

Report on the sanitary condition of the Borough of Bermondsey for the year 1920.

Contributors

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Brown, R. King.

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Metropolitan Borough of Bermondsey.

REPORT
ON THE
SANITARY CONDITION
OF THE
BOROUGH OF BERMONDSEY,
For the Year
1920.

BY
R. KING BROWN, B.A., M.D., D.P.H.,

Medical Officer of Health.

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PUBLIC HEALTH DEPARTMENT.

Public Health Committee, 1920.

Chairman—Councillor STOKES.

Alderman Salter, M.D., J.P.,	Councillor Monk,
Councillor Baker,	„ Salter,
„ Broughton,	„ Stephen,
„ Gamble,	„ Sullivan,
„ Gledhill,	„ Vezey,
„ Jeffery,	„ Wallsgrove,
„ Lawrence, G. C.,	„ Weightman.
„ Lyon,	

Ex-officio:

W. C. BUSTIN, Esq., J.P. Mayor of Bermondsey.

Maternity and Child Welfare Committee, 1920.

Chairman—Councillor LYON.

Alderman Salter, M.D., J.P.,	Councillor Stephen,
„ Squires,	„ Stokes,
Councillor Baker,	
„ Broughton,	Co-opted Members:
„ Gledhill,	Mrs. A. Bustin (Mayoress),
„ Jeffery,	„ W. G. L. Hawke,
„ Jones,	„ M. Nix,
„ Lawrence, G. C.,	„ J. E. Scriven.
„ Salter,	

Ex-officio:

W. C. BUSTIN, Esq., J.P. Mayor of Bermondsey.

STAFF:

Medical Officer of Health—R KING BROWN, B.A., M.D.,
D.P.H.

Lady Assistant Medical Officer of Health—Dr. Stella Churchill,
M.R.C.S., L.R.C.P., D.P.H.

Municipal Dentist—Mr. Grantley Smith, H.D.D., L.D.S.



Sanitary Inspectors:

District.	District.
No. 1.—Mr. J. G. Francksen.	No. 5.—Mr. E. C. Freeman.
No. 2.— „ J. W. Wood.	No. 6.— „ T. W. Golds.
No. 3.— „ A. H. Merryman.	No. 7.— „ W. Davis.
No. 4.— „ H. J. Toogood.	No. 8.— „ W. J. Luke.

Food Inspectors:

Mr. T. Ashdown, Mr. G. A. Hoskins and Mr. G. L. Scott.

Health Visitors:

District.	District.
No. 1.—Miss Child,	No. 5.—Miss Bache,
No. 2.—Mrs. Smith,	No. 6.— „ Sumner,
No. 3.—Miss Islip,	No. 7.— „ Carlton,
No. 4.— „ Sharman,	No. 8.— „ Wadds.

District Nurse—Miss Gibson.

Clerical Staff:

Mr. H. W. Bush, Chief Clerk.

Mr. E. J. Pitts, Second Clerk.	Mr. A. Manning, M. & C.W.
„ A. I. Fair, Third „	Clerk
„ F. W. Smith, Fourth „	„ C. F. Yaxley, General „
„ E. F. Walsh, General „	„ H. E. Butcher, Junior „
Master W. C. Tapsfield, Office Lad.	

Municipal Lying-in Hostel—Matron: Miss A. E. Sewell.

Nurses—Miss Megson, Miss Wright, Miss Booth.

Municipal Midwives—Miss Helden, Miss Middleton.

PUBLIC HEALTH DEPARTMENT,

TOWN HALL,

SPA ROAD, S.E.

Metropolitan Borough of Bermondsey.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

*To the Mayor, Aldermen and Councillors of the
Metropolitan Borough of Bermondsey.*

LADIES AND GENTLEMEN,—

I have the honour to submit my Twentieth Annual Report on the sanitary condition of the Borough of Bermondsey during the year 1920. The death-rate was 12.7, compared with 14.1 in 1919, and 22.0 in 1918.

The death-rate is discussed in an early section.

The sections of the report are, as usual, divided into:—

- I.—Vital Statistics.
- II.—Notification of Infectious Diseases.
- III.—Sanitary Administration.
- IV.—Factories and Workshops.

In the appendix will be found the Local Government Board Tables, including a special Table on Infantile Mortality.

The year under report was specially notable for increased activity in all departments of the Housing question. Extra medical assistance was engaged, also extra Sanitary Inspectors, and a special clerk to look after Housing. The details will be found in the body of the report.

The question of Maternity and Child Welfare also takes a very prominent place, and reports will also be found on several schemes which were initiated during the year under report.

There was nothing unusual to record in other departments except that the special activities referred to caused a general increase in the work of the Department.

I wish once more to record that between the Chairman and Members of the Public Health Committee and myself, there has been the usual cordial co-operation during the year under report.

The staff of the Department has also shown itself most willing to fall in with the various new and additional duties cast upon them, and have done their part loyally in the promotion of the Public Health of Bermondsey.

I am, Ladies and Gentlemen,

Your obedient servant,

R. KING BROWN.

1.—VITAL STATISTICS.

Population.

The populations of the Borough of Bermondsey and its registration sub-districts, as enumerated in the Census of 1901 and 1911, and the estimate of the year under report are as follows:—

	1901.	1911.	Estimated to June 30th, 1920
Bermondsey	82,483	81,959	84,099
Rotherhithe	38,460	35,247	36,167
St. Olave	9,817	8,697	8,923
Borough	130,760	125,903	129,189

The population of Bermondsey for 1920 has been estimated by the Registrar-General as 129,189, and this figure has been utilised in estimating the birth and death rates.

Births.

The total number of births registered in the Borough for the 53 weeks ended January 1st, 1921, was 4,038, consisting of 2,058 males and 1,980 females. This is 677 above the average for the last 10 years, and 1,401 above the figure for 1919.

In Table II. of the Appendix will be seen the figures for the last 10 years in the three registration sub-districts, and in Table I. figures for the whole Borough.

The birth-rate for 1920 was 31.2 per thousand persons living, which is 10.8 above that for 1919 and 4.1 above the average for the last 10 years.

Marriages.

The total number of marriages in the Borough in 1920 was 1,383, being 141 above the number for 1919, and 164 above the average for the last 10 years.

In Table X. of Appendix will be found further particulars as to sub-districts. The figures have been supplied by the Superintendent Registrar. This makes a marriage rate of 21.4 per 1,000 of the population, compared with a marriage rate last year of 19.2 per 1,000 of the population 129,189.

Deaths.

In Tables III. and IV. of Appendix will be found tables dealing with deaths in the Borough.

The total number of deaths registered in the Borough for the year ended December 31st, 1919, was 1,466, which is 134 less than in 1919, and 297 below the average for the last 10 years.

When this figure is corrected by exclusion of deaths of non-parishioners occurring in the district, and the inclusion of deaths of parishioners occurring outside the district, the number is raised to 1,642. This is 106 less than in 1919, and 532 less than the average for the last 10 years.

The death-rate for the Borough in 1920 was 12.7 per thousand living inhabitants, being 1.4 below that recorded in 1919, and 5.5 below the average for the last 10 years.

In column 1, foot of Table I. of the Appendix will be found a list of places where deaths of non-parishioners occurred in the districts. There were 105 such deaths in all, against 165 in 1919 and 191 in 1918.

72 such deaths occurred in the infirmary; 1 in the work-house, 27 in the River Thames and the Surrey Commercial Docks, 1 at a Railway Station, 4 in the street, and 1 in a factory.

281 persons belonging to this Borough died in outlying institutions, against 313 in 1919, and 439 in 1918. The names of the various places where the deaths occurred will be found in columns 2 and 3 at foot of Table I. of Appendix.

Infantile Mortality.

The figure for this is 83 deaths under one year to every 1,000 births.

TABLE A.—Infantile Mortality.

Year.	Whole Borough.		London.	
	No. of Deaths.	Rate per 1,000 Births.	No. of Deaths.	Rate per 1,000 Births.
1910	502	127	11,809	103
1911	611	159	14,440	129
1912	433	114	10,056	91
1913	505	131	11,869	105
1914	487	129	11,395	104
1915	537	154	11,369	104
1916	364	108	8,819	88
1917	335	125	8,273	103
1918	322	139	7,965	107
1919	262	99	7,039	85
Average for years 1910-1919. } ...	436	129	10,303	102
1920	337	83	—	75

Deaths from Zymotic Diseases.

There has been an increase in the deaths from these diseases, the figures being 163 against 113 in the previous year, and 258 the average for the last ten years. This gives a zymotic death-rate of 1.3.

Measles.

There were 56 deaths due to this disease, which is 22 below the average for the last ten years, and 38 above the number for 1919.

Whooping Cough.

41 deaths were due to this cause, against 4 in 1919.

Enteric Fever.

1 death was due to this cause in Rotherhithe There were 3 deaths in 1919.

Tubercular Diseases.

The number of deaths from all forms of tubercular disease in 1920 was 170, against 229 in 1919.

Phthisis.

In Table B will be found particulars of deaths from phthisis since the year 1910. There were 137 deaths due to this cause, which is 37 less than the number recorded in the previous year.

TABLE B—PHTHISIS.

Sub. District.	Bermondsey.		Rotherhithe.		St. Olave.		Whole Borough.		London.	
Year.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
1910	148	1.82	50	1.31	21	2.91	219	1.73	5555	1.14
1911	141	1.72	52	1.48	18	2.08	211	1.68	6084	1.35
1912	138	1.68	57	1.64	17	1.98	212	1.69	6069	1.35
1913	125	1.53	64	1.86	12	1.42	201	1.61	5981	1.30
1914	136	1.66	46	1.35	21	2.53	203	1.63	6281	1.39
1915	156	1.76	57	1.77	20	2.42	233	1.97	6782	1.54
1916	126	1.70	44	1.38	14	1.78	184	1.61	6288	1.45
1917	123	1.75	61	2.02	14	1.88	198	1.83	6658	1.57
1918	117	1.66	43	1.42	9	1.20	169	1.56	7048	1.78
1919	104	1.28	58	1.66	12	1.39	174	1.40	5332	—
Averages for years 1910-1919	131	1.66	53	1.59	16	1.96	200	1.67	6208	1.42
1920	81	.96	46	1.27	10	1.12	137	1.06	—	—

II.—NOTIFICATION OF INFECTIOUS DISEASE.

In Table V. of Appendix will be found particulars of infectious diseases notified during the year under report.

The number of cases notified, exclusive of notifications of tuberculosis, which numbered 438, was 1,486 compared with 1,390 in 1919 and 2,659 in 1918. The disease showing the principle increase was scarlet fever.

The attack rate per thousand inhabitants was 11.5 against 15.2 in 1919.

25 cases were returned from hospital as not suffering from the disease for which they were notified, but if allowance is made for mild unreported cases, the recorded notifications would, if anything, understate the actual number of cases.

Diphtheria.

There were 268 cases of diphtheria notified in 1920 as against 278 cases in 1919.

The attack-rate per thousand inhabitants was 2.07, against 2.24 in 1919. The case mortality was 9.3 per cent., against 7.6 per cent. in 1919, and 6.1 per cent. in 1918. 11 cases were returned as not suffering from this disease.

Scarlet Fever.

The notifications of scarlet fever in 1920 were 976 against 388 in 1919.

This is an increase of 588. The distribution of the disease in the various Wards, as shown in Table V. of Appendix was fairly uniform.

11 cases were returned from hospital as not suffering from scarlet fever.

There were 7 deaths, which gives the very low case mortality of 0.72 per cent., against 1.3 per cent. in 1919. The disease, as in recent years, was of a very mild type. The attack rate per thousand inhabitants was 7.56 against 3.12 in 1919.

The sources of infection were mostly previous cases. There was no outbreak traceable to any common cause such as infected milk or school contagion.

Measles.

The number of deaths for 1920 was 56, against 18 in 1919, 71 in 1918, and 72 in 1917.

Enteric Fever.

7 cases of enteric fever were notified, being 5 for Bermondsey, 1 for Rotherhithe, and 1 for St. Olave. Two cases were returned as not suffering. The total number of cases notified in the previous years was 6.

Puerperal Fever.

21 cases of puerperal fever were notified. Death resulted in 9 cases.

Ophthalmia Neonatorum.

There were 37 cases of this disease notified during the year.

Under this heading is included every kind of "sore eyes" occurring in the newly-born. They were all visited by the Health Visitors who instructed the mother in each case to immediately seek medical advice.

