

[Report of the Medical Officer of Health for Camberwell,

Contributors

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PROOF.

Report of the Medical Officer of Health.

*To The Worshipful the Mayor, Aldermen and Councillors
of the Borough of Camberwell.*

GENTLEMEN,

The population of the area comprised in the jurisdiction of the London County Council at the middle of the year 1912 is estimated by the Registrar-General to amount to 4,519,754. This is about 1,500 less than that given as the number for the corresponding period of 1911. As pointed out by the Registrar-General, the population of the Administrative County of London has declined from 4,536,267 in 1901. And, indeed, this is not surprising when one contemplates the enormous number of workers in London who, instead of living within it, now come in every day from the districts surrounding it, and which, not so very long ago, were rightly called "the country."

The number of births registered in London during the 52 weeks ending December 28th was 110,353, while for the previous year it was 111,738, compared with 114,870 in 1910. The birth-rate, therefore, shows a diminution of $\cdot 3$ for the present year, and the rate is said to be the lowest on record since civil registration was introduced. As is probably well known, each birth in London has to be notified to its local Sanitary Authority, and the Registrar-General gives 92.0 per cent. as the proportion of such notifications to registrations.

The deaths registered for the same period and within the same limit were 61,473, but to give the number which will represent the deaths of Londoners, it is necessary to subtract 3,092 deaths of non-residents which occurred within the County of London and to add 2,719, which, although they occurred outside the limit, are those of inhabitants. Of these, a substantial proportion are those that took place in the larger institutions, such as lunatic asylums, &c., many of which are situated outside the boundary. After this has been done, the correct total works out at 61,100 as the number of deaths actually to be assigned to the county for 1912.

The population of Camberwell, which we calculated on the basis of so many persons per assessment, is estimated by us to amount to 263,536, and by the Registrar-General, who uses the more usual method of calculation, to be 261,591.

Below is set out the population for the Borough and for the different registration sub-districts.

TABLE I.—POPULATION OF CAMBERWELL AND SUB-DISTRICTS.

	Borough.	Dulwich.	South Camber- well.	North Camber- well.	South Peck- ham.	North Peck- ham.	St. George's.
As enumerated at census 1896 ...	253,076	7,519	90,286		88,242		67,029
As enumerated at census 1901 ...	259,339	10,247	90,465		93,038		65,589
As enumerated at census 1911 ...	261,328	14,974	45,036	64,379	43,221	47,753	45,965
As estimated to middle of 1912	263,636	15,174	45,647	65,813	43,248	47,779	45,973

It will be seen that the greatest increase is in Dulwich, that of some of the other districts, and especially St. George's, being infinitesimal.

The total number of births registered in the Borough was 6,281, but to this must be added those registrations of children who were born out of Camberwell but whose mothers were residents of the Borough. In this category come the children who are born in any of the large lying-in institutions, or even in the general hospitals. The Registrar-General in his proof figures credits Camberwell with 6,422, the difference between this and 6,281 probably representing the addition of the births of Camberwell children outside its limits, and the subtraction of the registration of children born inside its boundaries but whose parents resided beyond the Borough. These births have been redistributed among the registration districts in proportion to those actually registered therein.

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

Year.	Borough.	Dulwich.	South Camber- well.	North Camber- well.	South Peck- ham.	North Peck- ham.	St. George's.	Un- attached.
1911	6,399	190	948	1,612	967	1,291	1,334	57
1912	6,422	198	938	1,588	962	1,307	1,288	141
Difference	+ 23	+ 8	— 10	— 24	— 5	+ 16	— 46	+ 84

The excess in the number of births for the year over that of 1911 is 23. Taking the sub-districts, there was only an increase shown in Dulwich and North Peckham, while there was a not inconsiderable decrease in St. George's and in North Camberwell.

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

Year.	Borough.	Dulwich.	South Camber- well.	North Camber- well.	South Peck- ham.	North Peck- ham.	St. George's.
1911	24·4	12·8	21·2	25·2	22·5	27·2	29·2
1912	24·3	13·0	20·5	24·1	22·2	27·3	28·0

There is thus a decrease in the birth-rate since last year of .1.

But, on making a reference to the Annual Report for 1901, I find that the birth-rate there is given as 29.75. That being a census year the rate is fairly certain to be accurate, and it shows a very great falling off when we come down to the 24.4 of 1912.

At present the falling off is compensated for by the great diminution in infantile and other mortality. When this has attained its limit of decrease, and the birth-rate still shows a progressing diminution, the outlook for the material prosperity of the country, and even for the existence of the nation, will begin to assume an unfavourable aspect.

The complete number of death registrations in the Borough was 3,874, but from this must be deducted the 823 non-residents who died in the district, and to it must be added 342, the number of residents who died outside. It thus happens that 3,393 represents the number of deaths to be actually assigned to the Borough for the purpose of calculating the death-rate. So far as possible, each of these outside deaths has been credited to the particular sub-district whence the patient was removed to the hospital or other institution where he died. But just as in the case of the registration of births it was not always possible to do this on account of the deficiency in the information as to the address, in 58 instances it was impossible to correctly allocate the deaths. They have therefore been redistributed among the various sub-districts proportionately to the deaths that we were aware of as having occurred in them. They were principally of people who had been moved from one of the Poor Law institutions to asylums outside, where they are registered as coming from Camberwell Borough, and this is usually the only address we are able to obtain.

This number also includes the deaths of 33 persons who have been assigned to this Borough by the Registrar-General, as those considered by him to be properly described as residents of Camberwell, even although the death took place away from home. Some of these are of persons who obviously should be assigned to Camberwell, such as those who are found drowned, or who have met with a sudden death in other parts of London. There are, however, occasions in which, through the lack of ability to ascertain the last outside residence of a person who died in a Camberwell institution, we have had to accept the death as of a resident. A patient died from cancer of some standing in a nursing home in the Borough. She had been removed here from a similar institution in the West End, the exact situation of which it was impossible to ascertain, and in consequence the death was allocated as one of a local resident. The result is that, through the impossibility of finding out the address of the institution from which she was removed, we are credited with a death from a disease which commenced elsewhere.

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

District.	Deaths returned classified according to sub-districts.	Deaths of persons removed from unknown addresses in the Borough re-distributed.	Estimates of total deaths due to sub- districts.
Dulwich	180	3	183
Camberwell, South ...	444	7	451
Camberwell, North ...	866	16	882
Peckham, South ...	532	9	541
Peckham, North ...	688	12	700
St. George's	625	11	636
Total	3,335	58	3,393

The death-rate for the Borough is thus 12·8, calculated on our estimate of the population. The Registrar-General in his annual summary gives the crude death rate as 12·9, which when corrected for difference of sex and age constitution comes out at 12·7.

TABLE V.—DEATH-RATES IN CAMBERWELL AND ITS SUB-DISTRICTS FOR THE PAST 10 YEARS.

Year.	Borough.	Dulwich.	South Camber- well.	North Camber- well.	South Peck- ham.	North Peck- ham.	St. George's.
1903	13·80	7·57	13·04		14·10		15·39
1904	15·16	6·66	12·07		16·11		22·97
1905	13·8	9·87	13·40		14·18		15·60
1906	14·8	9·5	11·7	15·5	12·7	16·5	15·6
1907	14·0	9·0	11·2	14·9	12·6	16·1	16·1
1908	13·1	8·4	11·1	14·2	12·1	15·6	13·4
1909	13·7	9·8	10·5	14·3	12·9	16·6	15·0
1910	12·2	9·0	9·5	12·8	11·0	14·4	14·5
1911	14·2	10·1	11·4	15·1	14·3	15·7	15·2
1912	12·8	12·0	9·8	13·4	12·5	14·6	13·8

While it does not appear to reach the exceptionally low figure of 1910, the result for the year is not unsatisfactory, for, with the exception of that year, it is the lowest one for the past ten years.

The low death-rate of 1910 was, it is true, owing partly to the smallness of the actual number of deaths, but it was also brought about by the over-estimation of the population in that year.

