

[Report of the Medical Officer of Health for Camberwell,

Contributors

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Report of the Medical Officer of Health.

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

GENTLEMEN,

The population of the area comprised in the jurisdiction of the London County Council at the middle of the year 1914, as estimated by the Registrar-General, was 4,518,021. This is a little less than the population at the same period of 1913, and it is calculated by a different method. Previously it was estimated on the continuance of the rate of increase which had prevailed during the inter-censal period, 1901-1911, but in view of the fall in the rate of natural increase since 1911, and an increase in the loss by migration, a new estimate has been framed for the middle of last year, based upon the returns of births, deaths, and migration. The latter factor, taken in its wider sense, has no doubt contributed to the reduction in the population of England as a whole, as it has also caused a change in that of London, leading to an increase in surrounding districts at one time purely rural, but which are now largely occupied by people who work not only in the City proper, but also in the adjacent parts of the County of London, which in many cases have become trade, rather than residential, quarters, and which consequently show a decrease.

The actual number of births for London during the 52 weeks was 109,667, compared with 110,353 for 1912, the last year which was reckoned as having the same number of weeks. This total has been corrected by the inclusion of children born outside but whose parents belong to London, and by the exclusion of those who were indeed born within the county, but whose parents usually lived outside its boundary.

The deaths for the same period were 64,994, compared with 65,030 for the 53 weeks of 1913, so that the mortality was really greater than last year. The deaths in London of those who had a fixed or usual address outside are not counted in this number, but all those inhabitants who died outside are reckoned, including those who died in sanatoria, lunatic asylums, and the institutions under the control of the Metropolitan Asylums Board, irrespective of the date of their admission. For example, a patient goes to an asylum suffering from mental disease, and after a stay of some years he develops phthisis. This would appear as a death from that disease, assigned to Camberwell. The converse, of course, equally holds good in the case of an inhabitant of some outside district dying in one of the institutions in Camberwell under similar conditions.

The number of inhabitants at the middle of 1914 is provisionally reckoned as 261,828, which means that the population has increased

by 28 since last year, according to the Registrar-General's estimate.

By the method we have now used for some long period, and which has as its basis the number of assessments per head of the population as enumerated at the census of 1911, the number is 264,121, which is 46 less than last year. This last method of calculation is obviously open to criticism because assessments do not necessarily mean inhabited premises, and an excess of advertising zeal may give us false impressions of an increase in population. Nevertheless, when submitted to actual test, as it is in the census year, this method has shown itself to be the more reliable. However, if both these estimates be only approximately correct, there must have been a great increase in the migration from the Borough, for the records show an increase of births over deaths of about 3,000.

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

POPULATION OF CAMBERWELL AND SUB-DISTRICTS.

	Borough.	Dulwich.	South Camber- well.	North Camber- well.	South Peck- ham.	North Peck- ham.	St. George's.
As enumerated at census 1896 ...	253,076	7,519	90,286		88,242		67,029
As enumerated at census 1901 ...	259,339	10,247	90,465		93,038		65,589
As enumerated at census 1911 ...	261,328	14,974	45,036	64,379	43,221	47,753	45,965
As estimated to middle of 1912	263,636	15,174	45,647	65,813	43,248	47,779	45,973
As estimated to middle of 1913	264,167	15,456	45,772	65,794	43,303	47,886	45,956
As estimated to middle of 1914	264,121	15,713	46,054	65,292	43,262	47,867	45,933

There are higher figures in both Dulwich and South Camberwell, due no doubt to the fact that in those districts building has been going on, and what was open land is now fast becoming a thickly covered neighbourhood. Another factor, but which exerts a less influence, is the conversion of the large houses, especially in the neighbourhood of Denmark Hill, into boarding houses, and those which are perhaps too small to be so treated are altered into flats. In the other districts there is not so much scope for building; any further increase in the population, apart from the greater number of inmates to the houses, will probably result from the pulling down of the houses with large gardens and the building of rows of small houses in their stead.

Owing, however, to the difficulty of labour and prices of materials, the change to any appreciable extent is not yet likely to occur.

The births taking place in the Borough were 6,494, but to this must be added those of children of persons usually living in Camberwell, but where the births take place outside.

Among these are included children who were born in any of the infirmaries, workhouses, or in one of the many lying-in institutions. The Registrar-General reports that 6,580 births are due to Camberwell. The difference of 88 we have taken to indicate the addition of this number of births under such circumstances. Such births have been redistributed among the registration districts in proportion to those actually occurring there.

BIRTHS IN CAMBERWELL AND ITS SUB-DISTRICTS.

Year.	Borough.	Dulwich.	South Camber- well.	North Camber- well.	South Peck- ham.	North Peck- ham.	St. George's.	Un- attached.
1913	6,671	233	990	1,619	997	1,417	1,333	82
1914	6,580	205	929	1,609	1,003	1,363	1,385	86
Difference	- 91	- 28	- 61	- 10	+ 6	- 54	+ 52	+ 4

The decrease of 91 in the number of births is not accounted for by the fact that the records refer to 52 weeks as opposed to 53 in 1913. It is due to causes which are none the less serious because they are calculated and of malice prepense.

It will be seen that there are substantial decreases in the majority of districts, Dulwich being especially noteworthy, exceptionally St. George shows a very decided increase.

BIRTH-RATES OF CAMBERWELL AND ITS SUB-DISTRICTS.

Year.	Borough.	Dulwich.	South Camber- well.	North Camber- well.	South Peck- ham.	North Peck- ham.	St. George's
1913	25·2	15·1	21·6	24·9	23·0	29·5	29·0
1914	24·9	13·2	20·4	24·9	23·4	28·8	30·5

As might be expected from the foregoing figures, the birth rate shows a decrease which would have been very marked had there not been so little change in the estimated populations. There is a fall of nearly 2 in Dulwich, which is, however, compensated for by a rise in South Peckham and in St. George's.

There were 4,010 entries sent in by the Sub-Registrars on their weekly returns, but these are not available for the calculation of the

death rate until they have been corrected. There are several institutions in Camberwell where there are patients removed from other parts of London. For instance, we have the Southwark Infirmary, to which patients are removed from that district and to which should be assigned their deaths if they should die in this institution. Then there are the lunatic asylums. But what happens to Southwark also occurs with us, for there are many inhabitants of Camberwell who die in hospitals outside its boundaries, and, with the advent of the sanatorium, this number must of necessity increase, for there will now be many more persons removed who would otherwise have died at home. Lastly, there remains a small section in a category by themselves—they are persons who are chargeable in the books of the various institutions to Camberwell, but whose address here was so indefinite that they cannot be assigned to any of the districts, but have to be distributed among them proportionately to the recorded deaths in each.

REDISTRIBUTION OF DEATHS AMONG THE SUB-DISTRICTS OF
CAMBERWELL.

District.	Deaths returned classified according to sub-districts.	Deaths of persons removed from unknown addresses in the Borough redistributed.	Estimates of total deaths due to sub- districts.
Dulwich	141	2	143
Camberwell, South ...	495	7	502
Camberwell, North ...	942	13	955
Peckham, South ...	609	8	617
Peckham, North ...	749	10	759
St. George's	633	9	642
Total	3,569	49	3,618

Calculated on our own figures, the death rate for 1914 for the whole Borough appears at 13·6. The Registrar-General in his annual summary states the crude death rate to be 13·7, but which, when corrected for the differences of sex and age constitution between it and the rest of the County of London, comes out at 13·6. The death rate decreased during the past year from 13·9 in 1913 to 13·6. From being the eleventh lowest in the list of the twenty-nine London boroughs it becomes the tenth; while it still holds the fourth position among the boroughs on the south side of the Thames.

Boroughs.	Death-rate from all causes per 1,000 living (corrected).	Deaths under 1 year to 1,000 births.
County of London	14.4	104
Lewisham	10.7	74
Hampstead	11.0	80
Wandsworth	11.0	89
Stoke Newington	12.5	78
Paddington	12.9	95
Chelsea	12.9	67
Kensington	13.1	94
City of Westminster... ..	13.2	80
Battersea	13.4	93
Camberwell	13.6	99
Hammersmith	13.7	94
Fulham	13.8	113
Hackney	14.0	92
City of London	14.0	94
St. Marylebone	14.1	98
Woolwich	14.1	85
Lambeth	14.3	104
Deptford	14.3	99
Greenwich	14.5	98
Islington	14.8	105
St. Pancras	15.6	92
Holborn	16.2	90
Bethnal Green	16.6	137
Poplar	16.9	116
Stepney	17.3	124
Bermondsey	17.4	125
Southwark	17.9	124
Finsbury	19.4	123
Shoreditch	19.6	141

The diminution shown is notably in St. George's and in North Peckham. Both of these showed a rise in 1913, and although they have not gone back to the exceptionally low rate of 1912 they show a substantial decrease.

The decrease in Dulwich is not less remarkable, the death rate being 9.1, whereas in 1912 it was 12.0. Indeed, one has to go as far back as 1910 to reach one so low as last year.

The reduction is naturally a source of gratification, but the state of affairs since last August has been so abnormal and so impossible of comparison with any previous years that it would be unwise to draw any conclusion from the figures.

The exceptional conditions, however, are not confined to Camberwell alone, and comparison with London as a whole is admissible. This much, therefore, can be truthfully said, that its death rate has decreased, while that of London has gone the other way, and, making all allowances for favourable weather and other conditions, this Council would be justified in claiming some credit for its sanitary administration as a factor in the reduction.

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

Year.	Borough.	Dulwich.	South Camber- well.	North Camber- well.	South Peck- ham.	North Peck- ham.	St. George's.
1905	13·8	9·87	13·40		14·18		15·60
1906	14·8	9·5	11·7	15·5	12·7	16·5	15·6
1907	14·0	9·0	12·2	14·9	12·6	16·1	16·1
1908	13·1	8·4	11·1	14·2	12·1	15·6	13·4
1909	13·7	9·8	10·5	14·3	12·9	16·6	15·0
1910	12·2	9·0	9·5	12·8	11·0	14·4	14·5
1911	14·2	10·1	11·4	15·1	14·3	15·7	15·2
1912	12·8	12·0	9·8	13·4	12·5	14·6	13·8
1913	13·9	10·5	10·7	13·8	13·6	16·7	15·5
1914	13·6	9·1	10·9	14·6	14·2	15·8	13·9

The death rate for the whole county was 14·4, compared with 14·2 for 1913.

