

Annual report on the health of the Metropolitan Borough of Deptford.

Contributors

Deptford (London, England). Metropolitan Borough.
Whitehouse, William H.

Publication/Creation

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

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Public Health and Housing Committee.

ANNUAL REPORT

ON THE

HEALTH

OF THE

Metropolitan Borough of Deptford,

BY

WILLIAM H. WHITEHOUSE, M.D., D.P.H.,

Of the Inner Temple, Barrister-at-Law ;

Fellow of the Royal Society of Medicine, &c., &c.

MEDICAL OFFICER OF HEALTH.

—

1913

DEPTFORD :

Gaylard & Son, 446 New Cross Road, S.E.

Public Health and Housing Committee.

Mayor.

Councillor W. F. MARCHANT, M.A., J.P.

Chairman.

Councillor Dr. WILLIAM H. BROOKS.

Vice-Chairman.

Councillor W. FALKNER.

Alderman E. J. KNIGHT.

Alderman B. J. JACOB, J.P.

Alderman E. G. H. BERRYMAN.

Councillor W. H. GREEN.

Councillor C. H. KIPPS.

Councillor J. SHEPHERD.

Councillor R. SOPER.

Cuoncillor G. TAMS.

Councillor J. H. WATERWORTH.

Staff of the Public Health Department.

Medical Officer of Health.

WILLIAM H. WHITEHOUSE, M.D., D.P.H., B.S., Barrister-at-Law.

Assistant Medical Officer of Health.

WILLIAM SCARISBRICK, M.D., B.SC. (LOND.), M.R.C.S., L.R.C.P.
(Until June 7th, 1913.)

A. H. G. BURTON, M.D., D.P.H., B.S.
(From October 1st, 1913.)

Public Analyst.

HENRY G. HARRISON, M.A. (Cantab), F.I.C.

Sanitary Inspectors.

THOMAS TURNER.	JOHN V. SNOWDON.
ROBERT D. J. SIMPSON.	A. G. KEMP.
ALFRED PRIEST.	F. HEWETT.
PHILIP SHELLEY.	H. ALLAM.

Female Sanitary Inspectors and Health Visitors.

MISS E. DAY.	MISS F. O'RIORDAN.
MISS L. STONE.	

Clerks.

CHARLES A. CHAPMAN.	HENRY J. L. SMITH.
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Municipal Dispensary for the Prevention of Consumption,

78 Amersham Vale, New Cross, S.E.

Administrative Tuberculosis Officer—W. H. WHITEHOUSE, M.D.

Tuberculosis Medical Officer—W. SCARISBRICK, M.D.
(Until June 7th, 1913.)

A. H. G. BURTON, M.D.
(From October 1st, 1913.)

Nurse—MISS CLARK.

Caretaker—G. ABBOTT.

Disinfecting Staff.

C. F. DOWSETT (Chief Disinfecter).

T. LYONS.	F. SMITH.	R. GLADMAN.
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Council's Shelter, Mortuary and Coroner's Court.

Caretaker, G. W. J. WAGNER.

Cleansing Station.

Bath Attendant—MRS. WAGNER.

School Nurse—MISS SANDERS.

Metropolitan Borough of Deptford.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
NEW CROSS, S.E.

To the Worshipful the Mayor, Aldermen and Councillors.

GENTLEMEN,

I beg to present my Third Annual Report on the health administration of the Borough for the 53 weeks ending January 3rd, 1914. My report is divided into four main divisions, viz.:—

1. Area and population, Births and Deaths.
2. Infectious and other diseases.
3. General Sanitary Administration.
4. Factories and Workshops.

My report is prepared in accordance with the provisions of the following statutes and regulations:—

General Order of the Local Government Board (Dec. 13th, 1910).
Article XIX.

Housing (Inspection of District) Regulations, 1910 (Sept. 2nd)
Article VI.)

Factory and Workshop Act, 1901 (Section 132).

Vital Statistics.

The vital statistics are now being presented under a new method, which presents the following advantages: the deaths are now being allocated to the district in which the dead man resided; the international list of causes of death is being used, and all medical officers of health are to use the same classification; in the case of some diseases "standardised" rates are to be used, through which by means of "standardizing factors" supplied by the Registrar-General, corrections can be applied by medical officers of health for the errors arising out of differences in the age and sex distributions of the population in different districts.

Births.

It will be seen in the text that the birth rate for the Borough was 28 per 1,000, which is 1·5 per 1,000 more than that for the previous year, and 3·2 per 1,000 more than that for the whole of London.

Deaths.

During the year of 53 weeks there were 1,727 deaths. The death-rate was 15·5 per 1,000, compared with 14·2 per 1,000 for the whole of London.

625 deaths in Public Institutions outside the borough of persons belonging to Deptford are included in estimating the vital statistics in this Report. In 1913 the number dying in these institutions was 46 more than in 1912. These returns are interesting, as something may be learned of the social conditions of a locality when so large a proportion in times of sickness seek refuge in public institutions, more especially in the workhouses. Generally this implies poverty and want, but it may also, and no doubt does, imply that the institutions have a good reputation, and attract sufferers to them.

Infantile Mortality.

The infantile mortality for the year was 113 per 1,000, and the average for the previous ten years was 124 per 1,000. In considering this year's mortality we must take into consideration the very high birth-rate. It is generally understood that when the birth-rate is high the infantile mortality must be also high.

Every extended inquiry into the intricate subject of infant mortality brings to light the fact that parents living apparently under the same social and sanitary conditions, have varying success in rearing their children, and that the personal factor deserves a careful study. Poverty and riches, sanitary or insanitary conditions, occupation or the want of it, high birth-rate or low, all play their part in bringing these variations about.

Tuberculosis.

As was anticipated a great increase in the work of your Medical Officer was caused by the Tuberculosis Regulations which came into force on the 1st February, 1913. This was more particularly so during the period from June to October, when we were without a Dispensary Medical Officer, but I have endeavoured to keep a vigilant eye upon all cases of tuberculosis occurring in the Borough for the benefit of those affected and as a means of preventing infection to others.

Municipal Dispensary for the Prevention of Tuberculosis.

We have now completed a full year's work at the Dispensary. There have been 4,312 attendances at the Dispensary and 841 new cases have been treated. In addition to this the number of visits to the houses of patients and the examinations of suspects and contacts was 3,348. In the text I have included tables entailing much personal work, which I consider necessary, not only for the benefit of the Council, but to meet the requirements of the three other bodies contributing to the upkeep of the Dispensary. I am sure the Council will

appreciate the difficulty I have experienced in carrying on this part of the work without the aid for three-and-a-half months of the year of an Assistant Medical Officer, Clerk or Dispenser at the Dispensary.

The extended table on Tuberculin treatment is not meant to give definite results of that particular mode of treatment, but to form a basis for future reports when more accurate and definite results can be shown. It must be understood that I cannot at the present time express any definite opinion as to the value of tuberculin in the treatment of tuberculosis. Although tuberculin may in the hands of those skilled in its use prove serviceable, I can quite readily believe that it has lost none of its potentiality to do harm.

Infectious Diseases.

There has been a marked increase in the prevalence of scarlet fever chiefly in the north, north-west and east wards, which has been epidemic in character during the last four months of the year. 233 more cases have been notified than in the previous year, but I am pleased to say the type of the disease was generally of a mild character. Typhoid Fever has been slightly more prevalent, but is just half the average for the past ten years. Measles has also been more prevalent, but I consider that the compulsory notification of this disease would be quite valueless unless during epidemic periods the local authority take the advice tendered by the Local Government Board and provide additional assistance, medical or otherwise. Diphtheria was also more prevalent, the "carrier" question being a source of great difficulty.

Staff.

I have pleasure in reporting that the Staff of the Public Health Department have carried out their duties in a satisfactory and conscientious manner. In June last the department sustained a loss owing to the resignation of the Assistant Medical Officer of Health, Dr. W. Scarisbrick, who during the comparatively short period he was in Deptford was of great assistance to the Council, more particularly in connection with the working of the Tuberculosis Dispensary.

In conclusion, I beg to thank the Council for their kind and courteous consideration in connection with matters affecting this department which have arisen during the period under report.

I have the honour to remain, Gentlemen,

Your obedient Servant,

W. H. WHITEHOUSE.

Summary of Vital and Mortal Statistics for 1913.

	1913. (53 weeks.)	1912.
Area	1,563 acres	1,563 acres
Population—		
Census 1901	110,398	110,398
Census 1911	109,496	109,496
Estimated to middle of 1913	109,280	109,377
Number of inhabited houses	16,638	16,482
Average number of persons per house	6.6	6.6
Density	70 per acre	70 per acre
Length of Public Streets	53 ^{miles} _{approx.}	53 ^{miles} _{approx.}
Rateable Value	£641,504	£641,363
1d. Rate produces (approximately)	£2,495	£2,494
Cost of administration of Public Health Department	£1,754	£1,533
Marriages	847	905
Marriage Rate	7.7	8.3
Births	3,106	2,896
Birth Rate	28.0	26.5
Birth Rate, average for the last 10 years	27.6	28.0
Deaths	1,727	1,442
Death Rate	15.5	13.2
Death Rate, average for the last 10 years	14.6	14.9
Infantile Mortality	118 per 1,000 births	89 per 1,000 births
Infantile Mortality, average for the last 10 years	124 per 1,000 births	129 per 1,000 births
Zymotic Death Rate ..	1.87	0.91

Area and Population.

Area.	Estimated Population.
1901	109,290

The population of the Metropolitan Borough of Deptford at the census taken April 2nd 1911 was 109,400.

The estimated population in the middle of the year 1911, based on the results of the above census and that of 1901, was 109,400.

The estimated population for each of the various wards based on the results of the Census of 1901 and that of 1911, was as follows:—

St. Andrew	11,221	St. John	11,750
St. Mark	11,124	St. Paul	10,877

Area and Population.

Births and Deaths.

Year.	Births.	Deaths.
1901	15,425	3,705
1911	16,102	4,071
1912	16,635	4,244

Taking the number of children born in 1912 as set forth in the above table, viz. 16,635, and supposing the average number of persons per house to be 5.5, the population = 3,024 to 3,000, 5.5 will therefore be a fairly correct factor.

The following table gives particulars of houses, separate cottages, and population in 1901 and 1911, distinguishing for 1911 the various kinds of buildings and establishments incorporated therein, and also the buildings not used as dwellings:—

Area and Population.

Acres.	...	Estimated Population.
1563	...	109,280

The population of the Metropolitan Borough of Deptford at the census taken April, 1911, was 109,496.

The estimated population to the middle of the year 1913, based on the results of the above census and that of 1901, was 109,280.

The estimated population for each of the various wards based on the results of the Census of 1901 and that of 1911, was as follows:—

East	...	21,143	S.	...	12,119
N.	...	23,821	S.E.	...	12,296
N.W.	...	23,434	S.W.	...	16,467

As the Borough has an area of 1563 acres, the density of the population on this estimate is 70 per acre.

The following table shows the total number of dwelling houses and the number inhabited and uninhabited in 1901, 1911, and 1913 respectively:—

Year.	HOUSES.		
	Inhabited.	Uninhabited.	Total.
1901	15,823	516	16,339
1911	16,102	491	16,593
1913	16,638	244	16,882

Taking the number of inhabited houses for 1913 as set forth in the above table, viz., 16,638, and supposing the average number of persons per house to be 6.6, the population would be about 109,810, 6.6 will therefore be a fairly correct factor.

The following table shows the number of houses, separate occupiers, and population in 1901 and 1911, distinguishing for 1911 the various kinds of buildings and the population enumerated therein, and also the buildings not used as dwellings:—

Cols. 1	1901	1911.												
	Total.	Totals (Cols. 4-11)	Buildings used as Dwellings.								Vessels, Sheds, Vagrants, etc.	Separate Flats. (Included in Col. 5.)	Buildings not used as Dwellings.	
			Ordinary Dwelling Houses.	Blocks of Flats.	Shops.	Hotels, Inns, and Public Houses.	Offices, Warehouses, Workshops, Factories.	Institutions.	Others.	Kind of Building.			No.	
Number inhabited	15,823	16 102	14,768	75	1,049	121	40	15	34	—	764	Places of Worship	33	
Separate Occupiers	24,615	25,040	22,838	773	1,193	124	42	16	48	6	773	Govt. & Municipal Buildings ...	16	
Population ...	110,398	109,496	98,470	3,409	5,116	752	190	1,398	140	21	3,409	Shops ...	234	
												Offices ...	27	
Uninhabited ...	424	640	561	1	70	1	3	—	4	—	207	Warehouses, Work- shops & Factories	179	
Being built ...	92	15	11	—	3	—	—	—	1	—	—	Theatres and other places of amuse- ment.	7	

Families or separate occupiers in Deptford :—

East	...	...	4,671			
North	...	...	5,385	1911	...	25,040
North-West	...	...	5,368	1901	...	24,615
South	...	...	2,854			
South-East	...	...	2,783	Increase		425
South-West	...	...	3,979			
			25,040			

Population of Deptford living in Institutions, large establishments, vessels, etc. :—

Number of Institutions, etc.	...	...	...	22
Population	...	...	...	1436
		Population	Institution.	
East	...	...	...	227
North	...	...	...	20
North-West	...	...	...	512
South	...	...	...	93
South-East...	...	...	...	584
South-West	...	...	...	—
		1436		22

The following table gives the approximate number of inhabited and uninhabited houses in each Ward at the end of the year 1913, also the number of separate occupants of tenements, and the estimated population of each Ward from the Census returns for 1911 :—

Ward.	Inhabited Houses.	Uninhabited Houses.	Total Number of Houses.	Houses Building.	Houses in Tenements	Number of Separate Occupiers in Tenements.	other Premises.	Population of Census 1911.	Males.	Females.
North ..	3,146	30	3,176	2	155	645	165	23,868	11,915	11,953
South ..	2,098	33	2,131	2	47	109	125	12,143	5,208	6,935
North-West	3,824	17	3,841	—	822	1,678	170	23,480	11,530	11,950
South-West	2,247	19	2,266	1	58	148	36	16,500	7,568	8,932
East ..	2,963	108	3,071	2	86	333	237	21,185	10,663	10,522
South-East	2,360	37	2,397	—	55	141	111	12,320	6,103	6,217
	16,638	244	16,882	7	1,223	3,054	844	109,496	52,987	56,509

With regard to the estimation of populations for post-censal years it was stated in the Registrar-General's Annual Report for 1911 (page xii.) that, "it is hoped soon to introduce the use of methods for estimating the population of the more important areas, calculated to yield nearer approximations to the truth, than the simple uniform formula now employed."

Experiment has now been made with a method based upon the variations of births and deaths as well as population, and in the case of the Metropolitan Borough of Deptford, this method gives an estimated population of 115,841 in the middle of 1913, as against 109,280, estimated by the method in use at present.

In deciding that the latter method is the correct one as far as Deptford is concerned, I have taken into consideration the fact that the Borough is practically all built upon with the exception of permanent open spaces. I have also considered the returns of the rate books, the demolition of certain old property, the lessening of overcrowding, and the letting of two-room tenements, instead of one, especially in the East Ward.

Back-to-Back Houses.

There are very few houses of this class in the district and practically no houses built in courts.

Site, Sub-Soil and Drainage of Deptford.

The physical features and character of the Borough are better described by considering the whole of London, but generally speaking we may say that the town is situated on one side of a long ridge,

at the top of which ridge we find Telegraph Hill, and extending in South-East direction we have Hilly Fields. From this ridge we get a wide sweep down into the Thames valley, until in the North and East we get very low-lying land.

In the Southern district the soil is practically all clay, but the gradual slope forms an ideal drainage area.

In the South-West we find gravel to the north of New Cross, and clay to the South of it. In the South and South-East we have all clay. So much clay has a serious effect on the houses and drains after a very dry or very wet season, in which the clay shrinks or expands, the foundations being seriously interfered with. There is also an interference with the foundations owing to the sliding movement which takes place on a big slope.

Sewage System.

The sewers passing through Deptford are :—

Branch.	Size of Barrel.	Coming from	Length.
Bermondsey Branch	5-ft. 6-in.	Rotherhithe	7290-ft.
Southern High Level Sewer ...	10-ft. 6-in.	Wandsworth	6480-ft.
Southern Low Level Sewer ...	7-ft. 3-in.	Putney	7260-ft.
Effra Branch ...	8-ft. 3-in.	Norwood	6270-ft.
Storm Relief (in Church Street) ...	13-ft. 6-in. by 11-ft.	—	2970-ft.
Storm Relief (St. George's Stairs) ...	13-ft. 6-in. by 11-ft.	—	1980-ft.
Relief Sewer at Broadway ...	10-ft.	Greenwich	3080-ft.
Deptford to Lee Green Sewer ...	6-ft.	Lee	1320-ft.
Ravensbourne and Sydenham Sewer	6-ft. by 4-ft.	Bell Green	1330-ft.
New Southern High Level Sewer ...	8-ft. 3-in.	Brockley	7920-ft.

Thus we have about 8·7 miles of main sewers of large bore in the Borough, all radiating towards the Deptford Pumping Station except the last mentioned, but all pass on to the Crossness Pumping Station, and from this point the sewage passes into the Thames.

Open Spaces.

The permanent open spaces existing which cannot be built upon are:—

	Situation.	Size.	Maintained by
1. Deptford Park ...	Evelyn Street	22 acres	L.C.C.
2. Ravensbourne Recreation Ground	Brookmill Road	1½ acres	Borough Council.
3. Hilly Fields ... (On South-East Boundary of Borough)	Brockley	45½ acres	L.C.C.
4. Telegraph Hill Recreation Ground	Telegraph Hill	9¾ acres	L.C.C.
5. Railways and ad- joining land ...	—	234 acres	
6. Millwall Football Ground ...	—	5½ acres	
7. Canals ...	—	8 acres	
8. St. Paul's Churchyard	—	2·2 acres	
9. Reservoir ...	—	1 acre	

Births.

Number of births ...	3106
Average number of births for previous 10 years ...	3164
Average birth-rate for previous 10 years ...	27·6
Birth-rate of Deptford per 1,000 ...	28·0
England and Wales ...	23·9
96 Great Towns ...	25·1
145 Smaller Towns ...	23·9
London... ...	24·8

The total number of births registered in the Borough in 1913 was 3,106, as compared with 2,896 in 1912. Of these, 1,622 were boys and 1,484 were girls.

The birth-rate for the Borough was equivalent to an annual rate of 28·0 per 1,000 of the population, as compared with 26·5 for 1912, 27·4 for 1911, and 24·7 for 1910.

The birth-rate for London was 24·8 per 1,000, compared with 24·7 for 1912, 25·0 for 1911, and 23·9 for 1910.

The subjoined table gives the number of births for each Ward, together with the birth-rate:—

Ward.	Births.			Birth Rate per 1,000.
	Males.	Females.	Total.	
East Ward, ...	382	329	711	33·1
North Ward ...	394	374	768	31·7
North-West Ward	375	363	738	31·0
South Ward ...	105	89	194	15·7
South-East Ward	145	162	307	24·6
South-West Ward	221	167	388	23·2

In the following table will be seen the number of births, deaths, and deaths of children under one year of age, which have occurred during the past ten years, with the respective rates:—

YEAR.	Estimated population.	Births.		Deaths.		Deaths under one year.	
		No.	Rate per 1000.	No.	Rate per 1000.	No.	Mortality per 1000 births.
1903	112,455	3465	30·8	1740	15·4	473	136
1904	113,634	3265	28·7	1824	16·0	489	149
1905	114,512	3290	28·7	1642	14·3	411	124
1906	115,495	3260	28·2	1854	16·0	472	144
1907	116,510	3323	28·5	1641	14·0	356	107
1908	117,539	3084	26·2	1643	13·9	381	123
1909	118,583	3093	26·8	1611	13·5	321	103
1910	119,642	2959	24·7	1671	13·9	366	123
1911	109,475	3001	27·4	1728	15·8	428	143
1912	109,377	2896	26·5	1442	13·2	258	89
Average for 10 years	114,722	3164	27·6	1680	14·6	395	124
1913	109,280	3106	28·0	1727	15·5	350	113

It will be observed that the birth-rate for the year is very much higher than that for the previous year.

The birth-rate is still very high in the old parts of the borough, particularly the East and North Wards.

Illegitimate Births.

The illegitimate births, which number 83, occurred in the several Wards, as follows:—

East Ward	...	30	South Ward	...	...	4
North Ward	...	14	South-East Ward	...	...	9
North-West Ward	...	14	South-West Ward	...	...	12

Marriages.

There were 847 marriages in the Borough during the year, as compared with an average of 726 in the ten years preceding.

The marriage rate for 1913 was equal to 7·8 per 1,000 of the estimated population and was higher than any year for the past ten years except 1912.

The marriages were celebrated in the following places :—

540 in Churches of England.

98 in other places of worship.

209 in the Superintendent Registrar's Office.

847 Total.

Deaths.

	1913	Average for past 10 years.
Number of deaths	1,727	1,680
Average death-rate for previous 5 years	14·1	14·6
Rate per 1,000 Deptford	15·5	
" " England and Wales...	13·4	
" " 96 Large Towns ...	14·7	
" " 145 Smaller Towns ...	13·0	
" " County of London ...	14·2	

The number of deaths registered within the Metropolitan Borough of Deptford from all causes during 1913 was 1,283, equal to a death-rate of 11·6 as compared with 1,045 deaths, and a death-rate of 9·6 during the previous year. Of this number 643 were males and 640 females. The total number of deaths belonging to Deptford is obtained by deducting the number of deaths of non-parishioners registered in the Borough, viz.: 181, of which number 172 occurred in the Metropolitan Asylums Board's South Eastern Hospital, making 1,102 deaths actually belonging to Deptford. To this number we must add 625 deaths of parishioners which occurred in public institutions outside the Borough, making a total of 1,727, of which 903 were males and 824 females, and upon these figures the statistics are based.

The death-rate for the Borough was equal to an annual rate of 15·5 per 1,000 of the population, as compared with 13·2 for 1912, 15·8 for 1911, and 13·9 for 1910, the average for the past five years being 14·1.

The 625 deaths outside the borough were distributed as follows:—

Asylums	54
Poor Law Institutions:—	
Greenwich Union	347
Other than Greenwich	6
Hospitals:—	
Guy's	38
Seamen's	12
Miller	27
East London (for children)	11
St. Bartholomew's	3
St. Thomas'	9
London	5
Metropolitan Asylums Board	10
St. John's	15
Evelina... ..	7
Other Hospitals	49
Other places	32
Total	625

The following table gives the number of deaths belonging to each Ward, and the death rates for each Ward.

Ward.	Deaths.			Death Rate per 1,000.
	Males.	Females.	Total.	
East Ward	269	224	493	22·9
North Ward	194	164	358	14·8
North-West Ward	174	158	332	13·9
South Ward	65	77	142	11·5
South-East Ward	98	93	191	15·3
South-West Ward	103	108	211	12·6

Deaths of residents occurring in outlying public institutions are allocated to their respective Wards according to the addresses of the deceased as received from the Registrar-General's Department.

The proportion which the mortality at various ages bears to the total number of deaths during 1912 and 1913 is as follows:—

	1912.	1913.
Under 1 year	17·9 per cent.	20·2 per cent. deaths.
1 to 2 years	4·6 "	5·8 " "
2 to 5 "	5·3 "	5·1 " "
5 to 15 "	3·9 "	3·6 " "
15 to 25 "	3·9 "	4·6 " "
25 to 45 "	13·8 "	12·1 " "
45 to 65 "	23·0 "	19·4 " "
65 years and upwards	27·6 "	29·2 " "

DEATH RATES FROM ALL CAUSES IN METROPOLITAN
BOROUGH, 1913.

LONDON DEATH RATE 14.2 PER 1000 LIVING.

Death Rates under 12 per 1000 are coloured thus—
 „ 12 and under 15 „ „
 „ 15 and over „ „



NOTE.—The death rates have not been corrected by the inclusion
of deaths of certain parishioners occurring outside the
Metropolitan Area.



Seasonal Mortality.

First Quarter.—The deaths numbered 502, which is equal to an annual death rate of 18·4 per 1000.

Second Quarter.—The deaths numbered 405, which is equal to an annual death rate of 14·8 per 1000.

Third Quarter.—In this quarter 362 deaths were registered, equal to an annual rate of 13·3 per 1000.

Fourth Quarter.—458 deaths were registered, equal to a rate of 16·8 per 1000 of the population.

NOTE.—These figures contained in the Quarterly Reports have been corrected by the inclusion of 23 parishioners whose deaths occurred outside the Metropolitan area.

Burials.

It is a common custom in Deptford to keep the bodies of deceased persons in dwelling houses much longer than is desirable. It seems to me that legislation is needed to make every person who desires to keep a dead body more than three or four days obtain a certificate from the Medical Officer of Health.

By this means the Medical Officer of Health would obtain early information that a dead body was in the house, and could satisfy himself that it was not a nuisance.

Infantile Mortality.

Total deaths of Infants under one year, 350.

	1913.	Average for previous 10 years.
Deptford Infantile death rate per per 1000 births	113	124
England and Wales	109	
96 Large Towns	116	
145 Smaller Towns... ..	112	
County of London	104	

Of the 1,727 deaths recorded during the year 350 were of infants under one year of age.

During the past ten years the infantile death-rate has fallen from 149 to 113 per 1,000 births registered.

In a previous table will be seen the infantile mortality per 1,000 births for the past ten years.

The following table shows the infantile mortality in the various wards :—

DEPTFORD.

Ward.	Births Registered.	Deaths under 1 year of age.	Infantile Mortality per 1000 Births.
East Ward	711	123	173
North Ward	768	81	105
North-West Ward ...	738	82	111
South Ward	194	12	62
South-East Ward ...	307	24	78
South-West Ward ...	388	28	72

TABLE SHEWING THE NUMBER OF BIRTHS AND DEATHS IN THE BOROUGH DURING THE YEAR 1913.

BIRTHS	3106
DEATHS—including 625 in Outlying Public Institutions	1727
Excess of Births over Deaths ...	1379

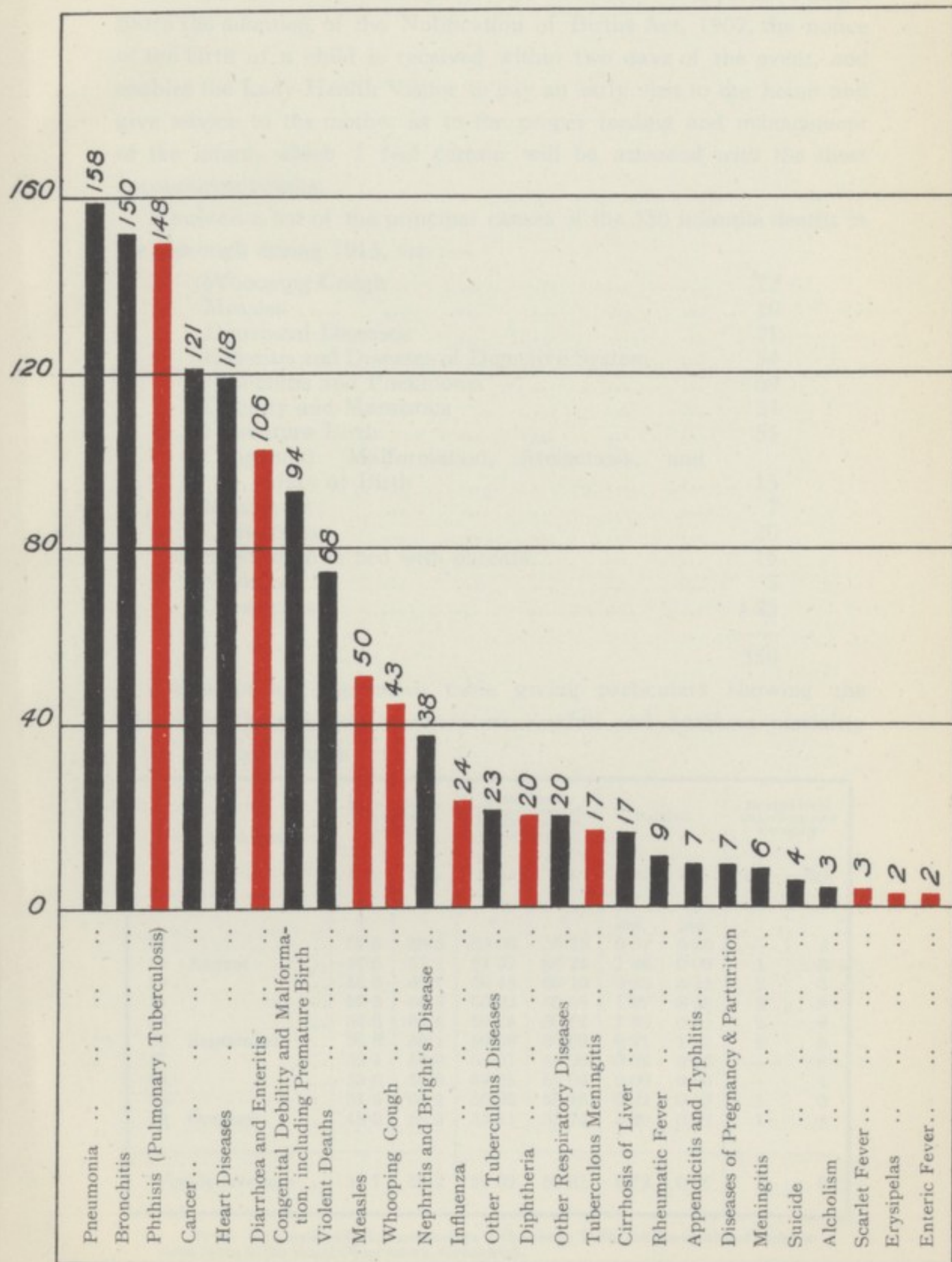
The value of rain as a means of removing filth and micro-organisms, which cause so much of the epidemic summer diarrhœa, is evident. Scavenging by water carts should take the place of rain in dry weather, and the dust laid by water should be swept up and removed before it has time to dry and disseminate in the atmosphere; and any attempt at scavenging in dry weather without the aid of water simply results in the more complete dissemination of dust into the atmosphere. Added to this, the proper paving of yards, and the regular swilling of the gutters of the narrow streets of the poor, lessen the incidence and death rate of diarrhœa and other diseases among the inhabitants.

Among the infant population generally “wasting diseases” and “diarrhœal diseases” account, as a rule, for the greater loss of life, and one of the principal factors in their causation is without doubt the deprivation of the natural breast milk and consequent resort to artificial or hand feeding.

Unsuitable diets are often persisted in, which the infant's stomach rejects, or its tissues fail to assimilate, and many a baby's life is sacrificed through the inability of those about the child to understand that feeding and nourishing are not quite the same thing. The ill-effects of artificial feeding of infants become exaggerated in hot weather on account of the greater liability to contamination of food from dust

Chart shewing Principal Causes of Death, 1913.

Deaths from Infectious Diseases.
Deaths from other Diseases.



and flies, milk food often becoming acid, and developing bacteria in the course of a few hours, although there be outwardly no apparent change. Since the adoption of the Notification of Births Act, 1907, the notice of the birth of a child is received within two days of the event, and enables the Lady Health Visitor to pay an early visit to the home and give advice to the mother as to the proper feeding and management of the infant, which I feel certain will be attended with the most encouraging results.

I submit a list of the principal causes of the 350 infantile deaths in the Borough during 1913, viz. :—

Whooping Cough	...	...	...	...	22
Measles	...	...	...	...	10
Diarrhœal Diseases	...	...	...	...	21
Enteritis and Diseases of Digestive System	...	...	...	...	54
Bronchitis and Pneumonia	...	...	...	...	69
Debility and Marasmus	...	...	...	...	34
Premature Birth	...	...	...	...	55
Congenital Malformation, Atelectasis, and Injury at Birth	...	...	...	...	15
Meningitis	...	...	...	...	7
Convulsions	...	...	...	...	20
Suffocation in bed with parents...	...	...	...	...	15
Syphilis	...	...	...	...	3
Other causes	...	...	...	...	25
					350

Below is a comparative table giving particulars showing the relationship between the temperature, rainfall and diarrhœa mortality in the summer months :—

No. of Week in Year.		Mean Weekly Temperature of Air.		Mean Weekly Temperature of Earth four feet below surface.		Rainfall.		Deaths from Diarrhoea and Enteritis.	
		1912.	1913.	1912.	1913.	1912.	1913.	1912.	1913.
		°	°	°	°	ins.	ins.		
31	August	57·8	59·5	63·09	59·73	0·54	0·00	—	2
32		57·6	57·1	61·57	60·24	1·26	0·09	1	3
33		56·2	60·7	60·48	60·10	0·23	0·14	2	3
34		57·2	60·9	60·22	60·58	1·27	0·36	3	8
35	September	56·9	62·8	59·74	60·62	1·33	0·51	2	8
36		54·8	59·1	59·08	60·63	0·21	1·43	3	5
37		52·4	58·0	58·01	59·96	0·02	0·06	—	8
38		53·6	54·9	57·38	59·03	0·00	0·60	—	4
39	October	51·5	60·2	56·20	58·46	0·02	0·13	1	9
40		48·8	58·5	55·11	58·75	2·30	0·22	1	3
Weekly Average ..		54·7	59·2	59·09	59·81	0·72	0·35	1	5

NOTE.—The meteorological particulars in the above Table are the results of observations taken at the Royal Observatory, Greenwich.

DISTRICT NURSING.

Deptford is fairly well provided with facilities for district nursing. The following is a list of the chief nursing bodies :—

1. Ranyard Nurses, Central Office, Ranyard House, 25 Russell Square. Eight of the Nurses live in different parts of the Borough.
2. Nurses of St. John the Divine in Watson Street. These are connected with the Morden Hill Hospital, Blackheath.
3. Central Hall Nurses, High Street. Two in number.
4. Medical Mission Nurse.
5. St. John's Church Nurse.

Health Visitors and Female Sanitary Inspectors.

NOTIFICATION OF BIRTHS.

During the year 1913, 4707 visits were made to the homes of babies, the total increase over 1912 being 1395 visits. This increase was largely due to the fact that early notification as required by the Act has been systematically carried out, and it may be said that the Notification of Births Act is working efficiently in the Borough.

There were 3106 births registered during 1913.

„ 3131 „ notified „ „

These figures show that the compulsory notification under the Act within 36 hours is much more valuable to us than the registration of the birth which may not take place until six weeks after the birth.

Your Lady Health Visitors report that they have visited each home, usually about the middle of the second week where the notification has been made by the midwife or responsible person, and shortly after the mother is up, where a medical practitioner has notified the birth, should your Medical Officer of Health consider it a suitable case for visitation. Your Medical Officer considers that if visited early the mother is open to receive advice concerning her offspring, and will frequently tell the Health Visitors of little difficulties she may have with other children and seek that advice which it is in the province of a Health Visitor to give.

The midwives receive the visits to their patients quite cordially, and support our efforts in advising the mother in the care of herself and her offspring.

Breast-feeding is generally attempted for the first two months, after which time the milk disappears or becomes of very poor quality. It is unfortunately a fact that the child has then frequently been fed either upon boiled bread, cheap brands of condensed milk, or as an alternative skimmed milk.

It is after the breast milk disappears that the real trouble commences, and in some families baby after baby suffers from rickets and wasting diseases. In the poorest of homes the milk is frequently given too greatly diluted.

The lying-in period is frequently too short in the case of women with large families, and results disastrous to the health of the mother may be a consequence. Many defects and nuisances in the houses which otherwise might be overlooked, are discovered by these visits, which defects are reported and steps taken to remedy them. Pantry accommodation is very inadequate in many houses and the food is very frequently uncovered.

Much good is done by health visiting, and much ignorance and superstition are dispelled. The immediate results may be frequently disappointing, but we are encouraged with the hope that the interest we take in the mothers' welfare may lead to the children becoming the healthy men and women of the future.

The distribution of visits in the different wards was as follows :—

		E.	N.	N.W.	S.	S.E.	S.W.	Total.
Miss Day	Visits	1079	—	2	—	—	—	1081
	Revisits	1337	—	1	—	—	—	1338
	Total	2416	—	3	—	—	—	2419
Miss O'Riordan	Visits	21	133	662	145	331	314	1606
	Revisits	—	68	695	195	552	280	1790
	Total	21	201	1357	340	883	594	3336
Miss Stone	Visits	140	914	241	—	6	1	1302
	Revisits	53	882	212	1	7	—	1155
	Total	193	1796	453	1	13	1	2457
Totals {	Visits	1240	1047	905	145	357	315	3989
	Revisits	1390	950	908	196	559	280	4283
	Total	2630	1997	1813	341	896	595	8272

The following visits are included in the above table :—

Births	..	..	..	..	..	..	4707
Tuberculosis	..	..	..	..	..	..	2004
Verminous Children	..	..	..	..	..	..	1314
Suspected Poliomyelitis..	..	..	..	..	..	..	3
Ophthalmia Neonatorum	..	..	..	..	..	..	39
Infant Deaths (Diarrhoea, &c.)	..	..	..	..	..	..	88
Miscellaneous	..	..	..	..	..	..	117
							8272

The number of births notified under the Notification of Births Act during this period was 3131. 145 parents had to be written to on account of the failure to comply with the Act, and in 19 of these cases a second letter was necessary, making a total of 164 letters sent.

In the following table, information will be found with regard to the births notified in the different wards, together with the sex, whether born alive or dead, and by whom the birth was notified:—

Ward.	Births Notified.			Alive.	Dead.	By whom Notified.			
	Total.	Males.	Females			Parent.	Doctor.	Midwife.	Other Person.
East ..	688	377	311	669	19	98	97	482	11
North ..	780	397	383	762	18	233	215	299	33
Nth.-west	762	411	351	739	23	263	236	237	26
South ..	218	118	100	210	8	143	38	23	14
Sth-East	309	151	158	302	7	125	53	124	7
Sth-West	374	211	163	365	9	178	55	132	9
Totals ..	3131	1665	1466	3047	84	1040	694	1297	100

Details as to the feeding of the babies visited is given below. "Mixed feeding" means both breast and hand-fed.

FEEDING.							
Wards.	Breast Feeding.	Mixed Feeding.	Hand Feeding	Totals.			
East ...	499	31	55	585	...	...	...
North ...	637	35	37	709	...	...	...
North-West	599	41	55	695	...	...	...
South ...	82	3	11	96	...	...	...
South-East ...	214	8	15	237	...	...	...
South-West	190	16	15	221	...	...	...
	2221	134	188	2543			

Health Visitors and the Home.

It may truthfully be said that hygiene, like charity, should begin at home. The most elaborate and well-designed municipal administration, however carefully carried out, will be of no avail if the hygiene of the house is neglected. A simple illustration supports this contention. Milk may be produced under the best possible conditions and supplied to the consumer in sterilised bottles, but all the care taken to ensure a perfect supply will be rendered nugatory if the milk when in the house is placed where it can become contaminated; or again, the builder of a house may be compelled to place a fireplace in each room, but the object in view, that of providing efficient ventilation, will be ineffectual

if the occupier closes the chimney opening. We are gradually beginning to realise how largely our health and our comfort is in the hands of those who are responsible for our domestic arrangements, and it is gratifying to find that women themselves are learning how much lies in their power in this respect. Women are naturally conservative and cling to old methods and time-honoured customs long after these have been shown to have lost every good quality save that of antiquity, but when once convinced that change is really essential they do not hesitate to effect radical changes in their procedure.

