

Report of the Medical Officer of Health for the last three-quarters of the year 1894.

Contributors

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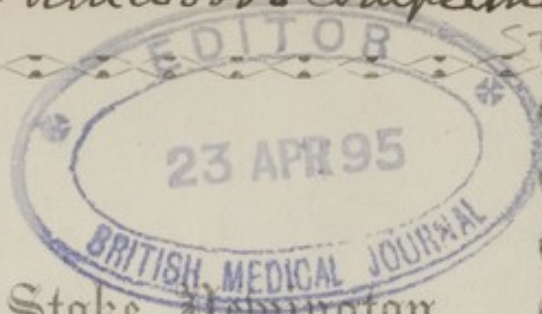
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THE

Parish of St. Mary, Stoke Newington.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

FOR THE

Last three-quarters of the year 1894,

BY

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LONDON :

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Parish of St. Mary, Stoke Newington.

REPORT OF MEDICAL OFFICER.

VESTRY OFFICES,
CHURCH STREET,
STOKE NEWINGTON, N.,
March, 1895.

To the Members of the Vestry of the Parish of St. Mary, Stoke Newington.

GENTLEMEN,

The Report which I now have the pleasure of presenting to you deals with the vital returns of the parish for the last three-quarters of the year 1894, *i.e.*, for that period of the year during which Stoke Newington existed as a separate sanitary area.

I am also able to present the returns for the whole of the year in respect of some of the more important items. This is an advantage for the reason that the annual rates of some diseases, when calculated from returns extending over only the last three-quarters of the year, generally differ materially from those which are calculated from returns extending over the whole year—due to the fact that with certain diseases there is *usually* less or more prevalence during the first quarter than during any of the subsequent quarters. The general death-rate and the death-rates from infectious diseases have, on this account, been also worked out from the returns of the *four* quarters of the year, in order that they may justly be used for purposes of comparison with similar returns from other districts.

The Report is, as a public health record, uniformly satisfactory ; there is abundant testimony scattered throughout its pages, to the exceptional healthiness of the parish, and it will be noted that for the year 1894 we occupy the enviable position of furnishing a lower general death-rate than any other district within the Metropolitan area.

The year was, in these islands, remarkable for its low mortality returns ; the general death-rate of England and Wales, and the death-rate from infectious diseases generally—with the sole exception of Diphtheria—were all below the mean of the previous 10 years. So far as Stoke Newington was concerned, there was nothing beyond the testimony that the year afforded of the exceptional healthiness of the district to make it notable. There were no serious outbreaks of infectious disease, save those which the parish shared in common with London generally, and these were felt less in Stoke Newington than in other and neighbouring districts.

I am in no small measure indebted to Dr. Jackman for the systematic and clear manner in which he entered up and tabulated the return which passed through his hands for several months prior to the commencement of my duties. This has materially lightened my work of compilation ; for it is his wish that I should be responsible for the whole Report rather than it should be made conjointly.

I have also to gratefully acknowledge the information and assistance which Dr. Jackman and my fellow-officers so willingly gave me when I first commenced my duties.

I am, Gentleman,

Your obedient Servant,

HENRY KENWOOD,

Medical Officer of Health.

THE PARISH OF STOKE NEWINGTON.

TOPOGRAPHICAL NOTES.—*Geology*.—Church Street runs across the parish and bisects it into a larger northern part and a somewhat smaller southern part. If a line be drawn parallel to Church Street, but some 150 yards to the north, the area of the parish north of this line has, according to the Geological Survey, the London clay to a varying depth upon its surface. A deep boring in any part of this area would penetrate first a variable depth of London clay, then the so-called Woolwich and Reading beds of clay and sand, then a shallow deposit of Thanet sand, then a great depth of chalk; beneath the chalk a shallow depth of upper green sand would first be encountered, then the gault (a deposit of stiff bluish clay), and finally a thin bed of lower green sand.

South of the line indicated above the surface of the area comprised within the parish consists of brick-earth—a brown loam of no great thickness. This brick-earth overlies the London clay, varies from a clayey sand to a sandy clay, and at points contains a few flints and pebbles; it is believed to be a deposit from flood waters, for it contains land and fresh-water shells (of snails, bivalves, &c.). Some beds of this formation have been laid open in Stoke Newington, and have been found to contain palæolithic instruments of great geological interest.

On the extreme south and south-east confines of the district there are some shallow gravel patches, which overlie the London clay.

Surface configuration.—The parish lies at a very uniform height of 100 feet above ordnance datum (*i.e.*, the approximate mean height of the tide at Liverpool).

From the northern boundary line of the parish the ground slopes away to a level of 50 feet above “datum,” and in a direction due north of this point the altitude of 100 feet is not again attained

until Enfield is approached. To the north-east, the neighbouring small district of Stamford Hill is at the same level of 100 feet; but beyond Stamford Hill there is a rapid fall in altitude, and for a distance of quite three miles there is no land approaching the main altitude of this parish.

Beyond the eastern boundary of the parish the land slopes gradually away to the water-course of the Lea, and the level of land for many miles is lower than that in Stoke Newington. To the south there is a more gradual sloping off towards the water-course of the Thames.

To the west of the parish, the ground, speaking generally, rises towards Stroud Green, Holloway, and Highbury, where it averages about 125 feet, and this upward slope is continued to Highgate and Hampstead, where it reaches a mean altitude of a little over 300 feet.

Healthiness of the district.—With the exception then of the western boundary of the parish, the whole district occupies a higher level than the ground for some considerable distance around it—a distance, in every case, amply sufficient to ensure that it shall derive the full benefit of sufficient air renewal. We are fully exposed to the north, north-west, east, and south winds that is, whereas the adjacent uplands to the west protect us in a measure from the full force of winds from that direction. We thus share with the district of Stamford Hill a very full exposure to the north, north-east, and east winds, which, though they tend to make the district additionally desirable for summer residence, cause it to be a little colder than some other districts in and around London in the winter. When this is considered, in conjunction with the fact that more than half of the district has a clay surface, itself cold and damp, and that even the remaining half has a *clayey* surface, parishioners will recognise the great desirability of keeping the body warm and dry in the winter months by the use of sufficient and suitable clothing, and by the avoidance of undue exposure.

With these precautions the health of parishioners should be exceptionally good, for the district has the following undoubted physical advantages:—It has a sufficient altitude and exposure to favour a desirable amount of air renewal; it possesses, as to its north, east, and southern borders, excellent provisions for natural drainage, and it contains within its area open spaces, or “lungs,” to the extent of 17 per cent. of its total acreage. Further, whereas the number of people to the acre in the Southern Division of the parish is higher than one would prefer to see it, it is low for the whole of the parish.

There remain two other factors which favourably affect the health returns of the parish. None of those trades or manufactories are carried on which are known to be specially unhealthy, and there is an almost complete absence of what one may call extreme poverty. Nowhere in Stoke Newington is there to be seen the same indications of extreme poverty that are encountered in some areas of most Metropolitan districts; there is, indeed, very little house property in the parish that is available for such class tenants, and that they are rare in Stoke Newington is borne out by the fact that even during the trying times of this last winter we never had more than 15 parishioners upon our “Unemployed Register.”

