

Forty-first annual report of the Vestry ...

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1896-7.

VESTRY OF CAMBERWELL,
LONDON.

FORTY-FIRST
ANNUAL REPORT

OF THE
VESTRY

OF ITS

*Proceedings under the Metropolis Local Management Act,
18 and 19 Vic., Cap. 120.*

LONDON:
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1897.

FORTY-FIRST ANNUAL REPORT

OF THE

VESTRY

OF THE

PARISH OF CAMBERWELL.

In conformity with the provisions of the Metropolis Local Management Act, the Vestry of the said Parish submits to the Parishioners a Statement of its Proceedings in the execution of the various powers vested in it, and an Account of its Receipts and Expenditure for the year ending 25th March, 1897.



1896.

Medical Officer's Report.

LADIES AND GENTLEMEN,

During the fifty-three weeks ending January 2nd, 1897, the total number of births registered in London amounted to 135,796, and the deaths to 83,511.

The estimated population amounted in the middle of 1896 to 4,421,955 persons, and the birth-rate, marriage-rate and death-rate for London as a whole are respectively calculated for this number.

The birth-rate was 30·2 per thousand, compared with 30·5 for 1895, and the rate for the present year is the lowest on record, with the exception of 1894, when it was 30·1 per thousand.

The marriage-rate was 18 per thousand, compared with 17·1 for 1895, and 17 for 1894.

The death-rate at all ages for 1896 was 18·6 per thousand of the population. The calculation is, however, made from 83,511, the total number of deaths given above, in which are included the deaths occurring in London of persons who are ascertained to be strangers; if these be excluded the death-rate for London would be reduced to 18·2, compared with 19·8 for 1895, and 17·4 for 1894. The average for the previous ten years is 20·1 per thousand.

Below are shown the births and deaths, together with the birth-rate and death-rate for the whole of London, arranged in tabular form, with the corresponding figures for the five sub-districts, the deaths of Londoners who died in institutions outside its boundary being included.

TABLE I.—BIRTHS, DEATHS, AND CORRECTED BIRTH-RATES AND DEATH-RATES OF LONDON AND ITS GROUPS OF DISTRICTS FOR 1896.

	London.	West D.	North D.	Central. D.	East D.	South D.	Metro- politan Asylums and Hospitals outside London.
Births ..	135,796	19,919	30,118	7,188	26,948	51,623	—
Deaths ..	83,511	13,990	18,147	5,022	15,536	29,324	1,492
Birth-Rates	30·2	25·93	28·87	29·34	37·58	31·3	—
Death-Rates (corrected)	18·2	16·8	16·9	21·3	21·4	17·8	—

Table II. shows the population of Camberwell at the censuses 1891 and 1896, together with the estimated number of inhabitants at the middle of the latter year. As I suggested in my report for 1895 we have been over-estimating the population, the ratio of increase being less from 1895 to 1896 than it was per annum in the previous decennial period. It may be here mentioned that during the year I had occasion to compare the population of certain parts of the Parish comprised in various enumeration districts, and somewhat unexpectedly found that in certain parts of Peckham the population was less in 1896 than it was in 1891, although there had been no demolition of buildings that might have accounted for the decrease.

TABLE II.—POPULATION OF CAMBERWELL AND ITS SUB-DISTRICTS.

	Parish.	Dulwich	Camber- well.	Peckham.	St. George's
As enumerated at census, 1891	235,312	6,809	81,654	83,483	63,366
As enumerated at census, 1896	253,076	7,519	90,286	88,242	67,029
As calculated for middle of 1896	253,998	7,556	90,740	88,486	67,217

Table III. gives the number of births registered during the year in the Parish. There is an increase of 134 over the figures for 1895, while the excess in the latter year over those of 1894 was 147; this larger number is made up by an increase of 82 in Camberwell, 42 in Peckham and 11 in St. George's on



the 1895 figures. As was the case last year there is a decrease in the number of births in Dulwich, which amounts this year to one.

TABLE III.—BIRTHS IN CAMBERWELL AND ITS SUB-DISTRICTS.

	Parish.	Dulwich.	Camberwell.	Peckham.	St. George's.
1895	7,531	76	2,405	2,742	2,308
1896	7,665	75	2,487	2,784	2,319
Difference ..	+ 134	- 1	+ 82	+ 42	+ 11

Table IV. gives the birth-rate per thousand of the Parish and its registration sub-districts, and I have here inserted both the birth-rate for 1895 calculated from the census of 1896 on the assumption that the population of the Parish and its sub-districts had increased at an equal annual rate during the quinquennial period of 1891-6, and also the birth-rate calculated upon the figures that were available last year before the census was taken. It will be seen that the birth-rate of Camberwell has increased, as also has that of Peckham, but to a less degree, while the rate in St. George's remains the same.

TABLE IV.—BIRTH-RATES OF CAMBERWELL AND ITS SUB-DISTRICTS.

	Parish.	Dulwich.	Camberwell.	Peckham.	St. George's.
1895	28·9	10·2	25·6	30·5	33·1
1895 corrected	30·08	10·2	27·04	31·3	34·5
1896	30·2	9·9	27·4	31·4	34·5

The total number of deaths registered in the Parish, and of parishioners in institutions outside the Parish, amounted to 4,726, as compared with 4,727 in 1895. Following the example of former years I have re-distributed those deaths occurring in outside institutions among the registration sub-districts from which the persons were removed. In those instances where it was impossible to ascertain from which part of the Parish the

patient was removed, the deaths have been re-distributed, together with those that occurred in the Workhouse and Infirmary among the sub-districts of the Parish, in proportion to the deaths. My reason for doing so is that if it were left undone the deaths in the Camberwell sub-district, in which these institutions are situated, would be unduly increased, since the persons who died in the Workhouses, etc., came from all parts of the Parish, and not from Camberwell alone.

The steps by which this re-distribution is worked out are shown in Table V.

TABLE V.—RE-DISTRIBUTION OF DEATHS AMONG THE SUB-DISTRICTS OF CAMBERWELL.

	Deaths returned.	Deaths in I., W. H., L. A. and outside Institutns. (unclassified.)	Deaths in I., W. H., L. A., &c., subtracted.	Deaths in I., W. H., L. A. &c., re-distributed.	Estimates of Deaths due to Sub-Districts.
Dulwich ..	57	..	57	+ 9	66
Camberwell	1,870	— 612	1,258	+ 204	1,462
Peckham ..	1,565	— 15	1,550	+ 251	1,801
St. George's	1,203	..	1,203	+ 194	1,397
Outside Public Institutions (unclassified)	31	— 31	..	..	..
Parish ..	4,726	— 658	4,068	+ 658	4,726

TABLE VI.—DEATH-RATES IN CAMBERWELL AND ITS SUB-DISTRICTS.