Cerebrospinal Meningitis.

6 cases were notified in 1920, no cases were returned as not suffering. Most of them consisted of the sporadic form known as posterior-basic meningitis. Three cases occurred in children under one year of age.

Polio-Myelitis.

No cases were notified in 1920, against 2 in 1919.

Bacteriological Laboratory.

The total number of specimens examined in 1920 was 1,422 as compared with 954 in 1919, and 1055 in 1918.

Table C.

Nature of Specimen.	Total Examina- tions.		Results of Examination.			
			Positive.		Negative.	
	1919	1920	1919	1920	1919	1920
DIPHTHERIA (specimens taken by Medical Officer of Health) ...	320	524	22	30	298	494
Ditto (taken by general practitioners)	301	484	66	44	235	440
DIPHTHERIA (total specimens taken)	621	1,008	88	74	533	934
Phthisis	331	402	64	74	267	328
Enteric	2	2	—	—	2	2
Various	—	10	—	1	—	9
Total specimens taken	954	1,422	152	149	802	1,273

TABLE E.

Food Inspectors. PARTICULARS OF WORK, 1919.

	Visits.	1			2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		Food Factories.			Bakehouses.	Butchers	Fishmongers, Friers and Curers	Food Stores.	Food Wharves and Depots	Fruiters and Greengrocers.	Ice Cream	Markets.	Milk Sellers.	Restaurants and Eating Houses	Slaughterhouses.	Destruction of Food.	Nuisances Reported.	Various.	Number of Samples taken
		Jam.	Butter and Margarine.	Other.															
Mr. Ashdown ...	Re-visits ...	...	...	...	...	3	269	1214	1014	...	2	1	...	...	...	208	27	36	26
	D.O.R.A. ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	New occupiers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	„ Premises	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Closed ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mr. Scott ...	Re-visits ...	171	...	41	72	207	265	245	49	65	139	237	111	56	64	...	56	318	143
	D.O.R.A. ...	14	...	2	5	72	28	85	13	24	12	18	13	2	4	...	6	54	...
	New occupiers	...	...	...	4	1	11	8	5	3	...	13	4	4	...	...	...	...	...
	„ Premises	...	...	...	...	1	1	2	...	2	...	1	1	...	...	...	...	...	...
	Closed ...	...	...	...	2	...	...	...	...	3	...	...	1	...	...	...	...	...	...
Mr. Hoskins ...	Re-visits ...	114	...	41	49	149	321	573	192	123	164	277	326	105	...	58	78	274	234
	D.O.R.A. ...	...	...	...	8	14	1	55	...	6	...	...	...	4	...	...	...	30	...
	New occupiers	...	...	...	7	1	5	20	3	6	9	1	7	4	...	...	...	...	...
	„ Premises	...	...	...	...	3	4	7	1	9	5	4	3	1	...	...	...	...	...
	Closed ...	...	...	...	...	1	1	3	2	13	...	10	7	...	...	...	...	...	...

Sanitary Administration.

Unsound Food.

The following were brought to the notice of the Department, found to be unfit for human food, and destroyed as trade refuse:

							tons.	cwts.	qrs.	lbs.
Meat—										
Fresh	...	...	...	...	...	...	2	6	0	10
Canned	...	...	...	...	...	...			3	19
Fish—										
Fresh	...	...	...	...	...	...		2	1	16
Canned	...	...	...	...	...	...		11	2	2
Vegetable—										
Fresh	...	...	...	...	...	...		—	—	—
Canned	...	...	...	...	...	...		1	0	0
Fruit—										
Fresh	...	...	...	...	...	...		19	0	20
Canned	...	...	...	...	...	...	26	16	2	7 $\frac{3}{4}$
Dairy Produce—										
Various	...	...	...	...	...	...	3	18	2	21
Various—										
Various Canned Goods							1	10	1	4 $\frac{3}{4}$
							36	6	2	16 $\frac{1}{2}$

Milk Premises.

There were 294 milk premises on the Register at the end of 1919. 42 were added and 31 removed during 1920, making a total of 305 at end of the year under report.

Slaughterhouses.

There is one slaughterhouse in the Borough, 64 inspections were made. No notices were served.

Ice Cream Premises.

There were 89 premises where ice cream is manufactured on the Register at the end of 1919. 18 were added and 2 removed during the year under report, making a total of 105; 305 inspections were made.

FOOD AND DRUGS.

In Table IX, of Appendix will be found a list of the samples taken in 1920, and the action taken; 1,200 samples were taken, compared with 1,258 in 1919, and 1,186 in 1918. Of these 5.3 per cent. were found adulterated, compared with 8.2 per cent. in the previous year, and 9.1 per cent. in 1918.

GENERAL SANITARY WORK.

INSPECTIONS.

In Tables F. and G. (pages 26 and 29) will be found particulars of the general sanitary work by the District Inspectors during 1920.

The house-to-house inspections numbered 5,955. This is 4,198 above the total for the previous year.

7,125 intimation notices were served, compared with 4,163 in the previous year.

Smoke Nuisances.

15 observations were kept on chimneys and 10 notices served.

House Refuse.

The following table shows the amount of house and trade refuse disposed of during the year ended December, 1920:—

	Loads.	Tons.	Cwts.	Qrs
Dust to Destructor	4374	6765	12	3
„ „ Barge	951	1518	10	0
„ „ Shoots	313	466	10	0
„ „ Lightning Crusher	6985	11778	9	2
Trade Refuse to Destructor	861	490	9	1
„ „ „ Shoots	291	438	12	0
„ „ „ Barge	2342	1800	5	0
	<hr/>	<hr/>	<hr/>	<hr/>
	16117	23259	8	2

Offensive Trades.

The offensive trades on the Register are as follows:—

Tripe boiler	1	Glue and size makers...	4
Fellmongers	3	Fatmelters	4
Manure Manufacturer..	1		

DISINFECTION.

The following table shows the number of articles passed through the steam disinfector during the year under report:—

Beds	1269	Quilts	1377
Blankets	2110	Sheets	1357
Bolsters	726	Books	720
Carpets	2	Miscellaneous	4586
Cushions	294	Verminous Clothing ..	271
Mattresses	46	„ Bedding ..	287
Overlay	338	Hair (bundles)	17323
Pillows	2280	„ (cases)	72

8086 new tabs were used to replace those taken off mattresses, palliasses, and cushions before disinfection.

Cleansing of Persons Act, 1897.

During the year under report 11 male and 20 female adults used the Verminous Baths and had their clothing disinfected. The total number of articles disinfected for this purpose was 271.

TABLE F.—Proceedings during 1920.

PREMISES.	NUMBER OF PLACES.				Number of Inspections, 1920.	Number of Notices, 1920.	Number of Prosecutions, 1920.
	On Register at end of 1919.	Added in 1920.	Removed in 1920.	On Register at end of 1920.			
Milk Premises	294	42	31	305	450	...	...
Cowsheds ... ..	...	...	...	...	...	...	...
Slaughter-houses	1	...	...	1	64	...	...
Other offensive trade premises	13	...	...	13	73	...	...
Ice-cream premises	89	18	2	105	305	...	...
Registered houses let in lodgings	223	...	...	223	446	...	...

Total number of Intimation Notices served for all purposes 7125

Overcrowding, 1919—

Number of dwelling rooms overcrowded	—
Number remedied	—
Number of prosecutions	—

Underground rooms—

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

Insanitary houses—

Number closed under the Public Health (London) Act, 1891	—
Number closed under the Housing of the Working Classes Act	—
Number of premises cleansed under Section 20 of the L.C.C. (General Powers) Act, 1904	—
Number closed under the Housing, Town Planning, etc., Act, 1909	15

Shelters provided under Sec. 60 (4) of the Public Health Act, 1891—

Number of persons accommodated	20
---------------------------------------	----

Revenue Acts—

Number of houses for which applications were received during the year	—
Number of tenements for which certificates were granted	—
Number of tenements for which certificates were deferred	—

Housing Town Planning, etc., Act, 1909, Sec. 35—

Number of houses for which applications were received during the year	—
Number of houses for which certificates were granted	—

*Number of prosecutions under Bye-laws under
Public Health Act, 1891—*

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

Mortuary—

Total number of infectious bodies removed	8
Total number of bodies removed	117

Table G.

WORK OF DISTRICT INSPECTORS, 1920.

	1		2		3		4		5		6		7		8		9		10		11		12	
	House to House.		Special Inspections.		Complaints.		Infectious Diseases.		Factories and Workshops specially Inspected.		Offensive Trades.		Outworkers' Bi-Annual Inspection.		Underground Conveniences.		Drains Tested.		Re-inspections.		Other Calls and Visits.		Chimneys Watched.	
	No.	Ints.	No.	Ints.	No.	Ints.	No.	Ints.	No.	Ints.	No.	Ints.	No.	Ints.	No.	No.	No.	No.	No.	No.	No.	No.	No.	Ints.
Mr. Wood ...	812	534	229	107	295	204	173	55	65	31	2	—	—	—	7	55	2848	708	5	1				
Mr. Merryman	723	337	140	76	379	292	244	42	26	7	3	—	22	2	61	22	3052	314	2	1				
Mr. Toogood	846	561	176	20	486	389	351	62	6	4	10	—	—	—	2	86	3206	554	1	1				
Mr. Freeman	809	758	112	41	319	236	234	58	15	7	5	—	—	—	—	155	2869	273	2	2				
Mr. Golds ...	365	231	285	75	331	204	261	67	37	2	48	—	71	4	47	75	1771	95	—	—				
Mr. Davis ...	747	608	63	3	293	260	235	102	14	1	—	—	—	—	148	66	2902	231	—	—				
Mr. Franksen	526	385	105	51	231	157	187	56	31	1	1	—	7	—	219	55	2118	467	5	5				
Mr. Luke ...	240	99	59	50	103	98	94	19	—	—	—	—	44	7	22	66	1492	57	—	—				
Mr. Pitts ...	40	—	22	7	77	56	72	40	5	1	4	—	—	—	44	18	576	31	—	—				
Mr. Mayhew	182	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	287	534	—	—				
Mr. Baker ...	638	428	247	144	164	95	59	29	3	2	—	—	1	1	91	123	1905	532	—	—				
Mr. Crandell	27	—	79	—	9	8	26	1	—	—	—	—	—	—	1	—	271	300	—	—				
Totals ...	5955	3941	1517	574	2687	1999	1936	531	202	56	73	—	145	14	642	723	23297	4096	15	10				

Insanitary Areas.

Below will be found particulars of Representations of Insanitary Areas made during the year.

At first a representation was made to the London County Council, which included 7 areas. It was then thought advisable to amalgamate Areas 3 and 4 into one larger area, which included some farther houses, and it was thought advisable that only this large and important area should be taken up under Part (1) by the County Council. The remaining areas, five in number, were withdrawn from the original representation to the County Council, and transferred under Part (2) of the Housing of the Working Classes Act of 1890 to the Borough Council.

The County Council are at present engaged in completing their enquiries as to the first area for proceeding to the acquisition of the houses and land with a view to its reconstruction.

The Borough Council decided to proceed at present only with two of the areas, namely Leroy Street and Salisbury Street, and plans and estimates have already been submitted to the Ministry of Health for the latter.

The great, and one might almost say, insuperable, difficulty in dealing with insanitary areas at the present time is the want of alternative accommodation where the displaced inhabitants can be housed during its clearance. The other difficulties are mainly financial. In an industrial Borough like Bermondsey, where there is practically no vacant land or houses, the difficulties of the preliminary stages of the re-housing are extremely difficult. The Council, therefore, pending the erection of alternative accommodation in other less crowded parts of London, have adopted the temporary expedient of getting the worst defects in some of these areas remedied, so that the inhabitants can remain in them a little longer without serious prejudice to their health. This, of course, is only a temporary expedient, and will merely postpone the more drastic methods which *must* be undertaken to improve the housing of the Borough before many years are past.

Housing of the Working Classes Act, 1890, Part II., Section 39

(1) (b).

The following representations under Part II. of the above Act were made during the year:—

(a) I beg hereby to make an official representation to the Bermondsey Borough Council, being the Local Authority within the meaning of the above Act and Sections, that the closeness, narrowness, and bad arrangement and bad condition of the buildings, the want of light, air, ventilation or proper conveniences, and many other sanitary defects in the building situated in the areas marked "red" on accompanying maps, are such as to render them dangerous and prejudicial to the inhabitants, and that to remedy the said evils, demolition or re-construction or re-arrangement of the said buildings or some of them is necessary, and further that the area comprising those buildings and the yards, out-houses and appurtenances thereof, and the site thereof, is too small to be dealt with as an unhealthy area under Part I. of this Act.