The question of infant mortality has received greater prominence than ever, both in the press and elsewhere, and more and more extravagant and alarmist statements have been made. Indeed, one would think that the whole British race is doomed to extinction, and that very shortly. As yet it is too early to form an accurate forecast of the effect of the war on the birth rate and also on infant mortality, but I doubt exceedingly both as to any decrease of the former or any increase of the latter, and it will probably be found so far as this is concerned that the weather will be the predominant factor. If 1915 be a hot, dry summer, particularly towards its latter part, the infant mortality will show an increase, and on the other hand with a cool season particularly if accompanied by rain there will still be a lessening from 1914. The total number of deaths in the Borough of infants under one year went down by 73, that is from 738 to 665. This may in part be accounted for by the lesser number of weeks, but the diminution is still seen when the births are considered in relation to the deaths under one year. The proportion in 1913 was 106, whereas this year it is 99, while the rate for London as a whole has gone down from 105 to 104. The example has been followed of previous years, and I again set out a table going back to the year 1906, which shows how Camberwell stands with regard to some boroughs that have appointed health visitors as part of their Sanitary Staff.

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

Borough.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	Year in which Health Visitor was appointed.
Camberwell ...	130	115	104	100	94	109	83	106	99	
Bermondsey ...	153	123	144	138	126	156	111	132	125	1909
Bethnal Green	155	138	132	129	123	151	96	118	137	1906
Hammersmith	138	117	120	120	99	146	90	103	94	1905
Hampstead ...	77	69	69	75	60	78	62	73	80	1909
Kensington ...	132	128	119	113	106	132	91	112	94	1906
Lambeth ...	131	120	104	109	94	123	86	102	104	1907
Woolwich ...	109	112	94	82	85	97	73	79	85	1906

The table continues to show very diverse results, but one thing it does not indicate, and that is the continuous decrease of mortality which one would expect in the selected Boroughs, according to the statements and arguments of those who would insist that the first thing to do in order to diminish infantile mortality is to appoint a health visitor, unless the reasoning be accepted that, like many other much-belauded schemes, it is not going to show any effect for some years.

The decrease in this Borough is found chiefly in the two diseases to which one may fairly have attributed the increase in 1913. Bronchitis and pneumonia together were then responsible for 167; last year they carried off but 135; and it is in this age division that the fall for the year is noticeable. The decrease in diarrhoea and enteritis amounted to 29. Apart from these two, there was also a decrease in the mortality from the infectious class, but otherwise the figures show no very great difference from 1913. For instance, there was a fall in the number of fatalities from measles, the figures being 9 in 1914, 16 in 1913, and 21 in 1912. One death, however, occurred from scarlet fever last year, while in 1913 there were none attributed to this cause. Whooping cough caused one more death than in 1913.

Tuberculous disease, in all its manifestations, showed an increase of 5, *i.e.*, from 17 to 22.

The figures of injury at birth, congenital defects, and premature birth are individually and in the aggregate practically identical with the past year. Four deaths less was the difference for 1914 over 1913 in the case of wasting diseases. Of the 6,580 registered, there were 5,680 notified; of these, 2,924 were received from midwives and 295 from nurses. It seems, therefore, that the number of women who are not attended in their confinements by medical men shows no sign of diminution.

The subject of making provision for expectant mothers has also received attention, both from the point of view of the reduction of infantile mortality, and also on the aspect connected with the

Insurance Act. Indeed, to believe papers and reports, one would almost be driven to the conclusion that further efforts towards such reduction are of more importance than those directed towards our being victorious in the war.

There can be little doubt but that if an expectant mother is prohibited from work, and thus loses her means of sustenance, the outcome both to the parent and infant would be far worse than if work and receipt of wages were to go on, in spite of ante-natal clinics, of attendance at a school for mothers, or any number of interviews with a health visitor. Besides it must be borne in mind that, if a woman does stay at home, this by no means ensures her rest, and it may well be that a hard day at the wash-tub is as likely to do harm to her and her unborn infant as a day's work at a factory. A school for mothers may perhaps reach an occasional case where trouble at the time of birth may be obviated, but the cases that would attend such an institution are those who, if no such institution were available, would seek other means of advice, either from doctor or midwife, and those who are likely to neglect such precautions are precisely those who would not take the trouble to attend such a school. But for those who do attend there is certainly the advantage of bringing many women into contact with those who cannot fail to influence them for good in many ways other than motherhood. Prohibition of work after birth seems to be the one most likely to effect some service, chiefly on account of the infant, who will then have a better chance of being fed from the breast, and for the mother a greater likelihood of escaping the ills which might result from the getting up too soon after confinement. The impression seems, however, to be rather fostered that parturition is altogether an abnormal function, and something apart instead of being just as natural as a woman breathing.

In all the discussions about parents and infants the interest seems to be centred round the mother, but little or no attention is given to the father. Surely, if good health and well-being are the objects to be attained, this is wrong. In the breeding of valuable animals, is not as much attention paid to the male as to the female? And now with the drain that is going on among those who represent the majority of the best physically, mentally and morally, this subject surely deserves more attention.

The deaths in the population as a whole next call for some reflection, and the first thing to strike the attention is the considerable rise both in scarlet fever and diphtheria. From the former disease it will be seen that there were roughly 400 more notifications, and its continuous prevalence during 1914 is apparent when one takes the notifications month by month. For instance, at the end of August, 1913, there had been only 463 notifications for the year, while at the same date in 1914 the number was 919.

The increase in notifications affected all districts except St. George's and North Peckham, where a decrease was noticed.

The removals to hospital were not quite so numerous proportionately as they were in 1914, but there is no doubt that they now take place from homes where a few years ago one would never have anticipated such an occurrence; in fact, now the very poor are not those who show most anxiety for the segregation. This may be due to an exaggerated fear of infection, or the hope of better treatment, but it is possible that a desire to save trouble and expense may have a more important influence.

At times it was impossible to remove persons to the isolation hospital whose home circumstances warranted the presumption of the spread of infection, and as a consequence of this delay, the Metropolitan Asylums Board resumed the practice of asking for lists of persons from the various sanitary districts at the end of September, 1914. The form asks for various particulars as to the number of applications made, the inhabitants of the house, &c. A list was accordingly forwarded each day, and a note was made on it, calling attention to any urgent necessity for removal. As a rule this was duly attended to, but in a few instances we found that from some cause, possibly pertinacity on the part of the parents of the child, cases had been removed which were not to be found on the lists.

The mortality from this disease was over double that of last year, so that the case mortality has risen roughly from under 1 to 1.5 per cent. This is, of course, a great reduction from the rate which formerly prevailed, but the increase last year rather suggests it is the infecting organism that varies in virulence, and that decrease in the mortality is not so much due to a greater resisting power of the individual.

Coincident with scarlet fever, there is shown an increase of diphtheria, there being 461 notifications, compared with 394 last year. The increase was shown in all the districts, except Dulwich, with a very marked rise in South Camberwell. The notifications showed an irregular occurrence, and there was no regular sequence which might indicate the implication of a school. But the disease itself seemed to be of a more fatal type, for had the same case mortality prevailed as last year there should have been about 900 notifications. The increase in the deaths between the ages 2 to 5 and 5 to 15 was very marked.

The deaths from measles were almost identical with the previous year, but the children, over one year, seem to have suffered rather more severely.

During the prevalence of scarlet fever, it was found necessary by the Metropolitan Asylums Board in June, 1914, temporarily to discontinue the admission of measles. This policy was rather in startling contrast to the views of those who, in advocating more administrative measures against this disease, are never weary of pointing out how much more fatal is this disease than scarlet fever. One would have rather thought that the admission of measles would have gone on and more stringent rules put in force so as to limit the removals of the latter disease.

No deaths were reported from cerebro-spinal meningitis and only 4 notifications. As usual, none of the latter were found to have any relation with each other.

There were 6 more notifications of enteric fever than in 1913, and these are almost all accounted for by the increased number from South Peckham. In North Peckham, a series of persons in one family fell victims to the disease, but very careful enquiry failed to show any apparent connection between them. As usual, the majority of those attacked were in the age periods 15 to 25 and 25 to 45, and all but 7 were removed to hospital. Although careful enquiry was made there was no evidence of any infection through food.

The decrease in the total of diarrhoea deaths did not show itself in the older population, but was practically confined to the so-called zymotic enteritis of infants.

Bronchitis caused 318 deaths, compared with 347.

In malignant disease, there is little change from last year, there being an increase among those between 45 and 65 years, and a decrease in those above that limit.

The number of puerperal fever notifications exactly doubled itself, and the increase was largely due to a run of cases which occurred in the practice of a particular midwife. At one time it seemed as if a medical man might also have been concerned, but investigation led one to the conclusion that this was not likely. Most careful enquiries were made into the precautions taken by the midwife, who seems to have been quite careful, even a bacteriological examination was made of her hands. Eventually she was advised to take a short holiday. This apparently broke the spell, and there were no more notifications. Notwithstanding the doubling of the notifications, only one more death than in 1913 was recorded.

The deaths registered as pleurisy pure and simple were 2, half the number of last year; but one's previous views as to the connection of this disease with impending manifestations of tubercle of the lung have been strengthened by the experience of the past year. More and more has it appeared that phthisis has developed in those who have suffered from an attack of pleurisy, from which they have more or less completely recovered before the appearance of symptoms of the latter disease.

