[Report of the Medical Officer of Health for Camberwell,

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Cumbrell

Report of the Medical Officer of Health.

GENTLEMEN,

During the fifty-two weeks ending January 1st, 1898, the total number of births registered in London amounted to 133,618, and the deaths to 80,943. The birth-rate, marriage-rate, and death-rate are calculated from an estimated population of 4,463,169.

The birth-rate was 30·0 per thousand of the population, and was the lowest on record. It is ·2 per 1,000 less than that for 1896.

The marriages numbered 41,223, and the rate per 1,000 was 18·5 which is the highest recorded since 1878.

The deaths as stated above numbered 80,943, and corresponded to a rate of 18·2 per thousand, the average rate in the previous 10 years having been 19·9. Included in the above total are the deaths of Londoners who died in Metropolitan Institutions outside London, and also those of strangers who had been admitted into London hospitals and infirmaries from districts outside the boundaries. If these be excluded the death-rate of London as a whole will be reduced to 17·7 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 1897.

	London.	West D.	North D.	Central. D.	East D.	South D.	Metropolitan Asylums and Hospitals outside London.
Births ..	133,618	19,861	29,623	6,630	26,414	51,090	—
Deaths ..	80,943	13,420	17,696	5,022	15,203	28,120	1,482
Birth-Rates	30·0	25·58	28·15	27·36	36·73	30·52	—
Death-Rates (corrected)	17·7	16·1	16·6	21·8	21·2	17·2	—

Table II. shows the population of Camberwell at the census of 1896 together with the estimated number of inhabitants at the middle of that year and also at a similar period in 1897, assuming that the rate of increase has been regular.

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

	Parish.	Dulwich	Camber-well.	Peckham.	St. George's
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
As calculated for the middle of 1897	257,772	7,707	92,582	89,472	67,976

Table III. gives the total number of births registered during the year in the Parish. It will be seen that there is an apparent decrease, the figures for 1897 being 7,478, while those for 1896 were 7,665, giving a deficiency of 187; this deficiency is really greater, for in 1896 the year was considered to consist of 53 weeks, whereas 1897 was reckoned as having 52 weeks only. Consequently in drawing any comparisons between the figures an allowance must be made for this. In Dulwich and in Peckham there is an increase, while in Camberwell and St. George's there is a decrease. The actual figures are shown below in tabular form.

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

	Parish.	Dulwich.	Camber-well.	Peckham.	St. George's.
1896	7,665	75	2,487	2,784	2,319
1897	7,478	94	2,385	2,789	2,210
Difference ..	— 187	+ 19	— 102	+ 5	— 109

Table IV. gives the birth-rate per thousand of the Parish, and that of its sub-districts calculated on the assumption that the population has increased in the same ratio during 1897 that it did per annum in the quinquennial period, 1891–1896.

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

	Parish.	Dulwich.	Camber-well.	Peckham.	St. George's.
1896	30·2	9·9	27·4	31·4	34·5
1897	29·01	12·19	25·76	31·17	32·5

The total number of deaths registered in the Parish amounted to 4,525. From this number must be deducted the deaths that occurred in St. Saviour's Infirmary which amounted to 620, but on the other hand there must be added 472 deaths of parishioners that occurred in institutions outside the Parish; so that the correct total from which the death-rate is to be calculated from is 4,377, compared with 4,726 in 1897. Last year, however, the year was composed of 53 weeks. So that if it be wished to draw an exact comparison between the deaths registered in 1896 and 1897 it will be necessary to make a deduction from the 1896 figures corresponding to the extra week in that year. The average number of deaths per week was 89, so that compared with 1897 they numbered 4,637. The deaths spoken of above of those persons natives of the Parish who died in institutions outside have been re-distributed among those parts of the Parish from which they were removed;

and in those instances where it was impossible to ascertain from which registration sub-district they had been so removed, the deaths have been re-distributed together with those that occurred in the Workhouse and Infirmary among the four sub-districts of the Parish in proportion to the recorded deaths. My reason for so doing is that if it were left undone the deaths in the Camberwell sub-district would be falsified since the persons who died in the Infirmary 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 ..	58	..	58	+ 9	67
Camberwell	1,704	—561	1,143	+ 182	1,325
Peckham ..	1,469	— 4	1,465	+ 234	1,699
St. George's	1,109	..	1,109	+ 177	1,286
Outside Public Institutions (unclassified)	37	— 37	..	..	..
Parish ..	4,377	—602	3,775	+ 602	4,377

As the result of the above calculations we find that the death-rate for 1897 for the Parish is 16·98 per thousand, and that there is a decrease in all the different sub-districts, especially in Camberwell and St. George's. The death-rate of London as noted above is 17·7 per thousand, and according to the Registrar General our death-rate is 16·6 per thousand, but the difference, as I have mentioned in former years, is probably accounted for by our inclusion of deaths of parishioners in out-

side Asylums, who perhaps had been non-resident for some long period, and who would thus not be distributed to us by the central authority.

Table VI.—Death-Rates in Camberwell and its Sub-Districts.

	Parish.	Dulwich.	Camber-well.	Peckham.	St. George's.
1894	16·33	7·85	14·89	17·72	17·37
1895	18·88	9·85	16·75	20·03	21·28
1896	18·66	8·73	16·11	20·35	20·78
1897	16·98	8·69	14·31	18·98	18·91

Tables VII. and VIII. give the deaths occurring in the Parish, and Table IX. those of inhabitants of Camberwell who died in institutions outside the Parish, both arranged according to age, season and disease, and also as to the registration sub-district of the Parish from which they were removed whenever this information was given on the death certificate; in those cases where it was missing the deaths have been included under the head of unclassified. They were for the most part deaths of persons who had died in lunatic asylums, and the only information forthcoming was that they belonged to Camberwell. Table X. gives much the same information only classified in a manner required by the Local Government Board. It will be seen that in this table there are two extra columns for rheumatic fever and heart disease, and one for phthisis considered by itself, and not as coming under the general classification of tuberculous disease. The deaths from rheumatic fever numbered 18 as opposed to 15 in 1896, and were too few to justify my drawing any conclusion from them. The deaths from heart disease, which number 226 are 6 in excess of those for the previous year.

On examining the figures and contrasting them with the corresponding figures for 1896, it will be seen accidental or other violence caused 133 deaths, as compared with 115. The deaths ascribed to developmental diseases (premature birth, &c.) and to convulsions of infancy numbered 345 and 124, compared with 335 and 148 in 1896.

Nineteen deaths were ascribed to the immediate or remote effects of child-birth, and of that number five were certified as taking place from "puerperal fever," under which term I have included all septic diseases occurring in lying-in women. Tubercular diseases, including pulmonary consumption, caused 551 deaths, as compared with 618 deaths in 1896, and 635 in 1895. Of these 551 deaths, 387 were due to pulmonary consumption. There were 214 deaths from the various kinds of malignant disease, the figures for 1896 being 234, and for 1895, 194. Inflammatory affections of the lungs and pleura caused 771 deaths, contrasted with 834 in 1896, and 945 in 1895. In my report for last year I pointed out that the figures for phthisis in Camberwell are relatively high, and that this was due to the presence of the Workhouse Infirmary, but not in the sense that it is due to any condition present in that building, but simply to the fact that people are removed there on account of the lingering nature of the disease and through the inability of their friends to support them during a long illness, death subsequently taking place without their leaving its shelter.

Among the so-called zymotic diseases the deaths from Influenza number six more than in 1896, but 108 less than in 1895. Hooping cough caused 101 deaths, and measles 125 deaths, against 180 and 192 respectively. The figures considered separately as regards the various sub-districts for these two diseases are as follows:—In Camberwell, 26 and 43; Peckham, 38 and 27; St. George's, 35 and 55, while two deaths from hooping cough took place in Dulwich. These two diseases being those of infancy it is only natural that they would be more prevalent in the parts of the Parish where the birth-rate is the highest. As regards the distribution in the four quarters of the year, there was but little variation in hooping cough, in this malady the figures were 34 in the first quarter, 30 in the second, 20 in the third, and 17 in the fourth, whilst for measles there were two in the first, four in the second, 34 in the third, and 85 in the fourth.

Of the 339 deaths credited to diarrhœa and other inflammatory diseases of the intestines, 17 took place in the first quarter, 16 in the second, 288 in the third, and 18 in the fourth. Of the 288 which occurred in the third, 272 were those of

children under five, the figures for children under five being 78 in Camberwell, 128 in Peckham, and 102 in St. George's. In respect to their locality, one death took place in Dulwich, 94 in Camberwell, 134 in Peckham, and 110 in St. George's. One case was notified to us as cholera, that of a man who had been removed to the Infirmary and who died under circumstances somewhat suspicious of that disease. A post-mortem was however made, and the contents of the intestines were sent up to Dr. Klein for bacteriological examination; the result was negative.