An alteration in many of the insanitary practices which are in vogue in thousands of houses can only be made by educating the housewife, and this education can be carried on most effectually and most certainly by women themselves. Our health visitors therefore set out in plain and easily understandable language the faults of the average housewife and the manner in which those faults may be corrected with ease and without cost. They point out that one of the main factors in connection with health is that of food. As a rule, food is badly prepared, and without any consideration at all as to its particular value in supporting a complicated organisation. We try to teach therefore how it can be prepared scientifically, according to appropriate food values, in variety, and at the same time quality, and entirely to the advantage of the family.

Whilst we are on the question of good food for children, it is interesting to consider the ability of a man with the same salary as in 1895 to provide sufficient food for his household.

THE PURCHASING POWER OF THE SOVEREIGN.

For the information of the Select Committee inquiring into the conditions of employment in the Postal Service, the Labour Department of the Board of Trade has prepared the following table showing the fluctuations in value of a sovereign during the last eighteen years, measured by its capacity to purchase quantities of twenty-three selected articles of food:

Year.	s.	d.	Year.	s.	d.
1895...	20	0	1904...	18	0
1896...	20	0	1905...	17	11
1897...	19	3	1906...	18	0
1898...	18	6	1907...	17	7
1899...	19	4	1908...	17	2
1900...	18	5	1909...	17	3
1901...	18	4	1910...	16	11
1902...	18	3	1911...	17	0
1903...	17	11	1912...	16	3

The Feeding of Infants.

It is hardly sufficiently realised that the artificial feeding of infants has only been extensively practised within quite recent times and that the feeding bottle was introduced within the memory of the present generation. Whether we shall ever return to the habits of the pre-feeding bottle days or not it is difficult to say. If we do not it will not be for want of serious warnings of the risks run by the bottle-fed baby, namely—a liability to all kinds of digestive disturbances resulting in impaired digestion for life; a liability to rickets with deformities lasting for life; a greatly increased liability to die during the first year of life from diarrhoea; a lack of vital resistance causing the baby to succumb more easily to the various diseases which it might contract; interference with the proper development of both the temporary and permanent teeth with effects lasting for life; liability to scurvy; and liability to contract tuberculosis by the ingestion of tuberculous milk.

Deformities amongst Children.

Rickets, so common among poor and underfed children, but very frequent too among the well-to-do classes, produces an immense number of disfiguring changes in the whole body skeleton. Amongst the evil consequences are bow legs, narrow chest, knock knees and distortion of the pelvis, which is a very serious matter in the case of a woman in after life. The head becomes square, the face small and ill-developed, and the jaws are liable to become prominent and beak-like. Very often the growth of the child is stunted, while the teeth may be badly shaped and weak in structure. All this is a matter of diet and air. Rickets makes its appearance when the child does not get sufficient stimulating sunlight and is given foods deficient in fat and lime salts. The use of starchy foods instead of pure milk at too early an age is also a potent cause of the disease.

But a great deal more than the avoidance of rickets depends on the feeding and general care of young children. Almost every disturbance of nutrition in the child detracts from its physical appearance in later life. The chronic weak digestion, so common in our Borough, may be easily read in the sallow faces and pinched features of the sufferers, and their lack of capacity for undertaking the duties of life. The effects of diseases on the system are also serious in after life. Rheumatic fever for instance is frequently followed by a weak heart for the rest of the child's life. The consequences of measles may be enlarged tonsils and neck glands, adenoids, ear diseases, and general prolonged

weakness. Scarlet fever is frequently followed by disease of the kidneys which may have permanent injurious effects. Diphtheria may leave an unsightly squint and perhaps permanent difficulty in walking, due to paralysis resulting from the disease. Phthisis and bronchitis sometimes result from whooping cough, whilst influenza frequently causes nervous instability and anæmia. Of course all these consequences have their influence on the appearance of the child in latter years.

Whenever the normal lines of health disappear the normal contour of the face and form go with it. The teeth, too, are all important. Nine out of ten children have teeth defective in one way or other. One of the commonest faults is overlapping of the teeth, which leads to early decay and much loss of beauty of the mouth.

Affections of teeth or of the tonsils or other parts of the mouth give rise to the bad habit of mouth breathing, and perhaps no other single cause is so active in spoiling the expression and symmetry of the face.

Now it is possible to deal with all these defects successfully, and it behoves every mother to take proper measures promptly. The doctor and the dentist can do a great deal to preserve the beauty of her children. Every form of delicacy and invalidism in the child requires attention. A child may not be seriously ill, and yet be in such a state of health as to hinder the proper and harmonious development of its body.

Almost every defect may be remedied or mitigated and permanent disfigurement avoided by early skilled attention. But the best and only sensible course is to prevent the occurrence of disease as far as the mother can do so. It cannot be too strongly insisted upon that beauty is a manifestation of good health, and to secure it in a man or woman the health of the child calls for scrupulous care.

When a person is deformed, whether in mind, feature, or body, his chances in life are lessened sometimes on grounds of diminished physical utility, but not infrequently because a good personal appearance is an important asset, the appreciation of a good appearance being an inborn attribute of humanity.

The Prevention of Decay in Teeth.

RULES.

(1.) *During the first two-and-a-half years of life all starchy or sugary food (except milk) should be given in a firm or fibrous form, so as to stimulate mastication and insalivation, and thus to promote the healthy growth of the jaws and the regular arrangement of the teeth. Bread, rusks, or any other farinaceous food should never be added to or soaked in milk. Bread with crust (and butter), toasted*

bread (and butter), should form a considerable part of the solid part of the meals habitually given to children of this age. As the infant passes from the milk diet to the more solid diet the milk should be more and more diluted with water. During this period also the solid food should be eaten first and the milk and water taken after.

(2.) *After the age of two and a-half years children should always have a considerable amount of the farinaceous food in a form which will stimulate a pleasurable amount of efficient mastication.* The albuminous part of their diet should also be presented in a form which will encourage mastication, *e.g.*, boiled fish, meat, and later bacon. Milk or milk substitutes should only be allowed in small amounts.

(3.) The meals should be *arranged* in such a way that if soft, starchy, or sugary food has been eaten, the mouth and teeth will be cleansed by food of a detergent nature taken immediately after. Thus, therefore, when sweets of any kind, *e.g.*, milk puddings, jam rolls, cake, sweet biscuits, bread and marmalade or jam are eaten, fresh fruit should be eaten afterwards.

(4.) *Three meals daily are to be preferred to any greater number, as the longer the interval the more hygienic is the state of the mouth and stomach, and therefore the more perfectly adapted for the reception of a further meal. Sweets, chocolate, or biscuit and milk should never be eaten between meals or before going to bed.*

When these rules for the prevention of decay in teeth cannot be observed, some attempt should be made with a small toothbrush, to clean the crevices of and between the teeth, after every unhygienic meal, but as this is *extremely difficult to do effectually* without injuring the teeth or gums, it is advisable to have children, who are brought up in this way, taken regularly to the dentist from the age of three onwards every six months, till the teeth become crowded and irregular; thereafter the visits may require at times to be more frequent until all the natural teeth have been replaced by artificial substitutes.

FOODSTUFFS WHICH ARE NOT CLEANSING AND LIABLE TO INDUCE DENTAL CARIES.

Farinaceous and sugary food in general without fibrous element.

Examples: Sweet biscuits and cake; bread and marmalade; bread and jam; new bread without crust; bread soaked in milk; milk puddings; porridge and milk; preserved fruit; chocolate and sweets of all kinds; honey.

Liquids: Cocoa and Chocolate.

The above foods should not be eaten except when followed by foods of the cleansing kind.

FOODSTUFFS WHICH ARE CLEANSING AND PREVENT DENTAL CARIES.

Fibrous foods generally.

Examples : Fish, meat, bacon, poultry, uncooked vegetables, lettuce, cress, radish, celery. Cooked vegetables are as a rule cleansing, but in a less degree than uncooked vegetables.

Stale bread with crust ; toasted bread of all kinds ; twice baked bread ; pulled bread and cheese.

Savouries. Fresh fruits, especially those requiring mastication, *e.g.*, apples, fatty foods, *e.g.*, butter and margarine.

Liquids : Tea, coffee, water, also soups and beef tea.

Footgear of Children.

It is to be hoped that in the near future rational footgear will develop on lines as sensibly hygienic as other forms of dress have done and that pointed toes and high heels, for children especially, will go out of favour.

Among the evils resulting from high heels and pointed toes are flat foot, with its ungainly gait, and bunions. If the foot of an infant be examined before it is distorted with tight-fitting stockings and worse shaped shoes, the inside of the foot from the point of the toe to the heel will be seen to form not a straight line only but a curve. The inside line of the sole is hollowed or concave, and the great toe is separated from the others. Again, from the ball of the great toe to the heel the sole is arched, and the arch is kept up even when the weight of the body is supported on it, by ligaments which bind the under surfaces of the bones, and by the tendon of a muscle of the calf which passes along the sole. In walking, when the foot is bare, or when the footgear is properly shaped, the walk is "heel and toe," and the contraction of the calf muscles, which raises the heel at the same time by the action of the tendon, keeps up the arch of the foot. When shoes with pointed toes are worn, the point of the great toe is forced towards the middle toes, and the inside side line of the sole, instead of being hollowed, becomes rounded. In walking, the toes tend to turn outwards, giving splay foot, the calf muscles do not need to contract as strongly, and the arch gradually sinks, and the walk becomes a clumsy shuffle. Where extreme forms of this occur in people with heavy bodies and relaxed muscles, especially if they have much standing, flat foot is common, and many people have flat foot and its attendant discomforts without their being conscious of the cause. Often a dull ache on the inner side

of the sole of the foot, which is increased after a day's hard walking, is all that may be felt, and of this children say nothing, imagining that the discomfort in question is part and parcel of the common misery of life.

Infant Consultations.

I am pleased to be able to report that we have now three centres for infant consultations, viz. : the Albany Institute on Thursday afternoons ; the Town Hall on Thursday afternoons ; and the Mission Room in Cornbury Road, on Wednesday afternoons. The Cornbury Road centre is only just commencing work, but the remaining two are in full working order.

I give a brief account of the work at each :—

THE ALBANY INSTITUTE, DEPTFORD, S.E.

Organising Secretary : Mrs. Lamert, 24 Buckingham Palace Road.

Medical Officer : Dr. Elmslie Crabbe, who attends once a week at the Albany Institute.

1. How supported.

By voluntary subscriptions. The Municipal Health Visitors give their services.

2. Nature and extent of work.

School for mothers : 1,926 attendances in seven months.

Infant consultations :	} 546 attendances in 25 weeks.
Infant Weighing :	

Dinners for nursing mothers : 2,000 given in twelve months.

Milk is provided for nursing mothers ; the mothers pay 1d. per quart, the fund paying the remaining 3d.

The giving of milk is continued for the whole period of nine months' nursing to each woman, also cod liver oil and emulsion on doctor's order.

General Health Visiting : Five lady visitors are at work.

Health lectures generally : One course has been given by London County Council lecturer.

The mothers' club has a growing weekly average of 75 or 85 women, and about 27 to 30 babies are weighed every week.

Babies' Home : Albury Street for sick and ailing babies opened by H.R.H. Princess Alexander of Teck during 1913.

3. *Co-operation.*

The Fund co-operates with the public health department of the local authority. The medical officers of health for Greenwich and Deptford have held weekly consultations for the Fund gratuitously, and the official health visitors conduct the baby weighings.

TOWN HALL INFANT CONSULTATIONS.

1. *How supported.*

Voluntary contributions and the local authority.

2. *Nature and extent of work.*

Infant consultations	}	Each week.
Infant Weighing		884 attendances.
Health Lectures to mothers, 48.		
Number of attendances by mothers, 872.		

Mothercraft competitions. An examination was conducted by the Medical Officer in December. Three mothers gained over 50 per cent. of the marks, whilst eight gained between 50 and 75 per cent.

Model clothes, model cots are made for and explained to the mothers, who seem now to fully realise that it is improper to give solid food to babies under nine months of age. They also realise the importance of breast feeding, the danger of giving dummies, and the necessity of separate beds for infants from birth. The medical officer attends and gives his services when required.

Table No. 1.

METROPOLITAN BOROUGH OF DEPTFORD.

(This Table is prepared in accordance with the requisitions of the Local Government Board).
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	117,539	3,065	3,084	26·2	1,251	10·6	156	548	381	123	1,643	13·9
1909	118,583	3,047	3,093	26·8	1,207	10·1	119	523	321	103	1,611	13·5
1910	119,642	2,906	2,959	24·7	1,232	10·1	116	555	366	123	1,671	13·9
1911	109,475	2,921	3,001	27·4	1,304	11·9	161	585	428	143	1,728	15·8
1912	109,377	2,807	2,896	26·5	1,045	9·6	182	579	258	89	1,442	13·2
1913	109,280	3,041	3,106	28·0	1,283	11·6	181	625	350	113	1,727	15·5
Area of District in acres (land and inland water). 1,563. Total population at all ages 109,496. Number of inhabited houses 16,102. Average number of persons per house, 6·8. At census 1911.												

Table No. 2.

METROPOLITAN BOROUGH OF DEPTFORD.

(This Table is prepared in accordance with the requisitions of the Local Government Board).

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1913.

Notifiable Disease	Number of cases notified,								Total cases notified in each Ward,						Total Cases Removed to Hospital.
	At all Ages	At Ages—Years							East Ward	North Ward	North-West Ward	South Ward	South-East Ward	South-West Ward	
		Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards							
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria including Membranous croup	247	1	91	125	16	12	2	..	52	58	65	21	29	22	226
Erysipelas	230	7	15	11	36	76	70	15	102	55	31	6	21	15	6
Scarlet fever	639	3	170	401	45	20	..	..	118	196	192	24	43	66	593
Typhus fever... ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever	17	1	1	2	7	6	..	..	1	3	6	4	1	2	12
Relapsing fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever ..	1	..	..	..	1	..	..	..	..	1	..	..	..	..	..
Cerebro-Spinal Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis	442	1	13	64	74	191	89	10	149	105	79	21	52	36	165
Other forms of Tuberculosis	142	6	21	56	24	26	8	1	37	29	32	6	22	16	25
Ophthalmia Neonatorum	19	19	..	..	..	..	..	..	5	8	1	2	2	1	1
Glanders	1	..	..	..	1	..	..	..	..	..	..	..	1	..	1
Totals	1738	38	311	659	204	331	169	26	464	455	406	84	171	158	1029

Table No. 3.

METROPOLITAN BOROUGH OF DEPTFORD.

CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1913.

(This Table is prepared in accordance with the requisitions of the Local Government Board.)

CAUSES OF DEATH.	Nett Deaths at the 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 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	
1	2	3	4	5	6	7	8	9	10	11
All causes { Certified ..	1727	350	100	88	62	77	209	336	505	..
{ Uncertified ..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	2	..	..	..	1	..	1	..	..	5
Small Pox	..	..	..	..	..	..	..	..	..	..
Measles	50	11	18	19	2	..	..	..	..	64
Scarlet Fever	3	..	..	1	2	..	..	..	..	22
Whooping Cough	43	22	10	10	1	..	..	..	..	28
Diphtheria and Croup	20	..	2	9	9	..	..	..	..	43
Influenza	24	1	1	1	1	1	4	5	10	..
Erysipelas	2	..	..	..	..	..	..	1	1	..
Phthisis	..	..	..	..	..	..	..	..	..	..
(Pulmonary Tuberculosis)	148	1	..	5	3	26	76	34	3	2
Tuberculous Meningitis	17	4	5	4	3	..	1	..	..	1
Other Tuberculous Diseases	23	6	4	2	2	5	2	2	..	3
Cancer, malignant disease	121	..	..	1	1	3	10	51	55	..
Rheumatic Fever	9	..	..	1	2	2	2	2	..	..
Meningitis	6	3	..	1	2	..	..	..	..	1
Organic Heart Disease	118	..	..	..	5	8	12	39	54	..
Bronchitis	150	26	7	2	..	..	5	42	68	1
Pneumonia (all forms)	158	43	24	13	7	7	24	19	21	10
Other diseases of Respiratory Organs	20	..	..	2	1	2	4	4	7	1
Diarrhoea and Enteritis	106	72	18	9	..	1	2	3	1	2
Appendicitis and Typhlitis	7	..	..	1	1	2	1	..	2	..
Cirrhosis of Liver	17	..	..	..	..	..	7	6	4	..
Alcoholism	3	..	..	..	..	..	1	2	..	..
Nephritis & Bright's Disease	38	1	..	..	1	2	3	15	16	1
Puerperal Fever	2	..	..	..	..	1	1	..	..	5
Other accidents and diseases of Pregnancy and Parturition	5	..	..	..	..	..	5	..	..	..
Congenital Debility and Malformation, including Premature Birth	94	92	2	..	..	..	..	..	..	..
Violent Deaths (excluding Suicides)	68	15	1	1	6	8	16	11	10	..
Suicides	4	..	..	..	..	..	..	3	1	..
Other defined diseases	467	53	8	6	12	9	32	95	252	6
Diseases ill-defined or unknown	2	..	..	..	..	..	..	2	..	..
	1727	350	100	88	62	77	209	336	505	195

Sub-Entries included in above figures, Glanders

1

1

Table No. 4.

METROPOLITAN BOROUGH OF DEPTFORD

(This Table is prepared in accordance with the requisitions of the Local Government Board.)

INFANTILE MORTALITY, 1913.

Nett Deaths from stated causes at various Ages under 1 year of Age.

CAUSE OF DEATH.			Under 1 week.	1 to 2 weeks.	2 to 3 weeks.	3 to 4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total Deaths under 1 year.
All Causes	{ Certified ..	..	60	8	11	15	94	75	78	49	54	350
	{ Uncertified ..	..	..	..	..	..	..	..	..	..	..	..
Small Pox			..	..	..	..	..	..	..	..	..	..
Chicken Pox			..	..	..	..	..	..	..	..	..	..
Measles			..	..	..	..	..	..	2	2	7	11
Scarlet Fever			..	..	..	..	..	..	..	..	..	..
Whooping Cough			..	..	..	2	2	3	6	4	7	22
Diphtheria and Croup ..			..	..	..	..	..	..	..	..	..	..
Erysipelas			..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis ..			..	..	..	..	..	..	1	1	2	4
Abdominal Tuberculosis ..			..	..	..	..	..	..	..	1	..	1
Other Tuberculous Diseases			..	..	..	..	..	1	3	1	..	5
Meningitis (not Tuberculous) ..			..	..	..	..	..	1	1	..	1	3
Convulsions			4	1	2	2	9	4	4	3	..	20
Laryngitis			..	..	..	..	..	..	..	..	..	..
Bronchitis			..	..	1	2	3	6	8	4	5	26
Pneumonia (all forms) ..			1	..	..	1	2	9	11	7	14	43
Diarrhoea			..	..	..	..	..	2	4	5	10	21
Enteritis			..	1	1	1	3	13	20	8	7	51
Gastritis			..	1	..	..	1	2	..	..	..	3
Syphilis			1	..	..	..	1	2	..	..	..	3
Rickets			..	..	..	..	..	..	..	..	..	..
Suffocation, overlaying ..			1	..	1	1	3	8	3	1	..	15
Injury at Birth			2	..	1	..	3	1	..	..	..	4
Atelectasis			6	..	..	..	6	..	..	..	..	6
Congenital Malformations			1	1	..	..	2	1	1	1	..	5
Premature Birth			40	3	3	4	50	3	1	1	..	55
Atrophy, Debility, and Marasmus			2	1	1	..	4	14	9	5	..	32
Other Causes			2	..	1	2	5	5	4	5	1	20
			60	8	11	15	94	75	78	49	54	350

Nett Births—Legitimate, 3023 ; Illegitimate, 83.

Nett Deaths—Legitimate infants, 335 ; Illegitimate infants, 15.

Table No. 5.

Return of Births Registered during the Year 1913.

	Sex.		Illegitimate.	Total.	East Ward.				North Ward.				North-West Ward.				South Ward.				South-East Ward.				South-West Ward.					
	Sex.				Illegitimate.	Total.	Sex.		Illegitimate.	Total.	Sex.		Illegitimate.	Total.	Sex.		Illegitimate.	Total.	Sex.		Illegitimate.	Total.	Sex.		Illegitimate.	Total.				
	M	F					M	F			M	F			M	F			M	F			M	F			M	F	M	F
Births registered in the Borough ..	1589	1452	54	3041	371	321	24	692	386	368	7	754	369	358	9	727	103	86	2	189	140	158	5	298	220	161	7	381		
Births registered in Out-lying Institutions ..	33	32	29	65	11	8	6	19	8	6	7	14	6	5	5	11	2	3	2	5	5	4	4	9	1	6	5	7		
Total Births belonging to the Borough	1622	1484	83	3106	382	329	30	711	394	374	14	768	375	363	14	738	105	89	4	194	145	162	9	307	221	167	12	388		

Weekly Death Rates, from all causes, in Deptford and London.

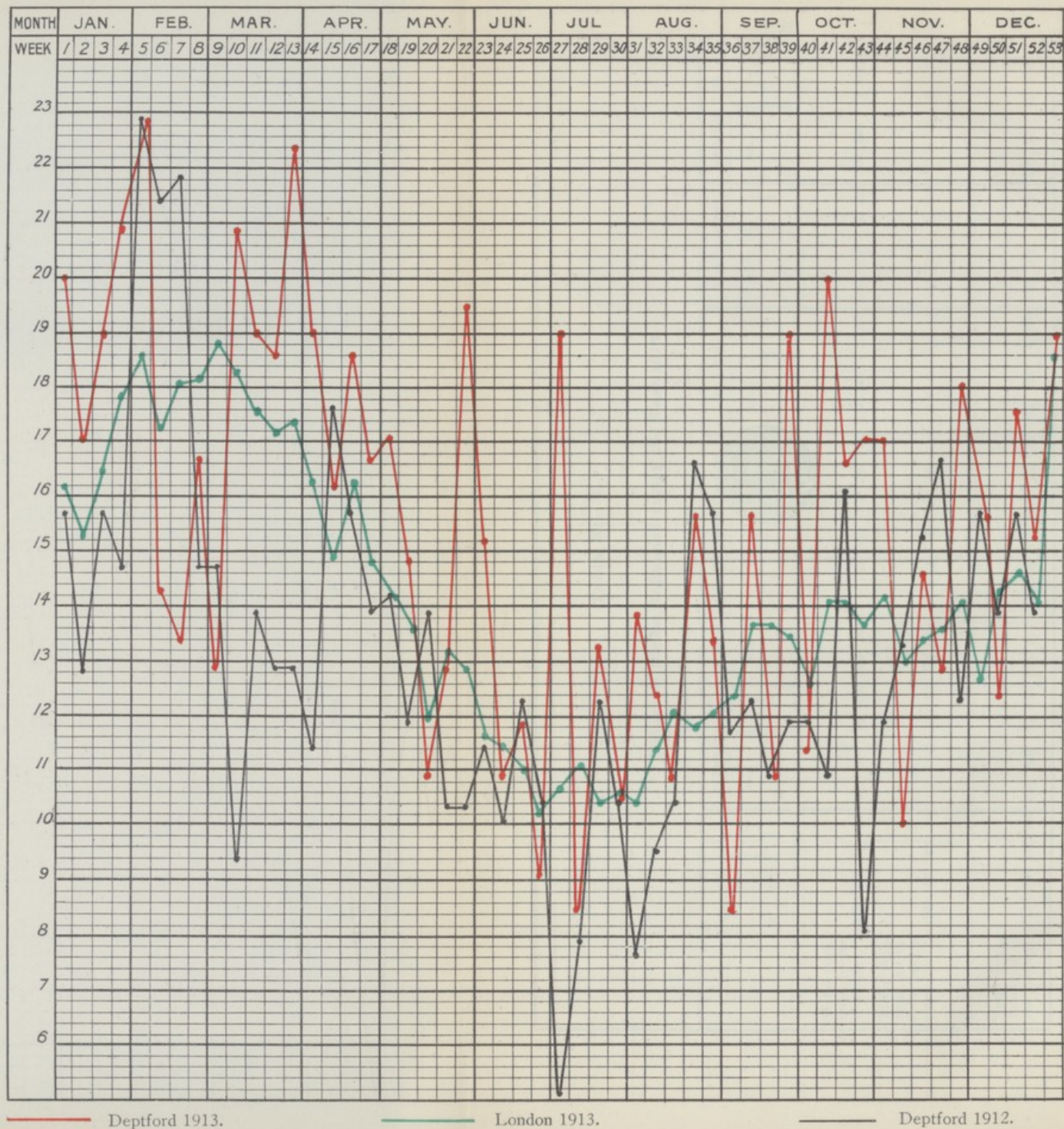


Table No. 6.

Return of Deaths Registered during the year 1913.

Registration Districts.	Sex.		Deaths under 1 year.	Total.	East Ward.				North Ward.				North-West Ward.				South Ward.				South-East Ward.				South-West Ward.				South-Eastern Hospital.			
					Sex.		Deaths under 1 year.	Total.	Sex.		Deaths under 1 year.	Total.	Sex.		Deaths under 1 year.	Total.	Sex.		Deaths under 1 year.	Total.	Sex.		Deaths under 1 year.	Total.	Sex.		Deaths under 1 year.	Total.	Sex.		Deaths under 1 year.	Total.
	M.	F.			M.	F.			M.	F.			M.	F.			M.	F.			M.	F.			M.	F.			M.	F.		
Deaths registered in the Borough ..	643	640	322	1283	135	131	90	266	120	109	67	229	113	105	69	218	50	58	10	108	51	63	22	114	73	80	24	153	101	94	40	195
Deaths in Outlying Institutions ..	353	272	64	625	130	92	33	222	73	51	12	124	57	50	11	107	16	18	2	34	47	34	2	81	30	27	4	57	..	..	..	..
Total number of Deaths of Residents of the Borough	903	824	350	1727	269	224	123	493	194	164	81	358	174	158	82	332	65	77	12	142	98	93	24	191	103	108	28	211	..	..	..	..

181 Deaths registered in the Borough were of non-parishioners. Of these 172 occurred in the South-Eastern Hospital. In the last line of the above Table, the 23 deaths of residents of Deptford occurring in the South-Eastern Hospital have been allocated to their respective Wards, and the deaths of all non-parishioners excluded.

[illegible][illegible]

DISEASES.		Whole Borough.		Under 1		1 to 2		2 to 5		5 to 10		10 to 15		15 to 20		20 to 25		25 to 35		
		All ages.		M F		M F		M F		M F		M F		M F		M F		M F		
		M	F	Tot.	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
I.—General Diseases—contd.																				
53	Leucocytæmia Lymphadenoma	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
54	(a) Anæmia, Chlorosis	...	4	2	6	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
55	(b) Diabetes insipidus	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
56	(c) Purpura	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
57	(d) Hemophilia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
58	(e) Other General Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
59	Alcoholism (acute or chronic)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
60	(a) Occupational Lead Poisoning	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
61	(b) Occupational Lead Poisoning	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
62	Other Chronic Occupational Poisonings	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
63	Other Chronic Poisonings	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE.																				
64	Epileptitis	...	1	2	3	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2
65	(a) Cerebro-spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
66	(b) Posterior Basal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
67	(c) Meningitis, other forms	...	3	3	6	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
68	Locomotor Ataxy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
69	Other Diseases of the Spinal Cord	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
70	Cerebral Hemorrhage, Apoplexy	...	15	29	44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
71	Cerebral Softening of Brain	...	6	4	10	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
72	Softening of Brain	...	4	2	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
73	General Paralysis without specified cause	...	7	2	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
74	Paralysis of the Insane	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
75	Other forms of Mental Alienation	...	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
76	Epilepsy	...	2	4	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
77	Convulsions (Non-puerperal: 5 yrs & over)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
78	Infantile Convulsions (under 5 years)	...	16	11	27	13	8	...	...	...	...	...	...	...	...	...	...	...	...	...
79	Hysteria, Neuralgia, Neuritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
80	Other Diseases of the Nervous System	...	8	1	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
81	Diseases of the Eyes and ANNEXA	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
82	(a) Nistagmus Diseases	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
83	(b) Other Diseases of the Ears	...	3	2	5	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
III.—DISEASES OF THE CIRCULATORY SYSTEM.																				
79	Pericarditis	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
80	(a) Myocarditis and Endocarditis	...	2	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
81	(b) Valvular Disease	...	3	6	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
82	(c) Fatty Degeneration of the Heart	...	3	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
83	(d) Other Organic Disease of the Heart	...	22	24	46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
84	Angina Pectoris	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
85	(a) Aneurysm	...	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
86	(b) Arterial Sclerosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
87	(c) Other Diseases of Arteries	...	6	2	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
88	(a) Cerebral Embolism & Thrombosis	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
89	(b) Other Embolism and Thrombosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
90	Diseases of the Veins (Varices, Hemorrhoids, Phlebitis, etc.)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
91	(a) Status Lymphaticus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
92	(b) Other Diseases of the Lymphatic System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
93	Pharyngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
94	Hæmorrhage; other Diseases of the Circulatory System	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
IV.—DISEASES OF THE RESPIRATORY SYSTEM.																				
95	Diseases of the Nasal Fossæ	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
96	Diseases of the Larynx	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
97	Diseases of the Thyroid Body	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
98	(a) Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
99	(b) Broncho-pneumonia	...	66	88	150	16	10	2	3	1	...	...	...	...	...	...	...	...	...	...
100	(c) Lobar Pneumonia	...	50	32	82	27	9	9	11	2	4	3	...	...	...	...	...	...	...	...
101	(d) Pneumonia (type not stated)	...	28	9	33	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
102	(e) Pleurisy	...	32	11	43	5	1	...	...	...	...	...	...	...	...	...	...	...	...	...
103	Pulmonary Congestion, Pulmonary Apoplexy	...	6	2	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
104	Gangrene of the Lung	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
105	Asthma	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
106	Pulmonary Emphysema	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
107	Cerebroid Disease of the Lung	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
108	System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
109		...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

—continued.

[illegible]

DEATHS REGISTERED

DISEASES	Whole Borough.			Under 1			1 to 2			2 to 5			5 to 10			10 to 15			15 to 20			20 to 25			25 to 35		
	All ages.																										
	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Tot.
V.—DISEASES OF THE DIGESTIVE SYSTEM.																											
99 (a) Diseases of the Teeth and Gums	1	1	2	1	1	2																					
(b) Other Diseases of the Mouth & Annexa	2	2	4	1	1	2																					
100 Diseases of Pharynx, Tonsillitis	4	3	7																								
101 Disease of Esophagus	5	3	8	2	1	3																					
102 Perforating Ulcer of Stomach	1	2	3	1		1																					
(a) Inflammation of Stomach	10	14	24	9	8	17	4	1	5																		
(b) Other Diseases of Stomach	3	2	5	3	1	4																					
104 & 105 (a) Infective Enteritis	21	17	38	16	10	26	1	5	6	2	2	1															
(b) Diarrhoea (not returned as infective)	23	12	35	15	8	23	5	2	7	1																	
(c) Enteritis (not returned as infective)	2	2	4																								
(d) Gastro-Enteritis (not returned as infective)	4	3	7																								
(e) Dyspepsia (under 2 years of age)	2	2	4																								
(f) Colic	2	2	4																								
(g) Ulceration of Intestines	1	1	2																								
(h) Duodenal Ulcer	1	1	2																								
106 Arteriosclerosis	3	1	4																								
107 Other Intestinal Parasites	5	3	8	1	2	3																					
(a) Hernia	1	1	2																								
(b) Intestinal Obstruction	1	1	2																								
110 Other Diseases of the Intestines	1	1	2																								
111 Acute Yellow Atrophy of Liver	1	1	2																								
112 Hydatid of Liver	1	1	2																								
(a) Cirrhosis of Liver (not returned as alcoholic)	18	6	24																								
(b) Cirrhosis of Liver (returned as alcoholic)	2	2	4																								
(c) Diseases formerly classed as "Other Diseases of Liver and Gall Bladder"	1	1	2																								
114 Biliary Calculi	2	2	4																								
115 Other Diseases of the Liver	2	1	3																								
116 Diseases of Spleen	2	1	3																								
117 Peritonitis (cause unstated)	2	2	4																								
118 Other Diseases of the Digestive System	1	1	2																								
VI.—NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA.																											
119 Acute Nephritis	1	5	6	1		1																					
120 Bright's Disease	19	13	32																								
121 Chyluria	1	2	3																								
122 Other Diseases of the Kidney & Annexa	1	2	3																								
123 Calculi of the Urinary Passages	2	2	4																								
124 Diseases of the Bladder	3	2	5																								
125 Diseases of the Urethra, Urinary Abscess, &c.	2	2	4																								
126 Diseases of the Prostate	2	3	5																								
127 Non-Veneral Diseases of the Male Genital Organs	2	3	5																								
128 Uterine Haemorrhage (non-puerperal)	2	2	4																								
129 Uterine Tumour (non-cancerous)	2	2	4																								
130 Other Diseases of the Uterus	1	1	2																								
131 Ovarian cyst, Tumor (non-cancerous)	1	1	2																								
132 Other Diseases of the Female Genital Organs	2	2	4																								
133 Non-puerperal Diseases of the Breast (Non-cancerous)	2	2	4																								
VII.—THE PUERPERAL STATE.																											
134 Accidents of Pregnancy	2	2	4																								
135 Haemorrhage at Childbirth	2	2	4																								
136 Other Accidents of Childbirth	2	2	4																								
137 Puerperal Fever	1	1	2																								
138 " Albuminuria & Convulsions	1	1	2																								
139 " Phlegmasia Alba Dolens.	1	1	2																								
140 " Embolism & sudden death	1	1	2																								
141 " Insanity	1	1	2																								
142 " Diseases of the Breast	1	1	2																								
VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.																											
142 (a) Scellie Gangrene	3	1	4																								
(b) Gangrene (other types)	1	1	2																								
143 Carbuncle, Boil	1	1	2																								
144 Phlegmon, Acute Abscess	1	2	3																								
145 Diseases of the Integumentary System	1	1	2																								

continued—

WARDS																											
35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and up		East		North		North-West		South		South-East		South-West					
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		
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6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6		
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7		
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67	67	67	67	67	67	67</																					

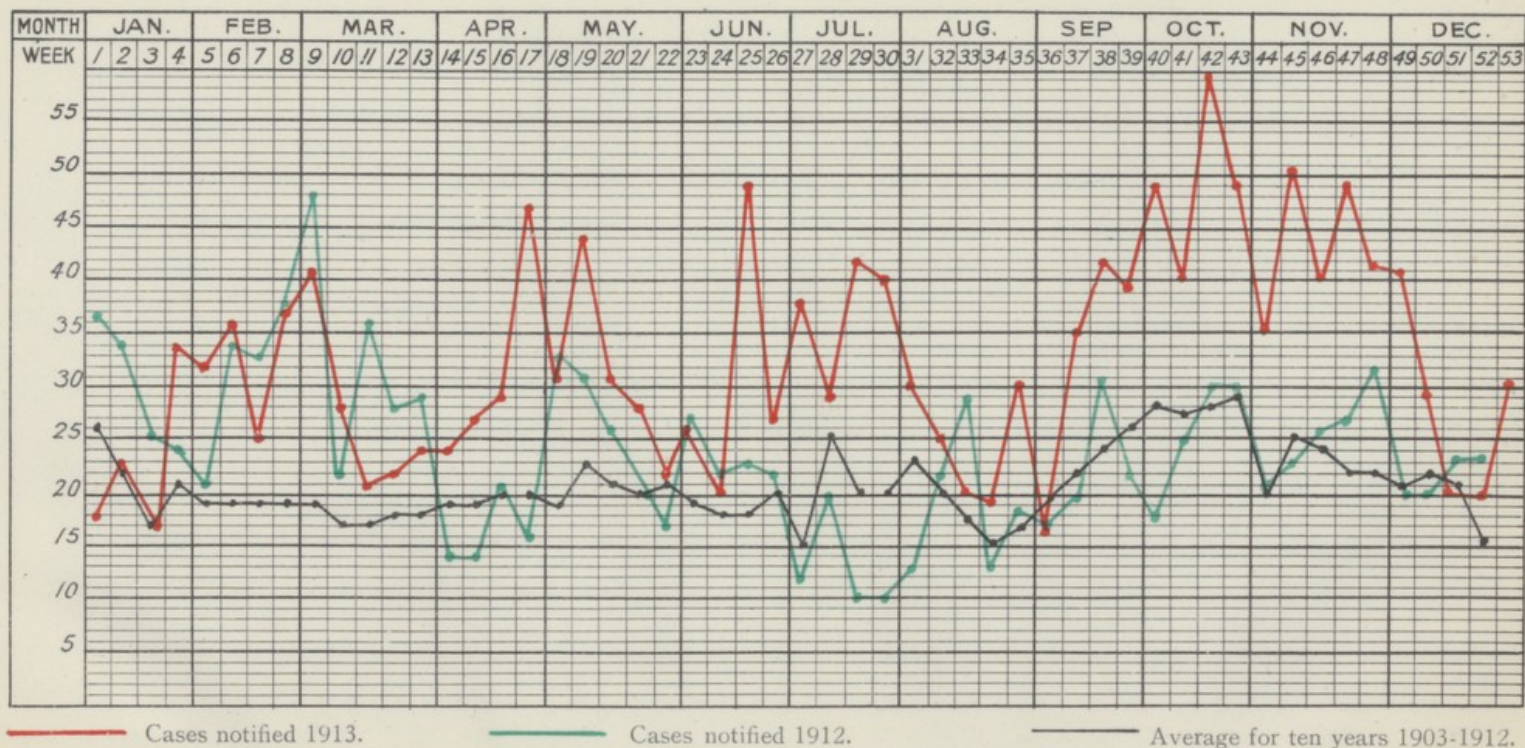
	DISEASES.	Whole Borough.		Under 1		1 to 2		2 to 5		5 to 10		10 to 15		15 to 20		20 to 25		25 to 35	
		All ages.		M F Tot		M F		M F		M F		M F		M F		M F		M F	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.																			
146	Diseases of the Bones	...	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
147	Diseases of the Joints	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
148	Amputations	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
149	Other Diseases of Locomotor System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
X.—MALFORMATIONS.																			
150	Congenital Malformations	...	4	1	5	4	1	...	...	...	...	...	...	...	...	...	...	...	...
XI.—DISEASES OF EARLY INFANCY.																			
151	(a) Premature birth	...	34	30	54	34	30	...	...	...	...	...	...	...	...	...	...	...	...
	(b) Infantile Debility, Icterus, and Scrima	...	17	18	35	17	16	...	2	...	...	...	...	...	...	...	...	...	...
152	Other D'seases peculiar to early Infancy	...	4	6	10	4	6	...	...	...	...	...	...	...	...	...	...	...	...
153	Lack of Care	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XII.—OLD AGE.																			
154	(a) Senile Dementia	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(b) Senile Decay	...	67	106	173	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.																			
155	To 163 Suicides	...	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...
164	Poisoning by Food	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
165	Other Acute Poisonings	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
166	Confagration	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
167	Burns (Confagration excepted)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
168	Absorption of Deleterious Gases (Confagration excepted)	...	6	10	16	6	8	...	1	...	...	...	...	...	...	...	...	...	...
169	Accidental Drowning	...	7	...	7	...	...	...	...	1	...	...	...	...	...	...	...	...	...
170	Injuries	...	29	8	37	...	...	...	...	...	...	...	...	...	...	...	...	...	...
177	Starvation	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	...
178	Excessive Cold	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
179	Effects of Heat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
180	Lightning	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
181	Electricity (Lightning excepted)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
182	to 184 Homicide	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
185	Fractures Cause not specified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
186	Other Violence	...	3	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XIV.—ILL DEFINED CAUSES.																			
187	Dropsy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
188	(a) Syncope (aged 1 year and under 20)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(b) Sudden death (not otherwise defined)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
189	(a) Heart failure (aged 1 year and																		

continued.

