

[Report of the Medical Officer of Health for Camberwell,

Contributors

Camberwell (London, England). Metropolitan Borough.
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Publication/Creation

[Place of publication not identified] : [publisher not identified], [1914?]

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Camberwell

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 1913 is estimated by the Registrar-General to amount to 4,518,191. This is about 1,500 less than that given as the corresponding number of 1912, which itself was lower than 1911 by nearly a similar amount. As calculated by the Registrar-General, the estimated population of London has declined to this since the enumeration of 1901. The probable explanation of this fall is that the state of things which used to obtain in the City only has now spread to the adjacent parts of the centre of London, whither people in great number travel each morning from even far-away localities to which they return home at night.

The number of births registered in London during the 53 weeks ending January 3rd, 1914, was 112,637, compared with the 110,353 of 1912. This, however, is the number for 52 weeks only, so that there is no substantial difference between these two years in the figures week by week. The birth-rate for the year is stated to be 24.5, which is identical with that for the previous year, which was then said to be the lowest on record since the introduction of civil registration.

The deaths registered for the same period and within the same area were 65,030, which number excludes 3,412 which were those registered of persons who died in London but whose usual place of residence was outside the county, while those of Londoners who died in the metropolitan institutions outside London are added. Among these would be included the deaths in the larger lunatic asylums and also those institutions under the control of the Metropolitan Asylums Board.

The number of inhabitants of Camberwell at the middle of 1913 is provisionally reckoned as 261,805 by the Registrar-General, an increase of 214 over that of the previous year. By the other method of estimation the population of Camberwell at the same period is taken to be 264,167, an increase of 531 over the previous year. This estimate has as its basis the number of persons that were enumerated per assessment at the taking of the last census in 1911. It is not the usual way of calculating the increase in the population of a community, but we have found that when it has been possible to test the estimate by actual comparison with the enumeration, the figures calculated by this method more nearly approximate the actual numbers than those which have been arrived at by other means. If, however, these be even approximately correct, there must have been a great increase in the emigration

from the Borough, for there was an excess of births over deaths of something like 3,000 during 1914.

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

POPULATION OF CAMBERWELL AND SUB-DISTRICTS.

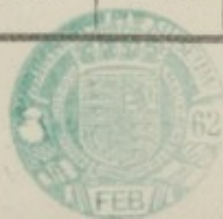
	Borough.	Dulwich.	South Camber- well.	North Camber- well.	South Peck- ham.	North Peck- ham.	St. George's.
As enumerated at census 1896 ...	253,076	7,519	90,286		88,242		67,029
As enumerated at census 1901 ...	259,339	10,247	90,465		93,038		65,589
As enumerated at census 1911 ...	261,328	14,974	45,036	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
As estimated to middle of 1913	264,167	15,456	45,772	65,794	43,303	47,886	45,956

As it was last year, so is it this, the increase in Dulwich being still greater than in any other portion of the Borough, while in St. George's there is an actual decrease. In some of the more thickly populated parts it may be that, owing to the lessening of overcrowding, there are fewer people who dwell therein, and in nearly all the northern half of the Borough there have been clearances of inhabited houses with the substitution of factories and other large buildings.

The registrations of births in the Borough were 6,589, but to them must be added those of children of Camberwell mothers who were born out of Camberwell. In this category are placed children whose birth took place in any of the large lying-in institutions or in the general hospitals or infirmaries. The Registrar-General in his proof figures credits this Borough with 6,671, the difference between this and the actual registrations of 6,589, probably representing the addition of the births of children of Camberwell parentage who were born beyond its limits and the subtraction of those born within the boundaries but whose parents usually resided beyond them. Such births have been redistributed among the registration districts in proportion to those actually registered therein.

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.
1912	6,422	198	938	1,588	962	1,307	1,288	141
1913	6,671	233	990	1,619	997	1,417	1,333	82
Difference	+ 249	+ 35	+ 52	+ 31	+ 35	+ 110	+ 45	- 59



The increase in the number of births in the Borough over 1912 is 249. The greatest difference is seen to be in North Peckham, where there were 110 more than in the previous year, but there are smaller yet substantial additions in all the other divisions.

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.
1912	24·3	13·0	20·5	24·1	22·2	27·3	28·0
1913	25·2	15·1	21·6	24·9	23·0	25·9	29·0

For the first time for many years the birth rate shows an increase; one should, however, remember that the actual population is less easy to estimate, for we are in 1913 two years from a census instead of one. Hence it will not be justifiable to unreservedly accept a statement that the birth rate has increased by 0·9, but it may be safely assumed that there has been some increase.

There were 4,210 deaths registered in the Borough, but, of course, this figure cannot be used in the calculation of the death-rate, since it includes the deaths of inhabitants of other localities who happen to die in infirmaries, asylums, or even in private houses in the Borough, and it excludes those whose death occurred in other parts, but who normally should be considered as residents of Camberwell.

The non-residents in the district, who amounted to 903, have been subtracted from, and 376 deaths of residents who died outside, as the result of causes which act suddenly or following illnesses for which they were removed, have been added to the 4,210. There are 43 deaths which have been assigned to this Borough by the Registrar-General as those which, under the rules he has laid down, should be considered as being those of Camberwell inhabitants.

The Registrar-General would assign to Camberwell the death, for instance, of a child who dies from enteritis while it is with its parents who have gone down "hopping" to Kent, whose usual address is in Camberwell.

The rule which, however, enjoins us to include the death of a person for whom it is impossible to trace a permanent address has led to some deaths being credited to this Borough about which there might be reasonable difference of opinion as to whether they really belong to us.

The nursing homes, however, are neither numerous nor very large in Camberwell, so that we have not suffered much hardship in this way.

As far as possible all these deaths have been assigned to the registration sub-districts of the Borough, so that a comparison may be instituted between them; but it does not necessarily mean that any particular district is unhealthy because it has a high death-rate. Among the deaths registered outside the Borough there are some who have died, perhaps after a sojourn of many years, in one of the large institutions outside London, but who were in the first place removed from Camberwell. In such instances it is often impossible to trace the exact address in the Borough from which they have been removed. They have consequently been redistributed to the various sub-districts in proportion to the deaths which could be definitely assigned.

REDISTRIBUTION 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 redistributed.	Estimates of total deaths due to sub- districts.
Dulwich	160	3	163
Camberwell, South ...	481	10	491
Camberwell, North ...	897	15	912
Peckham, South ...	581	10	591
Peckham, North ...	799	11	810
St. George's	706	10	716
Total	3,614	59	3,683

The death-rate for the Borough is thus 13·9, calculated on our estimate of the population. The Registrar-General in his Annual Summary gives the crude death-rate for Camberwell as 13·7 which when corrected for the differences of sex and age constitution between it and the rest of the County of London comes out at 13·6. The death-rate of the Borough increased in 1913 to 13·9 from 12·8 in 1912, in which year Camberwell was the tenth lowest among all the London Boroughs, whereas it is now the eleventh, and it comes fourth on the list of those Boroughs on the south side, Wandsworth, Lewisham, and Woolwich being below it, whereas last year it was fifth on the list.

Boroughs.	Death-rate from all causes per 1,000 living (corrected).	Deaths under 1 year to 1,000 births.
County of London	14.2	105
Lewisham	10.4	78
Wandsworth	10.6	88
Hampstead	11.3	73
Stoke Newington	12.9	82
Fullham	12.9	96
Woolwich	13.0	79
Chelsea	13.2	90
City of Westminster... ..	13.3	96
Paddington	13.4	100
Hackney	13.6	99
Camberwell	13.6	106
Kensington	13.6	112
Hammersmith	13.8	103
Greenwich	14.0	103
Battersea	14.0	111
Lambeth	14.0	102
St. Marylebone	14.3	91
Holborn	14.7	104
Isington	14.8	107
Deptford	15.2	112
St. Pancras	15.2	92
Stepney	15.6	112
City of London	15.8	96
Bethnal Green	16.1	118
Poplar	16.1	112
Southwark	17.6	115
Bermondsey	17.8	132
Finsbury	18.1	138
Shoreditch	19.2	155

It will be seen that there is a considerable rise in the death-rate since 1912, when it was abnormally low. The rise has been greatest in North Peckham, with St. George's and Dulwich following and fairly close behind.

This local increase only reflects that in the rest of the County of London, and as one would suppose is dependent on a general cause—the weather—the deaths from diarrhoea, bronchitis, and pneumonia, combining in their increase to swamp the decrease that is shown in so many other forms of illness, and to which I shall presently refer to in detail.

The deaths of infants under one year were many more than in last year, there being 738, as compared with 551, an increase of 187. The proportion to the 1,000 births was consequently raised from 85.8 to 110.3, so that we arrive to pretty much the same position as in 1911, when the summer was, on the whole, much warmer and drier than 1912. As in previous years I again set out the table,

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

Year.	Borough.	Dulwich.	South Camberwell.	North Camberwell.	South Peckham.	North Peckham.	St. George's.
1904	15·6	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	12·2	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
1913	13·9	10·5	10·7	13·8	13·6	16·7	15·5

going back to the year 1906, which shows how Camberwell stands when compared with those boroughs who have for some time counted health visitors among their staff:—

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

Borough.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	Year in which Health Visitor was appointed.
Camberwell ...	130	115	104	100	94	109	83	106	
Bermondsey ...	153	123	144	138	126	156	111	132	1909
Bethnal Green	155	138	132	129	123	151	96	118	1906
Hammersmith	138	117	120	120	99	146	90	103	1905
Hampstead ...	77	69	69	75	60	78	62	73	1909
Kensington ...	132	128	119	113	106	132	91	112	1906
Lambeth ...	131	120	104	109	94	123	86	102	1907
Woolwich ...	109	112	94	82	85	97	73	79	1906

The increase in deaths from diarrhoea accounts for about 100 of the difference between the last two years, those from bronchitis and pneumonia for 58. There is also an increase of 18 from premature birth.

The one item on which the advocates of health visitors might find some problematical ground for the advancement of their views is that last year there were 13 more deaths from the causes "atrophy, debility, and marasmus" than there were in 1912. But it

does not follow that all or any of these deaths were caused by errors of treatment or food, which might have been obviated had the mothers received official instruction and advice in the management of their infants. The poverty of parents, which acts prejudicially in the way of causing lack of attention as well as of food, and the infant's own poor material, are factors which can neither be eliminated nor overlooked.