The actual number of deaths at all ages in 1912 is the lowest recorded since the institution of the Council in 1901, and if the estimate of the population were corrected by the enumeration of 1911 the death-rate for 1910 would no longer hold pre-eminence, 1912 holding the position of the lowest recorded death-rate. No doubt the diminution in it of the infantile mortality had an important influence in bringing down the general rate, but, apart from that, there is a substantial reduction, which affects all the districts except Dulwich, where, strange to say, there is an increase. Possibly this is due to the increasing number of young couples of a child-producing age going to live in the newer houses that are so rapidly appearing in that neighbourhood. An increased number of children born must of necessity increase the number of subjects more liable to fatal accidents and diseases. With regard to the other districts, all have shared in the decrease, especially South Peckham, while North Peckham seems to have benefited least.

Camberwell takes the position of the tenth lowest among all the London Boroughs, there being below it on the south side of the Thames, Battersea, Wandsworth, Lewisham and Eltham, while it is seventh below the death rate for the whole County, which is computed at 13·6 per 1,000.

When the weather of the summer of 1912 is considered it becomes a matter of no surprise to find that there is a considerable drop in the number of deaths under one year, these being 551, compared with 735 in the preceding year, and the proportion per 1,000 births falling from 109 to 83.

Taking the report of the Registrar-General it appears that compared with other Sanitary Authorities it had the tenth lowest proportion of deaths under one year to the thousand births, and following the practice of recent years I again set out the table, going back to the year 1906, which shows how Camberwell stands when a comparison is made between it and other boroughs which have employed health visitors for some time past. I think it must be admitted that the comparative figures continue to show that without a health visitor the infantile mortality has not decreased in any less degree than in those sanitary districts where they are at work. Camberwell has throughout been third on this list during the period to which it refers, except in 1908 and 1910, when the rate was equal to that of Lambeth, while Hampstead and Woolwich always show a less infantile mortality than we do. From the reports of other medical officers I gather that the giving of advice without more substantial help is not always satisfactory, an opinion on which I have always insisted, and some health visitors point out that in their opinions their efforts for good are much hampered by their

inability to assist in this way. In other words, lack of means to provide any extra or special form of nourishment is the factor that counts before all others.

On making a detailed and comparative inspection of the certified causes of deaths, it would appear that there is a great decrease in those resulting from inflammatory intestinal diseases, the deaths being 56 compared with 226, and if we take the sub-heading Diarrhœa alone, we find that there were 116 fewer deaths. The low temperature not only means a condition unfavourable to the growth of the specific organisms, but it is accompanied usually by rain, which diminishes the amount of dust and flies, the two main sources of the probable contamination of food which induces diarrhœa in the epidemic form.

DEATHS UNDER ONE YEAR FROM ALL CAUSES PER 1,000 BIRTHS.

Borough.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	Year in which Health Visitor was appointed.
Camberwell...	130	115	104	100	94	109	83	
Bermondsey	153	123	144	138	126	156	111	1909
Bethnal Green	155	138	132	129	123	151	96	1906
Hammersmith	138	117	120	120	99	146	90	1905
Hampstead ...	77	69	69	75	60	78	62	1909
Kensington ...	132	128	119	113	106	132	91	1906
Lambeth ...	131	120	104	109	94	123	86	1907
Woolwich ...	109	112	94	82	85	97	73	1906

In the class of deaths attributed to premature birth we had less, but the deaths from infantile atrophy increased from 84 to 93. The deaths from the various forms of tuberculosis numbered 19, exactly the same as last year. Bronchitis and pneumonia were both a little more fatal, while congenital syphilis caused six more deaths than in 1911. It must be remembered that this only represents the fatal cases and is no criterion of the number who do not die, but who are maimed for life by its ravages. The question of notification has never been seriously taken up, although it seems certain that many of the worst effects of the congenital forms of venereal diseases would be robbed of much of their malignancy were the sufferers searched out and the parents forced to give them proper medical attention. A somewhat similar course is followed now with regard to the notification of ophthalmia neonatorum, and it is unaccompanied by difficulty in administration.

There were 79 deaths from measles, compared with 107 in the previous year. As is usually the case, they all occurred among that age period under five of the population, 21 occurring in the first year of life, against 29 for the same age period in 1911. In practically all the fatal cases the immediate cause of deaths was some form of bronchitis or pneumonia.

The policy of removing those suffering from this disease has been continued by the Metropolitan Asylums Board, and I have no doubt that this removal has in many cases resulted in the saving of life. Sometimes the pressure on the hospital has been too great, and to ensure the removal of the most suitable cases the Board issued a form which the officers of the sanitary authorities are required to fill in before a case can be removed. This has done much to ensure those children being taken away who are the least likely to be able to get proper attention at home, or where the house conditions are most unfavourable for proper isolation.

The deaths from scarlet fever, which were 9 in all, showed a slight increase from the remarkably low number of 6 for last year; but when one comes to compare these figures with a total of 80 in 1893, it is hardly necessary to dwell on the enormous diminution in the mortality of the disease during the past twenty years. It is impossible to say whether this is due to the prevalence of a less virulent type of the disease than that which formerly existed, or whether a new race of children has developed, able to resist first the attacks of the disease, or who, if they should be so stricken, do not succumb. It is not unlikely that both these factors are at work. The notifications, although differing but little from the previous year, were 30 less than in 1903, and about 1,200 less than in 1893. It will be seen that the fatality of the disease has declined in the last twenty years, and for the last year the case mortality was only a little over 1 per cent. More notifications came from North Camberwell and St. George's than elsewhere, South Peckham showed a great diminution from last year, and, as usual, they were almost universally and entirely among children over 1 and under 15.

There were a number of children notified from schools where they had been examined in the ordinary course of affairs by the school medical officers. They were all duly excluded from school, and were for the most part put under the care of private doctors; but in one case the mother point-blank refused to call a medical man, as she stated her child was perfectly well and she could not understand the reason of the exclusion. I visited the house, as there was a question of infection arising, but could not say that the child was suffering from scarlet fever, and therefore did not advise any action. There was no notification of any other attack in this house, nor were the great majority of excluded children mentioned above re-notified by their own doctors. Following the school notification, the parents in another instance called in a private practitioner, who asked me to see the child with him. We both agreed that there was not sufficient evidence to justify removal to hospital, which in the ordinary circumstances we should certainly have advised, and no other child was attacked in this house.

The deaths from enteric fever, which were only four during 1911, increased by one the last year; the number of notifications rising from 29 to 33. Just the same as last year there were none notified from Dulwich, and the majority of the notifications came from North Camberwell, although there were two less than last year.

Twenty of those attacked were removed to hospital, and we had no run of cases in any one locality which would suggest a common source of infection.

Diphtheria showed a decrease of 35 in respect of notifications, and of five as regards deaths. There was increase in the amount of notifications from Dulwich and North Peckham, coupled with a very marked decrease in South Camberwell.

Towards the end of September a child attending the boys' department of a school in East Dulwich was notified; and at about the same time there was a communication from the teachers saying that certain children from the infants' section of the same school had been excluded on account of sore throat. The school was visited by the County Council authorities, and a number of swabs taken from the throats of children who showed suspicious symptoms. Seven children were subsequently reported as cases of diphtheria by the County Council; out of these seven, three were placed under private doctors who did not notify them. On enquiry made at each house, the usual statement was that the child was quite well and the idea of any diphtheria was scouted. Advice as to the prevention of further attacks was given, but I fear that it fell on deaf ears, for it is difficult to persuade parents that a child is infectious unless it is so ill that it has to be confined to bed.

There were also 69 names of children attending this same school which were sent to us from the teachers, and in each case the sanitary inspector visited the houses concerned. Four out of the 69 were subsequently notified by private doctors as suffering from diphtheria; one was notified as suffering from scarlet fever, and in two other cases scarlet fever broke out at the house, but the children so attacked were not pupils of the school first reporting. In 15 instances I visited the houses where children lived who were some of the 69 reported from the school as absent under suspicious circumstances, and took specimens from the throats, which on bacteriological examination were pronounced to be free from diphtheria bacilli. None of these children were subsequently notified, but a sister of one was notified some six weeks after as suffering from diphtheria. In four children there were positive results, only one being notified, but they all received medical attention, and in all alike there were no subsequent cases. So far as two children were concerned, positive results were obtained from the throat as long as two months after the initial swabbing.

Ophthalmia neonatorum notifications were 29, being 5 less than last year. These cases were visited as soon as possible, but it was usually found that the patients were already under their own private doctors, or, more usually, had been taken to hospital.