	Parish.	Dulwich.	Camberwell.	Peckham.	St. George's.
1894	16.33	7.85	14.89	17.72	17.37
1895	18.2	9.86	15.9	19.61	20.27
1895 corrected	18.88	9.85	16.75	20.03	21.28
1896	18.66	8.73	16.11	20.35	20.78

It will be noted that the death-rate is $\cdot 22$ per thousand lower than the corrected death-rate for 1895; according to the Registrar-General's calculation the rate is lower than 18.66, the difference is probably accounted for by our inclusion of deaths of parishioners in outside asylums who perhaps had been non-resident for some long period. The death-rate, calculated for London as a whole, it will be remembered is 18.2. Taking the individual sub-districts and comparing with the corrected record of 1895, we see there is a decrease in Camberwell and St. George's, while Peckham shows an increase of $\cdot 32$ per thousand.

In considering the death-rate for the Parish for the sake of uniformity with the report of the Registrar-General, I have taken the number of deaths for the fifty-three weeks ending January 2nd, 1897, and have used these figures for the purpose of calculation. If, instead of doing this, the number of deaths occurring during the fifty-two weeks had been worked upon the death-rate would have amounted to 18.18, as compared with 18.66. On the other hand, the population had not increased for the period 1891-6 in the same ratio as it had in the previous decennial period, consequently the death-rate for 1895 was calculated on the assumption that the population was larger than it really was, so that actually the death-rate for last year was a shade higher than calculated by us.

Tables VII. and VIII. give the deaths occurring in the Parish, and Table IX. those of inhabitants of Camberwell who have died in institutions outside the Parish. Both these are arranged according to age, season and disease. It will be noticed that among those that occurred in outside institutions I have put a certain number down as unclassified; these are nearly all from lunatic asylums, and the only information given on the certificate is that the deaths were of persons who belonged to Camberwell Parish. They are almost entirely cases of chronic brain disease.

On examining these three tables, and comparing them with the corresponding numbers in 1895, it will be seen that accidental or other violence caused 115 deaths, as compared with 149. The deaths ascribed to developmental diseases (premature birth, etc.) and to convulsions of infancy numbered 335 and 148, compared with 449 and

142 in 1895; 26 deaths were ascribed to the immediate or remote effects of child-birth, and of that number 10 were caused by puerperal fever, puerperal septicæmia or puerperal peritonitis. Tubercular diseases, including phthisis caused 618 deaths, as compared with 635 in 1895 and 579 in 1894. There were 234 deaths from the various types of cancerous disease, the figures for 1895 being 194, and for 1894, 185. Inflammatory affections of the lungs and pleurisy caused 834 deaths, contrasted with 945 in 1895, and 716 in 1894; and of the 834, 451 are of children under the age of five years.

The high figures for tubercular disease in Camberwell sub-district call for special attention. These do not by any means imply that there is more disease of this kind in that portion of the Parish, but are entirely explained by the fact that the Workhouse and Infirmary deaths are included in the returns for this district. On reference to the form I have prepared according to the Order of the Local Government Board, where the localities are dealt with separately, it will be seen that a large number of fatal cases of phthisis occurred in these buildings. The Local Government Board return only deals with phthisis, while in the Workhouse and Infirmary there are other deaths from the various forms of tubercular diseases which are all grouped together under the head of tubercle in Dr. Bristowe's form, a more satisfactory classification since phthisis is only one form of tuberculosis.

Turning to the diseases classed as zymotic, influenza has shown a considerable diminution, the figures being 25 in 1896, as compared with 133 in 1895. Hooping cough caused 180, and measles 192 deaths, against 61 and 100 respectively; the figures for the various sub-districts for these two diseases are as follows:—In Camberwell, 53 and 54; in Peckham, 72 and 89, and in St. George's, 55 and 49. The explanation of the great difference in the figures relating to the various parts of the Parish lies in the fact that both hooping cough and measles are essentially diseases of children, who are always more liable to attack than adults. In Dulwich, as will be seen by the birth-rate, there are fewer children in proportion to the population than in St. George's or Peckham, hence the greater number of susceptible persons in the latter districts. The prevalence of these diseases in the four seasons of the year varied a good

deal; for instance, the figures for hooping cough were 73 in the first quarter, 67 in the second, 31 in the third, and 9 in the fourth; while for measles there were 146 in the first quarter, 34 in the second, 8 in the third, and 4 in the fourth; 238 deaths were credited to diarrhœa and other inflammatory diseases of the intestines, as compared with 254 for 1895, and of these, 213 were of children under five years of age; 14 fatal cases occurred in the first quarter, 24 in the second, 183 in the third, and 17 in the fourth, and in respect to their locality, 1 took place in Dulwich, 70 in Camberwell, 70 in Peckham, and 97 in St. George's. One death of a male adult in St. George's, which was notified to us as cholera, has been included in this class, since upon inquiry I am satisfied that it was merely a case of aggravated diarrhœa.

Scarlatina caused 52 deaths, against 47 in 1895. These were distributed pretty equally throughout the year; 9 of them took place in Camberwell, 25 in Peckham, and 18 in St. George's. Typhoid fever caused 34 deaths; 20 in Camberwell, 5 in Peckham, and 9 in St. George's, these occurred chiefly in the first and last quarters of the year. It is thus seen that the figures in the zymotic class of diseases show an increase, except influenza, which has diminished, and diarrhœa, which remains about the same as last year.

The deaths referable to diphtheria I treat of specially.

The number of notifications received amounts to 3,295, and of these, 94 were duplicate certificates, consequently the number of persons attacked was 3,181. This total was made up of the following:—Diphtheria 1,420, as contrasted with 925 in 1895 and 745 in 1894; scarlet fever 1,225, against 885 in 1895; enteric fever 181, against 245 in 1895 and 138 in 1894; small pox 13, as compared with 86 and 16 in the two preceding years; and erysipelas 344, almost an identical number with those notified in 1895 and 1894. There were 14 notifications of puerperal fever.

It is interesting to note that although the notifications of scarlet fever were 340 in excess of those for 1895, there were but few more deaths, the mortality rate being in 1895 5·3, while in 1896 it was only 4·4. The diphtheria mortality rate showed great decline, the case mortality being 9·5 per cent. for 1895 and 7·7 for 1896. I think this will in a great measure be found

due to the greater use made of the anti-toxin treatment of the disease, an opinion strengthened by the conclusions arrived at in a memorandum issued by the Medical Superintendents of the Metropolitan Asylums Board Hospitals, in which they re-affirm the statements referred to in my last report as to the great remedial value of anti-toxin.