The deaths from pulmonary tuberculosis were 354, being 51 more than 1913, the increase being practically confined to the age limit of 25 to 65. In view of the special efforts that are made and the amount of money that is being expended, one might have hoped for, but not necessarily anticipated, a further diminution in 1914. The rise from last year was greater in Camberwell than in many of the other London Boroughs, for according to the Registrar-General, the death rate for London as a whole rose from 1.30 to 1.39, but for Camberwell it was 1.42 last year and only 1.15 in 1913. Of these, 176 took place in the Infirmary or in hospitals, &c. In view of

the importance that has been attached to institutional treatment as a factor in the diminished fatality of the disease, it is interesting to notice how long such persons had been removed from their homes. 22 had been inmates for one week; 40 for less than a month; 30 for less than three months; the stay of the remainder exceeding this period. But the length of sojourn before death does not always give an accurate impression, for I find that of those who had been in less than a week, 9 had previously received institutional treatment; while of those who died at home, 63 had previously been in the Infirmary or similar institution, from which they were discharged at varying periods before death. Many, probably feeling the oncoming of death, discharged themselves so that they might die at home. The cases personally enquired into amounted to 660 of the pulmonary and 180 of the non-pulmonary. It will be seen that this is less than the total of notifications sent in, and the difference is accounted for by the persons having moved away before enquiries could be made. The difficulty seems to be increasing of finding those at home who are able to give information, and if the fruitless visits were added up, it would amount to many times the above figures. Evening visits and Sundays are in some of these cases effectual in getting first-hand information; but even with these there remains a not inconsiderable residuum who never seem to be visible, and it is the more annoying when, as frequently happens in these instances, one can hear people moving about inside, but no effort is made to answer the door. Even when an interview is secured, the information is given unwillingly, and I fear not always accurately. With regard to overcrowding and proper sleeping accommodation, the desire to avoid details is not unnatural, for they fear to be involved in extra expense. But whatever may be the reason, most of the people now seem less ready to give information; this is probably due to a vague fear that information may be used against them, which one's denial of connection with the School Board man or someone from the Insurance is not always able to dispel.

In all, 1,887 notifications were sent in relating to 1,054 persons; in the previous year there were 2,426 notifications relating to 1,519 persons. Some were therefore notified many times, for with a certain class it is common to be admitted to the infirmary for a short while, and then to come out only to be re-admitted after the lapse of a week or so. This operation is not infrequently repeated several times. A very large number were received from the dispensary in Brunswick Square, which were proportionately heaviest among the secondary cases, of which 32 were sent in during the year. So many are there of such patients, not to mention others who have been recommended there by various friends or philanthropic agencies, that it would almost seem, certainly in the poorer districts, as if the treatment of tuberculous persons by private doctors would come to an end. We were apparently made aware of nearly all cases, for, as mentioned above, the persons not notified, if one may judge

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.
PARTICULARS OF NOTIFICATIONS RECEIVED FROM JANUARY 5TH, 1914, TO JANUARY 2ND, 1915.

District No.	Ward.	Sanitary Inspector.	Number of Persons Notified.	Number of Notifications received.	AGE DISTRIBUTION.							Inspections and Re-visits made by Sanitary Inspectors.	Patients left Address, since Notification, for other Address in Borough.	Patients who have left Borough since Notification.
					Under 1 year.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.			
1	Ward 1 (part of) ...	M. Malins ...	58	114	1	2	13	10	17	15	...	324	10	22
2	{ Ward 1 (part of) & Ward 2 ... }	H. Jones ...	92	214	3	5	14	18	31	19	2	385	10	31
3	Wards 3 and 14 ...	G. Dewey ...	106	175	...	5	21	19	31	27	3	422	9	29
4	" 4 and 8 ...	H. Green ...	177	309	8	16	48	29	49	21	6	827	16	34
5	" 5 and 6 ...	R. Nash ...	128	232	3	7	26	24	50	15	3	598	8	37
6	" 7 and 9 ...	G. Scudamore ...	167	283	10	15	38	17	53	33	1	609	3	57
7	" 10 and 11 ...	W. Eagle ...	102	169	...	5	11	16	46	20	4	264	3	17
8	" 12 and 13 ...	J. Pointon ...	60	115	1	3	15	9	26	5	1	345	6	29
9	" 15 and 16 ...	W. Farmer ...	71	117	...	9	11	13	21	15	2	252	1	7
10	" 17 and 18 ...	G. Morley ...	60	103	...	4	15	11	14	13	3	270	6	14
11	" 19 and 20 ...	E. Collins ...	33	49	1	1	3	8	18	2	...	86	...	...
Total ...			1,054	1,880	27	72	215	174	356	185	25	4,382	72	277

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS 1912.

*Summary of Notifications during the period from January 4th, 1914, to
January 2nd, 1915.*

Age Periods.	Number of Notifications on Form A.												Total Notifications, i. e., including cases previously notified by other Doctors.
	Primary Notifications.												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total.	
Pulmonary— Males ...	1	11	24	23	16	46	84	96	66	34	8	409	604
Females ...	1	8	19	29	31	18	66	56	31	11	14	284	407
Non-Pulmonary— Males ...	16	24	41	21	8	7	5	5	6	1	—	134	157
Females ...	9	26	25	12	12	4	7	6	3	1	—	105	111

Age Periods.	Number of Notifications on Form B.						Number of Notifications on Form C.	
	Primary Notifications.					Total Notifications, i.e., including cases previously notified by other Doctors.	Poor Law Institutions.	Sanatoria.
	Under 5	5 to 10	10 to 15	Over 15	Total.			
Pulmonary— Males ...	—	1	2	—	3	3	66	107
Females ...	—	—	1	—	1	1	26	50
Non-Pulmonary— Males ...	—	—	1	1	2	3	—	15
Females ...	—	—	2	1	3	5	1	10

from the deaths, form a very small section. When one comes to the actual filling in of the notification form itself, there is room for considerable improvement, especially as regards the "occupation." In one particular instance, a man was notified three times by three different practitioners, and on each occasion was a different occupation assigned to him. The age and Christian name are also very variable quantities.

The number of deaths from tuberculous meningitis nearly doubled itself, but those from other forms (joints, &c.) of this condition remained practically the same.

The proposed arrangement with the Camberwell Tuberculosis Dispensary Authorities several times approached fruition, but on each occasion the scheme, as agreed between them and the Public Health Committee, did not commend itself to the Council. The opposition centred itself not so much round the question of whether a dispensary was going to do all that its supporters claimed for it, a claim which certainly is based largely on assumptions and theories, but rather round financial details which really did not admit of so much debate. It is useless again to traverse the well-worn path of the negotiations, except to point out that if we have to provide an establishment ourselves, or are forced to contribute to one which is set up for us by the Local Government Board, our expenditure will be many times greater than if we made the comparatively small contribution to the Dispensary; and there is the additional advantage of an annual arrangement that we can terminate should the Council at any time consider it advisable to do so.

In the not unlikely event, therefore, of an eventual change of view in the manner of dealing with tuberculous disease, the Borough would not be the loser of all the initial outlay incurred in setting up a dispensary added to the maintenance, which must be considerably more than the contribution asked for by the authorities of Brunswick Square.

Pending some definite decision, it is impossible to formulate a scheme for the Borough whereby one can fit in with the arrangement of the London County Council. On several occasions during the year letters have been received from them asking for a form to be filled up for a person to go to a sanatorium, if this Council are ready to comply with their scheme. In order not to prejudice the chances of a person getting away this has always been filled up, but with the proviso that I am unable to answer for the compliance of the Borough Council. However, the removal of the patient has usually followed. We have also been asked for clinical reports on persons who have been in sanatoria. These have been sent to the Dispensary, and the London County Council informed of the action taken. Although there has been no obligation, I understand that the Tuberculosis Officer of the Dispensary has been kind enough to send in such reports.

The Borough Council's shelter has been lent for use in the gardens of patients on several occasions, but we are handicapped by the fact that many houses are so small that when it comes to take it through, we are stopped by awkward turns; occasionally it has been possible to get it through next door, or even over several gardens, but on several occasions the difficulty has proved insurmountable.

The total number of those notified who were considered likely subjects for treatment in a sanatorium and who were removed thereto was 149; of these, 15 were dead at the end of the year.

TUBERCULOSIS, 1914.

Inspector.	Overcrowding.		Ordinary.		Total.
	Intima- tions.	Notices.	Intima- tions.	Notices.	
H. C. Green ... ..	...	...	14	1	15
G. G. Morley ... ..	...	...	5	2	7
H. N. Jones	1	...	17	6	24
R. F. Nash ... ..	...	...	2	...	2
M. Malins	2	1	25	12	40
W. Eagle ... ..	...	...	5	1	6
G. W. Scudamore ... ..	...	...	11	5	16
G. T. Dewey ... ..	...	...	7	4	11
W. R. Farmer ... ..	...	...	5	3	8
J. S. Pointon ... ..	...	...	1	...	1
E. R. Collins ... ..	...	...	...	...	...
	3	1	92	34	130

At the end of the year 1913 matters had so far progressed that the report on the East Dulwich siding, ordered by the Council in September, was about to be presented.

It is based on joint and separate visits to the Infirmary and to the siding, and we have to express our thanks to Dr. Bruce for getting out as many particulars as he was able of the cases of enteritis occurring among the children under treatment, and for affording us facilities for inspecting the building itself.

EAST DULWICH STATION SIDINGS.

JANUARY 21st, 1914.

GENTLEMEN,—In accordance with the decision of the Council, I submit a report on the alleged nuisance of dust and its connection with enteritis in St. Saviour's Infirmary. Questions of treatment and nursing, especially of children, entering into the inquiry, I invited the co-operation of Dr. Cautley, Senior Physician to the Belgrave Hospital for Children, and the subjoined report sets out our joint opinions, conclusions and recommendations.—I am, your obedient Servant,

FRANCIS STEVENS, *Medical Officer of Health.*

REPORT OF MEDICAL OFFICER OF HEALTH AND DR. CAUTLEY.

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

I beg to draw the earnest attention of the Committee to the very serious menace to the health of the staff and inmates occasioned by the manner in which the dust-bin refuse is handled on the railway siding in the immediate proximity to the Infirmary.

The nuisance has increased and has now reached a pitch which amounts to a gross scandal, and this in spite of protests made in the past.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DEAR SIR,—I beg to bring to your notice the nuisance occasioned by the large rubbish heaps which are kept between the boundary walls of the Infirmary and the railway line. When the wind is in a favourable quarter most offensive smells are blown towards the wards. Under the same condition foul black smoke envelopes

the grounds and penetrates the wards during the periodic burnings which are carried out. With the wind at all high, paper and dust of all kinds is carried into the Infirmary grounds and buildings. I submit that these heaps constitute a nuisance, and are distinctly detrimental to the health of the inmates, and appeal to you to use your powers to put a stop to them.