There were also a good many post cards received from the midwives inspector of the London County Council drawing attention to unhealthy conditions in the eyes of new-born children. Each of these was considered, and one visit made to see if the child was receiving all necessary attention. Owing to the great majority of the babies already being under treatment, including nursing, we have

not had so much need to ask for the kindly assistance of the Ranyard nurses who helped us in the previous year.

The notifications of polio-myelitis were six more and those of cerebro-spinal meningitis three more than last year.

Two cases of the latter were notified from North Peckham and one each from Dulwich and North Camberwell. There was also a notification from South Peckham, but this afterwards turned out to be tuberculous in its nature.

The deaths and notifications from puerperal fever, although both higher than last year, seemed to indicate isolated attacks, and we had no series of cases which would infer a conveyance of infection from one woman to another. Whether the attendants were midwives or not, they were required to call at the Town Hall, and any necessary disinfection was there and then carried out.

Erysipelas caused 5 fewer deaths than in 1911, and the notifications were 218; but from the other forms of septic disease there were 50 deaths, being an excess of 5 over last year. The deaths from pleurisy showed a slight diminution over last year, but in the face of the prevailing opinion it is a moot point whether they should not be classified under the heading of tuberculosis. In so many of the cases of phthisis that I have enquired into, and especially among men, they have ascribed the beginning of their illness to an attack of pleurisy, often from which they have recovered more or less completely before the symptoms have appeared of the subsequent disease.

The deaths from diarrhoea among persons of all ages are in line with those of infants under one year, there being a very great diminution at all the different age periods.

The fatal forms of alcoholism certified as such are almost the same as last year, but as some of its effects are to be found in many other diseases it is not possible to draw any conclusions. One, however, of its frequent results, cirrhosis of the liver, certainly does show a diminution from 1911.

Cancer, including the other forms of malignant disease, shows a very decided increase over the previous year, in which 262 deaths were reported compared with 220 in 1910.

FACTORY AND WORKSHOPS ACT.

In accordance with the provisions of the above Act, I submit a report setting out the work which has been carried out under its enactments. In all there were 3,848 inspections of factories, workshops, and workplaces, and in consequence of these visits it was necessary to serve 216 written notices. Both these numbers are in excess of last year, when there were 3,435 inspections. The Schedule No. 2 classifies the nature of the defects found under this section under certain headings, which in the main explain themselves. Under the division of "Other Nuisances" are included defects such as improper or insufficient ash-bins, dirty cisterns, &c. These, together with the specified nuisances, were all remedied without the necessity of police court proceedings.

In 13 factories the women's conveniences were either dirty or not provided with an efficient water supply, or else the bolts and fastenings were defective.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)...	398	38	—
Workshops (including Workshop Laundries)	2,635	138	—
Workplaces (other than Outworkers' Premises included in Part 3 of this Report)	815	40	—
Total	3,848	216	—

2.—DEFECTS FOUND.

Particulars.	Number of Defects			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts:—*</i>				
Want of Cleanliness... ..	54	54	—	—
Want of Ventilation	3	3	—	—
Overcrowding	3	3	—	—
Want of Drainage of Floors	4	4	—	—
Other Nuisances	60	60	—	—
Sanitary Accommodation—				
Insufficient	1	1	—	—
Unsuitable or Defective	65	65	—	—
Not separate for Sexes... ..	4	4	—	—
<i>Offences under the Factory and Workshop Act:—</i>				
Illegal Occupation of Underground Bakehouse (s. 101)	—	—	—	—
Breach of Special Sanitary Requirements for Bakehouses (ss. 97 to 100)	—	—	—	—
Other Offences (excluding Offences relating to Outwork which are included in Part 3 of this Report)... ..	—	—	—	—
Total	194	194	—	—

* Including those specified in Sections 2, 3, 7, and 8 of the Factory and Workshop Act as remediable under the Public Health Acts.

3.—HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.									OUTWORK IN UNWHOLESOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists.	Prosecutions.		Instances.	Notices served.	Prosecutions.	Instances.	Orders made (Sec. 110.)	Prosecutions (Secs. 109, 110.)
	Twice in the year.			Once in the year.				Failing to keep or permit inspection of lists.	Failing to send lists.						
	Lists.	Outworkers. Con-tractors	Work-men.	Lists.	Outworkers. Con-tractors	Work-men.									
Wearing Apparel—															
(1) making, &c. ...	144	60	1,740	23	7	118	—	—	—	37	11	—	—	—	—
(2) cleaning and washing ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Household linen ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lace, lace curtains and nets ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Curtains and furniture hangings ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Furniture and upholstery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Electro-plate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
File making ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brass and brass articles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fur pulling ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cables and chains ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anchors and grapnels ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cart gear ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Locks, latches and keys ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Umbrellas, &c. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Artificial flowers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nets, other than wire nets ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tents ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sacks ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Racquet and tennis balls ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paper, &c., boxes, paper bags ...	6	—	54	—	—	—	—	—	—	—	—	—	—	—	—
Brush making ...	2	—	56	—	—	—	—	—	—	—	—	—	—	—	—
Pea picking ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Feather sorting ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carding, &c., of buttons, &c. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stuffed toys ...	—	—	—	1	—	12	—	—	—	—	—	—	—	—	—
Basket making ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chocolates and sweetmeats ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	152	60	1,850	24	7	130	—	—	—	37	11	—	—	—	—

With the onset of the compulsory notification of all persons suffering from pulmonary tuberculosis, which came into force on January 1st, 1912, it is but natural that there would be a great increase in the total number reported for the year, for previously to this, notification was only obligatory in the case of persons attending hospital or those under the care of the Poor Law medical officers, while before May 1st, 1911, it referred to those only in the second category. It will be noticed that there is a very great difference between the number of persons notified and the notifications received in respect to such, which is explained by the fact that the same person has been seen by several doctors. For instance: a man attended by a private doctor reaches such a condition either of illness or means that it is advisable for him to be removed to the infirmary. As a preliminary to this, he would have been seen by one of the Poor Law doctors, who would have to report the case, and a third notification would have also been received from the doctor at the infirmary.

At the end of 1911 a small Sub-Committee was appointed to consider what changes and additions might be called for in the staff on account of the extra amount of work involved in the addition of phthisis to the list of notifiable diseases.

The question of assistance resolved itself into two parts, the first that of professional help to me, which was considered, but adjourned and re-adjourned during the year, and the second the necessity for increasing the clerical staff.

The idea of the Committee was rather to allow the lapse of a sufficient period to form some idea as to the scope of necessary alterations rather than immediately to decide on action which must have been more or less permanent in its character. But I was allowed to engage extra clerical assistance. Since January, 1912, Mr. Wooldridge has been temporarily employed, and the help has been of considerable use. In fact, without it we would have been in a hopeless muddle; even as it is, the work was only got through with difficulty and with the occasional working beyond the ordinary hours.

Following the report of the Departmental Committee, much attention has been drawn to the general provision of tuberculosis dispensaries. Not content with the mere treatment of the patients, the idea of these institutions is one of searching out the disease in the homes of the persons notified, and by means of what is technically termed a "march past" to discover any unsuspected cases in the families, the object being to get these mild and early cases under medical care, and to keep them under the best possible conditions for recovery.

The Departmental Committee expressed themselves very strongly in favour of the provision of a dispensary, and in this they were no doubt influenced by reports they had received from authorities and medical officers of health. In opposition, however, to the view of the indispensable character of the tuberculosis dispensary, it has been urged that in towns where no dispensaries

have been established a decline has occurred in the death-rate from tuberculosis not less than in those where they have been in force.

If such an institution be associated with a band of voluntary helpers who realise that there is a more important side to the question than the bacteriological, much good must result, for its benefit will be proportionate to its dealing with the circumstances and surroundings of patients apart from their ailment. Such helpers will find out suitable employment both for those who have been discharged from sanatoria and also for those who for some reason or other are not considered fit for a residence at such an institution. They will also, so far as they can, see that those who are left at home, while the breadwinner is undergoing treatment, get their proper needs, and alleviate the anxiety which must be a constant menace to the man or woman who realises his or her duty to those who are deprived of their main support.

The prevention of consumption will, I am convinced, lie in general improvement of the housing and feeding conditions of the population, rather than to the destruction of the germ of a disease, to the infection of which we are all more or less exposed. Compared with past years, I notice in other reports an increasing amount of attention being devoted to this aspect of the struggle against tuberculosis, and it will be a matter of no surprise if eventually it comes to be recognised as the only factor that counts.