Scarlatina caused 32 deaths, compared with 52 in 1896. The figures for the quarters were 12 in the first two quarters, eight in the third, and 12 in the fourth. Eleven took place in Camberwell and also in St. George's, and 10 in Peckham.

The death-rate from scarlet fever in Camberwell was among the lowest recorded for the London sanitary districts.

During the year there were 143 notifications of enteric fever. Of these 28 proved fatal. Although our figures were under those for 1896, both as regards notification and deaths, we did not escape being made the subject of alarmist paragraphs in certain sensation-loving papers, which gave the details of a terrible outbreak in Camberwell. The absurdity of the statement is made additionally manifest on a comparison between the death-rate, in 1897, of London, and that of Camberwell for enteric fever. In the former it was ·13, while in the latter ·12 this ranking fourth on the list of the South London Parishes, but being considerably less than the rates in many other parts of the Metropolis.

Considering, however, that many of the parishioners of Camberwell go down to the vicinity of Maidstone for hop-picking, it is perhaps somewhat surprising that we did not have a greater number of cases. A few of them were traced to Maidstone, and also to other parts of the kingdom. There was no particular incidence on the consumers of any one milk or on those who were supplied by any one Water Company.

The notifications and deaths were distributed through the Wards as follows:—

Wards ..	1	2	3	4	5	6	7	8
Notifications ..	24	14	19	21	23	29	7	6
Deaths	5	2	4	2	7	6	0	2

The deaths were distributed fairly equally among the first three quarters, but quite half of the total number occurred during the last quarter.

One notification of enteric fever was afterwards found to be glanders, which terminated fatally. There were no further cases reported from the stable where the man worked.

In the death-rate from diphtheria Camberwell stood fifth in the list, showing that it has fallen from the unenviably high place it occupied in 1896, when it was second. It will be remembered that last year diphtheria was especially incident on a certain area in Peckham, while this year it was far more distributed over the Parish. Nevertheless there is still a greater number of cases both as regards notifications and deaths to be credited to this district of the Parish; there does not, however, seem to have been any special incidence on the district that was referred to in my report for last year and which was then noticeable for the greater prevalence of the disease. The total number of deaths from this disease amounted to 167. Of these 99 took place among those that were removed to Institutions outside the Parish, while there were 68 of persons who stayed in their own homes.

In previous years we have had experience how an unrecognised case of small pox has been the starting point of an epidemic, but rarely has the effect been so marked as in the present year. The history of the epidemic otherwise presents but little variation from the monotonous history of the beginning in an unvaccinated person, and spreading to those that are either unprotected, or in whom the protective power of vaccination has waned.

On January 22nd, 1897, a boy aged 6 was admitted into Camberwell Infirmary from No. 128, Glengall Road, supposed to be suffering from meningitis, the result of a blow that he was said to have received at school a few days before. After the

lapse, however, of 5 days, during which he was isolated, he was found to be suffering from variola, and he was accordingly removed to the Isolation Hospital. The mischief, however, had already been done, for he had been first of all placed in one of the principal men's wards, and later, when the diagnosis was not clear, in a small ward where there were several old women.

Between the 3rd and the 20th of February there were 16 cases notified from the Infirmary, and in addition to these, there were four persons attacked, who either had been engaged there as workers, or who had been recently discharged. Moreover, while these events were going on at the Infirmary, the disease was spreading in the house whence the boy had been removed to the Infirmary, and not only in the house, but also at No. 138 in the same road, which was inhabited by relatives of the family in No. 128. In Downes Street, too, an unvaccinated boy who had been discharged from the Infirmary on February 5th, was first of all considered to be suffering from scarlet fever on February 9th, but it was afterwards found to be a case of small pox. He was removed on February 9th, but not before he had infected a brother and sister, both unvaccinated, who were removed later on in the month.

Two cases were removed from No. 25, Bridson Street. On making inquiry at this house I discovered that about a fortnight before a child had died from supposed measles, but before her death she had, according to her friends' statement, spots about her. Looking at the subsequent result it is most likely that this was unrecognised small pox.

The same precautions were taken during the outbreak of 1897 as were carried out when we were visited by small pox in 1896, and the measures appear to have been so far successful that the disease was limited to the house from which the first cases were reported, except in one instance, when, as I have remarked above, a relation was attacked who had attended to the child who really was the originator of the whole outburst.

While the disease was in possession of the Infirmary we were able to render considerable assistance in the matter of disinfection, and I take this opportunity of expressing my satisfaction at the way your Disinfecting Staff carried out the

extra duties which devolved upon them in this connection, and indeed for their work throughout the year.

In Table XII. is shown in tabular form the information I was able to procure with regard to the circumstances attending the attack of those notified to us.

The total number of certificates of notification received during the year amounted to 2,893, but the actual number of persons attacked was 2,831, the difference being due to duplicate notifications.

In Table XI. the cases are shown arranged according to locality, and also the numbers are given of the persons that were removed to the hospital. This total 2,831 is made up as of the following:—Diphtheria, 1,161 (including membranous croup), as contrasted with 1,420 in 1896 and 925 in 1895; scarlet fever, 1,182, against 1,225 in 1896; enteric fever 143, against 181 in 1896 and 245 in 1895. The notifications of small pox showed an increase on the figures for 1896, when they numbered 13, but a decrease on the 1895 figures of 53. There were 14 notifications of "puerperal fever," a similar number to 1896; 296 of erysipelas, and two of continued fever.

In the report for last year attention was drawn to the fact that there had been a diminution in the mortality rate for scarlet fever and diphtheria. This year there has been a still further diminution in respect of both diseases. The number of notifications for the two years was the same, but the deaths were fewer by 20 for 1897. The mortality rate for 1895 was 5·3, for 1896 4·2, and for 1897 2·7. The diphtheria rate has decreased from 18·4 in 1896 to 14·3 in 1897, this being the mortality rate deduced from making a per centage calculation between the number of deaths and the number of notifications received.

The question of the Hollington Street area has continued to occupy the attention of your Committee during the past year. It will doubtless be within the recollection of the members of the Vestry that a memorial was addressed to them about two years ago, of which the following is a copy:—

[Memorial.]

Camberwell, S.E.,
November 21st, 1895.

To the Chairman and Members of the General Purposes Committee of Camberwell Vestry.

Gentlemen,—We venture respectfully, but earnestly, to direct your attention to the deplorable condition of that portion of the Parish of Camberwell lying between Wyndham Road and Avenue Road, and between Camberwell Road and Pitman Street, and including the following streets:—Sultan Street, Hollington Street, Crown Street, Gange Street, Beckett Street and Toulon Street.

The overcrowding in this district, and the sad state in which the inhabitants have for many years been compelled to subsist, have been a source of the deepest pain to the clergy and others brought into contact with the poor people dwelling in this neglected area.

In many of the houses five or six families reside, and scores of instances can be shown where a family (sometimes embracing several adults of both sexes) exist in a single room. Such a state of things cannot be conducive to public morality, nor be advantageous to the public health.

The neighbourhood is a black spot in the midst of a comparatively well-to-do, well-ordered Parish. It is, as it were, shut in with its vice and wretchedness, having practically no thoroughfare connecting it with the main roads. Most certainly a through street is, in the first instance, needed from Camberwell New Road to Camberwell Road. Mr. Charles Booth in his "Labour and Life of the People," page 403, says, in discussing the dark spots of London:—

"Of the bad patches the most hopeless is the block consisting of Hollington Street, Sultan Street, and a few more lying to the west of Camberwell Road. It stands alone in an otherwise well-to-do district, acting as a moral cesspool towards which poverty and vice flow in the persons of those who can do no better mixed with those who find such surroundings convenient or congenial. It is the despair of the clergy, who find it impossible to put any permanent social order into a body of people continually shifting, and as continually recruited by the incoming of fresh elements of evil or distress. . . . . Bad building, bad owning, mismanagement on the part of the Vestry, and apathy on the part of the Church, have each had their share in bringing about a condition of things which now demands and tasks the best united efforts of all to put right.

"This block, as is so often the case when bad conditions triumph, is without thoroughfare, cut off by the railway from the main road, and it would seem that no radical change can be made in its fortunes except by altering this."

The opinion expressed in the last sentence of the above extract is our deliberate conviction also. We therefore respectfully submit for your favourable consideration the advisability of continuing Sultan Street in the

one direction into Toulon Street, and thence to Westhall Road, and in the other into Camberwell Road.

We would suggest to the members of the Committee the propriety of themselves surveying this neighbourhood, when we feel convinced the urgent necessity of the reform we herein suggest will be manifest. If the Committee requires further information we shall be prepared to attend one of its meetings if it be considered necessary or desirable.—We are, yours faithfully,

CHARLES EDWARD BROOKE, Vicar, St. John's, Kennington, and St. Michael's, Toulon Street.
J. CANON MCGRATH.
ARTHUR O'NEILL, Camberwell Vestry.
ISAAC J. LEGG, Camberwell Vestry.
J. E. BURKMAR, Camberwell Vestry.
E. W. MARSHALL, Camberwell Vestry.
CLAUDE T. G. POWELL, Clergy House, Avenue Road.
GEO. WATKINS, Grocer, 42, Sultan Street.
SISTER JANE, 122, Wyndham Road.
JOSEPH BUCKLAND, Grocer, 39, Hollington Street.
JOHN ARTHUR PASSENT, 56, Hollington Street.
L. C. SHIPTON, 226A, Albany Road.
J. F. ELLEN, 18, Church Street.
ALEXANDER SMITH, Camberwell Vestry.