The areas are marked on the maps, and are known by the following numbers and names:—

No. 1.—Bethel Place Area.

No. 2.—Leroy Street „

No. 5.—Salisbury Street „

No. 6.—Prospect Street „

No. 7.—Spa Road „

Salisbury Street Area.

(b) I, Richard King Brown, Medical Officer of Health for the Metropolitan Borough of Bermondsey, do hereby report that in my opinion the closeness, narrowness, and bad arrangement or bad condition of the buildings comprised in the area coloured red in the Schedule hereto, or the want of light, air, ventilation or proper conveniences, or other sanitary defects in such buildings, are dangerous and prejudicial to the health of the inhabitants of the said buildings, or of the neighbouring buildings, and that the demolition, or the re-construction and re-arrangement of the said building, or of some of them is necessary to remedy the said evils.

Housing.

In the Spring of the year under report the Council decided to appoint two Assistant Medical Officers of Health and four temporary Sanitary Inspectors, so as to facilitate the complete survey of the housing conditions of the Borough, to be followed by such action as was thought necessary after the survey was completed. As a result they appointed in May, 1920, two Assistant Medical Officers of Health—Drs. W. E. Cooke, M.D., M.R.C.P.Ed., D.P.H., and Dr. W. E. Fox, M.B. Lond., D.P.H.

There was a great deal of activity displayed, especially under Section 28 of the Housing, Town Planning, etc., Act, 1919, and I beg to submit the following joint report by the Assistant Medical Officers. Their appointment was for one year, and at the time of writing (June, 1921), they have left at the end of their term of engagement. They have brought to light a great many interesting facts as to the housing conditions of the Borough, and at the present time the survey is rapidly nearing completion, when we hope to have got the Borough into some normal condition as regards the repair and general sanitary conditions of the houses occupied by members of the working classes.

The following report of the Assistant Medical Officers of Health will best explain the present position.

ASSISTANT MEDICAL OFFICERS' REPORT.

"We beg to present our report on the Housing of the Borough for the year ending 31st December, 1920.

- (I.) *Staff.* The additions to the staff for the definite purpose of Housing were two Assistant Medical Officers of Health and four Temporary Sanitary Inspectors; these were appointed in May, 1920. Owing to sickness and resignations in the permanent staff, all the four Temporary Inspectors have never actually been available, and for some part of the time only two have been doing the work for which they were definitely appointed. The vacancies on the districts caused by absence and resignations have had to be filled by one of the Temporary Inspectors.

(II) *Housing.* The population of the Borough in the number of dwelling houses of all classes, including tenements, is 19,140, and the number of working class dwelling houses is 18,850. The latter figure is given to make this report tally with the figures originally used, but, in view of the definition of "houses suitable for occupation by the working classes," as given in the Rent Restriction Act of 1920, it is probable that the figure of 18,850 will have to be revised.

The total number of dwelling houses inspected for housing defects under the Public Health or Housing Acts was 12,055, and the total number of re-inspections 23,297. The total number of dwelling houses inspected and recorded under the Housing Inspection of Districts Regulations of 1910 was 5,915. The number of dwelling houses found not to be in all respects reasonably fit for human habitation was 7,115, of which 1,082 were rendered fit in consequence of informal notice being given by the Sanitary Inspectors, and did not necessitate formal action by the Council.

Action under Statutory Powers.

(a) Proceedings under the Public Health Acts.

The number of notices served under the Public Health Acts in respect of dwelling houses was 3,515, and the number in which the defects were remedied the same.

(b) Proceeding under Section 28 of the Housing, Town Planning, etc., Act of 1919.

During the year a great amount of work has been done under this Section. For the greater uniformity of the notices, lists of terms of requirement were drawn up, and are now used by all the Sanitary Inspectors. At the beginning of the year the procedure then in force was laborious, entailing much clerical work and a great many re-inspections by the Sanitary Inspectors. The procedure finally adopted by the Council, and now in force, is:—

(1) The Inspector visits the house, and makes notes of the defects in his note-book. (These note-books are numbered and filed away for reference).

(2) The Inspector writes an official notice, which comes before the Public Health Committee, and finally before the Council. If the work is **not** carried out in the time specified, a notice is sent to the owner informing him that, if the work is not put in hand, the Council will be asked to instruct the Surveyor to carry it out.

The number of dwelling houses in respect of which notices were served requiring repairs under Section 28 was 3,857, and the number of dwelling houses rendered fit by the owners 2,015. In the cases of 61 houses, the work was carried out in default of the owner by the Council. The cost of work done by the Council has been recovered through the Court of Summary Jurisdiction for the district in all cases where it has been necessary to put this action into force.

(III.) *Closing Orders.* During the year proceedings were taken under Sections 17 and 18 of the Housing and Town Planning Act of 1909, with a view to the making of Closing Orders. The houses at present under Closing Orders are:—

Lynton Mews	...	...	...	...	12
Sarnell's Court	...	...	...	...	5
Tilbury Place	...	...	...	...	5
Gedling Street	...	...	...	...	1
Wilderness Street	...	...	...	...	9
White Lion Court	...	...	...	...	9
Faustin Place	...	...	...	...	15

—
56
—

(IV.) *Insanitary Areas.* A great deal of work has been done on the Insanitary Areas mentioned below:—

Dockhead:	Houses	730;	Population	4,552;	Area	6	acres
Salisbury Street:	„	155;	„	1,035;	„	4	„
Leroy Street:	„	64;	„	346;	„	1 $\frac{1}{8}$	„
Bethel Place:	„	49;	„	195;	„	$\frac{3}{4}$	„
Prospect Street:	„	55;	„	291;	„	$\frac{5}{8}$	„
Vauban Street:	„	121;	„	600;	„	2 $\frac{1}{4}$	„
		<hr/>			<hr/>	<hr/>	
		1,174;			7,019;	14 $\frac{3}{4}$	„
		<hr/>			<hr/>	<hr/>	

The amount of work done will be realised from the number of houses, which total 1,174, having a population of 7,019, and covering an area of 14 $\frac{3}{4}$ acres.

At the beginning of the work on the Insanitary Areas it was found that the form hitherto used was not quite satisfactory. Further particulars were required about each house to give in full, and for a permanent record for future reference, the defects found on inspection. A glance at the forms attached will give some idea of the amount and the detailed nature of the work involved in the inspections.

The difficulty in dealing with condemned houses and insanitary areas is the entire absence of suitable and sufficient building land in the Borough, and, until, unless arrangements can be made with the London County Council or neighbouring Boroughs for the provision of accommodation for the population displaced, demolition of any of the property cannot be carried out.

The London County Council have taken the Dockhead Area, and are making provision for housing some of the people living there, and the Council is erecting flats in Faustin Place for the people displaced under the Closing Order mentioned above. These, with the exception of a few isolated cottages, are the only schemes for re-housing in hand.

During the course of the work, certain matters have arisen which required special investigation. These matters all have special reference to the sanitary state of houses, and may be mentioned here:—

(1) Enquiries into the mortality of tenement dwellings and the encroachment of industrial buildings on dwelling houses.

(2) A large number of houses in the Borough are sub-let, and the landings on the first floors contains gas stoves, and are used as kitchens. In many cases there is no light or ventilation on the landing, the result being that the temperature of the landing during cooking is very high, and the atmosphere polluted by the fumes from the gas stove and foul. The provision of adequate light and ventilation on the landing has been insisted upon in the Borough for some years, but, with the existing prevalence of sub-letting, we feel that attention should again be drawn to the matter.

(3) Dust Shoots. A request from the London County Council for information on the removal of house refuse from tenement dwellings resulted in an investigation into the construction of the inlets and receptacles of dust shoots. A report was furnished, the results of which, we believe, the London County Council has adopted.

(4) Verminous Dwellings. During the summer an enormous number of rooms was found to be infested with bugs. Various methods for their extermination are used by occupiers and builders in the Borough. These were investigated, and although it is too early to speak definitely on the result, yet observations tend to show that any methods such as the use of strong carbolic mixture of hydrochloric acid are useless, and the

only method offering any hope of success is the one that has been in use for some considerable time, and that is disinfection by SO_2 . If every house or room infested with bugs were to be thoroughly disinfected by SO_2 , the staff of the Disinfecting Station would have to be greatly increased in the summer months, and the cost would be great. The suggestion might be put forward that a charge might be made for the disinfection of verminous rooms. The parasite found—and thousands were examined—was exclusively the *cinex lectularius*.

(5) Fleas. In July, August and September, the quantity of fleas found in houses was enormous, and far exceeded the numbers found in any other years within the experience of the present disinfecting staff. The species of flea found was almost exclusively the *pulex irritans*, or the common flea of man. Very occasionally the *ceratophyllus fasciatus* and the *ctenocephalus canis* or dog flea were found. It is interesting to note that this epidemic of fleas coincided with the epidemic of Scarlet Fever. Dr. Hamer of the London County Council has commented on the relationship between the number of fleas and epidemics of Scarlet Fever, but, up to the present, no direct relationship has been shown.

(6) Rats. A great many complaints of rats have been received from all parts of the Borough. In the majority of cases the presence of rats in the houses has been found to be connected with defective drains and the reconstruction of sewers in various parts of the Borough has increased the numbers of rats in the houses. The subject of the prevention of rats resolves itself, to a large extent, into the provision of properly-constructed drains. A great many rats have been examined from all parts of the Borough, and in

no cases were they found to be suffering from any disease communicable to man, and in no case was the *xenopsylla cheopis*, or the rat flea, which is the vector of plague in the tropics, found.

(7) Sinks. In a great many houses sinks made of Yorkshire stone have been found, many of which were untrapped. The rough stone, however useful it may be for sharpening knives, its use as a sink is unwise. The surface is rough, and, in a very short time, the uneven bottom allows water to accumulate in it. The roughened projections and depressions afford an excellent hold for decomposing fats and all kinds of bacteria. It is desirable that these sinks should be abolished, and their place taken by glazed stoneware sinks.

(8) Flies. Although the presence of flies in a dwelling house cannot be said to render that dwelling house insanitary, yet in effect it does.

During last summer flies were not greatly in evidence on account of the low atmospheric temperature, but, if we are to enjoy any degree of immunity from these pests, active steps will have to be taken in the quick removal of household refuse, the removal of dung and the removal of trade refuse in those trades in which animal matter enters. Some interesting points were observed in connection with this subject during last summer. As is well known, the breeding places preferred by the *musca domestica*, or common house fly and the *homalomyia canicularis* or lesser house fly are dung heaps, stable refuse, and the like, and their play-grounds are domestic dwelling houses. The dangers of the fly are, of course, too well-known to be recapitulated here, but the point we wished to draw attention to was the possibility of dwelling houses becoming infested by the *protocalliphora groenlandica*, or

green fly, whose special home seems to be Bermondsey. Its usual breeding place we found corroborated previous observers in the fact of its breeding in some decomposing animal matter in the yards of glue and size works. The additional fact was gleaned that these flies infested the premises where fish-curing was taking place, and an even more preferable breeding ground than the glue and size works was found to be the fish-heads and rejected entrails; here the larvae were found in enormous numbers. The play-ground of these flies appears to be gardens and open sheds; they do not appear to frequent houses to any extent, but we found occasional specimens in houses, and its occurrence in numbers in houses has been noted before, and there is no reason why it should not infest houses again. The method of prevention lies in the frequent removal and destruction of any waste animal matter and any fish heads, etc., from the premises where businesses are carried on."

W. E. COOKE, M.D.

W. E. FOX, M.B.

Rats and Mice (Destruction) Act, 1919.

During the year the Council had under consideration the carrying out of the provisions of the above Act, and also the question of the appointment of the necessary staff. It was decided that, until more need was shown for the appointment of a special Rat Officer, each District Sanitary Inspector should be appointed to serve notices under Section 5 of the Act.

An attempt was made to organise a rat service in the Borough, and the owners and occupiers of factories, wharves, and all premises likely to be troubled with rats were circularised, but no support was given to the scheme, and it was decided to abandon it for the time being.

