

**Annual report of the vital statistics and sanitary condition of the District for the year 1896.**

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St. Olave (London, England). Board of Works.  
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**Publication/Creation**

London : C. Talbot, [1897]

**Persistent URL**

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THE  
BOARD OF WORKS FOR THE ST. OLAVE DISTRICT.

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*Annual Report*

OF THE

*Vital Statistics and Sanitary Condition  
of the District.*

FOR THE YEAR 1896.

BY

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*Medical Officer of Health to the Board of Works for the Holborn District; and*

*Medical Officer of Health for the District.*

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LONDON:

PRINTED BY C. TALBOT, TOOLEY STREET, S.E.



ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH,  
*Being the Report for the Year 1896.*

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To the Members of the Board of Works for the St. Olave District,  
Southwark.

GENTLEMEN,

I have the honour to place before you my third Annual Report. This Report, in accordance with the regulations of the Local Government Board, deals with the twelve months ending December 31st, 1896.

The details of the Report show that much work has been done in improving the Sanitary condition of the District.

A large amount of house-to-house inspections have been effected during the year, and the Sanitary defects found have been remedied.

Most of the nuisances have been dealt with under the Public Health Act of 1891, with but little opposition, for in very few cases has it been necessary to resort to legal proceedings.

Under the Housing of the Working Classes Act of 1890, Nos. 7, 8, 9, 10, 11 & 12 Morris Court (or New Square) were reported to be unfit for human habitation, and the re-constructions and other work necessary to put them in a proper Sanitary state were carried out by the owner's consent.

Details of proceedings under the Food and Drugs and and Margarine Acts are given in Table IV.



Under the Customs and Inland Revenue Acts, I gave a certificate after inspection of Gordon Chambers, but was unable to do so for two large blocks of dwellings for which certificates were asked.

The corrected death-rate from all causes, and also that from phthisis, continue to be higher than the rates for London.

Statistics of the London Districts have shown that these rates increase with an increase of the conditions that are expressed by the word "overcrowding."

Efforts have been made to abate this recurring nuisance. Last year 124 cases of overcrowding were dealt with. Now that a house-to-house inspection of the greater part of the District has been made, further efforts in this direction will be made this year by having some of the houses let in lodgings registered. This entails much work, as all the rooms have to be measured, and their cubical contents recorded. Preparations for this were begun last year (1896), as many as 498 rooms of 238 dwellings having been so measured, and a record kept for future use.

Many rooms were found to be in a filthy and disgraceful condition on account of the neglect of the occupiers (especially where there is overcrowding). 107 such rooms were dealt with by notices served on the tenants with very beneficial results.

The nuisance caused by an offensive trade—that of the manufacture of articles from the windpipes, bladders, and intestines of animals—at 6 Melior Street, has been abated.

This nuisance shows that other internal parts, such as the windpipe and bladder, ought to have been included with the gut or intestines of animals in the By-laws of the London

County Council for regulating the conduct of those businesses in which gut or intestines are manipulated.

The Metropolitan Asylums Board has again been unable to receive all the cases of scarlet fever and diphtheria that required to be removed to their hospitals, notwithstanding the continued efforts of the Managers to keep pace with the growing demands of the Metropolis.

The Medical Superintendents of the hospitals of the Metropolitan Asylums Board report that the treatment of diphtheria by anti-toxic serum has in 1896 given still better results than in 1895.

The Board kindly consented to pay the expenses of bacteriological examination of doubtful cases at the Laboratory of Guy's Hospital. Four such cases were examined during the last quarter of the year.

Additional duties have recently been imposed upon the Managers of the Metropolitan Asylums Board by the Local Government Board for the amelioration of the infectious sick and insane poor children of the Metropolis. These duties consist of providing for the care of children :

- (a). Suffering from ophthalmia or other contagious disease of the eye.
- (b). Suffering from contagious disease of the skin or scalp.
- (c). Requiring either special treatment during convalescence or the benefit of sea-side air.
- (d). Who by reason of defect of intellect or physical infirmity cannot properly be trained in association with children in ordinary schools; and
- (e). Who are ordered by two justices or a magistrate to be taken under the Industrial Schools Act, 1866, to a work-house or an asylum of the district.



During the year I received information of 14 cases of Anthrax that have been treated at Guy's Hospital. On page 22 I give further details respecting these cases, and the facts that are known about the disease, and means of preventing it.

The question of the joint use by this Board of the Mortuary at Guy's Hospital was discussed and considered by Guy's Hospital and the Board, but no satisfactory agreement could be determined, and the matter was finally abandoned.

At Guy's Hospital there are also the desirable adjuncts to a Mortuary, a Post-mortem Room, Coroner's Court, and Chapel.

It is desirable that an elementary knowledge of the principles of health, of nursing the sick, and the proper methods of feeding children, should be taught in the advanced classes at all girls' schools.

The Board made an attempt to disseminate some knowledge of this kind by having a thousand leaflets with directions relating to these matters distributed in the District.

A new public urinal has been erected in Joiner Street, on the site of the old one, which was frequently a source of nuisance.

The final Report of the Royal Commission on Vaccination was published the latter part of the year. I give a short abstract of this most important Report. It is to be hoped that this will give a stimulus to increased vaccination and re-vaccination.

I also give an abstract of the results of an inquiry by the Local Government Board concerning the Oyster Culture of Great Britain and its relation to disease.

By the Public Health Act of 1896, the Acts relating to quarantine have been repealed, and further provision made with respect to epidemic, endemic, and infectious diseases.

By the new regulations of the Local Government Board, additional and more stringent precautions against the introduction of cholera are to be taken, and plague and yellow fever are now subject to the same regulations.

A new English Life Table was during the year issued by the Registrar General. This is founded on the Vital Statistics of England and Wales for the decennium 1881-90. It is the third which has been published, and it is worthy of remark that the successive tables bear evidence to the enormous saving of life and health which have been effected by the sanitary administration in this country.

The average life time of males and females, or the expectation of life at birth, has been by the

		MALES.	FEMALES.
1st Life Table, 1838—54	...	39·91 years.	41·85 years.
2nd	„ 1871—80 ...	41·35 „	44·62 „
3rd	„ 1881—90 ...	43·66 „	47·18 „

That is to say, that since the period on which the first Life Table was founded, the average life of males has been increased  $3\frac{3}{4}$  years, and of females  $5\frac{1}{3}$  years.

Another Royal Commission on Tuberculosis is now sitting. It has to report principally upon what practical means can be taken to secure the extermination of tuberculosis from our meat and milk supplies.

The Board may be glad to know that I have had the honour of giving evidence before this Commission.



Much has been done by the Holborn Board for the improvement of the London Meat supply. Last year enormous quantities of diseased meat were "seized," and the offenders prosecuted. This year, comparatively little diseased meat is being seized.

I thank the members and officers of the Board for their kindness, courtesy, and co-operation.

I am, GENTLEMEN,

Your obedient Servant,

W. A. BOND.

#### VITAL STATISTICS.

*Population, etc.*—The populations of the several parishes of the District at the censuses of 1881, 1891 and 1896, were

	1881.	1891.	1896.	Area in acres.
St. Olave ... ..	2,247	2,159	} 2,314	48
St. Thomas ... ..	781	752		8
St. John, Horselydown	8,928	9,812	9,417	69
	11,956	12,723	11,731	125

The census of the 29th March, 1896, was simply an enumeration of the population taken for the purpose of Equalisation of Rates. It is a great pity that the usual details were not obtained at the same time, as those would have been of great value for statistical and actuarial purposes.