The deaths from convulsions showed an increase of 23 over last year. The infantile deaths from tuberculosis were slightly less in the meningeal form, but there was an increase in the abdominal type. No deaths were recorded either from scarlet fever, small-pox, or chicken-pox, while those from whooping cough were the same in number as last year. Measles was responsible for 16 deaths, compared with 21 in 1912 and 29 in 1913.

There was an increase of seven deaths in syphilis.

Of the 6,671 births registered there were 5,865 notified, of these 3,129 were received from midwives, and 139 from nurses. These figures have some interest as showing the great number of women that are not attended in their confinement by medical practitioners.

There were only 18 deaths from diphtheria, one less than last year, which in its turn showed a decrease of five from the year before. The notifications, on the contrary, showed an increase of 75, but this by no means indicates a definite increase in the prevalence of the disease, but rather that many reports are now sent of diphtheria in which there is no clinical evidence of its existence, but only of slight or severe sore throat, the diagnosis being made as the result of a bacteriological examination.

The question of such throats is a subject for serious consideration; at present it is perhaps the safer plan to exclude these children from school, but, on the other hand, it is certain that many children's throats contain the organism, and yet these mix with others one would think to be susceptible, without doing the least damage. To exclude such children from school attendance is to seriously handicap them in the competition for prizes, &c. It would be a very instructive enquiry were the London County Council to undertake a bacteriological examination of the throats of children attending their schools, ascertaining how many are infected by any forms suspicious of diphtheria, and what are the other organisms which are usually found in such instances.

There were many instances of children being excluded from school on account of the fact that cultures from their throats have been examined and have shown the presence of suspicious organisms. Some of these were taken to doctors, but in others the parents persisted that there was no need to seek medical advice and that they had no intention of doing so. It was from this class that many were brought to the Town Hall, where a specimen was taken and the school authorities subsequently advised of the result of the examination.

There were 1,138 notifications of scarlet fever, nearly all of

which were of children over 1 but under 15. This is nearly double the total for last year, when St. George's headed the list with 168; now it still retains its premier position, but with a credit of 285. But, notwithstanding the great increase in persons attacked, there were only two more deaths, the case mortality rate being now a little under 1 per cent. This progressive decrease in the fatality seems to indicate that either a lessening of the virulence of the organism or organisms concerned has taken place, or that a more resistive population has come into being. That there has been a change of type seems certain, for even more than last year did we hear of instances chiefly, but not entirely, from the schools where children had suffered from attacks of sore throat with or without a slight eruption, and who on a chance and subsequent examination by the school nurse were found to be peeling. At the end of July a notification was received of scarlet fever in a boy of five. On making enquiries at the home it was found that his sister, who had been taken ill a month previously, was now peeling. But her illness had been of so slight a character that she had been continuing her work at a blouse and pinafore maker's, and the boy had also been attending school up to the commencement of the school holidays.

This is only a rather marked example of many similar occurrences.

During the year we have continued to receive during the sessions of the Elementary Schools lists of children who have been excluded from school. Some of them, of course, are excluded for reasons which do not concern us, but there remain many others who are debarred from admission on account of their presenting symptoms which are often associated with the notifiable infectious diseases. In any doubtful instance the Sanitary Inspector pays a visit to the house, and if he has any suspicion of infectious disease he advises that a doctor should be called in.

In the great majority of cases there is no reason for advising this course, for the reasons of exclusion given to the school authorities are often not those given by the parents to the Inspector, and the child is frequently stated to be quite well, and in some instances is even found to have resumed attendance at school.

Indeed, the unreliability and the delay, which are no doubt unavoidable, but which are ordinarily involved in our hearing of such cases, render the information of little value.

There were 62 deaths from measles, compared with 79 in 1911 and 107 in 1910. Contrary to the usual experience, a not inconsiderable number occurred among those who were over five years of age. The policy of removing those suffering from this disease to the Asylums Board hospitals has been continued, with the probable saving of many children who would have died had they been kept at home. About the beginning of November the pressure on the hospitals became somewhat severe, and the Board then required us to give certain particulars to them, which were designed to ensure first of all the removal of those who would be most prejudiced by being kept at home on account of poverty, or, on the other hand, where the conditions favourable to infection would be most pro-

nounced. It would be rash, however, to build too much hope of any lessening of mortality either on the above figures or on the means taken which are mentioned above. Experience has often shown that two or three years of a diminished mortality are often followed by a sudden increase.

The fatal forms of alcoholism certified as such, are one more than last year; but as the effects of this form of poisoning are to be found in so many other diseases it is not possible to draw any conclusions.

Enteric fever caused 5 deaths both in 1912 and 1913; but the disease last year had a higher case mortality, for there were only 23 persons attacked compared with 33 in 1912. North Camberwell still continues to supply the greater number of notifications, but all the sub-districts provided their quota. Nineteen patients were removed to hospital, and there were no circumstances which would seem to point to a common cause for the disease.

There were the same number as last year of babies reported to us (29) as suffering from ophthalmia. The infants were visited as soon as possible, but it was usually found that they were already being treated by their own medical attendants or more usually had been taken to one of the eye hospitals.

There were only 3 fatal cases of puerperal fever, against 9 last year. These were all absolutely independent of one another, and their fewness may be reasonably claimed as a proof of the increased skill and care of the nurses and midwives and the extra vigilance of the bodies who control these workers.

The deaths from erysipelas were one less than last year, and, as usual, the majority occurred in the infirmary. During the year a letter was received from the Stepney Borough Council asking for support in approaching the Local Government Board for the removal of this disease from the list of those that are notifiable. For some time it has been our custom neither to carry out disinfection nor to advise exclusion from the schools, unless the circumstances were altogether out of the ordinary. Its inclusion in the list was no doubt an advantage when the Public Health Act was drafted, but the benefit has long since passed away, and the comparatively few cases we now get are from the infirmaries and among persons of advanced age.

Pleurisy caused four deaths, being three less than last year; whether these should now be classed under tuberculous diseases is not decided, but there is no question that many cases of phthisis, especially among men, have originated in an attack of pleurisy, from which they have often recovered more or less completely before the symptoms of the subsequent disease have appeared.

The deaths from cancer, which were 311 in 1912, declined in 1913 to 279, but in the present state of our knowledge it is futile to hope that this means a permanent decrease. Its local occurrence has been ascribed to constant irritation, and among the agents which induce this, tobacco smoking and excessive alcoholism have been mentioned as possible agents. It is inferred that the increased

consumption of tobacco in recent years has been accompanied by an increase in cancer of the mouth and tongue, but this theory takes no account of the fact that the consumption of alcohol has decreased almost to a greater degree. The arguments as to the use of alcohol and tobacco as a cause rather seem to be mutually destructive.

The new regulations which provided for the notification of all forms of tuberculosis, pulmonary and otherwise, came into force on February 1st, 1913. The order imposes several important new duties on the Medical Officer of Health, some clerical and some inspectorial; for instance, he, or an officer approved by him, is bound to make any enquiries he may think necessary as to the source of infection, and the taking of such steps as may be desirable for the prevention of infection. This seems to be a duty which can most appropriately be carried out by the Medical Officer of Health himself, for there are occasions in which difficulties may daily arise in the course of the enquiry which could hardly be dealt with by any one but a medical man. Not only this, the investigation occasionally leads to the exposure of old family sores which the persons concerned would fain hide, if not forget.

The seamy side of life is often revealed where one least expects to find it. The investigations by any one but the Medical Officer himself seems therefore especially inadvisable, for it must in that case of necessity involve a less amount of secrecy. I have, therefore, perhaps to the detriment of other duties, taken this matter in hand myself.

There is also not infrequently an objection to the enquiry apparently on the ground that the information may in some way be used to the detriment of the informer, and it takes some tact to allay the anxiety and obtain the information. Resentment is also sometimes shown at so many enquiries in respect to the patient, and I have myself at a first visit been asked, "How many more people are coming to ask about this person?" The enquiry was, however, made in rather more forcible terms.

The deaths from pulmonary tuberculosis for the year numbered 303, that is 30 less than last year, while there was one death less than in 1912 from other forms of tuberculosis. One would have hoped that in view of the especial measures that have been put into practice, the provision of sanatoria, the establishment of dispensaries with officers specially trained in tuberculosis work, &c., that a greater decrease in the mortality would have taken place. In order to explain this disappointing result it has been argued that, owing to the increased attention now given to suspected cases of tuberculosis, deaths are certified as due to this disease that were formerly assigned to other causes; the decrease therefore of phthisis is more real than it appears. A theory like this must obviously cut both ways, for increased attention need not always have a result of certifying consumption, but might cause its elimination from the diagnosis. Nevertheless, the theory, even from the statistical aspect, is a disquieting one, for it necessarily throws a doubt on the value

of all the figures relating to deaths from phthisis ever since they have been separately recorded. Time will only show whether the diminution in 1913 forms a step in the regular downward trend of this disease which has been going on for many years. But as the decrease is not large, and one that might very well be ascribed to the indirect measures which are taken against tuberculosis, it may be well hoped that it is so.

Since the passing of the Insurance Act the number of persons undergoing treatment in a sanatorium (which must be distinguished from those receiving sanatorium treatment) has enormously increased, the Metropolitan Asylums Board alone having received about 2,000 of them since 1913. But if all suitable cases are to be treated much more accommodation will be required. The popular idea is, of course, that every phthisical person should at once be sent to a sanatorium, for without this a cure is supposed to be highly improbable; the pressure therefore of public opinion may compel those in authority to erect still more of these buildings. Yet it is necessary to remember that many persons do well at a sanatorium, as indeed they would in any ordinarily good and healthy surroundings; but when they return to their unsuitable work, their crowded homes, and to the shortage of food, they lose all the ground they had gained and rapidly go down hill.

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 in late years has been ascribed to it.

Of the deaths which occurred in infirmaries and other public institutions within the Borough 19 had been inmates less than a week, 13 had been there more than one week and less than a month, 62 had been there more than one month, and in 27 other instances the patient had been in some hospital or infirmary, but had come out before his death.

The notifications were fairly complete, and out of all the deaths 18 had previously been brought to our notice by the medical attendant. In the case of non-notification our practice is to write for an explanation, which in due course comes before the Committee for their consideration.

The clerical work in connection with this division of the work shows no signs of lessening, but, on the contrary, of an increase; more enquiries come in and more returns have to be made. It has still been necessary to keep on temporary assistance, and I can, under existing conditions, see no prospect of being able to dispense with it.

The total number of cases personally inquired into were 955 of the pulmonary and 230 of the non-pulmonary. It will be seen that this is less than the number reported by practitioners, and the difference is partly accounted for by the persons having moved away before inquiries could be made. This was especially noticeable in those of the non-pulmonary forms who were notified in the beginning of the year 1913, for among them quite 10 per cent. had moved

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications during the period from February 1st, 1913, to the end of the week ending January 3rd, 1914.