There is one difficulty in putting the Rat Act into force in individual Boroughs, which no Authority seems to have faced

yet, and that is the migration of rats through the County Council sewers. If one excludes complaints about rats in the various grain stores along the wharves and warehouses by the river's edge, 99 per cent. of the complaints concerning rats in other parts of the Borough show that these vermin find their way into the houses from the large and small sewers in the Borough. It seems somewhat useless, therefore, for one Borough to have an active Rat Campaign, because, if the rats are banished locally, it is only a matter of a very short time when a complete fresh supply migrates from other parts of London through the London County Council sewers. It seems to me, therefore, that the Engineers of the London County Council should consider the question of preventing these migrations of rats through their sewers, and adopt some plan which would be applicable to the whole of London. The question is, no doubt, a very difficult one, but still it ought not to be insuperable.

Outworkers.

There were 281 outworkers on the Register at the end of 1920. 64 lists were sent in by firms in this Borough employing outworkers. Table VI. of the Appendix shows the various trades followed by outworkers in this district.

Maternity and Child Welfare.

As there were so many Voluntary and Municipal Centres for Maternity and Child Welfare Work in the Borough, and the number of the Health Visitors had been increased from four to eight, it was decided to have a whole-time Assistant Medical Officer of Health to organise and supervise the whole work, and, at the same time, attend to as many Centres as convenient, instead of having several part-time officers who were engaged by the Council to look after the Municipal Centres.

As a result, the Council appointed, in the autumn, Dr. Stella Churchill, M.R.C.S., L.R.C.P., D.P.H., and I have much pleasure in submitting the report she has made to me on the general subject of Maternity and Child Welfare.

The infantile mortality has shown a great decrease, not only in Bermondsey, but in the country generally, for the year 1920,

and though I think one is justified in claiming some part of this decrease as due to increased activity on the part of Sanitary Authorities, one must be careful not to claim too much, or a disillusionment might occur as a result of infectious epidemics among children or a very hot summer increasing the illnesses which usually cause such a high mortality among young babies. There is no doubt in my mind that all this propaganda about Child Welfare which has been going on during the last few years is beginning to tell on the infantile mortality through the education of the mothers, for, when all is said and done, one cannot get over the fact that infantile mortality is much less among the educated than among the uneducated classes, and, when the latter come up to the standard of education of the mothers of the better classes, we may expect a permanent and big reduction in the infantile mortality. Writers on health matters are accustomed to argue against this that some of the uneducated mothers in certain districts, such as the West of Ireland and Scotland, show a very low infantile mortality, but this is no doubt due to favourable climatic conditions, and the absence of overcrowding. Urban districts, especially large manufacturing towns and the Midlands and North of England, furnish by far the largest percentage of our high infantile mortality figures, and these will never be permanently reduced until the mothers in these districts have learned to counteract the unfavourable environments which these manufacturing centres impose on the infant population.

Sanitary Authorities will also have to do their part in the way of reducing smoke and other conditions which pollute the atmosphere.

LADY ASSISTANT MEDICAL OFFICER'S REPORT

ON

Maternity and Child Welfare.

This branch of the Public Health work has been much extended by the appointment of four additional whole-time Health Visitors, making the total now up to eight, and Bermondsey is now in the front rank of Municipal Boroughs in this respect.

There have been over 1,500 children in regular attendance at the clinics during the past year, but, apart from these, many children have been visited at their homes, and the parents

advised as to health troubles and the need of medical attention. It is rare for the Health Visitors to be refused admission to the homes, and this is the highest testimony to the tact and zeal with which they carry out their work.

During the year under report it was arranged to open clinics for children over a year old and under school age, which are known as 'Toddlers' Clinics, and in this way to keep in touch with the babies who are brought in the first instance to the Welfare Centres. In this way one expects to prevent or alleviate some of the disabling disorders of school life, such as enlarged tonsils and adenoids, eye affections, including squint, effects of rickets, and last, but by no means least, dental caries. This intention has now been carried out, and the results will not be available till next year.

There were three Municipal Infant Welfare Centres in the Borough, but early in the year the Council decided to take over the medical side of the Oxley Street Centre, and, at the time of writing, the whole Centre has been transferred to the Borough. The work there has been considerably extended. A new Welfare Centre was opened in July, 1920, at the Manor Chapel, Roseberry Street, and, at the end of the year, there were over 100 mothers in regular attendance. This Centre was very badly needed in this area, which is somewhat isolated from the other Centres.

The alterations at 98, Rotherhithe New Road, which was taken over during the year under report, are now well underway, and the offices of the Assistant Medical Officer of Health and Health Visitors and the Dental Clinic have been transferred there. The Infant Welfare Centre, which was carried on during the year 1920 at the Lady Gomm Dispensary, has also been transferred to this building. When finished it is thought that this will be a model Centre, so far as the building is concerned.

A new Municipal Ante-natal Centre was begun in October, 1920, at the Lady Gomm Dispensary, and at the beginning of the present year this has been transferred to 98, Rotherhithe New Road, where it is held on the second and fourth Friday afternoons. There were not many attendances at first, but they soon averaged 16 a session, and a keen interest was shown in the

work both by the patients themselves, and by the Health Visitors. It is our aim to ensure for each mother a healthy and happy state during pregnancy, and to detect any early symptoms of disease which may interfere with this ideal, and in this work we have been much helped by the willing co-operation of many of the midwives resident in the Borough.

There is considerable need for early change of air in the case of children who have just recovered from one of the debilitating diseases, such as Measles, Whooping Cough, Bronchitis or Scarlet Fever. We have been much helped to get over 20 such children away during the past year by the kindness of the Invalid Children's Aid Association, and a warm word of thanks is due to their local secretary, Miss Armstrong. Other children have had similar and much needed visits to the seaside or country through the agency of the Secretary, Babies' Home Department, 4, Tavistock Square. Four of the Bermondsey mothers, with their babies, have been most kindly entertained through the same means at the Lady Forster Guest House at Sydenham. The results in every case have been most satisfactory, but it is sad to notice how quickly some of the children relapse.

The power to provide milk free or at cost price to nursing or expectant mothers and to children under five years, has been of immense help in checking some of the ill-health due to a condition of chronic under-feeding. Child Welfare work is so intimately associated with the social and moral conditions of the people that we can only assert here—what every woman knows—that it is the *mother* who makes or mars the home, and to the mothers of Bermondsey is due ultimately the credit for the relatively high standard of child life.

Enquiries were made late in the year as to the possibility of providing cheap or free dinners for nursing mothers and children under school age. This scheme did not meet with the approval of the Ministry of Health, but if unemployment remains at its present level an attempt will be made next winter to make some similar provision.

Voluntary Centres. Three out of the four voluntary centres are associated with the activities of a religious and social order,

so that their work covers ground that cannot be undertaken by the Municipal Authorities.

The numbers at the Central Hall increased so rapidly during the past year that a new session was to be opened early in 1921.

The Princess Club has now three sessions a week for children under a year, and a fortnightly session for "Toddlers," as well as a weekly Ante-Natal Class.

The work at the Alice Barlow House, Fulford Street, and St. George's Hall is doing a great deal to help those Mothers who live in the more crowded parts of the Borough.

In addition, there is a day Nursery at Fulford Street to accommodate about 15 children, and this fills a crying need, especially at the present time, when some mothers are obliged to go out to work as the fathers cannot find employment.

This report would not be complete without a respectful word of thanks to the Medical Officer of Health for all the kindly support and advice he is always ready to give to workers in this Department.

STELLA CHURCHILL.

Table H.

Health Visitors.

The following tables show the work done by the Health Visitors during the year 1920:—

The first table is for the first 6 months, and the second table for the remaining 6 months. The method of reporting the work of the Health Visitors was altered in June.

				Whole Borough.	Bermondsey Wards.						Rotherhithe Wards.			St. Olave Ward.		
					1	2	3	4	5	6	1	2	3	St. John.	St. Olave.	St. Thomas
Births Notified :—																
By Guy's Hospital				468	109	152	88	1	1	76	...	...	...	21	9	11
,, Midwives				604	21	26	55	95	112	26	128	68	39	28	5	1
,, Doctors				238	7	14	30	27	28	10	34	43	36	7	1	1
,, Parents				177	5	9	11	50	36	8	9	26	21	1	...	1
TOTAL				1,487	142	201	184	173	177	120	171	137	96	57	15	14

VISITS :—	Whole Borough.	DISTRICTS.					January to December.		
		1	2	3	4	5	Attendances at Classes for Mothers.		
Ante-natal	102	24	29	31	18	2	Town Hall.	Abbeyfield Road.	Trinity Road.
Births (first)	1,385	398	353	333	301	40			
,, (subsequent)	493	51	48	74	320	169	5,667	6,158	1,283
Measles (first)	82	8	20	39	15	...			
,, (subsequent)	30	...	19	3	8	...	Roseberry Street.	Oxley Street.	
Ophthalmia Neonatorum (first)	9	1	3	4	1	...			
,, (subsequent)	4	...	...	4	...	...	799	1,993	
Puerperal Fever	2	1	...	1	...	...	
Influenzal Pneumonia (first) ...	...	...	...	...	...	...
,, (subsequent)	...	...	...	...	...	...
Polio-Myelitis ... ..	...	...	...	...	...	...
Diarrhoea ... ..	...	...	...	...	...	...
Various	388	110	142	42	94	...			
TOTAL	2,495	593	614	531	546	211			

				Births Notified.	First Visits.	Subsequent Visits.		Ante- Natal.	Puerperal Fever.	Ophthalmia Neona- torum.	Various Calls and Visits.	Returns to M.O.H.
						Under 1 year.	1 to 5 years.					
Miss Child	...	...	...	163	218	133	94	8	—	11	364	33
Mrs. Smith	...	...	...	191	253	336	172	12	—	7	62	27
Miss Islip	...	...	...	304	229	241	89	16	—	—	80	18
„ Sharman	...	...	...	290	302	286	83	16	3	4	46	21
„ Bache	...	...	...	250	208	186	28	50	1	3	128	16
„ Sumner	...	...	...	273	221	150	38	44	—	7	207	24
„ Carlton	...	...	...	216	203	550	20	7	—	9	179	31
„ Wadds	...	...	...	236	269	296	55	15	—	2	63	10
TOTAL ...				1,923	1,903	2,178	579	168	4	43	1,129	180

Municipal Dentist.

To complete the Maternity and Child Welfare Scheme for the Borough, the Council decided to appoint a Municipal whole-time Dentist. An excellent dental surgery, together with waiting and recovery rooms, has been fitted up at 98, Rotherhithe New Road, and also a dental workshop. Mr. Grantly Smith, H.D.D., Edin., L.D.S., Lond: was appointed Municipal Dentist, and commenced duty a few days before the close of the year. A dental nurse and dental mechanic were also appointed.

Two sessions are held daily, and the numbers attending are steadily increasing.

A full report of this branch of the work will be given in the next Annual Report.

Municipal Midwives.

The Council early in the year had under consideration the inadequate midwifery service in the Borough, and decided to overcome this by appointing two Municipal Midwives.

The local midwives were consulted as to the districts in which the shortage was most acute, and also as to the fees to be charged. It was ultimately decided to make the Rotherhithe end of the Borough the headquarters for the Municipal Midwives, and rooms for them were rented over the Public Baths, Lower Road.

Owing, however, to the publicity given to this matter in the press, a number of new midwives commenced practising in the Borough, and, in a few months, the original number was more than doubled. In addition, several doctors took up this work, and it soon became evident that the Municipal Midwives would not get sufficient bookings to keep them fully occupied. The Council, thereupon, carefully reconsidered the matter, and came to the conclusion that as their action had had the desired effect of increasing the number of midwives in the Borough, they might now discontinue the municipal service.

District Nurse.

In January, 1920, representations were made to the Public Health Committee that the number of nurses available for

ordinary cases of illness in the Borough was insufficient. We had decided a couple of years previously to pay for the nursing of cases of Bronchial Pneumonia in connection with Measles, which were notified to us under the Prevention of Measles Order of the Ministry of Health, but the additional duties imposed on the Borough Council by the Influenza and Primary Pneumonia Orders decided the Council to appoint a District Nurse. This lady—Miss Gibson, of Guy's Hospital—took up her work in January, 1920.

MUNICIPAL LYING-IN HOSTEL.

Report from January 1st to December 31st, 1920.