A dispensary has been established in Camberwell for some time under the auspices of Cambridge House, who wrote offering their services to form part of the scheme in this Borough. The letter was referred to me for report, of which the following is a copy:—

GENTLEMEN.—The point that the Public Health Committee have to consider is how far such an institution as a tuberculosis dispensary should be affiliated to the Public Health Department. To bring it under the sole control of the Council would be to probably lose us many voluntary workers who would render valuable service in the way of material help, of searching out cases where this help was necessary, and who would set themselves to try and obtain suitable occupations for those sufferers to whom a change in this respect is necessary for a cure. It would also probably diminish the substantial interest that many would like to take who could not actively participate in its working.

On the other hand, measures for the prevention of tuberculosis are just as much under this authority as are the cases of diphtheria, &c., and any delegation of the duties should only be done, if indeed they are done at all, after anxious consideration. It seems, therefore, necessary that the Council should recognise that if such a dispensary were established the Council must be in some way directly interested in its management. Whether this should be done by appointment of members, or, on the other hand, of officers of the Council, is a point which needs careful consideration by the Committee. Personally, I think both should be represented. For instance, questions will arise as to the locality of the dispensary, how far the sanitary inspectors are to be charged with the supervision of the patients, &c., and it is necessary that these points should be carried out in a manner agreeable to the supporters of the dispensary, and in accord with the responsibilities of the Council. The advantages that the dispensary would provide, apart from the treatment of cases unable to afford to pay a medical man, would be that of a nurse, who would be of great assistance in visiting and tending patients; tuberculin treatment could be given where desirable, and that, further, the early cases, which are the most hopeful from the point of view of cure, would be detected in the examination that would be made at the patient's home.

As a word of warning, I feel bound to point out that disappointment with the results is likely to occur unless the dispensary is able to help, either directly or indirectly, in the way of provision of nourishment in suitable cases, in that of finding occupations for those suffering, and also for those who have returned from a sanatorium, and who if they resume their previous occupation are almost certain to go under.

(Signed) FRANCIS STEVENS, *Medical Officer of Health.*

The matter was again considered by the Committee in April and adjourned for three months to see how the institution was working at the end of that time. As it was understood that some scheme was in course of preparation by the London County Council it was again adjourned.

In consequence, however, of a wish expressed by the Medical Officer of Health to the Local Government Board as to the provision of a dispensary, I reported on November 20th:—

GENTLEMEN,—The opinion of the Local Government Board is that arrangements for the provision of dispensaries, which are to be centres of diagnosis and treatment as well as receiving houses, should be made by Borough Councils either singly or in groups where small districts are concerned; they also express a wish that I should report to you on the subject.

The Camberwell Dispensary for the Prevention of Tuberculosis has been started by voluntary effort, aided by a Central Fund, and is managed by a local Committee. It consists of a house in Brunswick Square which has been properly fitted up for the purpose of a dispensary, with a staff of a medical officer, nurse, and caretaker, and is in actual work. Patients are seen there, and treatment at home of those who have been attending there is also undertaken. This dispensary has been provisionally approved by the Local Government Board, subject to certain conditions they have imposed, for a period of six months from July 15th, 1912.

The point for this Committee's present consideration is whether they will themselves provide a dispensary or make use of the one already in their midst. Any measures dealing with tuberculosis must be considered as a part of the general health administration of the Borough, and must consequently be a duty and responsibility of the sanitary authority and its officers.

It seems, therefore, that any recognition of the existing dispensary as fulfilling the duty imposed by the Local Government Board must be accompanied by some means which will ensure that this authority is the principal controlling force in its management. Whether this should be achieved by appointment of members of this Public Health Committee who would be in a majority on that of the dispensary, or whether a definite bargain should be struck setting out that in return for financial help from this authority the governing body of the latter will agree to carry out our requirements, is now to be decided. This bargain in the main would relate to their undertaking an agreement for their medical officer to examine any person of the family of the patient notified to me, the notification of any insanitary condition, to keeping under observation the members of the household, in other ways to answer any question on which they are in a position to give us information, and to agree to and to carry out the arrangements we should make in the way of elimination of overlapping and over-inspection. This second plan seems to be the better, for there will be fixed principles governing the relations between the two bodies, and subsequent friction in working is most likely to be obviated. If, on the other hand, the Council should decide not to recognise the dispensary, and themselves inaugurate an undertaking on similar lines, the initial cost of fitting up an establishment, roughly, would be about £250, and with an expenditure of at least £800 annually. The financial assistance received by the Borough Council if they themselves start a dispensary will take the form of payment for those insured persons who are treated there in accord with the conditions imposed by the Local Government Board, and certain other assistance would be likely to be given for the non-insured if the dispensary should form part of a scheme approved by the Local Government Board. My reason for saying this is that at a conference between the Local Government Board and National Insurance Commission and the Metropolitan Medical Officers of Health it was asked whether any legal obligation or

order in which a grant for a dispensary may be made. The Local Government Board representative answered: "That the Chancellor of the Exchequer, in answer to a deputation, said . . . that so far as insured persons are concerned, it may be assumed that the authority running the scheme of institutional treatment would receive the actual expenditure on the insured. Then there are the non-insured two-thirds of the population. So far as they are concerned, he is willing to pay half the cost if the local authorities will pay the other half." This probably relates to any scheme elaborated by a local authority, and which would probably be essentially one including all the requirements of the Departmental Committee set out above. It is obvious that the inspection of contracts of the notified people who are of the non-insured section will reveal cases of incipient trouble which may very well be treated in institutions. But it is little use going to the expense of diagnosing such early cases unless it is possible to carry out the idea of home or institution treatment as recommended by the Committee, and it will be necessary to make some arrangements with sanatoria or kindred institutions for a certain number of beds which can be used by this authority to send cases to; and this may also mean a certain number of beds for observation at a dispensary. I think it is the better plan to make use of the existing dispensary, provided that a satisfactory arrangement can be come to with its authorities. It will save time and trouble with regard to the finding and equipping of suitable premises; it will probably be less expensive than our own undertaking of the whole of the cost; and further—and this is, perhaps, one of the most important things—we shall gain voluntary helpers who, besides taking what I may call a local interest in its success, will interest themselves in the way of helping persons attending there to find employment more suitable to them, will to some extent be able to arrange for material help, and by whom this had best be supplied, and also for assisting those who are in need of removal to convalescent homes or institutions. None of these would, I think, be so well done by a purely municipal dispensary, yet without them the results of the work of a dispensary itself would be, I fear, a grievous disappointment.

(Signed) FRANCIS STEVENS, *Medical Officer of Health.*

An answer was duly received from the Board in which they stated they were inclined to agree that this was a case in which this Council should not themselves provide a dispensary, but should make the necessary arrangements with a view to the existing organisation serving as the main tuberculosis dispensary for the Borough, and any branch dispensary that might be found necessary to be worked in association with it.

Many meetings were arranged between the representatives of the dispensary and ourselves since December, 1912, but at the time of writing nothing final has been arranged.

The following table sets out the number of instances in which sanitary defects were found at the houses about which we received notifications:—

Inspector.	1912.		1912.	
	Overcrowding.		Ordinary.	
	Intimations.	Notices.	Intimations.	Notices.
Green ...	2	—	80	12
Malins...	5	—	50	10
Dewey...	—	—	28	—
Nash ...	—	—	23	1
Jones ...	—	—	21	6
Eagle ...	1	—	21	4
Morley...	—	—	23	6
Scudamore	1	1	21	4
Farmer ...	—	—	5	3
Pointon ...	—	—	4	1
	<u>9</u>	<u>1</u>	<u>276</u>	<u>47</u>

The accompanying table gives some idea of the additional work thrown upon the Public Health Department, and which has now still further been increased by the inclusion since 1913 of all forms of tuberculosis other than that of the lungs. It is necessary also, besides arranging for the regular visits to the greater proportion of those notified, to see that any advisable disinfection of premises when patients have removed is carried out, to keep and check the accounts (no light matter), and to see to numberless other details.

This has been well done, and in the main by Messrs. Wright and Wooldridge, but all the other clerks have occasionally been compelled to lend a hand. If the work should increase, as it shows every likelihood of doing, we shall require more assistance.

The number of which all trace has been lost may appear large, but it refers not only to cases notified in 1912, but to those of previous years who were still to be visited last year. It is not improbable that the ignorance of the whereabouts is pretended and not real, although in not a few instances enquiries elicited the fact that there were others who were anxious to know the address, but for reasons altogether different from ours.

