglected, may greatly interfere with the child's progress during school life and afterwards. It is, therefore, very important that you should make every effort to be present when your child is examined.

.....

HEAD TEACHER

Whenever a child is found to be suffering from any defect or illness, this is pointed out to the parents, who are requested either to call in their own doctor or to let the

child attend the school clinic. The form appended is for use in the case of defective eyes.

CITY OF

TO THE PARENTS OR GUARDIANS OF—

NAME

ADDRESS

SCHOOL

Your Child has been reported as requiring Treatment for Defective Eyes.

If you do not consult your own Doctor, arrangements can be made for the Child to be treated by the School Doctor at one of the School Clinics. If you desire your Child to receive treatment from the School Doctor, will you kindly sign this form at the foot and return it to the Head Teacher ?

If it is found necessary to provide Spectacles, a charge not exceeding 3s. will be made. In cases where they are satisfied that the parent is unable to pay this amount, the Committee have power to remit or reduce the payment after due inquiry as to income.

VISION WITHOUT GLASSES.	
Right Eye.	Left Eye.

.....
SCHOOL MEDICAL OFFICER.

.....19.....

I desire that the Education Committee shall make arrangements for the examination of my Child's eyes, and, if necessary, provide Glasses.

Signed.....

PARENT OR GUARDIAN.

.....19.....

THIS FORM, having been signed by the Parent or Guardian, should be returned by the Head Teacher to the School Medical Officer.

Summomed to attend.....
Clinic at .....on.....

The next form is designed for cases of enlarged tonsils or adenoids, in which an operation is considered necessary.

CITY OF

.....19.....

TONSILS AND ADENOIDS

Dear Sir or Madam,

When your Child,.....
attending.....School,Dept.,

was examined by the School Doctor,he was found to be suffering from an enlargement of the Tonsils and from what is known as an " adenoid growth " in the passage between the nose and the throat. It is important that this should receive attention, for, if left untreated, it will interfere with the health of the child, and will prevent proper growth of the body and of brain power. An operation is therefore advisable.

If you wish it, this operation can be performed by the Aural Surgeon of the Education Committee, at the School Clinic, where the child will be kept for 24 hours after the operation. A fee of 5s. will be charged, but in cases where they are satisfied that the parent is unable to pay the amount, the Committee will excuse the payment.

If you wish to make use of this opportunity, please sign this form at the foot and return it to this Office. Later you will be informed of the date appointed for the treatment to be carried out.

Yours faithfully,

.....
SCHOOL MEDICAL OFFICER.

I wish the Surgeon of the Education Committee to undertake the operation for the removal of Tonsils and Adenoids from my *son daughter on the terms described above.

Signed.....

PARENT OR GUARDIAN.

Address

Date.....19.....

* Please strike out the word not applicable.

Summoned to attend.....

Clinic at..... on

Inspection of the children's teeth is carried out by the school dentist, and a circular on the lines of that shown on the following page is sent in cases where the teeth require attention.

CITY OF

.....19.....

TEETH

Dear Sir or Madam,

During a visit of inspection by the School Dental Surgeon, the teeth of your child were found to require attention.

Bad teeth (first or permanent) cause bad health and, often, serious disease. You cannot, therefore, be too strongly urged, in the interests of your child's present and future health, either to take your child to your own Dentist, or to procure treatment at one of the School Clinics.

If you desire the child to receive treatment at one of the School Clinics, will you please sign this form at the foot, and return it to the Head Teacher ?

A post card giving the time and place where the child can be treated will be sent to you in due course, but no treatment will be undertaken without the consent of the parents or guardians. They, or responsible persons acting on their behalf, must accompany the children to the Clinics.

A fee of 3d. will be charged for each complete course of treatment, but this may be reduced or remitted where the Committee is satisfied that the parent is unable, by reason of circumstances other than his own default, to pay the amount.

Yours faithfully,

.....

SCHOOL MEDICAL OFFICER.

I, the parent (or guardian) of.....attending
(Child's name)
.....Dept.,School, accept
the offer of the Education Committee to attend to the teeth of my
child during his (her) School career, and will take him (her) to the
Clinic when asked to do so. I undertake to pay a fee of 3d. for
each course of treatment.

(Signed).....

PARENT OR GUARDIAN.

Address.....

Date.....19.....

In cases where the child requires treatment which can be carried out at home, a visit to the house is paid by the school nurse who gives the necessary advice to the parents.

In this part of the work printed instructions will be found very useful, and specimens are given in Appendix A.

In many areas a large number of children suffer from verminous conditions of the head or clothing, and from contagious skin conditions, which make them unfit to associate with other children. In such cases it is usual to send to the head teacher a notice of exclusion as follows—

CITY OF

To THE HEAD TEACHER,School.
Dept.

I hereby certify that.....

ageyears, is suffering from.....
 in consequence of which he (she) has been excluded from school.
 Notice of re-admission will be sent when the child may safely attend again.

Signed.....
 SCHOOL MEDICAL OFFICER.

Date19.....

Visits are then paid to the home by the school nurse or health visitor until the unsatisfactory condition has been remedied.

At the close of a medical inspection a return is made of the children in whom some defect was found, and such children are again inspected by the school medical officer or school nurse after a short interval, and a record of the progress made is taken. On the two following pages is a specimen of a form used for this purpose.

Special registers need to be kept of children who are mentally or physically defective. Schools, in which such children can be trained as far as possible, are organized and maintained in large districts. Defective children are examined as frequently as possible, and in some districts many of them are treated in residential schools or other institutions.

CITY OF

.....19.....

TEETH

Dear Sir or Madam,

During a visit of inspection by the School Dental Surgeon, the teeth of your child were found to require attention.

Bad teeth (first or permanent) cause bad health and, often, serious disease. You cannot, therefore, be too strongly urged, in the interests of your child's present and future health, either to take your child to your own Dentist, or to procure treatment at one of the School Clinics.

If you desire the child to receive treatment at one of the School Clinics, will you please sign this form at the foot, and return it to the Head Teacher ?

A post card giving the time and place where the child can be treated will be sent to you in due course, but no treatment will be undertaken without the consent of the parents or guardians. They, or responsible persons acting on their behalf, must accompany the children to the Clinics.

A fee of 3d. will be charged for each complete course of treatment, but this may be reduced or remitted where the Committee is satisfied that the parent is unable, by reason of circumstances other than his own default, to pay the amount.

Yours faithfully,

.....
SCHOOL MEDICAL OFFICER.

I, the parent (or guardian) of.....attending
(Child's name)
.....Dept.,School, accept
the offer of the Education Committee to attend to the teeth of my
child during his (her) School career, and will take him (her) to the
Clinic when asked to do so. I undertake to pay a fee of 3d. for
each course of treatment.

(Signed).....
PARENT OR GUARDIAN.

Address.....

Date.....19.....

In cases where the child requires treatment which can be carried out at home, a visit to the house is paid by the school nurse who gives the necessary advice to the parents.

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To THE HEAD TEACHER,School.

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Notice of re-admission will be sent when the child may safely
attend again.

Signed.....

SCHOOL MEDICAL OFFICER.

Date.....19.....

Visits are then paid to the home by the school nurse or health visitor until the unsatisfactory condition has been remedied.

At the close of a medical inspection a return is made of the children in whom some defect was found, and such children are again inspected by the school medical officer or school nurse after a short interval, and a record of the progress made is taken. On the two following pages is a specimen of a form used for this purpose.