(1)	Total Number of Cases Admitted	...	...	...	...	155
(2)	Average Duration of Stay	...	...	...	...	14 days
(3)	Number of Cases Delivered by Midwives	...	...	...	...	144
(4)	Number of Cases Delivered by Doctors	...	...	...	...	11
(5)	Number of Cases in which Medical Assistance was sought by Midwives	...	...	...	...	84
	(a) <i>Ante-Natal</i>	...	...	...	...	1
	(b) during Labour	...	...	...	...	15
	(c) after Labour	...	...	...	...	7
	(d) for Infant	...	...	...	...	11
(6)	Number of Cases of Puerperal Sepsis with Result of Treatment	...	...	...	...	0
(7)	Number of Cases in which Temperature rose above 100.4 for 24 hours with Rise of Pulse Rate	...	...	...	...	1
(8)	Number of Cases notified as Ophthalmia Neonatorum, with Result of Treatment	...	...	...	...	2
	1st. Not known.					
	2nd. Completely cured.					
(9)	Number of Cases Inflammation of the Eyes, however slight	...	...	...	...	2
(10)	Number of Infants not entirely Breast-fed while in the Institution, with the reasons why they were not Breast-fed	...	...	...	...	1
	(Mother had Tubercular Disease).					

- (11) Number of Maternal Deaths with Causes 1
 Post Partum Haemorrhage between second and third week after delivery, due to Polypus of the Uterus. Died after operation for Removal in Bermondsey and Rotherhithe Hospital.
- (12) Number of Foetal Deaths, Stillborn or within 10 days of Birth, and their Causes, and the results of Post-Mortem Examination, if obtainable 1 Premature

TUBERCULOUS.

Tuberculosis Dispensary.

The following reports concerning the Tuberculosis Dispensary were submitted to the Council in July of last year, and January of the present year respectively, and, as a result, the Council decided to take over the Dispensary at the beginning of the financial year, April 1st, 1921. The salaries suggested in these reports were not adopted at the time of writing (June, 1921), and instructions were given that the matter should be brought up after a period of probation. Several alterations in the administration have been brought about by the Tuberculosis Act of 1921, and the consequent re-arrangements for the treatment of insured patients and soldiers, and a report of the working of the Dispensary will be submitted in 1922.

Tuberculosis Scheme.

I regret that there has been so much delay in bringing the present report before the Committee, but I understand that the Medical Officer of the London County Council has in preparation a review of the administrative schemes for Tuberculosis in London, with certain recommendations, and I delayed matters in the hope that the report would be in print, and that it might be possible to incorporate the recommendations of the London County Council with our scheme. This report is not yet published, but I do not think it advisable to delay any longer in placing our own scheme before the Council.

Prevalence of Tuberculosis in the Borough.

During the year 1919 the total number of deaths from Tuberculosis in this Borough was 233, which gives a death rate of 1.9

per 1,000 per annum. The death rate from Phthisis, or the pulmonary form of Tuberculosis, for the year 1919 was 1.4, and this has shown a steady decrease during the last 10 years, with the exceptions of the years 1915 and 1917, when there was a slight increase. This death rate, however, does not give a fair indication of the amount of disablement which is caused by Tuberculosis, since the illnesses due to this disease are usually very protracted, and people may go about for a considerable portion of their lives suffering from the more or less crippling effects of Tuberculosis.

The following table will give some idea of the general prevalence:—

1919.

1.	Number of Primary Notifications	500
2.	Number of deaths from Tuberculosis	... ..	233
3.	Death rate per 1,000 per annum	... ..	1.9
4.	Number of cases removed to Sanatoria	... ..	153
5.	Estimated number of contacts	... ..	2000

The number of notifications, of course, does not represent the total number of cases of Tuberculosis existing in the borough at any one time. It is difficult to arrive at a correct figure, but I think one would be justified in stating that the number of cases of Tuberculosis in the Borough at any one time is somewhere between 750 and 1,000.

For *Administrative*, as distinct from clinical purposes, it is convenient to classify patients as follows:—

(A.) INSURED PERSONS. These may be sub-divided into:

(1). Men. (2). Women.

Insured persons are under the care of the London Insurance Committee, who have contracts with three different bodies, according to the nature and stage of the disease. Early cases requiring sanatorium treatment are dealt with, under agreement, by the London County Council. Cases requiring domiciliary treatment are at present attended to by the panel doctors and the Tuberculosis Dispensary, and cases requiring special treatment are sent to one of the hospitals. Surgical cases are generally admitted free to one of the large general hospitals, and cases for observation, or any other purpose to one of the Hospitals for con-

sumption, such as Brompton, where they are paid for by the Insurance Committee, either directly or through the medium of the London County Council.

(B). NON-INSURED PERSONS. These may be sub-divided into:—

- (1). Housewives.
- (2). Children over 16 years and unemployed.
- (3). Children under 16 years—boys and girls.
- (4). People over 65 years.
- (5). Employed, but non-insured persons.

Non-insured persons requiring institutional treatment are taken charge of by the London County Council, who have a certain number of beds, scattered over the different parts of the southern counties, for women, boys and girls. The non-pulmonary cases in children are generally handed over to the Invalid Children's Aid Association, commonly described as the I.C.A.A. For treatment of children, the London County Council and the I.C.A.A. require that payment should be made by the parents or guardians, and this is arranged by the Interim Tuberculosis Care Committee, who act as an Assessment Committee, the weekly payments ranging from 2s. to 10s. 6d., according to the ability to pay of the persons responsible. For the institutional treatment of Tuberculosis in women the London County Council do not ask payment, but they have very few beds, and not many cases are got away. Non-insured persons who do not want institutional treatment are not very well provided for at the present time, the free treatment available consisting of general hospitals, Tuberculosis Dispensaries, some special hospitals, Poor Law Institutions, and, if able to pay, they can go to private practitioners.

(C). SOLDIERS AND SAILORS. The War Pensions Committee appears to be responsible for their treatment but, should any institutional treatment be required, they have special beds in various sanatoria all over the country. They also avail themselves of treatment at the Tuberculosis Dispensaries, and domiciliary treatment is arranged for by the Pensions Committee through the panel doctors.

For *Clinical* purposes, the population may be divided as follows:—

(A.) *Pulmonary* cases, of which there are:—

- (1). Early cases which ought to be sent away to sanatoria.
- (2). Cases of established disease which would benefit by a short stay at sanatoria and who require special provision and treatment.
- (3). Advanced cases which should, for their own good and the benefit of others, be segregated.

(B). *Non-pulmonary* cases. Of these there are three classes: Cerebral cases, glandular cases, and bone and joint cases.

(C). Finally, we have *Suspected* cases, who have some of the signs and symptoms of Tuberculosis, but in whom the diagnosis is doubtful, and "*Contacts*," who, though apparently healthy, are living with tuberculosis patients, and require to be kept more or less under observation.

At the present day, no scheme for the control of Tuberculosis is complete without a Tuberculosis Dispensary, and it may be well, at this stage, to recapitulate the functions of this institution.

The original idea of the founder—Sir Robert Philip—was that these dispensaries should form a kind of centre to co-ordinate all the activities in connection with the prevention of Tuberculosis, classify the patients from a clinical point of view, keep in touch with various voluntary and other bodies who undertake the treatment of Tuberculosis, and generally to act as a kind of clearing house for everything connected with Tuberculosis in the district. The officers were intended to be experts in the clinical work of diagnosis and able to help general practitioners with advice in doubtful cases. They were also intended to undertake the examination of "*contacts*" and supervise, in conjunction with the general practitioners, cases receiving domiciliary treatment. They were further expected to be able to give special treatment in certain cases, such as in those requiring tuberculin or other specific treatment.

The Tuberculosis Dispensary at 108, Grange Road, carries out most of these duties, but there are certain directions in which improvement will be necessary if the scheme is to fulfil modern requirements. In the first place, there is not a close enough connection between the Dispensary and the Public Health Department, and to make any improvement it will be necessary for the Council to consider the question of taking over the Dispensary, and making it a branch of the Public Health Department. I think this is *most essential*, since the real work of the Council in the matter of Tuberculosis is *preventive*, and this cannot be done effectually unless the whole of the activities of the Council in this direction are brought under one Department.

As regards the examination of contacts, this is not carried out as systematically and as thoroughly as it should be. Only 353 were examined in 1919, and if the estimate of 2,000, at the very low rate of 4 contacts to every notified case, is correct, the percentage of these who have been examined is only about 15.

The arrangements for diagnosis are not complete, since there is no X-ray apparatus, an appliance absolutely necessary for modern work. Some definite arrangement should also be made with Guy's Hospital for applying special diagnostic methods in certain cases. Further, there is no provision for the treatment of dental cases at the Dispensary.

At the present time there is too much attention paid to the purely clinical side of Tuberculosis as distinct from the preventive side, and there is a tendency for Dispensaries to become simply kinds of Out-patients' Departments of general hospitals, where people come to receive bottles of mixture for coughs, dyspepsia, etc. If the time spent in prescribing cough mixtures and things of that kind were spent in visiting and examining contacts, the Dispensary would serve a much more useful purpose.

The present staff consists of a Tuberculosis Officer and Assistant Tuberculosis Officer, two nurses, one dispenser, one secretary, and one caretaker.

The finances during 1919 were derived from the following sources :—

	£	s.	d.
Central Fund	765	0	0
Insurance Committee	325	0	0
Borough Council	600	0	0
Voluntary Subscriptions	259	18	6
	<hr/>		
	£1949	18	6
	<hr/>		

The cost of running the Dispensary in 1919 was £1,862.

There is no provision at present for attending people at the far end of the Borough in Rotherhithe, and a branch of the Dispensary should be formed down there.

I estimate the cost of running the Dispensary as a branch of the Public Health Service will be £2,400 0s. 0d., made up as follows :—

Salaries :	£	s.	d.
Senior Assistant Medical Officer ...	700	0	0
Junior Assistant Medical Officer...	500	0	0
Secretary	208	0	0
Two Nurses	440	0	0
Dispenser (part time)	80	0	0
Caretaker (with free quarters, coal and gas)	60	0	0
Rent, Rates and Insurance	80	0	0
Telephone, Gas and Water	40	0	0
Coal	30	0	0
Drugs	166	0	0
Repairs	40	0	0
Stationery and Postage	40	0	0
National Health Insurance	3	0	0
Cleaning and Sundries	13	0	0
	<hr/>		
	£2400	0	0
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I recommend, therefore, that the following changes in the administration of the Tuberculosis work in the Borough be made:

- (1). That the Dispensary be taken over by the Borough Council, and be run as a part of the Public Health Service.
- (2). That the Medical Officer of Health be the Chief Tuberculosis Officer.
- (3). That Dr. Darroch be Assistant Tuberculosis Officer at the Dispensary, and have the status of an Assistant Medical Officer of Health.
- (4). That Dr. Connan be Second Assistant Tuberculosis Officer.
- (5). That the two nurses and the dispenser be retained, and that the present Secretary, Miss Dutch, be given the status of an Assistant Clerk in the Public Health Department.
- (6). That an extra Centre be provided somewhere in Rotherhithe, where attendance would be made two or three times a week.
- (7). That an X-ray apparatus be provided.

If the Dispensary be taken over, the question of affiliation with Guy's Hospital for special diagnostic purposes can, no doubt, be easily arranged.

The dental treatment would be provided by the Borough Council's whole-time dentist, who could devote one or two days a week to the Dispensary.

The Dispensary will thus become part of the Public Health work of the Borough, and I think, under the circumstances, special committees, such as the Interim Tuberculosis Care Committee and the Dispensary Committee, will not be necessary, since everything could be referred to the Public Health Committee. The "following up" and supervision of cases, instead of being relegated to a special committee as now, will be a part of the routine work of the Public Health Department.

There are many details in the administration of Tuberculosis work in Bermondsey which I might have discussed in this report,

but they are all implicated in the taking over of the Dispensary, which is, therefore, an indispensable preliminary to a general improvement in this work."

On 6th July, 1920, the following resolutions were passed by the Council and recommended by the Public Health Committee, namely:—

" Subject to the approval of the Ministry of Health and the London County Council, and also the Finance Committee submitting any necessary estimate:

- (a) That the Dispensary be taken over by the Borough Council, and be run as a part of the Public Health Service.
- (b) That the Medical Officer of Health be the Chief Tuberculosis Officer.
- (c) That Dr. Darroch be Assistant Tuberculosis Officer at the Dispensary, and have the status of an Assistant Medical Officer of Health.
- (d) That Dr. Connan be Second Assistant Tuberculosis Officer.
- (e) That the two nurses and the dispenser be retained, and that the present Secretary, Miss Dutch, be given the status of an Assistant Clerk in the Public Health Department."

