Forty-third annual report of the Vestry.

1898—9.

VESTRY OF CAMBERWELL,

LONDON.

FORTY-THIRD

ANNUAL REPORT

OF THE

VESTRY

OF ITS

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

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1899.

FORTY-THIRD ANNUAL REPORT

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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, 1899.

Report of the Medical Officer of Health.

GENTLEMEN,

The Registrar-General in his Annual Summary for 1898 estimates the population of London at the middle of that year to be 4,504,766, and he further reports that during the fifty-two weeks ending December 31st, 1898, the total number of births registered in London amounted to 132,432, and the total number of deaths to 83,936. Last year it was necessary to point out that the birth-rate for 1897 was the lowest on record; this is, however, no longer true, for the rate in 1898 was lower still, being 29·5 per thousand, instead of 30, as it was in the previous year. The marriages numbered 42,016, compared with 41,223 in 1897, the rate per thousand of the population being accordingly raised from 18·5 to 18·7.

The deaths, as stated above, amounted to 83,936, and corresponded to a rate of 18·7 per thousand, comparing favourably with the average rate for the previous ten years, which is 19·7. This total just mentioned includes the deaths of those Londoners who died in institutions outside London, but it also includes the deaths of 1,899 strangers who had been admitted into London hospitals and infirmaries from districts outside Registration London. By excluding these deaths the death-rate of London is reduced to 18·3 per thousand.

On page ii. are shown the births and deaths, together with the birth-rate and death-rate for the whole of London, arranged in tabular form, the deaths of Londoners who died in institutions outside its boundaries being included.

TABLE I.—BIRTHS, DEATHS, AND CORRECTED BIRTH-RATES AND DEATH-RATES OF LONDON AND ITS GROUPS OF DISTRICTS FOR 1898.

	London.	West D.	North D.	Central. D.	East D.	South D.	Metropolitan Asylums and Hospitals outside London.
Births ..	132,432	19,464	29,160	6,641	26,364	50,803	—
Deaths ..	83,936	14,233	18,118	4,984	15,610	29,456	1,535
Birth-Rates	29·4	24·8	27·4	27·7	36·5	29·9	—
Death-Rates (corrected)	18·3	17·0	16·9	22·1	21·7	17·7	—

Table II. shows the population of Camberwell and its sub-districts at the census of 1896, together with the estimated number of inhabitants at the middle of 1897, and also at a similar period in 1898. These figures naturally depend for their accuracy on the assumption that the annual rate of increase since 1896 has been equal to the rate of the years 1891–96.

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 1897	257,772	7,707	92,582	89,472	67,976
As calculated for middle of 1898	261,551	7,861	94,461	90,469	68,744

Table III. gives the total number of births registered during the year in the Parish, and it shows a decrease of 51 on the figures for 1897. The only registration sub-district that shows an increase is Camberwell, where 42 more births occurred than in 1897.

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

	Parish.	Dulwich.	Camber-well.	Peckham.	St. George's.
1897	7,478	94	2,385	2,789	2,210
1898	7,427	91	2,427	2,737	2,172
Difference ..	— 51	— 3	+ 42	— 52	— 38

Table IV. gives the birth-rate per thousand of the Parish and that of its sub-districts, calculated on the estimated populations, as set out in Table II.

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

	Parish.	Dulwich.	Camber-well.	Peckham.	St. George's.
1897	29·01	12·19	25·76	31·17	32·5
1898	28·39	11·57	25·69	30·25	31·59

The total number of deaths registered in the Parish amounted to 4,639. From this number must be deducted the deaths which occurred in St. Saviour's Infirmary, which amounted to 643. But, on the other hand, there must be added 373 deaths of parishioners that occurred in institutions outside the Parish, so that the correct total from which the death-rate is to be calculated is 4,369.

The deaths spoken of as those of persons belonging to the Parish, but dying 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 Workhouses and Infirmary, among the four sub-districts of the Parish in proportion to the recorded deaths. I have, in a previous report, pointed out the necessity for this re-distribution of the Infirmary, &c., deaths, and to point the moral more strongly, I give in Table V., the death-

rate of the four sub-districts before such re-distribution. The steps by which the re-distribution is worked out are shown in Table VI.

TABLE V.—DEATH-RATES PREVIOUS TO RE-DISTRIBUTION.

Parish.	Dulwich.	Camberwell.	Peckham.	St. George's.
16·7	8·9	18·4	16·5	14·9

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

	Deaths returned.	Deaths in I., W. H. and L. A.	Deaths in I., W. H., &c. subtracted.	Deaths in I., W. H., &c., re-distributed.	Estimates of Deaths due to Sub-Districts.
Dulwich ..	70	..	70	+ 9	79
Camberwell	1,746	—560	1,186	+ 238	1,424
Peckham ..	1,497	— 10	1,487	+ 208	1,695
St. George's	1,029	..	1,029	+ 142	1,171
Parish ..	4,342	—570	3,772	+ 597	4,369

In addition to the deaths occurring in the Infirmary, Workhouses, &c., 27 deaths occurred in outside institutions, in regard to which the only information forthcoming was that they came from Camberwell Parish. I have, therefore, included them with the deaths taking place in the Infirmary, &c., and have re-distributed these in accordance with the deaths occurring in the four registration sub-districts.

On completion of the above calculations we find that the death-rate for the year 1898 is 16·70, as compared with 16·98 in 1897. The greatest decrease is shown in the sub-district of St. George's, where the death-rate is 17·03, as compared with 18·91 in 1897, and 20·78 in 1896. Peckham shows but a slight decrease, while in both Camberwell and Dulwich there is an increase. As I have previously mentioned, the Registrar-

General's estimate of the general corrected death-rate for London is 18·3, and that for South London taken as a whole is 17·7. But according to his calculations the death-rate for Camberwell is 16·4, instead of 16·7, as it is according to my figures. This difference can be explained to a small extent by the difference in our estimate of the population, but still more by the fact that I have included the deaths of all persons in outside Institutions, no matter how long they may have been away.