The density of population in 1896, was 94 persons per acre ; for Registration London it was 59 to an acre.

I have based the calculations in the following Reports upon the population of all ages as usually estimated to the middle of the year 1896. This is 11,673.

The number of inhabited houses in April, 1891—according to the census return—was 2,083, an increase of 36 per cent. in ten years ; and the average number of persons to a house was 6.1.

1,054 persons were living in 460 tenements of only one room, and 3,207 were living in 794 two-room tenements. Rather more than one-third of the whole population were in tenements with one or two rooms. More than half of the persons in these tenements were subject to the conditions expressed in the Census Report by the word “overcrowding,” that is, more than two to a room

As many as 124 notices were served during the year for the abatement of overcrowding.

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#### BIRTHS.

The number of births registered for the whole District (which includes the united Parish of St. Olave and St. Thomas and that of St. John), for the 53 weeks ending January 2nd, 1897, was 430. Of this total, 209 were male



children and 210 female children. This gives a birth-rate of 35·9 per thousand of the population. The birth-rates for the five preceding years were 32·9, 33·2, 32, 36·2, 37·8, and the birth-rate for Registration London for the year was 30·6. In 1894 it was 30·1, the lowest London birth-rate recorded, this year being the next lowest.

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#### DEATHS.

The deaths registered as having actually occurred in the District were 832; 636 of these took place at Guy's Hospital, this number including only 23 deaths of parishioners, 613 belonging to other districts. At the Parish-street Workhouse there were 31 deaths, only 3 of these belonging to the District. Twelve bodies were found in the Thames, all non-parishioners.

The deaths of 74 parishioners were returned from outlying public institutions.

After making the necessary corrections, it is found that 302 deaths of parishioners took place in the 53 weeks ending January 2nd, 1897.

The corrected annual death-rate was 21·7 per thousand. Just 30 per cent. of the deaths were those of parishioners who died in outlying Public Institutions.

The death-rate for London for the year was 18·2.



The corrected death-rate of St. Olave's, and of London for the past six years are as under—

Year.	St. Olave's Death-Rate per 1,000.	London Death-Rate per 1,000.
1891	25·2	21·4
1892	23·7	20·4
1893	21·2	21·3
1894	19·4	17·4
1895	23·1	19·4
1896	21·7	18·2

The detailed causes of death will be found in the various tables accompanying this Report.

*Infantile Mortality.*—The deaths of young children always bear a high ratio to total deaths. There were 123 deaths of children under 5 years old, that is 48·6 per cent. of the total deaths. The equivalent percentage for London was 42·6.

63 children died under one year old; that is 150 per 1,000 births registered. The corresponding rate for London was 161 per thousand.

*Causes of Death.*—The following Table shows, in a summary form, the amount of life saved and the amount lost in the year 1896, as compared with the preceding decennium, under each of the more important headings in the list of causes:—London.—Diminution or Excess of Deaths in 1896,

compared with the Average Annual Deaths in 1886-95, corrected for increase of population.

CAUSE OF DEATH.						Diminution in 1896.	Excess in 1896.
Small-pox	...	...	...	...	...	39	—
Measles...	...	...	...	...	...	—	938
Scarlet Fever	...	...	...	...	...	146	—
Typhus ...	...	...	...	...	...	6	—
Influenza	...	...	...	...	...	543	—
Whooping-Cough	...	...	...	...	...	—	256
Diphtheria	...	...	...	...	...	—	797
Simple Fever	...	...	...	...	...	23	—
Enteric Fever	...	...	...	...	...	50	—
Diarrhoeal Diseases	...	...	...	...	...	—	107
Cancer ...	...	...	...	...	...	—	483
Phthisis and other Tubercular Diseases	...	...	...	...	...	1301	—
Premature Birth	...	...	...	...	...	—	151
Diseases of Nervous System	...	...	...	...	...	1348	—
Diseases of Circulatory System	...	...	...	...	...	307	—
Diseases of Respiratory System	...	...	...	...	...	5030	—
Diseases of Urinary System	...	...	...	...	...	37	—
Childbirth and Puerperal Fever	...	...	...	...	...	26	—
Accident	...	...	...	...	...	—	108
Homicide	...	...	...	...	...	5	—
Suicide ...	...	...	...	...	...	24	—
All other Causes	...	...	...	...	...	809	—
						9694	2840
Balance of Diminution or Excess						6854	—

The net gain in life saved during the year was represented by 1263 lives. In other words, had the average death-rate in



1885-94 prevailed throughout the year 1896, 6854 lives would have been sacrificed in addition to those which were actually lost by death. In the year 1896 there was as compared with the decennial average, an excess of 938 deaths from measles, 797 from diphtheria, 256 from whooping-cough, 107 from diarrhœal disease, 485 from cancer, 151 from premature birth and 108 from accident. Under each of the other headings in the table the mortality in 1896 was below the average. This was notably the case in regard to diseases of the respiratory system, the deaths referred to which were 5030 below the decennial average.

#### ZYMOTIC DISEASES.

The number of deaths in St. Olave's from "the seven principal Zymotic diseases," viz., small-pox, scarlatina, diphtheria, enteric fever, measles, whooping-cough and diarrhœa, was 54, or a rate of 4.54 per 1,000 persons living (last year it was 2.45). The corresponding rate for London was 3.11.

*Small-pox.*—There was no case of small-pox notified, and no death. In London there were 225 notifications, and 9 deaths.

The statistics of all epidemics of small-pox show the enormous value of vaccination and re-vaccination. Notwithstanding this the proportion of children that are not vaccinated has been increasing year by year since 1881, both in the Metropolis and the rest of England. In 1881 the proportion of children unaccounted for in regard to vaccination (including cases postponed) in the Metropoli-



tan Unions was only 5·7 per cent. of the total births. In 1891 this proportion had risen to 16·4 per cent., and is still rising. In the St. Olave Union the corresponding rates were 4·1 and 15·3 per cent., and in 1893 had risen to 16·8 per cent.

The Registrar-General states that "No death of a vaccinated person is known to have occurred from small-pox in London during 1896."

*Scarlet Fever or Scarlatina.*—There were 59 cases notified, and 5 deaths, 57 of the 59 cases were removed to hospital. In London the notifications were 25,647 in number, and the deaths from the complications of this disease were 940.

During the last half of the year the hospitals of the Metropolitan Asylums Board were very full, so that it was often impossible to have patients suffering from scarlet fever or diphtheria promptly removed to hospital; in many cases there was a delay of several days, notwithstanding daily application to Norfolk House.

On this account I wrote the following letter (from the Holborn Town Hall) to the Managers, and asked Dr. Perry to do what he could in the matter:

"As this Board cannot have even the most urgent cases of scarlet fever removed to your Board's Hospitals, I hope you will give your permission for a few more patients to be admitted to the larger wards of the hospitals."

"It must surely be a much less evil that patients should have only 1600 cu. ft., say (instead of the 2000 cu. ft. now allowed), than to be kept in crowded rooms with probably less than **150** cu. ft., and at the same time mixed with healthy children, and a source of danger to many others."