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

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

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

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

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

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

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

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

(Signed) H. W. BRUCE.

A deputation from the Southwark Guardians attended on July 7th, 1913, before the Works and General Purposes Committee.

In a letter dated August, the Local Government Board communicated with the Council asking for their observations and for a report from their Medical Officer of Health.

The matter was considered by the Public Health Committee on September 16th, together with a report from one of us, the main features of which were to point out that the mortality in the Borough corresponded generally with that of the St. Saviour's Infirmary ; that is, if there were many cases of enteritis in the Borough it existed to excess at the Infirmary, and *vice versa*. It was also pointed out that from Constance Road Workhouse and from the immediate neighbourhood the Council has had no complaints of the dust.

It will be seen that there are two questions to be dealt with—
(a) dust removal, (b) enteritis.

(a) So far as the first is concerned, Dr. Bruce's main allegations are of dust-heaps left in the siding, half-full trucks left over Sunday, in addition to the general complaint of the dust blowing about, and of the smell of refuse and manure. (*Letter of August 11th.*)

"This insanitary work in the immediate neighbourhood of an Infirmary" (to use Dr. Bruce's words) was carried out there at the time when the Infirmary was built in 1886, and has been going on ever since. It has not increased, as stated by Dr. Bruce, for the actual number of loads dealt with is as follows:—1907, 11,308; 1908, 10,964; 1909, 10,956; 1910, 10,644; 1911, 10,751, and 1912, 10,446.

So far as the dwelling-houses in the neighbourhood are concerned, we can speak with assurance that complaints of smell and deaths from diarrhoea have been conspicuous by their absence, even when startling head-lines were appearing in the Press about the Camberwell dust-heaps.

The foul black smoke referred to (October 22nd) is not due to any work carried out on behalf of the Council.

Observations have shown that, though there may be an unpleasant smell of manure and dust in the immediate neighbourhood of the trucks, such smell could not be detected at the Constance Road Infirmary, even when the wind was blowing in that direction from the trucks. This building is almost as near to the trucks as is the Southwark Infirmary. Under analogous conditions the smell was hardly noticeable even at the distance of the wall of the Southwark Infirmary.

These observations are supported by the Sanitary Inspector, who has made a daily visit since July 9th, 1913, to the siding; he also states that during the time he was engaged in testing the drains (a period of three weeks) he never observed any smell of manure or dust in the grounds of the Infirmary.

On one occasion a very faint odour was noticed at about 55 yards' distance when in the line of a strong wind coming from the direction of the trucks. Vegetation on the embankment separating the siding from the Infirmary wall, even after a period of drought, showed no deposit of the dust, which is alleged to blow straight into the Infirmary wards some 40 yards away.

It must not be forgotten that in the grounds there are trees, some of them of thick growth, which even in the winter act as a screen; while at the time when the enteritis was most prevalent the leaves were fully out and the screen more complete. These trees are of varying height, but the thickest growth is mainly about 25 to 30 feet from the ground, and is about on a level with the middle floor of the Infirmary.

Further, members of the staff frequently sit out in the grounds and apparently suffer no discomfort.

Our experience (on the subject of "smell") is also confirmed by Glengall Wharf, where this dust is shot from the carts into the barges. Standing on Glengall Bridge at about 20 yards from two carts which were being emptied, and to the leeward of them, there was no appreciable smell, and this was confirmed by a Sanitary Inspector who was present. Nor do we get complaints from this depot, although factories employing large numbers of hands abound, and the whole neighbourhood is thickly populated.

Dr. Bruce speaks of the siding being in a disgraceful condition. At the time we made a joint and unexpected visit this certainly was not the case. (As I was away at the time of the reception of his first report, I did not visit until June 12th, but I can say with emphasis that nothing of this sort existed then or at other times when I went there.—[F. S.])

It will be noticed that there is no official complaint of nuisance from flies, nor is the outbreak ascribed to them. They have never appeared to be abundant in the neighbourhood of the trucks. We understand, however, that they have been troublesome in the kitchen of the Infirmary, but there is no evidence that they have been bred in the trucks or their neighbourhood.

To sum up, therefore, we can unhesitatingly say that from investigation of the siding itself, of Constance Road Infirmary, and of the houses in the neighbourhood we are entirely unconvinced of any nuisance to the Infirmary beyond a purely æsthetic one.

One can well imagine that the shunting of the trucks at night, the noise of the men carrying out the work, and the disturbance of the privacy of the grounds may well constitute an obstacle to the amenities of their use and an annoyance to the Infirmary staff, but beyond this we emphatically refuse to go.

We must insist on the fact that, even if the Borough Council discontinue transhipment of dust from East Dulwich Siding, there will remain the loading of manure, which will still be conveyed by the London Brighton and South Coast Railway from their depot at the station.

Any nuisance arising from this work can be dealt with under the Public Health (London) Act, but it would also be governed by the same Act, Section 2, Sub-section 2 (1), which states :—

Provided that—

Any accumulation or deposit necessary for the effectual carrying on of any business or manufacture shall not be punishable as a nuisance under this section, if it is proved to the satisfaction of the court that the accumulation or deposit has not been kept longer than is necessary for the purposes of the business or manufacture, and that the best available means have been taken for preventing injury thereby to the public health.

The legal aspect of an alleged nuisance arising from the dealing with house refuse is also dealt with under Section 22 of the Public Health (London) Act, 1891, in which the County Council is substituted for the local authority as being responsible to make complaint on receipt of a certificate stating that a process, &c., is certified as a nuisance or injurious or dangerous to health by the persons set out in Section 21. In Section 22 the words, "a complaint or proceedings . . . may be made or taken by the County Council," are substituted for the words, "such authority shall make a complaint," in Section 21. Proceedings under Section 22 can only be taken by the County Council after they have obtained the sanction of the Local Government Board. In the event of proceedings being taken, and the Borough Council can show that they have used the best practicable means for abating the nuisance, or mitigating or preventing the injurious effects of the effluvia, they will not be liable

to a fine; and, further, the final determination of the court may be suspended if the Borough Council will undertake to adopt such means as the court may deem practicable for abating the nuisance.

(b) It will be noticed in Dr. Bruce's report (August 11th) which deals with the period between July 28th and August 11th, there is a statement that northerly winds were prevalent. This statement apparently implies that the direction of the wind has a bearing on the number of cases of enteritis which are due to infective dust.

The relative positions of the trucks and wards are such that the only winds which might convey dust are (giving a wide margin) those between a little to the north of west and a little to the west of north. These blow toward Blocks E, F, G, and H. Referring to the Greenwich meteorological table, I find that between July 28th and August 11th the wind was between north and west on one day only (August 10th), the prevailing wind for that period being from an easterly direction.

The attacks usually occurred at irregular intervals, but there were four occasions when there were groups of cases. These were July 24th, 25th, and 26th, on each of which days there was no north-west in the wind, and between the two days before the 24th the wind was west-north-west and north-west on the mornings of the 22nd and 23rd. The next was August 3rd, 4th, and 5th—the last of the north-west wind being July 23rd, except that it is marked as having been variable on August 4th. On August 8th and 9th there were three attacks, but the wind had not been between north and west since July 23rd. From the 22nd to the 25th there were five cases, the last occasions for a wind between west and north being August 13th and 14th, except that on the afternoon of the 24th the direction of the wind is given as west, north-west, and west-south-west.

The last series started on August 28th, and comprised three cases; the last occasion for a favourable wind being August 24th in the afternoon.

It is therefore clear that when the greater sequence of cases has happened the wind has been in an unfavourable direction for the presumed conveyance of infective material.

The children and infants were housed in the following Blocks, E, F, G and H, each Block comprising three wards numbered 1, 2 and 3, and the nearest to the siding are H and F. The nearest points of the G and E wards, in which 14 out of the 38 cases occurred, are over 100 yards from the siding, so that infection to be conveyed by dust to children in these blocks would have to be carried above 40 yards further than to those in F and H.

Except in the case of wards F3 and 2 and H 3, which are specially set apart for children, the children are accommodated in cots along the centres of the wards, but in the children's wards before mentioned the cots are set round the walls.

Dr. Bruce has stated that the distance of 85 paces is sufficient to bring the smell right into the wards, but 85 paces has been stated in a previous report by one of us to be by measurement 55 to 60 yards. Taking as one point the nearest point of siding where

dust is dealt with, and the other the proximal end of the affected wards, we find that the exact distances in the case of the F and H wards are 69 and 86 yards respectively; while so far as E and G are concerned the distances are 108 and 120 yards.

Even if the offensive smell were to reach the wards, we are of opinion that it could only give rise to an immediate and temporary attack of diarrhoea in a highly sensitive individual. Such attacks are more apt to occur in adults than in children.

In St. Saviour's Infirmary there are a large number of young children who are especially likely to develop a constitutional state in which there is an undue susceptibility of the mucous membranes leading to nasal and bronchial catarrh and enteritis. This state is known as "hospitalism." It quickly develops in infants even under the best conditions of nursing, and it shows an especial incidence on those who are wasted. Eleven of the patients subsequently affected with enteritis were admitted to St. Saviour's Infirmary with wasting diseases.

Dr. Neal, late Superintendent of the Wandsworth Infirmary, has given us a list of the cases of enteritis in that institution. Of the children who died, 8 out of 21 in 1911, 3 out of 15 in 1912, and 10 out of 18 in 1913 had been inmates for a longer period than one month before attack.

Constance Road Workhouse has had no cases of enteritis during the three last years. At this institution, although 82 births took place during 1913, the infants were usually removed before the end of a month; but on the supposition that the siding is such a potent form of infection it seems odd that these babies, together with about 300 other sick persons, who are almost as near as the St. Saviour's Infirmary, should have so completely escaped.