In due course the question was referred to me for a report, which I made and presented to the Committee on April 27th, 1896. This report is largely based on the results of a personal inspection made by the Inspector of the district and myself, in the course of which we visited about a fourth of the total number of houses in the streets that I have named in the above-mentioned report, of which the following is a copy :—

REPORT OF THE MEDICAL OFFICER.

LADIES AND GENTLEMEN,—I have carefully considered the memorial from members of the clergy and others regarding the state of Hollington Street, &c. The overcrowding they speak of does certainly exist in some instances, but I think the statement that five or six families reside in one house is exaggerated. I am bound to say, however, that I believe that the statements made by the inhabitants with regard to the number of people occupying the houses in which they live are not altogether to be relied on. But granting all this, the overcrowding is not to the extent shown in the memorial. It is quite true that the neighbourhood is a black spot in the Parish; but the provision of a new road, although it might benefit one of these streets, would most certainly make the overcrowding much worse in the neighbouring ones. Supposing, for instance, that Sultan Street

forms part of a new thoroughfare between Camberwell Road and Camberwell New Road, the rents are certain to go up in consequence of the alteration, and the people who are unable to pay the increased amount will be driven into the other streets adjoining and render them more overcrowded than ever.

Mr. Booth talks about bad building, bad owning, mismanagement on the part of the Vestry, and apathy on the part of the Church. On this last point of course I am not qualified to speak. The houses, as a rule, so far as the building is concerned, are, with the exception of Thompson's Avenue, as good as many others. As regards bad owning, there are of course instances in which landlords do not do their duty; but, on the other hand, I must say that I have known many instances in which a house has been put thoroughly into repair, and on a subsequent visit being made within the space of a few months it has been found to be just as bad as before; in such cases there is but little encouragement to landlords to keep the places clean. As regards the mismanagement on the part of the Vestry, it is so vague a statement, that I should like to know more what is meant before attempting to answer it.

Certain statements have been made, especially in regard to Beckett Street, that people keep donkeys in their back rooms. I am bound to say that in the whole of Beckett Street I found but one instance of this, and the people assured me that the donkey was only there temporarily. The donkeys are usually kept in the back yards, and it is true that in order to get them into the street they have to bring them through the living rooms. This is, of course, not a healthy state of affairs; but we are met by this fact, that if we do not allow the people to keep donkeys under these conditions we are practically doing away with their means of livelihood, and I should certainly say that it is better for them to be allowed to keep the animals under existing conditions and be able to earn their living, than that the keeping should be prohibited on sanitary grounds, and the people consequently thrown into great want and distress.

The roadway of Beckett Street is almost invariably dirty, but I think it can well be maintained that the cleansing of the street is rendered practically impossible by the fact that the costermongers' barrows are stored in it, there being no other place where they can keep their vehicles.

It will also be useful if we examine the statistics of the notifications of infectious diseases and the mortality in this area for 1895, and for this purpose I have taken the following streets, together with the courts opening out into them:—Beckett Street, Crown Street, Sultan Street, Hollington Street, Toulon Street, Pitman Street, and last, but most certainly not least, Thompson's Avenue.

	Diphtheria.	Scarlet Fever.	Typhoid Fever.	Smallpox.	Erysipelas.
Beckett Street	3	6	—	6	2
Crown Street	1	—	—	—	1
Sultan Street	2	5	—	—	2
Hollington Street ..	3	3	2	4	1
Toulon Street	—	—	—	7	1
Pitman Street	—	—	—	—	3
Thompson's Avenue ..	3	1	—	—	2
Gange Street	—	1	1	—	—
	12	16	3	17	12

I have estimated the population of the streets above-mentioned 4,532 inhabitants; this, however, is probably under the correct number, for I think that at many houses that I visited I was not made acquainted with the full number of tenants.

Deaths for the Year 1895 in the Area alluded to by the Memorialists. Also that of St. George's Registration District for the same period:—

	M.	F.	M.F.	0-1	1-5	5-10	10 — 20	20 — 30	30 — 40	40 — 50	50 — 60	60 — 70	70 — 80	80 — 90	90 — 100	Ac.	P. B.	Con.
Area alluded to.	—	—	103	26	36	6	5	5	7	8	2	4	4	0	0	4	2	5
St. George's	614	623	1237	397	252	54	44	57	76	89	102	72	65	25	4	44	112	54

	Child Birth.		Ery.	H.C.	M.	S.F.	Dip.	Typ.	Inf.	S.P.	Tub.	Can.	Bron.		Diar.		Alcoholism.	Chronic.
	N.I.	P.F.											-5	+5	-5	+5		
Area alluded to.	0	0	1	0	10	1	3	1	0	2	5	0	18	19	13	1	0	18
St. George's	6	3	12	34	55	21	43	10	24	4	153	40	158	122	85	8	3	246

The total number of deaths occurring in the area for 1895 amounted to 103; while the deaths for the whole district of St. George's amounted to 1,237.

The population of the area mentioned in the memorial you have referred to me, represents 1-15th of that of the whole of the sub-district. The deaths from diarrhœa numbered 14, against 93 for St. George's as a whole.

One death from enteric fever, and three from diphtheria were credited to this area.

Under the above circumstances I think it will be difficult to say that the area in question is specially remarkable for its high death rate, or that it calls loudly for demolition. I should strongly suggest (1) that as many as possible of the houses should be placed under the Regulations for Houses let in Lodgings, and these by-laws rigidly carried out; (2) that a routine inspection of all the houses be made twice a year, so that there may be no long continuance of defects.

As regards the overcrowding, this is a far more difficult question. In the first place reliable information is seldom to be obtained as to the exact number, and when we have obtained it the overcrowding is perhaps temporarily abated by shifting some of the children who are taken back subsequently.

Secondly, some of those families who are overcrowded are not in a position to pay more than a certain sum, and it would seem a mockery to prosecute them for committing an offence they are powerless to avoid.

FRANCIS STEVENS, *Medical Officer.*

April, 1896.

In October the report was considered by the Committee, and after a survey it was resolved to appoint a small Sub-Committee to thoroughly go into the whole subject. The opinion of that Committee seemed rather to incline to the view that the area in question was really an insanitary one, and that in order to produce any good results it would have to be dealt with in a far more drastic manner than that which I recommended in my report. They were, however, most impressed by the state of Beckett Street, and I was consequently asked to furnish a report on that street alone, and of this I accordingly append a copy:—

Gentlemen,—In accordance with the instructions of the Committee, I have made a personal inspection of all the houses in Beckett Street, directing my attention especially to defects of building, and as to the sufficiency or otherwise of the light and ventilation that they can receive. The width of the street, which runs pretty nearly in a straight line from east to west, is about 17 feet, and by far the greater number of houses abut directly on it. The block, however, from 20A–26, which comprises fourteen houses, is set back to an extent of 11 feet; 27, 28, 29, 30, 32 and 33, stand

in a double row at right angles to Beckett Street, the backs of the houses being separated by a yard. This block also includes 31, which fronts into the main street; 34, 35 and 36 have no backs, and are connected with 37 and 38, thus forming a block of back-to-back houses. Nos. 54, 55, 56 and 57 form another group of somewhat recent construction, these four houses, however, have back yards.

Practically the remaining houses in the street will come under the same description of property. They are for the most part brick-built, and contain three rooms, one being generally used as a sort of wash-house. Some are level with the street in front, while to enter others, it is necessary to go down a step; almost invariably at the back, however, the approach to the yard is up a step. The flooring is in many cases defective, having probably rotted through the lack of proper ventilation underneath. The walls are damp and the roof defective in a few instances. The upstairs rooms are, generally speaking, approached by a room leading from the living room downstairs, which consequently acts as a ventilator to the lower apartment. Some of the houses possess two bed-rooms, and in these there is not sufficient light and ventilation, as there is only one small window provided.

The yards are almost invariably well paved. In many instances there is a stable at the end of the yard, the access to it being through the house. These stables are kept in a condition which much varies, according to the cleanliness or otherwise of the tenant. A certain number of houses have smoke holes for smoking haddocks.

Throughout the street the water-closets are outside, but their condition varied much according to the occupier. The water is, in every instance, taken off the main. The dust receptacles are far from satisfactory; in some there are none at all, while others have an old dilapidated box. But here again the character of the inmates was shown, a clean house almost certainly promised a satisfactory dust-bin.

The chief defects that exist in the street, apart from those clearly attributable to the tenants, are:—

Dampness of certain of the houses.