Special registers need to be kept of children who are mentally or physically defective. Schools, in which such children can be trained as far as possible, are organized and maintained in large districts. Defective children are examined as frequently as possible, and in some districts many of them are treated in residential schools or other institutions.

(FRONT)

CITY OF

SCHOOL.

DEPARTMENT

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN THE ABOVE-NAMED SCHOOL

(I) NAME	(II) AGE	(III) ADDRESS	(IV) No. of COMPLAINT, DEFECT, OR AILMENT (see over)	This Portion to be left blank until subsequent Visit of Assistant School Medical Officer or School Nurse.									
				(V) FIRST VISIT					(VI) SECOND VISIT				
				Date		Initials			Date		Initials		
				No Report Available	Remedied	Improved	No Change	Not Treated	No Report Available	Remedied	Improved	No Change	Not Treated

Date

Signature

SCHOOL MEDICAL OFFICER.

Particulars relating to children in ONE DEPARTMENT ONLY should be entered on this form.

The form, when filled in, should be handed to the Head Teacher of the Department concerned, until the subsequent "following up" visit of the School Medical Officer or School Nurse.

On the occasion of the "following up" visits the School Medical Officer or School Nurse should record the results in the appropriate columns, by means of a cross, thus x.

After the second visit of the School Medical Officer or School Nurse the form should be returned to the Office.

(BACK)

NOTE.—The numbers of complaints, defects, or ailments to be filled in in Column IV are as follows—

1. MALNUTRITION
2. UNCLEANLINESS
3. SKIN (a) Ringworm : (i) Scalp ; (ii) Body
(b) Scabies
(c) Impetigo
(d) Other Diseases (Non-Tuberculous)
4. EYE (a) Blepharitis
(b) Conjunctivitis
(c) Keratitis
(d) Corneal Opacities
(e) Defective Vision (excluding Squint)
(f) Squint
(g) Other Conditions
5. EAR (a) Defective Hearing
(b) Otitis Media
(c) Other Ear Diseases
6. NOSE AND THROAT (a) Enlarged Tonsils only
(b) Adenoids only
(c) Enlarged Tonsils and Adenoids
(d) Other Conditions
7. ENLARGED CERVICAL GLANDS (Non-Tuberculous)
8. DEFECTIVE SPEECH
9. TEETH—Dental Diseases
10. HEART & CIRCULATION (a) Heart Disease : (i) Organic
(ii) Functional
(b) Anaemia
11. LUNGS (a) Bronchitis
(b) Other Non-Tuberculous Diseases
12. TUBERCULOSIS (a) Pulmonary : (i) Definite
(ii) Suspected
(b) Non-Pulmonary
(i) Glands (iv) Other Bones and Joints
(ii) Spine (v) Skin
(iii) Hip (vi) Other Forms
13. NERVOUS SYSTEM (a) Epilepsy
(b) Chorea
(c) Other Conditions
14. DEFORMITIES (a) Rickets
(b) Spinal Curvature
(c) Other Forms
15. OTHER DEFECTS AND DISEASES

On pages 110, 111, and 112 will be found a specimen of a form on which the results of routine and special inspections of school children may be recorded.

CITY OF

EDUCATION COMMITTEE

REPORT upon Medical Inspection of Children carried out at
..... School,
..... (See Note (a))
on.....19.....

	TIME OF	
Assistant School Medical Officer—	ARRIVAL	DEPARTURE
Dr.....		
Name of Nurse assisting—		
Nurse.....		

TABLE I.—RETURN OF MEDICAL INSPECTIONS

A.—ROUTINE MEDICAL INSPECTIONS OF CHILDREN AT SCHOOL

Number of Code Group Inspections—

See Note (b)						
Entrants	
Intermediates	
Leavers	
TOTAL	

B.—OTHER INSPECTIONS AT SCHOOL

Number of Special Inspections	.	.	.	.	.
See Note (c)						
Number of Re-inspections	.	.	.	.	.
See Note (d)						
TOTAL	.	.	.	.	.

NOTES

(a) Give full name of School, and, should there be more than one School of the same name, state the locality.

(b) This heading relates solely to the routine medical inspection of the three ordinary age groups, i.e. to medical inspection carried out: (i) in compliance with Article 58b of the Code; (ii) on the school premises; (iii) for the purpose of making a report on each child on a Medical Inspection Schedule *see page 100*.

(c) A Special Inspection at a school is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, i.e. not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officers, Parents or otherwise. *If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection should be entered in Part A of Table I and its special inspection in Part B.* The inspection to be recorded under the heading of special inspections should be only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection should be recorded as a Special Inspection and *not* as a Re-inspection.

(d) Under this heading should be entered the medical inspection of children who, as the result of a routine or special inspection, come up later on for subsequent re-inspection at the school. The first inspection in every case will be entered as a routine or special inspection as the case may be. *Every subsequent inspection of the same defect will be entered as a re-inspection.*

Care should be taken to see that nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Examinations by anyone other than a doctor on the staff of the School Medical Service should *not* be recorded as medical inspections. If, however, at any such examination a child is also examined by one of the Authority's medical officers, this should be recorded as a special inspection or re-inspection, as the case may be.

TABLE II
A.—RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION OF CHILDREN AT A SCHOOL

DEFECT OR DISEASE.	Routine Inspections, <i>See footnotes (b) and</i>		Special Inspections, <i>(c) on other side of form</i>	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
1. Malnutrition				
2. Uncleanliness				
3. Skin				
(a) Ringworm (i) Scalp (ii) Body				
(b) Scabies				
(c) Impetigo				
(d) Other Diseases (Non-Tuberculous)				
4. Eye				
(a) Blepharitis				
(b) Conjunctivitis				
(c) Keratitis				
(d) Corneal Opacities				
(e) Defective Vision (excluding Squint)				
(f) Squint				
(g) Other Conditions				
5. Ear				
(a) Defective Hearing				
(b) Otitis Media				
(c) Other Ear Diseases				
6. Nose and Throat				
(a) Enlarged Tonsils only				
(b) Adenoids only				
(c) Enlarged Tonsils and Adenoids				
(d) Other Conditions				
7. Enlarged Cervical Glands (Non- Tuberculous)				
8. Defective Speech				
9. Teeth—Dental Diseases (<i>see Note (a)</i>)				
10. Heart and Circulation				
(a) Heart Disease— (i) Organic				
(ii) Functional				
(b) Anaemia				
11. Lungs				
(a) Bronchitis				
(b) Other Non-Tuber- culous Diseases				
12. Tuberculosis				
(a) Pulmonary— (i) Definite				
(ii) Suspected				
(b) Non-Pulmonary— (i) Glands				
(ii) Spine				
(iii) Hip				
(iv) Other Bones and Joints				
(v) Skin				
(vi) Other Forms				
13. Nervous System.				
(a) Epilepsy				
(b) Chorea				
(c) Other Conditions				
14. Deformities				
(a) Rickets				
(b) Spinal Curvature				
(c) Other Forms				
15. Other Defects and Diseases				

**B.—NUMBER OF INDIVIDUAL CHILDREN—(see Note (b))—
FOUND AT ROUTINE MEDICAL INSPECTION TO
REQUIRE TREATMENT
(EXCLUDING UNCLEANLINESS AND DENTAL DISEASES)**

GROUP (1)	NUMBER OF CHILDREN	
	Inspected. See Note (c). (2)	Found to Require Treatment. (3)
CODE GROUPS—		
Entrants . . .		
Intermediates . . .		
Leavers . . .		
TOTAL (Code Groups) .		