Gordon Road Workhouse, where there are a number of infants, either foundlings or deserted, is closely affiliated to the Camberwell Infirmary, and any child showing premonitory symptoms of infantile diarrhoea is drafted to the Infirmary. These Gordon Road infants form a large proportion of the deaths in the Infirmary. Out of 16 deaths, 7 were of Gordon Road children, and of these 7, 4 had been inmates over one month. Of the 33 non-fatal cases admitted to the Infirmary, 14 were from Gordon Road, and of these 14, 6 had been inmates over one month.

The milk at St. Saviour's is Pasteurised, and due precautions are enjoined for its conveyance to the wards. It is impossible to exclude the milk as a source of infection, especially in hot weather, seeing that the common organisms giving rise to infective enteritis are not completely destroyed by Pasteurisation.

Careful examination has been made of the sanitary state of the St. Saviour's Infirmary. The drains have, where possible, been tested by water, and in the main the results have been satisfactory. There are one or two instances, however, where rainwater pipes have been found to be leaky—some to a slight degree and a few to a considerable extent.

The sanitary condition of the wards is, generally speaking, satisfactory, with the exception of the flooring. This is not of a

modern type, and owing to its construction it would be difficult to keep thoroughly clean.

The dust is collected in metal bins, which are emptied into a brick dust-bin in the grounds. This is of an obsolete type, and is unsatisfactory.

The trapping of the channels of the wash-hand basins is not altogether satisfactory.

The nurses are worked in floors; that is, on each floor there is a sister, one staff nurse, and three or four probationers; at night there being one nurse to each ward, and one extra if required.

The nurse who changes the sheets and squares of the children has strict instructions to have nothing to do with the feeding. If any feeding is required at night, Dr. Bruce tells us that this is effected by a nurse coming up from another ward.

The dirty linen from the wards is kept in ash-bins outside the wards, and if it is supposed to be infected it is sprinkled with carbolic lotion. It is then taken down and deposited in the open at the door of the foul linen laundry, there to be dealt with.

CONCLUSIONS.

1. The number of cases of enteritis is not in our opinion unusual for the time of year, considering the age and state of health of the patients, the duration of their stay in the Infirmary, and the fact that they are fed artificially.

2. The assertion that the cases of enteritis are due to infection from the siding is not supported by sufficient evidence to render it more than a case for an enquiry of this nature.

3. There is no justification for the exaggerated statements made by Dr. Bruce beyond the fact that there is this siding, where dust and manure are loaded, in the neighbourhood of the Infirmary.

4. It is possible that infection may have been conveyed by milk or by flies, or even in a more direct manner.

WARDS IN WHICH ENTERITIS CASES AROSE.

The numbers in parentheses indicate the beds available in the Wards.

E. 1 (7)	E. 2 (7)	E. 3 (7)	F. 1 (7)	F. 2 (7)	F. 3 (18)	G. 1	G. 2	G. 3 (7)	H. 1 (2)	H. 2 (8)	H. 3 (2)
26. 7	3. 8	16. 8	25. 7	28. 7	24. 7	—	8. 8	17. 7	—	25. 7	5. 8
—	4. 8	19. 8	25. 7	17. 8	3. 9	—	—	22. 7	—	9. 8	23. 8
—	5. 10	8. 9	28. 8	—	8. 9	—	—	22. 8	—	9. 8	29. 8
—	—	22. 9	4. 9	—	—	—	—	29. 8	—	11. 8	—
—	—	9. 10	6. 9	—	—	—	—	—	—	24. 8	—
—	—	—	20. 9	—	—	—	—	—	—	24. 8	—
—	—	—	—	—	—	—	—	—	—	25. 8	—
—	—	—	—	—	—	—	—	—	—	24. 9	—
—	—	—	—	—	—	—	—	—	—	2. 10	—
—	—	—	—	—	—	—	—	—	—	25. 9	—

Dr. Bruce tells me that H. 3 was only re-opened about the beginning of August.

G. 1 is not used for children at all. G. 2 is only exceptionally used.

RECOMMENDATIONS.

1. That the attention of the Guardians of the St. Saviour's Infirmary be drawn to the remarks on the various sanitary conditions, and that they be asked to amend them.

2. That the aggregation of sickly infants should be avoided.
3. That the Pasteurisation of the milk be discontinued, and that the milk be boiled immediately before it is given to the children.
4. That more attention be devoted to the destruction of flies in the kitchens during hot weather.
5. That extra nurses should be provided for infants placed in the main wards, and an extra night nurse for the children's ward.
6. That the Guardians of Camberwell be advised to modernize the arrangement existing at Gordon Road Workhouse for the quarantine of possibly infective children.

EDMUND CAUTLEY,
FRANCIS STEVENS.

On February 11th the report was received by the Borough Council, but not unanimously, and a copy ordered to be sent to the Local Government Board. Presumably it was sent on by them to the Southwark Guardians, but no copy of the observations of the latter on the report has ever been sent to me by them. It is inconceivable, however, that an opportunity for further public abuse of this Council would be missed.

That they did not relax their efforts to obtain some measure of coercion of this Council is a fair inference when the following letter is read :—

WHITEHALL, S.W.,
MARCH 28TH, 1914.

SIR,—I am directed by the Local Government Board to advert to your letter of the 12th ultimo, forwarding a copy of reports by Dr. Stevens, Medical Officer of Health to the Borough Council of Camberwell, and Dr. Cautley, and the Borough Engineer, in regard to the arrangements at the East Dulwich Railway Siding for dealing with refuse collected in the Borough.

In reply I am to state that the Board cannot accept the conclusion that the nuisance to the adjacent Infirmary is purely an æsthetic one. The Board are satisfied that the conditions complained of do, at times, give rise to real nuisance, and they are still of opinion that other or improved arrangements should be made by the Council for dealing with the refuse in question.

I am, at the same time, to forward to the Council the accompanying extract from a letter which has been addressed to the Board on the subject by the Guardians of the Southwark Union, and to request that the Board may be furnished with the observations of the Council thereon.

(Signed) NOEL T. KERSHAW, *Assistant Secretary.*

[EXTRACT REFERRED TO.]

SOUTHWARK UNION, UFFORD STREET,
BLACKFRIARS ROAD, S.E.,
FEBRUARY 20TH, 1914.

SIR,— I am further to request that a copy of the report of the Camberwell Borough Council (if received) may be forwarded to the Guardians in order that they may have an opportunity of repudiating reflections cast upon them and their Medical Superintendent in connection with the matter.

(Signed) SYDNEY WOOD, *Clerk.*

To talk of reflections being cast seems rather puerile on the part of those who have not repudiated, but, on the contrary, backed up, the language used by their responsible officer, who refers to the treatment of the dust as being "handled in a more wicked and scandalous manner than ever," and in another report going still further,

and saying that the Borough Council must be held responsible for the deaths of various children.

The following letter would also give the idea that they were continuing their application later on in the year to the Local Government Board, whose letter (which follows) had evidently been written after a visit to the siding :—

LOCAL GOVERNMENT BOARD, WHITEHALL, S.W.

JULY 2ND, 1914.

SIR,—I am directed by the Local Government Board to advert to previous correspondence and to state that the Board have caused a visit to be paid to the East Dulwich Railway Siding and to the Glengall Road Wharf by their Inspector, Dr. Hutchinson, in connection with the complaints that have been made as to the disposal of the refuse of the Borough of Camberwell.

On the day of Dr. Hutchinson's visit there was no wind, and he could detect no smell from the refuse at the railway siding in the grounds of the Southwark Union Infirmary. The smell in the immediate vicinity of the sidings was, however, very offensive, and there was a considerable amount of house refuse and horse manure littered about, forming a continuous line of rubbish on both sides of the trucks. Dr. Hutchinson found that the trucks are now half screened during the process of filling and are sheeted over when filled. These steps would tend to mitigate any nuisance arising from them, but Dr. Hutchinson had no doubt that there was a nuisance at the time of his visit in the immediate neighbourhood of the refuse, which, with the wind in the right direction, might have been carried into the grounds of the Infirmary. It would appear to the Board desirable that the Borough Council should make arrangements for the disposal of their refuse which would not involve the use of this siding. Until this can be done the greatest care should be taken to obviate as far as possible the spilling of refuse in loading, and to collect and dispose of any refuse that is spilled.

Dr. Hutchinson found no nuisance at the Glengall Road Wharf at the time of his visit, and in his opinion the loading of the refuse into barges at the wharf was being done expeditiously and efficiently.

I am to request that the Borough Council will give this letter their early consideration and will inform the Board of the result.

I am, Sir

(Secretary.)

The reference to the Glengall Wharf, where dust is handled, is rather interesting, as showing the sheep-like tendency of so many people in this world. A complaint was received concerning this Wharf about the same time as the anonymous article subsequently referred to appeared in the Press. Observations were kept by the Sanitary Inspectors and by myself, and I was able to report that no nuisance existed, an opinion which was evidently shared by the Local Government Board Inspector.

In the middle of the year an article from an anonymous correspondent appeared in a newspaper of large circulation. The article appeared exaggerated where it was not absolutely misleading.

To many people who take a newspaper as their gospel, and do not trouble to analyse what they read, a letter so absolutely one-sided would give a wrong idea of the facts, and especially if the foregoing letter from the Local Government Board had not been read.

Indeed, the attacks on this Council have been so bitter and persistent that had they been made by a private individual, instead of by a responsible administrative body, they might well have been

ascribed to petty spite or political rancour. So far as the general attitude of the Press on the matter is concerned, all one can say is that such a subject as "Camberwell's Death Spot," &c., gave an opportunity for sensational writing which was certainly not lost.

The litter caused by the emptying of the dust carts is swept up each day, and any delay in a similar treatment of the manure, the removal of which is under control of the railway company, is at once brought to the notice of those responsible.

Since the receipt of the last letter from the Board nothing more has transpired, and we are still waiting for the London County Council to exercise their statutory powers if they consider there is any justification for so doing.