[illegible]

Infectious and other
Diseases.

Chart shewing week by week the total number of cases of Infectious Disease notified during the 53 weeks ended January 3rd, 1914.



Mortality from the Principal Epidemic Diseases.

The following diseases are included under this heading:—Small Pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Fevers (that is to say, Typhus, Enteric and Continued), Diarrhœal Diseases, and Plague.

DEATHS.

It is unsatisfactory to your Medical Officer of Health to have to report that these diseases caused 109 more deaths in the year under discussion than in the previous year. In 1906 and 1911 the number of deaths was greater than in any year for the past ten years, being respectively 318 and 298.

Altogether 208 deaths were registered during 1913.

DEATH RATE.

The death rate from all these diseases calculated on the estimated population was 1·87 per 1000 of the population. This compares almost exactly with the average for the past ten years, which is 1·82. In 1912 the death rate was 0·91; in 1911, 2·72; and in 1910, 1·71.

In the following table will be seen the number of deaths from these diseases and the epidemic death rate in each Ward:—

	Deaths.	Epidemic Death-rate.
East Ward	72	3·35
North Ward	46	1·90
North-West Ward	52	2·18
South Ward	8	0·65
South-East Ward	10	0·80
South-West Ward	20	1·19
	208	1·87

The following statement shows the position occupied by Deptford with respect to the Epidemic Diseases in the country and in the neighbouring Metropolitan boroughs:—

	Epidemic Death-rates per 1,000 inhabitants.
England and Wales	1·2
96 Great Towns	1·5
145 Smaller Towns... ..	1·2
Greenwich	1·4
Camberwell	1·3
Bermondsey... ..	2·6
Poplar	1·9
Lewisham	0·9
County of London	1·4
Deptford	1·87
West Ham	1·8
Liverpool	2·1
Manchester	1·7
Birmingham... ..	2·0
Leeds	1·4

DEATHS FROM 7 PRINCIPAL INFECTIOUS DISEASES.

Year	Enteric Fever		Small Pox		Measles		Scarlet Fever		Whooping Cough		Diphtheria		*Diarrhoea and Enteritis (under 2 years)		Total	
	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate	No. of Deaths	Rate
1903	4	0'03	—	—	72	0'64	23	0'20	47	0'42	45	0'40	42	0'64	233	2'33
1904	3	0'02	—	—	73	0'64	11	0'09	49	0'43	16	0'14	112	0'98	264	2'30
1905	6	0'05	—	—	16	0'13	9	0'07	18	0'15	9	0'07	84	0'73	142	1'20
1906	6	0'05	—	—	71	0'61	16	0'13	61	0'52	18	0'15	146	1'26	318	2'72
1907	5	0'04	—	—	55	0'47	13	0'11	35	0'30	26	0'22	20	0'18	154	1'32
1908	6	0'05	—	—	33	0'28	6	0'05	25	0'21	10	0'08	82	0'70	162	1'37
1909	6	0'05	—	—	66	0'55	13	0'11	47	0'40	16	0'13	46	0'39	194	1'63
1910	4	0'03	—	—	60	0'50	3	0'03	44	0'37	12	0'10	82	0'68	205	1'71
1911	2	0'02	—	—	67	0'61	7	0'06	35	0'32	15	0'14	172	1'57	298	2'72
1912	2	0'02	—	—	28	0'26	6	0'05	24	0'22	11	0'10	28	0'26	99	0'91
Average for 10 years.	4	0'04	—	—	54	0'47	11	0'09	38	0'33	18	0'15	81	0'74	207	1'82
1913	2	0'02	—	—	50	0'45	3	0'03	43	0'39	20	0'18	90	0'81	208	1'87

* The deaths under this heading for the years 1902 to 1910 refer only to those certified to be due to epidemic or summer diarrhoea, or epidemic, zymotic or infective enteritis.

From 1911 onwards, deaths from Gastro-enteritis, Gastro-intestinal Catarrh, Muco-enteritis, Colitis, &c., are also included.

Infectious Diseases, 1913.

Disease.	Total number of notifications received.	Relating to cases.	Errors of diagnosis and cases occurring in hospital	Nett number of cases.
Small-Pox	—	—	—	—
Cholera	—	—	—	—
Diphtheria (including Membranous Croup)...	247	247	25	222
Erysipelas	243	230	—	230
Scarlet Fever	648	639	35	604
Typhus Fever	—	—	—	—
Enteric Fever	17	17	5	12
Relapsing Fever	—	—	—	—
Continued Fever	—	—	—	—
Puerperal Fever	2	1	—	1
Plague	—	—	—	—
Cerebro-spinal Fever	—	—	—	—
Anthrax	—	—	—	—
Hydrophobia	—	—	—	—
Glanders	1	1	—	1
Pulmonary Tuberculosis	716	442	—	442
Other Tuberculosis Diseases	170	142	—	142
Ophthalmia Neonatorum	20	19	—	19
Acute Poliomyelitis	—	—	—	—
Total	2064	1738	65	1673
Previous year	1714	1254	25	1229

The following table shows the number of patients notified during each of the last ten years:—

INFECTIOUS DISEASES NOTIFIED IN THE METROPOLITAN BOROUGH OF DEPTFORD FROM 1903 TO 1913.

Year.	Smallpox.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Continued Fever.	Puerperal Fever.	Chicken Pox.	Cerebro-spinal Meningitis.	Tuberculosis.	Ophthalmia Neonatorum.	Acute Poliomyelitis.	Glanders.	Totals.	Measles.	Disinfections. (premises)
1903	2	449	11	134	501	2	31	1	7	46	..	..	..	..	..	1184	273	1164
1904	11	186	4	146	501	..	29	..	8	304	..	..	..	..	..	1129	1029	1507
1905	2	143	6	152	603	..	33	..	7	..	..	..	..	..	..	946	600	1197
1906	1	303	8	161	649	..	40	..	9	..	..	..	..	..	..	1171	1007	1593
1907	..	287	13	130	774	..	34	4	4	..	2	..	..	..	..	1248	726	1495
1908	..	197	10	168	723	..	29	..	4	..	..	..	..	..	..	1131	850	1399
1909	..	185	9	179	373	..	33	4	6	..	2	172	..	..	..	963	467	1232
1910	..	125	5	138	300	..	24	1	2	..	1	96	..	..	..	692	1114	1209
1911	1	152	7	177	369	..	13	4	2	157	..	335	15	1	..	1233	664	1121
1912	..	172	..	188	406	..	9	1	8	..	4	436	26	4	..	1254	221	940
Average for past 10 yrs.	2	220	7	157	520	..	27	1	6	51	1	104	4	..	..	1095	695	1286
1913	..	247	..	230	639	..	17	..	1	..	..	584	19	..	1	1738	497	1192

Notifiable Infectious Diseases.

The total number of cases of Infectious Diseases notified during the year under the provision of the Public Health (London) Act, 1891, and the Tuberculosis Regulations was 1738. This shows an increase of 484 on the preceding year.

During the past five years the total number of cases notified and the attack rates per 1,000 of the population have been as follows :—

	1909	1910	1911	1912	1913
No. of cases ...	963	692	1233	1,254	1,738
Estimated population...	118,583	119,642	109,475	109,377	109,280
Attack rate per 1000 of population ...	8'1	5'8	11'3	11'4	15'6

Briefly, this increase in notifications for 1913 was due to the number of cases of Tuberculosis notified under the Public Health (Tuberculosis) Regulations, 1912.

Fees for Notifications.

The amount paid to Medical Practitioners for notification during the period under report was :—

	£	s.	d.
First Quarter ...	39	9	6
Second „ ...	43	15	3
Third „ ...	53	9	3
Fourth „ ...	59	9	9
	<u>£196</u>	<u>3</u>	<u>9</u>

All fees except those for the notification of Tuberculosis are repaid to the Sanitary Authority by the Metropolitan Asylums Board.

Discovery and Diagnosis of Infectious Diseases.

It is well to know that unrecognised cases largely spread infectious diseases.

Discovery.—Mild cases of indisposition or disease excite no particular attention, or are attributed to other than the real cause by parents, guardians, or friends, and are not submitted to medical examination. In the autumn there are generally several instances of parents and guardians failing to recognise as infectious cases slight disturbances of health in children, until other children become infected, and develop typical symptoms.

When cases of suspected infectious diseases occur there is sometimes considerable difficulty and delay in making an exact medical diagnosis in certain types of the diseases. Here bacteriological and additional clinical examinations are brought to bear upon doubtful types, and to check or confirm the diagnosis.

Special arrangements for the bacteriological examination and reports upon doubtful cases have been made by the Council, but I hope eventually to do all bacteriological work at our own laboratory.

The number of specimens of secretion, blood and sputum submitted to bacteriological tests during the year in suspected cases of Diphtheria, Typhoid or Enteric Fever, and Tuberculosis was 732, and the results of examination, were as follows:—

	Bacillus found.	Doubtful.	Bacillus not found.	Total.
Diphtheria (Secretion)	91	7	249	347
	Reaction obtained.	Doubtful.	Reaction not obtained.	Total.
Typhoid (Blood) ...	0	3	6	9
	Bacillus found.	Doubtful.	Bacillus not found.	Total.
Tuberculosis (Sputum)	77	1	290	368
Miscellaneous ...	3	0	5	8

Of the above examinations, 248 were made at the Council's Tuberculosis Dispensary.

It seems apparent that medical men practising in the district are now availing themselves of the facilities offered by the Council, which is quite refreshing, inasmuch as we may consider an era of intelligent and scientific medicine in our midst.

Classification of Infectious Diseases.

Infectious Diseases fall into several categories—

(a) Permanent compulsorily certifiable diseases, including Tuberculosis.

(b) Temporary compulsorily certifiable diseases:—Chicken pox when small pox is present.

(c) Non-certifiable diseases—

(1) Diseases notifiable by School Teachers:—Measles, whooping cough, mumps, tonsilitis.

(2) Communicable Disorders notifiable by School Teachers:—Ophthalmia, ringworm, impetigo, scabies, pediculosis.

(3) Suspicious illness:—Sore throat, feverish cold, whooping, vomiting, diarrhoea, rash, etc.

Small Pox.

It is satisfactory to note that no case of small pox was notified during the year.

No deaths have occurred from this complaint since 1902, in which year there were 30 deaths out of a total of 139 cases; in the next year only two cases were notified, with no deaths.

Vaccination.

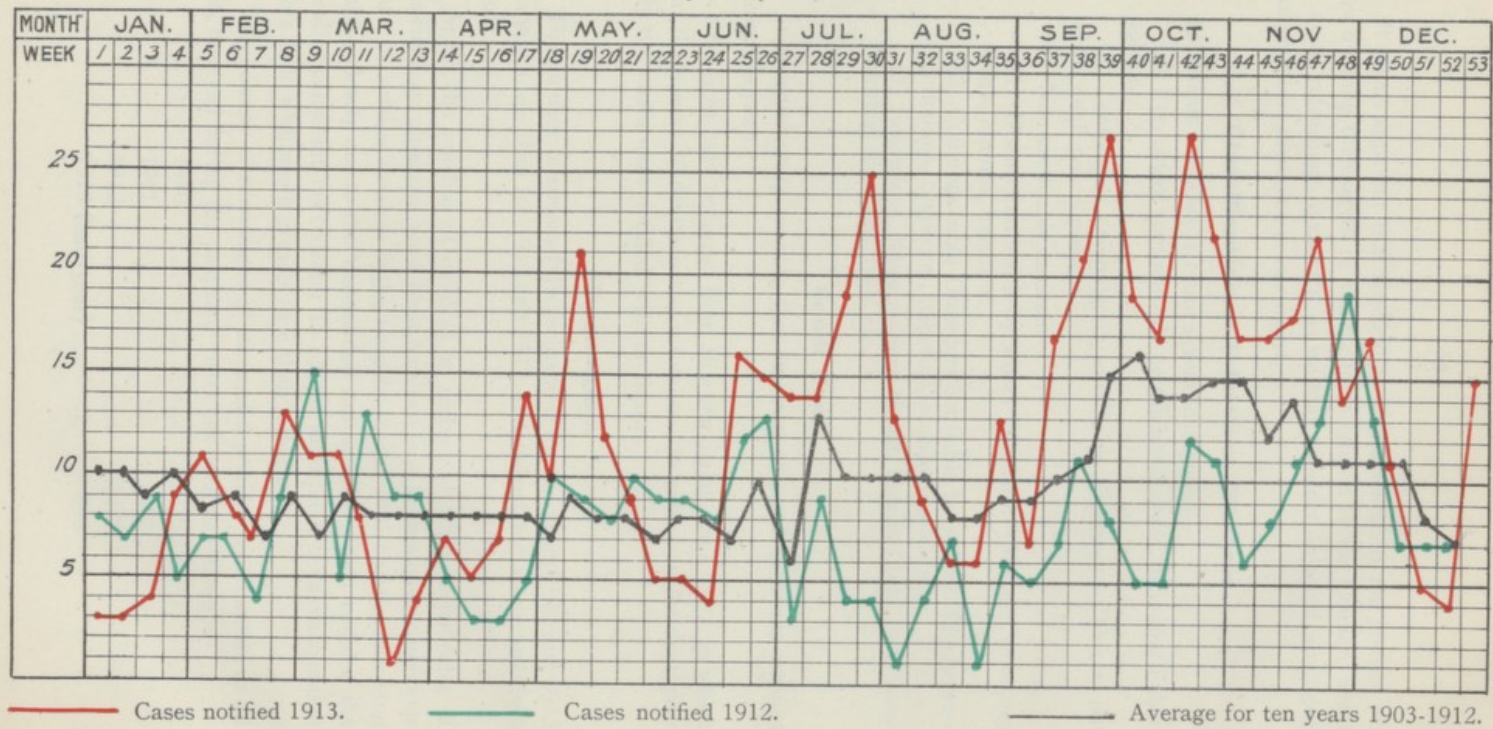
The number of successful vaccinations for the years 1912 and 1913 was much less than for 1910 and 1911 and indeed for many previous years.

Again, the number of children in respect of whom certificates of conscientious objection have been received is in excess of any previous year. A sudden increase in this number during 1907 and the following years is clearly due to the Vaccination Act of 1907, which enabled the so-called conscientious objector to obtain exemption from vaccination of his child with much greater ease than hitherto.

The number of certificates of successful primary vaccination, at all ages, received during the past four years has been as follows:—

1910	...	...	...	2220
1911	...	...	...	2037
1912	...	...	...	1879
1913 (half-year)	...	...	...	898

Chart shewing week by week the number of cases of Scarlet Fever notified during the 53 weeks ended
January 3rd, 1914.



Greenwich Union.**DEPTFORD (SUB-REGISTRATION) VACCINATION DISTRICT.
YEARS 1910 TO 1913.**

Year ending 31st December.	No. of Births registered	Successfully Vaccinated.	Insusceptible of Vaccination.	Had Small Pox.	Number respect of whom Certificates of Conscientious Objection have been received.	Dead Unvaccinated.	Postponement by Medical Certificate.	Removal to districts the Vaccination Officer of which has been duly apprised.	Removal to places unknown or which cannot be reached and cases not having been found.	Unaccounted for.
1910	3147	2220	4	..	312	226	10	17	323	35
1911	3130	2037	23	..	377	275	16	26	324	52
1912	3069	1879	11	..	496	197	23	22	342	99
1913	1608	898	3	..	302	119	37	14	161	74
1st half-year.										
Yearly Average	3140	1983	11		447	231	31	23	328	83

I am indebted to the courtesy of Mr. A. E. Rossiter, Vaccination Officer to the Guardians, for the above figures.

Scarlet Fever.

	1913	Average of previous 10 years.
Number of cases	639	520
" deaths	3	11
Death rate per 1,000 in Deptford ...	0.03	0.09

648 notifications were received during the year 1913, relating to 639 cases. Of these, 35 cases were errors in diagnosis and cases which occurred in hospital, thus reducing the net number of cases to 604.

The number of cases for 1913 was in excess of that in the previous year, but nevertheless the death rate this year was lower, indicating a milder type of the disease. During the previous three years 406, 369 and 300 were notified respectively.

The deaths were 3, compared with 6, 7 and 3 in the three preceding years.

The death-rate was 0.03 per 1,000, and for the three preceding years 0.05, 0.06 and 0.03 respectively.

The rate of mortality for England and Wales was 0.06, for the 96 great towns 0.07, for the 145 smaller towns 0.05, for the County of London 0.04 per 1,000.

During the first quarter of the year only 93 cases were notified, during the second quarter 130, the third quarter 191, but during the last quarter there were 225.

Over 90 per cent. of these cases were removed to hospital, and previous records show that the percentage of deaths is much lower if the patient is treated in hospital than if nursed at home.

WHAT WE MAY EXPECT IN CASES OF SCARLET FEVER.

Scarlet Fever is a variable disease, some cases being of a most malignant form, whilst others are of a mild form. Even in the latter type complications may arise. Some attacks are so mild as to escape recognition altogether, thereby acting as "carriers," and being the means whereby this complaint is spread, which partly accounts for the difficulty and often impossibility of tracing the source of infection. Contaminated milk, food and water supply, overcrowding and insanitary conditions play an important part in the spread of scarlet fever and zymotic disease generally. It is by these mild missed cases or "carriers" that infection is spread, especially in schools, although the work done by medical inspection of school children has done much to reduce one great source of infection. Complications or sequelæ may follow even in the mildest of cases: such as otorrhœa, mastoiditis, nephritis, or albuminuria, rheumatism, rhinitis, and secondary glandular affections forming abscesses. As any one or more of these complications may occur in the same patient, prolonging his recovery, the uncertainty, variability, and treacherousness of this complaint can be understood. Bacteriology has not as yet been of any help in defining when a patient is free from infection, therefore the difficulties of discharge of such cases from scarlet fever hospitals into homes where there are other susceptible children can be realised, especially as any eczematous condition of the mouth, nostril, or ear is known to be highly infective. In some cases a patient may be released who has escaped any of the above-named complications in six weeks, whereas another may have to be isolated for prolonged periods, for any one or more of these reasons, and released even then with some risk lest a "return" case be the result.

The procedure by the Health Department for the prevention of the spread of scarlet fever in the borough has consisted of systematic weekly visits to the houses where cases were isolated at home, by the Sanitary Inspector. Reports were made on receipt of each notification to the Medical Officer of Health, as to the milk, water supply, sanitary arrangements, drainage, school or department attended by the patient and rest of the family, state of the house, out-buildings, number in house, and means of isolation, these reports being entered into an Infectious Disease Register, where the results of subsequent weekly visits to enforce isolation are also recorded. Notices were sent to the school where children attended from infected homes, requiring exclusion of these children from school, until the house was cleansed and disinfected to the satisfaction of the Medical Officer of Health, after

recovery or removal of the patient. Where cases were removed to hospital, the usual routine followed was fumigation, the removal of infected bedding and clothing to the borough steam disinfecter, and, where necessary, the stripping and limewashing of the infected house or parts thereof on the certificate of the Medical Officer of Health.

Scarlet Fever.

WARDS.	QUARTERS.								YEAR.		
	March.		June.		Sept.		Dec.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
East	2	6	12	10	23	24	22	19	59	59	118
North	20	22	11	17	34	33	30	29	95	101	196
North-West ..	10	14	17	35	24	25	28	39	79	113	192
South	4	..	2	2	4	3	8	1	18	6	24
South-East ..	4	3	3	8	4	2	7	12	18	25	43
South-West ..	5	3	7	6	8	7	16	14	36	30	66
Total ..	45	48	52	78	97	94	111	114	305	334	639
AGES OF PATIENTS NOTIFIED.											
Under 1	1-5	5-15	15-25	25-45	45-65	65 & upwards.	All Ages.				
3	170	401	45	20	..	..	639				

Diphtheria and Membranous Group.

	1913.	Average for previous 10 years
Number of Cases	247	220
Number of Deaths	20	18
Death rate per 1,000 in Deptford...	0'18	0'15

These two diseases are grouped together, as they are symptomatic of each other, and the terms are regarded as synonymous. This method is also adopted by the Registrar-General, and therefore allows of comparison. The total number of notifications received was 247, relating to 247 cases. Of the number notified, 25 were errors of diagnosis and hospital cases, reducing the number of cases to 222 compared with 165, 152, and 119 for the previous three years.

Twenty deaths were registered during the year, as compared with 11, 15, and 12 for the three previous years.

The rate of mortality was 0·18 per 1,000, and for the three previous years 0·10, 0·14, and 0·10 respectively.

The death rate for England and Wales was 0·12, for the 96 great towns 0·13, for the 145 smaller towns 0·11 and for the County of London 0·09.

The cases were distributed in the various Wards as follows:—East 52, North 58, North-West 65, South 21, South-East 29, and South-West 22. It will be seen therefore that the cases were fairly evenly scattered over the borough and throughout the year, with a slight increase in November.

It will be seen on the age table that the largest number of attacks occurred between the ages 5—15.

When the patient is treated at home, no other child from the same house is allowed to attend school while the patient is infectious, nor for two weeks afterwards.

Contacts.

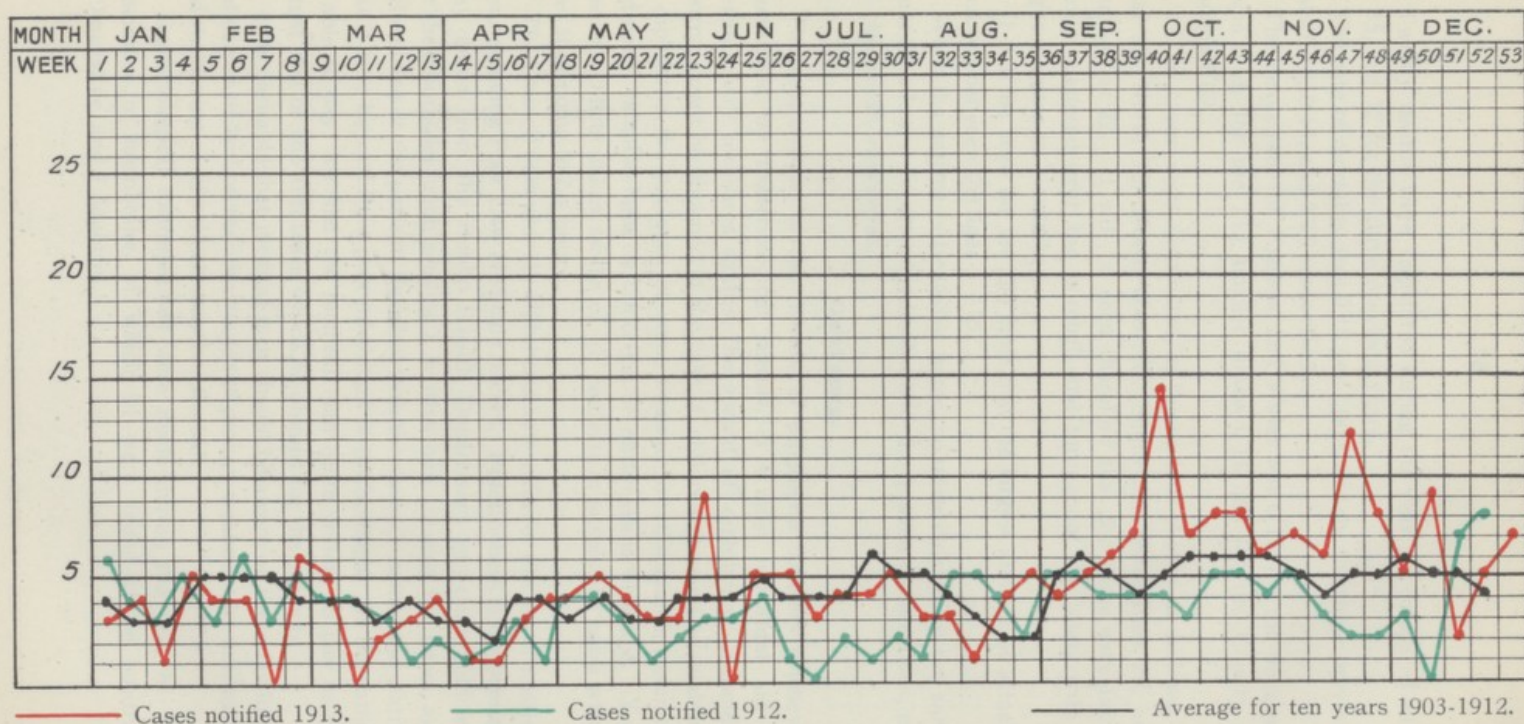
The examination of the throats of diphtheria contacts whenever practicable, by bacteriological means, is a most important aid to precautionary measures against the spread of diphtheria. Should a positive result be obtained in the case of children showing no evidence of diphtheria, the presence of some measure of infection is assumed, and much valuable light on the origin of outbreaks is obtained. Your Medical Officer takes swabs of all contacts or suspicious cases whenever they come to his notice.

The Council now provide diphtheria anti-toxin for the use of medical men, including Poor Law Medical Officers. Practitioners in the borough may obtain from the Public Health Department anti-toxin sufficient for their purposes, upon sending a written order stating the name, age, and address of the patient, together with the doctor's name, and stating that it is to be used for a poor inhabitant of the borough. If the patient is able to pay, we find the medical man quite willing to pay us the actual cost of the anti-toxin which he obtains for the patient.

It is desirable that medical men should be aware of these facilities, and emphasis laid on the importance of prompt treatment by anti-toxin, and the saving of life which may be effected.

Bacteriological examinations were made during the year of 347 specimens of membrane, of which 91 were found to be positive, 249 negative, and 7 doubtful.

Chart shewing week by week the number of cases of Diphtheria notified during the 53 weeks ended January 3rd, 1914.



Diphtheria.

WARDS.	QUARTERS.								YEAR.		
	March.		June.		Sept.		Dec.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
East.. ..	1	—	8	2	4	9	10	18	23	29	52
North	6	7	4	4	7	9	7	14	24	34	58
North-West ..	8	5	6	11	3	6	13	13	30	35	65
South	2	1	1	2	—	1	8	6	11	10	21
South-East ..	4	1	3	3	5	3	5	5	17	12	29
South-West ..	4	2	4	—	6	1	2	3	16	6	22
Total ..	25	16	26	22	25	29	45	59	121	126	247
AGES OF PATIENTS NOTIFIED.											
Under 1	1-5	5-15	15-25	25-45	45-65	65 & upwards.	All Ages.				
1	91	125	16	12	2	—	247				

Enteric Fever.

	1913.	Average of previous 10 years.
Number of Cases	17	27
Number of Deaths	2	4
Death rate per 1,000, Deptford	0'02	0'04

This disease has been endemic in the borough for many years. There has been no serious outbreak of the disease during the last ten years, and only once in that time have we had more than 40 cases notified in the one year.

During the past year we had 17 cases notified, as compared with 9 cases in 1912, 13 cases in 1911 and 24 in 1910. Five of this years' number, however, were errors of diagnosis, or cases contracted in hospital.

The prevalence of this disease is generally considered an index of the sanitary state of a district, and such a small number of cases in so densely populated a town is an indication of a good sanitary condition as regards its water carriage system, sewage, drainage, etc. It also indicates that Deptford has a good pure water supply, which is indeed the case.

Two deaths were attributed to this disease during the year, compared with 2, 2, and 4 in the preceding three years.

Upon the recovery or removal of a patient the necessary disinfection has been carried out, consisting of the stripping and limewashing of the infected room after fumigation, and of disinfecting the bedding and infected articles and clothing in the Council's steam disinfecter.

Enteric fever, it is believed, is slowly but surely succumbing to the measures which have been directed against it. The part played by shellfish in spreading the infection is becoming more and more obvious, and new regulations for controlling the gathering and sale of mussels and other shellfish are being framed. The "carrier" problem is more difficult of solution, as a "carrier" is only discoverable after a fairly large number of cases have occurred, and the further difficulty of dealing with a known "carrier" is almost beyond the powers of the law. The situation is this: A person—usually in this country a woman who earns her living by preparing food for other people—is a continual source of danger to the community, and this danger can only be removed by supplying the individual with other employment, which will offer no opportunity for the contamination of food.

The mortality throughout the country fell during 1912. There were 1,577 deaths, which represent a mortality of 19·1 per cent. of all notified cases. The eating of contaminated shellfish has been referred to as the potent cause of several epidemics, and new regulations are at present being framed. There have been two presumably waterborne epidemics. An epidemic at Colne was traced to milk infection: a case of enteric fever which occurred in a dairyman's household escaped recognition, and one individual carried out the dual functions of sick nurse and dairymaid. Epidemics in Harwich and the West Riding were definitely traced to milk infection by "carriers." Dr. Ledingham's work has shown that among cases discharged from the Metropolitan Asylums Board hospitals, and ascertained not to be passing bacilli at the time of discharge, there were no carrier cases, whilst among those who were passing bacilli at the time of discharge 5·4 per cent. proved to be "carriers."

The death rate for Deptford was equal to an annual rate of 0·02 per 1,000, whilst for the three preceding years it was 0·02, 0·02, and 0·03. The case mortality for 1913 was 11·8 per cent. compared with 22·2 for 1912.

The rate of mortality for England and Wales was 0·04, for the 96 great towns 0·04, for the 145 smaller towns 0·05, and for the County of London 0·02.

The following table gives the situation in the borough of each case and the general condition of the dwellings:—

ENTERIC FEVER, 1913.

Address.	Ward.	Age.	Sex	W.C. accommodation.	Yard Paving.	Sanitary Defects and Remarks.
Sprules Road ..	S.	38	M.	2	Defective	Nuisance abated,
Lewisham High Road	S.	20	F.	6	Good ..	No nuisance.
Childeric Road..	N.W.	5	M.	2 external	,, ..	{ No nuisance—drain recently reconstructed, &c.
Childeric Road..	N.W.	5	M.			
Childeric Road..	N.W.	3 mths.	M.			
Hyde Street ..	E.	36	F.	1	,, ..	No nuisance at time of inspection—drain tested.
St. Donatt's Rd.	S.	16	M.	1	,, ..	No nuisance.
Blockhouse St. ..	N.W.	21	F.	1	,, ..	Kitchen and scullery dirty—same cleansed.
Florence St., E.	S.E.	23	M.	1	,, ..	No nuisance.
Sandbourne Rd.	S.	29	F.	1	,, ..	Soil pipe inside house and unventilated.S.P. direct to drain.
Musgrove Rd. ..	S.W.	29	M.	2	,, ..	Defective ventilating pipe to drain—same repaired
Gosterwood St...	N.	19	M.	1	,, ..	Flushing apparatus to W.C. defective (drain tested—no result).
Crooke Rd. ..	N.	12	M.	1	,, ..	Drain tested, found defective—drain amended
Childers Street..	N.	18	M.	1	,, ..	W.C. walls defective (drain tested—no result)
Pepys Road ..	S.W.	25	F.	2	,, ..	No result on testing drain

The following table gives the age distribution during the past year:—

Enteric.

WARD.	QUARTERS.								YEAR.		
	March.		June.		Sept.		Dec.		M.	F.	Total.
	M.	F.	M.	F.	M.	F.	M.	F.			
East.. ..	..	..	..	1	..	..	..	..	..	1	1
North	..	..	1	..	..	..	2	..	3	..	3
North-West ..	..	2	2	1	..	..	1	..	3	3	6
South	1	1	1	..	..	1	..	..	2	2	4
South East ..	..	..	..	..	1	..	..	..	1	..	1
South-West ..	..	..	..	..	1	..	..	1	1	1	2
Total ..	1	3	4	2	2	1	3	1	10	7	17
AGES OF PATIENTS NOTIFIED.											
Under 1	1-5	5-15	15-25	25-45	45-65	65 & upwards.	All Ages.				
1	1	2	7	6	..	..	17				

The cases were distributed in the different wards as follows:—East 1, North 3, North-West 6, and South 4, South-East 1 and South-West 2.

Bacteriological examinations were made of 9 specimens of blood, of which 3 were found to be doubtful and 6 negative.

Erysipelas.

	1913.	Average of previous 10 years.
Number of Cases	230	157
Number of Deaths...	2	—

Two hundred and thirty cases of Erysipelas have been notified during 1913, as compared with 188 in 1912, 177 in 1911, and 138 in 1910. There were two deaths registered from the disease within the borough and in outlying institutions. In each notified case the premises have been visited and enquiries made, and, where necessary, disinfection performed.

Puerperal Fever.

	1913.	Average for previous 10 years.
Number of Cases	1	6
Number of Deaths	1	—

Only one case of puerperal fever was notified, compared with 8, 2, and 2, for the three years preceding.

The death rate was equal to 0'009 per 1,000, compared with 0'027, 0'009, and 0'008 for the three preceding years.

The case mortality was 100'0 per cent. compared with 37'5 per cent. for 1911.

So few cases reflect great credit on the midwives of the borough, who attend by far the greater number of the births. The mothers also have either followed the advice of their nurses as regards cleanliness, or have been the creatures of providence. It is a notable fact that the deaths from this disease are very often the result of gross carelessness on the part of the mothers themselves, because many of them do not trouble to prepare clean bedding for their lying-in. This is not always due to actual dirty habits, but to the fact that they do not wish to soil their bedding, not knowing, in their ignorance, that at the time of their confinement cleanliness is of the first importance.

Should a case of Puerperal Fever be notified it is carefully enquired into by the Medical Officer of Health and the Health Visitor. Disinfection is carried out, and every effort made to prevent further cases.

In addition to the above the following section of the rules of the Central Midwives' Board was rigorously enforced:—

“Whenever a midwife has been in attendance upon a patient suffering from puerperal fever or from any other illness supposed to be infectious, she must disinfect herself and all her instruments and other appliances, to the satisfaction of the local Sanitary Authority, and must have her clothing thoroughly disinfected before going to another labour. Unless otherwise directed by the supervising authority, all washable clothing should be boiled, and other clothing should be sent to be stoved (by the local Sanitary Authority), and then exposed freely to the open air for several days.”

The keeping of temperature charts during the puerperal period, as practised by the midwives, has proved of immense benefit in helping to direct the attention of the midwife to the possibility of puerperal complications, and enables her to recognise the necessity of calling in medical assistance at the earliest indication of danger.

Ophthalmia Neonatorum.

This is an extremely serious affection which attacks the eyes of newly-born infants. It is usually caused by the entrance of certain bacteria into the eyes at the time of birth, and if proper treatment is not applied immediately the eyes are permanently damaged and the child is rendered blind for life.

The extent to which this disease is prevalent in this country is shown by the statements made by well-known authorities that over one-third of the inmates of schools for the blind lost their sight as a result of this disease. On the other hand, it is no less certain that, if this disease is brought under efficient treatment when the symptoms first make their appearance, the eyes can be saved from serious injury, and the sight preserved.

Nineteen cases were notified during the year, and were visited by the Health Visitor. Five of the cases were in the East Ward, eight in the North Ward, one in the North-West Ward, two in the South Ward, two in the South-East Ward, and one in the South-West Ward.

Spotted Fever.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Posterior basal meningitis is included in the term “cerebro-spinal fever,” but does not include meningitis due to tuberculosis, syphilis, middle ear disease, and injury.

No cases of this complaint were notified in the borough, but we have received notifications from the County Council of cases occurring in other Metropolitan Boroughs.

Cerebro-spinal fever and poliomyelitis are now subject to compulsory notification, and a few interesting facts have been elicited. Some of the cases notified as cerebro-spinal fever turned out to be poliomyelitis. Poliomyelitis shows a well-marked seasonal incidence, there being a great increase during the hot months. It is also relatively more common in the urban districts, although this may be due to the cases being frequently treated in hospitals. Throughout the country the mortality-rate in the case of poliomyelitis was 13 per cent. of the notifications, and the permanently damaged formed 50 per cent. of the total.

Acute Polio-Myelitis or Polio-Encephalitis.

No cases were notified during the period under report.

Plague.

No case of plague occurred during the year.

At the end of the year 1910 the Local Government Board issued an order relating to the Prevention of Epidemic Diseases, Regulations as to Plague and Destruction of Rats.

The Medical Officer of the Local Government Board prepared a Memorandum on Plague, and recommended precautions against rats, the most important of which are as follows:—1st. Persistently and systematically destroy all rats. 2nd. Remove and obliterate their nests, burrows and habitual haunts. 3rd. Make each dwelling as far as practicable rat-proof, and remove all known harbourage for rats in or near dwellings. 4th. At the same time do not allow waste of food (whether for human beings, chickens or other animals) to accumulate in or about the house.

Chicken Pox.

This disease was not notifiable in 1913, and there were no deaths, although a fair number of cases occurred amongst school children.

Anthrax, and Hydrophobia in Man.

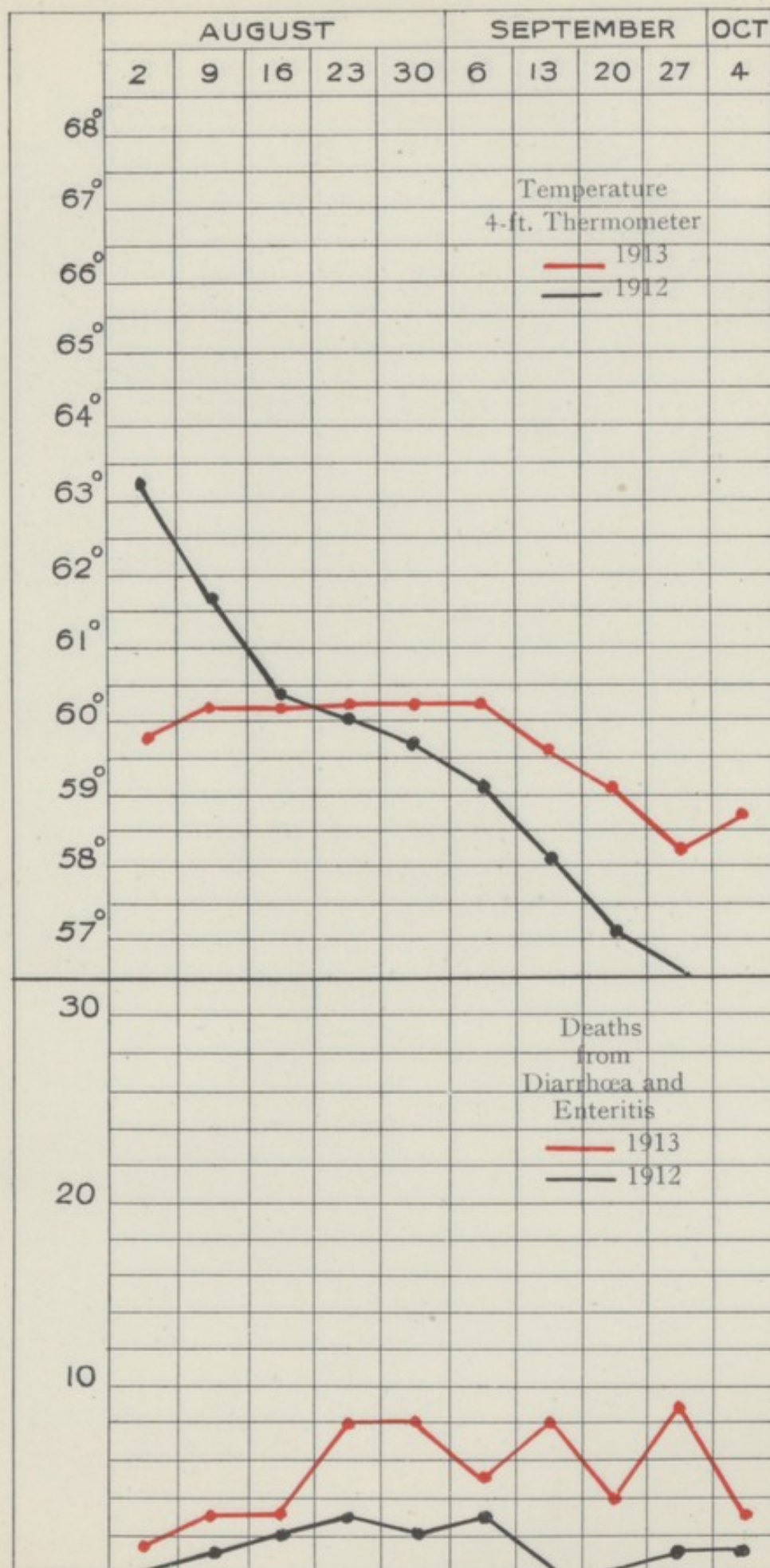
No cases of the above diseases were notified during the year.