"A ward now having 24 beds would then accommodate 30 patients."

I am glad to find that this recommendation was adopted, for whilst the certified normal accommodation for fever and diphtheria at the Board's disposal was less than 3,900 beds, this number was for many months largely exceeded, and that when scarlet fever and diphtheria were at their highest 4,996 cases (or nearly 1,100 above the normal accommodation) were at one time warded in the Managers' hospitals.

The upper hospital at Gore Farm, which was built for convalescent small-pox patients, was also again appropriated to fever and diphtheria patients.

Last Summer the Brook Hospital, Shooter's Hill, was opened for the reception of patients. The Park Hospital, at Hither Green, will, it is expected, be ready this Summer; and the Grove Hospital by the Spring of next year (1898).

A convalescent hospital for about 700 patients is also to be erected in the South of London, near Carshalton.

It is hoped that the provision of this additional accommodation will be sufficient to ensure the prompt removal to hospital of all insufficiently isolated cases of scarlet fever and diphtheria, and that this will lead during the next few years to a reduction in the number of cases, and a corresponding reduction in the annual mortality.

*Return Cases of Scarlet Fever and Diphtheria.*—Ernest K., aged  $2\frac{1}{2}$  years, was removed to the S.E. Hospital, March 16th, on account of scarlet fever. While there he suffered from rhinorrhœa, diphtheria, broncho-pneumonia, and glandular abscesses of the neck. Diphtheria bacilli were found, and he returned to the scarlet fever ward when bacilli had disappeared. When the patient was seriously ill, he was frequently visited by his mother. He returned home on the



16th or 17th June, after going through the usual processes of disinfection before leaving the hospital. His sister, Emily K., four years old, was notified on the 19th June. The mother states that no clothes were put away without being disinfected. At the time of my visit, Ernest had some rhinorrhœa.

I was kindly furnished with many of the above particulars at the S.E. Hospital.

I give the details, as the facts ascertained show that the rhinorrhœa was the probable source of infection in the second case.

In another instance, two cases (Gertrude E.,  $8\frac{1}{2}$  years, and Cissie E., six years) occurred within a few days after the return of their sister Florrie from hospital. At the time of my visit there was desquamation of one of Florrie's fingers. The mother, however, had been recently visiting another child who was also seriously ill with scarlet fever.

A case of diphtheria (Jessie E. B., four years) was first notified June 24th, returned from hospital 14th July, was again ill the same day, re-notified on the 17th July, and had again to be removed to hospital.

*Diphtheria and Membranous Croup.*—37 cases were notified, and all were removed to hospital, except two children who died before they could be removed. There were 9 deaths. In London there were 13,800 cases notified, and 2,663 deaths from this disease.

Of the cases treated at the hospitals of the Metropolitan Asylums Board, to which a large proportion of the severe cases are removed, in 1896 the death rate was 20·8, and in 1895 it was 22·5 per cent. ; while in 1894, before the intro-



duction of the treatment with antitoxic serum, it was 29·6 per cent., a reduction of 8·8 per cent. Of children under 5 years of age there was a reduction of 17·2 per cent., viz., from 47·4 to 30·2 per cent.

The Medical Superintendents of these Hospitals have recently published a second elaborate and exhaustive report on the results that have attended this treatment. Their conclusions are thus summarised :—

“The improved results in the diphtheria cases treated during the year 1896, which are indicated by the foregoing statistics and clinical observations, are :—

- (i.) A great reduction in the mortality of cases brought under treatment on the first three days of illness.
- (ii.) The lowering of the combined general mortality to a point below that of any former year.
- (iii.) The still more remarkable reduction in the mortality of the laryngeal cases.
- (iv.) The uniform improvement in the results of tracheotomy at each separate hospital.
- (v.) The beneficial effect produced on the clinical course of the disease.

“We have had, in fact, somewhat better results to record for 1896 than we had for 1895.

“We would repeat what we stated last year as to the paramount importance of commencing the treatment early ; if possible, not later than the second day of the disease.”

The Board kindly consented to pay the expenses of bacteriological examination of doubtful cases at the Laboratory of Guy's Hospital. Four such cases were examined during the last quarter of the year.

The same difficulty was experienced during the last half of the year by the Metropolitan Asylums Board in finding sufficient accommodation for diphtheria patients, so that it is satisfactory to know that a considerable proportion of the additional accommodation now being provided is for diphtheria patients.

*Enteric Fever.*—Nine cases were notified. The only death from this disease was that of a nurse at Guy's Hospital. In London there were 3190 notifications of this disease, and 564 deaths.

The disease in the two patients at the Workhouse, and a nursemaid who had only lived in the District for a week at the time of notification, was certainly not contracted in this District.

*Measles.*—This disease is not usually notified, and it is not so in this District—In 1896 there were only 11 deaths registered from this disease. In London there were 3697 deaths from measles registered. These do not represent the total number of deaths from measles, for from enquiries made at the houses at which children have died, and the deaths registered as respiratory diseases, I have found that in many cases the respiratory disease were really caused by measles (or whooping cough). In London, measles appears to have been more fatal last year than in any previous year on record, with the exception of the year 1864. With so many deaths from measles the number of cases of this disease every year in London must be enormous. This is not surprising, as it is a very infectious disease; and, as a rule, not the least attempt



is made to prevent its spread, healthy children generally being allowed to be in the same room with the sick, and even in the same bed.

Hospitals for those cases that cannot be isolated at home, and for those that cannot receive proper nursing and treatment at home, which is usually the case in crowded one and two-room tenements, are very much required, and would be the means of very much reducing the death-rate of this disease. Notification by the head of the family should be compulsory, so that children from infected houses could be excluded from school.

An exhaustive report on the question of the notification of measles was published last year by the Local Government Board.

*Whooping-Cough* also is not notified. It caused 13 deaths, last year only 7 deaths. In London there were 2937 deaths from this disease, corresponding to a rate of 0.65 per 1000 living, and considerably exceeded the rate of any recent year, and was about double the rate for last year.

Disinfection is carried out when practicable in those cases that come to our knowledge.

*Diarrhœa* was the cause of 11 deaths, most of them being young children. There were also 7 deaths due to gastro-enteritis. In London diarrhœa was the cause of 3223 deaths, or the rate of 0.72 per 1000 living. This rate was slightly in excess of the average of the preceding ten years. There were also 1680 deaths from enteritis. 2624 or 81 per cent. of the deaths from diarrhœa took place in the third quarter of the year—the summer quarter. The great majority of these are

hand-fed children under one year of age, living in unsanitary dwellings on a polluted soil, which reaches the requisite temperature during the hot summer months. It has been proved, experimentally, that there is always a sudden rise in the mortality from diarrhoea when the temperature of the soil at a depth of four feet from the surface reaches 56°.

The total number of notifications of infectious diseases this year (53 weeks) have been 126, excluding second notifications of the same cases. They were distributed among the following diseases:—

Scarlet Féver	...	...	...	59
Diphtheria	...	...	...	37
Typhoid Fever	...	...	...	9
Erysipelas	...	...	...	21

In 1893 there were as many as 219 notifications, and in 1894, 83; and last year there were only 63. This District this year has had about the same amount of notifiable disease as the rest of London for an equivalent population.