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

	Parish.	Dulwich.	Camber-well.	Peckham.	St. George's.
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
1898	16·70	10·05	15·07	18·74	17·03

Tables VIII. and IX. give the deaths occurring in the Parish, and Table X. those of inhabitants who have 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 XI. gives much the same information only classified in a manner required by the Local Government Board, so that all the reports of Medical Officers shall be made on a uniform plan. The chief differences are that there are two separate classifications of rheumatic fever and heart disease, and one for phthisis considered by itself, and not under the general heading of tuberculous disease. The heading of "heart disease" is a little difficult in the way of classification,

but under this term I have included all diseases, both of the heart muscle and of the valves.

On making a comparison with the figures for 1897 it will be seen that accidental or other violence in which are included all cases of drowning, &c.) amounted to 124 in 1898, as compared with 133 in the previous year. The deaths ascribed to developmental diseases (premature birth, &c.), and to convulsions of infancy numbered 371 and 92, as contrasted with 345 and 124 in 1897. Seventeen deaths were certified as due to the immediate or remote effects of child-birth, and of that number seven were ascribed to "puerperal fever," under which heading I have, as heretofore, included septic diseases connected with child-birth. Tuberculous diseases caused 596 deaths in 1898, as compared with 551 in 1897 and 618 in 1896. There were 231 deaths from cancer, against 214 in 1897, and 234 in 1896. Under this heading I have included all the forms of fatal malignant new growths. Inflammatory affections of the lungs and pleura caused 735 deaths, as compared with 771 in 1897, and 834 in 1896. Of these, 355 were deaths of children under the age of five years. It is, however, possible that a certain number of these cases of pleurisy ought really to come under the head of tubercle, as modern opinion seems to incline to the belief that the majority of cases of pleurisy are tuberculous in origin.

Among the "zymotic" diseases hooping cough caused 121 deaths, and measles 113 deaths, compared with 101 and 125 that were respectively ascribed to these two diseases in the previous year.

The re-distributed figures considered in regard to the registration districts in respect of these two diseases were as follows:—In Camberwell, 47 and 33; in Peckham, 57 and 51; in St. George's, 17 and 28.

Included in the Camberwell deaths are two deaths from measles that occurred in the Infirmary.

The deaths from influenza amounted in all to 86, compared with 31 that occurred in 1897. This disease prevailed in the greatest intensity during the first quarter of the year,

and more cases occurred in Camberwell than in any of the other registration sub-districts.

Of the 350 deaths due to diarrhœa and other inflammatory affections of the bowels, 14 took place in the first quarter, 17 in the second, 286 in the third, and 33 in the fourth.

It will be seen by the Tables that 326 of the 350 deaths occurred in infants under the age of five years. Two occurred in Dulwich, 110 in Camberwell, 127 in Peckham and 86 in St. George's. I have prepared a little chart showing the influence of the temperature on the prevalence of this disease. It has been supposed that this disease is due to a specific micro-organism which is only able to grow and to manifest its power at a time when the temperature of the earth has attained a certain limit. In previous reports I have pointed out that it is probably due to infection from the milk, for the number of cases occurring are in a large proportion those of infants who are not fed from the breast.

Scarlatina caused 18 deaths compared with 32 deaths in 1897 and 52 in 1896. Of these 18 there were only four that occurred at home, the remainder occurring in the isolation hospitals.

Of these 18 deaths, 7 occurred in Camberwell, 7 in Peckham, and 4 in St. George's. Taken quarter by quarter the figures are 5 in the first, in the second 4, in the third 4, and 5 in the fourth.

Diphtheria (including membranous croup) caused 86 deaths, compared with 167 that occurred in 1897. It is in fact the lowest recorded mortality since 1892.

According to the Return of the Registrar-General, Camberwell has a death-rate of ·33 per 1,000 for diphtheria, the death-rate for the whole of London being ·39; while for scarlet fever the death-rate for London is ·13, while that for Camberwell is only ·07 per 1,000.

I last year drew attention to the figures for diphtheria and scarlet fever, and I point out below in tabular form the mortality obtained by making a percentage calculation of the number of notifications received for the years 1895 to 1898.

TABLE XII.—CASE-MORTALITY OF SCARLET FEVER AND DIPHTHERIA.

	Diphtheria.	Scarlet Fever.
1895	19·5	5·3
1896	18·4	4 2
1897	14·3	2·7
1898	12·4	1·9

Enteric fever caused 25 deaths, compared with 28 deaths that occurred in 1898. Twenty-one of these occurred at home, while four occurred in outside hospitals. Eight occurred in Camberwell, 12 in Peckham and five in St. George's.

During the year there were five notifications of small-pox, two of these came from St. George's, two from Peckham, and one from Camberwell. Of these four were removed to hospital, but in all the four instances the cases were returned with a note written in the usual dogmatic style stating that the patients were not suffering from small-pox. With regard to two of these cases, namely those from St. George's, I should be thoroughly disposed to agree. The two from Peckham were both diagnosed after consultation with hospital physicians; one I feel myself, however, doubtful about, but the second I do think was a case of small-pox. The one from Camberwell was very doubtful from the beginning. The strictest precautions, however, were taken in these three cases, and I think it is probably due to this that there was no further extension of the disease.

The total number of certificates of notification received during last year amounted to 2,129, but the actual number of persons attacked was 2,002, the difference being due to duplicate notification, and to the fact that there were some notifications of cases outside the Parish. In Table XIII. the cases are shown arranged according to the locality in which they occurred, and the numbers are also given of the persons that were removed to hospital. The table is made up as follows:—Diphtheria (including 25 cases of membranous croup), 690, as compared with 1,161 in 1897 and 1,420 in 1896; scarlet fever, 937,

compared with 1,182 in 1897 and 1,225 in 1896; enteric fever, 116, compared with 143 in 1897 and 181 in 1896. There were five notifications of small-pox; 10 notifications of "puerperal fever," compared with 14 in 1897. There were also three cases notified of continued fever, and 251 of erysipelas.