With these undoubted advantages Stoke Newington should continue to present a favourable health record.

Population.—The population of Stoke Newington in 1881 was 22,781, in 1891 it had grown to 30,936. The increase of population between 1881 and 1891 amounted, therefore, to 8,155; now if this rate of increase is assumed to have been maintained up to the middle of 1894, one arrives, by a logarithmetrical calculation, at an estimated population of 34,172.

By a careful consideration of all the facts, however, I am led to believe that this would be an over-estimation, for the increase which forms the basis for such a calculation may not have been maintained—seeing that it took place during a period when there

was a far larger amount of building and consequent immigration into the parish than there has been during the past 3 years. I have, moreover, consulted the rate-books in order to arrive at as close an estimate of the population as possible, and these bear out my surmise; I find that the number of occupied houses in the parish during June—July last was 4,973, and by applying factors varying from 5·5 to 7·5 (according to the class of property), as representing the number of inhabitants to each house, I thus estimate the population at 32,609; then by adding at the rate of one individual to each of the 299 empty houses (in order to account for caretakers and their families), I estimate the population as 32,908, which will also include the few parishioners who are in public institutions within the parish. This estimation falls 1,264 short of the estimation based upon an assumed increase at the rate which obtained between 1881 and 1891, and I believe it to be far nearer the actual truth than the latter. In any event it is better, since our estimated population is a result arrived at largely by conjecture by reason of the long period that intervenes between two censuses,* that any error should be on the side of under-estimation rather than of over-estimation, for in the latter event our vital statistics would appear to be more favourable than they actually are. With the figures of 32,908, I think it may be confidently maintained that the death-rates of Stoke Newington, favourable as they are, are not reduced by reason of any over-estimation of our population.

For the purposes of vital statistics the parish is best divided into a Northern and a Southern Division—the boundary line between the two being a line drawn through the middle of Church Street. In the Northern Division the population is estimated as approximately 12,189, and that of the Southern Division as 20,719. I believe this estimation, which I have taken some trouble to arrive at, is sufficiently close to serve as a just basis for comparison between the death-rates of the two divisions.

* A simple population enumeration of London and other large cities once in every 5 years, instead of once in every 10, would be of great value in vital returns.

The natural increase of the population by excess of births over deaths during the last three-quarters of 1894 was $(584-229)=355$.

Number of People to the Acre.—The area of the parish amounts to 639 acres, and this split up among the parishioners represents 51·5 people to the acre, as against 58·2 in London generally.

The area of the Northern Division amounts to 440 acres, and the estimate is 27·7 people to the acre.

The area of the Southern Division amounts to 199 acres, and the estimate is 104·1 people to the acre.

It will be seen therefore that in the Southern Division there are nearly four times more people to the acre than in the Northern Division. This great difference is largely due to the fact that the large open spaces of Clissold Park and The New River Company's Water Works are included in the area of the Northern Division, whereas the Southern Division includes no such open spaces.

Births—Birth-rate.—During the last three-quarters of the year 1894 there were 584 births registered in the parish ; of these, 299 were of males, and 285 were of females. The birth-rate per 1,000 per annum was only 23·1 ; for the same period the birth-rate for England and Wales was 29·2, and that for the 33 Great Towns was 30·3.

[From the returns for the whole of the year the rate amounts to 22·2. There are only six among the other 42 sanitary areas of the Metropolis with lower rates, whereas in 3 districts the rate exceeds 40. The birth-rate of Stoke Newington for 1892 was 23·6, that for 1893 was 23·9.]

The part which the low birth-rate of the parish plays in the production of our low death-rate, representing as it does the bringing into the population of only a comparatively small number of those among whom the liability to death is exceptionally great, is one which is taken into account in estimating the *corrected* death-rate.

General Mortality.—The number of deaths registered among parishioners in the parish was 196. To this number an additional 33 must be added, on account of those parishioners who died in institutions without the parish, making a total of 229. Of these, 105 were males, and 124 were females.

The recorded general death-rate from the returns of the last three-quarters of 1894 amounts to 9·07 per 1,000 per annum. This ordinary death-rate, however, cannot be taken as a true index of the conditions affecting the healthiness of the population, nor can it be compared with the rates of other parishes, unless some allowance is made for the relative proportions of persons of different ages and sexes in the parishes compared. Obviously since, apart from health influences, the number of young children and old people in the community will always influence the death-rate, and since the death-rate varies among the two sexes at different periods of life, any comparison of death-rates which does not take these facts into consideration might be most deceiving. For the purpose of making a just comparison therefore, it is necessary to correct the recorded death-rate by means of a factor, which is arrived at, just after census returns are available, from a comparison of the proportions of each sex at each age-period which exist in the different sanitary areas, with those proportions which exist in England and Wales generally. This so-called “factor for correction,” worked out for the Hackney Parish, when this included Stoke Newington, was 1·05047, and if we apply this factor to our recorded death-rate, the *corrected death-rate* becomes 9·52 per 1,000 per annum. A remarkably low rate!

In arriving at this corrected death-rate, the deaths of non-parishioners who have died in public institutions within the parish (14 in all) have, of course, been excluded.

The General Mortality in England and Wales and certain Cities during the same period.—England and Wales, 15·5 per 1,000 per annum, the 33 Great Towns, 17·2, *Greater London, 15·5,

* Population, 5,948,300.

London, 16·7, Croydon, 12·7, Brighton, 15·6, Nottingham, 16·6, Sheffield, 17·3, Birmingham, 17·3, Leeds, 17·5, Manchester, 19·5, Liverpool, 23·1, Berlin, 17·7, Paris, 19·2, Vienna, 21·5, Moscow, 34·7.

[The death-rate for Stoke Newington, as estimated from the complete returns for the whole year, is 9·8. This is the lowest death-rate for 1894 recorded from among any of the 43 sanitary areas comprised within the Metropolis. The next lowest was that of Hampstead, 10·6, then follow, Wandsworth, 12·4, Lee, 12·4, Plumstead, 12·5, Lewisham, 13·8, and St. George's, Hanover Square, 14·5. The highest rates were, 21·4 in Whitechapel, 22·7 in Strand, 23·1 in St. George's, Southwark, 23·5 in St. Luke, 24·7 in Limehouse, and 26·4 in St. George in the East. The death-rate for Stoke Newington in 1892 was 13·5, and in 1893, 11·3.]

District Mortality.—The deaths among parishioners in the Northern Division of the parish amounted to 74, and furnished a rate of 8·3 per 1,000 per annum.

The deaths among parishioners in the Southern Division of the parish amounted to 155, and furnished a rate of 10·2 per 1,000 per annum.

It will be seen that the rate is higher in the Southern Division; this I believe to be accounted for by the following circumstances:—

1. There is more crowding upon area in the Southern Division than in the Northern, *i.e.*, 104·1 persons to the acre as against 27·7. This circumstance offers greater facility for the spread of infectious disease, in addition to making the application of the principles of sanitation more difficult.