In Registration London the number of cases notified was—

Small-pox	...	...	...	225
Scarlet Fever	...	...	...	25,647
Diphtheria	...	...	...	13,362
Membranous Croup	...	...	...	446
Enteric Fever	...	...	...	3,190
Typhus Fever	...	...	...	6
Other continued Fevers	...	...	...	103
Puerperal Fever	...	...	...	277
Erysipelas	...	...	...	6,436
Cholera	...	...	...	13
Relapsing Fever	...	...	...	3
Total	...	...	...	49,708



Excluding the cases of erysipelas, for which no provision is made in the Hospitals of the Metropolitan Asylums Board, *all but six* of the cases were treated at these Hospitals or at the London Fever Hospital, and two of these were diphtheria cases that died before removal could be effected. The latter half of the year, however, much inconvenience and delay were caused by the want of accommodation at these Hospitals.

Most of the cases of infectious disease belonging to out-lying Districts that are first taken to Guy's Hospital, and afterwards removed to the Fever Hospitals, or treated at Guy's Hospital, are now notified to the Medical Officer of Health of the Districts in which patients reside.

Four cases of scarlet fever, three of diphtheria, and one of typhoid fever, belonged to Guy's Hospital Staff and Nursing Institution.

The measures taken in dealing with the cases arising in the District outside Guy's Hospital were as follows:—

Number of rooms fumigated	...	...	112
Number of rooms stripped and cleansed by			
Owner or Occupier	...	...	95
Do. do. by the Board	...	...	1
Number of notices served, calling the at-			
tention of Occupiers of houses to the			
provisions of Sections 62 and 65 P.H.			
(London) Act, 1891	...	...	86
Number of notices requiring disinfection...			48
Number of articles of bedding, clothing, &c.,			
disinfected	...	...	3412
Number of articles given up and destroyed			32
Number of persons using Shelter	...	...	83
Number of notices sent to Schools notifying			
where houses are infected	...	...	115

The premises where infectious diseases occurred were all inspected and examined, and notices served when necessary.

The Shelter provided for temporary occupation by families during the disinfection of their rooms, has been used 18 times during the year, by 83 persons, 75 of whom were also provided with sleeping accommodation.

During the year a printed form has been prepared, and notice is now sent to the Head Teachers of Schools, informing them of the disinfection of houses in which any of their scholars are inmates, so that the children can return to School with as little delay as desirable.

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#### PHTHISIS AND DISEASES OF THE RESPIRATORY ORGANS.

In this District there were 26 deaths caused by phthisis, or 2·19 per 1000 inhabitants; the corresponding rate for London was 1·68.

59 deaths were caused by other diseases of the respiratory organs, namely, pneumonia, bronchitis and pleurisy.

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#### ANTHRAX, OR MALIGNANT PUSTULE.

During the year I have received information of 14 cases of anthrax that have been treated at Guy's Hospital. I am glad to be able to report that they all recovered after operation.

Six of them worked at Wharves in this District, and had been engaged in sorting or carrying skins or hides.



Six were employed at a tanyard in Bermondsey, five being attacked about the same time. The remaining two had a relative who worked at the same tanyard.

At one of the wharves there had been a very large consignment of China goat skins, and at the time one of the men there was attacked preparations were being made for the sale of 60,000 of these skins.

In all the cases the patients had been manipulating China goat skins within a few days of their attack, and in several cases other skins and hides as well.

Experience has shown that there is much greater risk of contracting the disease from handling "dry" skins than "wet," and especially those having long hair, like goat skins.

The cause of the disease is the well-known anthrax bacillus. As long as these bacilli remain in the blood of an animal they multiply by fission, that is division of the rods as they increase in length. The same thing holds good in the dead body as long as it remains intact, but when the blood is shed, and thus brought into contact with oxygen, seeds or spores, as they are generally called, are very rapidly formed within the bacilli.

These seeds or spores as distinguished from the bacilli are very difficult to kill.

These facts help to explain the reason why "dry" hides are more dangerous than "wet" hides. For in "wet" hides infected with the anthrax organisms the moisture prevents the bacilli (which have been produced either by fission or germination of spores) from being brought into contact with oxygen, and therefore no spores are formed within them, and the bacilli consequently easily succumb to hostile influences.

On the other hand in "dry" hides, even if the spores

germinate into bacilli, these bacilli being in contact with oxygen would develop spores, which possess extraordinary powers of resisting chemical and other agents which would easily destroy the bacilli.

It is satisfactory therefore to learn that there is a tendency in the leather trade to encourage the adoption of the "wet" as opposed to the "dry" cure, and further that the "wet" cured hide is now considered superior in quality to the "dry."

Since the beginning of the year when the Factory and Workshop Act of 1895 came into force, anthrax is a disease which has to be notified to the Chief Inspector of Factories at the Home Office (unless notice has been previously sent).

On account of the many difficulties involved in satisfactorily disinfecting large numbers of hides or skins (such as 60,000 in one instance), I was glad to have consultations with Dr. Whitelegge, the Chief Inspector of Factories, and Dr. Shirley Murphy and Dr. Hamer, who have reported on the subject for the London County Council.

At all the wharves washing accommodation for the men who carry and sort hides has now been provided. Notices giving advice and suggestions to the workmen employed are also posted in the warehouses.

Greater precautions ought to be taken in the countries from which hides are imported, so that the hides of animals that have died of disease are not mixed with those of healthy animals. The former hides ought to undergo the "wet" cure, or some process that may be found to destroy all pathogenic spores and bacteria, before they are utilised in any manner.



### INQUESTS.

161 inquests were held in this District; only 15, however, were on the bodies of parishioners. 140 of these inquests were held in the Coroner's Court at Guy's Hospital, and 21 in the St. John's Vestry Hall.

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### MORTUARY.

32 bodies were removed to the Mortuary in Weaver's Lane, and on 21 of these a Coroner's inquest was held in the St. John's Vestry Hall, Fair Street. 12 were bodies of non-parishioners that were found in the Thames.

The question of the joint use by this Board of the Mortuary at Guy's Hospital was discussed and considered by Guy's Hospital and the Board, but no satisfactory agreement could be determined, and the matter was finally abandoned.

At Guy's Hospital there are also the desirable adjuncts to a Mortuary, a Post-mortem Room, Coroner's Court, and Chapel.

A suitable ambulance for the removal of dead bodies, three additional light zinc-lined shells, and three shrouds, have been supplied by the Board.

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### TEMPERATURE.

The mean temperature of the year was  $50^{\circ}.1$  F, being  $1^{\circ}.6$  above the average of the preceding 125 years. Further meteorological details are given in the Appendix.

## BAKEHOUSES.

The Bakehouses of the District have been twice inspected during the year. The one at 61 Gainsford Street has since my inspection been closed and will soon be demolished. With one exception, the Board's regulations have been complied with. Notice was served on the Occupier of the one referred to, and the condition since has been much improved. The one at 14 Railway Approach, is again used as a Bakehouse.

Five of the seven Bakehouses are situated below the ground level.

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## HOUSING OF THE WORKING CLASSES ACT, 1890.

Under the above Act, the houses Nos. 7, 8, 9, 10, 11 and 12 Morris Court (New Square), were reported to be unfit for human habitation. At first the owners thought of having them demolished, but finally a great deal was done, and they were made fit for human habitation, without the necessity for any legal proceedings.