Glanders.

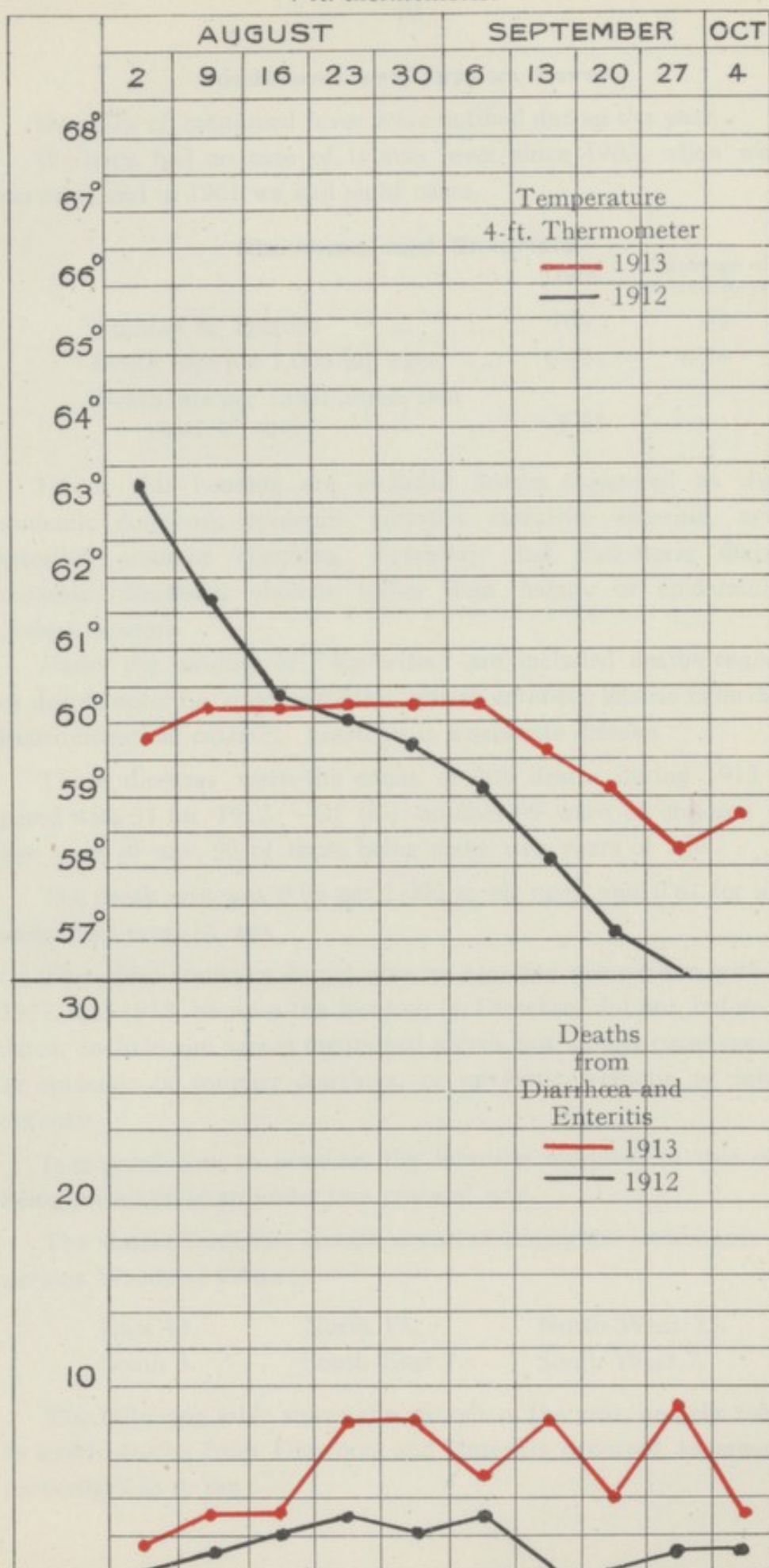
One case of glanders was notified, viz., S. O. B., 17 years, of Lewisham High Road. The patient was removed to St. John's Hospital, where he died. Bacteriological examination confirmed the diagnosis.

It was found impossible to trace the source of infection.

The following accompanying Chart shows the seasonal distribution of Diarrhoeal Deaths during the summers of 1912 and 1913, and their relation to the temperature of the ground as indicated by the 4-ft. thermometer.



The following accompanying Chart shows the seasonal distribution of Diarrhoeal Deaths during the summers of 1912 and 1913, and their relation to the temperature of the ground as indicated by the 4-ft. thermometer.



Continued and Typhus Fever.

No cases of continued fever were notified during the year.

We have had no case of typhus fever since 1903, when we had one case, and in 1901 we had eight cases.

Diarrhœa and Enteritis.

	1913.	Average of previous 10 years.
Number of Deaths	106	81
Death rate per 1,000 (all ages) ...	0'95	0'74
Death rate per 1,000 (under two years of age)	0'81	—

Under this heading are included deaths registered as due to epidemic diarrhœa, epidemic enteritis, infective enteritis, zymotic enteritis, summer diarrhœa, dysentery and dysenteric diarrhœa, choleraic diarrhœa, cholera (other than Asiatic or epidemic) and cholera nostras.

Under the heading of "Enteritis" are included deaths registered as due to enteritis, muco-enteritis, gastro-enteritis, gastric catarrh, and gastro-intestinal catarrh. Gastritis is a separate disease.

These diseases were the cause of 106 deaths during 1913 compared with 37 for 1912. Of this number 99 were of children under five years of age, 90 of these being under two years of age.

The death rate was 0'95 per 1,000 at all ages, and 0'81 for infants under two years of age.

The older statistics do not give an accurate comparison with 1911, 1912, and 1913, because the heading of Diarrhœa did not, before these dates, include the names mentioned above, but simply cases registered as epidemic or summer diarrhœa, or epidemic, zymotic or infective enteritis.

It is usual now to consider the infantile mortality in this case as being for all children under two years of age.

The deaths from this disease occurred among the inhabitants of the various Wards as follows:—

East 45.	North 19.	North-West 25.
South 3.	South-East 7.	South-West 7.

The following table shows the periods of the year, and the localities in which deaths from Diarrhœa and Enteritis occurred, together with particulars as to sex:—

WARDS.	QUARTERS.								YEAR.		
	March.		June.		Sept.		Dec.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
East	—	—	—	—	14	11	12	8	26	19	45
North	2	—	1	—	5	4	4	3	12	7	19
North-West ..	—	1	—	—	9	7	5	3	14	11	25
South	—	—	1	1	—	1	—	—	1	2	3
South-East ..	—	1	—	1	1	1	2	1	3	4	7
South-West ..	—	—	—	—	2	1	3	1	5	2	7
Total ..	2	2	2	2	31	25	26	16	61	45	106

The mean annual death rate per 1,000 from diarrhœal diseases in Deptford for the past ten years was as follows:—

1904	...	0'98	1909	...	0'39
1905	...	0'73	1910	...	0'68
1906	...	1'26	1911	...	1'72
1907	...	0'18	1912	...	0'34
1908	...	0'70	1913	...	0'95

These figures must be taken with a certain amount of reservation for the reasons stated before.

The chart illustrates the fact that dry, hot weather is necessary for fatal diarrhœa to become prevalent. Why meteorological conditions produce such serious results cannot altogether be explained. It may be that a hot summer lowers the resistance of infants, and renders them more liable to the disease. Again, it may be that hot weather increases the number of domestic flies, and consequently the risk of contamination of milk and other infant foods. I am inclined to the opinion that summer diarrhœa is due to organisms derived from human or animal filth, and that the prevalence of the complaint during hot summers is due, first to the amount of dust prevalent during a dry summer, and secondly to the opportunity afforded by high temperatures for the growth of infecting organisms in milk and other infant foods. Hand-fed infants are specially liable to fatal attacks for two reasons, first because they run more risk of infective material being introduced with their food, and secondly because hand-feeding, unless conducted with the greatest circumspection, and with the most careful adaption to the digestive capacity of the individual child, is apt to induce intestinal catarrh or other digestive disturbances, which render the bottle-fed babies unduly susceptible to diarrhœal disease.

The Spread of Disease by House Flies.

We may take it that flies are the principal agents in the spread of summer diarrhœa in young children. We are absolutely dependent on outside sources for the supply of milk, and it is readily conceivable that flies contaminate some of the milk even before it arrives here, and this fly-infected milk may then give rise to infantile diarrhœa in a district which itself is comparatively free from flies. If warm weather conditions prevail, the growth of the bacteria in milk is favoured, and the greater number there are of flies the greater likelihood there is that unprotected milk will be contaminated. Luckily we have taken special pains to do away with collections of manure and house refuse, which are the favourite breeding grounds of the house fly.

If flies are present in noticeable numbers in a crowded district, it only needs the ignorance and carelessness of one mother, whose child has summer diarrhœa, to cause a rapid spread in the number of cases; the flies acting as carriers of germs from the infective excreta, and infecting houses where there is a free access to food.

Flies may therefore be a nuisance and injurious to health by their mere numbers, or may also be a specific and dangerous nuisance by being capable of carrying all sorts of disease germs. A consumptive, for instance, who has not been instructed, may expectorate on to the ground or into an open vessel, flies settle on it, ingest some of the tubercle bacilli, and then may immediately settle on to food suitable for the growth of the germ, and convert it, especially milk, from being a wholesome food into a virulent dangerous poison.

Life History of the Domestic Fly.—Flies begin breeding in the months of June and July, and continue to breed until October, the greatest activity being in the months of August and September, this being greatly influenced by heat, the higher the temperature the more rapid the development. Their chief breeding place is stable manure, but they will breed equally well in any collections of manure, or excrement, or any collections of waste animal or vegetable substances, provided there is a certain amount of moisture present, and the temperature is favourable.

The fly is an extremely prolific insect, a single female being able to lay from 120 to 150 eggs at one time, which it usually deposits in dark crevices, and this may be repeated five or six times during its short life.

Development of the Fly.—It must here be explained that in the development of the fly from the egg, the insect goes through certain changes of form and habit which are known as a metamorphosis. The

egg is first hatched and a maggot is produced, which is called in technical language a larva. This hatching of the egg takes place in warm weather in from eight to twenty-four hours after the eggs are laid. The larva, which prefers dark, moist places, continues in this state about five days, during which time it moults or casts its skin twice. At the end of this time, it is full grown, having reached the size of $\frac{1}{2}$ -inch. At the end of the larval stage it seeks a dry place, and encases itself with a dark reddish-brown covering, which is called a puparium, in which condition it remains at rest a few days, gradually undergoing the change from the pupa to the developed fly. This period is known as the pupal stage.

If the temperature is high, the perfect fly emerges from its sac between the 3rd and 4th day after pupation, by pushing off the anterior end of the pupal case. Flies become sexually mature in from 10 to 14 days after emergence from the pupal state, and four days after mating they are able to deposit eggs.

Provided the conditions are favourable, the whole development from the egg to the perfect fly may be accomplished in about 9 or 10 days, and 14 days later the second generation may be depositing eggs.

The fly is constantly feeding, and it seems to be indifferent as to whether it feeds on the putrid contents of the dust-bin or the food on our tables; and it will pass from one to the other with the utmost impartiality. It is this special feature of its life which renders it so dangerous.

The fly cannot take solid food. It must dissolve all solids before taking them into its digestive system; and this it does by means of its saliva, which is produced in abundance by its salivary glands, of which it has two. The ducts of these glands are connected to a single tube which opens into the mouth. On a suitable stimulus, the saliva is secreted, and poured out upon the particle the fly desires to dissolve and absorb. The fluid food is then sucked up by a powerful sucking arrangement, with which it is provided, first into its crop, then at leisure into the proventriculus, and afterwards into the stomach, where it undergoes digestion. Another prominent habit of the fly is that of returning its food from the crop, in the form of large drops of liquid. Some of these drops are deposited on the surface upon which the fly is resting. It matters not where that may be, whether on the rim of the milk jug or the dust-bin. These drops are known as "vomit spots." In most cases they are re-absorbed by the fly. The "vomit spots" are distinguishable from the excreta spots by being of light colour, the latter being brown.

Another habit of the fly is its activity. This is so well known as to become proverbial. Connected with its activity is its range of flight. This has been ascertained to be about a mile.

The duration of life of the fly is not long. In the winter most flies die, the remainder hibernate, and at the return of warm weather produce the first broods of the summer.

Prevention of Disease—The measures which should be adopted to prevent the spread of disease through the agency of flies are very similar to those which have been applied with so much success to preventing the spread of malaria by means of mosquitoes, and consist in (1) destroying them during the larval and pupal stages of development (2) destroying them when fully developed, and (3) protecting food against contamination.

It will be remembered that the chief breeding places of flies are manure and any collection of garbage.

In Deptford there are certain "street refuse" depositories and dung-pits which are uncovered, thus allowing flies to enter freely and deposit their eggs. If such manure is left undisturbed for nine days, the eggs will have become fully developed flies; so that in order to diminish their number, it will be most effectual to apply preventive measures during the development stages. In the first place, the dung-pit should be kept covered, so that, if possible, flies may not enter and deposit their eggs. The larval may be destroyed by adding chloride of lime to the dung or by spraying the same with a solution of ferrous sulphate, two pounds to the gallon of water. Both of these will destroy the larvæ and so prevent their developing into adult flies.

In all cases, stable manure should be removed twice a week, and not deposited within a mile of the Borough, unless the manure is treated with one of the insecticides above mentioned; and where the object is not only to prevent development in the Borough, but elsewhere, the insecticides should be always used when the dung is removed. To sum up, dung-pits must be so covered as to prevent the fly depositing its eggs in the pit, and an insecticide added so as to destroy the larvæ as they are hatched from the eggs.

Flies not only breed in manure as above stated, but also in waste animal and vegetable substances, commonly known as garbage. Included in this are house refuse, street refuse and some kinds of trade refuse.

In order to prevent flies breeding in house refuse, it is only necessary that the bin should be kept covered, and the refuse removed sufficiently often. It will be remembered that it takes nine days at least for the eggs to develop into the young fly. A regular weekly collection of the house refuse will prevent this development.

Householders should assist in this endeavour by keeping their dust-bins covered, and their yards clean and free from collections of decaying animal or vegetable matter, or other dirt.

Manufacturers and builders, etc., should be urged not to keep on their premises any collections of waste materials of an organic character, but to get them taken away at least once a week and destroyed. If this cannot be done, they should be treated with either of the insecticide preparations above-mentioned.

Street refuse from the point of view of preventing the breeding of flies, should be collected at least once a week, and should not be stored within the Borough, or within a mile of the same, unless it is treated with an insecticide preparation. This is especially important if the sweepings are collections of manure.

Precautions for the home. These may be summed up in the three measures: (1) cleanliness; (2) protection of food supplies; (3) use of household fly killers.

1. The dirtier premises are, the more they are affected with flies.

This applies also to the person, so that the cleaner the house and contents are, the less attractive they become to flies.

2. Food is, of course, the great attraction, so this, when not being used, should be kept covered. Odd pieces of food should not be left uncovered unnecessarily; but if useless, should be burnt, or if this is impracticable placed in the dust-bin.

3. The exposure in suitable places in rooms, infested with flies, of fly-killers has been found to diminish them considerably. Lately the following recipe for a fly-killer has been found very effective:—

One ounce of 40 per cent. formalin mixed with one pint of milk. This should be placed in shallow plates about the rooms, with a piece of bread in the middle of each plate for the flies to alight upon.

Measles.

	1913.	Average for previous 10 years.
Number of Deaths	50	54
Death rate per 1,000, Deptford ...	0'45	0'47

The number of cases of Measles dealt with during the year was 497, as compared with the previous four years as follows:—

	Cases.	Deaths.
1913	497	50
1912	233	28
1911	664	67
1910	1,114	60
1909	467	66

As the disease is not notifiable under the Public Health (London) Act, 1891, the above figures do not represent the total number of cases which have occurred in the borough, as our only sources of information are notifications of exclusions from schools by the Education Authority and voluntary notification by parents.

The same procedure is adopted in the case of Measles with regard to disinfection as if it were notifiable.

The rate of mortality was 0·45, compared with a rate of 0·26 for 1912, 0·61 for 1911, and 0·50 for 1910.

The deaths occurred among the inhabitants of the various wards as follows:—

East 18	North 12	North-West 14
South 0	South-West 1	South-West 5

The rate of mortality for England and Wales was 0·28, for the 96 great towns 0·34, for the 145 smaller towns 0·29, and for the Metropolis as a whole 0·34.

The following table shows the periods of the year, and the localities in which deaths from Measles occurred, the sex and ages at death.

WARDS.		QUARTERS.								YEAR.		
		March.		June.		Sept.		Dec.		YEAR.		
		M	F	M	F	M	F	M	F			
East		1	—	5	2	2	1	4	3	12	6	18
North		—	—	6	2	2	1	—	1	8	4	12
North-West ..		—	1	8	5	—	—	—	—	8	6	14
South		—	—	—	—	—	—	—	—	—	—	—
South-East ..		—	—	1	—	—	—	—	—	1	—	1
South-West ..		1	—	3	1	—	—	—	—	4	1	5
Total ..		2	1	23	10	4	2	4	4	33	17	50
AGES AT DEATH.												
Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65 & upwards	Ages				
11	18	19	2	—	—	—	—	50				

Measles presents a problem bristling with difficulties. Attempts to diminish its prevalence appear to be doomed to failure, therefore more attention must be directed to the treatment of the patient, and removal to hospital is strongly recommended. The special investigations of Dr. Thursfield into the causes of death in measles furnishes additional evidence in support of this opinion, which is also held by practical medical men, that better results may be obtained by greater attention to the mouth and pharynx during the height of the disease.

Dr. Newsholme in his report says:—The position with regard to measles is very unsatisfactory. Little can be done to diminish the attack-rate, therefore it is urged that more help should be given to the poorer patients in order to diminish the mortality. In the schools of Manchester inquiries have shown that of children entering the school at the age of five no fewer than 75 per cent. have already been infected, so that susceptibility is even higher than in the case of whooping-cough, where the figure was 38 per cent. Notification has hitherto proved of very little value, and some authorities which have added measles to the list of notifiable diseases have petitioned to have it removed. The medical officer points out that notification must be valueless, unless during epidemic periods the local authorities take the advice tendered by the Board, and provide additional assistance, medical or otherwise. He defends the practice—often adversely criticized—of allowing children from infected households to attend school, provided they are not in the infant standards. The Metropolitan Asylums Board have admitted during the year 4,314 patients with measles to their hospitals, the mortality rate being 9·6 per cent., owing to the serious nature of the cases admitted.

Schools.

The following list shows the action taken during the year for the prevention of the spread of measles in various schools in the Borough:—

School.	Action Taken	Disease.
Nynehead Street ...	Unprotected children excluded from Classroom E (Infants' Department) from January 20th to January 24th.	Measles
Trundleys Road ...	Unprotected children excluded from Classroom C (Infants' Department) from January 31st to February 2nd.	Measles
Nynehead Street ...	Unprotected children excluded from Classrooms D & E (Infants' Dept.) from January 29th to February 7th.	Measles

School	Action Taken.	Disease.
Hatcham, C.E. ...	Unprotected children excluded from Classroom II (Mixed and Infants' Department) from February 3rd to February 14th.	Measles
Stanley Street ...	Unprotected children excluded from Classroom B (Infants' Department) from March 3rd to March 19th.	Measles
Nynehead Street ...	Unprotected children excluded from Classroom D (Infants' Department) from March 10th to March 17th.	Measles
Nynehead Street ...	Unprotected children excluded from Classrooms A, B & E (Infants' Department) from April 3rd to April 18th.	Measles
Clyde Street ...	Unprotected children excluded from Classroom C (Infants' Department) from June 6th to June 17th.	Measles
Clifton Hill ...	Unprotected children excluded from Classroom C (Infants' Department) from June 9th to June 20th.	Measles
Canterbury Road...	Unprotected children excluded from Classrooms C & D (Infants' Dept.) from June 9th to June 20th.	Measles
Frankham Street...	Unprotected children excluded from Classroom E (Infants' Department) from March 14th to March 19th.	Measles
Trundleys Road ...	Unprotected children excluded from Classroom B (Infants' Department) from March 14th to March 19th.	Measles
Canterbury Road...	Unprotected children excluded from Classroom B (Infants' Department) from April 14th to May 9th.	Measles
Childeric Road ...	Unprotected children under 5 years excluded from (Infants' Department) from May 5th to May 23rd.	Measles
Canterbury Road...	Unprotected children excluded from Classroom A (Infants' Department) from June 2nd to June 20th.	Measles
Monson Road ...	Unprotected children excluded from Classroom A (Infants' Department) from May 5th to May 16th.	Measles
Alverton Street ...	Unprotected children excluded from Classroom E (Infants' Department) from May 28th to June 6th.	Measles
Trundleys Road ...	Unprotected children excluded from Classroom A (Infants' Department) from May 26th to June 6th.	Measles

School	Action Taken.	Disease.
Nynehead Street ...	Unprotected children excluded from Classroom E (Infants' Department) from May 7th to May 23rd.	Measles
Stanley Street ...	Unprotected children excluded from Classroom B (Infants' Department) from May 7th to May 23rd.	Measles
Waller Road ...	Unprotected children under 5 years of age excluded from the Infants' Department from May 8th to May 30th.	Measles
Trundleys Road ...	Unprotected children excluded from Classrooms C & D (Infants' Department) from May 19th to June 6th.	Measles
Childeric Road ...	Unprotected children excluded from Classroom F (Infants' Department) from May 19th to June 4th.	Measles
Frankham Street ...	Unprotected children excluded from Classroom E (Infants' Department) from May 19th to May 30th.	Measles
Monson Road ...	Unprotected children excluded from Classroom G (Infants' Department) from June 4th to June 20th.	Measles
Alverton Street ...	Unprotected children excluded from Classroom F (Infants' Department) from June 4th to June 20th.	Measles
Monson Road ...	Unprotected children excluded from Classroom D (Infants' Department) from May 21st to June 3rd.	Measles
Canterbury Road ...	Unprotected children excluded from Classrooms B & D (Infants' Department) from May 23rd to June 6th	Measles
Childeric Road ...	Unprotected children excluded from Classroom E (Infants' Department) from May 26th to June 13th.	Measles
Alverton Street ...	Unprotected children excluded from Classrooms B & C (Infants' Department) from May 30th to June 13th	Measles
Stanley Street ...	Unprotected children excluded from Classroom F (Infants' Department) from June 5th to June 20th.	Measles
Monson Road ...	Unprotected children excluded from Classroom B (Infants' Department) from June 11th to June 27th.	Measles
Clifton Hill ...	Unprotected children excluded from Classroom E (Infants' Department) from June 16th to June 27th.	Measles
Waller Road ...	Unprotected children excluded from Classroom E (Infants' Department) from June 16th to July 4th.	Measles

School.	Action Taken.	Disease
Monson Road ...	Unprotected children excluded from Classroom A (Infants' Department) from June 16th to July 4th.	Measles
Trundleys Road ...	Unprotected children excluded from Classroom B (Infants' Department) from June 23rd to July 4th.	Measles
Alverton Street ...	Unprotected children excluded from Classroom D from July 10th to July 23rd.	Measles
Canterbury Road...	Unprotected children excluded from Classroom B (Infants' Department) from July 17th to July 23rd.	Measles
Childeric Road ...	Unprotected children excluded from Classroom D (Infants' Department) from July 14th to July 23rd.	Measles
Trundleys Road ...	Unprotected children excluded from Classroom C (Infants' Department) from July 21st to July 23rd.	Measles
Childeric Road ...	Unprotected children excluded from Classroom C (Infants' Department) from July 14th to July 23rd.	Measles
Alverton Street ...	Unprotected children excluded from Classroom A (Infants' Department) from June 26th to July 11th.	Measles
Clifton Hill ...	Unprotected children excluded from Classroom D (Infants' Department) from June 30th to July 15th.	Measles
Clyde Street ...	Unprotected children excluded from Classroom F (Infants' Department) from June 30th to July 15th.	Measles
Clyde Street ...	Unprotected children excluded from Classroom A and C (Infants' Dept.) from Sept. 15th to Sept. 26th.	Measles
Clyde Street ...	Unprotected children excluded from Classroom B (Infants' Department) from September 24th to October 3rd.	Measles
" Ravensbourne "...	Unprotected children excluded from Classroom A (Infants' Department) from October 6th to October 21st.	Measles
Stanley Street ...	Unprotected children excluded from Classroom C (Infants' Department) from Nov. 18th to Nov. 28th.	Measles

RULES AND REGULATIONS IN REGARD TO INFECTIOUS DISEASES IN SCHOOL CHILDREN.

When a notice has been received from the Medical Officer of Health, stating that an infectious illness exists at any premises in

which school children are known to reside, the following procedure is adopted:—

Disease. 1	Period of exclusion of children suffering from the disease. 2	Period of exclusion of children living in houses where the disease exists. 3	Rules in regard to flats and tenement houses. 4
Smallpox ...	(1) Until the medical attendant certifies, if the case is treated at home. (2) Until after discharge from hospital.	(1) If patient is removed to hospital, until 14 days, and in case of smallpox 16 days, following date when case was certified (<i>vide</i> notice from local medical officer of health)	In cases where children live in tenement houses exclude as follows:— (a) In the case of "model dwellings" or "trust buildings," etc., only children from the same flat (or self-contained tenement) as that in which the case of infection exists. (b) In the case of an ordinary dwelling house sub-let, children from the whole house should be excluded, except in cases where the tenements are absolutely self-contained and each family has its own domestic and sanitary conveniences, in which case rule (a) will apply.
Diphtheria Membranous croup	(1) Until a fortnight after disinfection of premises, if the case is treated at home. (2) Until a fortnight after date of discharge from hospital.	(2) If patient is treated at home until the expiration of 14 days from date of disinfection of premises. If no disinfection notice is received it should be procured without delay from the offices of the local sanitary authority.	
Scarlet fever or scarlatina	(1) Until a fortnight after disinfection of premises if the case is treated at home. (2) Until a fortnight after date of discharge from hospital.		
Erysipelas Typhoid fever or Enteric fever Cerebro-spinal meningitis Polio-myelitis	(1) Until the medical attendant certifies, if the case is treated at home. (2) Until after discharge from hospital.	Not to be excluded. No proceedings to be taken to enforce attendance if medical officer of health specially orders exclusion.	
Consumption ...	When accompanied by coughing or spitting	May attend school.	
Measles ...	At least four weeks ...	<i>Infants</i> —All infants to be excluded until Monday following 14 days from the commencement of the illness of <i>last</i> case in the house. <i>Seniors</i> —If child has had the disease may attend school. If child has not had the disease, exclude until Monday following 14 days from the commencement of the illness of <i>last</i> case in the house.	In cases where children live in tenement houses exclude as follows— (a) In the case of "model dwellings" or "trust buildings," etc., only children from the same flat (or self-contained tenement) as that in which the case of infection exists. (b) In the case of an ordinary dwelling-house sub-let, children from the whole house should be excluded, except in cases where the tenements are absolutely self-contained, and each family has its own domestic and sanitary conveniences, in which cases rule (a) will apply.
German measles	14 days from date of rash ...	Same rules as for ordinary measles.	
Mumps ...	One week from the subsidence of all swelling.	<i>Infants and seniors</i> —Not to be excluded. Teachers to keep a list of the children in same family or house in which case has occurred. These children to be kept under observation. Any child showing symptoms to be immediately excluded. Mumps generally develops between 20 and 30 days following exposure to infection.	
Whooping-cough	As long as cough continues, but not to be readmitted until at least five weeks from the commencement of the illness.	<i>Infants</i> —Three weeks' exclusion from the commencement of the illness of <i>last</i> case in house. <i>Seniors</i> —If child has had the disease, may attend school. If child has not had the disease, three weeks' exclusion from the commencement of the illness of <i>last</i> case in house.	
Chicken-pox ...	Two weeks or until every scab is off scalp or body.	Same exclusion periods as for whooping-cough, both infants and seniors.	
Ringworm, favus, ophthalmia ("blight") or purulent conjunctivitis, trachoma, scabies (itch), impetigo or purulent eczema	Until the teacher is satisfied that the child is cured or until medical certificate is furnished. The return of all children after absence owing to ringworm of the scalp to be notified to the school nurse.	May attend school.	
Sore throat ...	Sore throat may be indicative of mild scarlet fever or diphtheria. Children suffering from sore throat must be excluded from school. In the absence of scarlet fever or diphtheria in the school, children affected with sore throat may resume attendance when a satisfactory medical certificate has been submitted or when the teacher is satisfied that they have recovered. When scarlet fever or diphtheria is prevalent special rules are to be observed.		

Whooping Cough.

	1913.	Average for previous 10 years.
Number of Deaths...	43	38
Death rate per 1000, Deptford ...	0'39	0'33

This disease was the cause of 43 deaths compared with 24, 35 and 44 for the three preceding years.

The death rate per 1000 persons living was 0'39 as compared with 0'22, 0'32 and 0'37 for the three preceding years.

The deaths occurred among the inhabitants of the various Wards as follows:—

East 12.	North 10.	North-West 10.
South 3.	South-East 2.	South-West 6.

The following table shows the periods of the year, and the localities in which deaths from Whooping Cough occurred, the sex and ages at death.

WARDS.	QUARTERS.								YEAR.		
	March.		June.		Sept.		Dec.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
East	4	3	—	1	—	4	—	—	4	8	12
North	1	1	2	2	1	2	—	1	4	6	10
North-West ..	2	5	2	1	—	—	—	—	4	6	10
South	2	1	—	—	—	—	—	—	2	1	3
South-East ..	—	—	1	—	—	—	1	—	2	—	2
South-West ..	—	2	—	2	2	—	—	—	2	4	6
Total ..	9	12	5	6	3	6	1	1	18	25	43
AGES AT DEATH.											
Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65 & upward	All Ages.			
22	10	10	1	—	—	—	—	43			

Institutional Isolation of Measles and Whooping Cough.

The continued prevalence and high rate of mortality of measles and of whooping cough are matters of grave concern. In 1912, the latest year for which there are records, the death-rate from measles

in England and Wales was 347 per million. From whooping cough the death-rate in 1912 was 225 per million. The fatality from these two popularly considered mild diseases may profitably be compared with that from scarlet fever and diphtheria. In 1912 the scarlet fever death-rate was 50 per million, and the diphtheria death-rate was 114 per million.

Fortunately for us we are able to obtain, when necessary, hospital treatment of the disease, but for most cases it appears probable that domestic treatment will continue to be necessary, and the greatest scope for saving life lies in the more complete medical treatment and in skilled nursing and supervision of patients treated at home.

The following is a comparative table showing the number of deaths from measles and whooping cough during each of the past ten years:—

Deaths from	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	Total
Measles	73	16	71	55	33	66	60	67	28	50	519
Whooping Cough ..	49	18	61	35	25	47	44	35	24	43	381

I submit a table for the past ten years, to show the number of deaths from measles and whooping cough below five years of age, as compared with those occurring over that age:—

Disease	Age	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	Total
Measles ..	Under 5 years	69	15	64	51	32	60	50	62	27	48	478
	Over 5 years	4	1	7	4	1	6	10	5	1	2	41
	Total..	73	16	71	55	33	66	60	67	28	50	519
Whooping Cough	Under 5 years	46	18	59	34	24	45	42	34	24	42	368
	Over 5 years	3	—	2	1	1	2	2	1	—	1	13
	Total..	49	18	61	35	25	47	44	35	24	43	381

Leprosy.

There were no known cases of Leprosy in the Borough during the year.

There are known to be from 25 to 50 lepers living in England, and of these only one has acquired the disease in the United Kingdom. The simple precautions these unfortunates are able to take to keep themselves separated has been sufficient to prevent contagion.

Pulmonary Tuberculosis.

Number of cases notified, 1913	...	...	442
Number of deaths	...	...	148
Death-rate per 1,000 (Deptford)	...	...	1'33

Phthisis was the cause of 148 deaths during 1913, compared with the same total for 1912.

The death-rate was 1'33 per 1,000 persons, compared with 1'35, 1'31 and 1'26 for the three preceding years.

In the following table will be seen the number of cases notified, the number of deaths and the death-rate in each Ward:—

WARDS.	Fresh Patients notified during the Year.	Deaths	Death-rate per 1,000.	Estimated Population to middle of year.
East ...	149	41	1'9	21,143
North ...	105	28	1'2	23,821
North-west	79	39	1'6	23,434
South ...	21	6	0'5	12,119
South-east	52	24	1'9	12,296
South-west	36	10	0'6	16,467
Whole borough	442	148	1'33	109,280

Pulmonary Tuberculosis, including Phthisis.

In the following table will be seen the number of cases notified during each of the four quarters, and the ages and sex of the patients.

WARDS.	QUARTERS.								YEAR.		
	March.		June.		Sept.		Dec.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
East	17	15	23	19	15	14	21	25	76	73	149
North	12	17	14	17	14	11	8	12	48	57	105
North-West ..	13	8	15	10	8	6	11	8	47	32	79
South	1	7	3	3	..	1	3	3	7	14	21
South-East ..	14	2	9	5	7	3	9	3	39	13	52
South-West ..	6	3	3	6	3	3	4	8	16	20	36
Total ..	63	52	67	60	47	38	56	59	233	209	442
AGES OF PATIENTS NOTIFIED.											
Under 1	1-5	5-15	15-25	25-45	45-65	65 & upwards.	All Ages.				
1	13	64	74	191	89	10	442				

General Tuberculosis.

Forty deaths were recorded as being due to these diseases.

Of these deaths 11 occurred in the East Ward, 8 in the North, 15 in the North-West, 3 in the South-East, and 3 in the South-West.

Seventeen deaths were classified as tuberculous meningitis and 23 as other tuberculous diseases.

The following gives the ages at which death occurred:—

CAUSE.		Under 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards.
Tubercular Meningitis	...	4	5	4	3	—	1	—	—
Other Tubercular Diseases		6	4	2	2	5	2	2	—

General Tubercular Diseases.

In the following table will be seen the number of cases notified during each of the four quarters and the ages and sex of the patients.

WARDS.	QUARTERS.								YEAR.		
	March.		June.		Sept.		Dec.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
East	6	7	3	6	4	5	3	3	16	21	37
North	6	7	4	3	—	1	3	5	13	16	29
North-West ..	6	7	6	3	3	3	2	2	17	15	32
South	—	1	—	2	1	1	—	1	1	5	6
South-East ..	1	2	4	4	1	2	3	5	9	13	22
South-West ..	4	5	—	1	1	—	—	5	5	11	16
Total ..	23	29	17	19	10	12	11	21	61	81	142
AGES OF PATIENTS NOTIFIED.											
Under 1	1-5	5-15	15-25	25-45	45-65	65 & upwards.	All Ages.				
6	21	56	24	26	8	1	142				

Tuberculosis.

In the past our attention has been particularly devoted to Pulmonary Tuberculosis instead of to Tuberculosis in general. The reason for this may have been that Phthisis caused more deaths than all the other forms put together. Again the Tuberculosis Regulations, 1911, only required the notification of the Pulmonary variety, but the Regulations of 1912 included every variety of Tuberculosis, so that Tuberculosis statistics in the future will be far more valuable than they have been hitherto. These regulations came into operation on February 1st, 1913.

In 1911 I gave a full account of the aims and objects of a Municipal Dispensary for the prevention of Tuberculosis. In 1912 our Dispensary became an actual working part of our public health machinery and took its place as a unit in the state campaign against Tuberculosis. It will be advisable to consider now what will be the outcome of this campaign in the light of modern investigations, which subject was

discussed at the recent Paris Health Congress. Recent reports on the cause and prevention of tuberculosis seem to have established the theory that infection by the tubercle bacillus is a general feature of modern civilised communities. A great deal of attention has been paid to the investigation of the evidence that tuberculosis as a disease is almost universally met with post mortem, and that infection by the tubercle bacillus is almost universally distributed early in life.

The evidence upon which this theory rests, viz.: that tubercle is very generally distributed in populations, is both pathological and bacteriological.

Pathological evidence implies the existence of the disease, tuberculosis. Since 1838 the evidence has been accumulating as to the frequency with which this disease is found in the dead body. Ghon's statistics apparently prove that 70 per cent. of the post mortem examinations on children 11 to 14 years old, show recognisable lesions.

Bacteriological tests are an evidence of infection by the bacillus with or without the production of lesions. If tuberculin tests are to be accepted as specific, then Hamburger has shown that 95 per cent. of children between the 12th and 13th years are already infected.

At the same time that our knowledge of the universality of the disease has been increasing, urbanised populations have been showing a marked decrease in the death rate from Pulmonary Tuberculosis. In England and Wales between 1860 and 1903 the death rate per 100,000 of the population decreased from 256 to 123, in Paris from 450 to 380, in Hamburg from 390 to 188, in Copenhagen 307 to 149, in Belgium during 1890 to 1903 from 181 to 125, and in Prussia during the same time from 312 to 193.

In the chief industrial countries of the world there has also been going on an urbanisation of the populations, so that between 1861 and 1901 in England, the proportion of the population living under urban conditions compared to 100 living under rural conditions increased from 173 to 335.

Dr. Newsholme in quoting these figures points out that though the death rate from Tuberculosis is nearly always greater in urban than rural districts, the countries showing most urbanisation have secured the greatest reduction in and the lowest death rate from Tuberculosis. The conclusion that he draws in his paper at the Paris Congress in 1905 is that the death rate from Tuberculosis has declined to the greatest extent in those countries in which the ratio of institutional to domestic relief has been highest.

A consideration of all the facts seems to justify the conclusion that substitution of institutional for domestic relief of the consumptive poor has been historically a main factor in the reduction of the death rate for Tuberculosis. In a paper dealing with the same subject at the American Congress in 1908, Dr. Newsholme repeats with added insistence that "had it not been for the steadily increasing extent of institutional treatment of the sick, and especially of the consumptive sick, which has characterised most of our great centres of population, we should have experienced not the decline of phthisis which has occurred, but a great increase in its prevalence." Unfortunately for this thesis, the feature of modern literature has been a demonstration of the prevalence both of the infection and its resulting lesions.

The late Dr. Bulstrode, in his report on sanatoria for consumption, to the Local Government Board in 1908, quotes Sir Shirley Murphy as suggesting the possibility of a change of type in the disease. After dealing briefly with such matters as a lessening fertility and virulence of the parasite, he returns to the idea of improved hygiene.

How can one explain the coincidence of widespread infection and its close association with increased town dwelling, with the fall in the death-rate?

The mortality due to the disease is shown, by a study of occupational statistics, to occur in industrial towns rather than in rural conditions of labour. This is well demonstrated by an analysis and reclassification of the statistics given in the supplement to the sixty-fifth report of the Registrar General. When we look at the facts as they appear to be, we have to attempt an explanation of the simultaneous occurrence of urbanization, general infection, a falling death-rate, and a high mortality among town dwellers.