Among the notifications occurs one to which we are happily in Camberwell little accustomed to, namely, typhus. The patients notified as suffering from this disease had been previously notified to us as suffering from enteric fever, and the diagnosis of typhus was only arrived at after they had been removed to the hospital. One of them died and the certificate stated the cause of death as typhus fever, with the additional remark that a post mortem examination had been held. From the same house a fourth patient was sent to the hospital as suffering from enteric fever. In this instance we received no second notification from the hospital stating in the opinion of their medical staff that the patient was attacked by typhus. The house whence they were removed was considered by us to have had typhus fever in so far as the disinfection was concerned, which was arranged on a more extensive plan than is usual. There was no extension of the disease in the street, although it is poor and thickly populated.

We were unable to trace the source of the disease: there had been cases of illness in the house among some younger persons as far back as the beginning of April, but I cannot think that these were in any way connected with the outbreak of such a highly contagious disease as typhus, for if this had existed there unrecognised the whole street would probably have suffered in a greater or lesser degree; the notifications moreover of typhus fever were made at the end of June, nearly three months after the first appearance of illness in the house.

During the year an outbreak of small pox occurred in Toulon Street, Wyndham Road, one of the most densely populated as well as one of the poorest streets in the whole Parish. The first to be attacked was an unvaccinated infant two years of age, ten days later a second case was notified from the same house, the patient this time being a boy 10 years old. After this two more persons were notified, with

a further notification of three fresh attacks at an interval of two days, all from the same house. After this the neighbourhood was perfectly free from the disease.

On receiving information of the cases the houses were at once visited and vaccination was advised in the case of all those that were deemed, judging from the scars, to be insufficiently protected by vaccination against small pox; further the premises were at once disinfected as thoroughly as possible. The result of these protective measures was gratifying in the extreme, since there was no further spread of the disease, although the crowded state of the house and locality warranted the opinion that it would extend considerably beyond the limit of the one house. We were also able to stop a man in the house who purveyed cats' meat from going on his usual round, and who might have been instrumental in spreading the disease had he continued at work. Besides this I made it a point to visit the schools where children from the infected house had been attending previous to the first notification of the disease and to ascertain from the teachers whether there were any children ailing in the various class-rooms, and also as to whether there were any absentees about whose absence there might be circumstances that would give rise to the idea that it might be due to the illness of incipient small pox.

In all eight persons were attacked, and their ages varied from two to forty-four years. Without exception all were removed to hospital directly they were thought to be suffering from this disease, and in some cases the removal was effected before even the characteristic rash had shown itself. According to the report from the Hospital Ships all those who were so removed were unvaccinated.

The lesson to be learnt from this little epidemic undoubtedly is that isolation and vaccination are the means by which to prevent the extension of the disease. On account of the isolation arrangements being well carried out the effect of the large unvaccinated population that exists in the Parish does not show itself so prominently as it otherwise would, but I still strongly adhere to the belief that if the isolation should fail the neglect of vaccination in Camberwell would make itself very severely felt in the event of an outbreak of small pox.

The increase of diphtheria in the Parish, as in London

generally, has been very marked, and Camberwell was in the unenviable position of being the district in which the greatest number of cases was recorded in London. After allowance has been made for the population the death-rate, however, was not quite the largest, that of Chelsea being 1·17, while Camberwell was 1·01. The correct number of deaths for the Parish was 181 in 1895 and 262 in 1896, of which 174 occurred at houses in the Parish, while 88 were of parishioners who had been removed to hospitals and other places outside its boundary.

Table CC gives the deaths and cases for the four quarters of the year and in the four registration districts. From this former it will be seen that the disease was much more prevalent in some parts of the Parish than in others. Up to the beginning of February the disease seemed to be equally diffused, but about the middle of that month it began to show special incidence on children in the neighbourhood of Rye Lane and Choumert Road, so much so that I judged it advisable before the separation of the Vestry for the Easter vacation to arm myself with power to close Choumert Road Board School if I thought it necessary. I did not however think that occasion arose to justify the closure. At the wish of the Medical Officer to the School Board the infants' and girls' departments were disinfected. Granting, however, that the starting point of the disease was this school, the disinfection seemed to have but little effect on its spread, for we had a series of attacks early in May among those who lived in houses whence there were attendants at Choumert Road. At this period, however, the disease was by no means confined to this part of the Parish, but it did seem here to prevail specially (speaking with reference to primary attacks) among children of school ages, and as regards the period before Easter among children who were attending the girls' and infants' departments of Choumert Road School. The progress of the disease subsequent to this is contained in a report I have made to the Vestry, and from which the following is an extract:—

BELLENDEN ROAD, CHOUMERT ROAD, WOOD'S ROAD AND ADYS
ROAD BOARD SCHOOLS.

The number of cases notified in the Parish from June 1st to December 31st was 971, the total for the whole year

being 1,410. Since four schools have been called into question on account of their supposed influence in spreading the disease, I have mapped out a district which will include the greater number of houses whence children would attend them. This district is bounded by an imaginary line from Queen's Road Station, up the west side of Hollydale Road to Nunhead Station, thence back to Evelina Road, taking both sides of same as far as the railway arch, and then the north side as far as Nunhead Green, along the north side of Nunhead Green and Nunhead Lane, across Peckham Rye to East Dulwich Road, along the north side of same to Crystal Palace Road, west side of Crystal Palace Road to North Cross Road, north side of North Cross Road to Lordship Lane, west side of Lordship Lane to No. 182, thence across to the east side of Thorncombe Road to East Dulwich Grove, both sides of East Dulwich Grove (but omitting the St. Saviour's Infirmary) to the beginning of Melbourne Grove (taking in East Dulwich Railway Station and Constance Road, but omitting the Workhouse). The boundary follows the railway from East Dulwich Station to Victoria Road, including Ivanhoe Road and that part of Chadwick Road between Grove Park and the London, Brighton and South Coast Railway, also taking in Azenby Square, along Victoria Road, down the pathway by the side of Peckham House, along south side of High Street to Rye Lane, thence across to Sunderland Wharf, along Canal Place to Stanton Street, including Salisbury Cottages, east side of Stanton Street to Commercial Road, along south side of Commercial Road (crossing the canal) to Hill Street, west side of Hill Street, crossing same when opposite Goldsmith Road, along south side of Goldsmith Road and Shard Road, west side of Carlton Grove to Meeting House Lane, south side of Meeting House Lane to Asylum Road, along west side of Asylum Road to point of starting. It must be clearly understood, however, that in this district there will be children attending other schools than the four I have mentioned, so that there will be a little unfairness in the grouping of the figures given. Against this there are several households outside the area whose children attended one or other of the four schools.

In the first place I give the notification figures for the area in question, which I have termed the affected area, and

those of the non-affected area, which comprises the remainder of the Parish. I may as well mention that the figures for 1896 do not quite agree with the total number of notifications received, but this is due to the presence of duplicate notifications, although these have been excluded as far as possible. The notifications have been divided into calendar months, and as the summer holidays were in July and August, I have given two sets of figures in these two months. The notifications received in the holidays are accordingly indicated by the last set of figures for July and the first set for August. Furthermore, they are divided under the following headings:—Children less than three years of age, those whose ages ranged from three to fifteen and who were presumably school attendants, and those above school ages.