2. The large bulk of the poorer class parishioners are housed in the Southern Division. Among these poorer class parishioners the general health conditions are always less favourable than among the better class, and the birth-rate, which is always higher, is accountable for a further disparity in the death-rates.

(A) *Table of DEATHS during the last three-quarters of the year 1894, in the Parish of St. Mary's, Stoke Newington, classified according to Diseases, Ages, and Localities.*

NAMES OF LOCALITIES ADOPTED.	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.								MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.													
	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.		Scarlatina.	Diphtheria.	Membranous Croup.	FEVERS.		Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Phthisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.	Injuries.	All other Diseases.	TOTAL.
												Enteric or Typhoid.	Puerperal.									
(1) Northern Division..	68	7	3	3	3	28	24	Under 5	...	...	...	...	...	...	...	1	...	1	...	1	7	10
								5 upwds.	1	2	...	...	1	...	1	...	5	12	5	1	30	58
(2) Southern Division..	128	35	17	2	7	42	25	Under 5	...	1	1	...	...	1	3	4	1	14	...	1	26	52
								5 upwds	...	...	...	2	1	...	...	...	17	7	7	...	42	76
TOTALS ...	196	42	20	5	10	70	49		1	3	1	2	2	1	4	5	23	34	12	?	105	196

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 ...	33	0	7	3	6	14	3	Under 5	2	1	...	...	...	...	...	...	...	...	...	1	3	7
								5 upwds.	1	...	...	1	...	...	...	...	4	1	1	1	17	26
Deaths occurring within the district among persons not belonging thereto ...	14	...	...	...	1	8	5	5 upwds.	...	...	...	...	...	...	...	...	1	2	1	...	1	14

Infantile Mortality.—During the last three-quarters of 1894 there were 43 deaths registered of infants under 1 year of age, as against 584 births. The proportion which the deaths under 1 year of age bear to each 1,000 births is therefore 73·6, as against 139·8 in London generally, 133 in England and Wales, and 152 in the 33 Great Towns. We have a lower rate of infantile mortality than any other sanitary area within the Metropolis, and this speaks well for the general healthiness of the district—of which the rate of infantile mortality is held to furnish an excellent index.

The deaths under 1 year of age form 18·7 per cent. of the total deaths at all ages, whereas in London generally they form, for the same period, 25·2 per cent. of such deaths.

Senile Mortality.—Of the 229 deaths registered during the three-quarters of 1894, 60 were of persons over 60 years of age, and 52 were of persons over 65 years of age. The proportion of deaths occurring over 60 years of age to the total deaths is therefore 26·2 per cent., and of those deaths occurring over 65, 22·7 per cent.

The Causes of Death.—These are set forth in Table A, in which it will be noted the deaths are also apportioned to different age periods. Table A 1 is supplementary to Table A, and sets forth the causes of death in each of the two divisions of the parish a little more fully. Table A 2 shows the deaths registered in the parish distributed over each of the three quarters with which the report deals.

It will be noted that diseases of the respiratory organs claim most victims, and that when we include consumption among these the deaths from these causes show a very great preponderance over the deaths from any other class of diseases. Situated as the district is upon a somewhat cold and exposed site, one would expect to find the mortality from chest complaints higher; if Table A 3 be referred to, it will be seen that we compare very favourably with London generally in respect of this mortality.

TABLE A 1.

Causes of Death in the Northern and Southern Divisions of the District (respectively).

CAUSES OF DEATH.	Northern Division.	Southern Division.
Scarlatina	1	3
Diphtheria	2	2
Membranous Croup	...	1
Typhoid Fever	...	3
Puerperal Fever.....	1	1
Measles	...	1
Whooping Cough	1	3
Diarrhoea and Dysentery.....	1	4
Influenza.....	...	2
Phthisis (Consumption)	7	20
Other Tubercular Diseases	2	7
Diseases of Respiratory Organs other than Phthisis	13	22
Diseases of Circulatory Organs	7	9
Diseases of Abdominal Organs	6	18
Diseases of Urinary Organs.....	2	7
Diseases of Reproductive Organs	1	2
Diseases of Nervous System (including Apoplexy and Convulsions)	12	19
Cancer.....	3	7
Premature Birth	2	10
Senility	5	3
Wasting and Debility (including Atelectasis)....	5	6
Accidents	2	3
Suicides	1	2
TOTALS.....	74	155
	229	

There is nothing noteworthy in reference to any disproportion between the mortality from particular diseases in the two divisions of the parish.

Zymotic Mortality.—Included in the zymotic mortality are the deaths from the seven principal zymotic diseases, viz., small-pox, measles, scarlet fever, diphtheria, whooping cough, typhoid fever, and diarrhoea; and since such deaths are in a great measure preventable, the importance of this rate and the advantage of

comparing it with that of other communities is very high. In Table A 3 our zymotic death rate (0·83 per 1,000 per annum), and the rate for each of the diseases comprising it are given, and comparisons are instituted between these and the corresponding rates for England and Wales, the 33 Great Towns, and London generally. These comparisons are uniformly favourable to Stoke Newington—the least favourable being those of scarlet fever and typhoid fever.

TABLE A 2.

Causes of Death in Stoke Newington during the last three-quarters of the year 1894.

CAUSES OF DEATH.	Second Quarter.	Third Quarter.	Fourth Quarter.	TOTALS.
Scarlatina	2	...	2	4
Diphtheria.....	...	1	3	4
Membranous Croup	1	...	...	1
Typhoid Fever	...	1	2	3
Puerperal Fever	1	1	...	2
Measles	...	...	1	1
Whooping Cough	2	2	...	4
Diarrhoea and Dysentery	...	4	1	5
Influenza	1	1	...	2
Phthisis (Consumption)	7	9	11	27
Other Tubercular Diseases	5	2	2	9
Diseases of Respiratory Organs other than Phthisis	13	6	16	35
Diseases of Circulatory Organs ...	6	5	5	16
Diseases of Abdominal Organs ...	9	7	8	24
Diseases of Urinary Organs	5	2	2	9
Diseases of the Productive Organs	1	1	1	3
Diseases of Nervous System (in- cluding Apoplexy and Con- vulsions) ..	9	8	14	31
Cancer	3	3	4	10
Premature Birth	5	3	4	12
Senility	5	1	2	8
Wasting and Debility (including Atelectasis)	2	3	6	11
Accidents	4	...	1	5
Suicides	1	1	1	3
TOTALS.....	82	61	86	229

TABLE A 3.

Comparison of the Rates of Stoke Newington with those of England and Wales, the 33 Great Towns and London generally, for the last three-quarters of the year 1894.

			General Death-rate.	Diseases of Lungs (except Phthisis).	Phthisis.	Rate of Infantile Mortality.		Birth-rate.	Zymotic Death-rate.
						A*	B*†		
England and Wales	...	...	15.5	...	...	133	24.9°/o	29.2	1.76
The 33 Great Towns	...	...	17.2	...	...	152	27.1°/o	30.3	2.44
London generally	...	...	16.6	2.76	1.6	143	25.5°/o	29.7	2.61
Stoke Newington	...	...	9.5	1.38	1.07	73.6	20.9°/o	23.1	0.83
			Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Typhoid Fever.	Diphtheria.	Diarrhoea and Dysentery.
England and Wales	...	...	0.02	0.41	0.16	0.34	0.16	0.26	0.40
The 33 Great Towns	...	...	0.04	0.66	0.20	0.38	0.19	0.37	0.61
London generally	...	...	0.02	0.77	0.21	0.36	0.15	0.60	0.49
Stoke Newington	...	...	0.00	0.04	0.16	0.16	0.12	0.16	0.19

* The number of deaths under 1 year of age to every 1,000 births.