The subject of measles and its prevention was brought before your Sanitary Committee on account of a communication from the School Board for London recommending that power should be given to local authorities to proceed against persons who sent their children to school when they were suffering from measles. A letter was also received from the London County Council asking the opinion of the Vestry as to whether they would approve of the application practically of all the disease Sections of the Public Health (London) Act, except the one in which notification is required, to measles. The matter was referred to me for a report, of which the following is a copy:—

GENTLEMEN,—Referring to the communications from the School Board and the London County Council with regard to the notification of measles, I think that if the Act be applied at all it ought to be applied in its entirety, and that if we take any action we should have the courage of our opinions and boldly put measles on the list of notifiable diseases. Whether this should be done is quite another matter, and one that I do not support. In all considerations regarding measles the fact should be ever present in our minds that the disease is infectious before the rash comes out, that is, a case which really presents the symptoms of an ordinary cold in the head may be a case of commencing measles, and have all the power to propagate that disease.

The Sections the London County Council wish to have included in the Act are those which relate to the disinfection, the exposure of infected persons, and the letting of houses without disinfection. In these, proceedings must be taken before the Magistrate, and I do not see how the Vestry, in the absence of a proper notification certificate, can produce evidence that measles have existed. If disinfection and the prohibition of exposure are to check the disease, they ought to be done from the beginning and made universal in their action. I have before pointed out that the infection exists at a time when no medical man would feel justified in notifying measles. Opinion among Medical Officers of Health is very much divided as to the advisability of including measles as a notifiable disease, and the experience gained in those places where it has been adopted has not been such as to induce one to recommend its adoption. I, therefore, recommend that no support be given to this proposition of the London County Council, and that the School Board be requested to render universal the order requiring teachers to send information to the Medical Officer of Health relating to any children that they have excluded, either because they themselves are

suffering from measles or hooping cough, or because there are children in the same house suffering from those diseases.

Your obedient Servant,

FRANCIS STEVENS, *Medical Officer of Health.*

The matter was considered by the Committee, and a recommendation made to the Vestry that this report be received and the recommendation adopted. The matter was, however, referred back for further consideration.

An amended report of the Committee was brought up on October 5th with the recommendation that my report be received, and that the County Council be informed that this Vestry is not prepared to include measles under any of the Sections relating to dangerous infectious diseases, and that the School Board for London be requested to render universal the order requiring teachers to send information to the Medical Officer of Health relating to any children that they have excluded, either because they are suffering from measles or hooping cough, or because there are other children in the same house suffering from these diseases.

The argument used in favour of the notification of measles rested mainly on the wide prevalence and heavy mortality from this disease. It will be seen on reference to the Tables for this year that measles, chiefly on account of the broncho-pneumonia that so frequently is a complication, is responsible for a large number of deaths, much larger indeed than any of the diseases which are properly notifiable. This of course in itself is a point which makes it incumbent on all those connected with the public health to carefully consider as to whether any means can be devised for preventing this mortality, and the readiest way that presents itself is the inclusion of measles under the category of dangerous infectious disease. As pointed out in my report, however, the advisability of so doing is a vexed question, and it is most instructive in this respect to consider a report made by the Medical Officer of Health for the city of Newcastle-on-Tyne with reference to an order of the Corporation made on August 26th, 1896, declaring that until August 26th, 1898, measles and hooping cough should be deemed infectious diseases within and subject

to the provisions of the Newcastle-on-Tyne Improvement Act, 1882.

Dr. Armstrong considers that an experience of two years has been amply sufficient to form a decided opinion on the working of the system. The measures taken appear, so far as I can make out, to be practically the same that we take after an outbreak of disease such as scarlet fever, and in addition that in December, 1896, all the elementary schools in the city were closed for four weeks, that all other day schools and Sunday schools in the city were also closed in the same manner, and that a large number of schools were disinfected, after November 13th, 1897, but not closed.

The practical result of the notification seem, in the opinion of the Medical Officer, to be disappointing, although he says some good has undoubtedly followed the notification of measles, and he particularly points out that the most important point seems to be to promptly close every school in which the disease appears. In his concluding remarks he points out that "whatever conclusion the sanitary authority may come to as to the advisability of renewing the notification of this disease with the object of dealing with it more thoroughly, if more heroically, than heretofore, through the agency of school closure, there can scarcely be two opinions as to the undesirability of continuing it on the old lines."

In the face of this report it is indeed difficult to say how the proposals of the London County Council and of the London School Board would be of service, for if the whole machinery of notification has been powerless to do much good, how much less will the partial application of certain provisions of the Act have any effect.

This report of Dr. Armstrong, which is based on experimental evidence bears out the expression of opinion that I have made that if the Act is applied at all it should be applied in its entirety, but at the same time I still must express my opinion that measles is not a disease in which notification would be advantageous.

It has also been urged that the inclusion of measles under the Notification Section would tend to raise the estima-

tion of the danger of this disease, and to thus make people more careful as to its treatment. This, of course, is a good argument, but it cuts both ways, because it will not have the effect on the mild cases, which in measles, as in all cases of infectious disease, are the chief agencies of the spread of infection. I have, for instance, frequently been told by friends of patients who have undoubtedly had scarlet fever, that they do not think it could have been really scarlet fever, because the child was not ill.

So long as people insist on judging the amount of infectivity possessed by a disease according to the severity of the symptoms the same opinion will inevitably apply to measles, should it be attempted to bring it under the same conditions.

If the mortality from measles be used in favour of its notification, the more it must follow that a disease like syphilis, so eminently contagious, and so fatal in its consequences to life and health, ought to be included in the same way.

This Vestry on June 15th joined with St. Marylebone Vestry in an application to the London County Council to add to Section 55 of the Public Health (London) Act the names of all diseases included under the heading of "puerperal fever" in the Registrar-General's report. In December we heard from the County Council that all acute septic inflammations in the pelvis occurring as a direct result of child-birth are covered by the term "puerperal fever." This does not make any difference to our statistics, for ever since 1895 I have considered the notification of one of these diseases to come under the heading of "puerperal fever," and in the same way a death arising from similar causes has always been attributed in the returns to that disease.

The subject of tuberculosis, especially that form of it which is known as consumption of the lungs, has been prominently before the public of late, and an association has recently been formed under the presidency of the Prince of Wales, to enter on an active crusade against this disease, which has come under the head of infectious disorders ever since the discovery of the tubercle bacillus some 15 or 16 years ago. In considering the subject of tuberculosis there are two factors to be dealt with, namely, the bacillus, which may be considered as analogous

to the seed, and the resisting power of the individual, which may be considered as the soil. It is thus apparent that there may be many people who are exposed to the action of the bacillus who come to no harm owing to the resisting power of their tissues.