As set out in Table III. there were 339 deaths in the Borough, and of these 16 had not been notified. The subject of non-notification was reported to the Committee, and they have decided that in each case where a death has been registered as due to tuberculosis and where a notification has not been received that I should write to the medical attendant and ask for an explanation. This is now done, and the explanations duly given to the Committee. No one has as yet been prosecuted in this Borough for omitting to notify.

The amount of segregation of the advanced cases which is not compulsory has been attracting much attention, and part of the diminution in the mortality from phthisis has been ascribed to it. Of the deaths which occurred in infirmaries and other public institutions, which were 172 in number, 28 had been inmates less than a week, 27 had been there more than one week and less than a month, 51 had been there more than one month, and in 32 other instances the patient had been in some institution but had come out before his death.

A temporary Committee was appointed after the coming into force of the National Insurance Act in July to make provision for the domiciliary treatment of insured persons suffering from consumption. A difficulty arose in the case of a man who was unable to provide for his own lodging, and at one time it seemed necessary, despite his own wish, that he would be compelled to go into the infirmary. Up to the formation of the permanent Committee arrangements were made by the Public Health Department of this Council, naturally entailing additions to the work already increased by the notifications. In addition to this, I was asked to draw up a scheme of fees and charges to be defrayed by the Committee in cases where treatment in a sanatorium was considered undesirable for the patient, and he is recommended for domiciliary treatment, that is, for him to be attended at home by his own doctor. Those

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS.
PARTICULARS OF NOTIFICATIONS RECEIVED FROM JANUARY 1ST TO DECEMBER 31ST, 1912.

District No.	Ward.	Sanitary Inspector.	Number of Persons Notified.	Number of Notifications received.	AGE DISTRIBUTION.					Inspections and Re-visits made by Sanitary Inspector.	Patients left Address, since Notification, for other Address in Borough.	Patients who have left Borough since Notification.	Patients of whom all trace has been lost since Notification.
					1 year to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.				
1	Part of Ward 1 ...	M. Malins ...	51	96	3	8	6	34	...	333	15	4	6
2	Part of Ward 1 and the whole of Ward 2 }	H. Jones ...	80	181	2	17	16	44	1	394	6	6	16
3	Wards 3 and 14 ...	G. Dewey ...	110	166	2	25	15	65	3	338	4	2	20
4	" 4 and 8 ...	H. Green ...	159	275	3	32	27	94	3	702	20	6	26
5	" 5 and 6 ...	R. Nash ...	134	230	2	27	18	85	2	648	20	5	28
6	" 7 and 9 ...	G. Scudamore ...	99	205	2	8	14	71	4	553	6	8	42
7	" 10 and 11 ...	W. Eagle ...	63	120	...	5	16	42	...	397	4	1	15
8	" 12 and 13 ...	J. Pointon ...	70	116	1	6	16	44	3	381	3	5	9
9	" 15 and 16 ...	W. Farmer ...	61	96	1	5	15	38	2	235	5	...	5
10	" 17 and 18 ...	G. Morley ...	56	90	...	4	17	34	1	220	7	7	9
11	" 19 and 20 ...	E. Collins ...	22	31	...	1	4	17	...	39	...	1	1
Total ...			905	1,606	16	138	164	568	19	4,240	90	45	177

In addition to the above, 138 Notifications were received relating to inmates of common lodging-houses, and of persons described as "homeless" being at the time of Notification inmates of Poor Law institutions situated in the Borough. There were also 49 Notifications forwarded to neighbouring Boroughs. This brings the total of number of Notifications dealt with for the year 1912 up to 1,793.

who have been recommended for treatment in a sanatorium seem to have been so chosen on the ground of their own condition. But in view of the stress which is laid on the danger of infecting others, it would seem logical that the home conditions and circumstances should be taken into account, and a report on these should be considered by the Committee simultaneously with that of the medical referee. It is true that the hard pressure of privation may drive many of those refused for a sanatorium to the workhouse, even those who were at first altogether unwilling to avail themselves of such an asylum. But if they are so dangerous to those surrounding them, surely much harm must have previously been done to these, for admission is often only sought when they are completely at the end of their resources, and where the home conditions have been at their worst for some time.

The necessity for some drastic alteration at the Cleansing Station for verminous children at Peckham Park Road was reported to the Committee, who surveyed the premises and who were convinced of the necessity of improving the conditions under which the work was carried out. A sub-committee was appointed to visit and to confer with the Borough Engineer and myself, with the result of a scheme being prepared which would have been thoroughly satisfactory. The cost, however, was great, and the matter was referred back to the Sub-Committee to see if economies could be effected. A modified estimate was submitted which, although by no means so thorough or so lasting as the original, was a considerably less expense. This was approved, and the work subsequently put in hand, and at the time of write is complete.

Owing to the expense of the alterations, it was decided to ask the London County Council to extend their agreement to ten years, but they did not accede to this request, and the period of our contract with them remains at five years as originally arranged.

A proposal to treat scabies there was before the Committee. It was, however, pointed out that this disease would have required many more baths than the usual run of cases dealt with, and as the London County Council did not agree to any increase on the sum allowed for the ordinary verminous children, the matter dropped.

The smell from a factory near the Old Kent Road was alleged to continue and to cause a nuisance to the neighbourhood. The complaint was of the formal nature required by the Public Health Act, *i.e.*, signed by ten ratepayers. On this complaint the Committee took action, and the matter was taken before the magistrate in July. The business was that of cleansing oily and greasy cloths, and the nuisance arose from the escape of steam from the drying chamber, where effectual means for obviating the smell did not exist. The evidence was conflicting, and in the end the case was adjourned, a sum of £3 3s. being allowed as the costs to the Council.

Housing and Town Planning Act.

Number of houses inspected under Section 17	...	...	...	20
Number of houses in respect of which closing orders were made				Nil
Number of houses where defects (such as could be remedied under the Public Health Act) were remedied	...	...	...	19
One of the houses which was inspected under the Act was demolished.				

Last year I referred to a block of houses between Peckham Park Road and Levant Street where the conditions are practically those of back-to-back houses, but where certain improvements have been made in the way of air shafts to the basement. Nothing further has been done, but the occupiers tell me that the basement rooms are not so stuffy as they were.

A block of cottages in Ormside Street was brought up as one in which proceedings might be taken under this Act, on account of the damp and generally insanitary condition of houses. They were accordingly surveyed by the Committee, who decided that the owners should be pressed to deal with the matter, but no closing order was made. Notices of as comprehensive a nature as possible under the Public Health Act were served in February, and the work was subsequently carried out.

Complaints were received as to the nuisance caused by ashes and smoke discharged from railway engines, which were said to have blocked up some gullies. It was resolved to write to the railway company on the subject. As no further complaints have been received, the nuisance has probably abated.

The report of the Departmental Committee on the use of interceptors will be very gratifying to a Council like Camberwell, which has always discountenanced insistence on their routine provision.

In the beginning of 1898 when the Sewers and Sanitary Committee of the Vestry had the proposed drainage by-laws under consideration, Mr. Brown (your then Surveyor) and I both desired a provision to be incorporated in the draft which would allow us to dispense with the interceptor where such a course was desirable. The Committee, however, decided to make no recommendation to the Council.

In my report for that year are pointed out some of the disadvantages of the interceptor, which have been suggested by experience, and the objections to its use. The Committee at that time made no stand against the prevailing idea of its advantages, and left it to Willesden, who, at the instigation of their Medical Officer, brought things to a climax in later years and were instrumental in the appointment of the Departmental Committee. With the coming into existence of this Council, steps were taken in the right direction by the non-insistence of the disconnection of rain-water pipes in all cases.

The Borough Council of Lewisham, in 1905, sent out a circular letter which was reported on by your Engineer and myself. We stated that "as regards the non-insistence on the provision of interceptors we are both agreed that it is a wise step to take, not only on account of the better ventilation of sewers, but also, as we have often before insisted, on other grounds. Indeed, we have previously advised that rain-water pipes going direct to the drain and not opening near a window should be left connected direct with the sewer, even in houses where no interceptor is provided, and the step proposed by Lewisham is only a little in advance of this." Among

other things the report finishes up with the following:—"It is not necessary to enter into the desirability of interceptors, for when there has been any possible means of getting out of the by-law we are not ashamed to say that we have aided and abetted any plan by which the rule for their enforcement can be evaded."