Age Periods.	Number of Notifications on Form A.												
	Primary Notifications.												Total Notifications, i.e., including cases previously notified by other Doctors.
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total.	
Pulmonary— Males ...	1	10	43	23	28	38	98	83	79	38	14	455	662
Females ...	—	12	35	29	30	39	87	78	49	24	6	389	555
Non-Pulmonary— Males ...	7	34	66	31	14	13	6	9	6	3	4	193	233
Females ...	5	28	48	31	21	16	23	7	7	6	2	194	223

Age Periods.	Number of Notifications on Form B.					Number of Notifications on Form C.	
	Primary Notifications.				Total Notifications, i.e., including cases previously notified by other Doctors.	Poor Law Institutions.	Sanatoria.
	Under 5	5 to 10	10 to 15	Total.			
Pulmonary— Males ...	—	13	1	14	18	89	135
Females ...	—	10	2	12	16	12	83
Non-Pulmonary— Males ...	—	7	14	21	23	1	17
Females ...	—	7	6	13	13	—	18

when the house was visited and someone found at home who was able to give any particulars. There are also many notified whose only address has been a lodging house or the workhouse, and also those, whose numbers are not inconsiderable, who, either by accident or design, are never at home when a visit is made.

Each notified case is visited by me as soon as possible, but delay sometimes occurs in making the necessary enquiries, for tuberculous patients undergoing home treatment are often themselves out in the fresh air. And in those instances where they may have been removed to institutions, difficulty often arises in finding some one in the home who is able to give more or less reliable information about the person who is attacked. If the father has been removed, loss of income causes the mother to go out to work; if the mother is the patient there will only be children at home. In either case it often entails two or three visits, and not infrequently a call in the late evening or on Sunday is the only means of getting the proper information. The following table sets out the number of instances in which sanitary defects were found at the houses about which we received notifications :—

TUBERCULOSIS, 1913.

Inspector.	Overcrowding.		Ordinary.		Total.
	Intima- tions.	Notices.	Intima- tions.	Notices.	
H. C. Green	1	1	84	21	107
G. G. Morley ... ..	...	...	33	18	51
H. N. Jones ... ..	...	...	43	6	49
R. D. Nash	1	...	40	8	49
M. Malins	2	...	35	4	41
W. Eagle	2	1	24	11	38
G. W. Scudamore ... ..	...	...	29	8	37
G. T. Dewey ... ..	...	...	30	2	32
W. R. Farmer ... ..	...	...	9	...	9
J. S. Pointon ... ..	...	...	7	1	8
E. R. Collins ... ..	...	...	4	...	4
	6	2	338	79	425

There can be no doubt but that there does exist a considerable danger of over-inspection. One general hospital, for instance, visits its patients, who will also be visited by the local Sanitary Authority and by other agencies, official or otherwise. This cannot but be a source of irritation, which could only be properly assuaged by substantial advantages following such inspection, which usually are not forthcoming.

The total number of notifications received during the year was 2,661; of them 1,925 were of tuberculosis of the lung. Comparison with previous years would serve no advantage, for the cases now notified are drawn from a larger class than in previous years. The subjoined table gives particulars of the parts of the Borough affected, classified according to the Sanitary Inspector's district.

So far as the inauguration of a working arrangement between the Borough Council and the Camberwell Tuberculosis Dispensary is concerned, there is no substantial progress to report. There were many meetings between the representatives of the Dispensary and

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.
PARTICULARS OF NOTIFICATIONS RECEIVED FROM JANUARY 1ST, 1913, TO JANUARY 3RD, 1914.

District No.	Ward.	Sanitary Inspector.	Number of Persons Notified.	Number of Notifications received.	AGE DISTRIBUTION.							Inspections and Re-visits made by Sanitary Inspectors.	Patients left Address, since Notification, for other Address in Borough.	Patients who have left Borough since Notification.
					Under 1 year.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.			
1	Ward 1 (part of) ...	M. Malins ...	86	175	1	6	27	9	30	13	...	309	13	21
2	{ Ward 1 (part of) & Ward 2 ... }	H. Jones ...	172	287	1	8	44	33	60	26	...	417	8	26
3	Wards 3 and 14 ...	G. Dewey ...	153	233	2	9	47	17	51	24	3	359	3	30
4	„ 4 and 8 ...	H. Green ...	247	380	2	11	76	42	73	34	9	848	19	41
5	„ 5 and 6 ...	R. Nash ...	200	298	2	8	69	26	56	37	2	611	6	23
6	„ 7 and 9 ...	G. Scudamore ...	213	360	1	17	63	34	63	33	2	538	2	30
7	„ 10 and 11 ...	W. Eagle ...	103	152	1	5	26	15	38	15	3	271	5	25
8	„ 12 and 13 ...	J. Pointon ...	114	184	1	8	31	16	44	13	1	418	3	17
9	„ 15 and 16 ...	W. Farmer ...	82	125	2	3	15	20	26	15	1	262	1	8
10	„ 17 and 18 ...	G. Morley ...	109	163	1	3	25	20	49	10	1	252	5	22
11	„ 19 and 20 ...	E. Collins ...	40	69	...	4	8	9	13	5	1	36	1	3
Total ...			1,519	2,426	14	82	431	241	503	225	23	4,321	66	246

In addition to the above, 119 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 116 Notifications forwarded to neighbouring Boroughs. This brings the total number of Notifications dealt with for the year 1913 up to 2,661.

those of the Public Health Committee of this Council. The following sets out the views of the two parties, the draft agreement having been drawn up by the Dispensary section :—

1. That the agreement which follows shall take place during a provisional period of *twelve* months. **Agree.**

2. That the Borough Council shall recognise the Camberwell Dispensary for the prevention of consumption as one of the elements in a scheme for the prevention and treatment of tuberculosis. **Agree.**

3. That the Dispensary shall, at the request of the Medical Officer of Health, treat any tuberculous patient residing in the Borough of Camberwell who is not under treatment; and shall, when such examination is considered advisable by the Medical Officer of Health, arrange for the medical examination of the "contacts" of such tuberculous patients upon the following lines :—

The Dispensary Medical Officer shall have a "march past" of the household of the patient, and where the Medical Officer of Health considers necessary, the patient shall be visited by the Dispensary nurse at intervals of three months for a period of one year from the first notification, or longer if required. A record shall be kept of the result of the examination made at the "march past," and the general sanitary conditions of the patient and the dwelling house at each visit of the nurse shall be recorded, together with particulars of any suspicious illness in any member of the household. **Agree.**

4. That the chief Medical Officer of the Dispensary shall assist under the administrative direction of the Medical Officer of Health in the carrying out of a scheme for the prevention and treatment of tuberculosis in the Borough. **Agree.**

5. That in everything pertaining to the diagnosis and treatment of patients, the chief Medical Officer of the Dispensary shall be independent of control by the Medical Officer of Health or any other medical man. **Agree.**

6. That the freest interchange shall take place between the Medical Officer of Health and the chief Medical Officer of the Dispensary of information regarding cases of tuberculosis which have been discovered. **Agree.**

7. That the Dispensary shall be managed by a Committee conforming to the rules of the Central Fund, and shall include two representatives of the Borough Council, of which the Medical Officer of Health shall be one. **Agree as Amended.**

8. That the Borough Council shall grant the sum of £300 to the Dispensary, to be credited against the institutional expenditure incurred during the said provisional period of *twelve* months. **Agree.**

9. That nothing in this agreement shall affect the right of the Dispensary to carry out, in addition to the duties hereinbefore set out, all other duties incidental to the scheme of procedure for the conduct of dispensaries approved by the Central Fund; and, in particular, the right to accept as a patient any person who is either insured or unable to afford to pay for the treatment required; the right (if any) to give domiciliary treatment to any patient, and the right of the Dispensary doctor and nurse to visit the house of any patient. **Agree.**

10. The Dispensary shall, subject to the consent of the Borough Council, be permitted to delegate any duties contained in this agreement to any other institution qualified to discharge them; such consent not to be unreasonably withheld. **Agree.**

This was duly submitted to the Public Health Committee, but it was unfortunately adjourned till a meeting had been arranged between the representatives of King's College Hospital who in January, 1913, had written to enquire in what way they could aid the Borough both as to internal accommodation and the dispensary treatment of tuberculosis under the National Insurance Act. This meeting was duly held, and the question of reimbursing any additional expense to the Hospital by the Borough Council was discussed.

As the Council had already been dealing with the Dispensary authorities it was deemed advisable that the latter should meet the King's College representatives and discuss the financial arrangements which might be necessary in the event of the Hospital becoming associated with the Dispensary. The Hospital eventually decided that they could not make themselves responsible for the treatment of tuberculous cases in any particular area of the Borough in the absence of any undertaking by the Borough Council to provide for the additional expense which must be incurred, but that they would always give special consideration to any cases referred either from the Borough or from the local dispensary.

The Public Health Committee then re-considered the original draft agreement, and resolved to recommend its adoption as amended (see above).

As there was a question of money payment the resolution had to be submitted to the Finance Committee, who made no recommendation to the Council thereon. The whole matter therefore remained in abeyance for the time being.

On September 30th, on the receipt of a letter from the Local Government Board relating to the work of the London County Council in regard to the provision of dispensaries, the Committee decided to re-affirm their resolution in favour of an agreement being entered into between the Council and the Camberwell Dispensary.

The Sub-Committee which had conferred with the Dispensary was re-appointed in November, 1913, but no negotiations have been resumed.

Of the total notifications which were received during the year 372 were received from the Dispensary, and of these 75 were secondary reports of relations of a previous case. These secondary cases were in eight instances associated with primary notifications by other medical men.

It is thus evident that the voluntary dispensary is doing the work which would be done by a Borough institution, but with this difference, that it costs the ratepayers nothing. It is not within my duty to blame or praise this arrangement, or rather the lack of it; but granted the benefit of a dispensary, there are many reasons why the Borough Council should be associated with its working, for the examination of the remaining members of a patient's family takes place as a matter of course in the dispensary patients—witness the 75 cases mentioned above—but in those only notified to me it is not possible to institute an examination from the tuberculosis point of view of the whole of the family, and I am perforce compelled simply to advise the head of the house to obtain treatment for the more obvious cases, whereas had we been connected with a dispensary the address would have been forwarded to them to seek out any early or hidden cases therein and to get them into the best way towards a cure.