These resolutions still stand, so all that is necessary now is for the Committee to get the sanction of the Ministry of Health and the London County Council to complete the necessary arrangements for carrying out the original intentions of the Council. As some nine months have elapsed since that period, it will be necessary to make one or two additions to the above resolutions, and also to reconsider the expenses of running the Dispensary, in the light of the experience of the Dispensary Committee since that date. It will also be necessary, in order to complete the scheme, to have the Dispensary linked up with

some hospital or hospitals for various purposes, and, for this reason, I have interviewed the Medical Superintendent of Guy's Hospital, as this is much the most convenient institution for the proposed linking up; it has a large consulting and specialist staff, and all the latest means at its disposal for diagnosing Tuberculous and other diseases. There are other reasons also for linking up with Guy's; it is one of the largest teaching institutions in the country, and it is most important that the coming generation of medical men should be thoroughly equipped to deal with medical problems, and this can only be done by making use of the hospital, and sending cases, which are difficult, and requires special means for diagnosis. Among the matters discussed with the Medical Superintendent were the following:—

- (1). The provision of six observation beds, where obscure cases can be kept for a short time for the purpose of investigating the nature of the complaints.
- (2). The provision of X-ray reports on cases of suspected tuberculosis.
- (3). Special examinations other than X-ray, such as bacteriological investigations of urine and other discharges, and special examinations in eye and laryngeal cases.
- (4). Treatment of special tuberculous cases, such as tuberculous skin diseases and glands by X-rays, Finsen light and Radium.
- (5) Special medical and surgical treatment, such as the production of artificial pneumothorax, the performance of renal nephrectomy, treatment of tuberculous diseases of the joints, spine, meninges, peritoneum, intestines, and other organs liable to be attacked by tuberculosis.

It is evident from this that there is a very large field for utilising the skill and resources of Guy's Hospital. It was further proposed to the Medical Superintendent, that as they have a special Tuberculosis Department, in charge of Dr. Marshall, our whole dealing with the hospital should be through that officer,

and, further, that he should keep a register of all the cases of tuberculosis, from whatever source, occurring in the hospital, with the results of the treatment. In this way we will not only benefit from linking up with the hospital, but the hospital will be able to enlarge the scope of their investigations on this important disease. The Medical Superintendent agreed with the suggestions I put forward here, and promised to bring the matter before the Medical Committee, and the Governors of the Hospital, who, I trust, will see their way to adopt these or some similar suggestions.

With regard to the X-ray, it was suggested by the Committee that another institution in this Borough could do this work, but this would be of doubtful utility, since, in the taking of X-ray photographs two things are required, namely, good technique in the photographs themselves and also skilled interpretation; the former requirement would be fulfilled in the institution referred to, but not the latter. In Guy's Hospital they have a skilled radiologist, who interprets the results of the photographs, a factor of really more importance than the taking of the photographs themselves.

As regard institutional treatment, both for insured and non-insured, namely, the provision of beds in sanatoria for suitable cases, and, also, the provision of beds in hospitals for surgical and other cases, this will be undertaken, as hitherto, by the London County Council. I understand they are increasing their beds and, with the additional provision, institutional treatment will become gradually more efficient.

The special duties of the officers of the Dispensary will be to take complete charge of the whole of the tuberculous patients in the Borough. It will be their duty to receive notifications and to visit the patients at their homes. The Tuberculosis Officer will also act as general consultant in cases of Tuberculosis for private practitioners, and the question of sanatorium and special treatment, whether in hospital or domiciliary, will be decided on by the officers of the Dispensary, in the first place, and they will have every opportunity—as officers of this Department—of becoming fully cognisant of every case of Tuberculosis in the Borough. They will examine contacts and discover new cases,

and, in this way, we hope that no tuberculous person will escape attention. If extra food is required, the recommendation will come to the Committee through the Department.

The scheme, on first examination, appears somewhat elaborate and expensive, but I think it will be found that the efficiency of the administration and the care which is bestowed on the patients will amply repay the small net expenditure on what might be called the most prevalent disease in the Borough.

In considering the question of running the Dispensary, as the remuneration of the staff will have to be reconsidered on taking them over, this will add considerably to the running expenses, and I make the following suggestions regarding the salaries, which form the chief item. Should the Committee agree to these suggestions, the expenses will be:—

	£	s.	d.
Dr. Darroch, Assistant Tuberculosis Officer	750	0	0
Dr. Connan, Second Do.	600	0	0
Miss Dutch, Clerk, £112 0s. 0d. (basic salary), £155 16s. 0d. (bonus)	267	16	0
Two Nurses, each £121 4s. 7d. (basic salary), £190 19s. 9d. (bonus)	624	8	8
Caretaker, plus lodging, gas and coal...	100	0	0
Miss Deighton (part time dispenser) ...	80	0	0
Other expenses	414	13	7
	<hr/>		
	2836	18	3
Contingencies	163	1	9
	<hr/>		
	£3000	0	0
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This makes a total of running expenses in round figures of £3,000. Some further sums will have to be put in for equipment, and should the Council wish to purchase the premises, a further contingent sum will be necessary, but this could probably be obtained in the nature of a loan.

The question of appointing a sub-committee or special committee to deal with the question of the working of the Dispensary, the assessment of children going away to sanatoria and convalescent homes, and after-care is a very difficult one to decide just now, and I recommend that, for a short time, these questions be decided by the Public Health Committee, or the Interim Tuberculosis Care Committee, and that afterwards they can reconsider the appointment of a special committee, when the Ministry of Health has given some definite decision as to the future organisation of Care Committee work in London.

APPENDIX

APPENDIX.

APPENDIX.

TABLE I.—VITAL STATISTICS OF WHOLE DISTRICT DURING 1920 AND PREVIOUS YEARS.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths registered in the District.				Total Deaths in Public Institu- tions in the District.	Deaths of Non- Resi- dents regis- tered in Public Institu- tions in the District.	Deaths of Resi- dents regis- tered in Public Institu- tions beyond the District.	Net Deaths at all Ages belonging to the District.			
		No.	Rate.*	Under 1 Year of Age.		At all Ages.					No.	Rate.*	No.	Rate.*
				No.	Rate per 1,000 Births. regis- tered.	No.	Rate.*							
1	2	3	4	5	6	7	8	9	10	11	12	13		
1910	126,634	3,957	31.2	403	102	1,717	13.5	550	30	542	2,229	17.6		
1911	125,840	3,842	30.5	497	130	1,782	14.2	515	22	560	2,320	18.4		
1912	125,388	3,799	30.3	433	114	1,601	12.8	483	20	538	2,119	16.9		
1913	124,739	3,842	30.8	505	131	1,730	13.9	529	21	534	2,243	17.9		
1914	124,213	3,757	30.2	487	129	1,694	13.6	615	26	516	2,184	17.6		
1915	123,665	3,482	29.6	537	154	2,053	17.5	654	38	542	2,514	21.4		
1916	123,665	3,361	27.1	364	108	1,507	13.2	608	155	453	1,960	17.2		
1917	119,983	2,613	21.7	329	125	1,807	18.8	840	186	411	2,032	18.8		
1918	121,465	2,323	19.1	322	139	2,142	19.8	1,007	191	439	2,390	22.0		
1919	124,239	2,637	20.4	212	80	1,600	12.8	709	165	313	1,748	14.1		
Averages for years 1910-1919	123,983	3,361	27.1	409	121	1,763	15.0	651	85	485	2,174	18.2		
1920	129,189	4,038	31.2	280	69	1,466	11.3	689	105	281	1,642	12.7		

* Rates in columns 4, 8 and 13 calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water), 1336.1.

At Census of 1911—Total population of all ages, 125,903.

Do. Number of inhabited houses, 14,967.

Do. Average number of persons per house, 8.41.

TABLE I:—continued.

I.	II.	III.
Institutions within the District receiving sick and infirm persons from outside the District.	Institutions outside the District receiving sick and infirm persons from the District.	Other institutions, the deaths in which have been distributed among the several localities in the District.
No of Deaths.		No. of Deaths.
Bermondsey Infirmery, 72 Bermondsey Workhouse, 1 Deaths in River Thames, Surrey Commercial Docks, Wharves, etc. 27 Street, 4 S. Bermondsey Station, 1 Factory, 1		Banstead Asylum ... 3 Bermondsey Military Hospital ... 1 Brook Hospital ... 3 Colney Hatch ... 1 Colindale Hospital ... 3 Cane Hill Asylum ... 4 Caterham Asylum ... 8 Children's Hospital, Great Ormond Street ... 2 City of London Maternity Hospital .. 1 Charing Cross Hospital ... 2 Chest Hospital, Bethnal Green ... 1 Darenth Industrial Colony ... 1 Dartford Heath Asylum ... 3 East London Hospital ... 4 Evelina Hospital ... 5 Fountain Temp. Ment. Hospital ... 2 Guy's Hospital ... 165 Grove Hospital ... 1 London Hospital ... 2 Leavesden Asylum ... 1 Long Grove Asylum ... 1 Poplar Hospital ... 1 Park Hospital ... 9 Queen Mary's Hospital, Carshalton . 6 St. Bartholomew's Hospital ... 2 St. Anthony's Hospital, Cheam ... 1 St. Luke's Hostel ... 1 St. George's Hospital, St. Pancras .. 1 St. David's Home, Ealing ... 1 St. Thomas's Hospital ... 7 Seamen's Hospital ... 1 South Eastern Hospital ... 13 South Western Hospital ... 2 Southwark Infirmary ... 6 Tooting Bec Asylum ... 16 West London Hospital ... 1
Total 105		Total ... 281

TABLE II.—VITAL STATISTICS OF SEPARATE LOCALITIES IN 1920 AND PREVIOUS YEARS.

Year.	BERMONDSEY.				ROTHERHITHE.				ST. OLAVE.			
	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
1910	81,304	2,661	1,441	341	38,125	1,040	603	134	7,205	256	185	27
1911	82,110	2,528	1,470	403	35,059	1,067	666	167	8,671	247	184	41
1912	82,073	2,502	1,439	290	34,747	1,065	511	113	8,568	232	169	30
1913	81,833	2,548	1,501	357	34,477	1,074	584	118	8,429	220	158	30
1914	81,781	2,502	1,409	333	34,134	1,023	554	116	8,298	232	173	36
1915	77,155	2,306	1,665	349	32,194	991	642	153	7,839	185	207	35
1916	80,503	2,200	1,341	233	34,620	950	479	102	8,542	211	140	29
1917	78,118	1,716	1,328	215	33,590	762	568	89	8,275	135	136	25
1918	79,083	1,487	1,589	209	34,005	694	640	91	8,377	142	161	22
1919	84,249	1,672	874	177	36,232	798	483	67	8,939	167	155	18
Averages of years 1910-1919	80,821	2,212	1,406	291	34,718	946	589	115	8,314	203	174	29
1920	84,099	2,672	1,001	227	36,167	1140	486	90	8,923	226	155	20

TABLE III.—ABBREVIATED TABLES OF CAUSES OF DEATH.

CAUSES OF DEATH.	Under 1 week	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 mth.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total Deaths under 1 year. 1920.	Total Deaths under 1 year. 1919.
All causes { Certified ...	53	28	14	9	104	64	70	51	48	337	262
{ Uncertified ...	...	...	...	...	...	...	...	...	...	...	...
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox ...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	...	...	...	...	...	4	6	10	1
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	1
Whooping-Cough ...	...	...	...	1	1	2	5	11	7	26	1
Diphtheria and Croup ...	...	...	...	...	...	...	...	1	3	4	5
Erysipelas ...	...	...	...	...	...	1	...	...	...	1	2
Tuberculous Meningitis ...	...	...	...	...	...	1	3	2	1	7	7
Abdominal Tuberculosis ...	...	...	...	...	...	1	...	...	...	1	1
Other Tuberculous Diseases ...	...	...	...	...	...	...	1	1	1	3	3
Meningitis (not Tuberculous) ...	...	1	...	...	1	...	3	3	2	9	7
Convulsions ...	...	3	...	1	4	1	...	1	...	6	5
Laryngitis ...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis ...	...	2	1	...	3	8	5	2	1	19	15
Pneumonia (all forms) ...	2	1	1	3	7	14	19	12	17	69	39
Diarrhœa ...	...	...	...	...	...	1	2	...	...	3	3
Enteritis ...	2	2	3	...	7	3	10	6	3	29	37
Gastritis ...	...	...	...	...	...	...	...	...	...	...	1
Syphilis ...	...	1	...	...	1	3	...	...	...	4	2
Rickets ...	...	...	...	...	...	...	...	...	1	1	...
Injury at birth ...	4	1	1	...	6	...	...	...	...	6	1
Atelectesis ...	4	2	1	...	7	...	1	...	...	8	6
Congenital Malformations ...	4	1	...	1	6	4	4	...	...	14	11
Premature birth ...	26	7	2	..	35	4	1	...	...	39	58
Atrophy, Debility and Marasmus ...	4	3	5	3	15	12	12	4	2	45	44
Other Causes ...	7	4	...	...	11	9	5	4	4	33	12
Totals ...	53	28	14	9	104	64	70	51	48	337	262

Nett births in the year—Legitimate, 3,979; Illegitimate, 59

TABLE IV.—CAUSES OF AND AGES AT DEATHS DURING THE YEAR 1920.