Insufficient ventilation under the floors.

Insufficient light and ventilation to staircases and to certain rooms.

I have made no mention of the light and ventilation to the street considered collectively, for I am satisfied with the amount of air that would be given both to the front and back of the houses provided that obstructions in the shape of smoke-holes to the current were removed. The newer buildings, 54–57 and 20-26, to a certain extent, cut off the light and air from their immediate neighbours, but not to an amount which would render them unfit for habitation. The back-to-back block, Nos. 34–38, it is impossible to light and ventilate, and standing as they do at right angles to the street they cannot fail to exercise a prejudicial effect on the circulation of air.

I now turn to the vital statistics.

During the year one case of diphtheria was notified in Beckett Street, but there were no other instances of infectious disease.

The total deaths for 1896 in Beckett Street (including those in outside Institutions removed from Beckett Street) amounted to 12. Eight of these were due to bronchitis, etc., and one to convulsions of infancy.

I am, Gentlemen, your obedient Servant,

FRANCIS STEVENS, *Medical Officer.*

January 4th, 1897.

The full report of the Sanitary Committee was presented to the Vestry on March 10th, 1897, together with various recommendations relating to increased attention to the removal of street obstructions, and to the improvement of the paving, lighting and cleansing of these streets. In addition to this, however, the Committee recommended that I be instructed to forward a copy of my report to the London County Council as the Local Authority having power to deal with insanitary areas, and secondly, that one of your present inspectors be told off to assist Inspector Kerslake on that district. Neither of these recommendations can I regard with favour. While admitting the fact that in this area there are isolated blocks of houses which it would be a great advantage to remove, I am strongly of opinion that the district as a whole does not come within the meaning of an insanitary area, and I do not feel myself to be in a position to give the certificate required under the Housing of the Working Classes Act. In the report to the Committee made in April, 1896, I recommend that a routine inspection be made twice a year. Now I am sure that any one who realises the character and size of the district in point, will agree with me that the only way to have this carried out properly is to have an inspector appointed either to assist Inspector Kerslake, or to relieve him of part of his district, which includes the area in question, and which could not be undertaken as a sort of understudy. The Vestry, however, referred the whole matter back, being apparently anxious to receive some more comprehensive scheme for the improvement of this part of the Parish. The Committee accordingly instructed me to make a further report, which was considered by them on May 10th. I again considered the propriety of making a representation under Part I. of the Housing of the Working Classes Act, but was unable to alter my views on the subject. In the inspection I made for the purpose of this further report, I went into the advisability

of formulating a scheme by which isolated blocks of houses could be dealt with, and, as will be seen, I specify certain blocks which it would be an advantage to deal with under Part II. of the Act. From this report it will be seen that in this area there are groups of houses where such conditions exist as to be a source of danger either as regards the individual houses themselves, as in the case of the Beckett Street block and Mayhew's Buildings, or, as in the case of Gurney Terrace, &c., where the houses themselves are not so much to blame as the bad arrangement by which the supply of light is curtailed to such an extent as to be inconsistent with proper sanitary conditions. The houses referred to in the plan comprise Mayhew's Buildings, Nos. 34, 35, 36, 37 and 38, Beckett Street, the whole of Gurney Terrace, Laurel Terrace, and Nos. 1, 2, 3, 4, 5, 6, 7 and 8, Sultan Street. The Committee, however, decided not to proceed with the Scheme, but that all possible notices should be served under the Public Health Acts. The question, therefore, at present remains at this stage.

The subject of disinfection was also considered by your Committee, in consequence of a resolution having been passed by the Vestry in favour of a reversion to the old system which was in vogue some two or three years ago, and which was, rightly I think, discarded in favour of the more efficient method of syringing. This old system consisted in stripping the walls after the rooms had been fumigated by the vapour of burning sulphur. I prepared the following report on the subject, and it was discussed by the Committee :—

DISINFECTION.—REPORT OF MEDICAL OFFICER.

The question before the Committee is whether it is desirable that a reversion should be made to the old plan of fumigating by burning sulphur, and to combine with this fumigation the stripping of the walls and whitewashing of the ceilings. The method at present in use is that of spraying the walls with a solution of perchloride of mercury of sufficient strength to act as an efficient germicide. The universal opinion appears to be that the stripping of the walls and whitewashing of the ceilings is the most effectual means of disinfection. The object, however, of stripping the walls is to remove the organisms and their spores that might be finding a lodging place there, hence any other means that would exert the same destructive influence on the germs would answer equally well. Under these circumstances I think that the present plan with some modifications is the preferable one. I do consider that it will be an improvement to wash the walls with corrosive sublimate solution rather than as at present to spray them,

there would thus be a completely sterilised coating all over the walls which would effectually prevent the germination of any spores, besides killing the organisms themselves. If this plan were adopted we should not be under the necessity of stripping the walls, as I think such washing of the walls equally satisfactory from the health point of view as the stripping, as the organisms likely to do harm would naturally be on the surface, being of recent growth. It has been remarked that if we use a liquid disinfectant the air is really untouched. This is, of course, quite true but I do not think it is a vital objection in view of the known tendency of organisms to settle on the floor and sides of the room. The question also arises as to the responsibility of the Vestry in case of damage; in my opinion it would come under the heading of necessary and not unnecessary damage, since I believe it is difficult, if not impossible, to thoroughly disinfect a room without this washing.

On the ground of expense the advantage would be a long way on the side of washing the walls, since if we were to strip them there would be the time occupied in stripping in addition to that taken up by the washing, it would also be necessary to gather up all scraps of paper torn off and to burn them. The paper stripped off, too, must either be burnt in the gardens, or conveyed in a properly constructed vehicle to the depôt, to be there cremated; either of these plans is objectionable.

A new disinfectant termed formic aldehyde, which is vaporized by a special machine, has been reported upon very favourably, and the inventors of the machine attended before the Society of Medical Officers of Health, and gave a demonstration of its mode of action. The machine is not a very expensive one, and if it is proved that it is being adopted elsewhere with success, I think the system should be introduced in Camberwell with advantage, as the convenience and quickness of this method render it suitable for our use.

FRANCIS STEVENS, *Medical Officer of Health.*

In the end, however, the Vestry decided that the rooms should be stripped in all cases where I thought it to be necessary. As I do not think that it is necessary that rooms should be stripped before they can be regarded as disinfected, I have adopted the following plan, namely, that of instructing the inspectors to report all rooms that they consider to be in a dirty state, but in regard to the condition of which it would be impossible to go into the witness-box and swear that the rooms were in such a state as to be a nuisance, or injurious to health.

Early in the year the By-laws proposed to be made by the London County Council were forwarded in draft to the Vestry. They were reported upon jointly by your Vestry Clerk, your late Surveyor and myself, and we all three agreed

in suggesting to the Committee that they recommend the London County Council to include in the proposed By-laws certain amendments referring principally to the advisability of causing all persons, carrying out any drainage work, to deposit a plan showing the course of the drains, requiring all methods of doing work which would be considered by the London County Council as being done "in an efficient manner," to be ratified by the Sanitary Authority in writing, together with some minor details relating to the material required and to the method of carrying it out. In the view also that it would be the duty of the Local Sanitary Authority to see that these By-laws were carried out, we recommended that they should have the power to dispense with the provisions of an intercepting trap in cases where they thought it would be desirable, and that in each case their consent should be given in writing.

The report was presented to the Committee, but they decided to make no recommendations to the Council.

Speaking, however, entirely for myself, I think it a great pity that the London County Council should in these By-laws have so uncompromisingly committed themselves to the absolute principle of the necessity for the provision of an intercepting trap to all house drains, no matter whether the fall of the pipes be good or bad, and taking no account of the class of house. It must be within the knowledge of all who have to do with poor property (especially tenements) that the drains are frequently blocked, and that this stoppage most often occurs at the interceptor. What happens in such a case? The drains are subjected to a prolonged water test in the event of the obstruction not being removed; if perchance they should be sound, well and good, but if not, the sewage must flow away under the house, and for months or years be polluting the soil until either the drain gets so completely choked that the stoppage shows itself at the gullies, or the drains are exposed and examined. It may, of course, be said that this might happen in any house, but speaking from personal experience, I say that a drain that is intercepted is far more likely to stop up than one which is not, particularly if the fall be slight. The idea of the interceptor was originally based on the theory that sewer air is much more harmful than the air in the house

drains, and that, if only the former can be kept from entering the house, it is of less consequence to prevent the entry of the latter, and this theory is further borne out by the London County Council's proposed By-laws, which provide that a free untrapped opening shall be left to the house drain at a point as near the intercepting trap as possible. This requirement is, of course, based on the hope that the lower opening acts as a fresh air inlet, while the continuation upwards of the soil pipe forms an outlet; but I know of many cases in which a nuisance has been caused by the emanations from these so-called inlets, even although they were provided with mica flap valves, a provision which is not insisted on in the By-laws. Many houses are drained by what is termed a combined system, and in any case when such a system is adopted the untrapped opening mentioned above will be in direct communication with what is really a miniature sewer, and practically will be comparable to a sewer ventilator in the road. There is nothing to forbid this opening being directly under the windows. Under these circumstances, what will happen under ordinary conditions and to a greater degree if the drain should get blocked? Shall we not get justifiable complaints of offensive smells? We may be quite certain that if people complain of the road ventilators they will the more complain of the so-called "air inlets."