With the outbreak of war came a change in the constitution of the Public Health Department. The only two of the sanitary inspectors who were eligible enlisted, and although Mr. Nash was afterwards thrown out on medical grounds, Mr. Jones continued in the service, gaining the rank of Lance Corporal. Two of the permanent clerks (D. J. Fenner and F. T. Harman) and one temporary clerk also enlisted. The second was eventually rejected on medical grounds, but was accepted by the Army Ordinance Corps. Mr. Wright, who has long been attached to King Edward's Horse, has gained the rank of Sergeant.

The disinfectors have also taken their share in enlistment, Messrs. Sawyer, Franklin, Connor, and Watkins, together with the motor driver, have all joined the Army.

The depletion of the staff rendered temporary help necessary, and Mr. C. T. Wilson was accordingly engaged, and he was still engaged at the end of the year. To get reliable temporary help has not always been possible, and in order to maintain an efficient working, alterations have been made. House-to-house visitation has been almost entirely dropped, first on account of the depletion of the staff; secondly, on account of the difficulty and delay arising through scarcity of labour; and, thirdly, to ease down all calls on the poorer house owner, and to visit only where there has been outbreaks of an infectious disease, or when a complaint has been lodged of insanitary conditions.

With the absence of Mr. Fenner, all the tabulated records of inspections and the keeping of plans, both of which we have found to be extremely useful, have had to be temporarily abandoned.

All the other routine inspections, slaughter houses, milk shops, &c., have gone on as usual, the figures, however, in nearly all instances showing a diminution from last year. This is especially noticeable in the drainage work and the supervision of new buildings.

In conclusion I have to express my obligation to all the staff in the department who have so willingly responded to the extra demands made upon them through the war.

I am, Gentlemen,

Your obedient Servant,

FRANCIS STEVENS.

FACTORY AND WORKSHOPS ACT.

In accordance with the provisions of the above Act, I submit a report stating the work which has been carried out under its provisions in this Borough during the year 1914.

There were 344 inspections of factories against 306, and 1,918 contrasted with 1,883. In each case the comparison is made with the year 1913. It will be seen that there is a slight increase on the figures of last year, but there is still a decided falling off from 1912; and although the diminution has not continued at the same rate as before, there can be little doubt that, owing to the increasing tendency of the smaller workers and traders to be absorbed by the larger, these smaller shops will dwindle still further. The fact that the number of workplaces inspected went down from 970 in 1913 to 944 in the succeeding year lends some support to this theory.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)...	344	19	—
Workshops (including Workshop Laundries)	1,918	72	—
Workplaces (other than Outworkers' Premises, included in Part 3 of this Report)	944	23	—
Total	3,206	114	—

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... ..	46	46	—	—
Want of Ventilation	3	3	—	—
Overcrowding	2	2	—	—
Want of Drainage of Floors	5	5	—	—
Other Nuisances	65	65	—	—
Sanitary Accommodation—				
Insufficient	9	9	—	—
Unsuitable or Defective	63	63	—	—
Not separate for Sexes... ..	1	1	—	—
<i>Offences under the Factory and Workshop Acts:—</i>				
Illegal Occupation of Underground Bakehouses (s. 101)	—	—	—	—
Breach of Special Sanitary Requirements for Bakehouses (ss. 97 to 100)	—	—	—	—
Other Offences (excluding Offences relating to Outwork which are included in Part 3 of this Report)... ..	—	—	—	—
Total	194	194	—	—

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

3.—HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.									OUTWORK IN UNWHOLESOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES SECTIONS 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists.	Prosecutions.		Instances.	Notices served.	Prosecutions.	Instances.	Orders made. (Sec. 110.)	Prosecutions. (Secs. 109, 110.)
	Twice in the year.			Once in the year.				Failing to keep or permit inspection of lists.	Failing to send lists.						
	Lists.	Outworkers.		Lists.	Outworkers.										
		Con-tractors	Work-men.		Con-tractors	Work-men.									
Wearing Apparel—															
(1) Making, &c.	110	62	1,305	26	8	116	—	—	—	26	6	—	—	—	—
(2) Cleaning and washing	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Household linen	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lace, lace curtains and nets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Curtains and furniture hangings	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Furniture and upholstery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Electro-plate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
File making	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cables and chains	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anchors and grapnels	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cart gear	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Umbrellas, &c.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Artificial flowers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nets, other than wire nets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sacks	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Racquet and tennis balls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paper, &c., boxes, paper bags	6	—	50	—	—	—	—	—	—	2	1	—	—	—	—
Brush making	2	—	44	—	—	—	—	—	—	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carding, &c., of buttons, &c.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stuffed toys	2	—	12	—	—	—	—	—	—	—	—	—	—	—	—
Basket making	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cosaques, Christmas crackers, Christmas stockings, &c.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Textile weaving	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	120	62	1,411	26	8	116	—	—	—	28	7	—	—	—	—

The general condition of the workshops seems to have improved, for there were only 194 defects found, compared with 262 in 1913, and this in spite of the fact that there was a greater amount of work done in the way of inspections.

The second schedule indicates the nature of the defects that were found, and which in the main explains itself. The item of other nuisances, which amounted to 65, includes such matters as defective roofs, dirty conditions of walls and ceilings, &c. Last year there were 88 instances of this sort.

Home work was found in 28 instances to be carried on in unwholesome premises. These bad conditions were not of a serious nature, and usually related to untidy or ill-kept apartments. In most cases this was immediately remedied on attention being called to them, and in only 7 instances was it necessary to issue notices, which were all duly complied with. As in 1913, the premises to which it was necessary to call attention mostly belonged to the wearing apparel class, and, exceptionally, one where paper bags were made was reported as unsatisfactory.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.								Number.
Laundries	...	...	...	...	...	...	...	49
Clothing (wholesale and private)	...	...	...	...	...	...	...	288
Preparation of food	...	...	...	...	...	...	...	182
Building trades...	...	...	...	...	...	...	...	67
Bakehouses	...	...	...	...	...	...	...	136
Miscellaneous	...	...	...	...	...	...	...	921
Total number of workshops on Register								1,643

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Acts (s. 133, 1901)	5
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (s. 5, 1901)	17
Other ...	7
Underground Bakehouses (s. 101) :—	
In use at the end of the year	65

There were several cases of default in sending in lists of outworkers at the proper time, but a letter from the Committee pointing out the consequences of failing to comply with the law had the desired effect, and in no instance was it necessary to take out a summons. No instances of home work being carried out on infected premises were reported during the year. Every morning the list of notifications is examined with the outworkers' lists to see if any addresses appear on both of them. There is, therefore, little chance

of infectious disease occurring in an outworker's home without our becoming acquainted with it.

There were 1,314 inspections of outworkers' premises, compared with 1,316 in 1913, and of these 423 were of places which had not been previously used for this class of work.

The number of registered workshops still shows a decrease, which is, however, not so marked as last year, and this decrease has shown itself chiefly in the clothing trades. The change of conditions brought about by the war cannot fail to have far-reaching effects on the workplaces, changes which at present we see but a shadow of what is to come. At present, however, the outlook consists of a change of employment rather than a lack of it.

APPENDIX.

REPORT OF ADMINISTRATION IN CONNECTION WITH THE PUBLIC HEALTH
(MILK AND CREAM) REGULATIONS, 1912, FOR THE YEAR ENDED
DECEMBER 31ST, 1914.

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

—			(a) Number of Samples examined for the presence of a preservative.	(b) Number in which a preserva- tive was reported to be present.
Milk	...	...	497	—
Cream	...	...	7	7

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

In each case the preservative was boric acid in quantities varying from 0.44 to 0.25 per cent. In four cases cautions were addressed to the vendors by the Public Health Committee, and in three summonses were issued.

2. Cream sold as preserved cream.

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

(1) Correct statements made	...	...	...	...	1
(2) Statements incorrect	...	...	...	...	—
Total	...	...	...	...	<u>1</u>

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

(1) Above 35 per cent.	...	...	...	...	1
(2) Below 35 per cent.	...	...	...	...	—
Total	...	...	...	...	<u>1</u>

(c), (d) There was one instance in which the requirements as to labelling, &c., were not complied with; and in this case a caution was sent to the vendor.

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

4. In addition to the above samples, which were taken formally, 41 were taken informally; of these 29 conformed to the regulations, and 12 did not so conform.

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1914 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 regis- tered in the District.	of Resi- dents not regis- tered 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
1909	275,275	6,547	6,689	24.3	4,098	14.8	814	494	687	102.7	3,778	13.7
1910	279,566	6,511	6,657	23.8	3,871	13.8	891	455	654	98.2	3,435	12.2
1911	261,328	6,342	6,399	24.4	4,053	15.6	847	516	735	114.8	3,722	14.2
1912	263,636	6,281	6,422	24.3	3,874	14.6	823	342	551	85.8	3,393	12.8
1913	264,167	6,589	6,689	25.3	4,211	15.9	903	376	738	110.3	3,684	13.9
1914	264,121	6,494	6,580	24.9	3,981	15.0	966	603	665	101.0	3,618	13.6

TABLE II.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1914.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH LOCALITY (<i>e.g.</i> , Parish or Ward) of the District.							TOTAL CASES REMOVED TO HOSPITAL.
	At all Ages.	At Ages—Years.							Dulwich.	South Camberwell.	North Camberwell.	South Peckham.	North Peckham.	St. George's.	Unattached.	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and up- wards.								
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)...	461	7	142	240	45	24	2	1	26	64	116	52	116	87	...	414
Erysipelas	269	6	7	24	30	84	96	22	11	20	89	23	57	69	...	76
Scarlet Fever	1,551	16	324	1,009	143	55	4	...	112	294	388	197	244	316	...	1,352
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	29	...	...	6	12	9	2	...	1	1	6	8	8	5	...	22
Relapsing Fever ... ..	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1
Continued Fever	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	24	...	...	...	4	20	...	...	...	2	6	2	12	2	...	19
Cerebro-spinal Meningitis	4	...	3	...	1	...	...	...	...	...	...	...	3	1	...	4
Poliomyelitis	5	1	2	2	...	...	...	...	...	2	...	1	2	...	...	5
Ophthalmia Neonatorum	39	39	...	...	...	...	...	...	1	3	7	10	11	7	...	3
Pulmonary Tuberculosis	802	2	21	107	140	332	175	25	23	75	226	138	182	158	...	...
Other forms of Tubercu- losis	252	25	51	108	34	24	10	...	10	20	66	24	81	51	...	...
Totals	3,437	96	550	1,496	409	549	289	48	184	431	904	456	716	696	...	1,896

TABLE III.—CAUSES OF, AND AGES AT, DEATH DURING YEAR 1914.