† The percentage which the number of deaths under 1 year of age form to the total number of deaths.

The Causes of Infantile Mortality.—The comparatively slow rate of decrease of infantile mortality in England and Wales is one of the most unsatisfactory features in vital returns that health officers are called upon to face. There is no gainsaying that despite any improved conditions of life among the poorer section

of the community (with whom infantile mortality is always at its highest) and despite improved general sanitation, the rate of mortality under 1 year of age will continue to bear a very high proportion to the general death-rate; but the great discrepancy shown between the rates of different London parishes furnishes abundant evidence that there are many causes at work, acting unequally in the different districts which are preventable. The preventable diseases which play such havoc among those of tender years are mostly engendered by either maternal neglect, unhealthy surroundings, or improper feeding. Infantile mortality has been seen to be exceptionally low in this parish, and in Table A 4 I have set forth the causes of such mortality. It is satisfactory to note that there have only been 3 deaths from measles and whooping cough—two diseases which, owing to the fatal tendency there is to treat them as trivial, and consequently to delay in taking proper precautions and seeking medical advice, generally together furnish a higher mortality rate than small-pox, diphtheria, and typhoid fever combined.

TABLE A 4.

The causes of Infantile Mortality.

	Second Quarter.	Third Quarter.	Fourth Quarter.	TOTALS.
Premature Birth	5	3	4	12
Diseases of Lungs (including Atelectasis)	1	2	5	8
Tuberculosis	2	1	1	4
Atrophy	...	3	2	5
Diarrhoea	...	4	...	4
Convulsions	1	1	1	3
Whooping Cough	1	1	...	2
Measles	...	...	1	1
Other causes	2	...	2	4
	12	15	16	43

THE MORTUARY.

During the year 17 bodies were deposited in the public mortuary; 13 of these were females and 4 were males. Three were cases of suicide from drowning in the New River. Post-mortem examinations were performed upon 4 of these 17 cases.

INQUESTS.

Inquests were held during the last three-quarters of the year upon:—2 deaths from burns, 3 from heart-disease, 1 from uræmia, 1 from softening of the brain, 2 from drowning, 1 from cut-throat, 1 from poisoning by sulphuric acid, and 3 from accidents (*i.e.*, suffocation in bed by mother “overlaying,” “accident during birth,” and “run over by tramcar”).

DEATHS IN PUBLIC INSTITUTIONS.

There are three public institutions within the parish, and these furnished altogether 14 deaths. St. Anne's Home, Manor Road, furnished 9 deaths; at the close of the year it contained 116 inmates, amongst whom there were three parishioners of Stoke Newington. Northumberland House Asylum, Green Lanes, furnished 4 deaths; at the close of the year there were 75 inmates and 1 parishioner. The Invalid Asylum, 187, High Street, furnished 1 death; at the close of the year there were 19 inmates, but no parishioner.

INFECTIOUS DISEASES AND THE MEASURES TAKEN TO PREVENT THEIR SPREAD.

It will be seen from Table B that from the 25th of March to December 31st, 1894, 145 notification certificates of infectious disease were received. These 145 cases represent infection in 117 different houses, each of which was disinfected. In 125 cases the disinfection was performed by the Sanitary Department, and in 20 cases by householders, to the satisfaction of their medical attendants. A visit was paid to each house, and I find that of the 145 cases, 46 of them occurred in houses in which there were

(B). *Table of Population, Births, and of New Cases of Infectious Sickness, coming to the knowledge of the Medical Officer of Health, during the last three-quarters of the year 1894, in the Parish of St. Mary's, Stoke Newington, classified according to Diseases, Ages, and Localities.*

NAMES OF 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.			
	Census 1891.	Estimated to middle of 1894.			Small-pox.	Scarlatina.	Diphtheria.	FEVERS.		Erysipelas.	Small-pox.	Scarlatina.	Diphtheria.	Fevers. Enteric or Typhoid.
								Enteric or Typhoid.	Puerperal.					
(1) Northern Division ...	...	...	...	Under 5	...	6	2	1	...	...	...	...	...	...
				5 upwds.	...	25	9	3	1	2	...	13	1	...
(2) Southern Division ...	...	...	...	Under 5	...	14	11	...	...	...	...	...	...	...
				5 upwds.	2	28	20	8	1	9	2	26	11	4
Public Institutions within the Parish ...	...	...	...	5 upwds.	...	...	...	...	...	3	...	...	...	...
TOTALS ...	30,936	32,908	584	Under 5 5 upwds	...	20 53	13 39	1 11	...	...	...	...	...	...

The "Notification of Infectious Disease" has been compulsory in the district since October 30th, 1889. Cases have been isolated at the Homerton Fever Hospital, St. Anne's Fever Hospital (Tottenham), the London Fever Hospital (Liverpool Road), and the small-pox Floating Hospital, at mouth of Thames.

“grave” sanitary defects, 58 in which the sanitary defects were “slight,” and 41 in which there were no sanitary defects. It is important to know that in arriving at these figures I have been influenced by the consideration as to whether any particular sanitary defect found was of a nature which is known to predispose to or induce the particular disease in question; when this has been the case I have entered the sanitary defects as “grave,” and where there has been a sanitary defect which, though it might have been grave in relation to some other infectious illness, but not of a nature likely to give rise to the particular disease associated with it, then such defects have been entered as “slight.”

Thus, apart from the immense value of the steps that have been taken in respect of each notification to prevent the spread of disease, the Infectious Disease Notification Act was the means for the last 40 weeks of 1894 of bringing about a sanitary inspection of 117 houses, in which 46 “grave” and 56 “slight” sanitary defects were remedied. The value of the Act in this relation is apt to be lost sight of; it is particularly great because it leads to the discovery of sanitary defects at a time when people are always most willing to recognise their importance and to further our efforts to get them remedied. But for the fullest possible value to be reaped from such notifications, it is imperative that the medical attendant sends in the certificate with the least possible delay. I fully recognise how the matter may be temporarily overlooked in the stress of a busy practice, but there can be no excuse for the delay of several days which has occurred in one or two instances during the past few months.

57 of the cases notified were removed from their homes to various fever hospitals with the least possible delay. The bulk of our notifications come by one of the morning posts, and, if we are able to get the patient removed, he is sent away, the room previously occupied and all infected articles are disinfected, the school or work-place (if any) attended by the patient, and the Public Library, are notified—all within the course of the next 12 hours.

The notifications of infectious illness received from Public Institutions within the parish, amount to only 3, *i.e.*, 2 of erysipelas from the Invalid Asylum, and 1 of erysipelas from Northumberland House.