The question of sewer ventilation has been prominently before you, and the connection of the interceptor with the necessity for this ventilation must be apparent, for we are gradually sealing off all the old outlets of the sewers, while the ventilators at the surface of the roads must now act as outlets and inlets, except in the few cases where upcast shafts are provided. It seems extraordinary that the idea has never been systematically carried out of rendering the drains under the houses watertight, doing away with the interceptor and carrying up a soil-pipe ventilator, which would also be a sewer ventilator, in accordance with the present regulations governing the provision of soil pipes, to a sufficient height to allow the outlet of any foul air that may escape. The necessity for an interceptor now seems to be such an article of faith that it is rank heresy to suggest its abolition, we find consequently that a conference of experienced Surveyors recommend that a

ventilating pipe from the sewer ventilator shall be carried from the sewer side of the interceptor up the side, or back or front of the house, thus avoiding any interference with the interceptor, while theoretically securing sewer ventilation. There would be just as little nuisance if the plan were tried of putting the soil pipe in direct communication with the sewer by a water-tight drain, the soil pipe to be carried upwards in the manner as prescribed in the London County Council By-laws.

During the past year there have been many points of interest to chronicle in respect to the By-laws relative to the houses let in lodgings. The most noteworthy of these was the decision of the magistrate on a summons taken out against a firm of house agents for breach of the By-laws. The defence was that they were not the landlords within the meaning of the By-laws, for the house was let to one man who himself sublet; this defence was successful, as the magistrate held that proceedings should have been taken against the one who sublet. This raises a very serious point to the Vestry, and one that I do not hesitate to say will to a great extent render nugatory the good effect of registration.

The tenancies of the sub-lessees are of a fleeting character, the property usually being let at a weekly rental, and if they are to be held liable it will render the registration and re-registration of these houses a matter of common occurrence, for no sooner shall we have registered a house than it will be let to another person, and the whole procedure will have to be gone through again. This will provide a means of evading the By-laws.

Further need has shown itself of the desirability of raising the rent limit, if those houses which it is most desirable to register are not to evade the By-laws regulations. I do not think that even 15s. per week is too great a limit to place on these houses so far as regards unfurnished rooms; the limit for furnished lodgings can very well remain where it is, for it is not in that class of house that we shall get difficulty. In my report for 1896 I drew attention to the fact that those houses could not be registered without the consent of the Vestry, and if thought necessary the numbers of the houses and names of

the streets could appear on the Agenda for two consecutive meetings, thus reducing to a minimum the possibility of the resolution passing without full discussion. As regards the good effect of the By-laws, I will only ask the members of the Vestry to look at some of the houses in Hollington Street. There will be no need for them to enquire which are registered and which are not, for the premises speak for themselves clearly enough.

Table XVI. gives the work carried out by your Inspectors during the past year in tabular form. The house to house inspections numbered 5,944 as compared with 6,324 in 1896. The complaints numbered 1,209, and the inspections arising from them amounted to 1,919. In addition to these two classes there were the inspections that were made in consequence of the occurrence of infectious disease. The complaints were just a trifle under those for last year, although the period covered during 1896 exceeds that for 1897. The inspections of new buildings, a work of great importance and one often demanding a prolonged visit, were 1,453 in number compared with 1,413 last year. In sub-section C is shown the description of work that has been carried out by your direction during the past year. I would particularly draw the attention of the Vestry to the number of houses ventilated on staircases. I believe that this Vestry is the only one in London that systematically enforces the provision of ventilation and light to staircases in houses that are occupied by more than one family, and I have set forth the necessity for this provision in the last report.

As a result of inspections made and referred to in Table XVI., 4,756 intimations were served, followed by 1,033 notices, 208 of these referring to houses let in lodgings. Furthermore, in 94 cases we were obliged to take proceedings at the Police Court to enforce the work demanded by your Committee. There were 2,990 cases of infections notified to the Metropolitan Asylums Board and 3,951 schools, including Sunday schools, were advised that children from houses where these diseases existed were in attendance at those schools. 5,211 notices of infectious disease were served upon the occupiers of infected houses, and 3,586 advices of disinfection were sent to the schools. In all there were 15,738 notices sent out con-

cerning notifiable diseases. In addition to this clerical work 9,769 letters were received and 14,968 (including notices) sent out.

Table XIIIA gives a return of houses and articles of bedding disinfected by your staff.

In conclusion I have to express my indebtedness to the whole of your Sanitary staff for the valuable assistance they have rendered me during the past year.

I am, gentlemen,

Yonr obedient servant,

FRANCIS STEVENS.

TABLE XII.

Cases of Small Pox Notified during the Year 1897.

No.	Initials.	Age	Address.	Commencement of Illness.	Removed.	Vaccinated.	Result.
1	H. G. S.	6	Camberwell Infirmary, Men's No. 1 Ward and Small Special Ward	19/1/97	27/1/97	No	R
2	M. D.	15	128, Glengall Road	31/1/97	3/2/97	?	R
3	V. S.	8	Do.	3/2/97	6/2/97	29/1/97	R
4	R. S.	32	Do.	2/2/97	6/2/97	Yes (infancy)	R
5*	S. H.	33	Camberwell Infirmary, Small Special Ward	..	5/2/97	..	R
6	E W.	11	Do. Men's No. 1	..	4/2/97	No	R
7	W. P.	32	Do. do.	..	7/2/97	No scars	R
8	S. H.	70	Do. Small Special Ward	..	7/2/97	do.	R
9†	M. B.	40	Do. Women's No. 4	..	7/2/97	No signs	R
10	E. J.	48	Do. Men's No. 1	..	7/2/97	No	D
11§	H. W.	22	138, Glengall Road	3/2/97	6/2/97	Infancy	R
12	A. B.	30	Camberwell Infirmary, Women's No. 5	..	9/2/97	..	R
13*	J. M.	10	Do. Men's No. 1	..	5/2/97	No	R
14	S. K.	32	Do. Day Superintendent	..	9/2/97	Yes	R
15	E. B.	7	Do. Women's No. 4	..	9/2/97	No scars	D
16	M. S.	66	Do. Small Special Ward	..	9/2/97	When young	R
17	N. G.	8	Do. do.	..	9/2/97	Infancy	R
18	J. G.	5	26, Downes Street, removed from Camberwell Infirmary 5/2/97	7/2/97	9/2/97	No	D
19	E. L.	31	Scrubber at Infirmary	..	10/2/97	..	R
20	A. M.	18	39, Goldie Street	7/2/97	10/2/97	No	R
21	A. C.	35	26, Hansler Road	8/2/97	12/2/97	No	R
22	S. W.	53	Gordon Road Workhouse	..	12/2/97	Infancy	R
23	E. D.	43	Camberwell Infirmary, Women's No. 5	..	12/2/97	..	R
24	E. C.	31	Do. Women's No. 4	..	15/2/97	..	R
25	W. L.	23	Do. Men's No. 2	..	18/2/97	..	R
26	J. B.	52	Do. do.	..	21/2/97	..	R
27	P. G.	9	26, Downes Street	..	20/2/97	No	D
28	E. G.	3	Do.	21/2/97	24/2/97	20/2/97	D
29	E. M.	26	25, Bridson Street	20/2/97	25/2/97	Infancy	R
30	J. M.	5	Do.	20/2/97	25/2/97	No.	R
31	G. S.	ad'lt	Camberwell House	..	Not removed	..	R
32‡	M. S.	31	176, Camberwell Grove	..	6/3/97	..	R
33	E. C.	7	36, Albert Road	Probably not Small Pox			

* These two were sent to the wharf as suspicious cases; after being kept there several days, and were returned as probably not having had small pox.

† This woman sat at dinner in the small special ward with H. S. while he was under observation.

‡ Dispenses at Lewisham Infirmary.

§ Uncle to No. 1.

TABLE XIII.

RETURN RELATING TO NOTIFICATION AND REMOVAL TO HOSPITAL OF PATIENTS SUFFERING FROM NOTIFIABLE INFECTIOUS DISEASES FOR THE YEAR 1897, FROM JANUARY 3RD, 1897, TO DECEMBER 1ST, 1897, BOTH INCLUSIVE.

PUBLIC HEALTH (LONDON) ACT, 1891.	Small Pox.	Scarlet Fever.	Typhoid Fever.	Puerperal Fever.	Diphtheria.	Continued Fever.	Erysipelas.
No. of Notifications received (including Duplicates).	33	1213	153	14	1182	2	296
No. of Cases removed to Hospital.	31	557	50	1	537	0	7
	Total No. of Cases ... 2,893						

No. of Cases Notified to Metropolitan Asylums Board	2,990
No. of Schools Notified of Infection	3,951
,, ,, Disinfection	3,586
No. of Infectious Notices Served on Occupiers	5,211
Total ..	15,738

OTHER CLERICAL WORK.