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## SANITARY WORK.

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### NUISANCES UNDER THE PUBLIC HEALTH (LONDON) ACT, 1891.

Under this Act the following seven houses and one stable were closed by the owners after the receipt of notices :

Farmcote Place, Nos. 1, 2, 3, 4, 5 and 6 ;  
St. Mary's Yard, one house ;  
Melior Street, one stable.

Seven houses, Nos. 33, 35, 37, 39, 41, & 43 Lafone Street, and No. 61 Gainsford Street, have been demolished for rebuilding, without any notices.

In Table V. (Sanitary), at the end of the Report, prepared by your Sanitary Inspector, Mr. ASHDOWN, will be found a detailed list of nuisances and other insanitary conditions reported upon and work done during the year. This has all been satisfactorily carried out under the supervision of your careful and conscientious Inspector, and drains thoroughly tested by the water test before being covered in.

The drainage, and nearly the whole of the Sanitary arrangements of the Parish Street Workhouse, have been re-modelled. This occupied a great deal of Mr. Ashdown's time, as many as 266 visits having been made.

## HOUSE-TO-HOUSE INSPECTIONS.

The following house-to-house inspections have been made during the year, and all sanitary defects found have been remedied :—

Barnham Street Buildings, 6 Blocks, 190 dwellings.			
Boss Street (a part)	...	...	17 houses.
Clark's Place	...	...	3 „
Coxson Place (part)	...	...	20 „
Farmcote Place	...	...	6 „
Fells Square	...	...	8 „
Finnimore Place	...	...	6 „
Great Maze Court...	...	...	24 „
Gibson's Court	...	...	2 „
Holcomb's Buildings	...	...	19 „
Little Maze Court	...	...	6 „
Melior Street (part)	...	...	12 „
Melior Place	...	...	4 „
Sard's Rents	...	...	30 „
Sarnell's Court	...	...	5 „
Susannah Place	...	...	16 „
Tilbury Place	...	...	5 „
White's Court	...	...	3 „
Vine Street Buildings	...	...	36 „

## COLLECTION OF HOUSE REFUSE.

This important service continues to be carried out regularly and efficiently, as for the third year in succession not a single complaint of neglect or inattention has been received. On the contrary, 432 visits have been made to houses where the dustmen have reported failure to obtain the refuse at the appointed times; and in 19 cases where the occupiers have



refused the dustmen's request to permit the removals, notices have been served, but no further proceedings were necessary.

113 new sanitary dust-pails have been provided in the place of old brick or wooden dust-bins. These much facilitate the work of the dustmen, and reduce to a minimum the nuisance caused by the storage and removal of house refuse. Two ancient public dust-bins have been demolished during the year.

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#### FOODS UNFIT FOR HUMAN CONSUMPTION.

The undermentioned were given up by the respective owners, and destroyed, the same being found unfit for the food of man :—

				Tons	cwts.	qrs.	lbs.
Cheese	...	...	...	—	9	—	6
Eggs	...	...	...	—	14	—	—
Tinned Meat (2 lots)	...			—	2	3	26
Ox Tongues...	...	...		—	—	2	26½
Lobster	...	...	...	—	—	1	25
Rabbits (4 lots)	...	...		—	11	—	12
Sultanas (310 cases)	...			3	17	2	—
TOTAL ...				10	15	1	11½

#### SALE OF FOOD AND DRUGS AND MARGARINE ACTS.

A summary of the samples that have been taken and submitted to the Public Analyst, and the proceedings taken, will be found in Table IV.

## REPORT OF THE ROYAL COMMISSION ON VACCINATION.

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AFTER a prolonged and exhaustive inquiry of more than seven years' duration the final Report of the Royal Commission on Vaccination was completed last August (1896), just a century after Jenner's first vaccination.

The late Mr. Charles Bradlaugh, M.P., died at an early stage of the inquiry, and was replaced as a member of the Commission by Mr. Bright (late M.P.), in 1891.

Sir Wm. Savory and Dr. Bristowe died at a later period, and their places were not filled.

The final Report was signed by the following eleven of the remaining thirteen Commissioners :—

LORD HERSCHELL.

SIR JAMES PAGET.

SIR CHARLES DALRYMPLE, M.P.

SIR W. GUYER HUNTER, M.D.

SIR E. H. GALSWORTHY.

MR. J. S. DUGDALE, Q.C.

PROFESSOR MICHAEL FOSTER, M.D.

MR. JONATHAN HUTCHINSON, F.R.S., F.R.C.S.

JUDGE MEADOWS WHITE, Q.C.

MR. SAMUEL WHITBREAD; and

MR. JOHN A. BRIGHT.



The Commission was authorised and appointed to inquire and report as to—

(1) The effect of vaccination in reducing the prevalence of, and mortality from, small-pox.

(2) What means, other than vaccination, can be used for diminishing the prevalence of small-pox; and how far such means could be relied on in place of vaccination.

(3) The objections made to vaccination on the ground of injurious effects alleged to result therefrom, and the nature and extent of any injurious effects which do, in fact, so result.

(4) Whether any, and, if so, what means should be adopted for preventing or lessening the ill effects, if any, resulting from vaccination; and whether, and, if so, by what means vaccination, with an animal vaccine, should be further facilitated as a part of public vaccination.

(5) Whether any alterations should be made in the arrangement and proceedings for securing the performance of vaccination, and, in particular, in the provisions of the Vaccination Acts with respect to prosecutions for non-compliance with the Law.

The Commission held 136 meetings for the examination of witnesses, and examined 187 witnesses, many of whom were opposed to vaccination.

They caused investigations to be made of many of the important local outbreaks of small-pox which had occurred since 1890, including the one in Gloucester in 1895-6. Also a large number of cases of alleged injury from vaccination were the subject of careful investigation by competent observers.

The Commission thus sums up its investigations :—

*A.—As to the effect of vaccination in reducing the prevalence of, and mortality from small-pox—*

1. That it diminishes the liability to be attacked by the disease.

2. That it modifies the character of the disease, and renders it (*a*) less fatal, and (*b*) of a milder or less severe type.

3. That the protection it affords against attacks of the disease is greatest during the years immediately succeeding the operation of vaccination. It is impossible to fix with precision the length of this period of highest protection. Though not in all cases the same, if a period is to be fixed, it might, we think, fairly be said to cover in general a period of nine or ten years.

4. That after the lapse of the period of highest protective potency, the efficacy of vaccination to protect against attack rapidly diminishes, but that it is still considerable in the next quinquennium, and possibly never altogether ceases.

5. That its power to modify the character of the disease is also greatest in the period in which its power to protect from attack is greatest, but that its power thus to modify the disease does not diminish as rapidly as its protective influence against attack, and its efficacy during the later periods of life to modify the disease is still very considerable.

6. That re-vaccination restores the protection which lapse of time has diminished, but the evidence shews that this protection again diminishes, and that to ensure the highest degree of protection which vaccination can give, the operation should be at intervals repeated.



7. That the beneficial effects of vaccination are most experienced by those in whose case it has been most thorough. We think it may fairly be concluded that where the vaccine matter is inserted in three or four places, it is more effectual than when introduced into one or two places only; and that if the vaccination marks are of an area of half a square inch, they indicate a better state of protection than if their area be at all considerably below this.