The supposed school period has again been sub-divided so as to give the number of notifications for the following age periods:—3 to 4, 4 to 5, 5 to 10, 10 to 12, 12 to 13, 13 to 14 and 14 to 15.

On examining tables AA and BB the following facts present themselves for consideration:—(a) That judging from the notifications there was a considerable increase in the prevalence of diphtheria in the Parish taken as a whole in 1896 as compared with 1895. (b) This increase, although shown in the non-affected area, is shown to a greater extent in the affected, for supposing that the incidence had shown itself in the non-affected area in the same measure as in the affected, there would have been, roughly speaking, something like 1,800 cases in the former alone, since the total figures for 1896 are rather more than 2·8 times as numerous as those for 1895.

On closer examination of the figures for the affected area we find that the increase is much more marked at some ages than at others, it being most marked at the ages 4 to 5, 5 to 10, 12 to 13 and 14 to 15; these last two age periods, however, have so few cases in them that it will be well to place but little reliance on them. It would thus seem that from some cause or other in this area there existed a factor which showed its influence especially on children between the ages of 4 and 10 and 12 and 13. The factor that first comes into one's mind is naturally that of school attendance, or in other words, that children contracted the disease at school,

and I think it may reasonably be conceded that wherever large numbers of children are gathered together the opportunities for personal conveyance of infection, which is so necessary in diphtheria, exist to a great extent; more especially, I believe, that often children are sent to school whilst actually suffering from the disease, in an exceedingly mild form. I have frequently been informed by parents that before diphtheria had declared itself the child had been poorly, and only at its urgent request they have allowed it to go to school, on account possibly of some examination or prize which the child was looking forward to compete in or for. Another fact which points to the influence of the school is the remarkable falling off in the figures for the first part of August, which corresponded to the last three weeks of the holiday period. Not only this, there are cases in which the child, although really ill, is supposed to be shamming for the purpose of getting off school attendance. Against this theory of school infection we have the fact that the notifications in 1896 from the affected area of patients over 15 increased in almost the same ratio as those of the essentially school ages 4 to 10; but among these adults there will be the mothers of the children who would be brought into immediate contact with those attacked.

It is difficult without confusing the question to discuss the possibility of infection otherwise than through the school; at the same time it is a noteworthy fact that in a good many instances there were a number of children attacked living in the same streets, although these often attended different schools. I would especially mention Attwell Street, whence children attended both Wood's Road and Choumert Road Schools, and other streets in the immediate neighbourhood of Choumert Road, where it was no uncommon thing to find a child attending Bellenden Road School living next door to one who attended Choumert Road, and who were attacked within a short time of each other. The possibility, therefore, of infection elsewhere than at school is a very real one.

Last year in my report I had occasion to remark on the common belief as to the influence of bad drainage on the causation of diphtheria, and to express my opinion that this was much exaggerated. In support of this I now point out that the amount of drainage work done has been large, not

only in Camberwell alone, but also in London generally, but with unfortunately no corresponding decrease in diphtheria. It has been supposed by some, and with good reason, that the prevalence of diphtheria depends in a degree on the level of the ground water. There is no doubt that the experience of all those who have enquired into the subject points strongly to the fact that dampness, whether of soil or house, has a most favourable influence on the development of diphtheria. Formerly the ground water was able to find its way through the leaky joints in the drains in the same way that water passes into the pipes used for land drainage, the result being that the subsoil of a house was fairly dry; modern drains, however, are rightly made water-tight, and do not allow either the escape or entry of gas or liquid. Therefore, I think it is most important that houses standing in low-lying districts should always be provided with a proper system of subsoil drainage, and this certainly should be made compulsory in all cases of new buildings without any exception whatever.

The chief duty of the Vestry as the Sanitary Authority is to consider the means by which this increased prevalence may be combated, and in this respect I should like strongly to endorse a suggestion that was made in the Committee when this matter was under consideration; it related to the advisability of making an examination, bacteriological and otherwise, of the throats of all the children who attended a particular class where two or more cases of diphtheria had occurred within an interval of a week. The object of doing this would be to ascertain whether there were any other children suffering from the disease in a mild form. By this examination we should also be able to ascertain if there were any individual members who would be rightly considered as infective, although they themselves presented none of the appearances of the disease.

I also consider that it would be a wise measure if the School Board were to relax their regulations concerning the number of attendances required for prizes, &c., in the case of children who had been excluded from school on account of infectious disease existing in their homes.

Table XII. A gives the outlines of the work carried out by your Inspectors during the past year. The house-to-house

inspections numbered 6,324, as compared with 6,904 in 1895, while the inspections arising from complaints amounted to 5,107, as compared with 2,883 in 1895. The figures for the two years, however, are not comparable on account of the new rule of inspecting all houses where infectious disease has broken out; this would, in itself, be accountable for about 2,000 additional primary inspections, which are neither included in the house-to-house inspections nor in those arising from complaints. There were 1,413 inspections and re-inspections of new buildings, as compared with 965 in 1895, but as I have previously pointed out, however, these figures do not give a proper estimate of the work actually entailed by the inspection of new buildings. I would remark that there is a gratifying decrease in the number of complaints received, those in 1895 amounted to 1769, while in the past year they have fallen to 1,240. The other figures do not call for any detailed comment, with the exception of the work done in connection with houses let in lodgings or occupied by members of more than one family, and to which I have referred in my remarks on the Hollington Street area. As there pointed out we are able to enforce certain regulations as to cleansing, &c., by means of these By-laws, if the houses in question are registered, without actually proving the existence of a nuisance. In the By-laws made by the Vestry the sum of five shillings per week is fixed as the maximum rent for the purpose of application of these By-laws and the registration of the houses. This has now got to be well-known, and directly the registration form is sent in to be filled up the rent is raised sixpence, which thus puts the house on a different footing. I am strongly of opinion that an increase should be made in this limit, and to prevent the Act being used for other purposes than were intended, I would call attention to the fact that all these houses are reported to the Vestry in each instance before registration becomes valid, and it is there open to any member to prevent the application of the Act on houses that he may think do not come within its meaning. Until this maximum is raised a large number of houses which should be registered will escape.