The absence or presence of this resisting power may be described as the predisposition, or otherwise, to the disease, and it is on account of this predisposition that the popular belief in the hereditary nature of consumption is due. It is, however, certain that however much predisposed a person may be, he will never develop tuberculosis unless he is exposed to the bacillus, or in other words, the soil however suitable and well prepared will not produce any growth unless the proper seed be sown in it.

The consideration of these facts leads up to the remedies. In the first place it is of the utmost importance that the general sanitary condition of houses should be made as healthy as possible. Sunlight and fresh air are powerful antiseptics, and within the reach of all. Sir William Broadbent stated that he was so often surprised to find cases of consumption prevalent among the rich who lived in well-ordered houses, and had every care and attention in the way of proper food, that he was impelled to the belief that one of the chief causes was the dark and ill-ventilated state of their houses.

I would point out to this Vestry, and it is a matter of congratulation for them, that they have taken a very active part, more, I believe, than any other parish in London, in enforcing the proper lighting and ventilating of staircases, a sanitary provision too much neglected, and although we have been obliged to take some cases before the Courts, we have in almost every instance gained our point, and more gratifying still is it to find that the landlords, who at first bitterly opposed the requirement, now that it has been carried out, express their satisfaction and their opinion that it is an improvement to their property.

Another way in which the Vestry can act is by disinfection, that is, rendering the bacillus powerless, or in other words by destruction of the seed. This, of course, is a more difficult task since the bacillus is probably ubiquitous; it is coughed up in enormous numbers by phthisical patients, and

unfortunately by those persons who although they have phthisis, a diagnosis of this disease has not been made.

The disease also is spread, in the case of young children, by the specific organism in cow's milk: it has been proved over and over again that in tuberculosis of the udder of a cow there are tubercle bacilli in the milk, and it is to this fact that the extensive prevalence of tuberculosis of the intestinal tract, otherwise known as consumption of the bowels, is due in young children.

Another means of dissemination but secondary in importance, is the consumption of tuberculous meat. This, of course, acts to a much less extent, because it is the custom to cook meat, although perhaps imperfectly, whereas milk is taken raw.

The Vestry has already adopted a circular letter setting forth the causes of consumption, and the means that should be adopted for its prevention, and it is only necessary for me to point out again and to urge the paramount importance of the following rules:—All houses to be as light and as well ventilated as possible, and means taken to have an abundant supply of fresh air in every room; all milk to be boiled; and all meat to be thoroughly cooked. Besides these there are other measures which may with good results be adopted, the disinfection of the sputum, and the disinfection of the rooms after death or removal. This is now offered in all cases of consumption directly we get to know of a death having taken place. At the same time, I think it will be some time before we get people to adopt this universally; public opinion has to be educated, and all that can be done is to keep pegging away at the measures designed for its prevention indicated above, and also in the circular sent out by the Vestry.

The registration of lodging houses has been again before the Vestry, with, I regret to say, no more satisfactory result than before. I have before pointed out that the limit of exemption in Camberwell is too low, particularly in regard to unfurnished apartments. The Sanitary Committee surveyed some of the houses which are above the present limit, and agreed with me that these houses were eminently suitable for registration, and they recommended the raising of the exemption

clause, with a proviso that before a house is registered it must first of all be inspected by myself, then brought before a Sub-Committee, who would also inspect the premises and report to the main Committee, and they in their turn to the Vestry. The Vestry declined to pass the recommendation. A resolution was, however, passed, which I trust will be successful, namely, that the Vestry approach the Local Government Board and ask that a fresh interpretation regarding the word "landlord" be inserted in the existing by-laws, so as to get rid of the difficulty alluded to in my report for 1897. As to the beneficial effects of registration, I can only repeat what I said last year, and to ask the members of the Vestry to go and look at the houses that are on the register and compare them with those that are not. I feel certain that they will not fail to notice the difference and the improvement.

It will be remembered that in 1897 the Vestry passed a recommendation that a certain number of cases of diphtheria that had been notified should be examined bacteriologically. A report was presented to the Committee and came before the Vestry on November 16th. It runs as follows :—

To the Sewers and Sanitary Committee,

GENTLEMEN,—I have received a report of the examination of the cases of diphtheria made by Dr. Bousfield in pursuance of the resolution of the Vestry. I found it impossible to examine the next fifty cases occurring, as some of them had been removed to hospital before I was aware of them. I, therefore, took those cases where from the age of the patient I felt tolerably certain of being able to procure a satisfactory specimen, and where the circumstances of the case rendered it particularly desirable that a diagnosis should be rapidly and surely made.

As regards the treatment of the cases from the point of view of the spread of infection, all those which either seemed to be diphtheria or in which the specific bacilli were found, although there were no signs visible in the throat, we considered as true cases of diphtheria, and all the ordinary measures for the prevention of the spread of infection were carried out, and only in those cases where diphtheria was absent clinically and bacteriologically were these precautions dispensed with.

The points brought out in the bacteriological examination are :—

(*a.*) That bacilli were present in cases where clinically diphtheria was absent.

(*b.*) That bacilli were absent in cases where clinically diphtheria was present.

(*c.*) That a certain number of cases, amounting in this inquiry

to 24 per cent., were notified as diphtheria when diphtheria in my opinion was absent clinically and bacteriologically.

(*d.*) That a certain number of cases (14 per cent.) were doubtful, considered either from a clinical or bacteriological point of view, and sometimes from both these standpoints.

As regards (*c*) there were no further cases notified from any of the houses except one; in this case the second notification was of a lad in the same house, and as the second patient was not removed to hospital there was no confirmation of the diagnosis.

Concerning the seven cases in which either or both of us were in doubt, there was only one case notified again, and it was a supposed second attack. This time, however, there was no doubt either in the mind of Dr. Bousfield or in my own that it was not a case of diphtheria.

This inquiry has again brought out the fact, noticed previously in America, that the bacilli may be present in a throat which appears perfectly healthy, and a large field for investigation is therefore opened up as to the date when persons who have suffered from diphtheria can be pronounced free from infective power, for it is well known that the bacilli are present in the throat of a person who has suffered from this illness after all its signs have long since disappeared.