No. of Letters received	9,769
,, sent	14,968
Total ..	24,737

TABLE XIIIA.

RETURN OF HOUSES AND ARTICLES OF BEDDING, CLOTHING, ETC., WHICH HAVE BEEN DISINFECTED AFTER INFECTIOUS DISEASE BY ASHLEY YATES AND THE DISINFECTING STAFF, FROM THE 3RD JANUARY, 1897 TO THE 1ST JANUARY, 1898, BOTH INCLUSIVE.

Houses Disinfected.	ARTICLES DISINFECTED.										ARTICLES DESTROYED.									Compensation allowed for the articles destroyed.
	Lots including Beds.	Beds.	Blankets.	Sheets.	Pillows and Cushions.	Mattresses.	Palliasses.	Bolsters.	Counterpanes.	Wearing Apparel.	Beds.	Blankets.	Sheets.	Pillows and Cushions.	Mattresses.	Bolsters.	Counterpanes	Palliasses.	Wearing Apparel.	
2206	3085	4261	7147	5321	8806	859	4987	1609	1749	2245	0	0	0	0	0	0	0	0	0	Nil.

TABLE XIV.

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

Year.	Hooping Cough.	Measles.	Scarlet Fever.	Diph-theria.	Fever.	Small Pox.	Diarrhœa.
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
1897 ..	101	125	32	167	28	5	339

Under the head of fever I have only included the deaths from enteric fever

TABLE XV.

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

Year.	Hooping Cough.	Measles.	Scarlet Fever.	Diphtheria.	Fever.	Small Pox.	Diarrhœa.	Influenza.
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
1897. 1st Quarter	34	2	6	51	6	5	17	10
2nd ,,	30	4	6	27	4	0	16	10
3rd ,,	20	34	8	46	4	0	288	5
4th ,,	17	85	12	43	14	0	18	6

TABLE XVI.—RETURN OF WORK PERFORMED IN THE SANITARY DEPARTMENT DURING THE 52 WEEKS ENDING JANUARY 1ST, 1898. PUBLIC HEALTH (LONDON) ACT, 1891.

TABLE A. Description of Work.	Inspectors.												Totals.
	Stevenson.	Groom.	Pointon.	Eagle.	Chadderton.	Scudamore	Collins.	Heath.	Kerslake.	Morley.	Homer.	Farmer.	
Complaints	110	108	97	139	87	102	56	91	100	83	141	95	1209
Inspections arising from Complaints	206	350	118	261	87	169	80	103	150	79	192	124	1919
House-to-House Inspections	553	656	592	687	724	185	180	434	530	394	506	503	5944
No. of inspections of Bakehouses	8	11	40	6	30	71	28	14	19	56	36	16	335
Do. do. Cow-houses and Dairies	0	2	33	7	13	49	88	16	1	22	42	44	317
Do. do. Slaughter-houses	30	4	17	0	11	0	29	4	0	16	37	1	149
Do. do. Laundries	6	9	31	1	15	5	14	10	9	17	15	1	133
Do. do. Infectious Cases	325	328	180	310	251	175	54	274	179	204	268	200	2748
Do. do. Schools, Board	57	50	86	16	84	18	20	19	1	9	44	1	405
Do. do. do. Private	21	9	49	3	13	10	20	5	5	18	3	0	156
Do. do. Workshops	8	6	8	5	19	6	7	16	24	15	38	3	155
Do. do. Sanitary Conveniences, Public Urinals, &c.	96	78	82	10	9	43	7	27	35	4	23	61	475
No. of inspection of Sanitary Conveniences, Private Urinals, &c.	170	189	95	165	216	140	95	177	167	84	116	77	1691
No. of inspections of Railway Stations	0	0	41	23	1	0	75	0	9	0	0	25	174
Houses Let in Lodgings Inspected	0	0	0	0	0	0	0	0	494	1	0	0	495
Tenement Houses Inspected	0	127	3	0	55	0	1	342	172	0	10	70	780
Miscellaneous Inspections	4	23	2	3	37	0	36	2	60	10	17	2	196
Intimations served under the P.H. Act	476	590	271	369	352	235	139	474	662	329	342	517	4756
Summonses taken out under the P.H. Act	2	7	2	4	9	8	3	7	29	6	4	13	94
Notices served under the P.H. Act	52	109	21	104	56	42	99	159	197	56	23	115	1033
Do. do. Houses Let in Lodgings	0	0	0	0	0	0	0	0	208	0	0	0	208
Re-Inspections of Works in hand	4428	4662	4662	4394	3749	3709	3072	4262	4359	4384	3886	3796	49363
,, Infectious Diseases	333	25	46	44	73	121	36	93	42	17	37	29	896
New Buildings Inspected and Re-Inspected	81	123	81	71	73	173	345	85	166	28	71	156	1453
TABLE B.													
Reconstruction of Old Drains Completed	215	128	117	45	55	46	60	162	110	66	116	118	1238

TABLE XVI.—*continued.*

TABLE C. Description of Work.	Totals.
Houses Ventilated on Staircase	496
,, ,, under Floors	1674
,, Cleansed	1085
,, Repaired	912
Water Supplied to Premises	521
Drains Cleansed, Repaired and Trapped	2589
Sinks, Rainwater Pipes, &c., Disconnected	1325
Stables, Yards and Areas Paved, Levelled, and Drained	1819
Closets Provided, Repaired, Cleansed or Removed ..	2517
Water Laid on to Closets	1851
Cisterns Provided or Reconstructed	334
,, Cisterns Repaired, Covered or Cleansed ..	537
Provide, Repair, or Remove Dustbins	1652
Cesspools Emptied, Abolished, or Drained into Sewer ..	72
Remove Refuse or Manure	812
Keep Animals Clean or Remove them	56
Cleanse & Supply Water to Private Urinals	73
,, ,, Public ,, ...	11
Abate Overcrowding	274
Abate Smoke Nuisances and raise Chimneys	59
Trade Nuisances Abated	32
Supply Manure Pits	111
Interceptors and Chambers Supplied	779
TABLE D.—SALE OF FOOD AND DRUGS ACT.	
Samples Submitted for Analysis	541
Summonses under the above Act	108
Seizure of Unwholesome Meat	6
Inquests	232
Bodies Removed to Mortuary	280
Post-Mortem Examinations	119

Table XI.—RETURN REQUIRED BY THE LOCAL GOVERNMENT BOARD.

Population, Births, and New Cases of Infectious Sickness coming to the knowledge of the Medical Officer of Health during the year 1897, in the Parish of Camberwell; Classified according to diseases, ages, and localities.

Names of Localities adopted for the purpose of these Statistics; Public Institutions being shown as separate localities.	Population at all Ages.		Registered Births.	Aged under 5 or over 5.	New Cases of Sickness in each Locality coming to the knowledge of the Medical Officer of Health.													Number of such Cases Removed from their Homes in the several Localities for Treatment in Isolation Hospital.												
					1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7	8	9	10	11	12	13
									Fevers.													Fevers.								
	Census 1896.	Estimated to middle of 1897.			Small Pox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.			Small Pox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.		
Dulwich	7519	7707	94	Under 5	...	2	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	...	5	7	...	...	1	...	...	...	...	2	..	...	...	...	2	...	...	...	...	...	...	...	...	...
Camberwell	90286	92582	2385	Under 5	...	124	95	4	...	9	...	...	...	...	8	...	...	...	46	47	...	...	2	...	...	...	...	...	...
				5 upwards	3	318	221	...	...	52	1	...	8	...	89	...	...	3	118	85	...	...	14	...	...	...	...	3	...	...
Peckham	88242	89472	2789	Under 5	1	108	177	7	...	...	...	...	...	...	8	...	...	1	45	88	1	...	...	...	...	...	...	...	...
				5 upwards	9	300	353	1	...	39	...	...	3	...	92	..	...	9	163	161	...	...	19	...	...	...	...	1	...	...
St. George's	67029	67976	2210	Under 5	...	92	96	7	...	4	...	...	...	...	8	...	...	...	47	54	1	...	1	...	...	...	...	...	...
				5 upwards	1	212	184	..	...	35	1	...	1	...	63	...	...	1	135	96	...	...	14	...	...	1	...	2	...	...
Workhouse (Constance Road)	...	.	...	Under 5	...	...	...	...	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	...	...	...	..	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Workhouse (Gordon Road)	...	...	...	Under 5	...	6	1	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...
				5 upwards	1	3	2	...	...	1	...	...	...	...	4	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...
Lunatic Asylums	...	...	...	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	1	1	3	..	...	...	...	...	...	...	7	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Infirmary	...	...	...	Under 5	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	17	...	...	...	...	...	...	...	2	...	12	...	...	16	...	...	...	...	...	...	...	...	...	...	...	...
St. Saviour's	...	...	...	Under 5	...	2	1	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	...	8	2	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cases reported from St. Saviour's Infirmary as being removed thither from places within the St. Saviour's Union; these are not included in the totals.	...	...	...	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	...	12	...	...	...	4	...	...	...	...	14	...	...	...	2	...	...	...	...	...	...	...	...	...	...
	...	...	...	Under 5	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	253076	257737	7478	Under 5	1	335	370	18	...	13	...	...	...	...	24	...	...	1	140	190	2	...	3	...	...	...	...	...	...	...
				5 upwards	32	847	772	1	...	130	2	...	14	...	272	...	...	30	417	345	...	...	47	...	...	1	...	7	...	...