Table B 1 shows the number of cases and deaths from the different infectious diseases that are notifiable within the parish, for the years 1892, 1893, and 1894. It will be seen therein that the infectious sickness returns for 1894 compare very favourable with those of 1893 and 1892, and more especially with regard to scarlet fever and typhoid fever.

TABLE B 1.

Table showing the number of Cases and Deaths from the Infectious Diseases notified from among Parishioners during the years 1892, 1893, and 1894.

	Small-pox.		Scarlet Fever.		Diphtheria.		Continued Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1892.....	2	—	232	6	59	9	2	—
1893.....	8	—	354	4	84	5	—	—
1894.....	3	—	91	4	55	5	—	—

	Erysipelas.		Puerperal Fever.		Typhoid Fever.		Membranous Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1892.....	30	4	3	2	31	2	2	—
1893.....	37	—	—	—	31	2	1	1
1894.....	25	—	2	2	12	3	2	1

DISINFECTION OF BEDDING AND CLOTHING.

Our method of disinfection of bedding and clothes is not so satisfactory as it might be, and the matter forms the subject of a report which I am about to bring before you. At present we depend upon the disinfecting properties of dry, hot air, and such disinfection is in the hands of a contractor. There is no cause for complaint against the manner in which the work has been carried out, but the disinfection of infected articles is work which should rightly be undertaken by a sanitary authority, and hot air is not the most effectual means of performing it.

The problem of disinfection is complicated by the fact that bacteria are protected in the folds, or sheltered in the substance of garments, &c., and it is found that they may even penetrate into the centre of such articles as pillows and mattresses. Obviously, then, no method of disinfection by heat affords a guarantee of perfect safety, unless the heat is capable of penetrating the substance of blankets, mattresses, &c. Dry, hot air, such as we employ at Stoke Newington, has very feeble penetrating powers, and it is practically impossible to raise the temperature of the centre of a mattress to such a degree of heat as will suffice to destroy some of the more resistant microbes, the available temperature and the period of exposure being both limited by the tendency which dry heat has to scorch and injure the articles exposed. With a super-heated steam apparatus, not only is penetration very rapid, but it is found that micro-organisms much more rapidly succumb to a moist temperature.

In the face of these facts we should do well to discontinue our present method of dry-heat disinfection, and to substitute for it one in which super-heated steam is employed. This can be most economically performed by contracting for the use of one of the steam disinfectors already employed by neighbouring authorities, for there is scarcely enough disinfection required in this parish to justify the purchase and erection of such an apparatus for our own exclusive use.

NOTES ON CERTAIN INFECTIOUS DISEASES.

Small-pox.—The infection of small-pox was twice imported into the district, and, happily, by the prompt measures superintended by Dr. Jackman, who was Acting Medical Officer of Health at the time, the disease was at once eradicated. These 2 cases, like each of the many others that I have from time to time investigated, testified to the value of vaccination—a value which anyone, whose actual experience qualifies him to judge, has never questioned. It was the old story! one patient, who had not been vaccinated, suffered from a severe attack, and in the other, who had been vaccinated, the attack was remarkably mild. Had not 20 years elapsed subsequent to vaccination, the latter patient would, in all probability, have escaped the attack altogether. Efficient vaccination is a duty which we owe, not only to ourselves, but—more especially when we live in the midst of crowded communities—to others also, and in my opinion some of the grievous harm of anti-vaccination literature should be met by setting forth some of the facts in support of vaccination (and they are convincing enough!) on a small printed slip, which might be given to parents at the same time as the vaccination notice is sent by the vaccination officer. In many respects it would be advantageous if the administration of vaccination were under the Sanitary Authority, rather than remaining under the Poor Law.

Scarlet Fever.—During the year 1894 there was everywhere a marked falling off in the number of cases of scarlet fever, but the experience of Stoke Newington in this respect was exceptional among Metropolitan parishes. It will be noted (Table B 1) that during the year the illness from this disease in Stoke Newington was but a trifle over a quarter of that of the previous year (*i.e.*, as 91 is to 354). Bearing in mind the universally recognised fact that this disease is yearly growing milder, it is singular that, with the remarkable diminution in the number of cases, the mortality from the disease should be the same as that of the previous year.

Some of the remarkable diminution in the sickness from scarlet fever may truly be ascribed to the more prompt measures against spread that we have been enabled to take since we have been constituted a separate sanitary area; for the principles of preventive medicine can always be more efficiently applied to small sanitary areas than to large ones, and for the best fruits of public health administration many of the London sanitary areas are unquestionably too large.

Diphtheria.—It will be noted that our death-rate (0·16) from diphtheria is not a high one, and that it compares most favourably with the corresponding rates of London generally (0·60), and of the 33 great Towns (0·37). The increase in diphtheria during the past few years, more especially in town districts, has been a matter of great concern among health officers. That this increase should grow at the same time that the principles of sanitation are becoming more and more appreciated by the general public, and more efficiently applied by sanitary authorities, appears at first sight to be almost a public-health paradox, for there is no gain-saying that diphtheria is a disease, the true origin of which is associated with the insanitary conditions of dirt, dampness, and foul air. The cause of the increase of the disease must doubtless be sought, therefore, in increased facilities of spread from primary cases. I think that the increase in the number of houses which were originally planned and built to accommodate one family, and which now, owing to the exigencies of the times, are converted into tenement dwellings for several families, may in itself, by reason of the overcrowding and the insanitary conditions which are almost inseparable from such a state of things, be responsible for some of the increase in diphtheria in our large towns; but the main cause for the increase will probably be found in school attendance. Quite apart from any statistical evidence that may be collected to support this latter view, it stands to reason that where a disease is concerned that mainly affects children at ages when they attend school, and which can be communicated in its severest form by those who

are only affected by a mild unrecognised type, that any circumstance that tends to bring large bodies of children in close association with each other must be attended with considerable risk, and is presumably responsible for some amount of spread. Mr. Shirley Murphy, the Medical Officer to the London County Council, has pointed out in a recent Report that while there has been, of late, an increase in the death-rate from diphtheria in the Metropolis, this increase has been disproportionately great at ages between 3 and 10, a period which may be taken to represent broadly that of school attendance. This special liability also dates from the time when increased activity in enforcing attendance at elementary schools was brought into play (about 1871) by the operation of the Elementary Education Act. Dr. Thorne and Mr. Power have also, prior to Mr. Murphy's Report, demonstrated the influence that school attendance exercises upon the diffusion of diphtheria epidemics.

Now the School Board for London compels the attendance of children at certain ages at the Board Schools, and the responsibility of any infection which may be thus incurred must rest with that Board unless and until some measures more efficient than those which have yet been taken, are adopted. The matter is not an easy one to settle, and the Medical Officer to the School Board is, to my knowledge, giving it his best consideration. So far as I can judge, there is only one way in which the difficulty can be faced. Obviously no impediment should be put in the way of securing the enormous benefits of compulsory education, the only question is as to how the risks attendant upon such Board School education may best be met. Now at present we notify to the teachers all cases of infectious illness in houses from which children attend school, and very explicit directions are given to the head-teachers, by the London School Board, to enable them to detect and deal with cases of infectious disease in any scholar who may present himself at the school; but these measures do not apply to those cases of mild unrecognised cases of diphtheria which are so

potential for evil in others. These can only be discovered by a frequent inspection of the throats of all scholars *by a qualified medical man*, and in the light of our present knowledge of diphtheria infection it will be necessary to treat every case of sore throat as potentially infectious, when diphtheria is epidemic.