The advantages of calling in the aid of bacteriological examination are that in cases which are doubtful on clinical examination, the doubt is confirmed or dispelled by the further investigation, and I am enabled either to allow children to re-attend school at a much earlier date than I otherwise should have felt justified in doing, or on the other hand to insist on strict precautions against the spread of infection.

We have also been able to render disinfection and the possible stripping of rooms unnecessary.

If the Committee should consider the results commensurate with the cost, I recommend that the following course of action be adopted:—That the Vestry arrange for the bacteriological examination of specimens taken from the throats of persons supposed to have diphtheria, either by myself or by the doctors in attendance and to be forwarded by me for examination.

The medical practitioner, if a wish has been expressed by him, has been informed of the result of the case. In no case have we requested the notification to be withdrawn.—Yours faithfully,

FRANCIS STEVENS, *Medical Officer of Health.*

On account of this report and a letter at the same time from Dr. Bousfield, they decided to appoint him Bacteriologist to the Vestry. It is unnecessary for me to point out the advantages that may be obtained from this appointment, not only in the way of diphtheria, but also many other diseases in which a bacteriological confirmation of the diagnosis is occasionally of great advantage to the public health.

Table XIV. gives the work carried out by your inspectors during the past year arranged in tabular form. The house-to-house inspections numbered 6,902, as compared with 5,944 in 1897. The complaints numbered 1,138, and the inspections that were made in consequence of such complaints amounted to 2,019. The complaints are exclusive of notices received from the London County Council, that in 1,077 instances houses were either without dust-bins or were provided with insufficient dust receptacles.

In 1897 there were 1,209 complaints, so that there is a slight reduction, which it is to be hoped may continue, but as the sanitary condition of the Parish improves the standard of requirements will also tend to be raised.

There was a considerable increase in number of inspections of new buildings for the year, these numbered 2,102 as compared with 1,453 in 1897.

In Sub-section C. is shown the description of work that has been carried out by your Inspectors, which calls for no detailed comment on my part except that the work in connection with an alleged smoke nuisance is considerable, it being often necessary to watch a suspected chimney for many minutes at a time.

As a result of the house-to-house inspections and the complaints that have been referred to above, 5,231 intimations were served, followed up in 1,237 instances by statutory notices. Of these 200 referred to houses let in lodgings. Furthermore in 135 instances it was necessary to issue summonses to enforce the requirements of the Committee.

There were 337 inspections of cow-houses and dairies and 143 of slaughterhouses. Prior to the annual licensing by the London County Council I myself visited the whole number of slaughter-houses and cow-houses. In several instances it was necessary to call the attention of the owners to various defects. As these, however, were all remedied before the day for lodging objections, I was able to withdraw opposition in each case.

There were 360 inspections of bakehouses, excluding 75 by myself.

The work of the Sanitary Department has been interfered with by the suspension of two Inspectors for a period of about a month, and also by the illness of the Notification Clerk.

In January, 1898, in consequence of a report that I made to the Committee, it was decided to appoint two additional Shorthand Clerks in the Sanitary Department. On the report being presented to the Vestry, however, "the previous question" was carried.

The Vestry decided that in future the work of stripping and washing rooms where cases of infectious disease have occurred should be carried out by a contractor instead of as heretofore by our own men. The matter was fully discussed in the Sub-Committee and Committee. I think, however, that the work could be done as expeditiously and as cheaply by our own men, and we should have the additional advantage that it would be our own staff who would be engaged in this duty, and who would be more directly under the control of the Medical Officer of Health.

In conclusion, I have to express my thanks to the Inspectors and Clerks for the help that they have cheerfully afforded me during the past year.

I am, Gentlemen,

Your obedient Servant,

FRANCIS STEVENS.

TABLE XIV.—RETURN OF WORK PERFORMED IN THE SANITARY DEPARTMENT DURING THE 52 WEEKS ENDING DECEMBER 31ST, 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	57	135	61	138	69	90	59	93	100	112	132	92	1138
Inspections arising from Complaints	161	330	76	226	76	184	141	110	210	122	224	159	2019
House-to-House Inspections	753	759	628	950	768	274	226	551	391	537	655	410	6902
No. of inspections of Bakehouses	10	13	48	13	43	63	31	12	7	63	33	24	360
Do. do. Cow-houses and Dairies	0	1	24	6	4	53	111	7	0	19	54	58	337
Do. do. Slaughter-houses	17	1	14	0	7	0	36	4	0	20	41	3	143
Do. do. Laundries	13	15	41	12	11	33	20	6	7	17	21	24	220
Do. do. Infectious Cases	187	207	116	241	103	150	53	195	139	113	191	113	1808
Do. do. Schools, Board	51	32	112	17	53	17	13	7	8	68	53	21	452
Do. do. do. Private	17	20	44	4	0	14	25	3	3	19	0	5	154
Do. do. Workshops	15	7	18	17	16	9	6	23	21	19	25	11	187
Do. do. Sanitary Conveniences, Public Urinals, &c.	65	60	106	0	0	29	0	19	39	0	21	89	428
No. of inspection of Sanitary Conveniences, Private Urinals, &c.	187	194	87	199	106	145	108	308	136	93	155	99	1817
No. of inspections of Railway Stations	0	0	52	30	2	0	97	0	8	0	0	44	233
Houses Let in Lodgings Inspected	0	0	3	0	0	0	0	0	295	0	0	0	298
Tenement Houses Inspected	0	168	6	18	91	15	20	324	30	0	128	0	800
Miscellaneous Inspections	0	9	0	1	10	0	67	1	67	10	5	0	170
Intimations served under the P.H. Act	548	490	297	525	424	246	161	634	620	384	390	512	5231
Summonses taken out under the P.H. Act	19	10	4	8	1	6	2	17	27	8	16	17	135
Notices served under the P.H. Act	84	192	19	66	50	27	77	176	139	72	56	79	1037
Do. do. Houses Let in Lodgings	0	0	0	0	0	0	0	0	200	0	0	0	200
Re-Inspections of Works in hand	3443	3657	4519	3990	3667	3060	4005	3747	4187	4323	4037	4166	46801
,, Infectious Diseases	233	154	38	95	52	128	63	132	53	28	126	97	1199
New Buildings Inspected and Re-Inspected	124	140	90	98	105	308	596	102	263	42	90	144	2102
TABLE B.													
Reconstruction of Old Drains Completed	135	117	116	132	64	82	104	102	96	73	125	183	1329