Table XII. C shows the work of the inspectors classified under the headings of the means by which the different defects

they noticed in their inspections were remedied, and in this classification I would draw the attention of the Vestry to one of the items which has not come prominently before them in previous reports, namely, the provision of lighting and ventilation to the staircases of houses. For some time past your Committee had been insisting on the provision of both of these in the case of the tall blocks of tenement houses, where perhaps three families live on as many floors. Recently, however, the requirements have been extended to those houses we come across, either in systematic inspection or by complaint, in which there are two families. It may at once be conceded that the great majority of houses in this parish have staircases and upper landings without any provisions at all for the exit of the foul air which must necessarily arise from the lower rooms, and which has to pass through the upstairs rooms, and then out of the windows. Of course when the upper rooms are used as sleeping apartments the evil is neither so apparent nor so glaring, but when on the other hand these are used as living rooms the occupants have not only to suffer from the effects of their own breathing but also have to put up with the foul air ascending from the lower part of the house. The enforcement of these regulations has been in many cases resisted, and two of the owners thought it necessary to take the matter before the magistrate. I am glad to say, however, that in both cases the magistrate decided in favour of the Vestry's requirements.

As usual there was a special inspection made of cow-houses and slaughter-houses prior to the meeting of the Licensing Committee of the London County Council. In a great number of cases the defects notified chiefly related to paving and cleansing, and, as we usually find, the slaughter-houses were, speaking generally, in a far better condition than the cow-houses. By the licensing day all the work had been completed with the exception of one case, which was adjourned and the work eventually completed to our satisfaction. Unfortunately there are certain owners who are short-sighted enough to prefer to just bring themselves within the limit of our requirements, although they might with small extra expense put the premises into a permanently satisfactory condition which would go on for years without any more outlay,

whereas at present the work has in a great measure to be gone over again the next year.

Three hundred and fifty-two inspections were made of bakehouses, exclusive of those made by myself, which amounted to 65. In none but a few cases was it necessary to serve any notices, and then only for whitewashing and cleansing.

Among the nuisances dealt with during the year particular mention must be made of that caused by ballast burning, notably in Dulwich, and I give here the report which was ordered to be received by the Committee on December 8th, 1896.

BALLAST BURNING.

In accordance with the resolution of the Committee, I have to present a further report in regard to the burning of ballast. The arguments against ballast burning being considered a nuisance may be summarised under the following heads:—

Firstly, that there is nothing harmful or dangerous about it; in support of this it is alleged that ballast burners and builders who have passed many hours near a ballast fire have never felt any ill effect and do not suffer in health on this score, and that even beneficial results have occurred to persons living near the fires. If we are to argue on similar lines, I would say that sewermen who pass many hours a day in an impure atmosphere and in a cramped position, do not as a class look any the worse, and in many cases live to an advanced age; those also who drive fish offal vans do not seem to suffer and do not even complain of the smell, yet, I presume, there are few who would think it no nuisance to have a fish offal van deposited, or a sewer ventilator fixed near one's window.

Secondly, that the material used is of the cleanest possible character, only clean clay and coal being burnt.

The material used has little to do with the case; if rubbish and vegetable matter were used the smell would be more powerful and more offensive, but not necessarily more dangerous to health.

Thirdly, that the expense of carting away the ballast would be very great, and the price of an article in use by the

Vestry would in consequence be raised by the expense of such cartage. The question of expense I do not think should be considered from the health point of view; the Committee have often and rightly ordered certain sanitary works which they considered necessary to be carried out, although it may have inflicted great hardship on the individual concerned.

Fourthly, that it is simply a fad of my own.

As regards the opinion being a fad, Mr. Hopkins the magistrate has on one occasion fined a man 40s. and costs for having a ballast fire lighted; the second case he adjourned *sine die* as the fire had been put out, this, too, in spite of a petition for which a multitude of signatures had been procured by the defendant from persons living in the neighbourhood. At the hearing of the case the magistrate emphatically declared that ballast burning was a nuisance.

The necessity for our taking proceedings is further strengthened by the fact that the first person proceeded against was not a local builder, and he wrote just before the hearing of the second case stating he supposed that because the second defendant was a local builder, no notice would be taken by the Vestry.

It does not necessarily follow that because a smell is offensive it is harmful, nor does the converse hold good. Many substances which are most deleterious have an exceedingly pleasant smell, and the gas given off by the incomplete combustion going on in a ballast fire is both tasteless and odourless, yet exceedingly poisonous.

Had the decision of the magistrate been against the Vestry I should not have advised further proceedings, but here when the Committee have previously agreed to refer the matter to his decision, and he has decided against the ballast burners, I must emphatically state that in my opinion each case should be similarly dealt with, should it exist under similar circumstances. I would also point out that it was decided in 1896 that I should have power to proceed in these cases if I thought it necessary without waiting for the Committee.

FRANCIS STEVENS,

Medical Officer of Health.

As mentioned in this report we have had several trial cases at the police court, and the magistrate so far has taken the view that the burning of ballast is a nuisance that can be dealt with under the Public Health (London) Act. It consequently appears clear that it is the duty of the Sanitary Authority to deal with these nuisances, and it is certainly my opinion that if they fail in this respect the London County Council would, in the case of complaint being made to them, take action in default of the Vestry. Under the Public Health Act, however, the procedure in a great measure renders futile all proceedings for the immediate cessation of the nuisance; the Committee is the only body empowered to order the service of a notice, or in default, a summons, and it is not unlikely that 13 or more days might elapse between the beginning of the nuisance and the meeting of the Committee, during which time the fire would burn itself out, and the nuisance be thus abated. No penalties as a rule are inflicted in cases like this, as the magistrate seems loth to mulct the defendants if there is no nuisance at the time of the hearing of the summons.

The question of the insanitary areas existing in the Parish has been prominently before your Committee, and particularly that district lying between Camberwell Road and the Parish boundary and limited on the north and south by Avenue Road and Wyndham Road respectively. From the result of the house-to-house inspection that I have made of the greater part of Hollington Street, Beckett Street and Sultan Street I am inclined to think that the defects, speaking broadly, are those of construction rather than position and should be dealt with under either Part 2 of the Housing of Working Classes Act, or the Public Health (London) Act, 1891. As, however, the subject is still occupying the attention of your Committee I shall reserve my remarks until their recommendations have been before the Vestry. At the same time I should like to call attention to the large amount of good work that has been done in the way of registering these houses under the By-laws, which contain stringent regulations as regards cleansing, whitewashing, overcrowding, &c., and the advantage of registration is that these defects can be dealt with not as nuisances but as breaches of the By-laws. I am glad to be able to state that there are now about 150 houses on this register

almost entirely situated in the area above referred to. I also draw the attention of the Vestry to the large amount of extra duty, both clerical and inspectorial, that has been thrown on Inspector Kerslake by this registration. With more clerical assistance I should be able to extend the operation of the By-laws to other parts of Camberwell, in which Parish, according to the report of the Medical Officer of Health to the London County Council, there appears to be considerable scope for their enforcement.