*B.—As to the objections made to vaccination on the ground of injurious effects alleged to result therefrom, and the nature and extent of any injurious effects which do, in fact, so result.*

This is obviously a matter of great importance. Not only has the utility of vaccination been denied, but it has been asserted that mischievous effects have been due to it, resulting in personal injury and in loss of life. If the practice has been productive of substantial benefit in limiting the ravages of small-pox, and mitigating the severity of the disease, the fact that vaccination may lead in certain cases to personal injury or death would of course not be a conclusive argument against its use. Danger of personal injury, and even of death, attends many of the most common incidents of life, but experience has shown the risk to be so small that it is every day disregarded. A railway journey, or a walk in the streets of any large town certainly involves such risks, but they are not deemed serious enough to induce anyone from refraining from that mode of travelling, or from frequenting the public streets. And to come within the region of therapeutics, it cannot be denied that a risk attaches in every case where chloroform is administered; it is nevertheless constantly resorted to, where the only object is to escape temporary pain. The admission, therefore, that some risk attaches to the operation of vaccination, an admission which

must without hesitation be made, does not necessarily afford an argument of any cogency against the practice, if its consequences be on the whole beneficial and important; the risk may be so small that it is reasonable to disregard it. Everything depends, then, upon the extent and character of the risk.

The Commission thus sums up this portion of their inquiry (paragraph 434).

A careful examination of the facts which have been brought under our notice has enabled us to arrive at the conclusion that, although some of the dangers said to attend vaccination are undoubtedly real and not inconsiderable in gross amount, yet when considered in relation to the extent of vaccination work done they are insignificant. There is reason further to believe that they are diminishing under the better precautions of the present day, and with the addition of the further precautions which experience suggests will do so still more in the future.

*C.—As to whether any, and if so what means should be adopted for preventing or lessening the ill effects, if any, resulting from vaccination; and whether, and if so by what means vaccination with animal vaccine should be further facilitated as a part of public vaccination.*

With regard to this question the Commission report—

(437) We put the use of calf-lymph in the forefront because, as we have said, this would afford an absolute security against the communication of syphilis. Though we believe the risk of such communication to be extremely small where humanized lymph is employed, we cannot but recognize the fact that however slight the risk the idea of encountering even such a risk is naturally regarded by a parent with abhorrence.



(438) We have come to the conclusion that it would be well at all events to extend the age period, within which vaccination is obligatory, to six months from the date of birth, as it is in Scotland.

(442) It is desirable that the Local Government Board should draw up clear and simple rules for guidance in the care of the vaccinated arm, and for the avoidance of any likely source of injury or irritation of that part. If this were done untoward incidents might, we think, be largely diminished.

(443) If children were vaccinated and inspected at their own homes instead of being brought to a public station, we believe the risk of injury would be sensibly lessened.

(448) We think that safety would be increased by preserving the lymph in tubes instead of on "dry points."

(449) No instrument should be used for the operation which has not been boiled or otherwise sterilised for the purpose, and the simpler the instrument employed the better.

Care should be exercised, too, not to place the insertions too near together, so as to injure the vitality of the tissues between them.

(450) A second inspection in the third week after vaccination should be obligatory, and parents should have the right of summoning the public vaccinator in case of any unfavourable symptoms prior to the time fixed for inspection.

*D.—As to what means other than vaccination can be used for diminishing the prevalence of small-pox, and how far such means could be relied on in place of vaccination.*

The Commission thus sums up the first part of this inquiry :—

(499) We think that a complete system of notification of the disease, accompanied by an immediate hospital isolation of the person attacked, together with a careful supervision or,

if possible, isolation for sixteen days of those who had been in immediate contact with them, could not but be of very high value in diminishing the prevalence of small-pox. It would be necessary, however, to bear constantly in mind as two conditions of success, first, that no considerable number of small-pox patients should ever be kept together in a hospital situate in a populous neighbourhood; and, secondly, that the ambulance arrangement should be organised with scrupulous care. If these conditions were not fulfilled the effect might be to neutralise, or even do more than counteract, the benefits otherwise flowing from a scheme of isolation.

Of course, also, thorough disinfection, and measures calculated to promote the public health, the prevention of overcrowding in dwellings or on areas, cleanliness, the removal of definite insanitary conditions, &c.

The latter part of the question is thus answered:—

- (503) *We can see nothing then to warrant the conclusion that, in this country, vaccination might safely be abandoned, and replaced by a system of isolation. If such a change were made in our system of dealing with small-pox, and that which had been substituted for vaccination proved ineffectual to prevent the spread of the disease (it is not suggested that it could diminish its severity in those attacked), it is impossible to contemplate the consequences without dismay.*

To avoid misunderstanding, it may be as well to repeat that we are very far from under-rating a system of isolation. We have already dwelt upon its importance. But what it can accomplish as an auxiliary to vaccination is one thing, whether it can be relied on in its stead is quite another thing.

As outbreaks of small-pox have not unfrequently had their origin in the introduction of the disease to common lodging-houses by tramps, further control over such houses and common shelters is recommended.



E.—*As to whether any alterations should be made in the arrangements and proceedings for securing the performance of vaccination, and, in particular, in those provisions of the Vaccination Acts with respect to prosecutions for non-compliance with the Law.*

(529) We have no hesitation in expressing the opinion that the Scotch system is in some respects, to which we have called attention, superior to that prevailing in the other parts of the United Kingdom. Its great merit lies in this, that the defaulters are sought out at their own homes by the official vaccinator, and then and there vaccinated by him, unless the parents object or circumstances render postponement desirable.

(531) We have already said that in our opinion the State is bound to see that a supply of calf lymph is within the reach of every vaccinator.

(533) In view of the *great importance of re-vaccination*, we think it should be in every way encouraged. If an adequate fee were allowed in every case of successful re-vaccination, by whatever medical man it was performed, we think there would probably be a large extension of the practice. We think steps should be taken to impress on parents the importance of having their children re-vaccinated not later than at the age of twelve years. We recommend further, that when small-pox shows signs of becoming epidemic, special facilities should be afforded both for vaccination and re-vaccination.

It is in connection with the last part of their inquiry, namely—whether any alterations should be made in the Vaccination Acts with respect to prosecutions for non-compliance with the Law—that the greatest differences of opinion have been expressed.

The majority who sign the Report state—

(524) After careful consideration and much study of the subject, we have arrived at the conclusion that it would conduce to increase vaccination if a scheme could be devised which would preclude the attempt (so often a vain one) to compel those who are honestly opposed to the practice to submit their children to vaccination, and at the same time, leave the law to operate, as at present, to prevent children remaining unvaccinated owing to the neglect or indifference of the parent. When we speak of an honest opposition to the practice, we intend to confine our remarks to cases in which the objection is to the operation itself, and to exclude cases in which the objection arises merely from an indisposition to incur the trouble involved. We do not think such a scheme impossible.