TABLE XIV.—*continued.*

TABLE C. Description of Work.	Totals.
Houses Ventilated on Staircase	412
,, ,, under Floors	762
,, Cleansed	1420
,, Repaired	765
Water Supplied to Premises	283
Drains Cleansed, Repaired and Trapped	1908
Sinks, Rainwater Pipes, &c., Disconnected	614
Stables, Yards and Areas Paved, Levelled, and Drained	1345
Closets Provided, Repaired, Cleansed or Removed ..	1543
Water Laid on to Closets	1049
Cisterns Provided or Reconstructed	142
,, Repaired, Covered or Cleansed	246
Provide, Repair, or Remove Dustbins	1549
Cesspools Emptied, Abolished, or Drained into Sewer ..	56
Remove Refuse or Manure	655
Keep Animals Clean or Remove them	58
Cleanse & Supply Water to Private Urinals	55
,, ,, Public ,, ...	26
Abate Overcrowding	144
Abate Smoke Nuisances and raise Chimneys	80
Trade Nuisances Abated	20
Supply Manure Pits	94
Interceptors and Chambers Supplied	349
TABLE D.—SALE OF FOOD AND DRUGS ACT.	
Samples Submitted for Analysis	485
Summonses under the above Act	69
Seizure of Unwholesome Meat	6
Inquests	240
Bodies Removed to Mortuary	300
Post-Mortem Examinations	144

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.
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
1898. 1st Quarter	35	65	5	20	5	0	18	57
2nd ,,	40	40	4	26	6	0	16	14
3rd ,,	31	4	4	14	4	0	292	4
4th ,,	15	4	5	26	10	0	18	11

TABLE XVI.

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

Year.	Hooping Cough.	Measles.	Scarlet Fever.	Diphtheria.	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
1898 ..	121	113	18	86	25	0	350

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

TABLE VIII.—Returns of Births and Deaths for the Years 1897 and 1898.

	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.		Abdominal.	Chronic Diseases.
																					Non-febrile Affections.	Puerperal Fever, &c.									Under 5 years.	Over 5 years	Under 5	Over 5.		
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	138	103	48	12	26	137	43	6	2	6	38	25	4	30	5	5	0	150	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	3	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	393	388	147	24	106	341	123	14	5	16	101	120	14	68	17	31	0	491	180	361	383	306	29	18	1181
1898.																																								
Dulwich -	53	38	91	33	33	66	7	4	0	4	4	1	4	5	16	8	9	4	3	2	0	1	0	0	1	0	0	0	0	2	0	8	4	1	3	2	1	1	37
Camberwell	1202	1225	2427	840	800	1640	378	170	19	34	79	114	154	160	191	217	114	10	53	134	19	2	3	7	45	33	2	10	8	39	0	223	103	102	148	109	13	7	600
Peckham -	1387	1350	2737	675	694	1369	436	215	24	35	51	65	96	122	132	129	59	4	29	135	36	4	1	3	57	51	1	16	8	26	0	163	65	130	124	125	4	4	387
St. George's	1101	1071	2172	464	457	921	340	139	26	26	37	47	63	78	74	60	29	2	35	95	36	3	3	6	17	28	1	13	5	17	0	142	34	111	90	84	3	3	197
Totals -	3743	3684	7427	2012	1984	3996	1161	528	69	99	171	227	317	365	414	414	211	20	98	366	91	10	7	16	120	112	4	39	21	84	0	536	206	344	365	320	21	15	1221

TABLE IX.—Returns of Births and Deaths for the Years 1897 and 1898.

	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.		
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	270	16	5	274
4th Quarter	898	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	123	14	5	16	101	120	14	68	17	31	0	491	180	361	383	306	29	18	1181
1898.																																										
1st Quarter	982	960	1942	576	606	1182	247	191	19	23	56	68	98	110	138	141	81	10	26	82	34	2	1	3	35	64	0	11	4	56	0	156	50	122	166	13	0	2	357
2nd Quarter	877	886	1763	418	414	832	184	129	19	19	35	61	71	81	105	85	39	4	27	66	20	2	0	3	40	40	2	12	5	14	0	118	33	65	85	10	6	2	282
3rd Quarter	969	923	1892	575	491	1066	474	120	17	22	40	43	71	75	65	99	39	1	23	120	22	3	1	3	31	4	2	2	4	4	0	137	58	62	32	268	12	4	274
4th Quarter	915	915	1830	443	473	916	256	88	14	35	40	55	77	99	106	89	52	5	22	98	17	3	5	7	14	4	0	14	8	10	0	125	65	95	82	29	3	7	308
Totals ...	3743	3684	7427	2012	1984	3996	1161	528	69	99	171	227	317	365	414	414	211	20	98	366	91	10	7	16	120	112	4	39	21	84	0	536	206	344	365	320	21	15	1221

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

1898.	M	F	MF	ACCORDING TO AGE.												ACCORDING TO DISEASES.																				
				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	1	3	4	1	0	0	0	1	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2
Camberwell	65	41	106	6	9	7	9	11	15	16	13	12	7	1	0	5	1	0	0	0	2	1	0	5	5	0	0	0	18	10	3	5	1	0	0	50
Peckham	72	56	128	11	29	13	9	17	16	10	11	7	3	2	0	11	1	0	0	0	2	0	0	6	18	4	2	0	26	8	4	5	2	3	0	36
St. George's	59	49	108	11	29	19	12	8	3	7	10	6	2	1	0	10	2	0	0	0	2	0	0	3	24	0	0	0	11	7	4	4	2	0	0	39
Unclassified	13	14	27	1	1	0	1	3	5	4	3	2	6	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	4	0	0	1	1	0	0	19
1st Quarter	46	47	93	5	21	9	8	7	12	6	11	8	6	0	0	6	2	0	0	0	1	0	1	5	9	1	1	0	15	8	4	3	1	0	0	36
2nd Quarter	45	44	89	8	16	8	7	11	7	11	8	8	3	2	0	4	0	0	0	0	2	0	0	2	14	1	0	0	18	6	1	6	0	1	0	34
3rd Quarter	52	38	90	12	16	10	6	9	11	9	9	5	2	1	0	9	2	0	0	0	2	0	0	2	12	0	0	0	16	5	2	0	4	2	0	34
4th Quarter	67	34	101	5	15	12	10	13	10	12	9	6	7	2	0	7	1	0	0	0	2	1	0	5	12	2	1	0	11	6	4	6	1	0	0	42
Totals	210	163	373	30	68	39	31	40	40	38	37	27	18	5	0	26	5	0	0	0	7	1	1	14	47	4	2	0	60	25	11	15	6	3	0	146