It is not necessary to again urge the advantages of an arrangement with the Dispensary, for they have already been set before the Council, but I would point out that the practice of economy is in

accord with such a scheme, for the arrangement is only from year to year, and we know exactly the amount. Tuberculosis dispensaries may in the future be found not to justify the expenditure and time bestowed upon them; in such a case it is surely a great advantage to be under a yearly agreement rather than be saddled with a staff and buildings which can no longer be turned to account.

Whether the dispensary is going to play an important part in the diminution of tuberculosis the future alone can tell, but an experiment should either be tried wholeheartedly or left alone, and the probable cost devoted to other means for combating the disease.

In May, 1913, the Guardians of Southwark, whose Infirmary is adjacent to East Dulwich Station, started a campaign against the use of the siding for loading trucks from the carts which had collected the household refuse from the houses in the neighbourhood. The story of the attack is best told in the letters, complaints and reports we have received, which I set out below.

A letter was received in 1906 calling attention to the accumulations of rubbish on the railway siding near East Dulwich Station. The Sanitary Inspector visited and reported no nuisance. There is no record of any further complaint concerning the dust until May, 1913, when the St. Saviour's Guardians forwarded the following report from their Medical Superintendent.

I beg to draw the earnest attention of the Committee to the very serious menace to the health of the staff and inmates occasioned by the manner in which the dust-bin refuse is handled on the railway siding in the immediate proximity to the Infirmary. The nuisance has increased and has now reached a pitch which amounts to a gross scandal, and this in spite of protests made in the past.

During the whole of every week-day dust-carts are unloaded into trucks. With the wind in any northerly direction this means that all the dust from refuse is blown straight into the Infirmary wards, while paper, &c., is strewn in the grounds. The trucks are overlaid, which makes it worse.

With more or less delay, a tarpaulin is fixed over them when full, and some time during the night they are removed. They may be left half full and quite uncovered over the whole of Sunday.

I submit that it is absolutely improper to carry out this insanitary work in the immediate neighbourhood of an Infirmary, or indeed of dwelling houses at all.

The siding itself is in a disgraceful state, with heaps of refuse lying and breeding disease, while trucks overloaded with manure are frequently kept standing on it for many hours, poisoning the whole neighbourhood.

I have no doubt at all that outbreaks of diarrhoea which have occurred in the summer among the infants in the Infirmary, and, from what I have heard, in the neighbourhood also, result from this nuisance, for which the local sanitary authority who authorise it and the railway company who allow it on the premises are responsible.

The matter was considered by the Public Health and the Works and General Purposes Committees of the Council, both of whom surveyed the railway siding.

Further reports from the Medical Superintendent were sent to the Borough Council by the Visiting Committee of St. Saviour's Infirmary:—

June 9th.—"With reference to the nuisance arising from dust-bin refuse on the railway siding, I have to report that during last week the refuse has been handled in, if anything, a more scandalous and wicked manner than ever, and since Friday last a large pile of refuse has been standing on the siding with paper and foul dust from it blowing into the Infirmary grounds."

July 28th.—"I have to report that six cases of infantile diarrhoea have developed during the last week, and that two of the babies are dangerously ill.

I ascribe the outbreak entirely to the poisoning of the children by the refuse on the siding. The wind has been normal during the week, and the old method of dealing with the refuse has been as before, except that the farce of hanging the canvas over the Infirmary side of the trucks has been continued."

August 11th.—"With reference to the nuisance on the adjoining siding, I have to report that there has been no abatement.

Northerly winds have been prevalent, and all through the holidays the smell of refuse and manure has been most objectionable.

In addition, since my last report there have been eight more cases of infective enteritis among the children in the Infirmary, and I regret to say there have been two deaths.

The responsibility for these deaths lies at the door of the Borough Council."

August 18th.—"I have to report four more cases of infective enteritis, making eighteen in all, and two more deaths. One of these was the child named Olive Marsh, who was found wrapped in brown paper in the street in March. This child died on Saturday, and as the exposure had something to do with the death, although the immediate cause was enteritis, I informed the Coroner, who held the inquest this morning. A verdict of gastro-enteritis was returned. I informed the Coroner and jury that the death was avoidable, and was due, in my opinion, to poisoning by dust-bin refuse."

The most sensational reports from Southwark coincided with the period of little general news, and it is not therefore surprising to find considerable prominence given to them. Descriptions of "Southwark's Plague Spot," "Poisoned by a Refuse Heap," "Council's Dust Heaps," were among the terms which were used in connection with the dispute.

Reports of the death-dealing dust (*sic*) were even in the provincial papers, while one of the evening papers in London used the complaint as a stick to belabour the then President of the Local Government Board. Prominence was also given to the complaint in an inaugural address to the Conference of Sanitary Inspectors on "Dust." In fact, Camberwell was held up as an Authority which, by its supine and obstinate behaviour, had caused disease and death among its inhabitants.

It is not necessary to add that all this was done before any answer to the charge was made. The following report was received by the Council on September 24th and ordered to be sent to the Local Government Board:—

To the Chairman and Members of the Public Health Committee.

GENTLEMEN,—Although the question of the removal of dust has been placed by the Council in the hands of the Works Committee, it is an integral part of public health administration, and as such serious allegations have been made from responsible quarters with regard to nuisance which is caused at East Dulwich Station, I deem it my duty to put the main facts before you for your consideration and judgment.

The dust of the Borough is dealt with mainly at Glengall Depot and East Dulwich Station, the latter being that which has to be removed by train, while the former is taken away in barges.

The Depot in Glengall Road has certainly been in use for twenty years or more, while that at Grove Vale dates from even further back. The Infirmary of St. Saviour's was built in 1886.

I have been across Glengall Bridge and in its neighbourhood in all conditions of wind and weather, and have never noticed any nuisance arising from the dust, neither have I had any complaints with regard to smell, although the Depot adjoins two much frequented roads and factories employing a large number of hands.

So far as the East Dulwich dust removal is concerned, I can find no complaints (except one of accumulation of rubbish in February, 1906) from any one before May of this year.

The transshipping of dust is carried on within a short distance of houses in Melbourne Grove, the platform of East Dulwich Station, which is used by a great number of people travelling to the City, and a much-used 'bus and tram route. While, on the other side (*i.e.*, the north) of the line and station is Constance Road Workhouse.

Taking a measurement from the map of the nearest point of any of the Infirmary Wards to the siding on which the dust trucks are, I find it to be 70 yards; and the furthest distance that I have ever detected the slightest smell of dust to the leeward of the discharging carts is eighty-five paces, *i.e.*, roughly about 60 to 70 yards, and that only when a very strong wind was blowing towards me and dust disposal was in active progress. But between the truck line and the Infirmary and in the grounds of that Institution there is a belt of trees in one part and a large building in another which must certainly break the current of air.

The original complaint was, I understand, of dust and smell, but this has recently been enlarged to include the disposal of manure as being the causes of enteritis in the Infirmary. For the information of the Committee I set out below in tabular form for the three years 1911, 1912, and 1913, the combined deaths from enteritis and those from epidemic diarrhoea, gastro-enteritis and zymotic enteritis in children under one year, and all over that age since May of this year and for the corresponding weeks of 1911 and 1912. (*See table facing p. 26.*)

The curve of mortality from infantile diarrhoea is said by Osler to usually rise in May, increase in June, reaching the maximum in July, and gradually sinking through August and September.

I have sub-divided the incidence up to the end of August for the three years 1911, 1912, and 1913, and have classified these deaths under the heading of Southwark Infirmary; our own Infirmary in Camberwell; of Constance Road Workhouse (the female sick ward of which is not very far from the trucks); the Borough generally, and of institutions outside the Borough where deaths have occurred. I have also taken a radius round Glengall Road Dépôt corresponding to the distance of the trucks from East Dulwich Infirmary. The neighbourhood of Glengall Road Dépôt being partly occupied by factories, the figures relating to this must be judged accordingly. But in the three years there has only been one death from diarrhoea, so that there appears to be no reason to even hint at the dust transshipping at this Dépôt to be a cause of enteritis. These figures must, of course, be considered with the fact that we have no knowledge of how long each of these fatal cases has been in the Infirmaries, nor of the actual number of children in them at the time. Too much reliance must not therefore be placed upon them.

I think it may fairly be said that two points stand out: firstly, when there is much enteritis in the St. Saviour's Infirmary, there is always considerable prevalence elsewhere in other parts of the Borough; secondly, the great freedom of Constance Road Workhouse from illness and complaint.

The smell from the trucks I have mentioned above. I would also point out that on the grass and young shoots of the bushes and small trees that are growing close to the Infirmary wall there was no evidence of dust, although I visited after several days' dry weather and northerly winds. Further, when I have been there I have seen members of the staff sitting outside in the open air between the trucks and the Infirmary itself, apparently suffering no inconvenience. I have also been in the grounds of Constance Road Infirmary when the wind was blowing direct from the dust carts and trucks to me, and although I was as close to the wall as possible, I could detect no smell.

There remains to consider the smell of the manure. This is usually fairly strong in the immediate neighbourhood of the trucks where it is actually being taken from the carts, weak round the full trucks, while in both cases it is practically non-existent at a further distance.

In conclusion, I would especially ask the members of the Committee to very carefully weigh the facts set out, and to bear in mind that because the handling of dust takes place near an institution where children have been attacked by enteritis that it is by no means necessarily a case of cause and effect. There are many other factors to be weighed and excluded before we can accept what is, on the evidence supplied, nothing but theory.

I am, Gentlemen, your obedient Servant,

FRANCIS STEVENS,

Medical Officer of Health.

The following report, presented by Dr. Bruce to the Southwark Board of Guardians, appeared in the "Camberwell and Peckham Times," dated October 22nd :—

DEAR SIR,—I beg to bring to your notice the nuisance occasioned by the large rubbish heaps which are kept between the boundary walls of the Infirmary and the railway line. When the wind is in a favourable quarter most offensive smells are blown towards the wards. Under the same condition foul black smoke envelopes the grounds and penetrates the wards during the periodic burnings which are carried out. With the wind at all high, paper and dust of all kinds is carried into the Infirmary grounds and buildings. I submit that these heaps constitute a nuisance, and are distinctly detrimental to the health of the inmates, and appeal to you to use your powers to put a stop to them.

With regard to the distances from the Infirmary to the boundary wall between it and the siding, they are as follows :—

From the wall to the laundry, where women work and two of the staff sleep, is 25 feet at about its centre. From the wall to the nearest ward is 55 yards. The distance from the wall to the trucks I do not know, but it certainly does not exceed 10 yards at the west end. The amount of refuse removed by the Borough Council from the Infirmary never amounts, at the outside, to two loads a week ; the average number dealt with at the siding being for this year 146. All the cases of enteritis reported to the Committee have been, as I have already explicitly stated, cases which developed the disease in the Infirmary.