In an exhaustive enquiry, in the course of which evidence was given by many Engineers and Medical Officers of Health, and for which many experiments were carried out, the conclusion was come to that "the disadvantages involved by the use of the interceptor are substantial and of serious practical importance." They condemn the fresh-air inlet and suggest its discontinuance. Furthermore, they go on to say "that the association of the incidence of certain specific diseases, such as enteric fever and diphtheria, with drain defects which allow of the entry of sewer air as well as of drain air into houses, is almost identically the same as the association of similar defects with the absence of disease, and that the experience of districts without intercepting traps does not show that their absence has been harmful." And, further, "that human beings deliberately exposed to sewer air do not appear to be affected in health." This conclusion bears out views which I arrived at, which I set out in a paper read in 1894, "that the occupation of these men (*i.e.* sewer men) is by no means unhealthy; indeed, if we were to compare them, say, with clerks in City offices, I am strongly inclined to the opinion that they would show a much better record than the latter."

There were 200 less inspections of complaints than in 1911, but there were 500 more house-to-house inspections. In addition to this there were 600 more visits to verminous premises, which are included in the total of 1,811 such inspections which are made as a matter of course at the address of every child who is treated at the cleansing station. The house-to-house inspections have thus not suffered, although the additional work in consequence of tuberculosis has meant an excess of about 1,500 more visits and inquiries over those which were carried out last year.

A feature of the last year was the large number of applications for my certificate to obtain exemption from Inhabited House Duty. This necessitated my personally inspecting 272 tenements, and, as shown in the tables, it was possible to grant certificates for 233 of these.

Owing to the superannuation of Mr. Heath at the end of 1911 a vacancy occurred in the Sanitary Department. It was filled by the appointment of Mr. R. P. Nash, to whom was allotted the district formerly under the care of Mr. Heath.

In conclusion, I have to thank the Public Health Committee for many acts of kindness, and the Staff for their invaluable help.

I am, Mr. Mayor and Gentlemen,

Your obedient servant,

FRANCIS STEVENS.

The following four Tables of Statistics are for the use of the Local Government Board:—

TABLE I.
VITAL STATISTICS OF WHOLE DISTRICT DURING 1912 AND PREVIOUS YEARS.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1907	272,479	6,603	6,733	24·7	4,217	15·4	873	479	805	119·5	3,823	14·0
1908	273,836	6,729	6,885	25·1	3,922	14·3	839	519	740	107·4	3,602	13·1
1909	275,275	6,547	6,689	24·3	4,098	14·8	814	494	687	102·7	3,778	13·7
1910	279,566	6,511	6,657	23·8	3,871	13·8	891	455	654	98·2	3,435	12·2
1911	261,328	6,342	6,399	24·4	4,053	15·6	847	516	735	114·8	3,722	14·2
1912	263,636	6,281	6,422	23·9	3,874	14·6	823	342	551	85·8	3,393	12·8

TABLE II.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1912.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH LOCALITY (<i>e.g.</i> , Parish or Ward) of the District.							TOTAL CASES REMOVED TO HOSPITAL.
	At Ages—Years.								Dulwich.	South Camberwell.	North Camberwell.	South Peckham.	North Peckham.	St. George's.	Unattached.	
	At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and up- wards.								
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)...	319	8	104	165	23	17	2	...	25	46	77	37	76	58	...	266
Erysipelas	218	2	13	23	26	52	75	27	5	17	80	16	46	54	...	69
Scarlet Fever	638	7	176	409	25	20	1	...	40	85	126	113	106	168	...	560
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	29	...	...	4	12	12	1	...	...	3	10	2	7	7	...	20
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1
Puerperal Fever	17	...	...	...	7	10	...	...	...	3	5	4	3	2	...	11
Cerebro-spinal Menin- ingitis	5	...	1	4	...	...	...	...	1	...	1	1	2	...	...	5
Polio-myelitis	11	1	7	3	...	...	...	...	...	2	3	1	2	3	...	5
Pulmonary Tuberculosis	905	3	13	138	164	389	179	19	22	93	265	133	168	224	...	...
Ophthalmia Neona- torum	29	29	...	...	...	...	...	...	1	3	5	4	9	7	...	7
Totals	2,172	50	314	746	257	500	259	46	94	253	572	311	419	523	...	944

TABLE III.—CAUSES OF, AND AGES AT, DEATH DURING YEAR 1912.

CAUSES OF DEATH.		NETT DEATHS AT SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.									Total Deaths whether of "Residents" or "non-Residents" in Institutions in the District.
		All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
1		2	3	4	5	6	7	8	9	10	11
All causes	Certified	3,004	508	117	131	103	115	402	667	961	785
	Uncertified	389	43	7	13	19	28	60	114	105	94
1.	Enteric Fever...	5	...	...	...	...	2	3	...	...	1
2.	Small-pox ... ..	...	...	...	...	...	...	...	...	...	...
3.	Measles	79	21	24	30	3	1	...	...	...	3
4.	Scarlet Fever	9	1	2	2	4	...	...	...	...	...
5.	Whooping Cough	49	23	12	12	2	...	...	...	...	2
6.	Diphtheria and Croup	19	2	5	3	8	...	1	...	...	1
7.	Influenza	34	...	...	1	1	1	6	12	13	2
8.	Erysipelas	4	1	1	...	...	1	...	1	...	1
9.	Phthisis (Pulmonary Tuberculosis)...	339	3	1	3	13	61	150	90	18	136
10.	Tuberculous Meningitis	14	11	1	...	1	...	1	...	...	1
11.	Other Tuberculous Diseases	75	6	9	17	16	7	9	8	3	7
12.	Cancer, malignant disease	311	...	...	1	2	1	31	129	137	100
13.	Rheumatic Fever	9	...	...	...	7	1	1	...	...	...
14.	Meningitis	5	3	...	...	2	...	...	...	...	1
15.	Organic Heart Disease	348	1	...	2	20	17	58	108	142	85
16.	Bronchitis	326	42	10	3	2	...	16	89	164	88
17.	Pneumonia (all forms)	245	77	33	32	7	3	28	38	27	26
18.	Other Diseases of Respiratory Organs	13	2	...	...	...	...	1	5	5	5
19.	Diarrhoea and Enteritis	75	56	4	3	...	2	2	4	4	7
20.	Appendicitis and Typhlitis... ..	1	...	...	...	1	...	...	...	...	...
21.	Cirrhosis of Liver	23	...	...	...	...	...	6	17	...	5
21A	Alcoholism	11	...	...	...	...	...	2	7	2	8
22.	Nephritis and Bright's Disease	129	1	...	2	2	2	24	55	43	76
23.	Puerperal Fever	9	...	...	...	...	3	6	...	...	...
24.	Other accidents and diseases of Pregnancy and Parturition	12	5	...	...	...	...	7	...	...	6
25.	Congenital Debility and Malformation, including Premature Birth	216	216	...	...	...	...	...	...	...	23
26.	Violent Deaths, excluding Suicide...	124	16	4	9	10	18	18	23	26	42
27.	Suicide	23	...	...	...	...	...	11	9	3	6
28.	Other Defined Diseases	884	62	18	24	21	23	81	176	479	243
		3,393	551	124	144	122	143	462	781	1,066	879
SUB-ENTRIES included in above figures.	14 (a). Cerebro-spinal Meningitis	1	...	...	...	1	...	...	...	...	...
	28 (a). Poliomyelitis ... ..	...	...	...	...	...	...	...	...	...	...
	Other Septic Diseases	50	6	2	6	4	4	12	12	4	17
	Pleurisy	7	...	...	2	...	1	1	2	1	...
	Mental Diseases	31	...	...	...	2	1	10	16	2	2
	Old Age	293	...	...	...	...	...	...	6	287	99

TABLE IV.—INFANTILE MORTALITY DURING THE YEAR 1912.
NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER ONE YEAR OF AGE.