CAUSES OF DEATH.		NETT DEATHS AT SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.									Total Deaths whether of "Residents" or "non-Residents" in Institutions in the District.
		All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
1		2	3	4	5	6	7	8	9	10	11
All causes	Certified	3,618	665	153	136	169	150	497	819	1,029	947
	Uncertified... ..	...	...	...	...	...	...	...	...	...	...
1.	Enteric Fever... ..	5	...	...	...	...	3	2	...	...	1
2.	Smallpox ... ..	...	...	...	...	...	...	...	...	...	...
3.	Measles	63	9	26	21	7	...	...	...	...	...
4.	Scarlet Fever	23	1	3	9	6	2	2	...	...	9
5.	Whooping Cough	46	22	13	10	1	...	...	...	...	1
6.	Diphtheria and Croup	39	1	1	11	22	3	1	...	...	10
7.	Influenza	26	1	...	...	1	2	2	7	13	2
8.	Erysipelas	6	...	...	...	...	1	...	3	2	...
9.	Phthisis (Pulmonary Tuberculosis)... ..	354	...	3	1	14	50	163	106	17	135
10.	Tuberculous Meningitis	41	8	4	10	14	3	1	1	...	7
11.	Other Tuberculous Diseases	61	14	8	9	11	8	8	2	1	14
12.	Cancer, Malignant Disease	276	...	...	1	...	4	32	123	111	97
13.	Rheumatic Fever	4	...	...	1	2	1	...	...	...	...
14.	Meningitis	38	6	2	3	8	5	2	2	10	23
15.	Organic Heart Disease	372	2	...	...	10	15	55	143	147	119
16.	Bronchitis	318	29	9	2	...	1	12	33	182	97
17.	Pneumonia (all forms)	347	96	49	31	16	6	45	56	48	55
18.	Other Diseases of Respiratory Organs	17	...	1	...	...	1	1	7	7	7
19.	Diarrhoea and Enteritis	156	122	19	1	3	3	1	4	3	27
20.	Appendicitis and Typhlitis... ..	13	...	...	...	5	4	2	2	...	5
21.	Cirrhosis of Liver	31	...	...	...	...	...	7	17	7	8
21A.	Alcoholism	19	...	...	...	...	...	9	7	3	10
22.	Nephritis and Bright's Disease	129	1	...	1	3	2	25	60	37	73
23.	Puerperal Fever	4	...	...	...	...	1	3	...	...	3
24.	Other Accidents and Diseases of Pregnancy and Parturition	20	5	...	...	...	1	14	...	...	6
25.	Congenital Debility and Malformation, including Premature Birth	237	237	...	...	...	...	...	...	...	6
26.	Violent Deaths, excluding Suicide... ..	106	11	1	9	18	7	12	22	26	28
27.	Suicide	13	...	...	...	...	2	8	3	...	...
28.	Other Defined Diseases	854	100	14	16	28	25	90	166	415	201
29.	Diseases ill-defined or unknown ... ..	...	...	...	...	...	...	...	...	...	...
		3,618	665	153	136	169	150	497	819	1,029	947
SUB-ENTRIES included in above figures.	14 (a). Cerebro-spinal Meningitis ... ..	...	...	...	...	...	...	...	...	...	...
	28 (a). Poliomyelitis ... ..	...	...	...	...	...	...	...	...	...	...
	Other Septic Diseases	47	7	2	3	6	6	8	8	7	12
	Pleurisy	2	...	...	...	...	1	...	1	...	1
	Mental Diseases	21	...	...	...	...	...	12	6	3	1
	Old Age	185	...	...	...	...	...	...	6	179	30

TABLE IV.—INFANTILE MORTALITY DURING THE YEAR 1914.
NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER ONE YEAR OF AGE.

CAUSE OF DEATH.					Under 1 week.	1 to 2 weeks.	2 to 3 weeks.	3 to 4 weeks.	Total under 1 month.	1 to 3 months.	3 to 6 months.	6 to 9 months.	9 to 12 months.	Total Deaths under 1 year.
All causes	Certified	...	...	...	...	...	...	...	...	...	...	...	...	...
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	3	3	3	9
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Whooping Cough	...	...	...	...	...	...	1	1	2	2	2	5	11	22
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	1	1	3	3	8
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	6	5	2	13
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	1	4	...	1	6
Convulsions	...	...	...	...	5	2	2	6	15	7	6	2	2	32
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	1	1	...	2	4	8	8	4	5	29
Pneumonia (all forms)	...	...	...	...	1	2	2	3	8	21	18	23	26	96
Diarrhoea	...	...	...	...	...	1	1	...	2	11	15	3	3	34
Enteritis	...	...	...	...	1	2	...	4	7	26	19	16	20	88
Gastritis	...	...	...	...	...	...	...	...	...	4	...	...	...	4
Syphilis	...	...	...	...	...	...	3	2	5	3	1	3	...	12
Rickets	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Suffocation, Overlying	...	...	...	...	4	1	...	...	5	1	2	...	...	8
Injury at Birth	...	...	...	...	5	...	...	...	5	...	...	...	...	5
Atelectasis	...	...	...	...	11	1	2	2	16	2	...	...	...	18
Congenital Malformations	...	...	...	...	9	6	2	1	18	4	3	1	1	27
Premature Birth	...	...	...	...	73	15	4	5	97	8	2	1	1	109
Atrophy, Debility, and Marasmus	...	...	...	...	11	8	4	6	29	36	28	5	3	101
Other Causes	...	...	...	...	7	4	1	2	14	8	6	7	5	40
					128	43	22	34	227	144	125	82	87	665

TABLE V.—FACTORY AND WORKSHOP ACT.

1914.	No. of Visits.	Want of Cleanliness.	Overcrowding and Defective Ventilation.	Defective Roof, &c., and Dampness.	Sanitary Accommodation.			Defective Yards and Paving.	Defective Dust-bins.	Notices.		Summonses.	Other Defects.
					In-sufficient.	Not Separate.	Dirty or Defective.			Intimation.	Statutory.		
Complaints	15	—	—	—	—	—	—	—	—	—	—	—	—
Workshops (new)	50	6	5	4	—	—	5	2	1	19	2	—	—
Do. (old)	426												
Laundries (new)	1	1	—	1	—	—	—	1	—	3	2	—	—
Do. (old)	55												
Factories (new)	6	—	—	—	4	—	8	—	—	12	—	—	—
Do. (old)	127												
Outworkers (new)	423	26	—	2	—	—	—	—	—	7	—	—	—
Do. (old)	891												
Eating Houses	99	4	—	2	—	—	2	2	1	6	1	—	—
Schools	48	—	—	—	—	—	1	—	—	1	—	—	—
Re Work in Hand	162	—	—	—	—	—	—	—	—	—	—	—	—
Miscellaneous	1,224	—	—	—	—	—	—	—	—	—	—	—	—
Total	3,527	37	5	9	4	—	16	5	2	48	5	—	—

G. D. BEVAN.

TABLE VI.—RETURN OF WORK CARRIED OUT AT THE DISINFECTING STATION DURING THE YEAR 1914.

Articles Disinfected.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Beds	169	138	125	119	138	170	154	126	164	195	166	147	1,811
Blankets	222	201	203	219	189	194	188	162	247	239	340	224	2,628
Bolsters	144	74	94	101	91	119	81	92	102	196	125	116	1,335
Books—Public Library	35	17	25	28	23	17	13	13	19	10	26	22	248
Do. Day School Library	26	36	26	3	28	30	18	4	22	89	51	22	355
Do. Sunday School Library	—	—	—	—	—	—	—	—	—	—	—	—	—
Cushions	77	36	26	29	37	45	36	69	50	53	70	74	602
Curtains	16	6	3	7	2	7	2	3	13	2	—	11	72
Carpets	63	24	42	26	15	21	15	57	25	69	49	56	462
Mattresses	148	63	77	90	68	81	71	117	94	109	95	98	1,111
Palliassees	12	12	17	6	17	21	27	16	19	6	7	15	175
Pillows	381	234	257	132	248	312	274	318	240	355	368	323	3,442
Quilts	219	120	171	155	171	168	164	135	174	197	183	162	2,019
Sheets	187	130	142	162	173	189	189	186	207	209	179	187	2,140
Wearing Apparel	1,644	2,245	1,958	1,232	2,397	2,045	1,651	1,070	3,163	1,971	1,646	1,824	22,852
Miscellaneous	—	10	—	—	—	—	6	—	—	—	—	—	16
Total	3,343	3,336	3,166	2,309	3,597	3,419	2,895	2,368	4,539	3,700	3,305	3,281	39,268
Mattresses Retabbed	148	63	77	90	68	81	71	117	94	109	95	98	1,111
Palliassees do.	12	12	17	6	17	21	27	16	19	6	7	15	175
Cushions do.	77	36	26	26	37	45	36	69	50	53	70	74	602
Total	237	111	120	125	122	147	134	202	163	168	172	187	1,888

RETURN OF WORK CARRIED OUT AT THE DISINFECTING STATION DURING THE YEAR 1914.

Articles Disinfected.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Verminous Cases—													
Persons Cleansed	177	329	269	141	313	267	224	90	457	245	190	200	2,902
Rooms Disinfected	7	8	7	12	13	17	8	4	20	26	5	1	128
Bedding do.	8	11	7	6	7	15	5	5	13	9	8	2	96
Total	192	348	283	159	333	299	237	99	490	280	203	203	3,126
Articles Destroyed—													
Palliassees and Mattresses	127	109	112	141	194	162	293	149	143	205	174	121	1,930
Miscellaneous	—	—	1	—	—	—	8	—	—	2	—	—	11
Total	127	109	113	141	194	162	301	149	143	207	174	121	1,941
Houses Visited	536	370	411	343	396	426	504	366	418	509	420	355	5,054
Rooms Disinfected	246	172	213	178	163	221	225	154	223	258	234	209	2,496
Total	782	542	624	521	559	647	729	520	641	767	654	564	7,550

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

Fish.			Meat.			Fruit.	Miscellaneous.
cwt.	qrs.	lbs.	cwt.	qrs.	lbs.	10 Bottles of Pineapple	Dogs.
4	1	8	2	2	0		1

TABLE VIII.—SUMMARY OF SANITARY WORK FOR THE 52 WEEKS ENDING JANUARY 2ND, 1915.