A very important point in a disease of such a chronic character as tuberculosis, is the age at which the first infection and apparent recovery are found to occur. There is a very close parallel between the figure obtained by the study of juvenile tuberculosis as shown by tuberculin methods on the living, with the figure obtained by the study of the evidence of healed or latent tuberculosis in the bodies of the dead (both figures approach 100 per cent). The distinction between infection by the bacillus and the actual presence of disease due to the bacillus is an important one in this respect. That tubercle infection may exist without the development of tuberculosis is a well-established fact. As a fatal disease pulmonary tuberculosis seems to cause the greatest number of *deaths* in the working period of life.

An analysis of occupational mortality statistics brings out the conditions of labour associated with high mortality. Pulmonary phthisis as a cause of death may be said to stand on a tripod of bad feeding, bad housing, and bad habits. No doubt part of the fall of the death-rate may be due to a lessening of all three of these, but improved hygiene is not in itself sufficient to account for the fall any more than the segregation in institutions. Surely under the conditions of town living more fully urbanized populations demand and receive a greater amount of institutional treatment. Institutional treatment is merely an incident of urbanization. As a means of preventing infection, hygiene and institutional treatment alike seem to fail. It is indeed difficult to see how it is possible to prevent infection in the case of tuberculosis. We are all acquainted with cases of consumption that do not seem to progress either to recovery or to death. There must be an enormous number in the population at any time who are continually expectorating infectious sputum, and who are at the same time scarcely cognizant of their disease. Although discharging tubercle bacilli constantly, they are only comparable as regards their general health to cases of latent tuberculosis in which no such discharge is occurring. Too much attention has been paid during the last thirty years to infection by a visible, easily recognizable micro-organism; too little attention has been paid to the invisible, and not easily recognizable, resistance of individuals. Our great difficulty is to say how far infection by tubercle is capable of producing an acquired immunity to tuberculosis. We can say with some certainty that there are environments, and conditions of race and heredity, which render people particularly susceptible.

It is very difficult to say of any individual life that it has become immunized because of infection. We can infer in a great number of individuals that when infected they are resistant, and that if placed under suitable conditions they will recover.

Various attempts have been made to classify cases of pulmonary phthisis, at first by physical signs, then by a combination of physical signs and constitutional symptoms, and still more recently by constitutional symptoms alone. Under the last classification we endeavour to group our cases according to the manner in which they seem to stand infection. We endeavour to measure their immunizing ability. By a "careful selection" of cases in which a high immunizing ability can be inferred, we are able to promise a high rate of recovery. It is noteworthy that "carefully-selected" cases, by whatever means they

may be treated, give very closely corresponding results. We have no statistics fit to be submitted to critical analysis, nor shall we have so long as we continue to "select" the cases which we recognize as able to recover. There is little doubt that we are more accurate and more refined in our recognition of infection at a much earlier stage in the course of the disease than were our forefathers. When this increased power of diagnosis is exercised we obtain a high percentage of recoveries, but even by the most careful selection for sanatorium or other treatment, about 25 per cent. of "early cases" progress to an advanced condition under treatment. Even advanced cases on the other hand may eventually become latent or arrested.

I am certain that a great number of people recover after infection, and that this recovery, crippling though it may be, can occur after very severe lesions to the lungs. Dr. T. D. Lister says that the resistance of the individual patient may be likened to an elastic cord composed of many threads, which resistance sustains the weight of the disease, and the results of the administration of a toxin to a patient may be compared to a series of dynamic phenomena. If one imagines such a weight suspended by such a cord of many strands, and that the cord, though moderately stretched, is suspending the weight in a fairly stable position, the administration of a toxin such as Tuberculin could be likened to the delivery of a tap or blow to the upper surface of the weight. The effect of such a blow on a simple apparatus of this kind would be that the weight would be depressed for a moment by the increased stretching of the elastic cord, and then it would rebound to a height slightly above its original position before coming to rest again in its original position. If at the height of the rebound, we imagine that an additional thread can be clipped in the cord, a stronger blow (dose of anti-toxin) will be required to bring about a depression and a rebound. By a series of such experiments one could imagine that the cord would become too strong to be stretched by additional blows on the weight, and to be capable of bearing an infinitely greater strain than the original weight. One could also imagine the elastic cord stretched to its utmost bearing capacity by the weight at the beginning, and that any additional blow would merely break it without further stretching it. Recovery or immunity implies elasticity of resistance. There are two ways in which an individual can escape death by Tuberculosis, and the first is by his being incapable of infection. Modern evidence seems to show that this must be very rare. There may be such a thing as hereditary immunity. The other way is by the energetic production

of immunising substances in his blood and tissues. I think we can claim that there is such a thing as acquired immunity. If we are to accept the view expressed by pathologists and bacteriologists that infection is general, then we must believe that acquired immunity is becoming a feature of urbanised populations.

Ninety per cent. of the population are capable of acquiring permanent immunity. It is in the social conditions which cause a loss of "elasticity of resistance" that we find the cause of the mortality from Phthisis. A successful campaign against the disease as a cause of death in urbanised populations can only be conducted when we no longer keep part of the population already suffering from latent tuberculosis under conditions where they are only half fed, badly housed, and ignorant of what to do with the means of health even if they were brought to their knowledge. The real future of the problem is partly evolutionary and partly socio-political. The machinery of the State campaign against tuberculosis suggests that the central feature would be found not in the tuberculosis dispensary as a means of preventing infection, but in the tuberculosis bureau in connection with a State Public Health Service as a means of ascertaining and controlling the forces which bring about loss of resistance. The tuberculosis bureau would, I conceive, deal firstly with notifications and their classification on social economic lines; and secondly with the carrying out of such measures as would bring the resistance in classes wherein the loss of resistance occurs, into line with those where resistance is maintained. The knowledge of how to live, sufficient food, and improved housing, would prevent loss of resistance and do more to bring about a reduction of the death-rate than an attempt to sweep back an ocean of infection by a yard broom of segregation. We cannot deprive nature of her power to kill off those who have inherited vulnerability. Natural selection will remove those individuals in whom no "elasticity of resistance" exists. It is only by co-ordination and correlation of political and hygienic forces, that this resistance of the community to the disease can be maintained and improved.

Municipal Tuberculosis Dispensary.

The total number of patients examined at the Dispensary during the year was 841, 391 males and 450 females, and the total attendances made by these patients numbered 4,312.

Of this number, 193 were insured and 648 non-insured persons.

ATTENDANCES DURING THE MONTHS OF THE YEAR 1913.

	New Cases.	Total Attend- ances, New and Old Cases.
17th to 31st December, 1912	15	18
January	89	222
February	90	299
March	46	233
April	64	326
May	52	284
June	43	340
July	42	424
August	43	386
September	44	369
October	105	489
November	117	510
December	91	412
	841	4312

SOURCE OF CASES EXAMINED AT THE DISPENSARY.

	Applied on own initiative.	Sent by Doctor.	Sent by Health Visitor.	Sent by Tubercu- losis Officer.	Totals.
Found to be suffering with Phthisis ...	71	66	33	8	178
Found to be suffering with some other Tubercular disease	14	13	3	2	32
Found to be NOT suffering with Tuberculosis ...	340	100	91	71	602
Contacts in which a definite diagnosis has not been ar- rived at	—	—	—	29	29
Totals ...	425	179	127	110	841

NON-TUBERCULAR DISEASES.

The ages and sex of patients who have not been found to be suffering from any form of tuberculosis, are as follows :—

	Under 5	Between 5-15	Between 15-25	Between 25-35	Between 35-45	Between 45-55	55 & over	Totals
Males ...	32	159	27	25	17	13	8	281
Females ...	31	141	43	42	39	18	7	321
Totals	63	300	70	67	56	31	15	602

Of these cases, 456 (222 males and 234 females) have ceased attending, whilst 146 (59 males and 87 females) are still under observation.

PHTHISIS.

The ages and sex of patients diagnosed as Phthisical, are as follows :—

	Under 5	Between 5-15	Between 15-25	Between 25-35	Between 35-45	Between 45-55	55 and over	Totals.
Males ...	1	21	13	14	20	13	3	85
Females...	1	17	19	27	19	8	2	93
Totals ...	2	38	32	41	39	21	5	178

Of the above cases, 90 (45 M and 45 F) have ceased attending, whilst 88 (55 M and 33 F) are still receiving treatment.

OTHER TUBERCULAR DISEASES.

The ages and sex of patients found to be suffering with tuberculosis, other than pulmonary, are as follows :—

	Under 5	Between 5-15	Between 15-25	Between 25-35	Between 35-45	Between 45-55	55 and over	Totals.
Males ...	2	8	3	2	...	...	...	15
Females...	...	10	4	2	1	...	...	17
Totals ...	2	18	7	4	1	...	...	32

Of these cases, 19 (8 M and 11 F) have ceased attending, whilst 13 (7 M and 6 F) are still receiving treatment.

Home Visitation.

Our scheme includes provision for home visitation of patients and examination of suspects and contacts by the Dispensary Medical Officer or the Medical Officer of Health.

Homes visited by Dispensary Medical Officer and the Medical Officer of Health	465
Contacts examined by Dispensary Medical Officer and the Medical Officer of Health	736
*Visits of the staff of the Medical Officer of Health to the homes of patients on first notification	546
Revisits of Staff	1439
Special cases referred to the staff by the Dispensary Medical Officer	162
Total ...	3348

*(The staff includes 3 Health Visitors with nursing and special experience in Tuberculosis work.)

Treatment by Tuberculin.

I have in the following table endeavoured to submit a fairly detailed account of the clinical records of 53 patients who have had a prolonged course of Tuberculin treatment.

The Tuberculin used, with the minimum and maximum doses, are noted in the table recording the results and increase in dosage is usually in geometrical progression. There has been a continuity of treatment all through, and this definite system of dosage has been adhered to in so far as has been compatible with individual treatment of the patient, thus showing that the tuberculin administration has been in no sense haphazard.

The table has been compiled under difficulties owing to a change of medical officers at the dispensary, but I have endeavoured personally to make it as accurate as possible. Where the disease has been pulmonary I have selected as many cases as possible whose sputum at the commencement of treatment was found to contain tubercle bacilli and who have completed a long course of treatment, as there may always be raised the criticism of diagnostic error, or at least diverse opinion as to what signs and symptoms are sufficient to warrant the diagnosis of early phthisis.

I can only speak of the present, but on the whole the records are encouraging. Under the heading "Treatment at a Sanatorium" are included cases which have received such treatment either before or during treatment at the Dispensary.

It is obvious that the economic importance of tuberculin treatment will be enormous if unbiased and carefully controlled results as to the success of such dispensary treatment can be furnished, which I shall endeavour to do in future years.

TUBERCULIN TREATMENT

Initials.	Sex.	Age.	Disp. No.	Occupation.	Stage.	Duration of Sanatorium treatment.	Date of beginning of Tuberculin treatment.	Duration of Tuberculin treatment.	Tuberculin course.		
									Min.	Doses.	Max.
W.C.	M	47	489	Fireman	1st	..	1913 Sept. 18	14 weeks	0004	05c.c. P.T.O.	
D.D.	F	19	422	Nil	3rd	..	July 25	23 ..	0004	10c.c. P.T.O.	
M.N.	F	34	420	Domestic Servant	2nd	8 weeks	July 25	26 ..	0001	5c.c. P.T.O.	
B.G.	F	6	385	Schoolgirl	1st	12 mnths.	June 27	28 ..	0004	46c.c. P.T.O.	
M.S.	F	12	354	..	1st	..	May 5	24 ..	001	029c.c. B.E.	
M.B.	F	33	283	Housewife	3rd	5 mnths.	Apr. 25	32 ..	0001	85c.c. P.T.O.	
R.B.	F	13	265	Schoolgirl	3rd	8 weeks	Apr. 4	28 ..	0001	85c.c. P.T.O.	
A.C.	M	19	256	Nil	..	..	Apr. 10	7 mnths.	001	05c.c. B.E.	
L.S.	F	32	225	Charwoman	1st	..	Mar. 3	9 ..	0001	10c.c. P.T.O.	
E.C.	M	8	202	Schoolboy	1st	8 weeks	Mar. 6	8 ..	0001	28c.c. P.T.O.	
H.S.	M	26	192	Clerk	1st	5 ..	Mar. 3	28 weeks	0001	94c.c. P.T.O.	
J.W.	M	46	190	Pedlar	1st	7 ..	Mar. 3	25 ..	0001	32c.c. P.T.O.	
G.W.	F	11	188	Schoolgirl	1st	..	Feb. 28	20 ..	0001	25c.c. B.E.	
A.P.	F	18	172	Book-folder	1st	5 weeks	Feb. 25	30 ..	0001	4c.c. P.T.O.	
A.S.	M	9	88	Schoolboy	1st	..	Jan. 23	23 ..	0001	4c.c. B.E.	
E.P.	F	29	86	Cocoa-packer	1st	6 weeks	Jan. 23	21 ..	0001	5c.c. P.T.O.	
F.R.	F	10	53	Schoolgirl	1st	..	Jan. 10	32 weeks	0001	37c.c. B.E.	
W.B.	M	39	46	Storekeeper	2nd	8 weeks	Jan. 9	40 weeks	0001	5c.c. P.T.O.	

IN DEPTFORD DURING 1913.

T.B. Exam.		Weight.		Working Capacity.			General Condition.		Location of Disease.
		Before treatment.	After Tuberculin course.	Before.	During.	After.	Before.	After.	
Pos.	Neg.	st. lb. 9 13	st. lb. 10 0	Full	Full	Full	Fair	Good	Right apex
Pos.	Pos.	6 2	6 5	Nil	Nil	Nil	Poor	Poor	Both lungs
Pos.	Neg.	7 6	7 10	Im-paired	Fair	Fair	Poor	Fair	Right and left apices
Neg.	No Sputum	2 12	3 3	Nil	Nil	Nil	Poor	Fair	Mediastinal
Neg.	Neg.	4 11	5 4	Nil	Nil	Nil	Poor	Excellent	Tub. ulcer of leg
Pos.	Pos.	6 12	6 1	Nil	Nil	Nil	Poor	Stationary	Both lungs
Pos.	No Sputum	4 0	4 8	Im-paired	Poor	Fair	Poor	Fair	Both lungs
..	..	4 0	4 12	Nil	Nil	Nil	Poor	Fair	Tub. spine
Pos.	No Sputum	7 12	8 3	Full	Full	Full	Good	Excellent	Right apex
Pos.	Neg.	3 8	3 13	Nil	Im-paired	Fair	Poor	Fair	Both lungs
Pos.	Neg.	9 5	10 8	Im-paired	Full	Full	Poor	Fair	Right apex
Pos.	Neg.	9 9	10 0	Im-paired	Im-paired	Full	Poor	Fair	Right lung
Neg.	Neg.	4 10	4 11	Im-paired	Im-paired	Full	Poor	Fair	Tub. of arm
Pos.	No Sputum	8 1	9 4	Im-paired	Im-paired	Full	Poor	Excellent	Both apex
Pos.	No Sputum	4 7	4 11	Full	Full	Full	Good	Good	Left apex
Pos.	Neg.	7 8	7 12	Im-paired	Im-paired	Full	Fair	Fair	Left apex
..	..	3 7	3 11	Nil	Nil	Im-paired	Poor	Fair	Hip
Pos.	Neg.	8 2	8 13	Nil	Im-paired	Im-paired	Fair	Fair	Right lung

TUBERCULIN TREATMENT

Initials.	Sex.	Age	Disp. No.	Occupation.	Stage	Duration of Sanatorium treatment.	Date of beginning of Tuberculin treatment.	Duration of Tuberculin treatment.	Tuberculin course		
									Min.	Doses.	Max.
H.P.	M	29	40	Labourer	1st	12 weeks	1913 Jan. 9	9 mnths.	1 015 05	25c.c. P.T.O. 5c.c. P.T. 3c.c. O.T.	
D.R.	F	25	32	Housewife	1st	..	Jan. 17	3½ mnths.	00001	3c.c. P.T.O.	
W.S.	M	23	28	Brass Worker	1st	9 weeks	Jan. 6	11 mnths.	0001	04c.c. P.T.O.	
N.K.	F	25	27	Shop Assistant	1st	..	Jan. 3	6 mnths.	0001 001 0001	001c.c. P.T.O. 003c.c. B.E. 02c.c. T.A.F.	

CASES FOLLOWING—

A.J.	F	21	583	Charwoman	1st	..	Oct. 29	15 weeks	00001	003 P.T.O.	
M.P.	F	40	528	Housewife	1st	..	Oct. 7	11 weeks	00001	0004c.c. P.T.O.	
M.K.	F	40	519	..	3rd	..	Oct. 2	14 weeks	00001	34c.c. P.T.O.	
H.C.	F	5	486	School	1st	..	Sept. 12	20 weeks	0001	54c.c. P.T.O.	
A.E.	F	12	468	..	1st	..	Aug. 26	13 weeks	0001	04c.c. P.T.O.	
E.W.	F	49	428	Housewife	2nd	8 weeks	July 29	13 weeks	001	02c.c. P.T.O.	
L.T.	F	27	213	Domestic Servant	1st	..	July 17	15 weeks	0005	02c.c. P.T.O.	
F.B.	F	22	400	Blouse Maker	1st	6 weeks	July 2	24 weeks	0001	3c.c. P.T.O.	
A.B.	F	37	406	Confectioner	1st	..	July 8	23 weeks	00001	14c.c. P.T.O.	
E.B.	F	54	374	Housewife	1st	..	June 20	6 mnths.	00001	38c.c. P.T.O.	
E.T.	F	36	353	..	1st	..	June 5	6 mnths.	0001 062	5c.c. P.T.O. 01c.c. P.T.	
G.E.	F	29	342	Nil	1st	..	May 29	32 weeks	001 03	032c.c. B.E. 34c.c. P.T.O.	
N.B.	F	9	339	School	1st	..	May 23	7 mnths.	0001	3c.c. P.T.O.	
L.G.	F	26	262	Housekeeper	2nd	Nil	Apr. 15	9 mnths.	00001	10c.c. P.T.O. 07c.c. P.T.	
E.Q.	F	40	15	Housewife	1st	Nil	1912 Dec. 31	12 mnths.	00005 01	4c.c. P.T.O. 10c.c. P.T.	

IN DEPTFORD DURING 1913—continued.

T.B. Exam.		Weight.		Working Capacity.			General Condition.		Location of Disease.
		Before treatment.	After Tuberculin course.	Before.	During.	After.	Before.	After.	
Pos.	Neg.	st. lb. 11 5	st. lb. 11 5½	Full	Full	Full	Good	Excellent	Left apex
Pos.	Neg.	7 2	7 4	Im- paired	Im- paired	Im- paired	Fair	Fair	Left lung
Pos.	Neg.	8 7	9 12	Im- paired	Im- paired	Im- paired	Poor	Fair	Right lung
Pos.	Pos.	8 0	7 8	Nil	Nil	Nil	Poor	Stationary	Left lung

STILL ATTENDING.

..	..	8 2	8 4½	Full	Full	Full	Good	Good	Cervical gland
Pos.	Pos.	7 2	7 2	Full	Full	Full	Fair	Fair	Right apex
Pos.	Pos.	7 6	7 6	Im- paired	Im- paired	Im- paired	Fair	Improving	Right lung
Pos.	Neg.	2 9½	2 13½	Nil	Nil	Full	Poor	Fair	Both lungs
Pos.	Pos.	4 6	4 12½	Im- paired	Im- paired	Im- paired	Fair	Fair	Left apex
Pos.	Neg.	8 6	7 12½	Im- paired	Im- paired	Im- paired	Poor	Fair	Left apex
Pos.	Neg.	7 11	8 5	Im- paired	Im- paired	Im- paired	Fair	Good	Left lung
Pos.	Nil.	8 6	8 5½	Full	Full	Full	Poor	Fair	Right lung
No Sputum	8 5	8 6½	Im- paired	Im- paired	Im- paired	Im- paired	Good	Good	Wrist
Pos.	Neg.	6 4	6 8	Im- paired	Im- paired	Im- paired	Poor	Fair	Right lung
Pos.	Neg.	8 0	7 10	Full	Full	Full	Fair	Fair	Right lung
..	..	7 2	7 3	Nil	Nil	Nil	Poor	Fair	Foot
Pos.	Neg.	2 9	4 0	Nil	Nil	Nil	Poor	Good	Right lung
Pos.	Pos.	7 11	7 3	Full	Full	Full	Poor	Fair	Left lung
Pos.	Neg.	8 12	9 2	Im- paired	Im- paired	Im- paired	Poor	Good	Left lung

TUBERCULIN TREATMENT

Initials	Sex	Age	Disp. No.	Occupation	Stage	Duration of Sanatorium treatment	Date of beginning of Tuberculin treatment	Duration of Tuberculin treatment	Tuberculin course		
									Min.	Doses.	Max.
E.H.	F	28	5	Housewife	2nd	Nil	1912 Dec. 20	13 mnths.	0001	12c.c. P.T.O.	
L.T.	M	16	481	Pattern-maker	1st	..	1913 Sept. 8	19 weeks	0001	10c.c. P.T.O.	
G.A.	M	15	472	Tea packer	1st	No.	Aug. 29	22 weeks	001	1c.c. B.E.	
									01	14c.c. P.T.O.	
H.J.	M	30	464	Labourer	1st	8 weeks	Aug. 25	20 weeks	0001	005c.c. P.T.O.	
J.T.	M	35	439	Fitter	2nd	No.	Aug. 7	20 weeks	001	008c.c. B.E.	
									01	3c.c. P.T.O.	
P.W.	M	18	418	Packer	1st	13 weeks	July 24	28 weeks	01	5c.c. P.T.O.	
W.N.	M	69	361	Shipwright	1st	No.	June 12	28 weeks	0002	10c.c. P.T.O.	
									01	14c.c. P.T.	
E.T.	M	16	352	Schoolboy	..	No.	June 5	29 weeks	001	24c.c. B.E.	
A.P.	M	23	341	Compositor	1st	No.	May 29	30 weeks	00001	0009cc. P.T.O.	
J.G.	M	32	321	Engine driver	1st	8 weeks	May 15	8 mnths.	00001	10c.c. P.T.O.	
									01	09c.c. P.T.	
F.P.	M	23	118	Boiler maker	1st	No.	Feb. 6	11½ mths.	0001	10c.c. P.T.O.	
W.C.	M	25	42	Grinder	1st	No.	Jan. 7	5 mnths.	0001	45c.c. P.T.O.	
A.T.	F	7	238	Schoolgirl	..	..	April 1	42 weeks	001	10c.c. B.E.	
E.H.	F	12	96	Schoolgirl	1st	No.	Jan. 28	50 weeks	0001	85c.c. P.T.O.	
									02	97c.c. P.T.	
									05	3c.c. O.T.	
G.H.	M	40	339	Labourer	2nd	6 weeks	May 26	18 weeks	001	015c.c. B.E.	
									02	55c.c. P.T.O.	
J.W.	F	36	465	Hospital nurse	..	Nil	Aug. 29	13 weeks	001	018c.c. B.E.	
									02	07c.c. P.T.O.	

IN DEPTFORD DURING 1913—continued.

T.B. Exam.		Weight.		Working Capacity.			General Condition.		Location of Disease.
Before.	After.	Before treatment.	After Tuberculin course.	Before.	During.	After.	Before.	After.	
Pos.	Neg.	st. lb. 7 3	st. lb. 7 5	Im-paired	Im-paired	Im-paired	Poor	Fair	Right lung
Pos.	Neg.	5 4	5 11½	Im-paired	Im-paired	Im-paired	Fair	Good	Both lungs
Pos.	Neg.	8 3	8 7	Full	Full	Full	Fair	Good	Left apex
..	..	9 11	9 12	Im-paired	Im-paired	Im-paired	Fair	Fair	Both lungs
Pos.	Pos.	10 4	10 9½	Full	Full	Full	Fair	Improved	Both lungs
Pos.	Neg.	10 7	10 7	Full	Full	Full	Good	Good	Right lung
Pos.	Neg.	8 4	8 4	Nil	Nil	Nil	Poor	Improved	Right lung
..	..	8 3	8 7	Full	Full	Full	Fair	Fair	Tubr. nose
No Sputm.	No Sputm.	10 10	11 5	Full	Full	Full	Fair	Fair	Right lung
Pos.	Neg.	12 7	12 1	Im-paired	Full	Full	Fair	Good	Left lung
Pos.	Neg.	9 3	9 6	Im-paired	Full	Full	Poor	Improved	Left lung
No Sputum		10 3	10 8	Im-paired	Im-paired	Full	Fair	Fair	Both lungs
..	..	3 3	3 9	..	..	..	Poor	Excellent	Tuber. Sinus.
Pos.	Neg.	5 2	5 9	..	..	..	Poor	Good	Left lung
Neg.	Neg.	9 7	9 7	Nil	Im-paired	Im-paired	Poor	Improved	Both lungs
..	..	9 8	9 6	Im-paired	Im-paired	Im-paired	Fair	Fair	Tub. arthritis

**London County Council and the Treatment of Tuberculosis.
Dispensary Schemes of Local Sanitary Authorities.**

In connection with the preparation of a comprehensive scheme for the treatment of tuberculosis in London, the London County Council have had under consideration the question of the approval of local dispensary schemes, which are, in accordance with the decision of the Local Government Board, to be prepared and administered by the local sanitary authorities.

The Council passed the following resolutions with regard to these local schemes :—

(1) On 29th and 30th July, 1913.—That in the opinion of the Council it is essential that in connection with the treatment of tuberculosis in London: (i.) all possible use should be made of existing institutions; and (ii.) approval should not be given to any scheme which fails to provide for each dispensary being linked up with a hospital to which special cases shall be referred for consultation or treatment, residential or otherwise.

(2) On 4th November, 1913.—That any comprehensive scheme for dealing with the treatment of tuberculosis in London shall provide for a contribution being made by the Council from year to year towards so much of the cost of the dispensary treatment of uninsured persons in the City of London and each metropolitan borough as would otherwise fall on the local rate, after taking into account the promised grant from the Imperial Exchequer, provided that such contribution (i.) shall not exceed 50 per cent. of such cost: (ii.) shall in the first instance be made from a date to be fixed hereafter by the Council; and (iii.) shall be conditional upon the Council being satisfied with the local scheme in force in such area and upon the arrangements and expenditure being annually submitted to and approved by the Council.

The Council on December 11th, 1913, decided the general principles, to be inserted in the comprehensive scheme, by which it will be guided in its consideration of local schemes, and set out a list of points which they considered essential.

(a) That any comprehensive scheme for the treatment of tuberculosis in London shall provide for the undermentioned principles to be observed in any local scheme which the Council will approve for the provision of dispensary treatment.

(i) The Council must be satisfied that the premises to be utilised as a dispensary are suitable for the purpose.

(ii) The scheme must include provision, either in the dispensary, or at a hospital working in connection with the dispensary, for the diagnosis not only of ordinary straight-forward cases, but also of incipient, anomalous and difficult cases specially referred on the ground of difficulty of diagnosis.

(iii) The physician in charge of the dispensary (or "tuberculosis officer") must be a man of experience, not only in dealing with tuberculosis affections, but also in general medicine.

(iv) Proper records and statistics in connection with the work of the dispensary shall be provided of the nature and in the form required by the Council and approved by the Local Government Board.

(v) The physician in charge of the dispensary shall supply to the medical officer of health of the borough from which the patients are drawn such information as the medical officer of health may reasonably require, and the county medical officer of health shall be entitled to receive this information from the borough medical officer of health. The physician in charge of the dispensary shall also furnish the requisite information to any medical practitioner carrying out domiciliary treatment, or in a case which is referred to a sanatorium to the medical officer of that institution.

(vi) The scheme shall include provision for home visitation of patients, either by the dispensary physician or by the medical officer of health of the borough and his staff, and for the examination by the dispensary physician of such cases as the medical officer of health or a medical practitioner may require, either at the dispensary or in the homes of suspects and contacts.

(vii) The scheme shall be conducted with reasonable economy and the arrangements and expenditure shall be annually submitted to the Council for its approval.

(viii) The scheme shall provide for distinguishing clearly between the cost of treating insured and uninsured persons, having regard to the opinion expressed by the Council that insured persons should not be paid for out of the rates.

(b) That it be suggested to local sanitary authorities that they should make arrangements to pay for patients residing in the districts under their respective jurisdiction, attending dispensaries attached to hospitals in any part of the Administrative County of London.

(c) That, in the opinion of the Council, it is essential that, in connection with the treatment of tuberculosis in London :—

(i.) All possible use should be made of existing institutions ; and

(ii.) Approval should not be given to any scheme which fails to provide for each dispensary being linked up with a hospital to which special cases shall be referred for consultation or treatment, residential or otherwise.

The Local Government Board and Dispensary Schemes.
(December 18th, 1913.)

In view of the recent decisions of the London County Council in regard to provision for the treatment of tuberculosis, the Local Government Board have issued to metropolitan Borough Councils a circular

setting out in detail their views as to the lines on which the arrangements for providing dispensaries by these bodies should be further developed.

In the opinion of the Board, the following general principles should be observed :

1. One or more dispensaries should be available for each borough or combination of boroughs, to which any person residing in the area who is suffering from, or suspected to be suffering from, tuberculosis, may have access for diagnosis and treatment. These dispensaries may actually be provided either at general hospitals or hospitals for consumption, or at voluntary dispensaries, or by the Borough Councils themselves.

2. Where there is a general hospital, or a hospital for consumption, situated in the borough or sufficiently near, and the authorities of the hospital are willing to provide a dispensary which will comply with any rules which may be made, and to work in co-operation with the Borough Council and the London County Council, the Board are of opinion that arrangements should be made for such a dispensary to serve the whole or part of the borough.

3. Where a voluntary dispensary is already in existence which is found to be efficient and to suffice for the needs of the area it should be included, under similar conditions, in the Borough Council's scheme.

It is suggested that an agreement should be entered into with the hospital or dispensary, indicating the nature and extent of the services which they will provide, and specifying the amount of the payment which the Borough Council will make to them.

4. In cases in which the needs of a borough or a combination of boroughs cannot be adequately met by the utilisation of hospitals or voluntary dispensaries the Borough Council or Councils should establish, alone or in combination, a dispensary to serve the areas which would not otherwise be provided for.

5. Every dispensary, other than those established at hospitals, should be affiliated to a general hospital or a hospital for consumption, to which specially difficult cases would be referred for diagnosis or treatment.

6. Beds should be available to which cases needing observation for the purpose of diagnosis, or for determining the form of treatment best adapted to the patient's needs, may be sent. The Board consider that such beds should not be provided at the dispensary itself, but by the County Council.

PREVENTIVE MEASURES.

It is essential, the circular points out, that arrangements should be made for the complete co-ordination of the work of the dispensary with the preventive work of the Borough Council and their officers under the Tuberculosis Regulations, 1912. In the case of a dispensary established by a Borough Council this will be secured by attaching the medical officers of the dispensary to the staff of the Public Health Department of the Council, it being understood that although these officers are independent of control in clinical matters they will act under the administrative supervision of the medical officer of health.

As regards dispensaries established at hospitals, it will be necessary to appoint a medical officer with suitable qualifications to take charge of the work of the dispensary, and arrangements should be made for complete interchange of information between him and the medical officer of health. The duties of the former should include the examination of "contacts" and "suspects." The examination would usually take place at the dispensary, but the officer should be prepared to visit, for this purpose, the homes of patients in cases where this is necessary.

Similar arrangements will apply in the case of voluntary dispensaries. It is suggested that unnecessary duplication of visits can be avoided by arranging that the officers of the dispensary shall be available, so far as practicable, to undertake, under the direction of the medical officer of health, the domiciliary visits and inquiries under the tuberculosis regulations.

Under the Board's Order of July, 1912, the medical officer of an approved dispensary becomes the "consulting officer" for insured persons resident in the area who are receiving sanatorium benefit in the form of domiciliary treatment. It has usually been found convenient to arrange that insured persons applying for sanatorium benefit should be referred in the first instance to the appropriate dispensary for examination, and it is considered desirable that any arrangements which may be made with the London Insurance Committee for the provision of dispensary services for insured persons should provide that the medical officer of the dispensary will be available to examine such persons and report to the committee and to attend their meetings when required.

FINANCIAL ARRANGEMENTS.

It appears to the Board that where the scheme of the Borough Council includes any voluntary dispensary, whether attached to a hospital or not, it is desirable that the contributions of the Borough

Council towards the expenses of the dispensary should be made in respect of the whole population of the borough, and that the payments of the Insurance Committee for the dispensary treatment of insured persons should be made to the Borough Council. Similarly, the payments made by the Borough Council to the hospital with which the dispensary is affiliated should be regarded as covering the whole population of the borough. The general principles to be kept in view are :

(a) That the Borough Council are to be regarded as the providing authority for dispensaries, although the dispensary which will serve the borough may be provided at a hospital or by a voluntary organisation ; and

(b) That the dispensary is to serve the needs of the whole community, including insured persons.

The Borough Council will arrange with the Insurance Committee as to the contributions to be paid by the latter in respect of insured persons, and the Board think it would be preferable that these contributions should take the form of lump sum payments, rather than that fees per case should be paid. The Borough Council's contributions to hospitals and voluntary dispensaries should also be in the form of lump sum payments.

It is urged that the various agencies should be properly co-ordinated through the County Council, so as to form parts of a complete scheme of institutional treatment. The expenditure of the Borough Council on their dispensary scheme, after deducting the payment made by the Insurance Committee in respect of insured persons, will be met as follows :

(a) 50 per cent. from the Board.

(b) 25 per cent. from the London County Council.

(c) 25 per cent. from the borough rates.

It is added that the promise of the grant of 50 per cent. of the net cost of schemes is subject to the expenditure being kept within reasonable limits, and to compliance with rules and conditions laid down by the Board.

In conclusion, the Board urge on the councils the importance of completing their dispensary arrangements as early as practicable, and of co-operating in every way with the London County Council in formulating and carrying out their schemes.

Respiratory Diseases.

Under this heading are included bronchitis, pneumonia, pleurisy, and other diseases of the respiratory organs.

The number of deaths registered was 328. Of these deaths 69 were children under one year of age, 46 over one and under five years, and 96 were persons over 65 years of age.

Bronchitis was most severe in the East and North Wards. Broncho-pneumonia, pneumonia of all forms were also more severe in these wards and accounted for more deaths than any of the other wards.

Influenza.

This disease, which is an infectious one, accounted for 24 deaths during the year. Nine of the deaths occurred between the ages of 25 and 65, and ten of the deaths were of persons over 65.

There were 7 more deaths from this disease than in the previous year.

Constitutional Diseases.

These diseases form a group which are only second in importance to those known as the epidemic diseases. They include rheumatic fever, rheumatism, rickets, diabetes, gout, anæmia, and other defined diseases.

During the year they caused 1,116 deaths.

Cancer and Malignant Diseases.

One hundred and twenty-one deaths from cancer and malignant diseases were recorded during the year. They were equal to a death rate of 10·9 per 10,000 of the population, which is 0·2 above the rate recorded in the preceding year, while the actual number of deaths were 4 above that year's figure. When comparison is made with the mean return for the preceding ten years it is found that they are 27 in excess.

This group of diseases continues to show an uninterrupted increase, and, indeed, an examination of the figures proves that whereas there were only 482 deaths in the five years, 1902 to 1906, there were 516 in the years 1907-1911, or an increase of nearly 7 per cent.

DEATHS FROM CANCER DURING 1913.

PART AFFECTED	All Ages			1-5		5-15		15-25		25-35		35-45		45-55		55-65		65-75		75-85		85 and upward	
	M	F	Total	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Buccal Cavity	6	1	7	..	..	..	..	..	..	..	..	1	..	..	..	3	1	1	..	1	..	..	..
Stomach, Liver, &c.	15	30	45	..	..	..	..	..	2	..	..	..	3	5	5	2	10	7	8	1	2	..	..
Peritoneum, Intestines and Rectum }	6	17	23	..	..	..	..	..	..	..	..	..	1	1	1	..	6	5	7	..	2	..	..
Female Generative Organs ..	..	13	13	..	..	..	..	..	..	..	..	..	1	..	6	..	2	..	3	..	1	..	..
Breast	..	11	11	..	..	..	..	..	..	..	1	..	2	..	2	..	1	..	1	..	4	..	..
Skin	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Other or Unspecified Organs ..	11	10	21	..	1	1	..	..	1	1	..	..	..	..	2	3	1	2	3	4	2	..	..
	39	82	121	..	1	1	..	..	3	1	1	1	7	6	16	8	21	15	22	7	11	..	..

OTHER NOTIFIABLE DISEASES.

Ward.	Small Pox.		Erysipelas.		Continued Fever.		Puerperal Fever.		Acute Polio Myelitis.		Ophthalmia Neonatorum.		Glanders.		Total.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
East ...	...	...	53	49	...	...	...	...	...	...	1	4	...	...	54	53
North ...	...	...	30	25	...	...	...	1	...	...	2	6	...	...	32	32
North-West	...	...	15	16	...	...	...	...	...	...	1	...	...	...	16	16
South ...	...	...	5	1	...	...	...	...	...	...	1	1	...	...	6	2
South-East	...	...	10	11	...	...	...	...	...	...	...	2	1	...	11	13
South-West	...	...	6	9	...	...	...	...	...	...	1	...	...	...	7	9
Total	...	...	119	111	...	...	...	1	...	...	6	13	1	...	126	125
AGES OF PATIENTS NOTIFIED.																
Under 1	1-5	5-15	15-25	25-45	45-65	65 & upwards	All ages.									
26	15	11	38	76	70	15	251									

Disinfection.

The disinfection of infected clothing and bedding has been carried out at the Disinfecting Station, Watson Street, by means of two machines of the Washington-Lyons pattern.

The following shows the amount of disinfection carried out for the past four years:—

1913	...	8,875 articles of bedding, clothing, etc.
1912	...	7,577 " " "
1911	...	5,886 " " "
1910	...	5,193 " " "
1909	...	8,119 " " "

The number of rooms disinfected by the Council's staff during the year was 1,359.

Disinfecting fluid is supplied gratis where required.

For the removal of infected bedding, etc., and its return after disinfection an adequate staff is maintained. There are two vans employed, one used for collecting infected materials, and the other a pure van for returning them after disinfection is completed. One man is employed for collection, and another for returning the sterilized materials.

Cleansing and disinfection of 1,359 rooms in 1,192 houses in which infectious diseases, etc., have occurred, have been carried out under the direction of your Medical Officer of Health. The infected rooms have been fumigated, and when necessary the walls of the disinfected portion of the house have been stripped and the ceilings cleansed.

Table

SHEWING THE NUMBER OF PREMISES, ROOMS AND BEDDING DISINFECTED DURING THE YEAR 1913.