With regard to the reports of the Local Government Board Inspector and the Medical Officer of Health, the former states ". . . that the evidence does not suffice to show that the cases of enteritis . . . were caused by the refuse . . ."

The latter states ". . . that because the handling of dust takes place near an institution where children have been attacked by enteritis it is by no means necessarily a case of cause and effect."

It is preposterous to read either of these guarded statements as an expression of the opinion that cases are not caused by the refuse, and still more preposterous to take them as actual proof that the dust does not give rise to disease.

On the other hand, the Local Government Inspector states that the arrangements are unsatisfactory, and at times give rise to a nuisance. This absolutely confirms and justifies my reports.

Further, the Medical Officer of Health states that the farthest distance he has ever detected the smell of dust was 85 paces from the carts, when a very strong wind was blowing and work in active progress. But the work is in active progress every week-day, and strong northerly winds have been prevalent, while the distance stated is sufficient to carry the smell right into the wards.

This, therefore, again confirms my reports as to the nuisance, and only strengthens me in my firm belief that the refuse is the cause of the outbreak of enteritis and the resulting deaths.

(Signed) H. W. BRUCE.

By order of the Borough Council, the matter was further gone into and a report made on the Infirmary, the dust siding, and the cases of enteritis, with the co-operation of Dr. Cautley, senior physician to the Belgrave Hospital, but as further proceedings are not unlikely, I will not at this step deal with the subject. But I would ask that anyone who is interested in the accusation to go and see the East Dulwich siding himself, and not swallow anything and everything that is told him or that he reads in the papers.

It should also be borne in mind that the Infirmary was built in proximity to the siding, which then, as now, was a goods siding, and where traffic of all sorts, including the removal of manure, was and is dealt with.

FACTORY AND WORKSHOPS ACT.

In accordance with the provisions of the above Act, I submit a report stating the work which has been carried out under its provisions in the year 1913.

There were 306 inspections of factories, against 396 in 1912, and 1,883 of workshops, against 2,635 in the previous year. This decrease is due to an undoubted lessening of workshops and workplaces, some of which have been given up owing sometimes to loss of trade, and also to the increasing tendency of some of the smaller traders and workers to disappear and to be merged into the larger establishments. Exceptionally, the number of workplaces inspected is greater than last year, there being 970 recorded instead of 815.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)...	306	9	—
Workshops (including Workshop Laundries)	1,883	56	—
Workplaces (other than Outworkers' Premises, included in Part 3 of this Report)	970	32	—
Total	3,159	97	—

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... ..	93	93	—	—
Want of Ventilation	—	—	—	—
Overcrowding	2	2	—	—
Want of Drainage of Floors	3	3	—	—
Other Nuisances	88	88	—	—
Sanitary Accommodation—				
Insufficient	3	3	—	—
Unsuitable or Defective	71	71	—	—
Not separate for Sexes... ..	2	2	—	—
<i>Offences under the Factory and Workshop Acts:—</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	262	262	—	—

* Including those specified in Sections 2, 3, 7, and 8 of the Factory and Workshops Act, 1901, as remediable under the Public Health Acts.

3.—HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.									OUTWORK IN UNWHOLESOME PREMISES, SECTION 103.			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.		Lists.	Outworkers.										
		Con-tractors	Work-men.		Con-tractors	Work-men.									
Wearing Apparel—															
(1) making, &c.	73	57	1,581	12	22	58	—	—	—	39	18	—	—	—	—
(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	2	—	52	1	—	—	—	—	—	—	—	—	—	—	—
Brush making	1	—	49	—	—	—	—	—	—	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carding, &c., of buttons, &c.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stuffed toys	1	—	15	—	—	—	—	—	—	—	—	—	—	—	—
Basket making	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	77	57	1,697	13	22	58	—	—	—	39	18	—	—	—	—

The number of notices it was necessary to serve was proportionately lower than last year, and it would really appear that there is substantial improvement in the hygienic condition of the workshops as a whole.

The second schedule sets out the nature of the defects found under certain headings, which in the main explain themselves, but under the class of "other nuisances," which amounted to 88, are included defective roofs, dirty condition of walls and ceilings, &c.

Home work was found to be carried on in unwholesome premises in 39 instances; the bad conditions were for the most part of a comparatively trifling character, and chiefly consisted of dirty or badly kept state of the workroom, owing to the carelessness of the occupier. For the most part they were remedied on attention being called to them, and in only 18 instances was it necessary to serve notices. It will be seen that among the scheduled trades only in the case of the making of wearing apparel were there conditions existing that could be made the subject of a complaint.

4.—REGISTERED WORKSHOPS.

Workshops and Workplaces on the Register (s. 131) at the end of the year.										Number.
Laundries	...	...	...	...	...	...	...	...	...	50
Clothing (wholesale and private)	...	...	...	...	...	...	...	...	...	318
Preparation of food	...	...	...	...	...	...	...	...	...	189
Building trades...	...	...	...	...	...	...	...	...	...	61
Bakehouses	...	...	...	...	...	...	...	...	...	154
Miscellaneous	...	...	...	...	...	...	...	...	...	931
Total number of workshops on Register										1,703

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories:—	
Failure to affix Abstract of the Factory and Workshop Acts (s. 133, 1901)	19
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (s. 5, 1901)	15
Other ...	—
Underground Bakehouses (s. 101):—	
Certificates granted during the year	—
In use at the end of the year	65

There were the usual instances of default in sending in the lists of outworkers at the proper time, but a letter from the Committee calling attention to the consequences of failure to comply with the law had the desired effect, and in no case was it necessary to summons.

There were no instances of outwork being carried on in infected premises during 1912. A copy of the notifications received each morning is at once handed to Miss Bevan, who compares it with her list of outworkers to see if any names appear on both lists.

In all there were 1,316 inspections of outworkers' premises, compared with 132 in 1912, and of these 571 related to addresses that had not been previously registered.

The careful watch over the opening of new workshops as well as the closing up of old is still maintained by the Inspectors.

There is a diminution of 93 from the number of workshops of last year, and of 200 compared with that of 1911.

A letter was received from the London County Council regarding water supply to tenement houses, in answer to which it was pointed out that the whole enactment under the General Powers Act, which enforces the provision of a water supply on the storey or one of the storeys of a tenement house in which the lodgers' rooms are situated, is governed by the proviso at the end of the section. This sets out that "this section shall not apply to any tenement house in respect of which it can be shown that any such provision for the supply of water as aforesaid is not reasonably necessary."

Our experience of this matter in the police court has not been altogether happy. We summoned the owner of a one-storey house which was let to two families. The only water supply was from a tap in the downstairs scullery, access to which was only possible by going out into the yard. This appeared to be as strong a case as we could find in Camberwell and one in which the Council thought it reasonably necessary, but, as the case was decided against us with costs, I have thought it a waste of time to report further cases to the Committee, although I know of several houses where an additional water supply would be a distinct help to cleanliness; always supposing, of course, that the people are ready to avail themselves of the extra facility. This extra water supply, however, has been far more generally provided during the last two or three years.

Under the Housing and Town Planning Act there were 66 inspections made of tenements in Chiswell Street, Brisbane Street, and Hampton's Avenue. The Committee decided to take no action under this Act, but they decided to register those which could be dealt with as houses let in lodgings and to deal with the others under the Public Health (London) Act.

Number of houses inspected under Section 17, 66.

Number of houses in respect of which closing orders were made, nil.

Number of houses where defects (such as would be remedied under the Public Health Act) were remedied, 44.

Number of houses where no nuisance was found to exist, 16.

The block of back-to-back houses in Levant Street remain in the same condition as they were at the date of my last report, except that the general condition as regards cleanliness has certainly improved.

The return of the inspections that are made by your officers shows a diminution in the number of complaints and in the inspections following on such complaints. The house-to-house inspections (excluding those made under the Housing and Town Planning Act)

remain about the same, but owing to the increase in the number of infectious cases many more inspections were called for.

The visits to the homes of children who have been sent down for baths at the cleansing station still continue to take up a good deal of time, for every such home has to be visited, and it is often that only at the third or fourth call is any one found who can show the Inspector the incriminated rooms. In some cases, but not in all, it is possible that this absence from home is one of the causes of the condition of the children.

The other items, although numerous and far-reaching, call for no special explanation or comment.

During the past year the staff of inspectors and clerks has shown that same zeal and interest in their work which I have previously had to bring to the notice of the Council.