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

Deaths during the Year 1898, 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	22
													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.	Influenza.	Injuries.	All other Diseases.	Total.
Dulwich	66	7	4	...	5	20	30	Under 5	...	...	...	...	...	...	..	...	...	...	...	...	1	2	...	...	1	...	...	1	6	11
								5 upwards	..	..	...	..	..	...	...	...	...	...	...	..	..	1	...	5	3	8	2	2	34	55
Camberwell	1080	319	149	26	36	297	253	Under 5	...	1	8	...	...	1	...	...	...	...	..	30	45	105	...	...	88	..	1	6	183	468
								5 upwards	...	1	1	...	...	7	...	...	2	...	...	1	...	8	5	80	96	68	34	12	297	612
Peckham	1359	434	215	35	50	377	248	Under 5	...	1	6	6	...	1	...	...	...	...	...	48	55	125	...	3	130	2	2	15	255	649
								5 upwards	...	...	4	...	...	7	...	...	1	...	3	3	2	4	3	106	123	80	24	14	336	710
St. George's	921	340	139	37	34	248	123	Under 5	..	1	2	6	..	...	..	..	...	...	...	27	16	84	...	3	111	4	1	17	207	479
								5 upwards	...	...	5	...	...	5	...	...	3	..	3	1	1	3	3	83	93	31	16	16	182	442
Workhouse (Constance Rd.)	135	4	...	..	2	30	99	Under 5	..	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	4
								5 upwards	...	...	...	...	..	...	...	...	...	...	...	...	...	4	1	8	25	3	1	2	87	131
Workhouse (Gordon Road)	10	2	...	...	...	5	3	Under 5	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	2	2
								5 upwards	...	...	...	...	...	..	...	...	...	...	...	..	..	...	...	2	1	1	...	...	4	8
Lunatic Asylums....	84	...	...	...	2	60	22	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
								5 upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	10	2	2	1	1	68	84
Camberwell Infirmary	341	55	21	5	14	173	73	Under 5	...	...	1	...	...	...	...	...	...	..	...	2	...	4	...	...	14	...	...	1	54	76
								5 upwards	..	...	...	...	...	...	...	...	1	...	1	...	...	1	...	64	25	39	2	11	121	265
St. Saviour's Union Infirmary	643	32	9	5	24	357	216	Under 5	...	...	...	...	...	...	...	...	...	...	...	1	...	12	...	1	4		...	...	23	41
								5 upwards	...	...	...	...	...	4	...	..	...	...	3	...	...	5	1	181	102	43	1	10	252	602
								Under 5	...	.	...	...	...	...	...	..	...	...	...	...	..	..	...	...	...	...	...	...	...	...
								5 upwards	.		...	...	...	...	...	*	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	4639	1193	537	108	167	1567	1067	Under 5	...	3	17	12	...	2	...	..	..	...	...	108	117	332	...	7	348	6	4	40	734	1730
								5 upwards	...	1	10	...	...	23	..	...	7	...	10	5	3	26	13	539	467	275	81	68	1381	2909

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

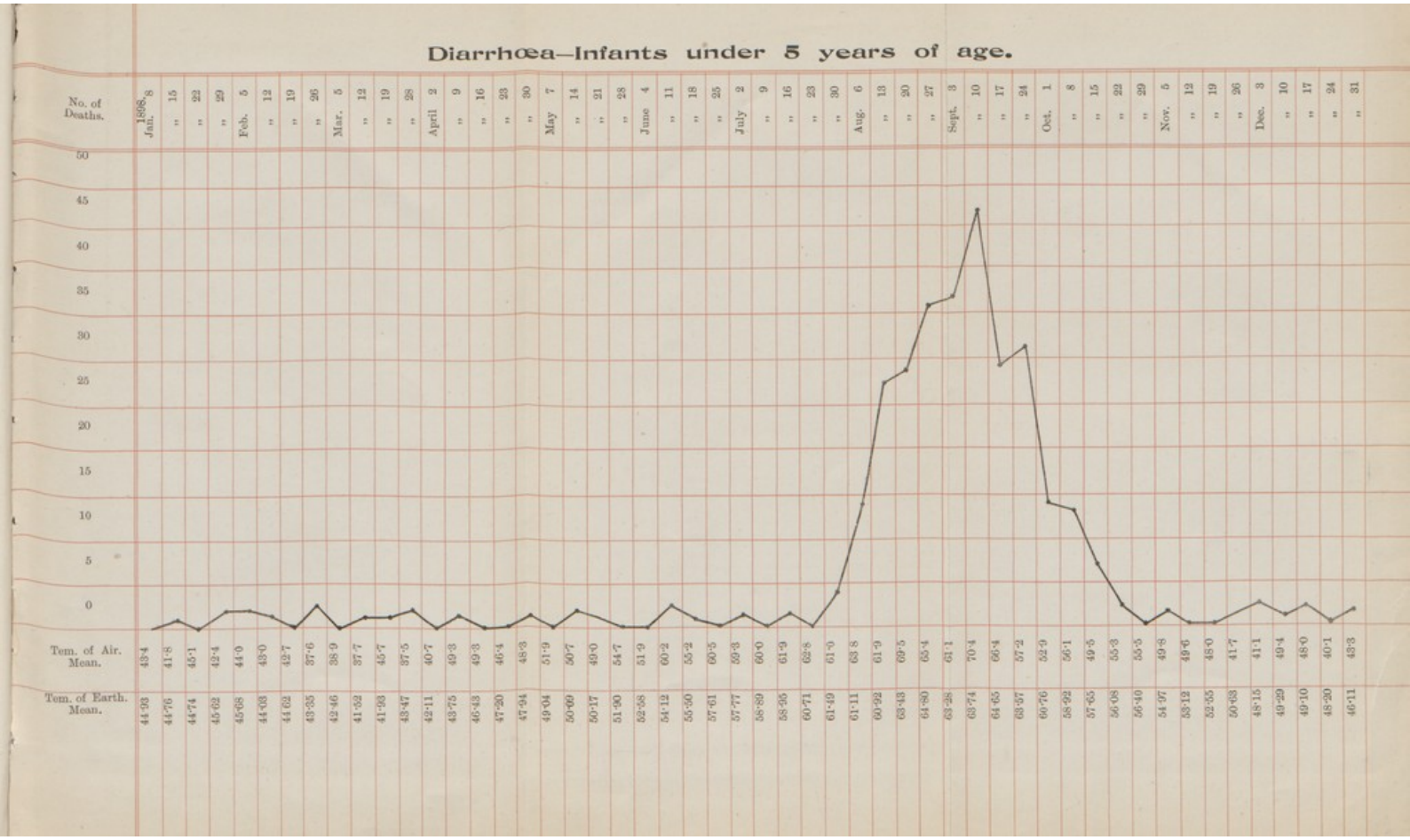
Deaths occurring outside the district among persons belonging thereto ...	373	30	68	52	32	159	32	Under 5	...	8	27	...	....	...	...	...	...	...	...	1	1	6	...	2	11	1	...	7	34	98
								5 upwards	...	6	20	...	...	4	...	...	...	...	...	..	...	3	1	36	15	24	2	19	145	275
Deaths occurring within the district among persons not belonging thereto ..	643	32	9	5	24	357	216	Under 5	...	...	...	...	...	...	...	...	..	...	...	1	...	12	...	1	4	..	..	..	23	41
								5 upwards	...	...	...	...	...	4	...	...	...	...	3	...	...	5	1	181	102	43	1	10	252	602