Causes of Death.				Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.								
				All Ages.	Under 1.	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 up- wards.
All Causes	(Certified ...)	(Uncertified ...)	...	1642	337	107	68	66	84	198	381	401
Enteric Fever	...	...	...	1	...	...	...	...	...	1	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	56	10	29	15	2	...	...	...	...
Scarlet Fever	...	...	...	7	...	3	2	2	...	...	...	...
Whooping Cough	...	...	...	41	26	9	6	...	...	...	...	...
Diphtheria and Croup	...	...	...	25	4	6	10	5	...	...	...	...
Influenza	...	...	...	32	2	...	1	3	1	8	15	2
Erysipelas	...	...	...	2	1	...	...	...	...	...	1	...
Phthisis (Pulmonary Tuberculosis)	...	...	...	137	2	1	...	8	28	55	37	6
Tuberculous Meningitis	...	...	...	16	7	1	1	4	3	...	...	...
Other Tuberculous Diseases	...	...	...	17	2	1	1	7	2	3	1	...
Cancer, Malignant Disease	...	...	...	143	1	1	...	...	1	9	77	54
Rheumatic Fever	...	...	...	2	...	1	...	...	...	...	...	1
Meningitis	...	...	...	21	10	2	3	3	...	2	1	...
Organic Heart Disease	143	1	5	8	20	48	61
Bronchitis	135	19	8	2	3	33	70
Pneumonia	223	69	33	17	6	13	28	32	25

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Other Diseases of Respiratory Organs	15	2	11	2
Diarrhoea & Enteritis under 2 yrs	33	32	1
Appendicitis and Typhlitis	5	...	...	...	...	1	3	1	...	...	...
Cirrhosis of Liver	12	...	...	...	...	...	...	2	6	...	4
Alcoholism	1	...	...	...	...	...	...	...	...	...	1
Nephritis and Bright's Disease	32	...	...	1	2	1	9	11	...	...	8
Puerperal Fever	9	...	...	...	...	...	2	7	...	...	...
Other Accidents and Diseases of Pregnancy and Parturition...	6	...	...	...	...	...	1	5	...	...	...
Congenital Debility and Malformation, including Premature Birth	108	101	5	...	...	1	...	1	...	...	...
Violent Deaths, excluding Suicide	44	6	...	6	6	4	3	6	...	...	13
Suicide	17	...	...	...	...	1	6	10	...	...	...
Other Defined Diseases	336	45	6	2	11	21	31	102	...	...	155
Diseases ill-defined or unknown	3	2	1	1
All Causes	1,642	337	107	68	66	84	198	381	401

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TABLE V.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1920.

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED.								BERMONDSEY.							ROTHERHITHE.				ST. OLAVE.				Total Cases removed to Hospital	
	At all ages.	At Ages—Years.							1	2	3	4	5	6	Total.	1	2	3	Total.	St. John.	St. Olave.	St. Thomas.	Total.		
		Under 1	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.																	
Small-pox
Diphtheria (including Membranous Croup)	268	16	91	134	17	9	1	...	30	35	33	31	22	19	170	39	27	16	82	8	4	4	16	259	
Erysipelas	59	6	2	7	5	16	19	4	4	6	5	7	7	2	31	4	17	3	24	1	1	2	4	7	
Scarlet Fever	976	8	207	688	47	24	2	...	80	85	118	109	129	96	617	163	74	48	285	44	22	8	74	945	
Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis	6	3	...	1	...	1	1	...	...	...	...	2	2	...	4	1	...	...	1	1	...	...	1	1
Polio Myelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	37	37	...	...	...	...	...	...	2	4	7	3	6	2	24	6	3	1	10	2	1	...	3	15
Anthrax	5	...	...	...	1	3	1	...	...	1	...	1	...	1	3	1	...	...	1	1	...	...	1	4
Euteric Fever	7	...	1	...	2	3	1	...	...	1	...	1	2	1	5	...	1	...	1	1	...	...	1	7
Puerperal Fever	21	...	...	...	3	18	...	...	3	4	1	3	5	3	19	...	1	1	2	...	...	...	...	10
Encephalitis Lethargica	4	...	...	1	1	2	...	...	...	...	...	1	2	...	3	1	...	...	1	...	...	...	...	1
Dysentery	3	...	...	...	...	3	...	...	...	...	...	...	3	...	3	...	...	...	...	...	...	...	...	...
Malaria	18	...	1	...	4	12	1	...	1	1	3	3	5	...	13	3	1	1	5	...	...	...	...	...
Continued Fever	1	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1
Pneumonia (Acute Primary & Acute Influenzal)	81	7	24	16	8	17	7	2	5	13	9	8	5	7	47	16	11	1	28	5	1	...	6	...	
Pulmonary Tuberculosis	339	2	4	82	66	140	43	2	31	39	39	41	43	26	219	33	35	24	92	20	4	4	28	...	
Other forms of Tuberculosis	99	1	17	65	11	3	2	...	13	10	17	14	4	12	70	6	8	6	20	4	1	4	9	...	
Totals	1924	80	347	994	166	251	78	8	169	199	233	224	235	169	1229	273	178	101	552	87	34	22	143	1250	

TABLE VI.—FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES, AND HOMEWORK (continued).
Home Work.

Nature of Work.	OUTWORKERS' LISTS, SECTION 107.								OUTWORK IN UNWHOLE-SOME 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.		In-stances.	Notices served.	Prosecu-tions.	In-stances.	Order made (S. 110).	Prosecu-tions (Section 109,110).
	Sending twice in the year.			Sending once in the year.				Failing to keep or permit inspection of lists.	Failing to send lists.						
	Outworkers.			Outworkers.											
	Lists.	Con-tractors.	Work-men.	Lists.	Con-tractors.	Work-men.									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Wearing Apparel :—															
(1) Making, &c.	39	10	388	5	...	13	21	...	...	1	1	...	...	...	...
(2) Cleansing and washing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Household linen ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lace, lace curtains and nets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Curtains and furniture hang- ings ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Furniture and upholstery ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Electro-plate ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
File making ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Brass and brass articles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fur pulling ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cables and chains ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anchor and grapnels ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cart gear ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Locks, latches and keys	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Umbrellas, &c.	2	...	3	...	...	...	2	...	...	...	...	...	...	...	...
Artificial flowers ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nets, other than wire nets...	...	...	6	...	...	...	3	...	...	...	...	...	...	...	...
Tents	3	...	6	...	...	...	3	...	...	...	...	...	...	...	...
Sacks	8	...	79	...	...	...	7	...	...	...	...	...	...	...	...
Racquet and Tennis Balls...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paper, &c., Boxes, Paper															
Bags	4	...	44	...	...	...	3	...	...	...	...	...	...	...	...
Brush making	1	...	2	...	...	...	1	...	...	...	...	...	...	...	...
Pea Picking ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Feather Sorting ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carding, &c., of Buttons, &c.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Surgical Instruments	2	...	14	...	...	...	1	...	...	...	...	...	...	...	...
Basket making ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chocolates and Sweetmeats	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cosagues, Christmas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Crackers, Christmas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stockings, &c. ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Textile Weaving ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	59	10	536	5	...	13	40	...	...	1	1	...	...	...	...

TABLE VII.—DEATHS FROM ZYMOTIC DISEASES, 1920.

Year.	All Causes.		Principal Zymotic Diseases.		Small-pox.		Measles.		Scarlet Fever.		Diphtheria.		Whooping Cough.		Typhus Fever.		Enteric Fever.		Pyrexia (origin uncertain)		Diarrhœa	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
1910	2229	17·6	310	2·44	—	—	143	1·12	14	·11	18	·14	44	·34	—	—	4	·03	—	—	87	·68
1911	2320	18·4	352	2·79	—	—	51	·41	6	·05	15	·12	48	·38	—	—	6	·05	—	—	226	1·80
1912	2119	16·9	252	1·21	—	—	101	·81	8	·06	17	·14	36	·29	1	·00	5	·04	—	—	84	·67
1913	2243	17·9	320	2·56	—	—	88	·70	5	·04	16	·13	47	·38	—	—	2	·02	—	—	162	1·30
1914	2184	17·6	262	2·11	—	—	79	·64	9	·07	17	·14	14	·11	—	—	2	·02	—	—	141	1·14
1915	2514	21·4	367	3·13	—	—	110	·93	9	·07	20	·17	79	·67	—	—	3	·03	—	—	146	1·24
1916	1960	17·2	155	1·36	—	—	42	·36	5	·04	29	·25	16	·14	—	—	2	·01	—	—	61	·53
1917	2032	18·8	218	2·02	—	—	72	·66	1	·01	18	·16	32	·29	—	—	6	·05	—	—	89	·82
1918	2390	22·0	229	2·11	—	—	71	·66	3	·03	23	·21	84	·78	—	—	—	—	—	—	48	·44
1919	1748	14·1	113	·91	—	—	18	·14	5	·04	21	·17	4	·03	—	—	3	·02	—	—	62	·49
Average for years 1910 to 1919	2174	18·2	258	2·06	—	—	78	·64	7	·05	19	·16	40	·34	—	—	3	·03	—	—	111	·91
1920	1642	12·7	163	1·26	—	—	56	·44	7	·06	25	·19	41	·32	—	—	1	·01	—	—	33	·26

No.	Sample.	Adulteration or Infringement.	Remarks.
588u	Vinegar ...	Deficient in acetic acid 15.2 per cent.	Ordered to pay costs, 15/6
47u	Vinegar ...	Deficient in acetic acid 12.1 per cent.	Ordered to pay costs, 15/6
61s	Milk ...	Deficient in fat 8.3 per cent.	Ordered to pay costs, 15/6
79s	Vinegar ...	Deficient in acetic acid 9.0 per cent.	Fined 5/- and 17/- costs
75s	Milk ...	Deficient in fat 8.0 per cent.	Fined 40/- and 17/- costs
154s	Vinegar ...	Deficient in acetic acid 9.0 per cent.	Ordered to pay costs, 15/6
178u	Malt Vinegar ...	Deficient in acetic acid 43.0 per cent.	Dismissed. Warranty proved.
226u	Shredded Suet ...	Deficient in beef fat ... per cent.	Fined 20/- and 17/6 costs
197s	Milk ...	Deficient in fat 7.0 per cent.	Fined 30/- and 17/6 costs
260u	Milk ...	Deficient in fat 5.3 per cent.	Withdrawn
220s	Vinegar ...	Deficient in acetic acid 7.0 per cent.	Ordered to pay costs, 17/6
221s	Milk ...	Deficient in milk fat 15.3 per cent.	Dismissed. Warranty proved.
253s	Vinegar ...	Deficient in acetic acid 13.0 per cent.	Dismissed. Warranty proved.
328u	Margarine ...	Wrapper ...	Ordered to pay costs 17/6
351u	Malt Vinegar ...	Deficient in acetic acid 19.7 per cent.	Dismissed. Warranty proved.
477u	Vinegar ...	Deficient in acetic acid 7.0 per cent.	Ordered to pay costs, 17/6
459s	Vinegar ...	Deficient in acetic acid 7.0 per cent.	Ordered to pay costs, 17/6
490s	Vinegar ...	Deficient in acetic acid 8.5 per cent.	Adjourned Sine die

A case of obstruction or impeding an Inspector in the course of his duties was dismissed. Held not proved wilful. The Assistant fined 10/6 and 2/- costs each.