DESCRIPTION OF WORK.	Pointon.	Eagle.	Seadamore.	Collins.	Morley.	Farmer.	Dewey.	Malins.	Green.	Jones.	Nash.	TOTALS.
Cleanse and limewash	179	225	156	10	88	112	203	590	449	73	189	2,274
Repair guttering, &c.	68	118	62	31	64	72	144	284	78	58	63	1,042
Ventilate under floors, &c.	8	70	42	15	83	92	53	57	28	28	15	491
Abate overcrowding	4	14	6	—	1	—	6	45	9	6	5	96
Abate smoke nuisance	—	12	8	1	3	7	9	56	9	12	7	124
Light and ventilate staircase	—	26	—	1	26	6	4	7	67	3	15	155
Provide, repair, or remove dustbin	61	71	45	33	25	44	65	178	54	35	68	679
Remove refuse or manure	14	16	4	8	8	12	10	41	17	8	13	151
Pave, level, or drain yard, &c.	96	95	63	54	36	65	57	116	96	19	104	801
Provide manure pit	—	—	1	—	—	—	3	10	5	2	6	27
Provide sufficient water supply	1	—	2	7	6	1	5	2	9	5	6	44
Provide or reconstruct receptacle (render accessible)... ..	2	1	—	5	1	2	4	—	4	—	—	19
Repair, cover, or cleanse receptacles	10	15	—	13	21	12	14	19	6	4	4	118
Provide, repair, or remove closets, pans, &c.	75	28	129	135	48	83	38	62	50	31	10	689
Proper water supply to closet and apparatus	26	71	17	137	27	43	56	108	27	26	15	553
Ventilate and remove to outside soil pipes, cleanse, repair, and trap drains or sinks	76	60	103	74	42	47	53	178	21	35	79	768
Disconnect rainwater pipes, sinks, and other wastes	—	5	11	64	10	35	1	2	19	—	3	150
Empty and cleanse cesspools, or drain into sewer	1	—	—	1	—	—	—	—	1	—	—	3
Totally reconstruct drains	15	18	10	17	24	—	26	11	16	17	6	160
Partially reconstruct drains	11	10	4	60	11	—	22	27	29	8	—	182
Animals to be kept clean or removed	3	6	3	5	4	—	2	5	3	1	13	45
Public conveniences—cleanse, supply with water, &c.	—	—	1	—	2	—	—	—	1	—	—	4
Private conveniences—cleanse, supply with water, &c.	3	2	3	4	—	4	3	24	7	3	2	55
Abate nuisance from offensive trades	2	—	—	—	—	—	—	—	—	—	—	2
Abate nuisance from road gullies	—	—	1	—	—	1	—	15	—	—	—	17
Miscellaneous	—	91	2	17	38	—	44	142	44	43	30	451

RETURN OF WORK PERFORMED IN THE SANITARY DEPARTMENT DURING THE 52 WEEKS ENDING JANUARY 2ND, 1915.

DESCRIPTION OF WORK.	INSPECTORS.												TOTALS.
	Pointon.	Eagle.	Scudamore.	Collins.	Morley.	Farmer.	Dewey.	Malins.	Green.	Jones.	Nash.	Miss Bevan.	
Visits to complaints	116	172	169	97	71	159	144	18	84	50	123	15	1,218
House inspections following on complaints ...	107	—	176	61	6	165	10	26	132	46	207	—	936
House-to-house inspections	439	601	444	80	84	69	249	312	272	83	138	—	2,771
Tenement inspections	—	—	47	—	24	45	44	46	—	78	—	—	284
Houses let in lodgings inspections	—	—	5	—	—	—	—	413	30	36	—	—	484
Housing and town planning inspections...	—	—	—	29	—	—	9	—	—	—	—	—	38
New buildings completed	7	1	2	27	20	4	—	—	—	—	—	—	61
Visits to new buildings	223	159	48	1,343	348	123	91	40	—	222	16	—	2,613
No. of inspections re overcrowding	133	4	17	—	—	—	1	54	—	42	—	—	251
Do. do. of slaughterhouses	5	8	9	28	—	—	8	—	7	23	5	—	93
Do. do. bakehouses	48	36	55	21	69	91	40	26	57	14	22	—	479
Do. do. cowhouses	—	46	3	36	—	7	3	—	3	—	4	—	102
Do. do. milk shops and dairies	210	100	209	18	98	96	131	99	215	48	138	—	1,362
Do. do. eating houses	105	25	18	15	11	9	24	15	38	18	31	98	407
Do. do. ice cream shops	85	38	29	31	49	46	37	22	39	51	21	—	448
Do. do. railway stations	21	12	14	73	216	—	—	—	—	6	—	—	342
Do. do. workshops	158	86	268	34	45	148	80	107	160	75	123	634	1,918
Do. do. factories	5	—	—	1	—	4	25	31	54	39	51	134	344
Do. do. urinals, public	88	31	—	2	18	41	46	69	11	39	9	—	354
Do. do. do. private	193	206	387	118	347	571	281	326	446	196	186	13	3,270
Do. do. schools, public	42	19	32	30	17	39	28	26	25	8	31	—	297
Do. do. do. private	29	3	5	16	42	38	4	5	—	—	14	52	208
Re-inspections	3,081	4,229	2,923	2,406	3,680	3,704	2,499	3,474	3,189	1,841	3,231	167	34,424
Miscellaneous	181	114	275	112	611	63	550	439	509	194	257	1,231	4,536
Infectious cases visited and houses inspected ..	143	123	250	148	207	152	227	138	253	122	359	—	2,122
Do. do. or inquiries	204	104	199	163	183	174	212	201	—	128	10	—	1,578
Tuberculosis cases visited and houses inspected ..	29	13	47	86	4	40	17	26	49	29	26	—	366
Do. do. or inquiries	316	251	562	—	266	212	405	298	778	356	572	—	4,016
Visits to verminous premises	75	—	438	9	11	8	61	71	234	110	120	—	1,137
Intimations	386	457	359	215	319	287	405	549	439	278	341	39	4,074
Statutory notices	63	167	122	44	88	58	43	67	121	63	20	14	870
Notices, houses let in lodgings	—	—	6	—	—	—	—	513	—	10	—	—	529
Summonses under P.H. Act	—	—	7	1	1	5	5	3	—	7	1	—	30
Infectious disease contacts... ..	9	—	—	12	2	—	6	—	9	—	—	—	38
Seizures of unwholesome food	—	—	—	—	—	—	—	—	—	—	2	—	2
Outworkers	—	—	—	—	—	—	—	—	—	—	—	1,147	1,147
Drainage plans, total reconstructions	15	18	10	17	24	—	26	11	16	17	6	—	160
Do. partial do.	11	10	4	60	11	—	22	27	29	8	—	—	182

PROCEEDINGS DURING 1914
(as asked for by the London County Council).

PREMISES.	NUMBER OF PLACES.				Number of Inspections, 1914.	Number of Notices, 1914.	Number of Prosecutions, 1914.
	On Register at end of 1913.	Added in 1914.	Removed in 1914.	On Register at end of 1914.			
Milk Premises ...	620	17	15	622	1,362	12	—
Cowsheds ...	10	—	1	9	102	—	—
Slaughterhouses ...	12	—	2	10	93	—	—
Other Offensive Trade Premises ...	2	—	—	2	6	—	—
Ice Cream Premises ...	268	10	11	267	448	11	—
Registered Houses Let in Lodgings ...	292	—	—	292	484	{ (a) 24 (b) 618	—

(a) For overcrowding.

(b) For other conditions.

Total Number of Intimation Notices served for all purposes ... 4,074

Overcrowding, 1914 :—

Number of dwelling rooms overcrowded	...	...	96
Number remedied	...	...	96
Number of prosecutions	...	...	Nil

Underground Rooms :—

Illegal occupation dealt with during year	...	...	1
Number of rooms closed	...	...	Nil

Insanitary Houses :—

Number closed under the Public Health (London) Act, 1891	...	Nil
Number closed under the Housing of the Working Classes Act...	...	Nil
Number of Verminous Premises cleansed under Section 20 of the L.C.C. (General Powers) Act, 1904	...	110

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

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

Number of houses for which applications were received during year	27
Number of tenements comprised therein	...	...	68
Number of tenements for which certificates were—			
(a) Granted	...	...	6
(b) Refused	...	...	44
(c) Deferred	...	...	18

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

(a) For prevention of nuisance arising from snow, ice, salt, filth, &c. ..	...	...	Nil
(b) For prevention of nuisance arising from offensive matter running out of any manufactory, &c. ....	...	...	Nil
(c) For the prevention of keeping of animals in such a manner as to be injurious to health .....	...	...	Nil
(d) As to paving of yards, &c., of dwelling houses ...	...	...	7
(e) In connection with the removal of offensive matter, &c. ...	...	...	5
(f) As to cesspools and privies, removal and disposal of refuse, &c. ....	...	...	Nil
(g) For securing the cleanliness of tanks, cisterns, &c. ....	...	...	Nil
(h) With respect to water closets, earth closets, &c. ....	...	...	9
(i) With respect to sufficiency of water supply to water closets	...	...	7
(j) With respect to drainage, &c. (Metropolis Management Act, Section 202) ...	...	...	12
(k) With respect to deposit of plans as to drainage, &c. (Metropolis Management Acts Amendment (By-laws) Act, 1899)	...	...	Nil

Mortuaries:—

Total number of bodies removed	...	...	313
Total number of infectious bodies removed	...	...	1

Statement of the President of the United States

to the Senate and House of Representatives

on the subject of the

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