NOTES

(a) The figures to be included in this space should refer to the findings of the *Medical Officer* and not those resulting from dental inspection in the schools by the *School Dentist*. The findings of the *School Dentist* will be recorded separately by him.

(b) No individual child should be counted more than once in this part of Table II, i.e. under *B*—even if it is found to be suffering from more than one defect.

(c) The figures in this column will, of course, be the same as those given in Table I *A*. (See other side of this form.)

CHAPTER XII

VITAL STATISTICS

THERE is no doubt that the publication of vital statistics has been and still is a most important factor in arousing and maintaining interest in Public Health work.

Every medical officer of health is required to prepare an Annual Report which must deal, among other things, with the vital statistics of his district, and the administrative work of his department. The most general index of the healthiness of a district is its death-rate. To ascertain this, accurate information of the number of deaths and population is necessary.

Population.

The population of every sanitary district is ascertained once in every ten years at the decennial census of England and Wales. For the intervening years estimates of the population have to be prepared by one of two methods. The first is to assume that the rate of increase found to have existed between the last two census enumerations will continue unchanged until another is taken, and to work out the estimated population year by year on this basis. The second method is to ascertain at the census the average number of persons per house, and to multiply this factor by the number of occupied houses as shown year by year in the rate books. In a district where much migration is occurring, the latter method gives the more accurate estimate.

Deaths and Death-rates.

Information as to deaths is supplied week by week in the returns obtained from the Registrar of Births and Deaths. (*See* pages 114 and 115.) These give the name, address, age, sex, and occupation of the deceased, the date and cause of death, and the name of the certifying doctor.

Form for Return to
Sanitary Authority (37
and 38 Vict., cap. 88,
Sec. 28).

REGISTRATION DISTRICT.....

SUB-DISTRICT

A RETURN OF DEATHS REGISTERED IN THE SANITARY DISTRICT OF.....
.....DURING THE WEEK (OR MONTH) ENDING.....

PARTICULARS OF DEATHS

114

No. in Register	WHEN AND WHERE DIED.	NAME AND SURNAME.	SEX.	AGE.	RANK OR PROFESSION, and the Previous Residence in case of TRANSFERABLE DEATHS.	CAUSE OF DEATH.
Cols.—	1	2	3	4	5	6
1	2 August, 19.. Road	Harriet ———	Female	80 Years	Widow of Thomas ——— A General Haulier (Master)	(1) Endocarditis, 1 year. (2) Mitral Disease Henry J. ———, M.D.
2	2 August, 19.. Road	Ann Eliza ———	Female	65 Year	Wife of Thomas James ——— Formerly a Baker (Master)	1) Epithelioma of Bladder. (2) Asthenia No P.M. B. W. ———, M.B.
3	31 July, 19.. Women's Hospital	Clara ———	Female	44 Years	Of ——— Road Wife of Harry ——— A Leather Bridle Cutter	Spasms of a Tetanic character from unknown origin, subsequent to an operation for dropped kidney. Natural Causes (Inquest)
4	31 July, 19.. Road	John Read ———	Male	84 Years	Formerly a Builder (Master)	(1) Senility. (2) Cerebral Thrombosis H. G. L. ———, M.B.
5	3 August, 19.. Road	Charles Frederick ———	Male	65 Years	Glass Cutter. General Glass Goods Making	(1) Cancer of Liver and Stomach M. M. ———, M.B.

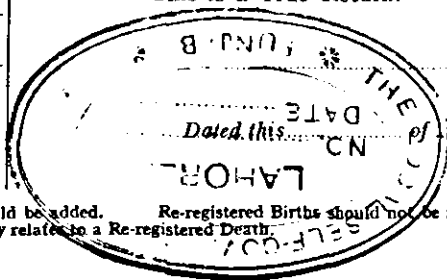
PARTICULARS OF DEATHS—(contd.)

6	4 August, 19.. Road	John _____	Male	76 Years	Formerly a Gun Manufacturer's Carmaker	(1) Carcinoma Oesophagi. 6 Months Wm. W. _____ M. R. C. S., L. R. C. P.
7	4 August, 19.. Road	William Frederick _____	Male	39 Years	Metal Driller (Public House Bar Fittings Making)	(1) Pulmonary Tuberculosis. (2) Heart Failure. No P.M. B. W. _____, M.B.
8	5 August, 19.. Road	Robert Ridley _____	Male	65 Years	Gun and Cycle Manufacturer's Clerk	(1) Chronic Bronchitis, 7 Years. (2) Heart Failure. No P.M. W. T. _____, L. R. C. P.
9	5 August, 19.. Road	Emily _____	Female	47 Years	Wife of John Richard _____ A Staff Clerk (Inland Revenue Dept.)	(1) Pleurisy. (2) Lobar Pneumonia. No P.M. C. M. _____, M.B.
10	5 August, 19.. Women's Hospital	Florrie Elizabeth _____	Female	49 Years	Of 118 _____ Road Wife of James _____ A Solicitor's Managing Clerk	(1) Pulmonary Embolism following an operation for Hysterectomy. No P.M. Margaret E. _____

115

BIRTHS.*		
Registered in the same Period.		
BOYS.	GIRLS.	TOTAL.

This is a True Return.



.....REGISTRAR

.....19.....

* If desired the total number of Illegitimate Births should be added. Re-registered Births should not be included in this Summary.
N.B.—A note should be added in any case where an entry relates to a Re-registered Death.

From these returns are constructed death-tables, showing the number of deaths, male and female, from various diseases and at certain age-groups. In small districts a short list of diseases is generally used ; a much longer list is generally employed in large cities. A specimen of the shorter table is given on the following page.

In order to classify the deaths with accuracy and expedition, they should first of all be marked with the index number of the disease to which they are allotted. To facilitate the allocation of the deaths to their proper headings a very complete manual of nomenclature of diseases has been issued by the Registrar-General.

The total deaths and deaths from various causes having been ascertained, they are usually expressed as rates per 1,000, or per 1,000,000, of the population. They can then as death-rates be compared both with previous records in the same district and with figures relating to other areas of a similar character.

Wherever possible, separate death-rates should be worked out for the component parts of the district such as wards, parishes, and other areas of known population. Such local death-rates will be found very useful for stimulating interest in Public Health work, in addition to indicating the parts of the area which require special attention from the staff of the Public Health Department.

The figures below indicate how greatly the total death-rate may vary in different sections of a large urban area.

DEATH-RATE FROM ALL CAUSES

DISTRICT A (Poor Class) . . .	14·5 per 1,000
.. B (Middle Class) . . .	11·2 ..
.. C (Better Class) .. .	9·9 ..

A suitable form for classifying the deaths according to localities is given on page 119.

It will be found very instructive to work out sickness rates as well as death-rates from diseases which are likely

to be seriously influenced by unhygienic conditions, a notable example being tuberculosis, which is always much more prevalent in unwholesome surroundings. Where the sickness rates cannot be ascertained, death-rates are useful, but they are not conclusive as to the degree of prevalence of any particular disease, because with good nursing many serious illnesses fortunately do not have a fatal termination. In the areas for which the total death-rate has just been given the sickness rate for tuberculosis was as follows—

TUBERCULOSIS SICKNESS RATE

DISTRICT A (Poor Class)	3·33
„ B (Middle Class)	2·17
„ C (Upper Class)	1·69

Case-mortality, i.e. the average number of deaths to 100 cases, will also prove instructive if calculated for each of the wards or other districts used for statistical purposes. The following figures illustrate this point—

MEASLES

	DEATH- RATE.	CASE- MORTALITY. %
DISTRICT A (Poor Class)	0·71	3·8
„ B (Middle Class)	0·39	2·1
„ C (Upper Class)	0·14	0·7

The case-mortality of a disease like diphtheria at different ages is also very important.