(525) It must of course be a necessary condition of a scheme of this description that it should be such as would prevent an objection to the practice being alleged as an excuse to save the trouble connected with the vaccination of the child. We may give the following as examples of the methods which might be adopted, It might be provided that if a parent attended before the Local Authority and satisfied them that he entertained such an objection no proceeding should be taken against him. Or again a statutory declaration to that effect before anyone now authorized to take such declaration, or some other specified official or officials, might be made a bar to proceedings. We do not think it would be any real gain to parents, who had no conviction that the vaccination of their children was calculated to do mischief, to take either of these steps rather than submit them to the operation.



Two of the Commissioners, Sir W. Guyer Hunter and Mr. Jonathan Hutchinson, F.R.C.S., do not recommend relaxation of the law as is implied in the above paragraphs. They state :

We think that in all cases in which a parent or guardian refuses to allow vaccination the person so refusing should be summoned before a magistrate as at present, and that the only change made should be to permit the magistrate to accept a sworn deposition of conscientious objection, and to abstain from the infliction of a fine.

We are also of opinion that a second vaccination at the age of twelve ought to be made compulsory.

Four of the Commissioners, Dr. Collins and Messrs. Whitbread, Bright, & Picton express their dissent from the proposal to retain in any form compulsory vaccination. They sign the following statement :

We cordially concur in the recommendation that conscientious objection to vaccination should be respected. The objection that mere negligence or unwillingness on the part of parents to take trouble might keep many children from being vaccinated would be largely, if not wholly, removed by the adoption of the Scotch system of offering vaccination at the home of the child, and by providing for medical treatment of any untoward results which may arise.

We therefore think that the modified form of compulsion recommended by our colleagues is unnecessary, and that in practice it could not be carried out.

The hostility which compulsion has evoked in the past toward the practice of vaccination is fully acknowledged in the Report. In our opinion, the retention of compulsion in any form will in the future cause irritation and hostility of the same kind.

The right of the parent on grounds of conscience to refuse vaccination for his child being conceded, and the offer of vaccination under improved conditions being made at the home of the child, it would, in our opinion, be best to leave the parent free to accept or reject this offer.

Dr. Collins and Mr. Picton also make a lengthy statement of their grounds of dissent from the Report.



## OYSTER CULTURE IN RELATION TO DISEASE.

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An interesting report on the above subject was published the latter part of the year in a Supplement to the Report of the Medical Officer to the Local Government Board for the year 1894-95.

Several doctors in England and America had reported cases of typhoid fever which appeared to be due to the consumption of oysters; and also Dr. Thorne, in his report on "Cholera in England in 1893," showed that the distribution of certain shell-fish from Cleethorpes and Grimsby had been concerned in the diffusion of scattered cases of cholera over a somewhat wide area in England.

These reports, receiving much prominence in the press, had a serious effect upon the oyster industry, and led to the above inquiry.

Dr. Bulstrode investigated the conditions under which oysters and certain other edible molluscs are cultivated and stored along the Coast of England and Wales; and Dr. Klein conducted the Bacteriological researches.

The Supplement also contains a copy of the Report by Professor Conn, on an outbreak of typhoid fever at Wesleyan University, Middletown, Connecticut, and extracts from the proceedings of the Academy of Medicine of Paris on the spread of disease through the agency of oysters.

Dr. Thorne reports that in many places the oyster "layings" are exposed to the risk of sewage pollution,

especially at Southend, Cleethorpes, and the Medina River in the Isle of Wight; Penryn River, Cornwall; Brightlingsea, Essex; and Southwick, near Shoreham.

And what is still more important in many localities the means of storage (whether in beds, ponds, pits or otherwise) immediately antecedent to the distribution of oysters for human consumption, come under distinct condemnation, particularly at Southend; Wivenhoe; Grimsby Fish Docks; Poole; Warsash, near Southampton Water; Southwick, and Emsworth, near Havant.

By way of contrast, Dr. Thorne turns with satisfaction to some of our most celebrated fisheries on the Coast of Essex and Kent, and mentions particularly the Rivers Crouch and Roach, and Whitstable, as now practically free from the risk of sewage contamination.

Dr. Klein thus sums up the result of his experiments—

“It follows, therefore, from these experiments, that oysters from various localities and of diverse origin, which are kept for a while in sea water previously infected with culture of the typhoid bacillus, and which remain living and fresh, may and do harbour in their interior the living typhoid bacillus at intervals of 4, 9, 16, and even 18 days from commencement of experiment; and that these oysters on being opened show no abnormal condition, but appear fresh and quite unaltered. Further it appears that *the typhoid bacillus which was recovered from these oysters, as also from the tank water, retains unimpaired all the characters of the typical typhoid bacillus that was used for the experiment.*”

These experiments certainly show that oysters should not be allowed to be either laid or stored in places that are liable to sewage contamination.





(B)

TABLE II—In accordance with the Requirements of the Local Government Board.

TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS coming to the knowledge of the Medical Officer of Health, during the year 1896, in the St. Olave's, (Southwark, S.E.) District; 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 houses in the several localities, for treatment in Isolation Hospitals.												
	Census 1891	Estima- ted to middle of 1896.			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												
					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		
(a)	(b)	(c)	(d)	(e)	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		
District.....	12,723	11,673	419	{ Under 5 5 upwds.	...	13 36	14 19	...	...	6	...	...	...	...	1 19	...	...	...	13 34	12 18	...	...	6	...	...	...	...	1	...	...
Guy's Nurses, Staff and Nursing Institution ...				{ Under 5 5 upwds.	...	4	4	...	...	1	...	...	...	...	...	...	...	...	4	3	...	...	1	...	...	...	...	...	...	...
Workhouse .....				{ Under 5 5 upwds.	...	4 2	...	...	...	2	...	...	...	...	1	...	...	...	4 2	...	...	...	2	...	...	...	...	...	...	...
TOTALS				{ Under 5 5 upwds.	...	17 42	14 23	...	...	9	...	...	...	...	1 20	...	...	...	17 40	12 21	...	...	9	...	...	...	...	1	...	...



## SANITARY.

TABLE III.

Summary of Nuisances and other matters reported on, and work done during the year ending 31st December, 1896.

Number of Inspections made	...	...	...	...	1166
Re-Inspections or visits to works in progress, testing drains both new and old, &c.	...	...	...	...	2267
Number of Complaints entered in the complaint book	...	...	...	...	4

The above-mentioned nuisances were dealt with as follows :

Number of Intimations served	...	...	...	...	572
„ Statutory Notices served under Public Health Act	...	...	...	...	210
„ „ „ „ Metropolis Management Act	...	...	...	...	15
„ Notices served requiring provision of dust-bins...	...	...	...	...	27
„ „ requiring the removal of obnoxious matter, under Section 35	...	...	...	...	2
„ Reports to Board or Committees	...	...	...	...	46
Summonses taken out—					
For non-compliance with Notices under the Act	...	...	...	...	4
„ „ Bye-laws	...	...	...	...	3

The prosecutions were in each case upheld, and the fines and costs paid.