As a result of the complaints received and inspections made, referred to in Table XII., 4,498 intimations were served under the Public Health (London) Act, and it was found necessary to follow these up by 1,110 statutory notices, of these 90 notices referred to houses let in lodgings. Furthermore in 90 cases it was necessary to still further follow up the notices by the issue of summonses to appear at the police court. There were 3,295 copies of notification certificates sent to the Metropolitan Asylums Board, and 3,793 intimations were sent to schools (including Sunday schools) stating that children from houses where infectious disease existed were in attendance at those schools. 3,331 disinfection notices were sent, and 5,697 notices of infectious disease were served on the occupiers of infected houses, thus forming a total of 16,116 notices concerning notifiable diseases. In addition to this clerical work 16,028 letters were sent and 11,162 received and dealt with. The clerical work in connection with all these notices, &c., has been performed by the two clerks, with the exception of the writing out of the notices, &c., under the Public Health Acts, a duty carried out by your Inspectors.

In regard to Table C it is important to remember that this is a description of the work ordered by the Sanitary Authority; in a number of cases, however, the work is done by the owners directly they receive intimation of the existence of the nuisance, it is consequently unnecessary to bring the affair before the Committee to obtain their sanction to serve a notice, as the work is already satisfactorily completed.

Among the new departures made during the year I have to bring to the notice of the Vestry that a house register has been started with a view to showing when each house was inspected, what work was done, and also whether the attention

of the inspector was called to the premises by complaint being made, by the occurrence of infectious disease, or by house-to-house inspection of the street. At present all this information is only to be collected from several books, and in cases of inquiry it takes a long time to find out when such and such a house was visited and what work was done. Owing, however, to the pressure of other clerical work on your staff it has been impossible to keep it up, and unless another clerk is provided for the department it will have to be dropped altogether. Another book which is now being kept is a record of the answers to the questions that are set out in the form which appears in detail in the remarks relating to diphtheria. The extra work entailed in collecting this information has been considerable, and the book is at present much in arrear owing to the impossibility of keeping it up except by letting other work go.

In all 2,399 houses were disinfected and 3,100 lots of bedding, the latter consisting of 4,381 beds, 917 mattresses and 5,162 palliasses, together with a large number of sheets, wearing apparel, &c.

I am glad to be able to repeat the remark I made last year as to this work having been done without a single complaint against your disinfecting staff. Although there have been several requests for compensation for damage your Committee have not granted them, as it has always been proved that it was impossible to avoid the infliction of such damage.

In conclusion I have to express my thanks to the inspectors for much assistance cheerfully given, and to the two clerks, who have used their utmost endeavours to make up for their small number, and to whom I am indebted for great help rendered me in the preparation of the statistics for this report.

I am, ladies and gentlemen,

Your obedient servant,

FRANCIS STEVENS.

TABLE X.
ANNUAL MORTALITY RETURN OF ZYMOTIC DISEASES,
FROM 1856 (inclusive).

YEAR.	Hooping Cough.	Measles.	Scarlet Fever.	Diph- theria.	Fever.	Small Pox.	Diarrhoea.
1856 ..	32	48	30		19	5	29
1857 ..	30	7	44		24	4	50
1858 ..	51	28	129	14	20	7	26
1859 ..	66		82		31	12	?
1860 ..	36	40	34	11	26	5	?
1861 ..	72	8	13	25	25	2	?
1862 ..	53	32	101	40	64	0	?
1863 ..	57	32	124	29	41	14	?
1864 ..	61	29	83	16	51	10	?
1865 ..	52	39	55	14	31	12	118
1866 ..	72	38	59	11	53	35	76
1867 ..	64	20	75	8	41	9	67
1868 ..	58	67	71	17	45	13	146
1869 ..	134	43	164	9	46	9	133
1870 ..	49	24	192	10	57	23	160
1871 ..	50	29	60	9	40	153	143
1872 ..	132	46	86	1	38	41	124
1873 ..	60	49	7	7	38	2	137
1874 ..	76	54	24	9	57	2	93
1875 ..	125	64	177	14	40	1	107
1876 ..	93	33	78	16	31	32	126
1877 ..	61	72	38	12	27	124	94
1878 ..	206	88	59	29	41	81	176
1879 ..	122	123	76	31	35	80	75
1880 ..	206	59	126	32	36	33	223
1881 ..	74	95	120	29	44	190	127
1882 ..	180	168	76	60	44	66	100
1883 ..	91	112	48	49	35	19	122
1884 ..	173	171	82	78	40	34	240
1885 ..	136	91	20	68	27	154	135
1886 ..	156	97	18	48	30	2	215
1887 ..	203	133	99	71	41	0	239
1888 ..	130	101	105	65	31	1	115
1889 ..	149	193	37	76	27	0	145
1890 ..	191	163	51	60	26	0	144
1891 ..	123	67	29	56	21	1	142
1892 ..	128	189	63	85	21	1	169
1893 ..	104	78	80	118	30	11	213
1894 ..	126	164	45	193	21	2	115
1895 ..	61	100	47	181	30	7	254
1896 ..	180	192	52	262	34	0	238



TABLE XI.

MORTALITY RETURNS OF ZYMOTIC DISEASES QUARTERLY
FOR THE LAST SIX YEARS.

YEAR.	Hooping Cough.	Measles.	Scarlet Fever.	Diphtheria.	Fever.	Small Pox.	Diarrhoea.	Influenza.
1891. 1st Quarter	21	46	10	13	3	0	12	6
2nd "	43	7	9	11	5	0	11	129
3rd "	25	1	5	15	4	1	98	9
4th "	34	13	5	17	7	0	21	8
1892. 1st Quarter	69	18	10	12	3	0	14	122
2nd "	30	65	12	20	7	1	18	4
3rd "	20	63	24	19	7	0	121	3
4th "	9	43	17	34	4	0	13	9
1893. 1st Quarter	29	16	23	14	7	3	17	16
2nd "	32	16	9	17	4	6	43	22
3rd "	28	41	18	27	7	1	127	5
4th "	15	5	30	60	12	1	26	39
1894. 1st Quarter	29	16	14	31	5	0	17	22
2nd "	47	96	13	41	1	2	8	6
3rd "	41	45	13	54	2	0	71	1
4th "	9	7	5	67	13	0	19	8
1895. 1st Quarter	13	3	8	43	9	0	22	98
2nd "	22	3	9	41	3	0	20	17
3rd "	7	23	10	50	12	6	174	8
4th "	19	71	20	47	6	1	38	10
1896. 1st Quarter	73	146	15	52	13	0	14	8
2nd "	67	34	11	55	6	0	24	9
3rd "	31	8	11	71	11	0	183	3
4th "	9	4	15	84	4	0	17	5

TABLE XI. A.—MORTALITY OF CHIEF ZYMOTIC DISEASES IN LONDON FOR 10 YEARS.