DIPHTHERIA

	CASES.	DEATHS.	CASE- MORTALITY. %
Under 1 year	32	4	12
1 „	74	9	12
2 years	127	10	8
3 „	137	16	12
4 „	135	9	7
5-10 „	623	40	6
10-15 „	343	11	3
15-20 „	174	1	1
20 years and over	242	0	0

It will be clear from figures like these that in certain diseases it is enormously important to avoid the risk of infection at certain periods of life.

In comparing the death-rates of various districts, whether from all causes or from individual diseases, care must be taken to allow for any serious difference in the age constitution of their populations. Death-rates are always high at the extremes of life—among infants and young children, and the aged. On the other hand, they are very low among older children and young adults. This is indicated in the figures below—

DEATH-RATE PER 1,000	
Under 1 year	86.2
1 and under 2	25.0
2 " 3	9.2
3 " 4	5.6
4 " 5	3.2
5 " 10	1.9
10 " 15	1.3
15 " 20	2.2
20 " 25	3.0
25 " 35	3.5
35 " 45	6.2
45 " 55	11.3
55 " 65	25.4
65 and upwards	84.2

It is obvious that, if in any area there is an excessive proportion of young children or very old people, the death-rate will *ceteris paribus* be high.

The information given in the death return is not merely of value for statistics. It is also of great use for actual administrative purposes. Immediately the returns are received, they should be carefully scrutinized, and all deaths of infants and young children, and deaths from infectious diseases (including tuberculosis) should be taken off. These deaths are then brought to the notice of the inspector or health visitor concerned. In this way cases of tuberculosis can be removed from the register, and the necessary disinfection carried out. Similarly, the cards used for visiting infants and young children can be removed from their files. As regards deaths from notifiable diseases, care should be taken to ascertain whether the case had been

notified and, if not, to take any necessary action with reference to it.

Inspection of the death returns will also reveal the occurrence of any unusual mortality from such diseases as influenza, summer diarrhoea, and others which are not notifiable but regarding which some action by the Public Health Department is often possible.

Births and Birth-rates.

The majority of the births occurring in any district come to the knowledge of the Public Health Department through notifications received under the Notification of Births Act. Under this Act it is the duty of the father, if present in the house, and of any person in attendance on the mother, to give notice to the medical officer of health within 36 hours. A small percentage of births, however, escape notification, and arrangements have to be made with the local registrars to compare the notifications with the entries on their registers, and to forward each week particulars of any births which have been registered by them, but which had not been duly notified to the medical officer of health. In this way a complete list of births is obtained, and the birth-rate for the whole area and its constituent parts can be calculated.

Infant Mortality.

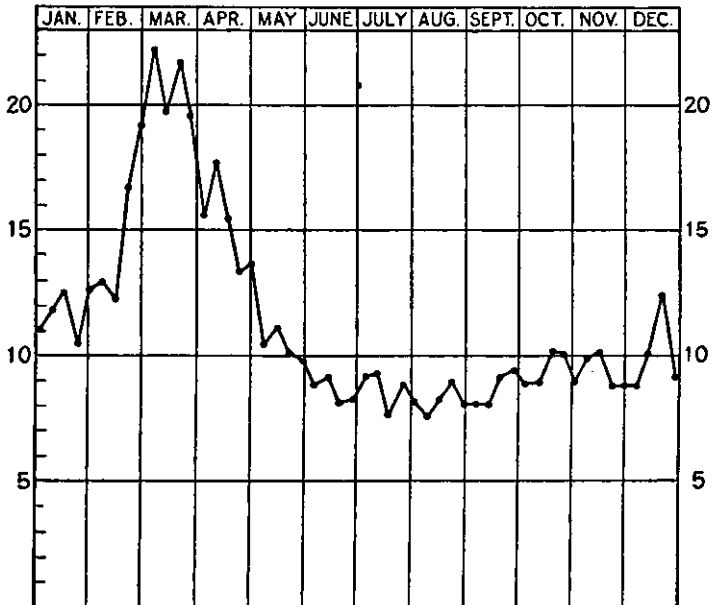
The number of births is also required in order to ascertain the infant mortality rate, which is usually expressed as a rate per 1,000 births. The infant mortality rate in various parts of the district is of great interest and value as a means of ascertaining the areas where child welfare work is specially required.

Sickness Rates.

Unfortunately, there is at present no arrangement in force by which the amount of sickness is officially recorded,

except in the case of notifiable diseases. As regards the latter, the cases notified should be classified and tabulated in the same areas and at the same age-groups as the deaths. Very valuable information can be obtained in this way

Year 1924 DEATH-RATE IN WEEKS



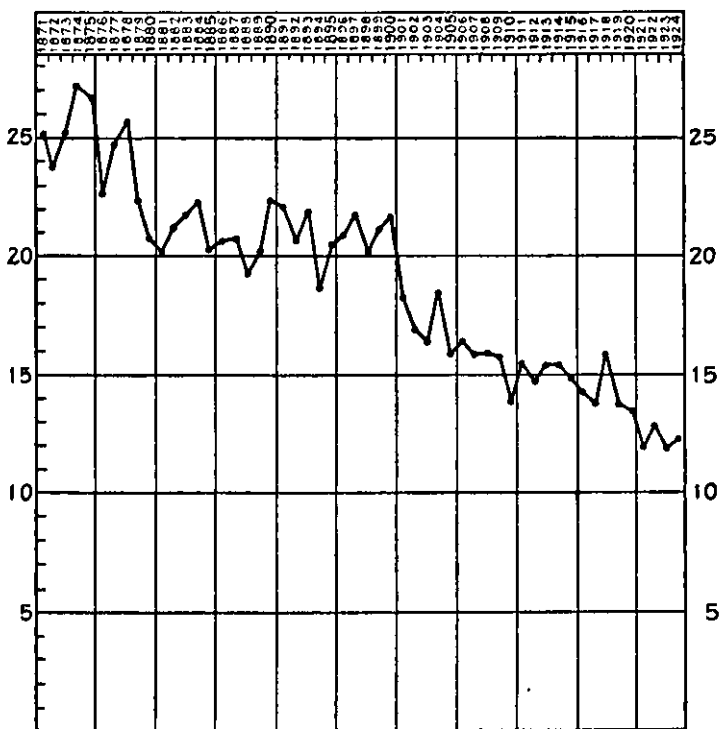
as to the relative prevalence of any particular disease in various parts of the district, and as to the age-periods at which there is the greatest danger of a fatal termination. Sickness rates are usually expressed, like death-rates, as per 1,000 of the population.

Mortality and Morbidity Charts.

Charts showing the salient features of the health of the district week by week will be found both useful and interesting. The chart above is an example showing the course

of the death-rate from all causes in weekly periods during one year.

DEATH-RATE PER 1,000
1871-1924



On similar lines, a chart may be constructed as above to show the course of mortality over a series of years.

APPENDICES

APPENDIX A

LEAFLETS FOR DISTRIBUTION

CITY OF.....

Public Health Department

MEASLES

Measles is a highly infectious and dangerous disease causing more deaths than scarlet fever, diphtheria, and typhoid fever added together.

Parents of children can do much to prevent serious illness and even death by recognizing the cause of the illness early and by keeping the child in bed for at least a week and in a warm room until recovery. It is most important to prevent the child getting Bronchitis and Pneumonia.