Nor do I consider that even a bacteriological examination—when this gives negative evidence—will warrant one in regarding the case as harmless to others. I have, during the year in question, examined the exudation of a severe sore throat (acute follicular tonsillitis) and found no evidence whatever of the germ of diphtheria (the Klebs-Loeffler bacillus), whereas I have obtained from the same throat within 48 hours afterwards the diphtheria bacillus in large quantities.

It is satisfactory to note that coincident with the increase in the number of cases of diphtheria, the fatality per cent. of cases shows a marked and growing tendency to diminish.

Puerperal Fever.—This fatal malady is most frequently caused by neglect of cleanly and proper precautions among women who have very recently been confined. In many cases it is found to have arisen from the negligence and ignorance of women who call themselves midwives, but who are untrained, and whose knowledge of antiseptic precautions is frequently nil. Too much care cannot be exercised in the selection of a nurse, where ignorance and lack of training may lead to such dire consequences.

The deaths (2) from puerperal fever in Stoke Newington furnished a rate of 3·4 per 1,000 registered births, a figure which is well below that of England and Wales, which amounts to over 5; but as this is essentially a disease which by the exercise of proper care by those in attendance upon the patient, and by the adoption of proper sanitary precautions in our homes, is so easily prevented, *any* mortality, however small, is all the more regrettable.

THE SPREAD OF INFECTIOUS DISEASE BY TRAMPS.

There is abundant evidence forthcoming from all parts of Great Britain that tramps play an important part in disseminating disease, and there is a strong feeling among health officers as to the necessity for some measures to check this source of danger. Many outbreaks of small-pox have been traced to this nomadic class, which for any practical purpose is under no sort of sanitary supervision.

In July of last year you were asked in common with a large number of other sanitary authorities to appoint delegates to attend a Conference, held under the auspices of the London County Council, to consider the ways and means of coping against the danger. Mr. Trick and Dr. Jackman (the Acting Medical Officer of Health) were asked to attend, and Dr. Jackman subsequently reported to you the result of the Conference. As a result of his Report a letter was written to the Member of Parliament for the district, asking him to lend his support towards promoting legislation on the lines of the recommendations of the Conference, when the opportunity arrived. These recommendations were as follows :—

- I.—That common shelters which are not subject to the law relating to common lodging houses should be made subject to such law.
- II.—That there should be power to local authorities to require medical examination of all persons entering common lodging houses and casual wards.
- III.—That each inmate of a casual ward or common lodging house should on admission have a bath of fresh water.
- IV.—That the local authority should have power to order the keeper of a common lodging house, in which there has been infectious disease, to refuse fresh admissions for such time as may be required by the authority.

V.—That the local sanitary authorities should have power to require the detention of any inmate of a common lodging house or casual ward who may reasonably be suspected of being liable to convey infectious disease.

VI.—That means should be provided for the detention and isolation of any vagrant found wandering in a public place if reasonably suspected of being liable to convey infectious disease.

VII.—That the local authority should have full power to require the disinfection of the person and clothes of any person in a common lodging house or casual ward, whether infected or exposed to infection.

VIII.—That local authorities should be empowered to require the vaccination or re-vaccination of persons in common lodging houses or casual wards who are exposed to the infection of small-pox.

WORK IN THE HEALTH DEPARTMENT AND SANITARY NOTES FOR THE YEAR.

Bye-Laws.—Under the Public Health (London) Act, 1891, Bye-Laws have been drafted with respect of:—

The prevention of nuisances.

The supply of water to water-closets.

The cleansing of water-cisterns.

The public mortuary.

Houses let in lodgings.

HOUSES LET IN LODGINGS.

Tenemented Dwellings.—There is a considerable number of these houses in Stoke Newington, and more especially in the Southern Division of the parish. Their great drawback is the circumstance that they were not built for the purpose to which

they are now put. They were planned to accommodate one family, and not several; and the consequence is that, for the latter purpose, the water-supply and water-closet, &c., accommodation are inadequate. A house which possesses every convenience for decent and healthy living where one family is concerned, has, under the altered circumstances, its sanitary provisions overtaxed, with the result that apparatus frequently gets out of order, and it is difficult—in some cases quite impossible—to keep the premises in a sufficient state of cleanliness. In addition to presenting conditions which are favourable to the appearance of disease, these tenemented houses, by reason of the overcrowding in them, favour its spread when the disease is of an infectious nature; and the difficulties of dealing efficiently with such cases is very great indeed. It is estimated that in the whole of London there are at least 100,000 people who live four and five in a room, a standard at which neither health nor decency can be maintained, and it is not surprising that areas on which such overcrowding exists should always furnish higher death-rates than adjacent areas where such conditions are absent.

Fortunately, in the Metropolitan area, we are now able to get the cases of infectious illness promptly removed, but in crowded households this can rarely be effected before the whole of the occupants have run some risk of infection. I have found that, even in Stoke Newington, the patient has been occupying the same room as two, three, or even four others, who, while it is impossible to pronounce at the time as free from infection, cannot be prevented from exposing themselves; and the scant measures of precaution which we are able to take with regard to these latter are beset with the greatest possible difficulties. Then after such premises become infected there is the problem to solve as to how efficient disinfection can be practised. Frequently the only two living rooms occupied by the family require disinfection, and the question is as to where the occupants are to go during the 12 hours that are taken up in the process. A friend or relation, who

frequently lives next door, will sometimes receive them, either with or without the knowledge that some risk is thereby ran of introducing infection. In these cases I always advise them (where they have a choice) to accept the offer of a friend who lives furthest away from the premises occupied by themselves. It is frequently impossible for them to spare all the clothing which really demands disinfection, or to properly disinfect their persons after they have attended to the patient, and I give the above advice in order that a walk, however short, shall be the means of exposing them to what my experience leads me to believe is one of the most potent disinfectants—equally available to rich and poor, and as frequently disregarded in either case—*i.e.*, fresh air. Now under the Public Health (London) Act of 1891, Section 60, Sub-Section 4, it is enacted, “The Sanitary Authority shall provide, free of charge, temporary shelter of house accommodation, with any necessary attendants, for the members of any family in which any dangerous infectious disease has appeared, who have been compelled to leave their dwellings for the purpose of enabling such dwellings to be disinfected by the Sanitary Authority.” There is no doubt that such a shelter would enable us to carry out more completely the principles of disinfection, and that such would be an important, and by no means costly, acquisition to the Parish of Stoke Newington, and it would be an additional gain if such a shelter could be used as a means of isolating one or more persons who had run the risks of infection when small-pox threatens our parish. I do not, however, recommend that much shelter provision be made, or that much expense be incurred, for I do not apprehend, from the experience of other parishes in which such provision already exists, that much advantage will be taken of it. There is a great reluctance among the poorer parishioners to avail themselves of such provision, and I would point out that we possess no powers to enforce compliance with our wishes. It would be sufficient to arrange for the use of two rooms as occasion required, and it is well, in deciding upon

these, to have special regard to the accessibility of the rooms, more especially from the Southern part of the parish, where there is most crowding upon area and more of the poorer class parishioners.