Table X.—RETURN REQUIRED BY THE LOCAL GOVERNMENT BOARD.

Deaths during the Year 1897, in the Parish of Camberwell, classified according to Diseases, Ages and Localities.

Names of Localities adopted for the purpose of these Statistics; public institutions being shown as separate localities.	Mortality from all causes, at subjoined Ages.								Mortality from subjoined causes, distinguishing Deaths of Children under Five Years of Age.																		
									1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
													Fevers.																
	At all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.		Small Pox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal	Cholera.	Erysipelas.	Measles.	Hooping Cough.	Diarrhœa and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.	Injuries.	All other Diseases.	Total.
Dulwich	58	5	2	3	3	23	22	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	4	7
								5 upwards	..	...	1	...	...	1	...	...	...	...	...	...	..	...	1	4	2	7	...	35	51
Camberwell	1027	307	136	39	34	300	211	Under 5	...	3	9	1	...	...	...	...	...	...	...	26	25	69	1	1	93	..	11	204	443
								5 upwards	...	3	5	...	...	6	...	...	3	...	...	3	...	7	3	79	93	71	14	297	584
Peckham	1288	429	198	34	37	363	227	Under 5	...	2	16	6	...	...	...	...	...	...	3	21	37	127	...	2	124	...	14	275	627
								5 upwards	...	2	8	...	...	5	...	...	2	...	1	4	1	5	5	105	123	56	12	332	661
St. George's	967	364	200	40	26	221	116	Under 5	...	4	12	2	..	1	..	..	...	...	...	52	34	101	1	4	137	1	19	196	564
								5 upwards	...	...	6	...	...	3	...	...	...	...	2	1	1	8	4	77	74	40	21	166	403
Workhouse(Constance Rd.)	120	19	...	...	...	31	70	Under 5	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	19	19
								5 upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	4	27	5	...	63	101
Workhouse (Gordon Road)	4	3	...	...	...	1	...	Under 5	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	..	3	3
								5 upwards	...	...	...	...	...	..	...	...	...	...	...	..	..	...	...	..	...	...	...	1	1
Lunatic Asylums....	80	...	...	...	...	56	24	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
								5 upwards	...	...	1	...	...	...	...	...	...	...	...	...	...	5	..	4	4	1	61	80
Camberwell Infirmary	361	38	25	11	18	185	84	Under 5	...	...	1	...	...	...	...	...	...	..	...	13	1	8	...	...	7	...	1	32	63
								5 upwards	..	...	...	...	...	1	...	...	...	...	2	...	...	3	1	62	60	19	13	137	298
St. Saviour's Infirmary....	620	36	22	3	21	331	207	Under 5	...	...	...	...	...	...	...	...	...	...	1	3	7	6	...	1	8	...	...	32	58
								5 upwards	...	...	...	...	...	1	...	..	...	...	1	1	2	2	...	177	88	77	5	208	562
								Under 5	...	..	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
								5 upwards	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	4525	1201	583	130	139	1511	961	Under 5	...	9	38	9	...	1	...	..	..	...	4	115	106	312	2	8	369	1	45	765	1784
								5 upwards	...	5	21	...	...	17	...	...	5	...	6	9	4	31	15	512	471	279	66	1300	2741

The subjoined numbers have also to be taken into account in judging of the above records of mortality.

Deaths occurring outside the district among persons belonging thereto ...	472	22	105	77	27	192	49	Under 5	2	15	57	...	...	...	...	...	...	...	...	3	...	3	...	5	9	1	5	27	127
								5 upwards	3	3	42	...	...	11	...	...	...	...	2	2	...	1	1	40	18	22	22	178	345
Deaths occurring within the district among persons not belonging thereto ..	620	36	22	3	21	331	207	Under 5	...	...	...	...	...	...	...	...	..	...	1	3	7	6	...	1	8	..	..	32	58
								5 upwards	...	...	...	...	...	1	...	...	...	...	1	1	2	2	...	177	88	77	5	208	562

TABLE 13.—Supplemental Return of the Deaths of Parishioners dying in Institutions outside the Parish.

TABLE IX.—**Supplemental Return of the Deaths of Parishioners dying in Institutions outside the Parish.**

	ACCORDING TO AGE.														ACCORDING TO DISEASES.																					
	M	F	MF	Under 1 Year	Between 1 and 5.	Between 5 and 10.	Between 10 and 20.	Between 20 and 30.	Between 30 and 40.	Between 40 and 50.	Between 50 and 60.	Between 60 and 70.	Between 70 and 80.	Between 80 and 90.	90 and upwards.	Violence, Poison, and Accident	Premature Birth or Defective Vitality.	Convulsions of Infancy.	Child-birth		Erysipelas, Pyæmia, &c.	Hooping Cough	Measles	Scarlet Fever	Diphtheria	Enteric Fever	Influenza	Small Pox	Tubercle	Cancer	Pneumonia, Bronchitis, &c.		Diarrhœa, Dysentery &c.		Alcoholism.	Chronic Diseases.
																		Non-febrile affections	Puerperal Fever, &c.										Under 5	Over 5	Under 5	Over 5		
Dulwich	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Camberwell	64	52	116	3	25	15	8	13	7	17	11	13	3	1	0	3	1	0	0	0	2	0	1	5	26	4	0	2	18	11	1	4	1	0	0	39
Peckham	96	81	177	10	43	20	17	12	18	19	22	11	5	0	0	14	1	1	0	0	4	0	2	6	45	4	0	3	24	10	3	6	1	1	2	49
St. George's	77	65	142	9	37	19	6	9	15	17	11	13	5	1	0	8	2	0	0	0	4	0	2	7	28	3	0	0	14	10	5	7	1	0	0	50
Unclassified	20	17	37	0	0	1	0	4	1	9	5	10	6	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	4	3	0	1	0	0	0	27
1st Quarter	70	64	134	6	32	14	12	11	9	21	12	10	6	1	0	4	2	1	0	0	5	0	0	5	30	3	0	5	14	14	2	7	0	0	1	41
2nd Quarter	61	46	107	4	15	13	7	8	11	18	14	13	3	1	0	10	0	0	0	0	1	0	1	1	15	1	0	0	15	4	2	5	0	1	0	51
3rd Quarter	62	49	111	8	25	12	8	9	8	11	8	14	7	1	0	6	2	0	0	0	0	0	2	5	26	0	0	0	14	9	3	1	2	0	1	40
4th Quarter	64	56	120	4	33	16	4	10	13	12	15	10	3	0	0	7	0	0	0	0	4	0	2	7	28	7	0	0	17	7	2	5	1	0	0	33
Totals	257	215	472	22	105	55	31	38	41	62	49	47	19	3	0	27	4	1	0	0	10	0	5	18	99	11	0	5	60	34	9	18	3	1	2	165

TABLE VIII.—Returns of Births and Deaths for the Years 1896 and 1897.