Measles is very infectious for about two days before the rash appears. During these two days the child has running at the eyes and nose, sneezing, and perhaps cough. The disease is dangerous in all children, especially in children under four. For at least three weeks the patient should be kept apart from other children of family and of neighbours. It is NOT necessary for all children to have measles.

Children suffering from Measles should be kept away from School for the two days before the rash appears, and for three weeks afterwards. The other children living in the home who have had Measles before may continue at School. The children in the home who have not had Measles before must be kept away from School for three weeks after the rash has appeared on the last patient.

GERMAN MEASLES

This is an entirely different disease from Measles. There is always a rash, which generally comes out first on the face and neck, and then on the rest of the body, and does not last much more than 24 hours. Before the rash appears there is seldom any running at the eyes and nose, as in Measles. The patient often does not appear ill, but may complain of slight sore throat and stiffness of the neck, and the glands at the back of the neck especially are swollen. Whenever a child in the family develops a rash he should be kept away from school.

After either of these illnesses, the clothing and bed linen should be thoroughly washed, the walls of the bedroom should be cleansed, and the floor well scrubbed. The window and door should be left open to admit fresh air, which has a powerful cleansing effect.

(FRONT OF LEAFLET)

CITY OF

WHOOPING COUGH

Important Advice to Parents

Whooping Cough is one of the most deadly of diseases when it attacks young children. About babies under two years of age die of it every year in this town.

**HOW TO TELL WHEN A CHILD HAS CAUGHT
WHOOPING COUGH**

First Stage. For the first eight to fourteen days the child who has caught Whooping Cough has a short, dry cough, occurring at any time, without any whoop or bout of coughing. Often the cough is very frequent and of gradually increasing severity. After this stage has passed the child may vomit after the severe coughing, and the attacks come at more regular intervals, most marked at night.

Second Stage. Then follows the stage when paroxysms of coughing come on and the "whoop" is usually present and easily recognized. The infection spreads most during the first stage—long before the "whoop" appears. Therefore, if whooping cough is known to be present in the district, it is most important to suspect the disease whenever a child has the kind of cough described above.

WHAT TO DO FOR THE CHILD

In every case the child should be kept warm and quiet in bed from the time you suspect the disease until at least a week after the "whoop" has developed.

In the case of children under three years of age, and in the case of older children when the disease is severe, always call in a doctor.

The windows of the bedroom should be kept wide open, night and day if the weather is mild, and partly open if it is cold weather. During cold weather there should be a fire in the bedroom. The patient should be sheltered from draughts, as catching cold at this time leads often to serious results. It is most important that the child should be bathed daily.

No Drugs, excepting aperients, should be given without a doctor's advice.

(BACK OF LEAFLET)

Always catch the patient's spit in a piece of paper, and burn this. The spit may spread the disease if allowed to fall on the bedclothes, floor, etc.

It is important to keep up the child's strength by suitable light, nourishing food, given at proper intervals.

HOW TO PROTECT OTHER CHILDREN

Whooping cough is very infectious in the first stage, but not nearly so much so in the "whooping" stage.

If your child is suspected of having caught the disease, keep him in a warm, well-ventilated room, and stop others, and particularly babies, from coming near him. After the "whoop" has developed, and if otherwise fit, he may be taken out when the weather is fine, but not allowed to play with other children or go in a tramcar. When nearly well, a week or two in the country often greatly hastens recovery.

After recovery, wash the bed clothing and all personal clothing which has come in contact with the patient, and thoroughly wash the woodwork and furniture; and air the rooms where the patient has been.

WHAT TO DO WITH SCHOOL CHILDREN

1. If you suspect Whooping Cough, keep the child from school, and write a note to the Head Teacher. A child suffering from Whooping Cough should be kept from school until the "whoop" stops.
2. Other children who live in the same house and who have not had Whooping Cough previously should be kept from school till one month after the development of the "whoop" in the last case.
3. Other children who have previously had Whooping Cough may continue at school.

CITY OF

Public Health Department**SORE THROAT, DIPHTHERIA, AND
SCARLET FEVER**

The Public Health Committee have had it brought to their notice that a number of children suffer severely because a doctor is not called in early enough in cases of Sore Throat, or Diphtheria, or Scarlet Fever.

Occasionally what appears to be trivial sore throat may turn out to be the commencement of an attack of Diphtheria or Scarlet Fever.

Whenever a child complains of sore throat, or when a child is obviously ill, it is desirable that the parent should examine the throat. This can best be done by gently pressing the tongue down by means of the handle of a teaspoon.

Send for the Doctor—

1. If the child has got a sore throat accompanied by general illness, particularly if such symptoms as vomiting, headache, running at the nose, or a slight rash are noted.

2. Whenever there are on the throat any white patches, even if such are not accompanied by any obvious symptoms of illness.

By getting a doctor at once in such cases the life of the child may be saved.

CITY OF

Public Health Department**DIARRHOEA**

If a **BABY** (or young child) has Diarrhoea, a **DOCTOR** must be seen **AT ONCE**. Until the Doctor has seen the child, give no **Breast Milk, Cow's Milk, or Food** of any kind; but only sips of cold boiled water.

SPECIAL Precautions Against Diarrhoea—

EVERY BABY should be **FED AT THE BREAST** if possible.

Diarrhoea is much commoner, and more dangerous, amongst hand-fed babies than amongst breast-fed babies.

Rooms must be kept as cool as possible by having the windows open day and night.

If the weather is very hot, let the baby sleep in the coolest place in the house with very little clothing.

Dummy Comforters should never be used.

If, for any strong reason, a baby is bound to be hand-fed, then the following measures should be taken—

1. The baby must have nothing but milk, or milk and water, till it is nine months old. Babies must not be fed on bread, biscuits, etc. Overfeeding is particularly to be avoided during days of excessive heat. Four-hourly feeding is sufficient. Give boiled and cooled water freely between feeds. On hot days give half the usual quantity of milk, and make up the amount for the feed with boiled water.

2. All milk (or milk and water) should be boiled just before being used, and the milk jug or basin should be covered, and kept in a cool place, in cold water.

3. Feeding bottles with **Tubes** must never be used. The bottle should be boat-shaped with a rubber teat. The bottle must be washed, and the teat turned inside out and washed thoroughly after each feed. The teat should be boiled once daily in water in a clean pan, and both the teat and the bottle should be kept in water till again needed.

4. Flies must be kept away from all milk and food by using muslin covers.

GENERAL Precautions Against Diarrhoea—

1. The House should be cleaned very frequently, and the slops taken away early in the morning.

2. The yard and drain traps should be kept clean. No tea leaves, cabbage leaves, potato peelings, fish, etc., should be put into the ash-place. They should be burned. Ash-bins should be covered.

3. Offensive closets and bad drains should be reported at once to the Medical Officer of Health.

Public Health Department**ADVICE ON THE
PREVENTION OF CONSUMPTION**

1. Consumption is not inherited, but, like many other well-known diseases, it is caught.

2. It is properly called a preventable ailment, and yet it is one of the most fatal diseases, causing one death in every ten in England.

3. It is almost always caught, either from a person who is suffering from the disease, or through infected air, milk, and possibly meat.

4. Some persons are born with a constitution which strongly favours their catching Consumption, although it is not born with them. Such persons ought to be very careful to avoid exposure to the disease.

5. The most important predisposing causes are the following: (1) Intemperance, which renders people easily susceptible to the disease; (2) overcrowding and ill-ventilated bedrooms and living rooms, which are frequent predisposing causes where working-class people do not have their bedroom or living room windows open; (3) living in dark rooms, often made so by unnecessary curtains being put up in front of the windows, or by leaving the windows dirty for a long time; (4) living in damp houses, which have the effect of weakening the general health.