CAUSE OF DEATH.					Under 1 week.	1 to 2 weeks.	2 to 3 weeks.	3 to 4 weeks.	Total under 1 month.	1 to 3 months.	3 to 6 months.	6 to 9 months.	9 to 12 months.	Total Deaths under 1 year.
All causes {	Certified	...	...	...	99	33	21	17	170	79	96	81	84	510
	Uncertified	...	...	...	9	4	1	1	15	10	13	2	1	41
Small-pox ... ..					...	...	...	...	...	...	...	...	...	...
Chicken-pox... ..					...	...	...	...	...	...	...	...	...	...
Measles ... ..					...	1	...	...	1	...	...	5	15	21
Scarlet Fever ... ..					...	...	...	...	...	...	...	...	1	1
Whooping Cough ... ..					...	...	...	...	...	4	4	8	7	23
Diphtheria and Croup ... ..					...	...	1	...	1	...	...	...	1	2
Erysipelas ... ..					...	...	...	...	...	...	...	1	...	1
Tuberculous Meningitis ... ..					...	...	...	...	...	...	5	4	2	11
Abdominal Tuberculosis ... ..					...	...	...	...	...	...	3	1	1	5
Other Tuberculous Diseases ... ..					...	...	...	...	...	...	1	...	3	4
Meningitis (not Tuberculous) ... ..					...	...	...	...	...	...	2	...	1	3
Convulsions ... ..					...	2	1	...	3	5	...	1	1	10
Laryngitis ... ..					...	...	...	...	...	...	...	...	...	...
Bronchitis ... ..					...	...	...	4	4	10	8	8	12	42
Pneumonia (all forms)					1	1	...	3	5	11	15	21	25	77
Diarrhoea ... ..					...	1	...	1	2	6	13	7	4	32
Enteritis					2	...	1	...	3	1	10	8	2	24
Gastritis ... ..					...	1	1	...	2	...	...	1	1	4
Syphilis ... ..					...	...	...	...	...	6	...	...	1	7
Rickets ... ..					...	...	...	...	...	...	...	...	...	...
Suffocation, overlying					3	...	...	...	3	4	4	...	...	11
Injury at Birth					4	...	...	...	4	...	...	...	1	5
Atelectasis					3	1	...	1	6	1	...	...	...	6
Congenital Malformations					11	...	3	4	17	5	5	3	...	31
Premature Birth					61	10	9	2	82	8	3	...	...	93
Atrophy, Debility, and Marasmus					18	12	5	3	39	18	27	7	2	92
Other Causes					5	8	1	...	13	10	9	8	5	46
					108	37	22	18	185	89	109	83	85	551

FACTORY AND WORKSHOP ACT, 1912.

	No. of Visits.	Want of Cleanliness.	Overcrowding and Defective Ventilation.	Defective Roof and Dampness.	Sanitary Accommodation.			Defective Yard and Paving.	Defective Dust-bins.	Other Defects.	Intimation Notices.	Statutory Notices.	Summonses.
					In-sufficient.	Not Se- parate for the Sexes.	Dirty and Defective.						
Complaints	7	—	—	—	—	—	—	—	—	—	—	—	—
Workshops (new)	105	3	6	7	—	3	8	3	—	—	28	4	—
Do. (old)	533												
Laundries (new)	3	3	—	1	—	—	1	—	—	—	5	1	—
Do. (old)	91												
Factories (new)	5	—	—	—	1	—	13	—	—	—	14	1	—
Do. (old)	115												
Outworkers (new)	615	29	—	6	—	—	—	1	1	—	11	3	—
Do. (old)	710												
Eating Houses	99	5	—	2	—	—	—	1	2	—	9	2	—
Schools	44	—	—	—	—	—	—	—	—	—	—	—	—
<i>Re</i> Work in Hand	181	—	—	—	—	—	—	—	—	—	—	—	—
Miscellaneous	1,085	—	—	—	—	—	—	—	—	—	—	—	—
Total	3,593	40	6	16	1	3	22	5	3	—	67	11	—

G. D. BAN.

RETURN OF WORK CARRIED OUT AT THE DISINFECTING STATION DURING THE YEAR 1912.

Articles Disinfected.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Beds	55	72	110	66	58	64	84	104	120	101	98	123	1,055
Blankets	104	91	235	88	82	99	80	131	131	152	144	209	1,546
Bolsters	39	37	76	46	48	42	57	88	75	78	66	83	735
Books—Public Library	3	15	20	—	4	—	10	7	12	9	14	13	107
Cushions	20	24	48	14	26	22	25	33	38	46	37	48	381
Curtains (pairs)	3	—	5	—	1	1	2	2	7	6	3	5	35
Carpets	11	17	37	17	13	8	10	15	13	21	12	20	194
Mattresses	32	35	80	35	25	40	49	67	58	54	44	72	591
Palliassees	—	12	4	4	—	2	4	8	2	2	3	8	49
Pillows	112	128	241	119	128	130	148	200	213	209	193	247	2,068
Quilts	61	84	112	56	38	62	70	99	103	120	91	122	1,018
Sheets	54	82	104	69	55	68	78	129	118	141	88	99	1,085
Wearing Apparel	548	986	1,951	730	996	1,378	2,257	890	1,497	2,578	1,755	1,991	17,557
Miscellaneous	4	2	7	9	35	—	2	—	—	—	—	—	59
Total	1,046	1,585	3,030	1,253	1,509	1,916	2,876	1,773	2,387	3,517	2,548	3,040	26,480
Mattresses Retabbed	32	35	80	35	25	40	49	67	58	53	44	72	590
Palliassees do.	—	—	—	—	—	—	—	2	—	—	—	—	2
Cushions do.	20	24	48	14	26	22	25	33	38	43	37	48	378
Total	52	59	128	49	51	62	74	102	96	96	81	120	970

RETURN OF WORK CARRIED OUT AT THE DISINFECTING STATION DURING THE YEAR 1912 (continued).

Articles Disinfected.				January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Verminous Cases—																
Persons Cleansed	...	...	...	53	109	202	84	128	184	289	92	179	345	266	229	2,160
Rooms Disinfected	...	...	...	1	10	13	15	27	27	28	32	26	11	8	10	208
Bedding do.	...	...	...	2	25	18	15	4	13	23	27	16	13	7	12	174
Total	...	...	...	56	144	233	114	159	223	340	151	221	369	281	251	2,542
Articles Destroyed—																
Palliassees and Mattresses	...	...	...	116	144	269	168	221	183	127	335	244	178	142	141	2,268
Miscellaneous	...	...	...	—	—	—	—	—	—	—	70	—	—	—	130	200
Total	...	...	...	116	144	269	168	221	183	127	405	244	178	142	271	2,468
Houses Visited	...	...	...	177	233	260	243	246	264	319	458	388	396	358	464	3,806
Rooms Disinfected	...	...	...	68	83	90	98	107	97	121	173	164	147	127	162	1,437
Total	...	...	...	245	316	350	341	353	361	440	631	552	543	485	626	5,243

UN SOUND FOOD, &c., DESTROYED AT DEPOT.

Fish.			Fruit.			Meat.			Tinned Food.	Rabbits.	Wood Chips.	Miscellaneous.
cwt.	qrs.	lbs.	cwt.	qr.	lbs.	cwt.	qr.	lbs.	45 tins of Milk	No.	Loads.	Trade Refuse. Loads.
9	0	16	1	1	5	1	1	4		17	28	29

SUMMARY OF SANITARY WORK FOR THE YEAR ENDING DECEMBER, 1912.