I am, Gentlemen,

Your obedient Servant,

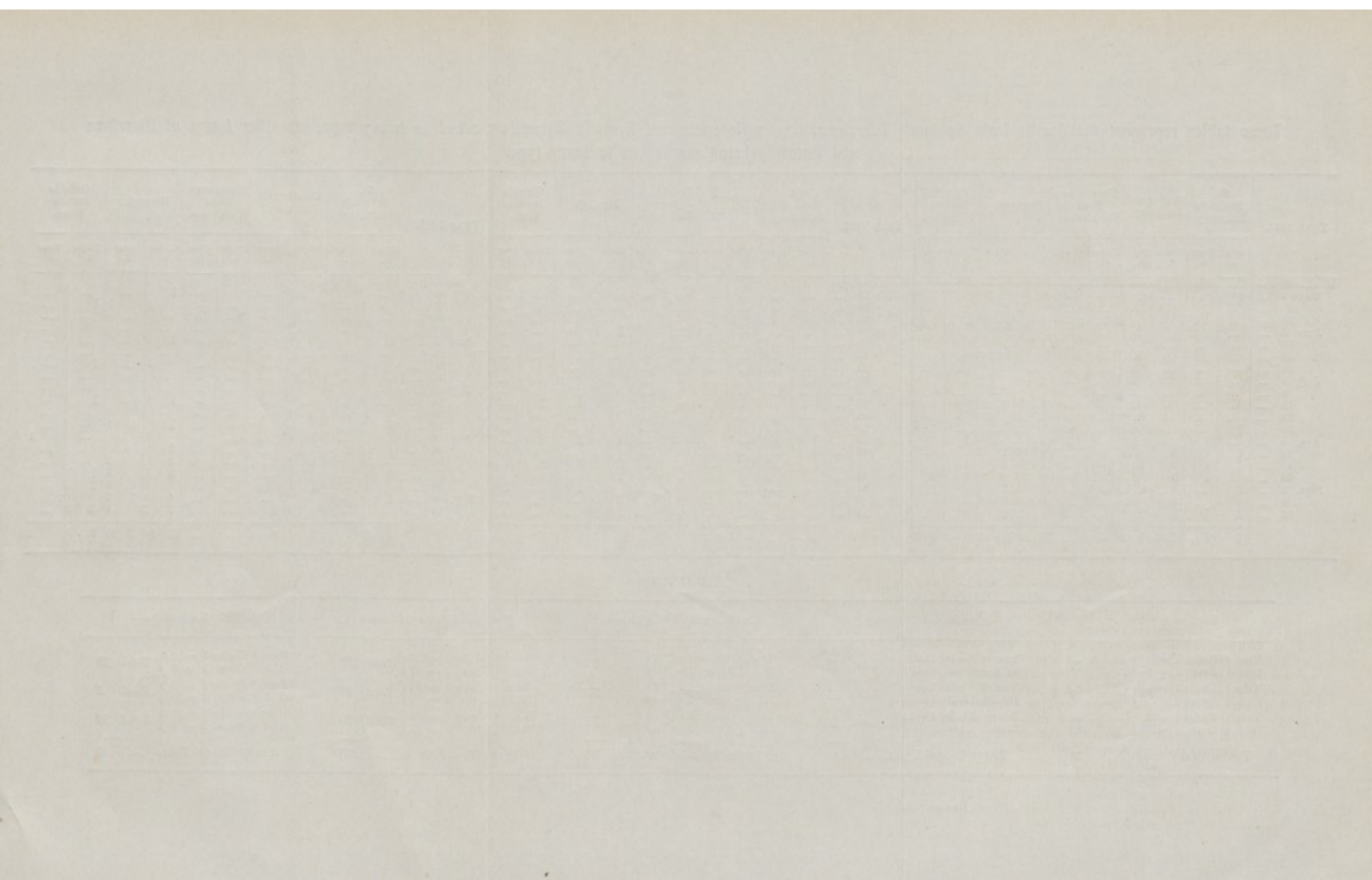
FRANCIS STEVENS.

These tables represent the deaths from Epidemic Diarrhoea, Gastro-Enteritis and Zymotic Enteritis marked in heavy type, all other forms of Diarrhoea and Enteritis being marked in ordinary type.

YEAR 1911.	St. Saviour's Infirmary.		Camberwell Infirmary.		Constance Road Workhouse.		Borough.		Outside Institutions.		YEAR 1912.	St. Saviour's Infirmary.		Camberwell Infirmary.		Constance Road Workhouse.		Borough.		Outside Institutions.		YEAR 1913.	St. Saviour's Infirmary.		Camberwell Infirmary.		Constance Road Workhouse.		Borough.		Outside Institutions.			
	Under 1.	Over 1.	Under 1.	Over 1.	Under 1.	Over 1.	Under 1.	Over 1.	Under 1.	Over 1.		Under 1.	Over 1.	Under 1.	Over 1.	Under 1.	Over 1.	Under 1.	Over 1.	Under 1.	Over 1.		Under 1.	Over 1.	Under 1.	Over 1.	Under 1.	Over 1.	Under 1.	Over 1.	Under 1.	Over 1.		
Week ending—											Week ending—											Week ending—												
May 13 ...	1	...	...	...	...	...	...	...	...	...	May 11 ...	...	...	...	...	...	...	...	...	...	...	May 10 ...	...	...	...	...	...	...	1	...	...	...
20 ...	...	...	...	...	...	...	...	...	...	...	18 ...	...	...	...	...	...	...	...	...	...	...	17 ...	...	...	...	...	...	...	...	1	...	...	...
27 ...	...	...	...	...	...	...	...	...	...	...	25 ...	...	...	1	...	...	...	...	...	...	...	24 ...	...	...	...	...	...	...	...	...	1	...	...
June 3 ...	...	1	...	...	...	...	...	...	...	...	June 1 ...	...	...	...	...	...	1	1	...	...	...	31 ...	...	...	2	...	...	...	...	...	...	...
10 ...	...	...	...	...	...	...	...	...	...	...	8 ...	...	...	...	...	...	...	...	...	...	...	14 ...	...	...	...	...	...	...	2	1	...	...	...
17 ...	...	...	...	...	...	...	...	...	...	...	15 ...	...	...	...	...	...	...	...	...	...	...	June 7 ...	1	...	...	...	...	...	...	2	1	...	...
24 ...	...	...	...	...	...	...	...	...	...	...	22 ...	...	...	...	...	...	...	...	...	...	...	21 ...	...	...	...	...	...	...	...	2	...	1	...
July 1 ...	...	...	...	...	...	...	1	...	1	...	29 ...	...	...	...	...	...	...	...	1	...	...	28 ...	...	...	...	...	...	...	...	...	...	...
8 ...	...	...	...	...	...	...	...	...	...	...	July 6 ...	...	...	...	...	...	...	...	1	...	...	July 5 ...	...	...	...	...	...	...	...	...	...	...
15 ...	...	...	...	...	...	...	1	1	...	...	13 ...	...	...	...	...	...	...	...	...	1	...	12 ...	...	...	...	...	...	1	1	...	...	1	...
22 ...	...	...	...	...	...	...	1	1	...	...	20 ...	...	...	...	...	...	...	...	...	1	...	19 ...	...	1	...	...	...	...	...	...	...	...
29 ...	1	...	...	...	...	...	2	2	...	...	Aug. 27 ...	...	...	...	...	...	...	...	...	...	...	26 ...	1	1	...	1	...	...	...	1	1	...	...
Aug. 5 ...	...	1	...	...	...	...	3	3	...	1	Aug. 3 ...	1	...	...	...	...	...	...	...	...	...	Aug. 2 ...	...	...	1	...	...	...	...	1	...	...	...
12 ...	1	1	2	...	...	...	9	11	3	4	10 ...	...	...	...	...	...	...	...	...	...	...	9 ...	...	...	1	...	...	...	...	1	...	...	...
19 ...	2	2	3	1	...	...	14	11	3	6	17 ...	...	...	...	...	...	...	...	...	...	...	16 ...	...	...	1	1	...	...	3	...	...	...
26 ...	...	1	3	...	...	...	18	13	6	2	24 ...	...	...	...	...	...	...	...	...	...	...	23 ...	2	1	...	...	...	...	4	1	1	3	...
Sept. 2 ...	2	...	4	2	...	...	13	8	5	4	31 ...	...	...	...	...	...	...	...	...	...	...	30 ...	...	...	...	...	...	4	3	2	2	1	...
9 ...	6	...	4	9	6	3	2	Sept. 7	Sept. 6 ...	1	4	3	1	1	1	...
16 ...	1	2	1	3	2	1	4	2	2	4	14 ...	...	...	...	...	...	...	...	...	...	...	15 ...	...	...	3	...	...	...	7	1	3	2	...
14	7	18	3	5	1	...	75	60	24	23	12	3	3	2	16	2	5	3	5	...	7	3	...	3	8	2	1	...

SUMMARY.

Southwark Infirmary.	Camberwell Infirmary.	Constance Road Workhouse.	Borough—Private Addresses.	Outside Institutions.
Year (Under 1 =14) Total 21	Year (Under 1 =21) Total 27	Year (Under 1 =Nil) ... Nil	Year (Under 1 =135) Total 182	Year (Under 1 =12) Total 18
1911 (Over 1 =7)	1911 (Over 1 =6)	1911 (Over 1 =Nil)	1911 (Over 1 =47)	1911 (Over 1 =6)
Year (Under 1 =2) Total 2	Year (Under 1 =1) Total 1	Year (Under 1 =Nil) ... Nil	Year (Under 1 =18) Total 26	Year (Under 1 =5) Total 5
1912 (Over 1 =Nil)	1912 (Over 1 =Nil)	1912 (Over 1 =Nil)	1912 (Over 1 =8)	1912 (Over 1 =Nil)
Year (Under 1 =10) Total 10	Year (Under 1 =11) Total 14	Year (Under 1 =Nil) ... Nil	Year (Under 1 =38) Total 50	Year (Under 1 =16) Total 17
1913 (Over 1 =Nil)	1913 (Over 1 =3)	1913 (Over 1 =Nil)	1913 (Over 1 =12)	1913 (Over 1 =1)
THREE YEARS' TOTAL ... 33	THREE YEARS' TOTAL ... 42	THREE YEARS' TOTAL ... Nil	THREE YEARS' TOTAL ... 258	THREE YEARS' TOTAL ... 40



APPENDIX.

REPORT OF ADMINISTRATION IN CONNECTION WITH THE PUBLIC HEALTH
(MILK AND CREAM) REGULATIONS, 1912. FOR THE YEAR ENDED
DECEMBER 31ST, 1913.

1. Milk and cream not sold as preserved cream :—

	(a) Number of Samples examined for the presence of a preservative.	(b) Number in which a preserva- tive was reported to be present.
Milk Cream	— 37	— 31

Nature of preservative in each case in column (b) and action taken under the Regulations in regard to it.

In each case the preservative was boric acid in quantities varying from 0·39 to 0·09 per cent., and in each case a caution was addressed to the vendor by the Public Health Committee.

2. Cream sold as preserved cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(1) Correct statements made	...	...	...	22
(2) Statements incorrect	...	...	...	—
Total				22

(b) Determinations made of milk fat in cream sold as preserved cream.

(1) Above 35 per cent.	...	...	...	11
(2) Below 35 per cent.	...	...	...	—
Total				11

(c), (d) There were 13 instances in which the requirements as to labelling, &c., were not complied with; in 4 of these the cream in bulk was not labelled, and in 4 others the fact of its being preserved cream was not declared until after the purchase had been completed. In each of these 13 instances a caution was sent to the vendor.

3. No evidence was found of any addition of thickened substances to cream or to preserved cream.

4. In addition to the above samples, which were taken formally, 37 were taken informally; of these 24 were not labelled, and 13 were labelled "preserved." Twenty-four were analysed, and of these 16 were found to contain boric acid preservative.

The amount of preserved cream sold in Camberwell is comparatively small, as the sale is almost confined to the strawberry season, except in the wealthier districts; those who require cream at other times usually procure it from their milkmen.

We find that the requirements of the Regulations were much more fully complied with in the case of the samples taken towards the middle of the year than at the beginning. For example, all the cases mentioned above of declarations of preservatives after purchase occurred in the early part of the year.

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1913 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
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	24·3	3,874	14·6	823	342	551	85·8	3,393	12·8
1913	264,167	6,589	6,689	25·3	4,211	15·9	903	376	738	110·3	3,684	13·9

TABLE II.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1913.