6. Good health is the best precaution against the disease, and to maintain good health it is necessary to lead a temperate life, and to live in fresh air and in a dry house, with plenty of sunlight during the day. A proper amount of suitable food is also very necessary. Consumptives should rest before and after a meal when possible.

7. Consumption is caused by a germ which abounds in the spit of consumptive persons, and in the spray given off in the act of coughing.

8. Every person suffering from Consumption is liable to give the disease to other persons, chiefly by means of the spit, but also by the spray given off when coughing.

9. It is very dangerous to allow spit to become dry, for then it may become dust containing consumptive germs which get into the air and are carried to other persons. It is also equally dangerous to cough without holding a piece of rag, paper, or the hand before the mouth. (The rag should be burned, the paper burned or put down a water closet, and the hands washed as soon as possible.)

10. Consumptive persons should never spit upon the floor, nor into a handkerchief which has to be put into the pocket or under a pillow. They should take care that no spit is smeared over their bedclothes or night-dresses, or on their beards or moustaches.

11. The germ causing consumption may also cause disease of other parts of the body besides the chest, such as the bowels,

especially in children, who are often attacked if infected milk is used. All milk should therefore be boiled, by which the germs are killed.

12. When indoors a consumptive person should use a spit-cup containing a little water, or water and carbolic acid, or should spit into a rag or piece of paper which can be burned at once.

13. When out of doors, a pocket spit-bottle, which can be bought for a small sum, should always be used. Carefully avoid spitting in a tramcar, omnibus, cab, or railway carriage, or on the footpath.

14. Consumptive persons must not swallow their spit, as by so doing the disease may be conveyed to parts of the body not already affected.

15. If a handkerchief or any article of clothing has been soiled with spit, it should be kept wet till it can be boiled and washed.

16. The contents of the spit-cup or spit-bottle should be emptied down a water-closet or drain, and the bottle or cup should be cleaned with boiling water, with or without a disinfectant.

17. No spoon, cup, or other article which has touched the mouth of a consumptive person should be used by anyone else until it has been carefully washed in boiling water. It is advisable for men suffering from consumption to be clean shaven.

18. Food which has been left by a consumptive should not be eaten by any other person.

19. No mother who is consumptive should suckle a baby.

20. All persons who are consumptive should, if possible, have sleeping rooms to themselves. The window of the sleeping room should either be taken out altogether, or kept open to its full extent. The room chosen should face the south if possible, as sunlight and fresh air are important disinfectants.

21. If it is impossible for a consumptive to have a bedroom for his own use, it is absolutely necessary for him to have a bed to himself. Neglect of this precaution often results in several members of a family catching the disease.

22. In cleaning rooms, damp dusters should be used and wet tea leaves or sawdust should be put down before sweeping, so that the dust will be removed without being spread through the air. The dusters should be boiled and the sawdust or tea leaves burned.

23. After the removal of a consumptive patient from a house, or after a death, it is essential that disinfection should be thoroughly carried out. This disinfection will be done by the Public Health department free of charge on notice being sent to the Medical Officer of Health.

24. In addition to this disinfection, the floors and woodwork should be washed with soft soap and soda, and all articles of clothing thoroughly washed, so that infection may not be handed on to other occupants of the house.

.....
MEDICAL OFFICER OF HEALTH.

N.B.—Any Change of Address should be reported at once to the Medical Officer of Health, so that the house can be disinfected.

CITY OF

Public Health Department**INFLUENZA**

Influenza is very catching while the person who has caught it is still able to get about and work. You run less risk by paying attention to the following points—

PREVENTION.

1. Wear warm clothing and keep your windows open.
2. Do not stop in crowded rooms.
3. Do not use crowded trams, trains, or buses if you can help it.
4. Be moderate in the use of alcohol.
5. Ask your doctor if he thinks it desirable to vaccinate you against influenza.

CURE.

1. At the first feeling of illness go home and go to bed ; keep warm, and send for the doctor.
2. Keep away from the " Pictures," theatres, and other crowded places for a week after you feel well.

TO PERSONS NURSING INFLUENZA.

1. If possible, give the patient a separate bedroom.
2. Keep the patient warm, but do not stop the air moving about the bed by putting curtains round it.
3. Do not take the patient's breath.
4. Wash your hands after touching the patient.
5. Make the patient hold a handkerchief or rag over the mouth and nose when sneezing or coughing.

CITY OF

Public Health Department**TREATMENT OF INFLAMED EYES**

Bathe the eyes frequently with warm boracic lotion.

To do this, lay the child down flat, put a towel round him, and wash away first the discharge from the outside of the eyes.

Then take a fresh piece of rag or cotton wool and gently drop some of the lotion inside the lids.

Smear boracic ointment along the lids at night to prevent them sticking.

CITY OF

Public Health Department**TREATMENT OF IMPETIGO (" SORES ")**

Bathe off the scabs with warm water.

When the scabs are removed, smear on white precipitate ointment several times a day.

Do not allow the child to pick the sores.

The child's nails must be kept clean and short.

Burn all dressings, etc., used.

Keep a separate towel for each child, as the complaint is easily conveyed to others by towels.

N.B.—It is useless to put ointment on the scabs. These must be bathed off first.

CITY OF

Public Health Department**SCABIES OR ITCH**

Scabies, or Itch, is a disease due to a small mite, which burrows under the skin, and can be easily conveyed from one person to another by bedclothes or other clothing. The fact that the mite burrows under the skin protects it from any lotion which may be put on the hands for cure purposes. Unless there is an intense amount of inflammation the disease can be easily got rid of if the following precautions are taken—

The infected person should have a warm bath, with plenty of soap, and should stay in the bath for 20 minutes at least. While in the bath the affected parts should be scrubbed with a nail brush so as to open the burrows of the skin made by the Itch mite.

A soft towel should be used to dry the body, then sulphur ointment should be well rubbed into the affected parts, and left on all night.

Next morning the sulphur ointment can be washed off, and clean clothing put on.

The bath should be repeated on three nights, but not oftener.

Sulphur ointment is cheap, and enough can be purchased for a few pence from any chemist.

It is most important that the underclothing and the sheets and pillow-cases used by the person affected should be washed and boiled, so as to kill any mites in them.

CITY OF

Public Health Department**INSTRUCTIONS FOR CLEANSING****CLEANSING HEADS FROM LICE AND NITS**

1. Comb the hair carefully with a fine tooth comb. (N.B.—The teeth of comb must be unbroken.)

2. Wash the head thoroughly with soap and hot water, and dry thoroughly.

3. The same day and for next six days dip a small tooth comb in paraffin and well comb the hair, making it quite damp. Afterwards dry with a clean cloth.

4. Cut off every hair on which there are nits.

N.B.—Do not use the paraffin near a fire or light, as it is very inflammable.

TO KEEP HEAD CLEAN

Wash the head once a week with soap and water. Comb thoroughly with a fine tooth comb every day.

**TO CLEANSE AND HEAL ULCERATED HEADS
DUE TO LICE**

1. Cut the hair quite short. Wash thoroughly with soap and hot water, then dry with a clean cloth.

2. Then take one teaspoonful of Cyllin or Izal disinfectant (from chemist) and add to half-pint of hot water. Well bathe the sores with this quantity of lotion three times a day, removing the scabs when soft.

Repeat this treatment daily until the sores are quite healed.