DESCRIPTION OF WORK.	Pointon.	Eagle.	Soulamore.	Collins.	Monley.	Farmer.	Dewey.	Malins.	Green.	Jones.	Nash.	TOTALS.
Cleanse and limewash	161	226	130	17	74	143	165	587	253	155	182	2,093
Repair guttering, &c.	96	132	63	36	86	93	124	248	102	144	34	1,158
Ventilate under floors, &c.	17	100	40	6	108	144	74	24	81	37	11	642
Abate overcrowding	5	18	17	—	—	3	12	41	10	8	1	115
Abate smoke nuisance	1	12	2	1	3	2	8	46	15	9	—	99
Light and ventilate staircase	—	50	1	—	6	17	4	10	35	4	5	132
Provide, repair, or remove dustbin	47	73	18	31	48	45	46	130	67	72	74	651
Remove refuse or manure	11	7	6	15	7	12	12	62	11	15	5	168
Pave, level, or drain yard, &c.	112	94	16	50	59	56	67	87	111	26	25	703
Provide manure pit	—	1	8	5	2	1	3	4	4	9	—	37
Provide sufficient water supply	2	1	5	24	10	—	6	—	15	7	2	72
Provide or reconstruct receptacle (render accessible)... ..	3	—	—	4	5	1	3	6	2	—	—	24
Repair, cover, or cleanse receptacles	15	1	1	11	13	7	20	21	6	11	4	110
Provide, repair, or remove closets, pans, &c.	75	32	107	135	33	66	27	65	61	60	32	693
Proper water supply to closet and apparatus	52	95	36	137	41	32	21	125	35	57	19	650
Ventilate and remove to outside soil pipes, cleanse, repair, and trap drains or sinks	81	39	90	69	50	56	55	140	37	53	11	681
Disconnect rainwater pipes, sinks, and other wastes	2	6	18	71	8	45	4	6	13	5	—	178
Empty and cleanse cesspools, or drain into sewer	—	1	1	—	—	—	—	—	—	—	—	2
Totally reconstruct drains	8	3	15	30	31	4	17	8	11	4	1	132
Partially reconstruct drains	17	5	7	37	4	—	35	16	11	18	—	150
Animals to be kept clean or removed	3	4	2	8	—	—	2	7	4	5	1	36
Public conveniences—cleanse, supply with water, &c.	—	—	—	—	—	—	—	1	—	—	—	1
Private conveniences—cleanse, supply with water, &c.	—	3	10	2	1	2	3	19	14	2	2	58
Abate nuisance from offensive trades	—	—	—	—	—	—	—	—	—	—	—	—
Abate nuisance from road gullies	—	—	—	—	—	—	—	2	—	—	—	2
Miscellaneous	—	79	9	45	47	—	33	132	75	114	19	553

RETURN OF WORK PERFORMED IN THE SANITARY DEPARTMENT DURING THE 52 WEEKS ENDING DECEMBER, 1912.

DESCRIPTION OF WORK.	INSPECTORS.												TOTALS.
	Pointon.	Eagle.	Soudanore.	Collins.	Morley.	Farmer.	Dewey.	Malins.	Green.	Jones.	Nash.	Miss Bevan.	
Visits to complaints	132	173	214	102	88	220	121	79	140	176	65	7	1,517
House inspections following on complaints ...	124	9	222	81	8	203	17	34	121	118	44	—	981
House-to-house inspections	425	578	331	323	602	201	192	397	346	434	437	—	4,266
Tenement inspections	—	—	41	—	15	—	76	45	2	349	—	—	528
Houses let in lodgings inspections	—	—	1	—	—	—	—	414	42	24	—	—	481
Housing and town planning inspections ...	—	—	23	—	14	—	—	46	4	—	—	—	87
New buildings completed	6	10	14	64	55	4	10	1	1	6	2	—	173
Visits to new buildings	156	63	110	1,279	272	36	32	86	—	126	—	—	2,160
No. of inspections re overcrowding	119	—	12	—	1	—	4	85	6	60	—	—	287
Do. of slaughterhouses	15	13	8	50	—	—	4	—	7	24	9	—	130
Do. do. bakehouses	78	35	50	19	73	118	46	28	56	18	14	—	535
Do. do. cowhouses	5	54	6	40	—	13	6	—	4	—	2	—	130
Do. do. milk shops and dairies	210	103	186	40	107	96	115	112	228	97	59	—	1,353
Do. do. eating houses	130	22	28	2	16	12	25	18	34	20	22	90	419
Do. do. ice cream shops	70	39	44	23	59	35	38	18	59	45	30	—	469
Do. do. railway stations	25	2	13	70	15	—	—	—	—	11	—	—	136
Do. do. workshops	148	100	289	21	48	141	68	127	153	80	104	727	2,006
Do. do. factories	77	—	—	3	—	—	32	33	45	48	39	121	398
Do. do. urinals, public	90	45	—	8	12	41	45	76	19	53	7	—	396
Do. do. do. private	225	203	263	128	355	729	220	266	356	326	148	4	3,223
Do. do. schools, public	44	20	37	26	24	65	21	29	27	20	19	—	332
Do. do. do. private	32	7	11	23	56	64	7	5	—	—	1	47	253
Re-inspections	3,336	4,036	3,055	2,553	3,680	4,029	2,501	2,859	2,664	2,132	1,271	183	32,299
Miscellaneous	236	165	75	83	273	82	738	410	465	856	155	1,191	4,729
Infectious cases visited and houses inspected ..	97	58	175	68	87	107	82	58	163	65	139	—	1,099
Do. do. or inquiries	144	20	117	89	31	85	29	61	90	68	16	—	750
Tuberculosis cases visited and houses inspected ..	93	53	99	27	46	34	69	55	145	60	92	—	773
Do. do. or inquiries	441	375	771	47	322	267	346	282	794	406	383	—	4,434
Visits to verminous premises	135	25	605	2	25	70	69	127	589	111	53	—	1,811
Intimations	480	547	372	247	352	324	384	598	541	522	292	66	4,725
Statutory notices	72	155	94	57	107	112	60	127	200	162	7	11	1,164
Notices, houses let in lodgings	—	—	—	—	—	—	—	337	28	9	—	—	374
Summonses under P.H. Act	—	—	1	2	3	3	4	4	4	6	—	—	27
Infectious disease contacts	7	12	24	6	14	19	23	12	32	31	—	—	180
Seizures of unwholesome food	—	—	—	1	1	1	1	2	—	—	1	—	7
Outworkers	—	2	—	—	—	—	—	—	—	—	—	1,319	1,321
Drainage plans, total reconstructions	6	16	43	7	31	22	35	7	26	9	8	—	210
Do. partial do.	11	17	30	23	15	23	32	12	29	18	5	—	215

PROCEEDINGS DURING 1912
(as asked for by the London County Council).

PREMISES.	NUMBER OF PLACES.				Number of Inspections, 1912.	Number of Notices, 1912.	Number of Prosecutions, 1912.
	On Register at end of 1911.	Added in 1912.	Removed in 1912.	On Register at end of 1912.			
Milk Premises ...	614	22	22	612	1,353	22	—
Cowsheds ...	10	—	—	10	130	—	—
Slaughterhouses ...	13	—	1	12	130	2	—
Other Offensive Trade Premises ...	6	—	5	1	6	—	—
Ice Cream Premises ..	219	17	73	163	460	6	—
Registered Houses Let in Lodgings ..	254	8	—	262	481	{ (a) 34 (b) 418	— —

(a) For overcrowding.

(b) For other conditions.

Total Number of Intimation Notices served for all purposes ... 4,725

Overcrowding, 1912 :—

Number of dwelling rooms overcrowded	...	...	115
Number remedied	...	...	115
Number of prosecutions	...	...	3

Underground Rooms :—

Illegal occupation dealt with during year	...	...
Number of rooms closed	...	...

Insanitary Houses :—

Number closed under the Public Health (London) Act, 1891	...	Nil
Number closed under the Housing of the Working Classes Act...	...	Nil
Number of Verminous Premises cleansed under Section 20 of the L.C.C. (General Powers) Act, 1904	...	172

Shelters provided under Section 60 (4) of the Public Health (London) Act, 1891 :—

Number of persons accommodated during the year...	..	Nil
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Revenue Acts :—

Number of houses for which applications were received during year	55
Number of tenements comprised therein	...	...	272
Number of tenements for which certificates were—			
(a) Granted	...	...	233
(b) Refused	...	...	2
(c) Deferred	...	...	37

Number of Prosecutions under By-laws under Public Health Act, 1891 :—

(a) For prevention of nuisance arising from snow, ice, salt, filth, &c. ..	Nil
(b) For prevention of nuisance arising from offensive matter running out of any manufactory, &c. ...	Nil
(c) For the prevention of keeping of animals in such a manner as to be injurious to health ...	Nil
(d) As to paving of yards, &c., of dwelling houses ...	5
(e) In connection with the removal of offensive matter, &c. ...	Nil
(f) As to cesspools and privies, removal and disposal of refuse, &c. ...	6
(g) For securing the cleanliness of tanks, cisterns, &c. ...	2
(h) With respect to water closets, earth closets, etc. ...	3
(i) With respect to sufficiency of water supply to water closets	2
(j) With respect to drainage, &c. (Metropolis Management Act, Section 202) ...	6
(k) With respect to deposit of plans as to drainage, &c. (Metropolis Management Acts Amendment (By-laws) Act, 1899)	1

Mortuaries :—

Total number of bodies removed ...	330
Total number of infectious bodies removed ...	Nil