I may state that it is likely, since the prime necessity for the provision in our parish is the conversion of small houses intended for one family into tenement dwellings housing more than one family, that such necessity will increase, owing to the growing difficulties of housing within the Metropolitan area, an increasing population in the neighbourhood of its work. It is to be hoped that if such provision is made, that needy parishioners will recognise the duty which they owe to themselves and their neighbours, and avail themselves of it.

As a Sanitary Authority we have already taken steps to secure the registration of houses let in lodgings, and to frame Bye-Laws aiming at the prevention of disease and the reduction of the facilities for its spread. These Bye-Laws will be of great value to the Parish of Stoke Newington.

THE FACTORY ACTS.

The amount of sickness and misery created by the unwholesome conditions under which labour was employed in factories and workshops has led to special legislation, which aimed at ensuring that the health of the workers shall no longer be at the mercy of those whose avarice and greed have in so many instances made them blind to the health interests of their employées. In the Act of 1878 an effort was made to consolidate and materially extend the whole of previous factory legislation; that of 1891 proceeded still further in enforcing efficient sanitation. By the Act of 1891 the Factory Inspector is no longer called upon to see that factories and workshops are kept in a cleanly and sanitary condition; he has merely to notify the condition of the premises to the Medical Officer of Health of the district, whose duty it now is to put the law in operation, and so far as domestic workshops are

concerned, the dwelling-rooms and work-rooms are to be visited by the Medical Officer of Health or the Sanitary Inspector, and the authority is held directly responsible for their sanitary condition. In the present year a further Factory Act will probably be passed, aiming at still further extending the sanitary clauses of the previous Acts, and also amending them in several important details, which aim at preventing disease. From our experience so far, I do not anticipate that we in Stoke Newington shall find it a difficult matter to do our duty under these Acts. I have already secured a complete list of the present "out-workers" in our parish, and have sent their names and addresses to the Medical Officers of Health of the parishes in which they dwell. These returns are made in order that we may mutually acquaint each other of the existence of infectious disease among these out-workers, with the object of preventing the importation of such disease into our respective parishes.

BAKE-HOUSES.

It will be seen from the report of the Chief Sanitary Inspector that there are 14 bake-houses in the parish, and that as a result of an inspection it was found necessary to serve Notices upon 13 of these.

WATER SUPPLY.

The greater part of Stoke Newington is supplied by water on the intermittent system, and the water-cisterns are frequently found to occupy very undesirable positions. I have visited several houses where the drinking-water cistern is under a bed-room floor, and either uncovered or very imperfectly so. No sort of cover under these circumstances can remove the dangers which attach to such a position from the penetration of dirt and vermin. It would be a gain to the district if the necessity for thus storing water on premises, where in so many cases it runs some risk of pollution, were removed. This, of course, could only be done by the adoption of a constant supply throughout the whole district.

NUISANCES.

During the last 3 quarters of 1894, 1,213 premises were inspected for "Nuisances," and sanitary defects were found in 580. Of this number only 193 inspections were the result of complaints by householders—and if one subtracted from this number those complaints which were lodged against nuisances alleged to exist on other people's premises—many of which were not altogether actuated by pure concern for health—a much smaller number would remain. It is a pity that so few direct complaints are made. It is a common experience on visiting a house to be told of defects which are obviously recognised by the tenants to be injurious or dangerous to health, and yet such defects are not, when other steps fail, brought before the notice of the Sanitary Authority. It is not difficult to ascribe in some cases some motive for this reticence, but it is a pity that householders do not more generally appreciate the fact that it is both prudent and economical to place the value of a healthy home above all other considerations. I may state that any complaint is always received in the strictest confidence, and that in no case is the name of the person lodging the complaint ever divulged.

There are few sources from which foul and dangerous odours rise more generally than from the large dilapidated dustbins which are still common in London; the animal and vegetable matter so frequently mixed with the ashes is kept for dangerously long periods in these receptacles, which frequently also receive infectious rubbish. I have no doubt that the general substitution of galvanized-iron moveable dustbins, made of such dimensions as will necessitate a weekly clearance, and kept constantly covered, would have a favourable influence upon the public health of the Metropolis generally, and more especially upon the health of children who so generally use the back-yard or gardens as their play-ground.

A full record of the work performed by the Chief Sanitary Inspector and his assistants will be found appended to this Report; it constitutes in my opinion an excellent record of sanitary work performed in 9 months.

Analyses performed under the Food and Drugs Act, 1875, and the Food and Drugs (Amendment) Act, 1879.

In the month of November I undertook the duties of Acting Public Analyst for the parish, and during the remainder of the year the following samples were taken by Mr. Burgess for the purpose of analysis:—

No.	Sample Analysed.	Opinion Formed.	Action Taken.
1	Milk	Genuine, but poor	Vendors cautioned.
2	Milk	Genuine, but poor	Vendors cautioned.
3	Milk	Good sample	Nil.
4	Milk	Genuine, but poor	Vendors cautioned.
5	Tea	Pure	Nil.
6	Tinned Peas.....	Liquor contained 1-15th grain of lead to the gallon—otherwise pure	Wholesale vendors communicated with.
7	Butter	Pure	Nil.
8	Milk	Good sample	Nil.
9	Milk	Good sample	Nil.
10	Mixed Sweets	Pure	Nil.
11	Milk	6·7 per cent. deficient in fat	Summoned; summons dismissed. Deficiency admitted, but held to be naturally poor.
12	“ Pure Coffee ” ...	Pure	Nil.
13	Brandy.....	Unadulterated	Nil.
14	Whisky	Unadulterated	Nil.

There appears to be comparatively little food adulteration practised in Stoke Newington. This is doubtless due to the fact that the parish contains none of those vendors of food-articles who cater for the very poorest classes—for the reason that there are so few of the very poorest classes in the parish, and it is among vendors of this class that food articles are most frequently found to be adulterated.

METEOROLOGY IN AND AROUND LONDON FOR THE YEAR 1894.

January.—First 8 days, extremely cold; the remainder of the month was generally mild, rain being frequent.

February.—With the exception of the period from the 13th to the 23rd, the weather was generally fine and warm, though the fall of rain was slightly above the average.

March.—In the first fortnight there was frequent rain, but during the rest of the month the weather was remarkably bright and genial.

April.—The first half of the month was genial and spring like; the remainder of the month was mild, and there was frequent rain.

May.—The weather was generally dull and cold, with frequent rain.

June.—The first three weeks were cold and wet, but subsequent to this the weather was bright and warm.

July.—The weather during a great part of July was generally wet and dull, though in the first week, and for some days at the end of the month, it was fine and bright.

August.—Generally unsettled, with very little sunshine and frequent rain.

September.—Cold and dull, and there was frequent rain during the month.