BODY LICE

All persons in the same house having body lice should be treated at or about the same time and in the same way. If any inmate be left untreated all the trouble taken will be rendered useless. The bed clothing of the beds in which persons having body lice have slept should be cleansed at the same time.

The furniture and woodwork in the house should be washed; and cushions and padded articles should be well beaten in the open air.

Persons having body lice should wash themselves completely with soap and water and afterwards use clothing and bedding which have been treated as below—

1. Cotton underclothing, sheets, pillow-cases, and similar articles should be steeped in soap and water, boiled for half an hour, and afterwards washed with soap and water.

2. Woollen articles which cannot be boiled, such as blankets, coats, jerseys, waistcoats, trousers, mufflers, caps, etc., should be treated with a mixture of equal parts of Cyllin or Izal and hot water. This should be rubbed on the inner side of such articles with a scrubbing brush and allowed to remain in contact with the material for four hours. Afterwards wash thoroughly and rinse in cold or lukewarm water.

NOTE.—Lice and their eggs are found in the inside seams of clothing and stockings, and it is therefore necessary to pay particular attention to these parts of the articles and to ensure that they are well soaked and well scrubbed.

APPENDIX B
DAILY RECORD SHEETS
 CITY OF

Public Health Department
GENERAL SANITARY WORK

DISTRICT NO..... INSPECTOR.....
 WEEK ENDING.....

	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL
Number of Visits Paid—							
House Inspection							
Infectious Diseases							
Nuisances or Complaints							
Work Ordered or in Progress							
Inspection of Dirty Courts							
Drain Tests							
Calls on Owners or Agents							
Other Visits							
Nuisances, etc., Reported and Notices Served—							
Houses to be Disinfected after—							
Scarlet Fever							
Diphtheria							
Typhoid Fever							
Repairs to Houses							
Houses to be Cleansed							
Houses to be provided with separate Water Supply							
Cases of Overcrowding to be Remedied							
Water to be Removed from Cellars							
Spouting to be Repaired or Disconnected							
Rain Water Cisterns to be Dis- connected or Abolished							
Water Closets to be Repaired or Reconstructed							
Water Closets to be Limewashed. Additional Water Closets to be Provided							
Ashplaces to be Repaired or Limewashed							
Drains to be Relaid or Repaired							
Drains to be Opened and Cleansed. Gully Traps to be Provided							
Promises to be Supplied with Additional Drains							
Sink Bend Pipes to be Repaired or Affixed							
Sanitary Sinks to be Provided							
Yards to be Paved							
Yards to be Repaired							
Courts or Yards to be Cleansed by Tenants							
Houses to be Cleansed by Tenants							
Wash Houses to be Repaired or Limewashed							
Keeping of Fowls to be Dis- continued							
Nuisances from Swine and Swine Styes to be Abated							
Accumulations of Rubbish, Manure, etc., to be Removed							
Other Work to be done, viz.—							

CITY OF

**Public Health Department
SPECIAL SANITARY SUPERVISION**

DISTRICT No..... INSPECTOR.....

WEEK ENDING

	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL
COMMON LODGING HOUSES—							
No. of Visits							
Contraventions							
HOUSES LET IN LODGINGS—							
No. of Visits							
Contraventions							
CANAL BOATS—							
No. of Visits							
Contraventions							
WORKSHOPS—							
No. of Visits							
Contraventions							
OUTWORKER'S PREMISES—							
No. of Visits							
Prohibited							
OFFENSIVE TRADES—							
No. of Visits							
Contraventions							
MANURE RECEPTACLES—							
No. Inspected							
Contraventions							
SMOKE—							
Observations							
Contraventions							
BAKEHOUSES—							
No. of Visits							
Contraventions							
DAIRIES, COWSHEDS, & MILKSHOPS—							
No. of Visits							
Contraventions							
SLAUGHTERHOUSES—							
No. of Visits							
Contraventions							
FOOD STORES, ETC.—							
No. of Visits							
Contraventions							
SHOPS AND MARKETS—							
No. of Visits							
Seizures or Surrenders							
FOOD AND DRUGS—							
Samples Taken							

CITY OF

Public Health Department

MATERNITY AND CHILD WELFARE

WEEK ENDING19.....

CENTRE VISITOR

	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL
INFANTS AND CHILDREN— Live Births Reported Stillbirths Reported <i>Primary Visits</i> Paid to Infants <i>Primary Visits</i> to Stillbirths <i>Periodical Revisits</i> to Infants and Children <i>Special Revisits</i> on account of Illness							
Babies seen at Six Months old (amongst above) No. of these Breast-fed for First Six Months							
MOTHERS— Ante-natal Primary Visits Ante-natal Revisits							
TOTAL VISITS AND REVISITS (MOTHERS AND CHILDREN) No. of Households Visited . Useless Calls							
CHILDREN'S CONSULTATIONS— (No. HELD) Total Attendances of Children— Under One Year Over One Year No. Seen by Doctor Fresh Children Attending— Under One Year Over One Year Mothers Advised (Own Health)							
MOTHER'S CONSULTATIONS— (No. HELD) Total Mothers at Consultations— Ante-natal Post-natal Fresh Mothers at Consultations— Ante-natal Post-natal							
OTHER ATTENDANCES AT CENTRE— Attendances on Weighing Day (Apart from Consultations) Attendances at Sewing Classes Attendances at Cookery Classes Attendances at Health Lectures.							

NOTE.—A visit or revisit is to be counted for each entry made on a home-visiting card.

CITY OF
Public Health Department
HEALTH VISITORS

WEEK ENDING.....19.....

DISTRICT No..... VISITOR

CAUSE OF VISIT.	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL
Systematic House Inspection .							
Other House Inspection . .							
Measles							
German Measles							
Chicken Pox							
Whooping Cough							
Mumps							
Influenza							
Pneumonia							
Scabies							
Impetigo							
Conjunctivitis							
Enlarged Glands							
Bronchitis, Colds, etc.							
Neglect, Insufficient Clothing, etc.							
Verminous Cases.							
Health Talks							
Other Visits							
TOTAL							

CITY OF

TUBERCULOSIS

WEEK ENDING.....19.....

DISTRICT No.....

	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL
New Cases Received							
PRIMARY VISITS—							
Civilians							
Ex-Soldiers							
Shares Bed							
Shares Bedroom (separate bed) .							
PERIODICAL REVISITS—							
Civilians							
Ex-Soldiers							
Shares Bed							
Shares Bedroom (separate bed).							
Shelter Used							
Additional Bed Issued							
SPECIAL VISITS							
Useless Calls							
HOUSE—							
Reported to Sanitary Inspector							
(Nuisance)							
Occupied by more than One							
Family							
Overcrowded							
Disinfected							
Time at Office							

Signed.....

APPENDIX C

PRINCIPAL ACTS OF PARLIAMENT RELATING TO PUBLIC HEALTH WORK

NOTE—P.H. Act means Public Health Act ; P.H.A.A. Act means Public Health Acts Amendment Act ; I.D.P. means Infectious Disease (Prevention) Act ; P.H.(L.) Act means Public Health (London) Act.

ANIMAL—

Intended for food, inspection, etc.—P.H. Act, 1875 : s. 116–119.
[In London, P.H. (L.) Act, 1891 : s. 47.]
Nuisance from (By-laws)—P.H. Act, 1875 : s. 44, 91. [In London, P.H. (L.) Act, 1891 : s. 16.]