Table XIII.—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 1898, 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 1898.			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	7861	91	Under 5	...	1	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	...	7	7	...	...	2	...	...	...	...	1	..	...	...	3	..	...	...	...	...	...	...	...	...	...	...
Camberwell	92286	94461	2427	Under 5	...	96	42	...	...	2	...	...	...	...	5	...	...	...	59	19	...	...	...	...	...	...	...	...	...	...
				5 upwards	1	224	138	...	...	35	1	...	4	...	79	...	...	...	120	54	...	...	9	...	...	...	...	9	...	...
Peckham	88242	90469	2737	Under 5	...	94	73	13	...	5	...	...	...	...	3	...	...	...	71	51	3	...	...	...	...	...	...	...	...	...
				5 upwards	2	248	151	3	...	39	2	...	3	...	71	..	...	1	174	82	2	...	25	...	...	2	...	8	...	...
St. George's	67029	68744	2172	Under 5	...	86	83	7	...	1	...	...	...	...	3	...	...	...	59	60	3	...	...	...	...	...	...	...	...	...
				5 upwards	2	107	148	2	...	29	...	...	3	...	60	...	...	2	114	92	...	...	11	...	...	2	...	4	...	...
Workhouse (Constance Road)	...	.	...	Under 5	...	...	...	...	..	...	...	..	...	..	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	...	...	...	..	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Workhouse (Gordon Road)	...	...	...	Under 5	...	4	2	...	...	...	...	...	..	...	1	...	...	...	4	1	...	...	...	...	...	...	...	1	...	...
				5 upwards	...	5	1	...	...	...	...	...	...	...	2	...	...	...	3	1	...	...	...	...	...	...	...	1	...	...
Lunatic Asylums	...	...	...	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	...	...	1	..	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Camberwell Infirmary..	...	...	..	Under 5	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
				5 upwards	...	1	2	...	...	...	...	...	...	...	4	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
St. Saviour's Union Infirmary	...	...	...	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	...	...	2	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cases reported from St. Saviour's Infirmary as being removed thither from places within the St. Saviour's Union.	...	...	...	Under 5	...	2	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
				5 upwards	...	2	1	...	...	2	...	...	...	...	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	Under 5	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	..
				5 upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	253076	261535	7427	Under 5	...	283	214	20	...	8	...	...	...	...	12	...	...	..	193	133	6	...	...	...	...	..	...	1	...	..
				5 upwards	5	654	451	5	...	108	3	...	10	...	239	...	...	3	414	230	2	...	45	...	...	4	...	22	...	...

Diarrhœa—Infants under 5 years of age.



	1898. Jan. 8	" 15	" 22	" 29	Feb. 5	" 12	" 19	" 26	Mar. 5	" 12	" 19	" 26	April 2	" 9	" 16	" 23	" 30	May 7	" 14	" 21	" 28	June 4	" 11	" 18	" 25	July 2	" 9	" 16	" 23	" 30	Aug. 6	" 13	" 20	" 27	Sept. 3	" 10	" 17	" 24	Oct. 1	" 8	" 15	" 22	" 29	Nov. 5	" 12	" 19	" 26	Dec. 3	" 10	" 17	" 24	" 31
Tem. of Air. Mean.	43·4	41·8	45·1	42·4	44·0	43·0	42·7	37·6	38·9	37·7	45·7	37·5	40·7	49·3	49·3	46·4	47·20	48·3	51·9	50·7	49·0	54·7	51·9	60·2	55·2	60·5	59·3	60·0	61·9	62·8	61·0	63·8	61·9	69·5	65·4	61·1	70·4	66·4	57·2	52·9	56·1	49·5	55·3	55·5	49·8	49·6	48·0	41·7	41·1	49·4	48·0	40·1	43·3
Tem. of Earth. Mean.	44·93	44·76	44·74	45·62	45·68	44·93	44·62	43·35	42·46	41·52	41·93	43·47	42·11	43·75	46·43	47·20	47·94	49·04	50·69	50·17	51·90	52·58	54·12	55·50	57·61	57·77	58·89	58·95	60·71	61·49	61·11	60·92	63·43	64·80	63·28	63·74	64·65	63·97	60·76	58·92	57·65	56·08	56·40	54·97	53·12	52·55	50·93	48·15	49·29	49·10	48·20	46·11	