October.—Generally dull, with frequent rain during the greater part of the month; rainfall particularly heavy during the last week.

November.—A wild month, much rain during the first 16 days resulting in serious floods, after which the weather was generally fine.

December.—Mild and generally sunless, there being frequent rain in the middle of the month.

Meteorological Observations taken during the year ending 31st December, 1894, at Camden Square, London (by G. J. Symons, Esq., F.R.S., F.R., Met. Soc.).

Month.	Temperature of Air.				Mean Tem- p'rature of Air.	Rain.		Mean Degree of Humid- ity. Sat=100
	Highest	Lowest.	Mean.			No. of Days it fell.	Amnt. Collectd.	
			Of all Highest	Of all Lowest.				
January	52·0	13·1	43·2	32·6	38·4	25	Ins. 2·87	87
February	56·4	23·9	47·8	35·5	41·8	16	1·75	83
March	65·8	28·6	54·2	36·0	44·3	9	1·19	81
April	73·3	34·5	61·2	42·5	50·7	14	1·74	76
May.....	71·5	33·0	61·0	42·4	50·4	16	1·85	77
June	83·8	43·7	68·9	50·6	58·3	12	1·84	74
July.....	88·2	48·9	73·0	54·8	62·1	17	3·25	74
August	76·6	45·7	69·2	53·3	59·8	18	2·85	78
September	71·2	36·7	63·0	48·0	54·4	11	1·05	79
October	62·1	31·2	56·9	45·2	50·1	17	4·45	85
November	63·9	31·3	52·0	41·5	46·5	14	2·85	87
December	51·7	26·3	46·7	36·4	42·1	16	2·28	86

Report of Work carried out by the Sanitary Department
from 25th March to 31st December, 1894.

SURVEYOR'S AND SANITARY DEPARTMENT,
VESTRY OFFICES,
126, CHURCH STREET,
STOKE NEWINGTON,
12th March, 1895.

To the General Purposes and Sanitary Committee.

GENTLEMEN,

I beg to submit my Report showing summary of Sanitary Work carried out to 31st December, 1894.

A total of 1,213 houses and premises have been inspected.

846 through house-to-house inspection.

193 on complaint duly recorded.

117 after notification of infectious disease.

14 special bake-house inspection.

43 through sundry causes.

In 580 cases various nuisances and sanitary defects were found, and 487 Notices have been served for the abatement of the same.

In many cases letters to the respective owners, &c., resulted in the necessary works being carried out. In six cases proceedings were taken before a magistrate; orders were obtained for the work to be done in three.

In the other instances a combined drain for the three houses was ruled to be a "sewer," and the work was carried out by the Surveyor's Department.

Final Notices to the number of 41 have been served.

The following is a list of nuisances abated and sanitary defects remedied:—

114 back-yards, passages, and wash-houses re-paved or repaired.

235 water-closets provided with flushing apparatus.

286 obsolete and defective w.c.'s removed and replaced with new w.c.'s of modern construction.

114 soil-pipes brought outside and ventilated full bore.

334 bath, lavatory, and sink waste-pipes, trapped, and made to discharge outside.

188 defective traps removed and replaced with sanitary syphon-traps.

58 houses provided with proper gutterings and down spouts, or same repaired.

158 houses provided with new sanitary dust-bins or existing bins repaired.

314 blocked and defective drains cleansed, repaired, or re-laid, and in a great number of cases cascade action; interceptors provided and fixed with all through ventilation of drainage system.

39 foul water-closet basins cleansed.

43 foul dietary cisterns cleansed or new provided, and in some cases removed to more sanitary position.

58 defective cisterns repaired and provided with proper covering.

4 cases of overcrowding abated.

12 accumulations of manure removed.

23 roofs repaired which caused damp houses.

In addition to the above a large number of defects have been remedied on advice.

SANITARY CERTIFICATES.

51 certificates have been granted relating to 76 houses where the sanitary arrangements were in accordance with modern sanitary requirements, and the drains and fittings standing the smoke test.

SLAUGHTER-HOUSES.

The seven slaughter-houses in the parish are periodically inspected.

COMMON LODGING HOUSE.

This has been inspected, and after consultation with the Police Surveyor the drainage of same was re-modelled entirely under supervision by this Department.

BAKE-HOUSES.

There are 14 in the parish :—

10 are situated underground.

4 above ground.

These have all been inspected to ensure proper drainage, ventilation, cleanliness, and lime-washing.

In 13 instances notice was served to cleanse, limewash, and repair sanitary defects.

1 was found to be satisfactory.

DAIRIES, COWSHEDS AND MILKSHOPS.

There are 15 milkshops and 1 cowshed in the parish. These are under the regulations of the London County Council, but inspection and general supervision for cleanliness has been undertaken by this Department.

HOUSE REFUSE AND DUST REMOVAL.

This work has been regularly done, and the number of van-loads removed from the houses and premises within the parish has been as follows :—

25th to 31st March	...	...	33
1st „ 30th April	...	...	376
1st „ 31st May	...	...	321
1st „ 30th June	...	...	288
1st „ 31st July	...	...	272
1st „ 31st August	...	...	238
1st „ 30th September	...	...	248
1st „ 31st October	...	...	274
1st „ 30th November	...	...	300
1st „ 31st December	...	...	337

Total, 2,687 van-loads,

each van containing 4 cubic yards, or a total of 10,748 cubic yards.

FOOD AND DRUGS.

The following samples of food have been submitted to the Public Analyst :—7 milk, 1 whiskey, 1 brandy, 1 butter, 1 tea, 1 mixed sweets, 1 tinned peas, and 1 coffee.

One sample of milk was deficient in fat 6·7 per cent. All the other samples were reported to be unadulterated and satisfactory.

INFECTIOUS DISEASE.

Cases to the number of 145 have been notified, and in each case inspection of the premises was made with all due enquiry as to disease :—

Of these, 73 suffered from scarlet fever.

42	„	diphtheria.
12	„	typhoid fever.
14	„	erysipelas.
2	„	small-pox
2	„	puerperal fever.

The houses, bedding, &c., where these cases have occurred, have been disinfected. 125 by the Vestry, and the remainder by authority of the medical practitioner attending the respective cases.

VENTILATION OF SEWER AND DRAINS.

I append Report presented to Sanitary Committee.

Table showing List of Prosecutions Ordered by Sanitary Authority.

No.	Description.	How Disposed of.
3	Nos. 80, 82 and 84, Green Lanes (defective drainage).	Drain ruled by magistrate to be a "sewer."
3	Nos. 29, 31 and 33, Dynevor Road (defective drainage).	Order made for work to be carried out.
1	The Barnsbury Park Dairy Co. (abstraction of fat from milk).	Dismissed.

Yours respectfully,

S. E. BURGESS,

Surveyor and Chief Sanitary Inspector.

VENTILATION OF SEWER AND DRAINS

I append herewith report prepared by the following Committee:

The following are the names of the members of the Committee:

Name of Member	Address	Signature
Mr. J. H. ...	...	...
Mr. ...	...	...
Mr. ...	...	...

Yours respectfully,

S. M. DUNN

Secretary and Clerk of the Committee