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)...	394	8	119	208	29	25	5	...	57	55	80	38	83	81	...	342	
Erysipelas	249	1	13	27	26	74	87	21	5	22	78	24	58	62	...	47	
Scarlet Fever	1,138	10	261	740	79	46	2	...	52	114	265	197	225	285	...	1,011	
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	23	...	2	3	3	12	1	2	1	3	8	2	6	3	...	19	
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...	1
Puerperal Fever	12	...	...	...	4	8	...	...	1	2	5	2	2	...	...	6
Cerebro-spinal Meningitis	6	...	2	3	1	...	...	...	...	1	...	1	3	1	...	4
Polio-myelitis	5	...	5	...	...	...	...	...	...	...	4	1	...	...	...	1
Pulmonary Tuberculosis	1,062	2	20	255	177	442	183	17	29	106	285	169	249	224	...	...
Other forms of Tubercu- losis	457	12	62	176	64	61	42	6	11	47	164	48	81	106	...	...
Ophthalmia Neonatorum	29	29	...	...	...	...	...	...	1	...	10	2	6	10	...	2
Anthrax	1	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1
Totals	3,377	62	484	1,412	384	668	320	47	157	350	899	484	714	773	...	1,434	

TABLE III.—CAUSES OF, AND AGES AT, DEATH DURING YEAR 1913.

CAUSES OF DEATH.		NET 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	3,310	695	137	124	111	116	380	732	1,015	910
	Uncertified	373	43	11	11	24	23	66	98	97	59
1.	Enteric Fever...	5	...	...	...	...	1	4	...	...	1
2.	Small-pox ... ..	...	...	...	...	...	...	...	...	...	...
3.	Measles	62	16	19	18	9	...	...	...	...	3
4.	Scarlet Fever	11	...	...	7	3	1	...	...	...	...
5.	Whooping Cough	53	23	16	11	3	...	...	...	...	8
6.	Diphtheria and Croup	18	2	3	7	6	...	...	...	...	...
7.	Influenza	37	...	1	...	2	1	8	10	15	3
8.	Erysipelas	3	1	...	...	...	...	1	...	1	2
9.	Phthisis (Pulmonary Tuberculosis)...	303	...	1	7	13	51	135	82	14	127
10.	Tuberculous Meningitis	22	6	5	4	6	...	1	...	...	3
11.	Other Tuberculous Diseases	62	11	8	11	16	6	3	7	...	11
12.	Cancer, malignant disease	279	1	1	...	2	2	25	148	100	102
13.	Rheumatic Fever	8	...	...	...	1	3	3	...	1	1
14.	Meningitis	24	7	4	1	7	2	2	...	1	5
15.	Organic Heart Disease	368	3	1	1	14	16	49	126	158	92
16.	Bronchitis	347	62	8	5	2	...	17	76	177	80
17.	Pneumonia (all forms)	299	105	39	30	11	10	26	43	35	54
18.	Other Diseases of Respiratory Organs	25	3	...	...	1	...	1	12	8	13
19.	Diarrhoea and Enteritis	194	151	22	10	1	1	1	2	6	29
20.	Appendicitis and Typhlitis... ..	1	...	...	...	1	...	...	...	...	1
21.	Cirrhosis of Liver	42	...	...	...	...	...	2	29	11	13
21A.	Alcoholism	12	...	...	...	...	...	4	8	...	7
22.	Nephritis and Bright's Disease	160	...	...	1	1	10	27	59	62	73
23.	Puerperal Fever	3	...	...	...	...	2	1	...	...	...
24.	Other accidents and diseases of Pregnancy and Parturition	25	4	...	...	...	3	17	1	...	6
25.	Congenital Debility and Malformation, including Premature Birth	112	112	...	...	...	...	...	...	...	7
26.	Violent Deaths, excluding Suicide .	117	12	8	5	14	14	24	19	21	43
27.	Suicide	24	...	...	...	1	3	5	10	5	2
28.	Other Defined Diseases	288	5	1	6	5	6	21	21	223	59
28A.	Diseases ill-defined	779	214	11	11	16	7	69	177	274	224
		3,683	738	148	135	135	139	446	830	1,112	969
SUB-ENTRIES included in above figures.	14 (a). Cerebro spinal Meningitis	7	...	1	...	5	1	...	...	...	...
	28 (a). Poliomyelitis	1	...	...	...	1	...	...	...	...	...
	Pleurisy	4	...	...	...	...	...	...	4	...	...
	Other Septic Diseases	43	5	1	6	4	5	10	6	6	15
	Mental Diseases	24	...	...	...	...	1	11	9	3	1
	Old Age	216	...	...	...	...	...	...	2	214	43

TABLE IV.—INFANTILE MORTALITY DURING THE YEAR 1913.
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	...	...	...	127	45	19	28	219	129	128	107	112	695
	Uncertified	...	...	...	8	1	2	6	17	9	10	5	2	43
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	1	5	10	16
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	3	3	6	11	23
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	1	1	2
Erysipelas	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	2	3	4	9
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	3	2	3	...	8
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	3	3	1	7
Convulsions	...	...	...	...	4	4	...	4	12	4	6	5	6	33
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	2	3	4	7	16	11	16	10	9	62
Pneumonia (all forms)	...	...	...	...	...	2	2	3	7	17	18	28	35	105
Diarrhoea	...	...	...	...	...	1	2	4	7	18	24	22	18	89
Enteritis	...	...	...	...	...	2	...	1	3	13	23	13	10	62
Gastritis	...	...	...	...	1	...	...	...	1	...	1	...	1	3
Syphilis	...	...	...	...	...	1	1	...	2	9	...	2	1	14
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	2	2	4	1	1	...	8
Injury at Birth	...	...	...	...	4	1	...	...	5	...	...	...	...	5
Atelectasis	...	...	...	...	9	2	3	...	14	2	1	...	...	17
Congenital Malformations	...	...	...	...	10	5	...	1	16	7	1	1	1	26
Premature Birth	...	...	...	...	78	8	6	7	99	13	...	...	...	112
Atrophy, Debility, and Marasmus	...	...	...	...	20	11	3	4	38	29	30	5	3	105
Other Causes	...	...	...	...	7	6	...	1	14	4	6	4	3	31
					135	46	21	34	236	138	138	112	114	738

FACTORY AND WORKSHOP ACT, 1913.

	No. of Visits.	Want of Cleanliness.	Overcrowding and Defective Ventilation.	Defective Roof, &c., and Dampness.	Sanitary Accommodation.			Defective Yards and Paving.	Defective Dust-bins.	Other Defects.	Notices.		Summonses.
					In-sufficient.	Not Separate.	Dirty or Defective.				Intimation.	Statutory.	
Complaints	7	—	—	—	—	—	—	—	—	—	—	—	—
Workshops (new)	79	5	2	2	1	—	5	—	—	1	14	3	—
Do. (old)	456												
Laundries (new)	1	4	—	1	—	—	2	1	1	—	9	1	—
Do. (old)	62												
Factories (new)	8	—	—	1	—	—	3	2	—	—	6	1	—
Do. (old)	119												
Outworkers (new)	511	12	—	7	—	—	—	1	—	—	18	3	—
Do. (old)	805												
Eating Houses	103	4	—	1	—	—	1	—	1	1	8	2	—
Schools	40	—	—	—	—	—	—	1	—	1	2	—	—
Work in Hand	154	—	—	—	—	—	—	—	—	—	—	—	—
Miscellaneous	1,264	—	—	—	—	—	—	—	—	—	—	—	—
Total	3 609	25	2	12	1	—	11	5	2	3	57	10	—

RETURN OF WORK CARRIED OUT AT THE DISINFECTING STATION DURING THE YEAR 1913.

Articles Disinfected.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Beds	88	61	85	63	63	116	83	86	130	164	316	181	1,436
Blankets	148	165	99	97	111	111	103	98	159	243	491	417	2,242
Bolsters	48	41	66	51	50	54	54	45	83	110	188	122	912
Books—Public Library	5	7	9	47	11	334	12	4	6	32	94	13	574
Do. Day School Library	—	—	—	6	—	190	2 001	1	193	22	13	43	2,469
Do. Sunday School Library	—	—	—	—	20	—	—	—	—	—	6	—	26
Cushions	25	32	10	23	26	21	29	22	60	56	91	48	443
Curtains (pairs)	5	3	2	3	3	1	2	3	2	7	8	11	50
Carpets	8	9	18	17	7	43	32	15	46	36	112	84	427
Mattresses	53	54	58	46	42	60	59	44	63	100	161	137	877
Palliasses	5	—	11	—	7	27	6	6	8	8	24	—	102
Pillows	172	134	126	120	123	184	178	170	262	394	538	357	2,668
Quilts	86	67	84	71	71	107	80	65	146	199	344	231	1,551
Sheets	85	91	84	73	68	123	101	102	142	195	392	253	1,709
Wearing Apparel	1,827	2,520	1,616	186	265	2,971	1 038	654	2 698	2,908	3,796	1,575	22,054
Miscellaneous	—	—	—	6	—	5	—	—	—	—	—	—	11
Total	2,555	3,184	2,268	809	867	4,347	3,778	1,315	3,998	4,384	6,574	3,472	37,551
Mattresses Retabbed	53	52	41	46	37	64	59	42	54	97	155	130	830
Palliasses do.	2	—	11	—	—	23	6	2	8	2	20	—	74
Cushions do.	25	16	—	14	26	21	24	22	46	48	91	43	376
Total	80	68	52	60	63	108	89	66	108	147	266	173	1,280

RETURN OF WORK CARRIED OUT AT THE DISINFECTING STATION DURING THE YEAR 1913 (*continued*).

Articles Disinfected.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Verminous Cases—													
Persons Cleansed	247	335	170	—	18	398	137	42	377	387	455	148	2,714
Rooms Disinfected	6	8	—	2	2	35	14	5	19	21	7	4	123
Bedding do.	8	6	2	2	2	25	11	12	13	17	17	6	121
Total	261	349	172	4	22	458	162	59	409	425	479	158	2,958
Articles Destroyed—													
Palliassees and Mattresses	103	110	122	110	167	415	191	190	194	126	125	70	1,923
Miscellaneous	—	—	—	—	8	11	—	—	6	—	5	—	30
Total	103	110	122	110	175	426	191	190	200	126	130	70	1,953
Houses Visited	342	284	281	243	178	338	218	208	361	471	804	507	4,235
Rooms Disinfected	119	106	111	112	91	183	132	107	178	222	388	251	2,000
Total	461	390	392	355	269	521	350	315	539	693	1,192	758	6,235

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

Fish.			Meat.			Potatoes.			Rabbits.			Garlic.		Miscellaneous.	
cwt.	qrs.	lbs.	cwt.	qrs.	lbs.	cwt.	qrs.	lbs.	cwt.	qrs.	lbs.	Sac's.		Dogs.	
8	0	21	10	1	8	2	0	7	2	0	20	109		2	

SUMMARY OF SANITARY WORK FOR THE 53 WEEKS ENDING JANUARY 3RD, 1914.