ASHPIE—

Insufficient, or nuisance—P.H. Act, 1875 : s. 36, 41, 91 ; P.H.A.A. Act, 1890 : s. 11. [In London, P.H. (L.) Act, 1891 : s. 2, 37, 62.]

BAKEHOUSE, RETAIL BAKEHOUSE—

Sanitary conditions, power of entry, inspection, proceedings.—
Factory and Workshop Act, 1901 : s. 97 to 102. [In London, P.H. (L.) Act, 1891 : s. 26.]

BEDDING—

See Disinfection.

BIRTHS—

Notification.—Notification of Births Acts, 1907 and 1915.

BY-LAWS—

Model series of by-laws have been prepared by the Ministry of Health upon most of the subjects for which by-laws can be made.
General provisions.—P.H. Act, 1875 : s. 182–187. P.H. (Confirmation of By-laws) Act, 1884 : s. 2–4. [In London, P.H. (L.) Act, 1891 : s. 114.]
Particular enactments enabling the making of, are as follows—
Animals, keeping of.—P.H. Act, 1875 : s. 44. [In London, P.H. (L.) Act, 1891 : s. 16.]
Common lodging-houses.—P.H. Act, 1875 : s. 80.
Fruit-pickers' and hop-pickers' lodgings.—P.H. Act, 1875 : s. 314. P.H. (Fruit Pickers' Lodgings) Act, 1882 : s. 2.
Houses let in lodgings.—P.H. Act, 1875 : s. 90. Housing Act, 1885 : s. 8, 10. [In London, P.H. (L.) Act, 1891 : s. 94.]
Houses divided into separate tenements.—Housing Act, 1925 : s. 6. [In London, P.H. (L.) Act, 1891 : s. 14.]
Markets.—P.H. Act, 1875 : s. 167 ; Markets, etc., Act, 1847 : s. 42.
Offensive trades.—P.H. Act, 1875 : s. 113. P.H.A.A. Act, 1907 : s. 1. [In London, P.H. (L.) Act, 1891 : s. 19.]
Prevention of nuisances.—P.H. Act, 1875 : s. 44. [In London P.H. (L.) Act, 1891 : s. 16.]

By-Laws (contd.)—

- Removing offensive matter.—P.H.A.A. Act, 1890 : s. 26. [In London, P.H. (L.) Act, 1891 : s. 16.]
 Sanitary conveniences.—P.H.A.A. Act, 1890 : s. 20.
 Scavenging.—P.H. Act, 1875 : s. 44. [In London, P.H. (L.) Act, 1891 : s. 16.]
 Slaughter-houses.—P.H. Act, 1875 : s. 169.
 Tent, van, shed.—Housing Act, 1885 : s. 9. [In London, P.H. (L.) Act, 1891 : s. 95.]
 Underground rooms as sleeping places.—Housing Act, 1925 : s. 18.
 Water-closets, etc.—P.H. Act, 1875 : s. 157. P.H.A.A. Act, 1890 : s. 23. [In London, P.H. (L.) Act, 1891 : s. 39.]

CANAL BOATS—

- Registration and sanitary regulation.—Canal Boats Acts, 1877, 1884 ; Registration of Canal Boats Order, 20th March, 1878.

CELLAR DWELLINGS AND UNDERGROUND ROOMS—

- Unlawful occupation.—P.H. Act, 1875 ; s. 71-75 ; Housing Act, 1925 : s. 18. [In London, P.H. (L.) Act, 1891 : s. 96 to 98.]

CESSPOOL—

- Nuisance.—P.H. Act, 1875 : s. 41, 91 ; P.H.A.A. Act, 1907 : s. 46. [In London, P.H. (L.) Act, 1891 : s. 2.]

CHILDREN—

- Health of school children ; Employment.—Education Act, 1921, Parts vii and viii. Employment of Women, Young Persons, and Children Act, 1920.
 And *see* School Hygiene, Maternity and Child Welfare.

CLOSET ACCOMMODATION—

- Insufficient, or nuisance.—P.H. Act, 1875 : s. 36, 41, 91. [In London, P.H. (L.) Act, 1891 : s. 2, 37-43.]
 Provision and conversion.—P.H.A.A. Act, 1907 : s. 39-42.

COMMON LODGING-HOUSE—

- Control.—P.H. Act, 1875 : s. 76-89 ; P.H.A.A. Act, 1907 : s. 69-75. [In London, Common Lodging-House Acts, 1851 and 1853 ; L.C.C. General Powers Acts, 1902, 1904, 1907.]
 Infectious disease in.—P.H. Act, 1875 : s. 84.

CONVEYANCES, INFECTED—

- Notification to M.O.H.—P.H.A.A. Act, 1907 : s. 64.

CREAM—

- See* Milk.

DAIRIES, COWSHEDS, AND MILKSHOPS—

- Control.—Dairies, Cowsheds, and Milkshops Orders, 1885, 1886, 1899 ; Contagious Diseases (Animals) Act, 1878 : s. 34 ; 1886 : s. 9 ; I.D.P. Act, 1890 : s. 4. [Also in London, P.H. (L.) Act, 1891 : s. 28, 71, London Government Act, 1899 : s. 5 ; L.C.C. (General Powers) Act, 1907.]
 And *see* Milk.

DISINFECTION—

Infected premises, articles, bedding, conveyances.—P.H. Act, 1875 : s. 120, 122 ; I.D.P. Act, 1890 : s. 5, 6, 7, 11 ; P.H.A.A. Act, 1907 : s. 55, 64, 66. [In London, P.H. (L.) Act, 1891 : s. 59–61.]

DRAIN—

Nuisance, or defective, or insufficient, P.H. Act, 1875 : s. 41 ; P.H.A.A. Act, 1907 : s. 34, 45, 49. [In London, P.H. (L.) Act, 1891 : s. 2, 42, 43.]

FACTORY—

Duties.—Factory and Workshop Act, 1901 : s. 132, 133.
Nuisance.—P.H. Act, 1875 : s. 91. [In London, P.H. (L.) Act, 1891 : s. 2.]
And *see* Bakehouse.

FILTH—

Certifying as to filthy house and accumulations.—P.H. Act, 1875 : s. 46, 49. [In London, London County Council (General Powers) Act, 1904 : s. 19.]

FOOD—

Importation, preparation, storage, distribution—P.H. (Regulations as to Food) Act, 1907.
Inspection, etc.—P.H. Act, 1875 : s. 116–119 ; P.H.A.A. Act, 1890 : s. 28.
Sale of food and drugs.—Sale of Food and Drugs Act, 1875, 1879, 1899 ; Margarine Act, 1887 ; Butter and Margarine Act, 1907.
And *see* meat, milk, unsound food.

HOMEWORK—

Prohibited where infectious disease.—Factory, etc., Act, 1901 : s. 110.

HOUSING—

House unfit for habitation.—Housing Act, 1925 : s. 8.
House to house inspection of district.—Housing Act, 1925 : s. 8 ; Housing (Inspection of District) Regulations, 1910.
Obstructive building.—Housing Act, 1925 : s. 19, 20, 21, 22.
Powers of entry.—Housing Act, 1925 : s. 127.
Unhealthy areas and houses.—Housing Act, 1925 : s. 35, 36.
Unfit, unhealthy, or obstructive dwellings ; representation.—Housing of Working Classes Act, 1925, s. 9, 10, 11.

INFECTED PREMISES—

Cleansing.—I.D.P. Act, 1890 : s. 5 ; P.H.A.A. Act, 1907 : s. 66. [In London, P.H. (L.) Act, 1891 : s. 60.]

INFECTIOUS DISEASE—

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