SUMMARY.							£	s.	d.
Fines	...	...	...	...	...	...	5	5	6
Costs	...	...	...	...	...	...	10	3	0
TOTAL							£15	8	6

TABLE IX.—FOOD AND DRUGS.

Articles submitted for Analysis.	Total Samples Taken.	Number Genuine	Number Adulterated.	Percentages of Articles Adulterated.
Apricot Jam	1	1	—	—
Arrowroot	1	1	—	—
Baking Powder	1	1	—	—
Bicarbonate of Soda	1	1	—	—
Black Currant Cordial	1	1	—	—
Blanc Mange Powder	1	1	—	—
Brandy	1	—	1	100.0
Breakfast Sausage	1	1	—	—
Butter	133	132	1	.8
Camphorated Oil	1	1	—	—
Cayenne Pepper	1	1	—	—
Coarse Oatmeal	1	1	—	—
Cocoa	51	47	4	8.0
Cod Liver Oil	2	2	—	—
Coffee	7	7	—	—
„ Camp	1	1	—	—
„ French	1	1	—	—
Cokernut	2	2	—	—
Cook's Eggs	1	1	—	—
Cornflour	2	2	—	—
„ Maize	1	1	—	—
Damson Jam	1	1	—	—
Desiccated Cocoanut	3	3	—	—
„ Soup	1	1	—	—
Dried Eggs	1	1	—	—
Dripping	36	33	3	8.3
Egg Substitute	1	1	—	—
Egg Powder Substitute	1	1	—	—
Eucalyptus Oil	4	4	—	—
Fish Paste	4	4	—	—
Flour	1	1	—	—
Ginger Wine	1	1	—	—
Gravy Salt	2	2	—	—
Golden Syrup	1	1	—	—
Glycerine	1	1	—	—
Ground Carraway Seed	1	1	—	—
Ground Ginger	3	3	—	—
Jelly Crystals	1	1	—	—
Kaola	1	1	—	—
Karo Syrup	1	1	—	—
Lard	49	49	—	—
Lard Compound	2	2	—	—
Lemonade	1	1	—	—
Lemon Curd	1	1	—	—
Lemon Squash	2	2	—	—
Lemon Squash Powder	1	1	—	—
Lime Juice Cordial	1	1	—	—
Linseed Meal	1	1	—	—
Lobster Paste	1	1	—	—
Margarine	146	145	1	.7
Milk	413	382	31	7.5
Mincemeat	1	1	—	—
Mustard	19	19	—	—
Mustard Compound	3	3	—	—

TABLE IX.—FOOD AND DRUGS.—*continued.*

Articles submitted for Analysis.	Total Samples Taken.	Number Genuine.	Number Adulterated.	Percentages of Articles adulterated.
Olive Oil	2	2	—	—
Orange Marmalade	1	1	—	—
Ox Tail Soup	1	1	—	—
Paisley Flour	1	1	—	—
Parmesan Cheese	1	1	—	—
Pepper	40	39	1	2·5
Raspberry and Apple Jam ...	1	1	—	—
Raspberry Jelly	1	1	—	—
Rice	16	16	—	—
Rishio Margarine	1	1	—	—
Salmon and Shrimp Paste ...	1	1	—	—
Sarsaparilla Wine	1	1	—	—
Seidlitz Powder	1	1	—	—
Self-Raising Flour	1	1	—	—
Shredded Suet	10	8	2	20·0
Strawberry	1	1	—	—
Strawberry Jam	1	1	—	—
Sugar	1	1	—	—
Sugaroids	1	1	—	—
Sweetened Cake Flour	1	1	—	—
Tapioca	7	7	—	—
Tapioca Flake	1	1	—	—
Tomato Ketchup	1	1	—	—
Turmeric	1	1	—	—
Vinegar	122	110	12	10·0
Vinegar Malt	65	57	8	12·3
	1200	1136	64	5·3

TABLE X.—MARRIAGES.

Year.	BERMONDSEY.		ROTHERHITHE.		ST. OLAVE.		WHOLE BOROUGH.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
1910	754	18.55	315	16.52	80	22.21	1,149	18.14
1911	757	18.44	284	16.20	89	20.53	1,130	17.96
1912	722	17.59	325	18.71	135	31.51	1,182	18.81
1913	748	18.28	323	18.74	132	31.32	1,203	19.21
1914	759	18.56	378	22.15	99	23.86	1,236	19.90
1915	1066	26.16	450	26.18	198	50.50	1,714	28.12
1916	774	19.23	376	18.83	115	26.92	1,215	19.65
1917	676	17.31	285	16.96	54	13.05	1,015	16.92
1918	762	19.27	344	20.23	...	...	1,106	18.21
1919	829	19.68	413	18.29	...	...	1,242	19.19
Average for years 1910-1919	785	19.31	344	19.28	...	...	1,219	19.61
1920	950	22.59	433	23.92	...	...	1,383	21.40

Table XI.—Factories, Workshops, Laundries, Workplaces and Homework.

Inspection.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions
Factories (including Factory Laundries)	116	45	1
Workshops (including Workshop Laundries.)	65	24	...
Workplaces (other than Out-workers' Premises)	59	31	2
Total	240	100	3

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	24	24	...	...
Want of Ventilation	1	1	...	...
Overcrowding ... ..	...	...	...	...
Want of Drainage of Floors	1	1	...	...
Other Nuisances	66	66	...	1
Sanitary Accommodation—				
Insufficient	8	8	...	2
Unsuitable or Defective	31	31	...	...
Not separate for Sexes	3	3	...	...
<i>Offences under the Factory and Workshop Act—</i>				
Illegal Occupation of Underground Bakehouse (s. 101) ... ..	...	...	...	...
Breach of Special Sanitary Requirements for Bakehouses (ss. 97 to 100) ... ..	...	...	...	...
Other Offences ... ..	...	...	...	...
Total	134	134	...	3

TABLE XII.—No. of Bakehouses in the Borough.

Inspector.	In Use.		Not in Use.	
	Under-ground.	Above Ground.	Under-ground.	Above Ground.
Mr. Scott	10	20	2	2
Mr. Hoskins	11	23	5	3

10 of these are Factory Bakehouses.

OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133) ... ..	...
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factories Act (s. 7) } Notified by H.M. Inspectors	26
Other ... ..	...
Underground Bakehouses (s. 101)	
Certificates granted during 1919	...
in use at end of 1919	21
Workshops on the Register (s. 131) at the end of 1919 ...	336
Workshop Bakehouses	64
Total Number of Workshops on Register ...	400

UNSOUND FOOD AND FOREIGN MEAT REGULATIONS.

The following articles of food were dealt with under the above regulations during the period under report.

Article.	Quantity Unsound.							
	Disposed of for other Purposes than Human Food.		Destroyed.		Removed for Sorting under S.A.		Exported.	
	Quantity.	Weight.	Quantity.	Weight.	Quantity	Weight	Quantity.	Weight.
		Tons. cwt. qr. lbs.		Tons. cwt. qr. lbs.		Tons. cwt. qr. lbs.		Tons. cwt. qr. lbs.
Apples	47 barrels and 2 loads	3 16 — 21	65 packages	3 1 3 —	—	— — — —	—	— — — —
Apples and Pears ...	—	— — — —	25 boxes	— 8 1 —	—	— — — —	—	— — — —
Apricots	—	— — — —	6 boxes	— 2 2 25	—	— — — —	—	— — — —
Barley	—	1 10 — —	—	— — — —	—	— — — —	—	— — — —
Bananas	—	— — — —	7 crates	— 5 1 —	—	— — — —	—	— — — —
Bacon and Hams ...	2196 boxes, 20 barrels, 14 hams, 2 gammon	627 6 — 9½	—	— — — —	187 boxes, 135 barrels	129 14 3 8	1,687 boxes	484 10 1 —
Beans, Butter	—	2 10 — —	—	— — — —	—	— — — —	—	— — — —
Cabbages	16 bags	— 16 — —	—	— — — —	—	— — — —	—	— — — —
Cauliflower in brine...	—	— — — —	163 casks	29 15 — —	—	— — — —	—	— — — —
Cheese	—	13 12 — 8½	—	— — — —	—	— — — —	—	— — — —
Cucumbers	—	— — — —	4 loads	5 14 — —	—	— — — —	—	— — — —
Currants	—	— — — —	6½ cases	— 2 1 —	—	— — — —	—	— — — —
Dates	—	— — — —	—	7 14 — —	—	17 6 — —	—	— — — —
Desiccated Cocoanut .	—	— — — —	1 case	— 1 — 18	—	— — — —	—	— — — —
Eggs	—	5 18 3 —	—	241 17 3 22	—	— — — —	—	— — — —
Egg Yolk	—	— — — —	—	— 9 2 25	—	— — — —	811 casks	183 6 1 7
Figs	264 bundles	3 12 1 8	—	— — — —	24 bundles	1 2 1 8	*963 casks	198 18 1 —
Flour	—	— — — —	—	— 1 — —	—	— — — —	—	— — — —
Fruit	—	— — — —	12 bundles	— 12 — —	—	— — — —	—	— — — —
Gherkens	—	— — — —	37 boxes	5 13 — —	—	— — — —	—	— — — —
Honey	—	— — — —	—	— — 2 4	—	— — — —	—	— — — —

* In accordance with declaration.

UNSOUND FOOD AND FOREIGN MEAT REGULATIONS—continued.

Article.	Quantity Unsound.							
	Disposed of for other Purposes than Human Food.		Destroyed.		Removed for Sorting under S.A.		Exported	
	Quantity.	Weight.	Quantity.	Weight.	Quantity.	Weight.	Quantity.	Weight.
Jam	—	— — — —	14 cases, 379 tins, 4 boxes	— 17 1 6	—	— — — —	—	— — — —
Lard	—	— — — —	—	— 2 — —	—	— — — —	—	— — — —
Livers	—	— — — —	—	— — — —	—	— — — —	30 boxes	— 10 — —
Meat	8,449 cases 2,457 tins	305 14 3 7½	—	— — — —	776 cases	24 3 — —	—	— — — —
Melons	—	— — — —	22 cases	1 2 — —	25 cases	1 5 — —	—	— — — —
Macaroni	271 boxes	12 1 3 24	380 tins	— 3 1 16	—	— — — —	49 boxes	— 2 3 3 —
Milk	12,972 cases 935 tins	290 1 2 24	—	— — — —	—	— — — —	—	— — — —
Nut Butter	—	— — — —	37 boxes	— 3 2 24	—	— — — —	—	— — — —
Oranges	—	— — — —	27 boxes	1 7 — —	—	— — — —	—	— — — —
Ox Tongues	6 cs. 111 tins	— 6 3 5	—	— — — —	—	— 9 2 16	—	— — — —
Peaches	1 box	— — — 25	—	— — — —	—	— — — —	—	— — — —
Peel in brine	—	— — — —	—	2 14 1 —	—	— — — —	—	— — — —
Plums	375 boxes	16 8 — 14	38 boxes	— 8 3 7	—	— — — —	—	— — — —
Pomegranates	—	— — — —	137 cases	6 6 — —	30 boxes	1 2 — —	—	— — — —
Potatoes	—	4 — — —	—	117 4 3 —	—	— — — —	—	— — — —
Prunes	—	16 17 2 —	—	— — — —	—	— — — —	—	— — — —
Rabbits	—	— — — —	127 tins	— 5 3 10½	—	— — — —	—	— — — —
Rice	—	4 11 3 9	—	— — — —	—	— — — —	—	— — — —
Syrup	—	— — — —	—	— 4 2 —	42 cases	— 18 — —	—	— — — —
Sugar	—	— — — —	2 bags	— 4 — —	—	— — — —	—	— — — —
Turkey	—	— — — —	—	— — — 15½	—	— — — —	—	— — — —
Tinned Fruit	72 cases 14 tins	1 11 — 24	77 cases 189 cases 20,851 tins 9,196 tins 3,803 tins	35 4 1 25 61 — 2 12	—	— — — —	—	— — — —
Tinned Fish	—	— — — —	3,803 tins	1 17 3 4	—	— — — —	—	— — — —
„ Vegetables	—	— — — —	—	3 3 1 7	—	— — — —	—	— — — —
„ Various	—	— — — —	81,921 tins	104 12 — 13	—	— — — —	—	— — — —
Wheat	—	234 3 1 7	—	5 7 — 12	—	— — — —	—	— — — —