1913	Premises	Rooms	Beds	Pillows	Bolsters	Mattresses	Sheets	Blankets	Odd Articles	Articles Destroyed.
January ...	80	84	44	108	44	37	69	124	337	2 beds, 2 mattresses, 2 palliasses and 19 odd articles
February	73	87	54	107	33	22	62	81	302	1 bed, 4 palliasses, 1 odd article
March ...	60	79	29	95	25	30	34	61	142	1 bed, 1 mattress, 1 blanket, 4 odd articles
April ...	74	94	41	83	37	18	60	85	173	1 mattress
May ...	105	123	69	146	50	26	67	105	278	1 mattress, 3 pillows, 2 sheets, 5 odd articles
June ...	82	99	44	94	34	21	46	57	160	1 mattress, 1 bed
July ...	121	143	86	158	65	18	94	84	349	2 beds, 2 mattresses, 4 palliasses, 43 odd articles
August ...	68	73	43	86	40	23	60	63	249	1 bed, 1 mattress, 1 pillow
September	135	154	100	177	67	28	111	118	286	1 bed, 1 mattress
October ...	154	169	107	209	81	31	115	161	369	1 mattress
November	127	134	93	304	72	33	86	158	357	2 mattresses
December	113	120	70	171	62	27	84	143	303	1 bed, 2 mattresses
Total ...	1192	1359	780	1738	610	314	888	1240	3305	

Table

SHEWING NUMBER OF ROOMS DISINFECTED AFTER THE FOLLOWING DISEASES :—

1913	Small Pox.	Scarlet Fever.	Diphtheria.	Erysipelas.	Membranous Croup.	Enteric Fever.	Pulmonary Tuberculosis.	Measles.	Puerperal Fever.	Cerebro-spinal Fever.	Other Diseases.
January	..	44	16	3	..	1	15	1	..	..	..
February	..	39	15	..	2	..	6	4	..	..	1
March	..	32	12	..	..	4	18	8	..	..	2
April	..	52	7	..	..	4	11	4	..	..	2
May	..	53	16	2	..	2	18	11	..	..	2
June	..	34	19	..	..	..	12	13	..	..	5
July	..	91	16	1	1	2	20	4	1	..	1
August	..	43	11	..	..	1	6	2	..	..	4
September	..	80	33	1	2	..	16	5	..	..	2
October	..	85	39	1	..	..	21	5	..	..	4
November	..	67	24	1	..	3	28	3	..	..	3
December	..	56	31	..	..	1	20	7	1	..	1
Total	..	676	239	9	5	18	191	67	2	..	27

SPECIAL CASES.

- Feb. 26th—Shandon Place. Gangrene. 3 pillows, 2 bolsters, 10 odd articles—disinfected.
- March 5th—Park Road. Abscess. 1 mattress, 7 pillows—disinfected.
- .. 12th—New Cross Road. Gangrene. 1 mattress, 1 blanket, 2 sheets, 4 odd articles—destroyed.
- .. 13th—Jerningham Road. Gangrene. 1 bed, 2 pillows, 1 bolster, 1 mattress, 3 odd articles—disinfected.
- April 5th—Brockley Road. Cancer. 1 mattress, 2 pillows, 1 bolster, 2 sheets, 5 blankets, 8 odd articles—disinfected.
- May 19th—St. Donatt's Road. Cancer. 1 mattress, 1 bolster, 1 pillow, 8 odd articles—disinfected.
- .. 21st—Hilly Fields Crescent. Cancer. 2 mattresses, 4 pillows, 1 sheet, 3 blankets, 13 odd articles disinfected. 2 sheets, 2 pillows, 5 odd articles—destroyed.
- .. 29th—Endwell Road. Cancer. 1 bed, 4 pillows. 3 sheets, 4 blankets, 6 odd articles—disinfected.
- June 3rd—Rolt Street. Cancer. 1 bed, 2 pillows, 1 bolster, 4 blankets—disinfected.
- .. 14th—Hunsdon Road. Cancer. 1 bed, 1 mattress, 1 bolster, 1 pillow—disinfected.
- .. 19th—New Cross Road. Bronchitis. 1 bed—disinfected.
- July 1st—Brockley Road. Cancer. 1 bed, 2 pillows, 1 bolster, 1 mattress—disinfected.
- .. 4th—New Cross Road. Cancer. 1 bed, 1 mattress, 3 pillows, 1 bolster—disinfected; 1 mattress—destroyed.
- .. 10th—Drakefell Road. Cancer. 1 bed, 1 mattress, 2 pillows, 3 odd articles—disinfected.
- Aug. 13th—Douglas Street. Cancer. 3 mattresses, 2 pillows, 1 bolster 1 odd article—disinfected.

- Aug. 19th—Amersham Vale. Cancer. 1 bed, 2 pillows—disinfected.
 „ 23rd—Gellatly Road. Cancer. 1 bed, 2 pillows, 1 bolster, 1 mattress—disinfected.
 Sept. 4th—Amersham Road. Cancer. 1 mattress, 3 pillows, 1 bolster—disinfected.
 „ 4th—Tressillian Road. Cancer. 1 bed, 1 mattress, 4 pillows, 3 blankets, 6 odd articles—disinfected.
 „ 26th—Windmill Lane. Cancer. 1 bed, 2 pillows, 1 sheet, 4 blankets, 5 odd articles—disinfected.
 Oct. 13th—Brookmill Road. Cancer. 1 bed—disinfected.
 „ 15th—Drakefell Road. Cancer. 1 mattress, 4 pillows, 2 odd articles—disinfected.
 „ 25th—Breakspears Road. Cancer. 1 bed, 1 mattress, 1 bolster, 4 pillows, 3 odd articles—disinfected.
 „ 28th—Strickland Street. Cancer. 2 beds, 6 pillows, 1 bolster—disinfected.
 Nov. 4th—Seymour Street. Cancer. 4 pillows, 2 sheets, 3 bolsters, 4 odd articles—disinfected; 2 mattresses—destroyed.
 Dec. 3rd—Lewisham High Road. Cancer. 1 bed, 6 pillows, 2 bolsters, 6 odd articles—disinfected.
 „ 9th—Tressillian Road. Cancer. 1 mattress, 7 pillows, 1 bolster, 6 blankets, 8 odd articles—disinfected.

VERMINOUS PREMISES.

Sixty-two premises consisting of 125 rooms were fumigated during the year.

MIDWIVES ACT.

Disinfection of wearing apparel, etc., was carried out in one case.

BOOKS DISINFECTED.

Seven hundred and ninety-four Library books collected from houses where infectious diseases had occurred, were disinfected before being put back into circulation.

With a view to further minimise the risk of spreading infection we have the power to destroy books belonging to the public libraries which come from infected houses.

Your Medical Officer now recommends that all books which are much worn and soiled should be destroyed. All books taken from houses in which smallpox has occurred should be destroyed. All books which have been used in the sick room, if there is a possibility, however remote, of their conveying infection, should be dealt with in the same way.

With regard to volumes which, although taken from infected houses, have but a very remote likelihood of having retained infection, the following system of disinfection may be carried out. The book is placed on end and opened as far as can be, and is subjected to the

vapour of formalin for three hours. This process, if necessary, can be repeated, and the books can be returned to the library none the worse for the operation with the exception of a smell of formalin, which passes off after a few days.

The chamber we use for this kind of disinfection, and also for other small articles which would be injured by steam, as leather goods, furs, boots, etc., is a specially constructed, zinc lined chamber 6-ft. 11-in. by 4-ft. 4½-in. by 1-ft. 6-in., having a capacity of 45 cubic feet. An alformant lamp is used.

The Medical Officer is unable to recall a single instance in which infection has been conveyed by books, notwithstanding that he has instituted inquiries in other districts of books taken from infected houses.

The degree of exposure of books whilst in infected houses varies very widely, and it is not desirable to make any hard and fast rule as to how books from infected houses should be dealt with.

Table.

Total number of Premises disinfected	..	..	..	1192
" " Rooms	..	..	..	1359
" " Beds	..	..	..	780
" " Pillows	..	..	..	1738
" " Bolsters	..	..	..	610
" " Mattresses	..	..	..	314
" " Sheets	..	..	..	888
" " Blankets	..	..	..	1240
" " Odd articles	..	..	..	3305
Total articles				8875
Total number of Beds destroyed	..	..	..	9
" " Mattresses	..	..	..	15
" " Blankets	..	..	..	1
" " Odd articles	..	..	..	72
" " Pillows	..	..	..	4
" " Palliasses	..	..	..	10
" " Sheets	..	..	..	2

N.B.—The above articles were destroyed at the request of the owners.

The Shelter.

The Public Health (London) Act, 1891, Section 60, Sub-Section 4, imposes on the Sanitary Authority the duty of making provision for the temporary housing of persons who are compelled to leave their dwellings for the purpose of enabling such dwellings to be disinfected by the Sanitary Authority.

The accommodation provided consists of a detached building containing two separate and distinct tenements, each consisting of two bedrooms, kitchen, larder, bathroom, and w.c. The shelter was not used during the year.

Cleansing of Verminous Persons.

The Municipal Cleansing Station is in Watson Street.

The number of baths given during 1913 was 1,975.

This station is self-supporting, and the following is a table of the number of children bathed and treated by the bath attendant and school nurse :—

Week ended. 1913.				1st Bath.	2nd Bath.	3rd Bath.
January	4th	...	...	1	7	6
"	11th	...	...	25	12	12
"	18th	...	...	32	14	—
"	25th	...	...	23	23	9
February	1st	...	...	21	12	17
"	8th	...	...	35	19	5
"	15th	...	...	14	30	16
"	22nd	...	...	20	8	24
March	1st	...	...	26	17	3
"	8th	...	...	13	18	12
"	15th	...	...	24	13	12
"	22nd	...	...	6	17	11
"	29th	...	...	2	4	7
April	5th	...	...	25	3	8
"	12th	...	...	33	17	3
"	19th	...	...	7	25	16
"	26th	...	...	21	7	21
May	3rd	...	...	20	16	6
"	10th	...	...	26	15	12
"	17th	...	...	4	18	11
"	24th	...	...	14	2	15
"	31st	...	...	13	15	4
June	7th	...	...	26	8	11
"	14th	...	...	15	18	3
"	21st	...	...	9	10	15
"	28th	...	...	19	9	7
July	5th	...	...	26	12	9
"	12th	...	...	19	19	6
"	19th	...	...	11	15	12
"	26th	...	...	1	7	5
August	30th	...	...	20	—	1
Carried forward				551	410	299

Week ended. 1913.				1st Bath.	2nd Bath.	3rd Bath.
Brought forward				... 551	... 410	... 299
September 6th	...	...	...	9	9	—
„ 13th	...	...	...	10	7	6
„ 20th	...	...	...	20	8	6
„ 27th	...	...	...	19	20	5
October 4th	...	...	...	27	15	18
„ 11th	...	...	...	28	17	12
„ 18th	...	...	...	20	18	14
„ 25th	...	...	...	11	19	16
November 1st	...	...	...	13	10	15
„ 8th	...	...	...	27	15	13
„ 15th	...	...	...	23	12	6
„ 22nd	...	...	...	17	8	9
„ 29th	...	...	...	34	11	9
December 6th	...	...	...	33	20	8
„ 13th	...	...	...	26	19	13
„ 20th	...	...	...	9	19	12
Totals	...	...	...	<u>877</u>	<u>637</u>	<u>461</u>

In order to fully understand the Council's position, as regards the cleansing of verminous persons, it may be as well to give a short *resumé* of the Acts of Parliament referring to the matter.

The cleansing of Persons Act, 1897, empowered Local Authorities to expend any reasonable sum on buildings, appliances and attendants for the purpose of the proper cleansing of persons infested with vermin. The Local Authority had the power to permit such persons to have the use free of charge of the apparatus which the authority possesses for cleansing the person and clothing from vermin.

The London County Council (General Powers) Act, 1904, empowers the Local Authorities to cleanse, purify, or destroy articles which the Medical Officer of Health certifies are filthy, dangerous or unwholesome. On the certificate of the Medical Officer of Health that any house, or part of a house, is infested with vermin the owners may be compelled to strip and cleanse rooms, houses, or part of such houses that are so infested. Section 21 of this Act applies Section 59 of the Public Health (London) Act, 1891, compelling sanitary authorities to provide means for cleansing, purifying and destroying filthy, dangerous or unwholesome articles.

Under the London County Council (General Powers) Act, 1907, the following powers have been conferred on the County Council :—

1. The Medical Officer or his representative may, in any school within the County, provided or maintained by the Council as the Education Authority, examine the person and clothing of any child attending such school, and if on examination, he is of opinion that the person or clothing is infested with vermin, or is in a foul or dirty condition, the Medical Officer may give notice, in writing, to the parent or guardian requiring him to cleanse properly the person and clothing of such child within 24 hours after the receipt of such notice.

2. If on the receipt of the notice he fails to comply therewith within the prescribed time, the Medical Officer or his representative may remove the child from school to suitable premises and detain him until such cleansing is effected.

Section 37 enables the Medical Officer of the County Council to enforce the cleansing of the person and clothing of the inmates of common lodging houses.

Section 38 gives power to the County Council to make arrangements with sanitary authorities for the purpose of cleansing of the person and clothing of the above-mentioned cases.

The Childrens Act, 1908, reproduces the clauses in the General Powers Act, 1907, and provides power for the cleansing of verminous children by the authority.

Mortuary and Coroner's Court.

BODIES RECEIVED INTO THE MORTUARY DURING THE YEAR 1913.

Total.	Males.	Females.	Post Mortems.	Inquests.	Unknown.	Brought in to await burial only	Infectious.
110	69	41	74	104	1	4	4

Coroner's Court.

VERDICTS IN THE 104 INQUESTS HELD.

Natural causes ...	...	50	Alcoholism ...	...	2
Suicide while insane ...	...	15	Accidental causes ...	...	31
Misadventure ...	...	3	Open verdicts ...	...	3

Table No. 7.

Shewing the Streets in which Infectious Disease occurred during 1913.

[illegible]

Table No. 7—continued.

Shewing the Streets in which Infectious Disease occurred
during 1913.

STREET.	Small Pox	Diphtheria.	Erysipelas.	Scarlet Fever.	Enteric Fever.	Continued Fever.	Puerperal Fever	Cerebro- spinal Meningitis.	Polio-myelitis	Ophthalmia Neonatorum	Pulmonary Tuberculosis.	Other Tuberculous Diseases.	Glanders.
Edale Road		5		1							3		
Edward Place			1								2	2	
Edric Road											8		
Edward Street		2	1	15									
Egmont Street				1									
Endwell Road											1	1	
Erlanger Road		1		2							3	1	
Etta Street		2	1	8							1	1	
Eugenia Road				1							4		
Evelyn Street		4	3	11							12	1	
Evelina Road												1	
Faulkner Street				1							2	2	
Fawcett Road		2	1	5							3		
Ffinch Street		4	2	2							3		
Finland Road				6							1		
Florence Grove											1		
Florence Road			2	1							3	1	
Florence Street East					1								
Folkestone Gdns.		3		14							2		
Foxberry Road				2							1		
Foxwell Street		1									1		
Frankham Street		2	3								5	1	
Friendly Street		1	6								1	3	
Gellatly Road				5							1		
Giffin Street			7	3							14	2	
Glenville Grove			2										
Goodwood Road		3		6							2	1	
Gosterwood Street				7	1						1	2	
Greenfield Street													
Grinling Place			2								1		
Grinstead Road		1		2						1		2	
Grove Street		2	3	9							6		
Hale Street			3	1							5	2	
Hamer Place													
Hamilton Street			2	1							1	1	
Hanlon Street		1	1	7							2	1	
Harcourt Road		2									1		
Harefield Road											1		
Harton Street											1		
Hatcham Pk. Rd.		1		4								1	
Hathway Street		1	1										
Haydock Road		2		2							1		
Hereford Place			1	1								1	

Table No. 7.—*continued.*

Showing the Streets in which Infectious Disease occurred
during 1913.

STREET.	Small Pox.	Diphtheria	Erysipelas.	Scarlet Fever.	Enteric Fever.	Continued Fever.	Puerperal Fever.	Cerebro-spinal Meningitis.	Poliomyelitis	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Tuberculous Diseases.	Glanders.
Martins Buildings											1		
Mary Ann's Bdgs.		3		2							1		
Mason's Grove												1	
Mason's Cottages											4	3	
Milton Court Rd.		1		18							1		
Mona Road				1							2		
Monson Road				1									
Mornington Road		2	1	1	1								
Musgrove Road				2									
Napier Street		2	2	2						1	2	1	
Nettleton Road				1							2		
New Cross Road		3	4	10							8	1	
New King Street		2	3	4							3		
Nynehead Street		1	2	1									
Oareboro Road		2		4			1			1	2	1	
Octavius Street												1	
Oldfield Villas											1	1	
Oldfield Road				2									
Ommaney Road				1						1	2	1	
Oscar Street		2											
Pagnell Street				8							1		
Park Road											1		
Payne Street		3	1	1							1		
Pender Street											1		
Pepys Road				1	1								
Pendrell Road		1											
Pomeroy Street		1	1	3							2		
Power's Place												1	
Prince Street			1	1							3		
Prospect Place		1		1									
Providence Place													
Queen's Road		4		1								1	
Railway Grove			1	7							2	2	
Raleigh Buildings			1	3							2	1	
Reaston Street		1		1							4		
Rectory Buildings		1	1								2	1	
Reculver Road		3	3	2							2		
Reginald Road		2	5	3							7		
Reginald Street				1							2		
Revelon Road			1										
Rokeby Road		2		1							2		
Rollins Street		3		4								1	

Table No. 7—continued.

Shewing the Streets in which Infectious Disease occurred during 1913.

[illegible]

Table No. 7—continued.

Shewing the Streets in which Infectious Disease occurred during 1913.

STREET.	Small Pox.	Diphtheria.	Erysipelas.	Scarlet Fever.	Enteric Fever.	Continued Fever.	Pu rperal Fever.	Cerebro-spinal Meningitis.	Poliomylitis	Ophthalmia Neonatorum	Pulmonary Tuberculosis.	Other Tuberculous Diseases.	Glanders.
Vance Street			1	9							1		
Vanguard Street			1	1								2	
Vansittart Street				4									
Ventnor Road		2		2									
Vesta Road			2										
Vulcan Road											1		
Wallbutton Road													
Waller Road		2	2	3									
Walpole Road				13									
Walsham Road												1	
Warwick Street		1		5						1	5	2	
Watergate Street			5								4	1	
Watson Street			2	1							2	1	
Whitcher Street		1		6							3	1	
Wickham Road		2											
Wilson Street												1	
Windmill Lane				8							6		
Woodpecker Rd.		3	1	12							3	1	
Wotton Road		1	2	1							2	2	
Wrigglesworth St.											1	2	
Yeoman Street		1											
Zampa Road		1		2									
No address											2		
Totals ...		247	230	639	17		1			19	442	142	1

General

Sanitary Administration.

District Inspection.

The work performed by the District Inspectors represents, as usual, a very large number of inspections. The total inspections and visits to premises numbered 27,739 as against 27,692 for the previous year, thus showing an increased activity on the part of the sanitary staff. The figures stated above related to 6,320 houses in which 8,412 sanitary improvements of one kind and another were effected. The premises visited included stable yards, manure depots, vacant land, passages, public urinals, urinals attached to public houses and premises for which certificates under the Customs and Inland Revenue Acts were required, as well as those for which certificates as to the water supply were demanded.

Re-drainage.

The principal re-drainage work for the year 1913 has been carried out at the following premises. To redrain:—

By a combined operation in connection with the existing system,
51 and 53 Czar Street

Do. Nos. 178 and 180 Grove Street

In connection with the existing system, No. 6 Douglas Street

By a combined operation in connection with the existing system,
No. 41 Dorking Road

Do. Nos. 462 and 464 Railway Arches, Silwood Street

Do. No. 18 Douglas Street

Do. No. 4 St. James'

Do. Nos. 1-8 Glenville Grove

Do. Nos. 136 Kender Street and 1 Kender Place

Do. No. 30 Hatcham Park Road

Do. Nos. 24, 26 and 28 Hatcham Park Road

Do. No. 28 Casella Road

Do. No. 32 Hatcham Park Road

Do. Nos. 9 to 52 (odd and even numbers) Blackhorse Road

Do. No. 222 Brockley Road

Do. Nos. 47, 49 and 51 Manor Road

In connection with the existing system, All Saints' Church and Institute,
Monson Road

By combined operations in connection with the existing system
Nos. 9, 10, 11, 12, 13, 14, 15 and 16 Glenville Grove

Do. Nos. 147, 149, 151, 153 and 155 High Street

Do. No. 59 Breakspears Road

Do. Nos. 18, 20, 22, 24, 26 and Marchant's Nursery, Friendly
Street

Do. Nos. 21, 22, 23, 24, 25, 26, 27, 28 and 29 Glenville Grove

Do. Nos. 66 and 68 Douglas Street

To redrain :—

In connection with the existing system, No. 16 High Street

By a combined operation in connection with the existing system,

No. 23 New Cross Road

Do. No. 114 New Cross Road

Do. Nos. 7, 9, 11, 13 and 15 Alpha Road

Do. No. 53 Abinger Road

Do. No. 148 St. John's Road

Do. No. 69 Endwell Road

Do. No. 58 Wotton Road

In connection with the existing system, No. 16 Douglas Street.

By a combined operation in connection with the existing system,

No. 134 St. Donatt's Road.

Do. Nos. 149, 151, 153 and 155 Church Street

Do. Nos. 32, 34 and 36 Blockhouse Street

Do. Nos. 23 and 25 Baildon Street

Do. Nos. 29 and 31 Amersham Vale

Do. No. 3 Amersham Vale

Do. Nos. 33 and 35 Amersham Grove

Do. No. 2 St. James'

Do. Nos. 54 and 55 Wotton Road

Do. Nos. 56 and 57 Wotton Road

Do. Nos. 80, 82 and 84 Foxberry Road

Do. No. 137 Douglas Street

Do. Nos. 62, 64, 66 and 68 High Street, Deptford

Do. Nos. 11, 12, 13, 14 and 15 Walsham Road

Do. No. 136 Lewisham High Road

Do. Nos. 2, 4, 6, 8, 10, 12, 14 and 16 Bawtree Road

Do. No. 3 Evelina Road

Do. No. 5 Evelina Road

Do. Nos. 23 and 25 Windmill Lane

No. Nos. 27, 29 and 31 Harton Street

Do. No. 5 Amersham Vale

To redrain No. 41 Hyde Street.

By a combined operation in connection with the existing system,

No. 51 Arbuthnot Road

Do. No. 21 Windmill Lane

Do. No. 431 New Cross Road

Do. No. 154 New Cross Road

Do. Nos. 254, 256 and 258 Queen's Road

Do. Nos. 260, 262 and 264 Queen's Road

Do. No. 267 Queen's Road

New Drainage.

The following applications under the Metropolis Management Acts to build and drain were approved by the Council during the year :—

No. of
Application.

- 1373 To build and drain by a combined operation in connection with the existing system urinals and w.c's at Railway Arch No. 344 on the south side of the railway arches, Blackhorse Road.
- 1375 To build and drain school premises on the site of St. John's Schools, St. John's Road.
- 1378 To build and drain in connection with the existing combined system bathrooms and w.c's at 30 & 32 Tyrwhitt Road.
- 1380 To build and drain a dwelling house on the north side of Hilly Fields Crescent.
- 1374 To build and drain in connection with the existing system a w.c. and lavatory at St. Paul's Institute, High Street.
Approval on condition that applicant enters into an agreement to enlarge the area next the w.c. and lavatory as may be required by the Council in the event of any building being erected in the future on the space in front, which will reduce the angle of light to the w.c. window to less than 45 degrees. The cost of such agreement to be borne by the applicant.
- 1381 To build and drain a w.c. at their works in Silwood Street.
(amending Application No. 677 submitted in 1907.)
- 1382 To build and drain by a combined operation in connection with the existing system w.c's at premises known as 58 to 78 inclusive, Whitcher Street.
- 1383 To build and drain by a combined operation in connection with the existing system additions to 116/118 Lewisham High Road.
- 1384 To build and drain by a combined operation in connection with the existing system additions at the rear of No. 50 High Street.
- 1391 To build and drain in connection with the existing system a urinal at the rear of the "Star and Garter" P.H., at the corner Wilson Street and New Cross Road.
- 1392 To build and drain in connection with the existing system additions to the works of Stone & Co., Ltd., Arklow Road.
- 1393 To build and drain in connection with the existing system a motor house at the rear of 32 Wickham Road.
- 1394 To build and drain in connection with the existing system a motor house at the rear of 296 Queen's Road.

- 1395 To extend the playground at the Kender Street London County Council School and drain the same into the existing system.
- 1409 To build additions to premises known as 17 & 19 Briant Street, and to drain the same into an existing combined system, such combined drain also taking the rain water from a portion of the roof of No. 15 Briant Street.
- 1411 To build and drain a Picture Palace in Foxberry Road at corner of Brockley Railway Approach.
- 1412 To build and drain in connection with the existing system a lavatory and w.c. at Messrs. Stone's Factory in Arklow Road.
- 1413 To build and drain flat roof over 2a St. James'.
- 1414 To build and drain by a separate system additions to their premises in Church Street.
- 1415 To build a urinal in Ashby Road, adjoining the "Wickham Arms," 69 Brockley Road, and to drain the same by a separate system.
- 1416 To build and drain in connection with the existing system additions to the Mazawattee Tea Co.'s Works at Cold Blow.
- 1417 To build additions to No. 35 Brookmill Road and to lay additional drains in connection with the existing combined system of drainage at Nos. 35-37 Brookmill Road.
- 1429 To rebuild and drain by a combined operation in connection with the existing combined system premises No. 53 Creek Street.
- 1430 To build and drain alterations and additions at Kulm Wharf, Copperas Street, Deptford.
- 1432 To build and drain school premises in Hales Street and fix a coal plate, and construct sealed gullies on land surrendered to the public highway abutting on the premises.
- 1433 To build and drain by a combined operation in connection with the existing system, W.C. at 56 New Cross Road.
- 1434 To build and drain premises in Plough Road on the north-eastern side of the Surrey Canal.
- 1435 To build and drain in connection with the existing system, additions at rear of premises known as Nos. 13 and 14 Broadway.

- 1436 To build and drain by a combined operation in connection with the existing system, a W.C. in rear of 25 New Cross Road.

Approved on condition that the existing system of combined drainage be made to comply with the drainage bylaws.

- 1456 To build and drain Central Library at Lewisham High Road.

- 1457 To rebuild and drain by a combined operation in connection with the existing system, St. Catherine's Church, Pepy's Road.

- 1459 To build and drain in connection with the existing system, additions at the New Cross Fire Station.

The Inland Revenue Act, 1903.

The following table shows the number of certificates granted under the above Act for exemption or abatement from Inhabited House Duty:—

Houses during the Year 1913.	Tenements.				Notes.
	No. comprised therein.	No. for which Certificates were			
		Granted.	Refused	Deferred.	
29	62	62	—	—	—

The Housing and Town Planning Act, 1909, now provides also for the exemption of common lodging-houses for the working classes from inhabited house duty by Section 35.

METROPOLITAN BOROUGH OF DEPTFORD.

Table

ANNUAL REPORT OF SANITARY INSPECTORS FOR THE YEAR
ENDED JANUARY 3RD, 1914.

	Number of District.							Totals.
	1	2	3	4	5	6	7	
Complaints Received... ..	40	33	12	22	36	34	2	179
Total Premises Inspected	817	814	847	1114	842	822	1064	6320
Re-Inspections, Calls, Service of Notices, &c., &c.	3914	3055	2953	3155	2984	3119	2239	21419
Inspections under notice from Con- tractors, per Bye-Laws	18	90	11	37	41	52	2	251
Number of Cases in which Pro- ceedings have been taken	...	1	...	3	...	1	...	5
"Intimations" Served	611	274	333	597	509	501	509	3334
"Statutory Notices" Served	59	6	31	34	47	42	...	219
Houses closed (Housing, Town Plan- ning, &c., Act, 1909)	19	...	...	...	...	...	...	19
Houses closed, voluntarily	1	...	...	...	...	...	...	1
Water Closets—								
Old Closets abolished	...	1	13	...	...	...	...	14
New Closets provided	1	1	14	11	...	...	...	27
" " " in Workshops	...	...	...	...	...	...	...	...
Basin and Trap provided	27	71	36	55	99	41	27	356
Water Supply provided	18	9	13	...	...	10	5	55
Water Supply Apparatus provided	21	19	13	34	41	35	14	177
Limewashed	20	23	12	4	19	43	24	145
Walls Repaired	61	21	...	6	26	23	13	150
Floors Repaired	24	5	...	26	3	6	2	66
Doors provided	16	2	1	1	10	3	3	36
Ventilated	...	3	4	...	...	1	2	10
Seats provided	31	...	...	1	1	22	2	57
Basins Cleansed	...	9	15	5	1	19	5	54
Sealed off from Scullery	...	...	...	...	...	6	28	34
Drains—								
Drains Re-constructed	14	19	27	13	67	64	3	207
Surface Drains provided	5	5	...	1	...	3	...	14
Cleansed and Amended	40	99	29	27	35	72	8	310
Gully Traps fixed	21	55	30	26	102	54	4	292
New Soil Pipes and Vent Pipes fixed	8	38	6	19	48	12	8	139
Chambers built and Interceptors provided	9	19	5	3	20	7	...	63
Interceptors only fixed	...	...	...	1	1	...	...	2
Ventilated	10	5	31	11	22	3	...	82
Provided to Stables	...	...	...	...	...	...	...	...
Clearing Eyes	1	10	4	18	34	12	...	79
Miscellaneous Repairs	...	...	...	11	...	18	3	32
Sinks, Bath & Lavatory Wastes, and Rain Water Pipes—								
Disconnected from drains, trap- ped and ventilated	20	48	35	49	62	25	21	260

Table—continued					Number of District.								
					1	2	3	4	5	6	7	Totals	
Cesspools—													
Abolished	...	...	...	...	...	...	...	...	...	...	...	...	...
Dustbins—													
Provided	...	...	...	...	102	45	22	186	78	77	85	595	
Repaired	...	...	...	...	1	...	...	...	...	3	...	4	
Yards—													
Paved	...	...	...	...	...	15	47	18	13	34	66	193	
Surface Repaired	...	...	...	...	170	47	20	17	57	49	62	422	
Urinals—													
Provided	...	...	...	...	...	...	...	...	...	...	...	...	
Repaired	...	...	...	...	...	...	...	...	2	1	...	3	
Cleansed	...	...	...	...	...	...	...	...	6	...	...	6	
Sculleries and Wash-houses—													
Floors paved	...	...	...	...	50	4	13	10	11	28	66	182	
Coppers provided or repaired	...	...	...	...	...	...	...	35	...	3	...	38	
Sink wastes repaired	...	...	...	...	...	...	...	...	...	15	...	15	
New sinks provided	...	...	...	...	...	...	...	...	...	5	14	19	
Forecourts—													
Paved	...	...	...	...	...	5	5	12	20	48	29	119	
Surface Repaired	...	...	...	...	5	9	...	...	13	1	...	28	
Gutters and Rain Water Pipes													
Provided and Repaired	...	...	...	...	149	55	30	42	64	100	107	547	
Water Supply—													
Store Cisterns provided	...	...	...	...	...	...	...	...	...	...	...	...	
“ “ Covers provided	...	...	...	...	...	...	...	...	...	8	...	8	
“ “ Cleansed	...	...	...	...	...	1	...	...	...	5	...	6	
“ “ abolished	...	...	...	...	...	5	1	48	2	2	15	73	
Supply Reinstated	...	...	...	...	3	1	...	2	6	2	...	14	
Fittings Repaired	...	...	...	...	54	17	8	20	25	63	32	219	
New Houses Inspected for Certificates before Occupation	...	...	...	...	...	28	...	...	16	...	...	44	
Potable Water provided from Service	...	...	...	...	90	11	...	34	7	...	1	143	
Provided on separate floors	...	...	...	...	...	...	...	7	...	...	...	7	
Cleansing and Repairs—													
Houses Cleansed and Limewashed	...	...	...	...	366	118	182	234	130	260	220	1510	
Houses repaired and Ventilation improved	...	...	...	...	308	103	56	93	163	120	96	939	
House roofs repaired	...	...	...	...	99	25	44	19	87	63	73	410	
Stoves repaired or new ones provided	...	...	...	...	...	...	...	15	...	...	...	15	
Floors repaired	...	...	...	...	...	...	...	...	...	...	...	...	
Dampness abated	...	...	...	...	...	...	...	21	...	81	82	184	
Window frames, sashes, or doors repaired, and fastenings provided	...	...	...	...	...	...	...	14	...	...	...	14	
Staircases, &c., lighted	...	...	...	...	...	...	...	95	...	...	10	105	
Miscellaneous	...	...	...	...	...	...	...	...	...	...	3	3	

ANNUAL REPORT OF SANITARY INSPECTORS FOR THE YEAR
ENDED JANUARY 3RD, 1914—*continued.*

Table—continued.	Number of District.							Totals.
	1	2	3	4	5	6	7	
Dung Receptacles—								
Abolished	...	...	...	...	...	...	...	...
Repaired	...	...	...	...	...	...	...	...
Provided	...	1	...	...	...	...	...	1
Underground Rooms—								
Used as dwellings abolished	...	...	...	...	...	...	...	...
Overcrowding—								
Cases Abated	30	1	2	7	2	3	3	48
Accumulations -								
Removed	7	9	1	1	4	1	...	23
Animals—								
Ceased keeping as a Nuisance	1	2	2	...	1	2	...	8
Smoke Nuisances -								
Cases Abated	10	...	...	2	..	9	...	21
Observations	7	2	...	31	18	32	...	90
Rooms occupied in such a manner as to be a nuisance	1	..	...	...	...	...	...	1
Inland Revenue Act—								
Houses inspected for Certificates	...	2	...	27	...	...	...	29
Number of Tenements	...	4	...	58	...	...	...	62
Number of Certificates granted	...	4	...	58	...	...	...	62
Number of Certificates refused	...	...	...	..	...	...	...	...

District No. 1.—Inspector SIMPSON.

District No. 2.—Inspector PRIEST.

District No. 3.—Inspector SHELLEY.

District No. 4.—Inspector SNOWDON.

District No. 5.—Inspector KEMP.

District No. 6.—Inspector HEWETT.

District No. 7.—Inspector ALLAM

(commenced duty March 4th, 1913.)

Overcrowding.

Overcrowding was abated in 48 cases without having to take legal proceedings.

Smoke Nuisances.

During the year 90 observations were made, and in 21 cases where black smoke was emitted in such a quantity as to be a nuisance notices were served to abate the nuisance.

In two instances it was necessary to take legal proceedings.

Common Lodging House Acts, 1851 and 1853.

The Secretary of State, by a Provisional Order which came into operation on the 1st November, 1894, transferred to the London County Council the powers of the Commissioner of Metropolitan Police in respect of Common Lodging Houses.

The following is a list of Common Lodging Houses registered in this district, providing accommodation for 437 persons; in addition to which there is Carrington House, Brookmill Road, which provides for 802 lodgers.

Common Lodging Houses.

Situation of the Common Lodging House.	Author-ized No. of Lod-gers.	Sex of lodgers. M = Men. W = Women. MC = Married Couples.	Date of Approval of premises.	Name and Residence of Licensee.	
				Name.	Street or Place.
1 Church-street ...	43	M	19th March, 1887	Letitia Catherine Longinotto	13 Wickham-road
146 Church-street ...	39	M	26th Feb., 1887	Letitia Catherine Longinotto	13 Wickham-road
35 Baildon-street..	27	M	22nd April, 1885	Sarah Ann Flight	110 Malpas road
42 Albury-street ...	48	M	22nd Sept., 1894	Ellen McCarthy	88 Douglas-street
27 Watergate street	31	M	27th Nov., 1889	Letitia Catherine Longinotto	13 Wickham-road
112 High-street ...	101	M		Barnard Jaffa	112 High-street
112 do.	80	W		do.	112 do.
124 Tanner's-hill ...	68	M	15th Feb. 1897	James Webster	38 Wickham road

Houses Let in Lodgings.

Bylaws relating to houses let in lodgings or occupied by members of more than one family, have been made by the Council pursuant to Sec. 94 of the Public Health (London) Act, 1891:—

(a) For fixing the number of persons who may occupy a house or part of a house which is let in lodgings or occupied by members of more than one family, and for the separation of the sexes in a house so let or occupied.

- (b) For the registration of houses so let or occupied.
- (c) For the inspection of such houses.
- (d) For enforcing drainage for such houses, and for promoting cleanliness and ventilation in such houses.
- (e) For the cleansing and lime-washing at stated times of the premises.
- (f) For the taking of precautions in case of infectious disease.

The number of such houses on the register is 289, the whole of which were inspected at least twice during the year with a view to seeing that they comply with the bylaws as regards cleanliness, overcrowding, etc.

The inspections reveal a number of very unsatisfactory conditions. For years only about 10 per cent. of sub-let houses have been registered as such. Another point is the difficulty in separating the sexes, which is so desirable from a moral point of view, for promiscuous sleeping together of persons of opposite sex may be a greater evil than overcrowding. In the lower parts of Deptford we have insisted upon a proper water supply to each floor of a tenement house, but we still have houses of this description in the borough with only one water tap for the use of the various families. This tap is, as a rule, fixed in the scullery on the ground floor, therefore all tenants, except those on this floor, are obliged to carry pails of water upstairs to their rooms. This leads to the water for cooking and drinking purposes being often stored in undesirable places where it is liable to contamination.

Seeing that all the water for drinking and domestic purposes has to be carried and stored in this way it follows, as an inevitable result, that very little water is used, and this does not conduce to habits of cleanliness. Usually the only sink accommodation is on the ground floor. All waste water from the sub-let rooms above has to be carried to the ground floor and poured down the sink in the scullery. This, besides being inconvenient, is a source of annoyance to the other tenants, especially to the occupier of the kitchen or other room through which the waste water has to be carried. Under these circumstances it is a very difficult matter for personal clothing to be properly washed, or for washing of any kind to be efficiently done. The rooms above the ground floor having been built for use as bedrooms are not provided with a proper place for the storage of provisions. This results in such foods as milk, meat and fish deteriorating much more rapidly than would be the case under proper conditions of storage, and permits of these and other foods being contaminated by flies and dust. Further, the small bedroom fireplaces found in such rooms are quite unsuitable for cooking purposes, and in many cases the grates are so small that a

frying pan cannot be put on the fire. The byelaws with respect to houses let in lodgings, or occupied by members of more than one family, do not even demand one water-closet to be provided for every twelve persons occupying the house. Whatever the number of persons in a sub-let house a water-closet on each floor is, in many cases, necessary. This would obviate the necessity of carrying chamber utensils down the stairs and through a room possibly occupied by another family, and would prevent the nuisance sometimes caused by tenants throwing filth through the window into the street, yard, or passage below. I urge that if the bylaws relating to houses let in lodgings were amended, so as to deal satisfactorily with the conditions just enumerated, it would result in a distinct improvement in Deptford housing.

DOUBLE TENANCIES.

In the majority of these tenancies the original intention in their construction was for one family only; they consist of two floors, kitchen, and room on ground floor, and two rooms upstairs. The stairway rises in most cases from the hall, and in some cases from the kitchen, through which the upper tenants must pass to get to their apartments or to the yard. There are also cases in which the stairway rises from a passage which extends from the front door to the yard; in this case the upper-tenant has access to the yard at all hours, in the former cases the entrance to the yard is either through kitchen and room or kitchen and passage.

There are two kinds of letting—separate letting by the agent or owner, and sub-letting by the tenant.

When the house is let by the agent or owner each tenant is supplied with a rent book; the tenant of the upper portion, in this class of letting, cannot at all times have access to the yard if the entrance to the yard is through any of the apartments of the ground floor tenant. In the case of sub-letting one tenant pays the full rent to the agent or owner and occupies only one half the house, generally the ground floor portion, and sub-lets the upper portion. In this case the upper tenant has a greater chance of having access to the yard at all hours, because they are generally relations or acquaintances, and if any trouble arises the upper tenant can leave at a moment's notice. In many cases of this kind the agent or owner is not aware the house is sub-let.

Street Refuse.