	Hooping Cough.	Measles.	Scarlet Fever.	Diph- theria.	Fever.	Small Pox.	Influ- enza.	
1887	2,928	2,894	1,467	961	672	9	—	
1888	2,987	2,401	1,209	1,301	720	9	—	
1889	1,749	2,314	784	1,588	596	1	—	
1890	3,227	3,285	861	1,387	636	3	652	
1891	2,876	1,807	589	1,361	597	8	2,338	
1892	2,447	3,393	1,174	1,885	467	41	2,264	
1893	2,330	1,661	1,596	3,265	719	206	1,526	
1894	2,097	3,293	962	2,670	653	89	750	
1895	1,483	2,633	829	2,316	624	55	2,156	
1896	2,931	3,692	940	2,663	582	9	496	
1896.	West D.	386	630	159	425	88	1	—
	North D.	630	761	171	580	150	1	—
	Central D.	126	207	59	104	43	1	—
	East D.	641	668	194	478	98	1	—
	South D.	1,148	1,426	357	1,076	203	5	—
Metropolitan Hospitals out- side London.	—	—	80	3	2	6	—	

TABLE XII.—RETURN OF WORK PERFORMED IN THE SANITARY DEPARTMENT DURING THE 53 WEEKS ENDING JANUARY 2ND, 1897. PUBLIC HEALTH (LONDON) ACT, 1891.

TABLE A. Description of Work.	INSPECTORS.												Totals.
	Stevenson.	Groom.	Pointon.	Eagle.	Chadder- ton.	Scudamore	Collins.	Heath.	Kerslake.	Morley.	Homer.	Farmer.	
Complaints	109	94	89	138	74	89	53	48	59	52	129	107	1041
Inspections arising from Complaints ..	174	142	151	296	184	185	92	83	125	88	214	175	1909
House-to-House Inspections	455	475	663	689	803	386	282	527	526	505	508	505	6324
No. of inspections of Bakehouses.. .. .	16	8	49	11	41	56	22	31	12	63	34	9	352
Do. do. Cow-houses and Dairies ..	1	1	37	10	13	59	81	21	4	20	59	41	347
Do. do. Slaughter-houses	19	1	21	1	13	0	35	4	1	17	48	2	162
Do. do. Laundries	6	25	42	8	14	18	7	18	10	31	20	6	205
Do. do. Infectious Cases	274	296	227	344	319	260	120	295	254	292	290	227	3198
Do. do. Schools, Board	50	43	84	15	70	19	26	5	0	13	24	5	354
Do. do. do. Private	19	0	45	2	10	14	26	8	2	15	0	5	146
Do. do. Workshops	6	4	11	9	28	10	18	27	23	20	47	17	220
Do. do. Sanitary Conveniences, Public Urinals, &c.	96	72	84	5	0	42	0	30	35	0	26	57	447
No. of inspection of Sanitary Conveniences, Private Urinals, &c.	198	154	109	178	227	161	117	218	202	88	156	59	1867
No. of inspections of Railway Stations ..	0	0	44	13	0	0	91	0	0	0	0	3	151
Houses Let in Lodgings Inspected	0	0	0	0	0	0	0	0	246	0	0	0	246
Tenement Houses Inspected	0	52	0	43	47	17	8	186	22	0	23	24	422
Miscellaneous Inspections	0	9	0	0	10	0	44	0	7	3	49	2	124
Intimations served under the P.H. Act ..	302	404	337	509	344	329	145	398	514	391	339	486	4498
Notices served under the P.H. Act	22	118	17	68	53	53	146	164	154	60	30	153	1048
Do. do. Houses Let in Lodgings	0	0	0	0	0	0	0	0	90	0	0	0	90
Summonses taken out under the P.H. Act ..	5	6	1	3	4	3	15	4	21	2	14	12	90
Re-Inspections of Works in hand	4257	4002	4738	4182	4222	3698	3367	4428	3647	4219	3965	4721	49446
" Infectious Diseases	271	23	43	60	86	55	46	116	74	15	49	9	847
New Buildings Inspected and Re-Inspected	97	36	62	11	66	321	376	23	265	71	74	11	1413

TABLE B.													
Reconstruction of Old Drains Completed	174	64	118	62	44	45	118	109	73	72	131	249	1259

TABLE XII.—*continued.*

TABLE C.		Totals.
Description of Work.		
Houses Ventilated on Staircase	446	446
" " under Floors	1513	1513
" Cleansed	1038	1038
" Repaired	832	832
Water Supplied to Premises	476	476
Drains Cleansed, Repaired and Trapped	2570	2570
Sinks, Rainwater Pipes, &c., Disconnected	1403	1403
Stables, Yards and Areas Paved, Levelled, and Drained	1838	1838
Closets Provided, Repaired, Cleansed or Removed ..	2627	2627
Water Laid on to Closets	2081	2081
Cisterns Provided or Reconstructed	357	357
" Cisterns Repaired, Covered or Cleansed ..	530	530
Provide, Repair, or Remove Dustbins	1749	1749
Cesspools Emptied, Abolished, or Drained into Sewer ..	76	76
Remove Refuse or Manure	803	803
Keep Animals Clean or Remove them	53	53
Cleanse & Supply Water to Private Urinals	67	67
" " Public	9	9
Abate Overcrowding	85	85
Abate Smoke Nuisances and raise Chimneys	40	40
Trade Nuisances Abated	27	27
Supply Manure Pits	151	151
Interceptors and Chambers Supplied	764	764
TABLE D.—SALE OF FOOD AND DRUGS ACT.		
Samples Submitted for Analysis	416	416
Summonses under the above Act	79	79
Seizure of Unwholesome Meat	10	10
Inquests	211	211
Bodies Removed to Mortuary	240	240
Post-Mortem Examinations	119	119

TABLE XIII.

RETURN RELATING TO NOTIFICATION AND REMOVAL TO HOSPITAL OF PATIENTS SUFFERING FROM NOTIFIABLE INFECTIOUS DISEASES, ALL THE CLERICAL WORK CONNECTED THEREWITH HAVING BEEN PERFORMED BY GEORGE GRIFFITHS, FOR THE YEAR 1896, FROM 1ST JANUARY TO 31ST DECEMBER, BOTH INCLUSIVE.

PUBLIC HEALTH (LONDON) ACT, 1891.	Small Pox.	Scarlet Fever.	Typhoid Fever.	Puerperal Fever.	Typhus Fever.	Diphtheria.	Erysipelas.	English Cholera.
No. of Notifications received.	13	1245	184	16	3	1474	359	1
No. of Cases removed to Hospital.	10	553	61	0	0	556	0	0
Total No. of Cases ... 3,295								

No. of Cases Notified to Metropolitan Asylums Board	3,295
No. of Schools Notified of Infection	3,793
" " Disinfection	3,331
No. of Infectious Notices Served on Occupiers	5,697
Total ..	<u>16,116</u>

OTHER CLERICAL WORK.