	BIRTHS.			DEATHS.																																				
				ACCORDING TO AGE.															ACCORDING TO DISEASES.																							
	M	F	M F	M	F	MF	Under 1 year.	Between 1 and 5.	Between 5 and 10.	Between 10 and 20.	Between 20 and 30.	Between 30 and 40.	Between 40 and 50.	Between 50 and 60.	Between 60 and 70.	Between 70 and 80.	Between 80 and 90.	90 and upwards.	Violence, Poison, and Accident.	Premature Birth or Defective Vitality.	Convulsions of Infancy.	Child-birth.		Erysipelas, Pyæmia, &c.	Hooping Cough.	Measles.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Influenza.	Small Pox.	Tubercle.	Cancer.	Pneumonia, Bronchitis, &c.		Diarrhœa, Dysentery, &c.		Alcoholism.	Chronic Diseases.
																					Non-febrile affections.	Puerperal Fever, &c.									Under 5 years.	Over 5 years.	Under 5 years.	Over 5 years.		
1896.																																								
1st Quarter	980	939	1919	641	634	1275	304	322	52	34	47	50	82	90	113	118	58	5	24	95	41	0	1	7	72	144	2	34	6	8	0	157	41	173	130	10	3	3	324
2nd Quarter	890	943	1833	437	467	904	294	165	38	21	39	61	60	98	85	86	46	3	16	56	38	6	3	4	66	32	4	37	4	9	0	114	49	90	88	13	10	4	266
3rd Quarter	948	902	1850	540	483	1023	396	150	38	23	37	50	64	72	89	73	29	2	20	92	33	5	1	2	31	7	6	50	7	3	0	158	55	54	47	175	5	2	272
4th Quarter	1056	1067	2063	508	538	1041	263	124	40	29	41	59	79	117	122	111	50	6	19	90	36	5	4	3	9	4	9	53	2	5	0	129	60	123	171	12	5	2	360
Totals ...	3874	3791	7665	2121	2122	4243	1167	759	168	107	164	220	285	377	409	388	183	16	79	333	148	16	9	16	178	187	21	174	19	25	0	558	205	440	371	208	23	11	1222
1897.																																								
1st Quarter	957	970	1927	474	486	960	231	122	21	23	32	73	88	94	114	115	39	8	21	93	23	5	0	3	34	2	1	21	3	10	0	118	46	96	136	14	3	2	329
2nd Quarter	911	877	1788	376	366	742	178	90	17	20	33	41	74	88	94	71	28	8	33	66	20	4	2	3	30	3	5	12	3	10	0	104	46	52	72	10	5	4	258
3rd Quarter	1008	943	1951	571	541	1112	484	154	21	23	53	52	63	74	69	84	32	3	33	105	47	5	1	5	20	32	3	20	4	5	0	127	54	43	43	27	16	5	274
4th Quarter	868	914	1812	547	544	1091	272	195	28	20	48	51	94	106	106	118	48	5	19	77	33	0	2	5	17	83	5	15	7	6	0	142	34	170	132	12	5	7	320
Totals ...	3774	3704	7478	1968	1937	3905	1165	561	87	86	166	217	319	362	383	388	147	24	106	341	125	14	5	16	101	120	14	68	17	31	0	491	18	361	383	306	29	18	1181

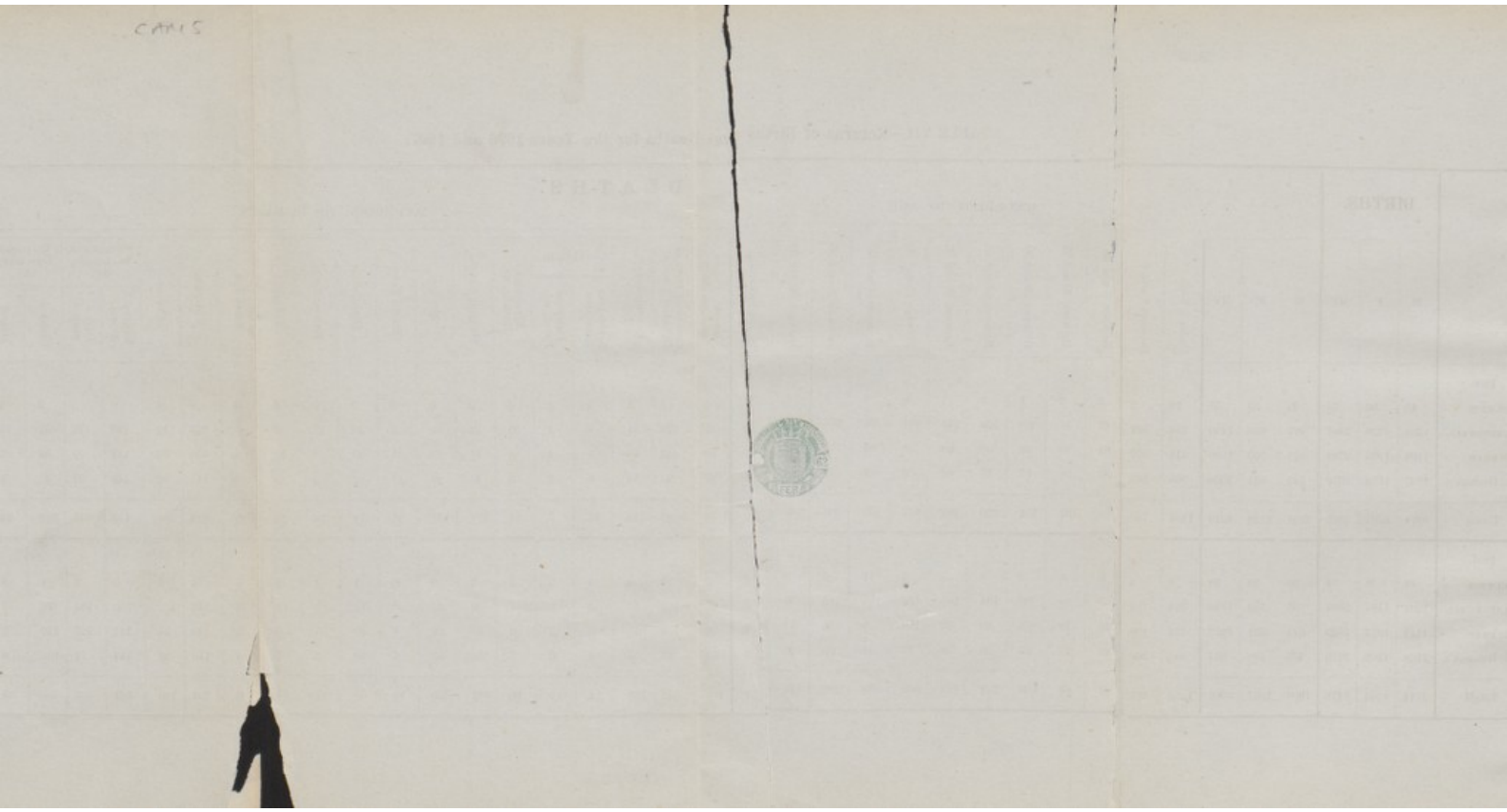

TABLE VII.—Returns of Births and Deaths for the Years 1896 and 1897.

	BIRTHS.			DEATHS.																																			
							ACCORDING TO AGE.											ACCORDING TO DISEASES.																							
	M	F	MF	M	F	MF	Under 1 Year.	Between 1 and 5.	Between 5 and 10.	Between 10 and 20.	Between 20 and 30.	Between 30 and 40.	Between 40 and 50.	Between 50 and 60.	Between 60 and 70.	Between 70 and 80.	Between 80 and 90.	90 and upwards.	Violence, Poison, and Accident.	Premature Birth or Defective Vitality.	Convulsions of Infancy.	Child-birth.		Erysipelas, Pyæmia, &c.	Hooping Cough.	Measles.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Influenza.	Small Pox.	Tubercle.	Cancer.	Pneumonia, Bronchitis, &c.		Diarrhœa, Dysentery, &c.		Alcoholism.	Chronic Diseases.
																					Non-febrile Affections.	Puerperal Fever, &c.																					
1896.																																							
Dulwich -	45	30	75	25	30	55	12	2	2	2	1	6	4	6	9	8	3	0	1	3	1	0	0	0	0	0	0	0	0	2	0	6	4	6	5	0	1	0	26
Camberwell	1261	1226	2487	877	863	1740	358	207	49	51	80	108	143	181	233	216	108	6	27	122	31	5	4	10	52	52	3	46	13	7	0	253	111	129	172	52	15	3	633
Peckham -	1401	1383	2784	675	705	1380	411	307	84	26	38	60	92	98	89	117	51	7	30	117	48	5	3	3	71	87	11	96	3	11	0	158	60	157	97	63	6	7	347
St. George's	1167	1152	2319	544	524	1068	386	243	33	28	45	46	46	92	78	47	21	4	21	91	68	6	2	3	55	48	7	32	3	5	0	141	30	148	97	93	1	1	216
Totals -	3874	3791	7665	2121	2122	4243	1167	759	168	107	164	220	285	377	409	388	183	16	79	333	148	16	9	16	178	187	21	174	19	25	0	558	205	440	371	208	23	11	1222
1897.																																							
Dulwich -	48	46	94	33	25	58	5	2	0	6	2	3	5	5	13	6	9	2	0	1	0	1	0	0	2	0	0	1	1	1	0	4	4	0	2	1	0	0	40
Camberwell	1201	1184	2385	795	793	1588	364	161	33	35	80	104	164	160	197	213	70	7	40	106	45	5	3	7	26	42	6	17	7	18	0	212	102	100	184	77	16	15	560
Peckham -	1417	1372	2789	671	621	1292	432	198	26	18	55	60	92	120	128	103	48	12	25	137	43	6	2	6	38	25	4	30	5	5	0	159	54	124	123	127	5	3	370
St. George's	1108	1102	2210	469	498	967	364	200	28	27	29	50	58	77	45	66	20	5	40	97	35	2	0	3	35	53	4	20	4	7	0	116	20	137	74	101	8	0	211
Totals -	3774	3704	7478	1968	1937	3905	1165	561	87	86	166	217	319	362	383	388	147	24	106	341	123	14	5	16	101	120	14	68	17	31	0	491	180	361	383	306	29	18	1181