The following is the amount of the street refuse collected during the year 1913, and the manner in which it has been disposed of:—

1913.	No. of Loads Collected.	DISPOSAL.			
		Barges.	Osman. Edale Road.	Free Shoots.	Osman. Silwood Street
January ...	900½	415½	181	220	84
February ...	533½	199½	138	113	83
March ...	723½	291	204	100½	128
April ...	805	274½	253	128½	149
May ...	705	334½	259	111½	...
June ...	763½	234½	321	208	...
July ...	786	152½	325	308½	...
August...	795	247½	344	203½	...
September ...	827	270½	278	278½	...
October ...	935½	328	401	206½	...
November ...	703½	280	297	126½	...
December ...	656½	221½	251	184	...
Total ...	9134½	3249½	3252	2189	444

House and Trade Refuse.

Table showing the number of loads of house and trade refuse collected during the year and where deposited:—

1913.	Number of Loads.		DISPOSAL.		
	1912.	1913.	Barges.	Rail.	Sundry Free Shoots.
January ...	1856	1781½	1506½	264	11
February ...	1660	1556½	1340½	211	5
March ...	1662	1714	1497	214	3
April ...	1716½	1762½	1516½	233	13
May ...	1744½	1850½	1569½	270	11
June ...	1457	1706½	1477½	219	10
July ...	1705	1811½	1548½	256	7
August...	1492½	1570	1310	250	10
September ...	1543	1615	1383	223	9
October ...	1752½	1784	1497	285	2
November ...	1620½	1649½	1418	222	9½
December ...	1642½	1819½	1591½	213	15
Total ...	19852	20621	17655½	2860	105½

House Refuse and the Dust Bin.

The importance of sufficient and suitable dustbin accommodation cannot be over-rated. It is important also that the dustbins should be uniform in size and possess a tightly fitting cover. The provision of these would be best carried out by the local authority, but if this is not possible, then the local authority should empty them at least twice a week in the summer months.

Many inhabitants give no indication of a knowledge of dangerous microbes in house refuse, for no pretence is made of covering it up and imprisoning in the receptacles any microbe-infected organic matter. Every facility is given, on the other hand, for additional microbes to alight and breed upon it—the open exposure to rain favouring such breeding.

Further, in addition to standing exposed close to the houses, these receptacles are taken from their places and exposed in the street or mews for removal, in some cases for hours, still without covers, and open to wind, flies, cats, dogs, vermin, and other germ distributing agencies.

Many dustbins seem more dangerous when empty than when full, by reason of the rain-sodden mass at the bottom.

To my suggestion that this state of things is dangerous to health, it may be said that these things are merely eyesores and untidy, but trifling and unimportant from a practical sanitation point of view, and there are those who may term them mere sanitary experiments and fads.

To those with these beliefs I wish to say that it is now common and well proven knowledge :—

(1) That microbes of various kinds exist. Some directly cause fatal disease: others cause an infinitely greater amount of non-fatal disease; whilst others contribute to disease. Again others produce decay in food and even more or less deadly toxins, and are thus dangerous to health, causing diseases which may be a mere temporary inconvenience, a chronic trouble, or a speedy death.

(2) Such microbes breed and develop, in natural sequence, *only in organic matter*, such as is found in animal and vegetable tissue, whether living or dead, and such as occurs commonly in house refuse, whether it be rejected food scraps (cooked or raw), personal cleanings, sputum, dejecta of the domestic animals, or of mice, rats, or birds. They cannot breed on slates, bricks, flags, paving stones, or other inorganic matter. *The house with its sweepings and its refuse is an important cause of the perpetuation of microbes in towns.*

(3) From house refuse (whether exposed in thousands of small open receptacles immediately behind the houses, in the streets, or in a few remote large open tips) *microbes of various sorts are scattered abroad by well-known agencies*, air being the chief, but flies, cats, dogs, mice and rats each doing their portion. Many carriers of particular disease-germs are now definitely known (as flies for diarrhoea, fleas and rats for plague, cats for diphtheria), all these have free access to uncovered receptacles, and may leave germs as well as take them away.

(4) Carried by such agencies, decay and disease producing germs swarm in town air, and are deposited everywhere; in particular on milk, food, clothes, skin and air passages.

In view of these facts it follows that all conditions which encourage or permit the breeding or the distribution of microbes, in the above manner, are directly or indirectly dangerous to health and must be strictly suppressed and prevented not only by the local authority but by the householder.

House Accommodation for the Working Classes.

The East Ward is the most densely populated district in the Borough, but every effort is being made to cope with poverty and ignorance. Buildings which in former days were probably the residences of a better class are now the swarming grounds of a wretched population. The carelessness in this area with regard to health, and the ignorance displayed of the most elementary laws of hygiene, show clearly that if you are to improve gradually the conditions of these unfortunate people, you must enforce the legal remedies at your command. The time has now arrived when we should insist upon a higher standard of personal cleanliness. Hitherto, men and women with filthy clothing, often in a verminous condition, and living in houses in which dirt is everywhere prevalent, have been tolerated and even pitied. With the exception of those responsible for verminous children and those persons living in "houses let in lodgings," there is no law to punish the offenders, and yet the elementary principle on which nearly every advance in public health has been made is on lines of greater cleanliness.

Sanitary science of to-day is the inevitable result of a most remarkable evolution. As it has developed, and its principles have become firmly established, it has been more and more clearly perceived that its art and philosophy extend beyond the individual, beyond groups or classes, over artificial limitations, and include in its wide domain all that makes for the betterment of humanity.

When we consider the housing of the working classes we perceive that the old days and old conceptions of disease and health are

passing away. The beliefs, selfish and ignorant, that human beings could be crowded into humble houses destitute of light and air, reeking with filth and swarming like vermin, to die like vermin; that men and women working hard must come home to such conditions; that children should be dwarfed and maimed by their cruel surroundings; that the distressed and destitute must be left to protect themselves not only against want, but against the fatal diseases caused by man's ignorance, greed, and inhumanity; these beliefs are passing away.

In new situations, vigour and enthusiasm construct higher ethics, the practice of which elevate the plane of living, and now the drift of scientific opinion, and to a very appreciable degree also popular opinion, mean but one thing. They mean that sanitary science has in its process of development become a practical science, and is now recognised as such. We have learned that if we allow our neighbour to wallow in filth we must expect to suffer some of the consequences.

When the Town Planning Act came into force the day of the bad landlord ended, but it was hoped that the Act would work another way and cripple the evil ways of the slum-makers. When a member of this department visits a home a note is made of many things including the habits of the tenants. A bad tenant may soon transform a good house into a slum. We have houses not many years old, and others that have been decorated and repaired quite recently, and yet dirt and destruction are revealed at a mere glance. Paper is torn off the walls, banisters are broken, hand rail is gone, and there is a general appearance of dilapidation. We cannot unfortunately deal with people who treat property in this fashion, and yet indolent, dirty, thriftless and destructive tenants should not go unpunished in their criminal treatment of property. Notices to put into a sanitary condition are served on owners, but one has to be lenient because they are powerless to act whilst the tenants remain. Where we can take action against the true delinquents they are either compelled to alter their habits or their habitation, and they generally do the latter. But the evil is not cured, because these slum-makers remove to other districts there to renew their work of depreciation and destruction in a new area. Unfortunately there are well meaning people who denounce the authorities and the landlords as cruel for turning the poor into the streets or harrowing their lives. It is not because they are poor that they receive such treatment, but because they are dirty and dangerous to others.

In every house there is a good water supply, but they refuse to keep their children clean, whilst their own persons and rooms are neglected, and become centres of attraction for vermin and disease. Soap and

water are cheap, and few people are so poor that they cannot obtain them. To the truly poor health officers have always exercised the greatest consideration, and they will go out of their way to obtain help for them in their distress. The ordinary slum-makers, however, are not generally destitute. Often they receive good wages, and there should be ample means to provide plenty of food and other necessities for health and comfort. Sympathy is wasted on such as these. They must be taught that decency is essential to citizenship; that the house is intended for a dwelling-place, and not for a refuse heap; that they are as much bound by the laws of the country as their neighbours; and that these latter have a right to protection and consideration. Once they have realised these little details, then they will cease to be undesirables.

Whilst we are upon the subject of housing in relation to the Housing Town Planning Act, 1909, it would not be out of place to quote the President of the Local Government Board who recently made an interesting statement at a meeting on Town planning. He said that "They should not judge the Act by the small number of schemes which had been finally approved, as it was largely desirable that the whole country should first undergo a preliminary survey. No other country in the world was making such general and rapid progress, and he was being asked for advice and information from all parts of the world. Having been the last to move we were now taking the first place. Some people thought that the time had arrived for compulsory town planning, but for the moment it was neither practicable nor desirable, though possibly in time it might be resorted to. He did not think that an amendment of the Act was possible perhaps for three or four years, but the experience they had had would enable them to shorten considerably the procedure. He trusted that shortly simplified and improved regulations and procedure would be submitted to them by means of which that movement would make accelerated progress. He regretted that there had of late been a change in Western London which was not for the benefit of that portion of the city. The workman considered the West End to be his civic front parlour, but of late there had been a tendency to convert residential houses into motor car emporiums to the detriment of the neighbourhood and to the detriment of the property itself twenty-five or fifty years hence. He also objected to the fact that a power company could dump a power station at Chelsea when it ought to be at Gravesend, and that a Hovis flour mill could be put at the foot of Vauxhall bridge when it ought to have been at Blackwall or the Isle of Dogs."

Another striking statement, made by the Chancellor of the Exchequer whilst speaking on housing matters, was to the effect that he looked forward to the time when medical officers of health would be the servants of the State and not of local authorities.

THE STANDARD OF HABITABILITY OF HOUSES.

One of our greatest difficulties is to determine what is a house which is unfit for human habitation. So low is the standard of housing that, were the standard of habitability pitched too high, a very large number of houses would be represented as unfit. Were there houses into which the tenants could go, or were the town able to increase, many of them would have to be counted as uninhabitable. Where closures have been made, in some cases the tenants have had to be allowed to stay after the prescribed time for removal, on account of the difficulty in obtaining houses. On all sides the people are extremely anxious to get better dwellings, and would, in some cases, pay larger rents, but the houses cannot be obtained. It must be admitted that there are a number of people for whom barrack dwellings with caretakers are alone suitable—people who are indifferent as to what kind of house they live in, or what locality, so long as they do not have to pay a higher rent. How to deal with this class is a problem. However it is the thrifty and careful workman whom one should most consider, and it is for him that respectable and healthy houses are required. If a sufficiency of houses for the working class were provided, then the housing standard could be raised. But so long as the people cannot get houses the procedure open is to close only those which are not on the border line, but are undoubtedly uninhabitable, and rebuild houses for the respectable and thrifty working classes at a moderate rent. This would result in a general raising of the housing of the working class community.

TYPES OF HOUSES MOST SUITABLE.

The type of dwelling which may perhaps be regarded as the most suitable in ordinary circumstances is the self-contained house. This type is generally more popular than the tenement dwelling contained in large blocks, and has advantages in respect of health and comfort which are not shared by the latter. Occasionally there may be a demand for accommodation of a limited character, *e.g.*, accommodation for newly married couples or for aged persons without a family, and in such cases it may be desirable to meet the demand by the provision of two-storey

houses consisting of two self-contained dwellings; but, generally, it would seem desirable to avoid, where practicable, the erection of blocks of buildings containing a series of tenements.

ARTIZAN DWELLINGS.

The County Council dwellings existing in the district are in:—

Armada Street (Greenwich)—consisting of 2 to 4 rooms, and let at a rental of 5s. to 7s. per week.

New King Street—consisting of 2 to 4 rooms, and let at a rental of 5s. to 7s. per week.

Brookmill Road—consisting of 3 rooms, and let at a rental of 7s. 6d. per week.

WORK DONE UNDER THE HOUSING, TOWN PLANNING, &C. ACT, 1909.

The following is a tabular statement of the work carried out during the year:—

Number of houses inspected	3269
Number of houses represented as unfit for habitation	22
Number of houses represented as unfit for habitation, and not capable of being made fit	—
Number of houses closed	22
Number of houses demolished	17
Number of houses made habitable	9
Number of back-to-back houses converted to through houses	—
Number of closing orders made	22
Number of demolition orders made	21
Houses closed voluntarily	—
Houses dealt with under Section 15	—

House to House Inspection.

In the following list will be seen the streets, the houses of which were systematically inspected during 1913:—

INSPECTOR SIMPSON.

Name of Street.	No. of premises inspected.	No. of premises where defects existed.	No. of premises found in fair condition (i.e., where no defects were found.)
Addey Street	76	72	4
Albury Street	6	6	—
Alvar Street	36	36	—
Amelia Terrace	9	9	—
Benmore Street	1	1	—
Berthon Street	30	30	—
Bronze Street	4	4	—

Church Street ...	...	47	44	3
Creek Street ...	...	39	37	2
Crossfield Street	...	9	9	—
Dugald Street ...	...	1	1	—
Edward Street...	...	5	4	1
Frankham Street	...	32	31	1
Hamer Place ...	...	1	1	—
Hosier Street ...	...	56	55	1
Hyde Street ...	...	3	3	—
Knott Street ...	...	7	7	—
Leonidas Street	...	11	11	—
Norval Street ...	...	3	3	—
Reginald Road	...	24	23	1
Reginald Street	...	24	24	—
Reginald Place	...	20	18	2
		444	429	15
INSPECTOR PRIEST.				
Foxwell Street	...	34	32	2
Florence Grove	...	5	5	—
Friendly Street	...	72	53	19
Martin's Buildings	...	5	2	3
Tolhurst Street	...	4	4	—
		120	96	24
INSPECTOR SHELLEY.				
Amersham Vale	...	102	29	73
Amersham Grove	...	40	10	30
Atkinson Street	...	22	3	19
Baildon Street	...	54	50	4
Comet Street	...	19	11	8
Comet Place	...	1	1	—
Douglas Street	...	68	39	29
Napier Street	...	1	—	1
Pagnell Street	...	33	6	27
Payne Street	...	47	14	33
„ Mitchells Cottages	...	3	3	—
Speedwell Street	...	45	15	30
„ Batches Cottages	...	2	—	2
„ Providence Place	...	6	—	6
„ Wybourne Cottages	...	5	—	5
Snead Street ...	...	34	5	29
Vance Street ...	...	29	8	21
Walpole Road	...	14	4	10
		525	198	327

INSPECTOR SNOWDON.

Bolina Road ...	...	79	77	2
Canterbury Road	...	44	31	13
Chipleigh Street...	...	49	31	18
Cornbury Road	...	79	60	19
Cottesbrooke Street	...	19	19	—
Edale Road ...	...	47	35	12
Erlam Road ...	...	19	9	10
Haydock Road	...	60	37	23
Hornshay Street	...	27	11	16
Ilderton Road ...	...	36	10	26
Lovelinch Street	...	72	54	18
Marchant Street	...	5	3	2
Nynehead Street	...	8	4	4
Reculver Road	...	1	1	—
Rollins Street ...	...	3	—	3
Senegal Road ...	...	101	46	55
Stockholm Road	...	7	5	2
Zampa Road ...	...	21	7	14
		677	440	237

INSPECTOR KEMP.

Briant Street ...	...	33	29	4
Brocklehurst Street	...	41	23	18
Evelyn Buildings	...	15	6	9
Faulkner Street	...	32	25	7
Hatcham Park Road	...	41	24	17
Kender Place ...	...	3	3	—
Kenwood Avenue	...	12	12	—
Lubbock Street	...	21	16	5
Martha Place ...	...	12	11	1
Powers Place ...	...	11	10	1
Prospect Place	...	14	14	—
Reaston Street	...	30	24	6
Selden Road ...	...	29	27	2
Senate Street ...	...	8	7	1
Walsham Road	...	19	18	1
		321	249	72

INSPECTOR HEWETT.

Gosterwood Street	...	4	1	3
Trundleys Road	...	128	87	41
Croft Street	...	32	20	12

Chilton Street	...	12	6	6
Colwick Street	...	45	35	10
Windmill Lane	...	87	74	13
Hanlon Street	...	45	36	9
Sayes Street	...	26	22	4
Hoopwick Street	...	11	5	6
		390	286	104
INSPECTOR ALLAM.				
Brookmill Road	...	99	49	50
Cranbrook Road	...	75	40	35
Deloraine Street	...	42	32	10
Florence Cottages	...	14	13	1
Florence Street	...	24	20	4
Florence Street East	...	7	6	1
Harton Street	...	36	24	12
Lucas Street	...	63	29	34
Oscar Street	...	84	61	23
Tanner's Hill	...	67	49	18
St. John's Road	...	128	71	57
St. John's Terrace	...	4	1	3
St. Nicholas Street	...	12	8	4
Spring Street	...	11	8	3
Strickland Street	...	40	34	6
Ship Street	...	9	6	3
Seymour Street	...	57	43	14
Clandon Street	...	20	19	1
		792	513	279

The following is a list of the houses in respect of which Closing Orders were made :—

EAST WARD.

Addey Street, Nos. 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51.

Bronze Street, Nos. 37, 39, 43, 45, 47.

Crossfield Street, No. 45.

NORTH WARD.

Watergate Street, Nos. 69, 73.

DEMOLITION ORDERS MADE.

Kentfield Place, Nos. 1, 2, 3, 4, 5, 6.
 Bronze Street, Nos. 16, 18, 20, 22.
 Summer Street, No. 5.
 Rowley Street, Nos. 12, 13.
 Glenville Grove, Nos. 1, 2, 3, 4, 5, 6, 7, 8.

CLOSING ORDERS DETERMINED.

(Houses rendered habitable.)

Glenville Grove, Nos. 1, 2, 3, 4, 5, 6, 7, 8.
 Crossfield Street, No. 45.
 Watergate Street, No. 5.

Factories, Workshops, Workplaces and Outworkers.

These premises were regularly visited during the year. Special attention was paid to sanitary accommodation for persons employed.

In one instance the W.C. accommodation was found to be insufficient for the persons employed, and in 34 cases the accommodation was unsuitable or defective.

In each instance the defect was remedied before the expiration of the year.

The registers dealing with the above have been kept well up-to-date, as will be gathered by the perusal of the following paragraphs relating to the various classes of premises coming within the scope of the Factory and Workshop Act.

FACTORIES.

Factories include all places in which mechanical power is used in aid of the manufacturing processes.

The number of factories on the register at the end of the year, including bakehouses and laundries, was 132, involving 281 rooms. 188 inspections were made and 12 notices served.

WORKSHOPS.

Workshops include any premises (not being factories) in which manual labour is exercised by way of trade, or for purposes of gain in, or incidental to, the making, altering, repairing, finishing or adapting for sale of any article, and to or over which the employer of the persons working there has the right of access or control.

The number of workshops on the register at the end of the year was 249 (including bakehouses and laundries and domestic workshops) with 405 rooms.

There is no industry peculiar to Deptford. The list of trades carried on in the 249 workshops is as follows:—

Bakers	...	...	...	...	...	62
Dressmakers	...	...	...	...	...	51
Laundries...	...	...	...	...	...	8
Milliners	...	...	...	...	...	13
Shirtmakers	...	...	...	...	...	3
Tailors	...	...	...	...	...	16
Wheelwrights, Smiths, etc.	...	...	...	...	...	17
Miscellaneous Workshops	...	...	...	...	...	79

249

The number of inspections was 310.

There were twenty-three notices served for defects and insanitary conditions found.

The standard of sanitary accommodation adopted in the borough is that laid down in the Secretary of State's Order for February 4th, 1903, viz.: One sanitary convenience for every 25 persons (with modifications where more than one hundred persons are employed), and with separate accommodation for the sexes where both sexes are employed.

WORKPLACES.

Workplaces include any place where work is done permanently, and where people assemble together to do work permanently of some kind or other. The kitchens of restaurants, etc., though they are not workshops, come within the meaning of the term "workplace."

The number of workplaces on the register at the end of the year was 181 (including food premises, kitchens, etc.) with 310 rooms. Inspections for the year numbered 155 and 13 notices were served.

These premises include stables, builders' yards, restaurants, kitchens, etc.

OUTWORKERS.

The number of premises on the register at the end of the year was 704, using 708 rooms. The number added during the year was 149 and cancelled 171.

The number of inspections for the year was 400 and 8 notices were served.

The lists received from employers in the borough numbered 73, giving the names and addresses of 502 persons employed.

In one case it was necessary to take legal proceedings against an employer for failing to make the necessary return of outworkers employed by him.

In twelve instances work was found in connection with infected premises, and in each case the necessary disinfection of the materials on hand was carried out before being returned to the employers of the outworkers in question.

As pointed out in previous reports this work is of a varied and fluctuating character, causing continual alteration of the registers.

This branch of Public Health Administration is an extremely important one, and frequent inspections are necessary, both with a view to remedying sanitary defects and also to ensure against the possibility of disease being spread by the transmission of infected work from one place to another.

Special attention was paid to the condition of the out-worker's rooms, and when necessary, cleansing was carried out.

Inspection of Home Workers.

During the year, 400 visits were paid to the homes of outworkers. Special instructions regarding cleanliness and ventilation were given where necessary, and all structural defects were dealt with. Generally speaking the majority of these homes, belonging to the more industrious section of the poorer classes, are kept in a satisfactory state by the occupants. Frequently they are more cleanly than houses kept by women who are not home workers. A woman who is energetic enough to add to the family finances by her personal industry, will make the additional effort of keeping the home and inmates clean and comfortable. Unfortunately when the husband is out of work or dead and the woman becomes the sole bread winner other conditions prevail. Having to work excessively long hours for so small a pay she is handicapped and therefore unable to keep her house in a satisfactory condition, and the good effects of the health inspector's visits are nullified. Any legislation whereby the payment of the home worker would be placed on a less precarious basis would be welcomed by all seeking for economy in administration as well as improvement in the health of the people. The overwrought physique of the sweated worker, with underfed body and weakened constitution, and consequent lack of resistance to the inroads of disease, must be one of the causes of an increased death rate.

Premises where Food is Prepared for Sale.

These premises were kept under supervision during the year. The number of inspections was 134, and include hotel kitchens, restaurant kitchens, coffee shops, eating houses, fried fish shops, eel pie shops, oyster bars, ham and beef cooking, sausage making, meat chopping, etc., or any place where food is cooked or prepared for sale to the public, or intended for human consumption.

The premises added to the register during the year numbered 12, and removals 7, leaving 121 premises on the register. 11 notices were served for amendment of various defects and for cleansing, and these were complied with.

The premises were found generally well kept and in good condition, and the occupier always ready to comply with any request as to amendment or cleanliness of the premises.

Bakehouses.

The number on the register at the end of the year 1913 was 68—62 as "workshops" and 6 as "factories." During the year 1 was added to the register and 7 removed.

UNDERGROUND BAKEHOUSES.

The number of Underground premises in use at the end of the year was 24.

CLEANSING AND LIMEWASHING.

The cleansing and limewashing was regularly done in accordance with the regulations, and any defect or insanitary conditions immediately remedied on discovery. The number of inspections was 246, and in 17 cases notices were served.

No legal proceedings were necessary. The bakehouses throughout the borough are kept in a satisfactory condition.

With a view to ensuring that the cleansing of bakehouses is carried out periodically as required by the Factory Act, and to avoid the necessity of repeated visits by the Inspector, a circular is sent to the occupier of each bakehouse when such cleansing is due to be carried out to the effect that :—

“All the inside walls of the rooms of a bakehouse, and all the ceilings or tops of those rooms whether those walls, ceilings, or tops are plastered or not), and all the passages and staircases of a bakehouse, must either be painted with oil or varnished, or be limewashed, or be partly painted or varnished and partly limewashed; and (a) Where the bakehouse is painted with oil or varnished, there must be three coats of paint or varnish, and the paint or varnish must be renewed once at least in every seven years, and must be washed with hot water and soap once at least in every six months; and (b) Where the bakehouse is limewashed, the limewashing must be renewed once at least in every six months.”

Delivery of Bread.

No one will be bold enough to say that the present means of bread delivery to houses are perfect. It is almost a daily occurrence to see bread exposed to the wind and dust, or handled by a man whose personal appearance is none too cleanly.

At the time a loaf leaves the oven it may be regarded as one of the purest of all foodstuffs. The process of baking will have destroyed any germs which may by chance have been incorporated in the dough; but after this stage little or no care is taken to preserve this standard of purity. The bread is packed in baskets, barrows, or vans just as it is, and passed from hand to hand until it reaches the consumer. True enough the consumer's hands may not be clean when she accepts delivery, and her bread-store might with advantage be scrubbed out more frequently; but with this the baker has little concern. What he should

aim at is that as long as he himself has the loaf in his possession it shall be so treated as to render it immune from any complaint of gathering impurities as it goes. All, or nearly all our solid foodstuffs can be washed before being eaten, with the exception of bread, so that whatever impurities may have attached themselves to the loaf are bound to be consumed along with it.

Several of the more progressive bakers have attempted to create a demand for bread specially wrapped, but their efforts have hardly met with the success they deserve. But once let the public grasp the advantages they will obtain by such protection and they will refuse to have any other. Unfortunately bakers themselves have not yet realised the value of wrapping paper for bread as a means of advertising.

Dairies, Milkshops and Purveyors of Milk.

These premises were kept under constant supervision during the year. The number on the register at the end of the period under report was 214. During this period 48 were added and 35 cancelled. The inspections numbered 676, 4 notices being served.

The cleansing and limewashing of these premises were carried out as hitherto, and any repairs found necessary were duly enforced. Corroded cans and measures were prohibited.

The following cases of infectious disease occurred in connection with these premises:—Scarlet Fever, 8 cases.

In each instance action was taken in accordance with the Dairies, Cowsheds and Milkshops Orders, the sale of milk being prohibited until after disinfection and certification of the premises by the Medical Officer of Health.

Fried Fish Shops.

Fried fish shops, together with the fish used, were regularly inspected during the year and only one serious complaint of a nuisance was received.

This was in respect of a nuisance arising from a fish shop opened next door to a dairy and was abated after the commencement of legal action by the offended party.

Fried fish shops are difficult to deal with under the ordinary definition as defined by the Public Health Acts. It may be said by some that all fried fish shops commit a nuisance, but in seeking to obtain an injunction we should remember the words of Mr. Justice Bruce, who described a nuisance as "an inconvenience more than fanciful, and more than one of mere delicacy or fastidiousness—an inconvenience materially interfering with the ordinary comfort physically of human existence not merely according to elegant or dainty modes and habits of living, but according to plain and sober and simple notions among the English people."

Ice Cream.

These premises received the usual attention during the season of the year in which the business is carried on, and where necessary, cleansing, etc., were carried out. In the case of street barrows, every effort is made to make the vendor carry a supply of clean water on the barrow; but, as remarked in previous reports, the Italian itinerant vendor cannot be accused of over care in the matter of cleanliness.

The number of premises on the register at the end of the period under report was 138; 22 being added and 16 removed.

The number of inspections was 219; 8 notices being served.

In one instance a summons was applied for against a vendor for failing to exhibit his name and address on the barrow. The summons could not be served, the man having left the neighbourhood.

Cowsheds.

The following are the cowsheds in the borough at present licensed by the London County Council:—

Weston, J. & Sons, 33 Octavius Street	...	25 cows.
Do. Railway Arches, Edward Street	...	17 cows.
		—
		42 cows.

The periodical cleansing and limewashing was regularly carried out in accordance with the bylaws.

Number of cowsheds in the borough	...	...	...	2
Number of cows allowed	...	...	...	42
Number of inspections for the year	...	...	...	39

Slaughter Houses.

The following are the slaughter houses in the borough at present licensed by the London County Council:—

- (1) 180 Brockley Road.
- (2) 13a High Street.
- (3) Friendly Mews, Friendly Street.

The premises were cleansed and limewashed every quarter as required by the bylaws.

Number of slaughter houses in the borough	...	...	3
Number of inspections for the year	...	...	56

The Private Slaughter-house.

Arguments against private slaughter-houses, by the Medical Officer:—

1. Existing private slaughter-houses are usually unfitted structurally for use as such and frequently are of such a nature that it is impossible to maintain them in a clean and sanitary condition.

2. They frequently are situated in close proximity to dwelling-houses, and so create nuisances to the surrounding houses.

3. The retention of animals in lairage is obviously a great nuisance to people in the immediate neighbourhood, as is also the means of getting animals into awkwardly situated buildings.

4. All offal stored and collected, for however short a space of time, is bound to be a nuisance, especially at certain times of the year. This nuisance is enhanced when such offal is carted away.

5. It is not altogether uncommon for offal and blood to find its way into sewers.

6. It is not uncommon for the receptacles in use for blood and offal to be kept in a filthy state.

7. The insufficient space afforded for handling and storing meat is a serious drawback to private slaughter-houses.

8. The pavement and walls are often of such a character that they cannot easily be kept clean.

9. It is a very objectionable practice to have meat hung close to where offal and manure are left lying on the floor.

Arguments in favour of private slaughter-houses, by the butcher:—

1. It is convenient to have his slaughter-house within reach of his shop. He asserts that to carry the meat from an abattoir means loss to its appearance.

2. It invades the privacy of his business and reveals the amount and nature of his trade.

3. It places him under an objectionable form of inspection, and

4. It may deprive him of a vested interest without compensation.

In the second line of defence the butcher places these economic arguments:—

1. The sale of foreign meat is stimulated.

2. The price of meat is raised to the poor.

3. The provision of an abattoir increases local rates.

Offensive Businesses.

There are still two premises in the borough of offensive businesses under the offensive trade regulations of the London County Council, viz. —

Messrs. Wheen & Sons, Ltd., Copperas Street.

Messrs. Hill & Sons, Ltd., 1 Frankham Street.

Number of inspections during the year 26

The premises were periodically cleansed and limewashed in accordance with the regulations.

I am pleased to report that very few complaints were received in reference to these premises, and that they were well supervised.

Table.
METROPOLITAN BOROUGH OF DEPTFORD.
PROCEEDINGS DURING 1913.

PREMISES.	NUMBER OF PLACES—				Number of inspections	Number of notices	Number of proceedings
	On register at end of 1912	Added 1913	Re-moved 1913	On register at end of 1913			
Milk premises ...	201	48	35	214	676	4	..
Cowsheds	2	..	..	2	39	2	..
Slaughter-houses ...	3	..	..	3	56	..	..
Other offensive trade premises	2	..	..	2	26	..	..
Ice cream premises ..	132	22	16	138	219	8	1
Registered houses let in lodgings	273	68	52	289	564 { (a)*— (b)*195	{ (a)*— (b)*	{ (a)*— (b)*
* (a) For overcrowding. * (b) For other conditions.							

Table.
METROPOLITAN BOROUGH OF DEPTFORD.
PUBLIC HEALTH DEPARTMENT.

TABULATION OF REPORT AS REQUIRED BY S. 131 OF THE FACTORY AND WORKSHOP ACT, 1901.
INSPECTION OF FACTORIES, WORKSHOPS, AND WORKPLACES, during 1913.

During 1913.

CLASS OF WORK.		NUMBER OF PLACES					Number of Inspections.	Number of		Number of Prosecutions.
		On Register at end of 1912.	Added 1913.	Re-moved 1913.	On Register at end of 1913.			Written Intimations.	Notices.	
					Premises.	Rooms				
Factories	Factory Laundries ...	7			7	31	12	1		
	Factory Bakehouses ..	5	1		6	10	13			
	Other Factories ...	118	7	6	119	240	163	10	1	
Workshops	Workshop Laundries	7	1		8	30	10			
	Workshop Bakehouses	69		7	62	68	233	17		
	Other Workshops ..	176	21	18	179	307	67	6		
Workplaces	Places where Food is prepared for Sale	116	12	7	121	243	134	11		
	Workplaces other than the above ...	56	5	1	60	67	21	2		
	Home-workers' Premises ..	726	149	171	704	708	400	8		
Total		1280	196	210	1266	1704	1053	55	1	

Table.**METROPOLITAN BOROUGH OF DEPTFORD**

This Table is by request of the Secretary of State.

Annual Report of Medical Officer of Health for the year 1913.

ON THE ADMINISTRATION OF THE FACTORY AND WORKSHOP ACT, 1901,
IN CONNECTION WITH

**FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES,
AND HOMEWORK.**

1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR
INSPECTORS OF NUISANCES.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)	188	12	
Workshops (including Workshop Laundries)	310	23	
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	155	13	
Total	653	48	

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	146	144		
Want of Ventilation	6	6		
Overcrowding				
Want of Drainage of Floors				
Other Nuisances	130	127		
Sanitary Accommodation { Insufficient	1	1		
{ Unsuitable or defective	34	34		
{ Not Separate for Sexes				
<i>Offences under the Factory and Workshop Act.</i>				
Illegal Occupation of Underground Bakehouse (s. 101)				
Breach of Special Sanitary Requirements for Bakehouses (ss. 97 to 100)...				
Other Offences (excluding offences relating to outwork which are included in Part 3 of this Report)				
Total	317	312		

Table—continued.

3.—HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107									OUTWORK IN UNWHOLESOME PREMISES, SECTION 108			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists.	Prosecutions.		Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110).	Prosecutions (Sections 109, 110).
	Twice in the year.			Once in the year.											
	Lists.	Con-tractors.	Out-work-ers.	Lists.	Con-tractors.	Out-work-ers.		Failing to keep or permit inspection of lists.	Failing to send lists.						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Wearing Apparel—															
(1) making, &c.	70	47	439	1	..	9	73	..	1	..	..	..	12		
(2) cleaning and washing															
Household linen															
Lace, lace curtains and nets . .															
Curtains and furniture hangings															
Furniture and Upholstery . .	1	..	6	..	..	..	1								
Electro Plate															
File making															
Brass and brass articles . .															
Fur pulling	1	..	1	..	..	..	1								
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, etc., boxes, paper bags															
Brush making															
Pea picking															
Feather sorting															
Carding, &c., of buttons, &c.															
Stuffed Toys															
Basket making															
Chocolates and Sweetmeats . .															
Cosaques, Christmas Crackers,															
Christmas Stockings, etc. . .															
Textile Weaving															
TOTAL	72	47	446	1		9	75		1				12		

Table—*continued.*

4.—REGISTERED WORKSHOPS.

Workshops on Register (s. 131) at the end of year.	Number.
Bakehouses	62
Dressmaking	1
Laundries	
Millinery	
Shirtmaking	
Tailoring	16
Wheelwrights (Smiths, &c.)	17
Others	79
Total number of Workshops on Register ...	249

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133, 1901)	12
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Act (s. 5, 1901) {	
Notified by H.M. Inspector	5
Reports (of action taken) sent to H.M. Inspector	3
Other	8
Underground Bakehouses (s. 101) :—	
Certificates granted during the year	—
In use at the end of the year	24

Canal Boats.

For the year ended 31st December, 1913, the report of Inspector Turner, respecting the inspection of registered canal boats and non-registered canal boats, was as follows:—

For the purposes of inspection during the year, visits were made on the following dates, viz.:—January 8th, 16th, 22nd, 30th and 31st, February 15th, March 5th, April 4th and 23rd, May 20th, June 3rd, 12th and 19th, July 24th and 29th, August 21st, September 15th and 26th, November 5th and 28th, and December 10th and 19th.

Boats were found and inspected on the following dates, viz.:—January 8th, January 22nd (2 boats), January 30th (2 boats), January 31st, April 4th, June 12th, September 15th and September 26th.

Number of visits	...	...	...	22
Number of boats inspected	...	...	...	10

INFRINGEMENTS.

The following matters were found requiring attention:—

January 31st—Boat "Richmond," 939, registered at Wolverhampton. Stern food cupboard defective; roof leaking; no pump on board; watercan lid defective; work done and pump provided on service of notice, and certified.

June 12th — Boat "India," 1123, registered at Birmingham. Leakage into bunks fore and aft; repaired on service of notice, and certified.

September 26th—Boat "Mary," 244, registered at Brierley Hill. Registration paper not produced, said to be on a companion boat at Greenwich; no pump on board; pump provided and papers examined on service of notice, and certified.

CHILDREN ON BOATS.

During the year, children of school age were found on three boats; in each case information was forwarded to the local education authority for their attention.

No cases of sickness were found on the boats during the year.

The boats inspected were found in a clean and habitable condition.

The arrangements made for the inspection of boats are:—Periodical inspection by Sanitary Inspector, duly appointed an Inspector under the Canal Boats Acts, jointly with other duties as Inspector of Workshops, Dairies, Cowsheds, and Milkshops, &c.

Sale of Food and Drugs Acts.

The total number of samples purchased during the year and examined by the Public Analyst was 457.

The following is a list of the articles purchased, with the results of the analyses.

Article.	Number Genuine.	Number Adulterated.	Total.	Percentage of Adulteration.
Baking Powder	2	..	2	..
Brawn	1	..	1	..
Butter	54	4	58	6.9
.. Milk-blended	1	1	2	50.0
Camphorated Oil	4	..	4	..
Cheese	3	..	3	..
Cocoa	15	..	15	..
Coffee	5	..	5	..
Cream	3	..	3	..
.. Preserved	2	..	2	..
Dripping	3	..	3	..
Ginger, Ground	3	..	3	..
Ice-Cream	1	..	1	..
Iodine, Tincture of	1	..	1	..
Jam, Mixed	2	..	2	..
Jelly, Table	4	..	4	..
Lard	11	..	11	..
Linseed	..	2	2	100.0
Margarine	1	..	1	..
Milk	265	15	280	5.4
.. Separated	22	2	24	8.3
Mustard	8	..	8	..
Olive Oil	2	..	2	..
Pepper	9	..	9	..
Rice, Ground	2	..	2	..
Rice	1	..	1	..
Salmon and Anchovy Paste	1	..	1	..
Salmon and Shrimp Paste	..	1	1	100.0
Sausages	1	4	5	80.0
Zinc Ointment	1	..	1	..
Total	428	29	457	6.3

PROCEEDINGS TAKEN WITH REGARD TO SAMPLES PURCHASED
DURING THE YEAR.

Sample No.	Article.	Particulars of Adulteration or Infringement.	Fine.	Costs.	Remarks.
			£ s. d.	£ s. d.	
3 S	Butter ..	Contained 81·2 per cent. foreign fat	2 5 0	1 2 0	
10 H	Milk ..	Deficient in fat 5 per cent. ..	—	—	Summons withdrawn
8 S	„ ..	Contained 1 per cent. added water, and was deficient in fat 3 per cent.	—	—	Summons dismissed, defence of warranty
18 S	„ ..	Deficient in fat 57 per cent. ...	1 0 0	0 12 0	
5 SY	„ ..	Deficient in fat 20 per cent. ...	—	—	Summons dismissed, defence of warranty
15 K	Butter ..	Water 16·28 per cent., i.e., 0·28 per cent. over legal maximum	—	—	Vendor cautioned.
21 T	Milk-Blended Butter	Water 24·38 per cent., legal limit 24 per cent.	—	—	do.
13 H	Milk ..	Contained Boric Acid or a preparation thereof 0·008 per cent.	—	—	do.
1 K	„ ..	2 per cent. abstraction of fat	—	—	do.
4 P	„ ..	Contained 1 per cent. added water	—	—	do.
2 S	Sausages ..	Contained Boric Acid 6·2 grains per pound	—	—	do.
19 H	Butter ..	37·7 per cent. foreign fat ..	0 10 0	1 2 0	
28 S	„ ..	22·6 per cent. water, i.e., 6·6 per cent. over legal maximum	1 0 0	0 12 0	
26 S	Linseed ..	10 per cent. of foreign seeds. .	1 0 0	0 12 0	
27 H	Milk ..	4 per cent. abstraction of fat	—	—	Summons dismissed, warranty proved
31 H	„ ..	8 per cent. abstraction of fat	—	—	do.
32 K	„ ..	14 per cent. abstraction of fat	—	—	do.
21 SY	„ ..	4 per cent. abstraction of fat	—	—	do.
—	—	Selling milk from a receptacle on which name and address were not inscribed	0 5 0	0 2 0	
52 S	Linseed ..	Contained foreign seeds and other foreign matter, 6·2 per cent.	—	—	Vendor cautioned
37 K	Milk ..	Contained 2 per cent. added water	—	—	do.
35 P	„ ..	Contained 6 per cent. added water	4 0 0	1 3 0	
33 P	Separated Milk	Contained 5 per cent. added water, and Boric Acid 1·1 grain per pint	1 0 0	1 2 0	
37 SY	„ ..	Contained 6 per cent. added water	0 5 0	0 12 0	
41 H	Sausage ..	Contained Boric Acid, 2·0 grains per lb.	—	—	Vendor cautioned

Sample No.	Article.	Particulars of Adulteration or Infringement.	Fine.	Costs.	Remarks.
40 S	Sausage ..	Contained Boric Acid, 6.5 grains per lb.	—	—	Vendor cautioned.
54 S		Contained Boric Acid, 5.1 grains per lb.	—	—	do.
19 A	Milk ..	2 per cent. added water ..	—	—	do.
55 H		5 per cent. milk fat abstracted	1 10 0	1 3 0	
63 S	Salmon and Shrimp Paste	Boric Acid 0.019 per cent., equal to 1.3 grains per lb.	—	—	do.