## Sanitary defects found and dealt with :

WATER SUPPLY—					
Number of Houses found without water	...	...	...	...	1
Number of cases in which the drinking water and the supply to the w.c. were the same	...	...	...	...	14
Cisterns found dirty	...	...	...	...	18
Cisterns imperfectly covered	...	...	...	...	37
Overflow pipes connected to soil pipes or drains	...	...	...	...	2
Defective water fittings	...	...	...	...	24

TABLE III.—*continued.*

WATER CLOSETS—				
New closets provided at workshops or factories	...	...	...	9
Closets re-constructed	..	..	...	7
New closets provided at dwelling-houses	...	...	...	8
Closets re-constructed	...	...	...	6
Closets without water supplies	...	...	...	2
Closets with defective water supplies	...	...	...	113
Closets defective, stopped or dirty	...	...	...	112
Closets with insufficient light or ventilation	...	...	...	16
Defective soil pipes	...	...	...	25
Urinals defective, foul, or without water supplies	...	...	...	5
DRAINS—				
Premises provided with new drains	...	..	...	68
Drains stopped	...	...	...	20
Drains defective	...	...	...	98
Drains untrapped	...	...	...	57
Drains with defective traps	...	..	...	16
Waste pipes from sinks, &c., connected to drains	...	...	...	26
Stack pipes connected to drains	...	...	...	36
DUST BINS—				
New sanitary bins provided	...	...	...	113
Dust Bins repaired	...	...	...	7
.. recovered	...	...	...	7
YARDS—				
Yards repaved	...	...	...	14
Paving repaired	...	...	...	21
Sculleries, cellars, &c., repaved	...	...	...	14
HOUSES—				
Requiring general repairs	...	...	...	23
Requiring ventilation under ground floor	...	...	...	37
Houses with damp walls	...	...	...	41
Roofs and roof gutters defective	...	...	...	47
Eaves, gutters and down pipes defective	...	...	...	37
Rooms dirty	...	...	...	359
Rooms overcrowded	...	...	...	124
Rooms requiring better ventilation	...	...	...	31
Passages and staircases dirty	...	...	...	23

With regard to the dirty rooms, in 107 cases the Notices were to the tenants.



TABLE III.—*continued.*

BAKEHOUSES (Only 7 in the District)—					
Or the utensils used therein dirty	...	...	...	...	1
With accumulations under troughs	...	...	...	...	1
OFFICES OR WORKPLACES—					
Cleansed, whitewashed, &c.	...	...	...	...	9
Washing accommodation provided at Wharves where skins are landed	...	...	...	...	1
ANIMALS—					
So kept as to be a nuisance	...	...	...	...	5
Stables repaved	...	...	...	...	4
Manure receptacles provided (according to Bye-laws)	...	...	...	...	2
ACCUMULATIONS OF REFUSE					32
SMOKE NUISANCES					2
UNCLASSIFIED NUISANCES					36

During the year the 6 houses in Farmcote Place, No. 7 Great Maze Pond, and 1 stable in Melior Street, were closed by the Owners after the receipt of Notices under this Act, but without Magisterial proceedings; and Nos. 12 and 14 Lafone Street were closed by the Owners, to be included in the new building site with the Farmcote Place area.

Under the "Housing of the Working Classes Act," Nos. 7, 8, 9, 10, 11 and 12 Morris Court (or New Square) were reported to be unfit for human habitation. Although the Owners at first thought of having them demolished, the work necessary to make them fit for human habitation was afterwards carried out, without the necessity of any legal proceedings.

TABLE IV.

## SALE OF FOOD &amp; DRUGS &amp; MARGARINE ACTS.

During the year the following Samples have been taken and submitted to the Public Analyst:—

Articles purchased for Analysis.	Result of Analysis.	Observations.
Milk, (41 Samples)	Of which 17 were genuine	—
Milk	1 sample 1 % of water beyond the normal ...	No proceedings.
"	1 " 2 % " " " ...	" "
"	1 " 3 % " " " ...	" "
"	1 " 4 % " " " ...	" "
"	1 " 10 % deficient in butter fats...	" "
"	1 " 12 % " " " ...	" "
"	3 " Milk of low quality ...	" "
"	3 " 90 % deficient in butter fats...	Sold as skim milk.
"	1 " 89 % " " " ...	" "
"	2 " 85 % " " " ...	Disclosure made, summons dismissed.
"	1 " 15 % of water beyond the normal ...	Summons dismissed, not to the prejudice of the purchaser.
"	1 " 85 % deficient in butter fats...	" " "
"	1 " 12 % of water beyond the normal ...	Summons informal and dismissed.
"	1 " 35 % " " " ...	Fined £2, and 12/6 costs.
"	1 " 18 % " " " ...	Fined £3, and 12/6 costs.
"	1 " 10 % " " " ...	Fined £1, and 12/6 costs.
"	1 " 9 % " " " ...	Fined £1, and 12/6 costs.
"	1 " 8 % " " " ...	Fined £1, and 12/6 costs.
"	1 " 90 % deficient in butter fats ...	Fined £2, and 12/6 costs.
Butter (10 Samples)	Of which 7 were genuine	—
Butter	1 sample butter of low quality ...	No proceedings.
"	1 sample foreign fats, i.e., fats other than butter fat 86 %, water curd and salt 13 %, butter fat not exceeding 1 %...	Fined 5/0, and 12/6 costs.
"	1 sample foreign fats, i.e., fats other than butter fat 85 %, water curd and salt 14 %, butter fat not exceeding 1 %...	Fined 10/0, and 12/6 costs. Sold as margarine.
Coffee	1 sample genuine ...	—





TABLE V.  
METEOROLOGY OF THE YEAR 1896.

Compiled from Observations taken at the Royal Observatory, Greenwich.

1896. MONTHS.	Mean Reading of the Barometer.	TEMPERATURE OF THE AIR.								RAIN.	
		Highest by Day.	Lowest by Night.	Range in Month.	Mean of all Highest.	Mean of all Lowest.	Mean daily range.	Mean for the month.	Departure from average of 125 years : 1771—1895.	Number of days it fell.	Amount Collected.
	in.	°	°	°	°	°	°	°	°		In.
January .....	30.173	52.9	28.3	24.6	44.4	36.2	8.2	40.5	+ 3.9	9	0.64
February .....	30.152	56.2	24.3	31.9	45.5	35.2	10.3	40.3	+ 1.6	6	0.35
March.....	29.641	67.7	32.1	35.6	53.1	39.7	13.4	45.7	+ 4.6	22	3.00
April .....	29.976	69.0	33.6	35.4	57.4	41.1	16.3	48.6	+ 2.5	10	0.56
May.....	30.046	78.4	35.8	42.6	66.1	44.5	21.6	54.8	+ 2.2	5	0.27
June .....	29.766	86.7	39.8	46.9	75.3	53.5	21.8	63.4	+ 5.1	14	1.94
July.....	29.843	91.1	47.3	43.8	77.6	54.8	22.8	65.2	+ 3.6	7	1.07
August .....	29.848	76.2	45.7	30.5	69.0	51.7	17.3	59.2	— 1.7	15	2.06
September .....	29.592	71.5	40.3	31.2	64.5	51.2	13.3	56.7	+ 0.1	23	5.54
October .....	29.557	63.4	31.5	31.9	53.5	40.7	12.8	46.5	— 2.9	19	2.80
November .....	29.958	50.9	26.5	24.4	45.6	35.8	9.8	40.6	— 1.9	9	1.19
December .....	29.611	51.5	26.9	24.6	43.8	35.6	8.2	40.2	+ 1.2	22	3.00
MEANS.....	29.847	68.0	34.3	33.6	58.0	43.3	14.7	50.1	+ 1.6	161 SUM.	22.42 SUM.