DESCRIPTION OF WORK.	Pointon.	Eagle.	Scudamore.	Collins.	Morley.	Farmer.	Dewey.	Malins.	Green.	Jones.	Nash.	TOTALS.
Cleanse and limewash	168	220	147	21	78	79	204	503	182	156	279	2,037
Repair guttering, &c.	54	86	57	15	86	67	132	190	80	104	41	912
Ventilate under floors, &c.	29	91	48	6	143	128	65	40	57	39	—	646
Abate overcrowding	1	18	10	—	1	2	7	43	6	6	10	104
Abate smoke nuisance	—	12	6	3	7	1	9	41	13	8	—	100
Light and ventilate staircase	1	35	2	1	33	7	1	7	46	9	—	142
Provide, repair, or remove dustbin	63	81	30	23	45	43	83	138	49	6	105	736
Remove refuse or manure	6	21	11	10	3	11	4	49	9	17	8	149
Pave, level, or drain yard, &c.	110	114	48	41	57	93	86	91	101	34	77	852
Provide manure pit	1	5	4	1	2	1	—	4	3	5	2	28
Provide sufficient water supply	—	—	6	19	2	—	5	4	2	—	7	45
Provide or reconstruct receptacle (render accessible)... ..	2	—	—	6	1	6	1	1	1	—	1	19
Repair, cover, or cleanse receptacles	14	8	1	18	35	13	22	14	34	7	3	169
Provide, repair, or remove closets, pans, &c.	78	27	112	94	29	84	50	50	31	63	24	642
Proper water supply to closet and apparatus	48	113	26	99	26	49	43	97	33	50	23	607
Ventilate and remove to outside soil pipes, cleanse, repair, and trap drains or sinks	105	47	84	60	48	48	49	170	22	39	34	706
Disconnect rainwater pipes, sinks, and other wastes	4	7	9	73	8	64	2	11	10	6	4	198
Empty and cleanse cesspools, or drain into sewer	—	—	2	—	—	—	1	3	4	—	—	10
Totally reconstruct drains	20	10	13	9	20	—	10	29	19	17	1	148
Partially reconstruct drains	14	2	5	53	3	—	12	18	9	11	—	127
Animals to be kept clean or removed	8	6	3	5	2	8	1	7	—	4	1	45
Public conveniences—cleanse, supply with water, &c.	—	—	1	—	1	2	—	3	—	—	—	7
Private conveniences—cleanse, supply with water, &c.	1	5	5	3	2	5	4	20	6	6	3	60
Abate nuisance from offensive trades	—	—	—	—	—	—	—	—	—	1	—	—
Abate nuisance from road gullies	—	—	2	—	—	—	—	6	—	—	—	8
Miscellaneous	—	99	3	31	40	1	55	85	65	74	48	501

RETURN OF WORK PERFORMED IN THE SANITARY DEPARTMENT DURING THE 53 WEEKS ENDING JANUARY 3RD, 1914.

DESCRIPTION OF WORK.	INSPECTORS.												TOTALS.
	Pointon.	Eagle.	Scudamore.	Collins.	Morley.	Farmer.	Dewey.	Malins.	Green.	Jones.	Nash.	Miss Bevan.	
Visits to complaints	104	164	158	105	63	187	107	43	103	86	100	5	1,225
House inspections following on complaints ...	90	5	189	58	23	195	19	29	115	102	114	—	939
House-to-house inspections	559	626	509	376	465	192	266	340	346	366	243	—	4,288
Tenement inspections	—	3	1	—	30	2	22	72	—	176	—	—	306
Houses let in lodgings inspections	—	—	6	—	—	—	—	452	37	36	—	—	531
Housing and town planning inspections... ..	—	—	—	—	—	—	43	—	—	13	—	—	56
New buildings completed	20	15	12	68	43	12	6	7	7	10	4	—	204
Visits to new buildings	393	174	80	1,592	553	228	151	220	13	170	2	—	3,576
No. of inspections <i>re</i> overcrowding	123	—	—	—	3	1	3	70	1	45	—	—	246
Do. do. of slaughterhouses	8	9	9	45	—	—	8	2	9	39	8	—	137
Do. do. bakehouses	48	37	48	24	67	94	45	21	50	34	27	—	495
Do. do. cowhouses	1	54	9	42	—	13	6	—	6	—	7	—	138
Do. do. milk shops and dairies	182	99	181	37	92	81	126	98	199	94	124	—	1,313
Do. do. eating houses	115	20	21	2	13	10	45	16	29	19	25	112	427
Do. do. ice cream shops	95	36	35	23	50	49	32	15	42	52	20	—	449
Do. do. railway stations	20	4	11	74	149	—	—	—	—	10	—	—	268
Do. do. workshops	152	77	264	37	47	138	72	93	171	80	129	622	1,883
Do. do. factories	21	—	—	—	—	—	31	30	21	41	35	127	306
Do. do. urinals, public	95	38	—	—	17	39	66	72	10	45	10	—	392
Do. do. do. private	228	192	347	151	352	700	236	279	454	344	210	—	3,493
Do. do. schools, public	31	19	35	15	26	58	28	23	27	20	24	—	296
Do. do. do. private	31	7	3	18	48	54	5	—	—	—	—	40	206
Re-inspections	3,548	4,558	3,191	2,584	3,697	4,588	2,508	3,296	2,863	2,719	3,488	149	37,189
Miscellaneous	165	135	163	50	566	46	660	358	477	480	335	1,266	4,701
Infectious cases visited and houses inspected ..	144	134	260	123	94	162	122	92	200	90	374	—	1,795
Do. do. or inquiries	289	111	140	99	92	130	150	110	212	101	81	—	1,515
Tuberculosis cases visited and houses inspected ..	58	38	108	81	70	33	60	36	157	74	98	—	813
Do. do. or inquiries	331	306	551	20	288	309	272	304	750	401	450	—	3,982
Visits to verminous premises	80	6	556	2	14	32	51	75	277	197	146	—	1,436
Intimations	462	545	393	218	376	323	420	524	467	471	447	56	4,702
Statutory notices	80	209	97	53	125	110	42	86	182	116	50	9	1,159
Notices, houses let in lodgings	—	—	1	—	—	1	—	418	—	30	—	—	450
Summonses under P.H. Act	—	—	3	4	—	4	1	—	16	8	4	—	40
Infectious disease contacts... ..	16	12	10	—	1	5	1	—	—	—	—	—	45
Seizures of unwholesome food	—	—	2	—	—	—	—	4	—	—	1	—	7
Outworkers	—	—	—	—	—	—	—	—	—	—	—	1,412	1,412
Drainage plans, total reconstructions	23	20	36	7	30	22	19	26	24	25	34	—	266
Do. partial do.	25	16	16	27	8	21	29	8	27	6	20	—	203

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

PREMISES.	NUMBER OF PLACES.				Number of Inspections, 1913.	Number of Notices, 1913.	Number of Prosecutions, 1913.
	On Register at end of 1912.	Added in 1913.	Removed in 1913.	On Register at end of 1913.			
Milk Premises ...	612	31	23	620	1,313	9	—
Cowsheds ...	10	—	—	10	138	—	—
Slaughterhouses ...	12	—	1	11	137	3	—
Other Offensive Trade Premises ...	1	1	—	2	8	—	—
Ice Cream Premises ...	163	6	22	147	449	8	—
Registered Houses Let in Lodgings ...	262	30	—	292	531	{ (a) 31 (b) 534	— —

(a) For overcrowding.

(b) For other conditions.

Total Number of Intimation Notices served for all purposes ... 4,702

Overcrowding, 1912 :—

Number of dwelling rooms overcrowded	...	...	104
Number remedied	...	...	104
Number of prosecutions	...	...	Nil

Underground Rooms :—

Illegal occupation dealt with during year	...	...	2
Number of rooms closed	...	...	Nil

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	...	103

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	37
Number of tenements comprised therein	...	...	109
Number of tenements for which certificates were—			
(a) Granted	...	...	55
(b) Refused	...	...	41
(c) Deferred	...	...	13

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 ...	...	4
(e) In connection with the removal of offensive matter, &c. ...	...	Nil
(f) As to cesspools and privies, removal and disposal of refuse, &c. ...	...	1
(g) For securing the cleanliness of tanks, cisterns, &c. ...	...	Nil
(h) With respect to water closets, earth closets, etc. ...	...	3
(i) With respect to sufficiency of water supply to water closets	...	1
(j) With respect to drainage, &c. (Metropolis Management Act, Section 202) ...	...	19
(k) With respect to deposit of plans as to drainage, &c. (Metropolis Management Acts Amendment (By-laws) Act, 1899)	...	Nil

Mortuaries :—

Total number of bodies removed	...	308
Total number of infectious bodies removed	...	Nil

THE OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

- (a) The Bureau of the Census is a part of the Department of Commerce and is authorized to collect, analyze, and publish statistical information concerning the economic and social conditions of the United States.
- (b) The Bureau of the Census is authorized to conduct surveys and to collect data from individuals, businesses, and government agencies.
- (c) The Bureau of the Census is authorized to publish the results of its surveys and to disseminate statistical information to the public.
- (d) The Bureau of the Census is authorized to cooperate with other government agencies and with foreign governments in the collection and analysis of statistical data.
- (e) The Bureau of the Census is authorized to employ such personnel as may be necessary to carry out its functions.
- (f) The Bureau of the Census is authorized to use such funds as may be appropriated to it by Congress.
- (g) The Bureau of the Census is authorized to accept such gifts and bequests as may be made to it.
- (h) The Bureau of the Census is authorized to sue and be sued, to contract, and to hold real and personal property.
- (i) The Bureau of the Census is authorized to make such regulations as may be necessary to carry out its functions.
- (j) The Bureau of the Census is authorized to publish such reports and documents as may be necessary to carry out its functions.
- (k) The Bureau of the Census is authorized to make such arrangements as may be necessary to carry out its functions.
- (l) The Bureau of the Census is authorized to make such other provisions as may be necessary to carry out its functions.