No. of Letters received	11,162
" sent	16,028
Total ..	<u>27,190</u>

DUPLICATE NOTIFICATIONS.

Diphtheria	54
Scarlet Fever	20
Erysipelas	15
Puerperal	2
Typhoid	3

TABLE AA.
DIPHThERIA NOTIFICATIONS, 1895-6.
AFFECTED AREA.

Ages -	1895.										1896.									
	0 3	3 4	4 5	5 10	10 12	12 13	13 14	14 15	15 and over	Totals.	0 3	3 4	4 5	5 10	10 12	12 13	13 14	14 15	15 and over	Totals.
January	4	2	..	5	2	..	..	..	1	14	2	1	1	6	..	1	1	2	3	17
February	2	4	..	5	..	..	..	..	1	12	5	2	..	7	1	2	..	..	4	21
March	2	5	1	6	..	1	1	1	2	19	6	3	10	21	5	1	1	1	4	52
April	4	6	2	11	..	..	..	..	1	24	3	1	1	6	4	1	..	..	3	19
May	2	3	..	1	..	1	..	..	3	10	5	1	2	22	2	5	..	..	1	38
June	1	..	1	3	1	..	1	..	2	9	10	8	4	31	3	4	..	..	6	66
July	1	2	..	4	1	1	2	..	..	11	3	3	5	14	3	..	1	..	6	35
August	2	4	..	2	..	..	..	..	5	13	2	2	2	9	..	..	1	..	8	(24)
											2	5	4	8	2	..	1	..	13	(35)
September	..	2	..	4	2	1	..	..	3	12	1	..	1	5	1	..	..	..	3	11
											10	3	10	26	1	..	1	..	11	62
October	3	2	5	13	5	..	..	..	8	36	19	6	7	36	7	1	2	2	11	91
November	1	1	3	10	2	..	..	..	1	18	3	8	5	25	5	2	1	2	11	62
December	7	5	2	6	1	..	..	1	4	26	5	3	2	20	3	2	..	..	9	44
	29	36	14	70	14	4	4	2	31	204	76	46	54	236	37	19	9	7	93	577

TABLE BB.
NON-AFFECTED AREA.

Ages -	1895.										1896.									
	0-3	3-4	4-5	5-10	10-12	12-13	13-14	14-15	15 and over	Totals.	0-3	3-4	4-5	5-10	10-12	12-13	13-14	14-15	15 and over	Totals.
January	3	3	4	13	1	2	..	1	6	33	6	8	5	26	2	3	3	1	19	73
February	3	7	4	10	3	..	..	2	2	31	7	6	6	14	10	3	2	3	16	67
March	5	4	3	16	3	..	1	..	5	37	11	9	6	21	3	2	4	..	14	70
April	2	3	8	13	2	4	3	..	6	41	8	3	7	23	5	..	..	3	14	63
May	8	5	7	22	2	2	1	1	10	58	4	7	5	16	2	1	2	..	19	56
June	8	3	9	18	5	1	..	2	11	57	6	6	7	18	6	1	..	..	16	60
July	15	2	9	30	5	1	2	..	11	75	5	4	5	12	3	1	3	1	3	37
August	13	9	5	25	6	..	3	..	13	74	7	7	3	14	1	1	..	2	15	60
September	13	6	8	20	3	3	2	2	14	71	3	1	5	4	1	..	1	..	3	18
October	10	7	1	21	6	2	4	2	18	71	10	9	7	25	7	4	2	2	12	72
November	8	7	7	23	6	2	1	1	15	70	7	8	7	31	6	..	1	1	11	72
December	12	4	4	26	6	4	..	1	11	68	14	10	19	35	9	1	2	..	10	100
	100	60	69	237	48	21	17	12	122	686	97	83	89	280	63	18	21	13	169	833

Population at Census, 1896 { Affected Area ... 49,472
Non-affected Area ... 203,604

TABLE CC.

DIPHTHERIA.

1896.	DULWICH.		CAMBERWELL.		PECKHAM.		ST. GEORGE'S.		TOTALS.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1st Quarter ..	10	..	92	13	148	31	44	8	294	52
2nd Quarter ..	6	..	100	21	136	21	58	13	300	55
3rd Quarter ..	6	..	106	18	160	38	83	15	355	71
4th Quarter ..	1	..	127	20	255	50	82	14	465	84
	23	..	425	72	699	140	267	50	1,414	262



Year	Month	Day	Hour	Latitude	Longitude	Altitude	Temperature	Humidity	Wind	Clouds	Remarks
1911	01	01	00	10	10	10	10	10	10	10	
1911	01	02	00	10	10	10	10	10	10	10	
1911	01	03	00	10	10	10	10	10	10	10	
1911	01	04	00	10	10	10	10	10	10	10	
1911	01	05	00	10	10	10	10	10	10	10	
1911	01	06	00	10	10	10	10	10	10	10	
1911	01	07	00	10	10	10	10	10	10	10	
1911	01	08	00	10	10	10	10	10	10	10	
1911	01	09	00	10	10	10	10	10	10	10	
1911	01	10	00	10	10	10	10	10	10	10	
1911	01	11	00	10	10	10	10	10	10	10	
1911	01	12	00	10	10	10	10	10	10	10	
1911	01	13	00	10	10	10	10	10	10	10	
1911	01	14	00	10	10	10	10	10	10	10	
1911	01	15	00	10	10	10	10	10	10	10	
1911	01	16	00	10	10	10	10	10	10	10	
1911	01	17	00	10	10	10	10	10	10	10	
1911	01	18	00	10	10	10	10	10	10	10	
1911	01	19	00	10	10	10	10	10	10	10	
1911	01	20	00	10	10	10	10	10	10	10	
1911	01	21	00	10	10	10	10	10	10	10	
1911	01	22	00	10	10	10	10	10	10	10	
1911	01	23	00	10	10	10	10	10	10	10	
1911	01	24	00	10	10	10	10	10	10	10	
1911	01	25	00	10	10	10	10	10	10	10	
1911	01	26	00	10	10	10	10	10	10	10	
1911	01	27	00	10	10	10	10	10	10	10	
1911	01	28	00	10	10	10	10	10	10	10	
1911	01	29	00	10	10	10	10	10	10	10	
1911	01	30	00	10	10	10	10	10	10	10	



Longitude	Latitude	Time	Wind	Sea	Weather	Temperature	Barometer	Direction	Force	Remarks
120° 00'	10° 00'	08 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	09 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	10 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	11 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	12 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	13 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	14 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	15 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	16 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	17 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	18 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	19 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	20 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	21 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	22 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	23 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	24 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	25 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	26 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	27 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	28 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	29 00	SE	3	B	28.5	30.0	SE	10	
120° 00'	10° 00'	30 00	SE	3	B	28.5	30.0	SE	10	





Health Journal the year 1861 in the Parish of

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