SUMMARY.

Fines		£12 15 0
Costs		8 2 0
Total		<u>£20 17 0</u>

The Itinerant Butter Merchant.

It does not seem out of place here to warn owners of small hucksters' shops, small dairies, coffee houses, and refreshment rooms, against buying their butter from any unknown factor who calls upon them. Frequently this merchant has no recognised place of business, but goes about different parts of the Metropolis with his horse and cart, gradually working up a business with coffee houses, &c., until the food Inspector taking a sample of his butter on delivery finds upon analysis that it is from 50 to 80 per cent. Margarine.

After one or two convictions this dangerous person moves his residence or his business to another locality, perhaps under another name, to again ply his nefarious trade.

The "butter" he sells is not even margarine, for margarine cannot be sold as margarine if it contains more than 10 per cent. of butter fat. The question is, where does he manipulate his "butter." Certainly not at any factory registered under the Butter and Margarine Act, 1907, but probably in the kitchen of his house, or in some shed, stable, or outbuilding, perhaps under the worst conditions.

Magistrates have no sympathy with a person of this class, who sets out with the deliberate intention of deceiving the public, and to my mind the highest possible penalty should be inflicted.

The advice to the small shopkeeper is:—buy your butter from a reputable tradesman, and do not be deluded by an offer of a small reduction in price, perhaps only $\frac{1}{2}$ d. per pound under market price, made by a man without an address.

Milk Warranty.

It has unfortunately become the practice of some Magistrates, in cases where warranties have been proved in Court, to offer costs to the defendant. Such a course is unusual, and is much to be deprecated.

If the Local Authority sets up a standard, below which it will take legal proceedings, it cannot possibly know that the Dairyman has a warranty, and if it did, it cannot possibly know that the Dairyman will be able to prove his warranty in Court. In a case that recently came before the Magistrates, the milk was sold to the Inspector by a boy not directly employed by the firm but by the roundsman. It was difficult before the hearing to see whether the firm could or would take responsibility for the boy, but in Court, fortunately for their reputation, they did. The boy's statement under oath that he had not tampered with the milk satisfied the prosecution, and finally the case was dismissed on the warranty, costs being offered the defendants.

It is to be hoped that Magistrates will carefully consider the difficulties of the Authority in carrying out the provisions of the Food and Drugs Acts, and not give costs where an offence has been committed by someone, although the person immediately proceeded against is protected by a warranty, which has to be proved.

Unsound Food.

The following quantities of food were, upon examination by officers of the Public Health Department, found to be unsound, unwholesome, and unfit for the food of man, and were destroyed:—

Inspector.	Description of Food.	Remarks.
Mr. Snowdon	3 doz. Bananas ..	Voluntarily surrendered.
„ Kemp		
„ Snowdon	4 cwt. Herrings ..	„ „
„ „	5½ stone Whiting ..	„ „
„ „	1 bag Mussels ..	„ „
„ Kemp	3 lbs. Tomatoes ..	„ „
„ Snowdon	1 box Haddock ..	„ „
„ Simpson	2 boxes Tomatoes ..	„ „
„ Snowdon	1 bag Winkles ..	„ „
„ „	1 trunk Mixed Fish ..	„ „
„ Simpson	2 boxes Mackerel ..	„ „
„ Kemp	1 bag Winkles ..	„ „
„ „	6 lbs. Ribs Beef ..	„ „
„ „	19 Crabs ..	„ „
„ Shelley	1 box Mackerel ..	„ „
„ Priest	1 box Kippers ..	„ „
„ Turner	1 trunk Whiting ..	„ „
„ Simpson	1 trunk Catfish ..	„ „
„ Snowdon	6 lbs. Tomatoes ..	„ „
„ Shelley	3 boxes Kippers ..	„ „
„ Hewett	2 tins Salmon ..	„ „
„ Kemp	6 baskets Strawberries ..	„ „
„ Simpson	1 trunk mixed Fish ..	„ „
„ Priest	3 lbs. Ham ..	„ „
„ Snowdon	Quantity of Mussels..	„ „
„ „	3 lbs. Pears ..	„ „
„ „	3 cwt. Potatoes ..	„ „
„ Kemp	1 box Coalfish ..	„ „

Legal Proceedings.

Jan. 16th and 30th and Feb. 13th, 1913. Stanley E. Milborrow, 76 Osborne Road, Forest Gate. Neglecting to execute the required works for abating the nuisance arising at No. 5 Upcot Street. Summons withdrawn.

NOTE.—The necessary works were executed and the costs paid.

6th May, 1913. Debeni Pasquali, 83 Carlton Grove, Peckham. Failing to comply with the provisions of London County Council General Powers Act, 1902, requiring him to exhibit on a conspicuous part of his barrow his name and address. Summons not served.

8th July, 1913. W. M. Cassidy, 124 Dorset Road, Clapham. Contravening the by-laws made under Sec. 39 of the Public Health (London) Act, 1891, by fixing in connection with the W.C. at 9 Pomeroy Street, certain apparatus without giving notice in writing. Ordered to pay 2s. costs.

July, 1913. Key, Glass Works. Emission of black smoke (5 summonses). At the hearing an adjournment of one month was consented to by the Town Clerk in order to ascertain whether certain steps which were being taken by the Company were calculated to efficiently abate the nuisance, and as no further cause of complaint arose, the summonses were withdrawn on payment by the Defendants of the costs.

Oct. 30th., 1913. Abraham Lewis, 7a and 8 Broadway. Neglecting to make return of outworkers. Fined 2s. 6d. and 2s. costs.

Oct. 30th. 1913. Peter Arundel, 49 New Cross Road. Breach of drainage by-laws. Fined 2s. 6d. and 2s. costs.

Dec. 3rd, 1913. J. Trampleasure, 30 Loder Street, Peckham. Drains at No. 2 Eckington Gardens, improperly repaired; also work done without notice being first given to local authority. Ordered to pay 23s. costs on first summons, and 4s. costs on second summons.

Oct. 30th, 1913. Superb Laundries, Ltd., Besson Street. Emission of black smoke. Summons withdrawn on payment of 4s. costs and an undertaking by the Directors of the Company.

Nov. 13th, 1913. Messrs. Newell & Hamlyn. Defective drains, 17 Monson Road. Fined 10s. and 2s. costs.

Municipal and Sanitary Legislation in 1913.

There has again been only a limited amount of legislation by the Imperial Parliament affecting Local Governing and Sanitary Authorities during 1913. The Acts passed during the lengthy past session, and which contain provisions affecting the powers and duties of County, Borough, Urban, and Rural District Councils, are as follow:—(1) The Local Government (Adjustments) Act, 1913 (3 and 4 Geo. 5, c. 19;) (2) The Public Health (Prevention and Treatment of Disease) Act, 1913 (3 and 4 Geo. 5, c. 23); (3) The Ancient Monuments Consolidation and Amendment Act, 1913 (3 and 4 Geo. 5, c. 32); and (4) The Expiring Laws Continuance Act, 1913 (3 and 4 Geo. 5, c. 15).

PUBLIC HEALTH (PREVENTION AND TREATMENT OF DISEASE) ACT.

This Act was passed with a view to removing some administrative difficulties which have been experienced in connection with the law relating to public health. It will be remembered that Sec. 281 of the Public Health Act, 1875, which relates to the establishment of Joint Boards as the governing bodies for united districts, enacts that upon the constitution of a Joint Board the Local Authorities having jurisdiction in the component districts or contributory places shall cease to exercise therein any powers, or to perform any duties, or be subject to any liabilities or obligations which the Joint Board is authorised to exercise or perform or is made subject to. This provision has been found to create a difficulty by preventing a Sanitary Authority which is a constituent member of a Joint Hospital Board from establishing a dispensary for the treatment of tuberculosis for their own district. Sec. 1 of the new Act empowers the Local Government Board, notwithstanding the provisions of the enactment above referred to, to authorise by order a Local Authority having jurisdiction in any part of a united district to exercise in relation to that part any powers which the Joint Board are also authorised to exercise, subject to such restrictions and conditions as may be imposed by the order.

Again, Sec. 130 of the Public Health Act, 1875, enables the Local Government Board to make regulations for preventing the spread of cholera or other epidemic, endemic, or infectious disease, and to declare by what Authority or Authorities these regulations shall be enforced. As County Councils had not been established when the Act was passed, it was considered that such Councils could not properly be declared to be Authorities for carrying any such regulations into effect. But in dealing with some diseases, it may be found desirable that some functions should be carried out by an Authority having jurisdiction over a large area.

Sec. 2 of the Act accordingly enables the Local Government Board to declare that one of the Authorities to execute and enforce the Board's regulations made with a view to the treatment of persons affected with cholera or any other epidemic, endemic, or infectious disease, shall be the Council of a County, and Sec. 130 of the Act of 1875, will have effect accordingly, as if a County Council were an Authority within the meaning of that section.

The Mental Deficiency Act, 1913.

This Act comes into operation on April 1st, 1914. As it is a measure of great social importance it has been felt that a short summary of some of its more important provisions may be of value.

It is divided into four parts, which are sub-divided into 72 sections. The four parts deal with the following:—

Part I.—Power and manner of dealing with defectives.

Part II.—Central and local authorities.

Part III.—Certification and provision of institutions.

Part IV.—General.

Definitions of those classes of persons who are defectives within the meaning of the Act:—

(a) *Idiots* : that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers.

(b) *Imbeciles* : That is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so.

(c) *Feeble-minded persons* : that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection or for the protection of others, or, in the case of children, that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools.

(d) *Moral Imbeciles* : that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect.

THE CENTRAL AUTHORITY OR BOARD OF CONTROL.

The board of control shall consist of not more than fifteen commissioners, of whom not more than twelve shall be paid. Of the paid commissioners four shall be lawyers and four doctors, and at least one of the paid and one of the unpaid commissioners shall be a woman.

The board will appoint a secretary, inspectors and officers.

THE DUTIES OF THE BOARD OF CONTROL.

These include the following:—

- (a) General supervision, protection and control over defectives;
- (b) Supervision of the administration by the local authorities of their powers and duties under this Act;
- (c) Certification and supervision of institutions, houses, and homes for defectives, and all arrangements made for the care, training, and control of defectives therein;
- (d) Visitation either by commissioners or their inspectors of defectives in institutions, under guardianship or elsewhere;
- (e) Provision and maintenance of institutions for defectives of dangerous or violent propensities;
- (f) Taking such steps as may be necessary for securing suitable treatment for cases of mental deficiency;
- (g) Presentation of annual reports to Parliament and any special reports required by the Home Secretary;
- (h) The administration of grants.

THE LOCAL AUTHORITY.

This will be the county or borough council, which must appoint a committee for the care of the mentally defective. The majority of this committee must be members of the Council, the co-opted members being Poor Law Guardians or other persons having special knowledge and experience of the care of defectives; of such persons some must be women.

If the council has already an asylums committee this, with the addition of at least two women, may act as the committee for the care of the mentally defective. The local authority may delegate to this committee any of its powers under the Act, except the power of raising a rate or borrowing money.

Local authorities may join and form a joint committee.

THE DUTIES OF THE LOCAL AUTHORITIES.

It shall be the duty of the local authority to ascertain what persons within their area are defectives; to provide suitable supervision for such persons, and, if necessary, to see that they are sent to institutions or placed under guardianship.

If necessary, institutions may be provided or contributions made towards the maintenance of defectives in an institution or approved home or the expenses of defectives placed under guardianship.

Annual reports must be made and sufficient officers appointed.

These duties as to maintenance need not be carried out, however, unless the parliamentary grant is at least one-half of the net amount of such cost. The expenses incurred by the local authority must not exceed a $\frac{1}{2}$ d. rate. Nothing in the Act affects the powers and duties of Poor Law, local education, or lunacy authorities with respect to any defectives.

If the local authority make default in the performance of any of its duties the Home Secretary may hold an inquiry, and by order require the local authority to remedy the default, when it may be also ordered to pay the expenses of such inquiry.

The duties of the Local Education Authority include the following :—

(a) Ascertaining what children within their area are defective within the meaning of the Act.

(b) Ascertaining which of such children are incapable, by reason of mental defect, of receiving benefit or further benefit from instruction in special schools or classes.

(c) Notifying the names and addresses of the children indicated in the above paragraph, to the committee for the care of the mentally defective, and also notifying those children who on or before attaining the age of sixteen are about to be discharged from a special school, and in whose case the local education authority are of opinion that it would be to their benefit that they should be sent to an institution or placed under guardianship.

METHODS OF PUTTING A DEFECTIVE UNDER CONTROL.

There are two ways of doing this :—

(A) By the application of the parent or guardian ;

(B) By the presentation of a petition followed by an order of the judicial authority, by an order of a Court or by an order of the Home Secretary.

The procedure is as follows :—

(A) If a defective be an idiot or an imbecile, his parent or guardian may place him in an institution or under guardianship, on an application accompanied by a certificate signed by two doctors, one of whom must be a doctor approved for the purpose by the local authority or the Board of Control.

If the defective be feeble-minded or a moral imbecile a parent only can apply, and in this case a judicial authority must sign, in addition to the two doctors, a certificate that he is satisfied that the person is a defective and to what class of defectives he belongs.

The managers of the institution for defectives or the person under whose guardianship he has been placed must give notice of his reception to the Board of Control within seven days.

(B) If, however, the defective is neglected or cruelly treated, is found guilty of any criminal offence or is liable to be ordered to be sent to an industrial school, he may be dealt with under the Act without the intervention of the parent. Defectives may also be dealt with without the parent's application if undergoing imprisonment, if in a reformatory or a lunatic asylum, or if in receipt of poor relief at the time of giving birth to an illegitimate child or when pregnant of such child.

This method also applies to defectives who are habitual drunkards, and to those notified to the local authority by the local education authority.

If the defective belongs to this division (B) he can be dealt with after a private application has been made to the judicial authority by a relative or friend of the alleged defective, or by an authorised officer of the local authority. The procedure is technically known as the presentation of a petition.

The petition must be accompanied by two medical certificates as in the preceding case, and by a declaration by the petitioner and one other person at least to the effect that the person is defective. If any petition has previously been presented, this must be stated, with its result. If it has been impossible to obtain medical certificates the circumstances must be stated, and this must also be done if a person who is not a relative or an officer presents the petition.

The judicial authority (who may be a county court judge, a police or stipendiary magistrate, or a specially appointed J.P.) must then visit the alleged defective or summon him to appear. The proceedings may be private if the justice thinks fit or on the demand of the defective. If private, no one is allowed to be present without leave of the justice, except the petitioner, the alleged defective, his parents or guardian, and any two persons appointed by the alleged defective, together with the two doctors who signed the certificate. If the justice is satisfied that the person is a defective he makes an order. This order must not be made without the consent of the parent in writing unless it is proved that such consent is unreasonably withheld or the parent cannot be found, and it is stated that it is not unreasonable if consent be withheld with the *bona fide* intention of benefiting the defective. It is obvious that, on the interpretation of this clause, the success or failure of the Act will largely depend. If found unsuitable for guardianship the judicial authority may order the defective to be sent to an institution.

Provision is also made under the Act for the care of defectives convicted of crime of sufficient gravity to be punished by imprisonment in the case of an adult or committal to an industrial school in the case of a child. In such cases the court may direct that a petition be presented in the ordinary way; or the court, in the case of a child, may make an order at once for the defective to be sent to an institution or placed under guardianship.

A defective already undergoing imprisonment may be sent to an institution on the certification of two doctors.

The defective must be sent to an institution within fourteen days of the order being made. An order that a defective be placed under guardianship confers on the guardian the same powers as if he were the father of the defective, and the defective had been under the age of fourteen years.

The guardian has power to warn persons against supplying intoxicants to the defective.

Reasonable expenses of maintenance may be charged to the defective or those liable to maintain him.

A justice may issue a warrant to a constable who, accompanied by a doctor, may search for any defective stated to be neglected, ill-treated, &c.

PROVISIONS SAFEGUARDING THE ALLEGED DEFECTIVE FROM WRONGFUL DETENTION.

The order remains in force for one year, and thereafter for successive periods of five years. At the end of each period of one and five years respectively, the defective or his parent, or guardian, or relative, or friend, may request any qualified medical practitioner to examine and report on the defective and the means of care and supervision which would be available if he were discharged. On such reconsideration the visitors shall examine the defective personally, and also enquire into the means of care and supervision available if discharged. As a result of this enquiry they may order his discharge. If, however, they consider the continuance of the order is required in his interests, the defective or his parent or guardian may within fourteen days appeal to the Board of Control against the decision of the visitors.

Bill to define Sewer and Drain.

The Association of Municipal Corporations and the Urban District Councils Association managed once again to obtain the introduction into the House of Commons of a Bill to amend the definitions of "sewer"

and "drain" in the Public Health Acts. The Bill, which was presented by Mr. George Thorne and read a first time on July 15th, was identical with that introduced in previous years. In the memorandum accompanying the Bill it was pointed out that under existing definitions any drain (outside the Metropolis) used for the drainage of more than one house becomes technically a sewer and is therefore vested in and reparable by the local authority. Numerous decisions in the Law Courts demonstrate the practical difficulties which have arisen owing to this state of the law. There is frequent interference by the local authority with private property, and upon the whole body of ratepayers is thrown the cost of repairing drains which are in all respects private and of no use to the public in general. Moreover, the best methods of draining houses and streets cannot be adopted. It was thought that Section 19 of the Public Health Acts Amendment Act, 1890, an adoptive measure, would overcome some of the difficulties, but this has not proved to be the case, and Mr. Thorne's Bill seeks to repeal that section which provided that where two or more houses belonging to different owners were connected with a public sewer by a single private drain the local authority might call upon the owners of the houses to repair the drain. The section, however, applies only where the houses in question belong to different owners, and it does not apply unless the drain conveys the sewage to a public sewer. If the sewage is conveyed to a cesspit, the local authority cannot put the section in force, but must themselves keep the drain in repair.

Cases which have gone to the High Court have demonstrated clearly the necessity for an alteration in the existing law. In 1907 the Lord Chief Justice, when giving judgment in a case brought by the Wood Green Urban District Council, pointed out how essential it was that there should be some amendment of the law on the subject. The state of the authorities, he said, was such that it appeared to be impossible either to reconcile the various decisions or to declare from them any logical rule.

Mr. Thorne's Bill provided that a drain should be one constructed on private land by the landowner or builder, and that a sewer should be one which had either been constructed by the local authority or had been laid along a public street; with this important exception, however, that where a drain had been constructed by a builder or landowner along a private street, that is to say, along a street which had become a highway, but which was not reparable by the local authority, the drain was to be a sewer provided it had been constructed to the satisfaction of the local authority.

Milk and Cream Regulations.

On February 1st, 1913, the Local Government Board Order, made under the Public Health (Regulations as to Food) Act, 1907, and entitled the Public Health (*Milk and Cream*) Regulations, 1912, came into force. It is designed to secure that no preservative shall be added to milk, or to cream, containing less than 35 per cent. by weight of milk fat, at any stage from the place of production to that of delivery to the purchaser. In the case of cream containing more than 35 per cent. by weight of milk fat, the addition of boric acid, borax, or a mixture of these preservative substances, or of hydrogen peroxide, is not absolutely prohibited, but the addition of pservative must be declared by a conspicuous label on the receptacle containing the preserved cream. The label must state either that it is "preserved cream containing boric acid not exceeding——per cent.," or "preserved cream (peroxide)"; and when the capacity of the receptacle does not exceed one pint, the size of the label must be at least $\frac{3}{4}$ in. by $1\frac{3}{4}$ in.; and when the capacity exceeds one pint, it must be at least 3 in. by 5 in. Further, the addition of any thickening substance to cream, or preserved cream is prohibited.

These regulations apply to imported milk, as well as to milk produced in this country. They are to be administered by those Authorities who are Local Authorities under the Sale of Food and Drugs Acts; and in the circular letter, in which the Local Government Board brought the matter before the Local Authorities, it was pointed out that it is desirable that the Medical Officer of Health should exercise general supervision over the action taken in pursuance of the regulations.

Meteorology for 1913 Greenwich Record.

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Year
Temperature	32.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	70.0	75.0	80.0	85.0	55.0
Humidity	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0	115.0	120.0	125.0	90.0
Wind	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	35.0
Clouds	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	35.0
Pressure	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	35.0
Rain	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	35.0
Snow	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	35.0
Fog	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	35.0
Thunder	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	35.0
Lightning	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	35.0
Storm	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	35.0
Other	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	35.0
Mean	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	35.0

APPENDIX.

Tables.

Meteorology for 1913 (Greenwich Record).

Month.	Barometer at 32° F, Lat. 45°.		Air Temperature.			Earth Temper- ature at 3ft. 2in. depth.	Rainfall.
	Station Level.	M.S.L.	A Maximum	B Minimum.	Mean of A and B.		
	ins.	ins.	°	°	°	°	ins.
January ..	29·635	29·832	46·1	35·9	41·0	44·8	2·65
February ..	30·003	30·183	46·7	35·6	41·1	43·3	0·81
March ..	29·715	29·893	52·0	38·3	45·1	44·0	2·43
April ..	29·689	29·865	55·4	38·9	47·1	45·8	2·23
May ..	29·744	29·918	66·6	45·3	56·0	51·4	1·16
June ..	29·918	30·090	71·4	49·2	60·3	58·1	0·73
July ..	29·887	30·059	68·2	51·8	60·0	59·6	2·12
August ..	29·888	30·061	71·1	52·0	61·6	60·4	2·07
September ..	29·798	29·971	67·8	50·2	59·0	59·4	1·25
October ..	29·703	29·878	61·2	45·9	53·6	56·3	3·58
November ..	29·744	29·923	54·2	42·0	48·1	51·7	2·53
December ..	29·930	30·108	45·9	37·7	41·8	47·8	0·88
Means ..	29·805	29·982	58·9	43·6	51·3	51·9	22·44 sum

**Analysis of the Vital Statistics of the Metropolitan
for**

Boroughs.	Estimated Popula- tion middle of 1913.	Births.	All Causes.
COUNTY OF LONDON	4,518,191	112,637	65,030
Paddington	142,210	3,055	1,941
Kensington	171,284	3,357	2,377
Hammersmith	123,745	3,043	1,754
Fulham	157,117	4,302	1,992
Chelsea	64,598	1,257	911
City of Westminster	154,810	2,227	1,992
St. Marylebone	114,532	2,221	1,633
Hampstead	86,346	1,326	938
St. Pancras	214,330	5,512	3,321
Islington	325,585	8,357	5,009
Stoke Newington	50,518	1,144	698
Hackney	223,353	5,522	3,037
Holborn	46,949	798	698
Finchbury	84,679	2,547	1,576
City of London	17,916	167	276
Shoreditch	169,654	3,513	2,068
Bethnal Green	127,824	3,998	2,066
Stepney	275,300	8,187	4,172
Poplar	160,913	5,230	2,668
Southwark	188,487	5,936	3,343
Bermondsey	124,739	3,896	2,266
Lambeth	297,139	7,233	4,314
Battersea	167,464	4,239	2,361
Wandsworth	330,395	6,840	3,550
Camberwell	261,805	6,071	3,633
Deptford	109,280	3,106	1,727
Greenwich	96,015	2,541	1,385
Lewisham	168,822	3,522	1,814
Woolwich	122,382	2,893	1,573

**Boroughs and of the City of London
1913.**

Deaths from Enteric Fever.	Deaths from Small Pox.	Deaths from Measles.	Deaths from Scarlet Fever.	Deaths from Whooping Cough.	Deaths from Diphtheria.	Deaths from Diarrhoea and Enteritis (under 2 years).	Deaths from Pulmonary Tuberculosis.	Deaths under one year of age.
114	—	1,570	188	800	431	3,098	5,981	11,869
6	—	55	7	37	12	71	157	305
4	—	84	3	29	6	80	188	375
—	—	47	7	47	12	64	151	314
8	—	50	3	27	14	98	209	414
1	—	18	3	5	1	24	81	113
3	—	22	7	7	8	52	206	213
5	—	33	10	10	6	37	158	202
1	—	21	4	11	3	18	50	97
6	—	41	6	31	16	114	327	508
2	—	107	17	61	34	221	441	894
2	—	11	1	6	6	16	48	94
4	—	68	11	23	11	141	261	549
—	—	10	—	6	4	15	89	83
—	—	30	—	31	9	97	173	352
2	—	—	1	2	1	2	27	16
1	—	52	3	29	14	207	200	546
4	—	62	3	34	10	151	201	470
11	—	95	8	26	22	287	471	916
5	—	69	12	38	34	159	239	586
6	—	105	11	38	19	182	354	682
3	—	90	4	47	17	165	204	513
8	—	99	14	47	37	202	389	736
5	—	93	7	28	20	125	192	469
5	—	116	11	23	16	148	288	603
5	—	68	13	54	18	179	306	708
2	—	50	3	43	20	90	148	350
2	—	40	2	24	12	52	114	262
8	—	25	5	23	35	50	127	273
1	—	9	8	10	17	48	186	229

Analysis of the Vital Statistics of Ninety-six

Towns.	Estimated Population middle of 1913.	Births.	Deaths.	The Deaths Registered include			
				Deaths of Infants under 1 year.	Deaths of Persons aged 65 years and upwards.	Deaths from Enteric Fever.	Deaths from Small-pox.
96 Towns	17,852,766	455,059	260,155	53,109	68,481	717	1
London	4,518,191	112,637	65,090	11,869	18,840	114	—
Croydon	178,094	3,964	2,066	372	705	6	—
Wimbledon	58,156	1,106	620	116	202	2	—
Ealing	67,977	1,229	614	93	238	1	—
Acton	62,230	1,500	712	137	171	—	—
Willesden	163,655	3,995	1,677	333	468	3	—
Hornsey	87,596	1,406	838	85	325	3	—
Tottenham	145,736	3,796	1,634	339	429	—	—
Edmonton	69,086	1,949	810	205	150	3	—
Enfield	59,597	1,350	587	130	180	—	—
West Ham	294,223	9,282	4,335	990	1,039	10	—
East Ham	142,467	3,623	1,458	232	414	2	—
Leyton	180,922	2,968	1,354	247	421	—	—
Walthamstow	131,636	3,210	1,328	256	334	2	—
Ilford	87,040	1,507	731	105	258	—	—
Gillingham	54,530	1,295	523	92	148	5	—
Hastings	60,095	879	779	71	382	—	—
Eastbourne	54,691	891	550	59	205	2	—
Brighton	133,096	2,477	1,833	290	691	5	—
Portsmouth	241,256	5,989	2,998	541	897	23	—
Bournemouth	83,205	1,284	854	83	382	—	—
Southampton	122,412	2,951	1,581	241	529	6	—
Reading	89,339	1,901	1,022	151	377	3	—
Oxford	53,957	1,017	687	92	270	—	—
Northampton	96,793	1,862	1,162	175	385	4	—
Cambridge	57,096	1,127	681	85	262	—	—
Southend-on-Sea	70,825	1,311	725	111	263	2	—
Ipswich	75,682	1,837	1,043	177	378	—	—
Great Yarmouth	57,005	1,341	835	145	318	4	—
Norwich	123,288	2,760	1,740	314	636	2	—
Swindon	52,128	1,238	632	107	189	—	—
Plymouth	113,083	2,695	1,790	336	613	7	—
Devonport	84,371	2,030	939	170	286	8	—
Bath	69,914	1,126	928	87	418	—	—
Bristol	361,362	8,261	4,657	794	1,583	6	—
Gloucester	50,533	1,233	693	107	235	1	—
Stoke-on-Trent	239,284	7,644	4,535	1,298	764	24	—
Wolverhampton	95,601	2,575	1,521	335	365	4	—
Walsall	93,477	2,876	1,595	443	305	2	—
West Bromwich	69,088	2,102	1,237	294	276	2	—
Dudley	51,641	1,499	883	215	202	6	—
Birmingham	859,644	23,876	12,857	3,074	2,950	19	—
Smethwick	74,565	2,065	1,009	267	223	2	—
Coventry	115,064	3,062	1,868	282	322	2	—
Leicester	230,970	5,312	3,129	635	867	2	—
Lincoln	53,322	1,460	741	152	240	2	—
Grimsby	77,420	2,150	1,021	241	249	7	—
Nottingham	264,785	6,110	3,805	793	1,104	8	—
Derby	125,462	3,013	1,597	305	519	2	—
Stockport	112,480	2,642	1,749	383	444	10	—
Birkenhead	135,557	3,989	1,988	461	429	2	—
Wallasey	84,476	1,873	975	156	302	3	—
Liverpool	756,553	23,095	13,799	3,032	2,843	30	1
Bootle	72,186	2,173	1,256	316	217	—	—

of the Largest English Towns during 1913.

The Deaths Registered include									
Deaths from Measles.	Deaths from Scarlet Fever.	Deaths from Whooping-cough.	Deaths from Diphtheria.	Deaths from Diarrhoea and Enteritis (under two years).	Deaths from Violence.	Inquest Cases.	Deaths in Public Institutions.	Uncertified Causes of Death.	
6,239	1,230	8,065	2,344	13,347	9,426	20,657	72,210	2,052	
1,570	188	800	431	3,098	2,588	6,702	23,841	47	
59	5	26	15	84	77	221	544	—	
20	1	3	5	33	21	45	143	1	
6	2	5	1	18	15	27	129	3	
25	17	8	31	24	55	220	471	2	
68	24	9	50	74	135	62	169	1	
12	—	8	4	12	23	199	541	—	
35	2	13	27	76	52	100	349	2	
49	1	10	13	54	28	42	149	5	
9	1	3	7	27	15	145	435	—	
67	18	55	29	351	203	418	1426	—	
17	4	14	15	50	66	118	434	2	
31	2	19	10	42	52	117	392	1	
23	2	18	21	49	49	154	134	20	
19	1	3	6	9	21	36	139	4	
1	2	1	9	8	18	22	124	1	
4	—	7	3	12	18	135	541	27	
22	5	—	11	7	12	248	792	—	
31	11	46	7	53	39	169	503	7	
25	20	16	87	112	89	153	242	3	
1	1	12	4	7	18	44	113	2	
29	2	9	29	45	56	72	234	10	
1	—	10	5	20	32	63	165	9	
1	—	3	3	21	24	72	234	15	
36	7	4	28	40	36	40	113	—	
1	5	14	21	11	24	25	99	2	
12	1	8	3	17	17	80	224	2	
6	4	15	11	33	39	67	180	1	
8	4	5	12	34	35	119	411	—	
52	6	35	17	67	58	32	79	1	
42	4	5	1	7	14	133	283	—	
57	7	6	14	80	48	86	129	—	
10	5	12	21	46	28	67	236	—	
34	1	6	4	5	22	183	437	21	
49	6	53	29	156	106	292	654	89	
28	3	1	13	23	17	110	301	1	
233	4	118	92	293	146	130	231	19	
79	2	15	7	102	60	82	156	24	
112	—	17	15	125	58	34	99	4	
164	3	12	7	83	44	61	129	25	
40	6	12	1	58	25	69	696	12	
393	180	164	170	843	455	3135	412	7	
36	12	12	7	70	32	82	183	8	
12	2	24	36	36	50	161	386	—	
35	7	11	19	152	94	107	351	4	
5	3	12	3	30	20	156	158	264	
20	—	5	10	63	33	496	282	49	
20	17	42	39	201	131	240	848	—	
12	2	5	6	67	45	161	386	—	
34	1	12	14	123	45	107	351	—	
8	6	39	25	181	80	156	158	—	
12	6	12	4	39	25	496	282	—	
319	59	240	76	881	481	296	4946	264	
33	4	37	4	105	38	58	282	49	

Analysis of the Vital Statistics of Ninety-six

Towns	Estimated Population middle of 1913.	Births.	Deaths.	The Deaths Registered include				
				Deaths of Infants under 1 year.	Deaths of Persons aged 65 years and upwards.	Deaths from Enteric Fever.	Deaths from Small-pox.	
St. Helens	99,460	3,221	1,904	505	806	5	—	
Southport	71,092	1,078	912	101	395	1	—	
Wigan	90,763	2,582	1,685	464	286	16	—	
Warrington	74,065	2,212	1,154	288	211	9	—	
Bolton	183,879	4,086	2,931	582	703	16	—	
Bury	59,159	1,216	906	168	248	3	—	
Manchester	730,976	19,276	11,561	2,454	2,458	48	—	
Salford	293,849	6,386	3,752	864	777	25	—	
Oldham	149,996	3,535	2,564	494	581	3	—	
Rochdale	93,430	1,957	1,422	211	404	4	—	
Burnley	109,021	2,541	1,830	434	370	4	—	
Blackburn	133,971	2,968	2,124	438	537	8	—	
Preston	118,070	3,862	2,037	455	481	10	—	
Blackpool	61,012	1,024	901	130	279	—	—	
Barrow-in-Furness	65,252	1,921	960	224	191	3	—	
Huddersfield	110,882	2,195	1,630	226	497	6	—	
Halifax	100,740	1,924	1,578	195	540	8	—	
Bradford	290,540	5,804	4,411	740	1,335	17	—	
Leeds	457,295	10,947	7,162	1,462	1,805	19	—	
Dewsbury	53,855	1,284	917	167	262	3	—	
Wakefield	52,291	1,225	719	133	198	3	—	
Barnsley	52,897	1,639	852	235	184	2	—	
Sheffield	471,662	13,511	7,544	1,733	1,713	20	—	
Rotherham	64,432	1,982	980	279	194	3	—	
York	83,329	2,027	1,052	188	354	3	—	
Hull	287,032	8,175	4,309	1,047	1,091	37	—	
Middlesbrough	107,993	3,413	1,936	445	320	2	—	
Darlington	58,295	1,582	816	150	238	1	—	
Stockton-on-Tees	52,316	1,667	963	226	207	5	—	
West Hartlepool	64,234	1,939	1,054	267	217	5	—	
Sunderland	162,377	4,797	2,749	645	593	2	—	
South Shields	110,513	3,479	1,967	409	414	6	—	
Gateshead	118,601	3,519	1,740	431	404	15	—	
Newcastle-on-Tyne	271,295	7,479	4,149	907	1,005	15	—	
Tynemouth	60,601	1,792	944	218	244	3	—	
Carlisle	52,630	1,188	789	154	230	—	—	
Newport (Men.)	87,626	2,372	1,130	276	242	4	—	
Cardiff	186,554	4,914	2,534	566	589	7	—	
Rhondda	162,137	5,479	2,306	760	317	12	—	
Merthyr Tydfil	83,808	2,431	1,130	307	236	7	—	
Aberdare	52,619	1,587	871	276	165	—	—	
Swansea	119,485	3,400	1,739	433	417	5	—	
Greater London	7,411,885	180,037	96,317	17,640	28,379	167	—	
Outer Ring	2,893,694	67,400	31,287	5,771	9,539	53	—	
14 Great Towns in Outer Ring	1,678,415	40,885	18,794	3,630	5,334	32	—	
Remainder of Outer Ring	1,215,279	26,515	12,493	2,141	4,205	21	—	
Edinburgh	320,300	6,243	4,632	631	1,495	10	—	
Glasgow	1,021,500	28,688	17,694	3,705	3,549	37	—	
Dublin (Registration Area)	403,000	11,392	8,326	1,757	1,901	38	—	
Belfast	396,000	11,280	7,647	1,628	1,370	23	—	

of the Largest English Towns during 1913 (continued).

The Deaths Registered include									
Deaths from Measles.	Deaths from Scarlet Fever.	Deaths from Whooping-cough.	Deaths from Diphtheria.	Deaths from Diarrhoea and Enteritis (under two years).	Deaths from Violence.	Inquest Cases.	Deaths in Public Institutions.	Uncertified Causes of Death.	
196	27	19	15	119	63	77	353	72	
3	1	5	1	32	26	29	128	28	
123	1	21	6	134	60	104	191	1	
22	7	24	9	82	45	49	232	57	
83	4	48	29	176	88	191	444	8	
25	7	1	7	46	29	42	156	26	
264	94	140	99	621	498	907	3473	33	
129	30	40	30	197	122	316	921	8	
38	20	36	19	118	62	181	440	—	
10	8	3	8	59	45	84	247	26	
56	7	3	19	138	69	126	320	34	
10	1	11	7	121	65	120	325	41	
68	34	6	32	145	49	67	302	59	
13	2	4	6	35	22	29	119	24	
45	4	2	29	51	33	37	118	26	
25	7	8	6	38	59	98	278	10	
9	2	4	18	35	44	104	346	11	
36	10	22	53	169	116	367	1086	6	
107	15	94	85	331	273	637	1575	6	
14	3	4	2	42	33	64	145	—	
3	2	7	6	30	32	79	151	2	
23	3	11	8	72	41	71	112	—	
372	78	69	57	412	256	492	1741	58	
7	7	28	11	60	46	70	178	11	
—	1	12	8	37	47	88	221	—	
12	3	78	33	337	185	399	919	23	
54	22	23	21	106	69	130	287	21	
9	8	6	12	27	27	40	132	43	
40	8	18	5	31	36	51	122	9	
23	4	15	7	44	39	53	132	15	
78	20	19	22	180	121	199	535	41	
59	31	10	8	63	73	102	254	65	
13	2	21	8	104	64	79	269	71	
64	21	94	29	126	109	319	844	19	
5	12	3	9	48	44	78	159	20	
3	—	7	6	24	28	45	151	22	
32	23	—	9	58	49	91	199	6	
11	17	17	39	157	125	311	521	—	
59	22	17	53	257	121	166	129	16	
7	6	9	14	77	45	96	165	5	
48	9	15	4	73	43	59	31	3	
14	3	16	27	115	60	120	264	7	
2,361	259	1,158	703	4,361	3,767	9,410	36,701	111	
791	71	358	272	1,263	1,269	2,708	8,320	64	
440	48	218	170	886	720	1,723	5,456	19	
351	23	140	102	377	489	985	2,864	45	
61	38	121	32	68	173	?	?	?	
578	136	749	193	637	738	?	?	?	
30	31	86	91	537	180	235	3,218	236	
182	156	47	55	406	166	339	2,004	74	

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METROPOLITAN BOROUGH OF DEPTFORD

MAP SHEWING THE LOCALITIES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1913.





U.S. DEPT. OF AGRICULTURE

- MAJOR CITIES
- INTERIOR MARKETS
- RAILROADS
- WATERWAYS

