

Report of the Medical Officer of Health and Public Analyst for the year 1899.

Contributors

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THE
Parish of St. Mary, Stoke Newington.

REPORT

OF THE
Medical Officer of Health and
Public Analyst,

FOR THE
YEAR 1899.

BY

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Parish of St. Mary, Stoke Newington.

REPORT OF MEDICAL OFFICER.

VESTRY OFFICES,
CHURCH STREET,
STOKE NEWINGTON, N.
February, 1900.

*To the Members of the Vestry of the Parish of St. Mary, Stoke
Newington.*

GENTLEMEN,

Speaking of the country as a whole, one noteworthy feature of the year 1899 was the large number of deaths during the third quarter from Summer Diarrhœa. Notwithstanding the measures hitherto adopted to protect the public health, it still only needs the peculiar combination of meteorological conditions so long known to be identified with fatal diarrhœa to bring about much the same results. These conditions are diminished rainfall and excessively high temperature. During the third quarter of 1899 the rainfall was 2·9 inches below the average for the preceding 84 years and the temperature, which was excessively high during all the three months of the quarter, was 3·3°F. above the average for the preceding 128 years. A recrudescence of Influenza towards the end of the year was partly responsible for the slight increase in the general death-rate of the country, for, in addition to the deaths directly attributed to the disease, it is indirectly responsible for a large increase of deaths ascribed to diseases of the respiratory and, to a less extent, of other organs.

Although the death-rates for London and the whole country for the year 1899 were slightly in excess of those for 1898, the rate for Stoke

Newington (12·8) was below that of the preceding year (13·6) and the lowest recorded since 1894. Of the 43 London Sanitary Areas there is only one other (Hampstead, 11·6) with a lower rate, and the rate of infantile mortality for Stoke Newington, as in the preceding year, is the lowest of all.

There was slightly more infectious illness recorded in Stoke Newington than in 1898, although the mortality resulting therefrom was markedly less than that of the preceding year.

Three important measures of public health legislation received the sanction of Parliament during the year :—The Local Government Act, 1899, which embodies a scheme under which the Parish together with the district of South Hornsey will be converted in the present year into a municipality ; the Infectious Diseases (Notification) Extension Act, 1899, which makes the system of compulsory notification of certain diseases universal throughout England and Wales ; and the Sale of Food and Drugs Act, 1899, which gives additional powers to the Government in dealing with adulteration, and which is dealt with at some length in the body of this Report.

The Report of the Sanitary Inspector, which is appended to this Report, constitutes, in my opinion, a satisfactory record of sanitary work performed during the year.

I am, Gentlemen,

Your obedient Servant,

HENRY KENWOOD.

POPULATION.

The population of the Parish in 1881 was 22,781, and in 1891 it had grown to 30,933. According to the result of the Poll-census of the Metropolis, which was taken at the end of the first quarter of 1896 for the purpose of the Equalisation of Rates Act, the population of the Parish was then 33,485. The population, calculated logarithmically, from the increase between the years 1891 and 1896, amounts to 35,187 for the middle of the year 1899.

Now that a fresh census of our population will shortly have to be taken, attention is very fittingly being directed to improvements which are needed in our rather antiquated system. To the uninitiated it may appear that the taking of a census is a formalism from which no practical benefits are derived. The student of sanitation can be under no such delusion. Sanitary science, if it is to have any pretensions to be an exact science, must be based on exact figures. The data on which we base our calculations of the incidence of disease are chiefly drawn from the returns of the Registrar General, and these are founded on the census. The degree to which these calculations and the inferences based on them are correct or faulty will depend upon the correctness and completeness of the census information.

In France, Germany, and many of our Colonies, a census is taken every five years, and they spend far more on it than we do; while we, who were at one time the model for other countries, remain content with a decennial census. All statisticians are unanimous that the period should be made a quinquennial one and that the investigations should be made more exhaustive, and thereby more instructive.

The number of occupied houses in the Parish in April, 1899 amounted to 5,468, and the number of occupants to each house in the Parish averages a little over six; allowing one individual for each of the empty houses (on account of caretakers and their families) the population, estimated in this way would be about 34,800. This

latter computation is likely to be the more correct, and it is, therefore, the one selected in this Report for the purpose of drawing out the mortality-rates of the Parish.

The estimated *population for each of the Sub-Districts* is as follows :

In the Northern Division (North of Church Street), it is approximately 12,800 and in the Southern Division 22,000.

I believe this estimation, which I have taken some trouble to arrive at, is sufficiently close to serve as a just basis for computing the death-rates of the two Divisions.

The natural increase of population by excess of births over deaths during the year amounted to 342, as against 373 in the preceding year, and 362 in 1897.

Number of People to the acre.—The area of the Parish amounts to 639 acres, and this, divided among the parishioners, represents 54·4 people to the acre, as against 60·0 in London generally.

The area of the Northern Division amounts to 440 acres, and the estimate is only 29·1 people to the acre.

The area of the Southern Division amounts to 199 acres, and the estimate is 110·5 people to the acre.

It will be noted that owing to the large open spaces in the Northern Division the number of people to the acre is only about one-fourth that of the Southern Division.

Births—Birth-rate.—During the year 1898 there were 789 births registered in the Parish ; of these 390 were males, and 399 were females. The birth-rate per 1,000 per annum, was therefore 22·6 as against 24·5 for the preceding year, and 24·7 for 1897. The rate for England and Wales was 29·2, that for London generally was 29·3, and that for the 33 great towns was 30·2.

The part which the rather low birth-rate plays in favouring the low general death-rate of the Parish is duly accounted for in arriving at the *corrected death-rate*.

MORTALITY.

General Mortality.—There were 377 deaths registered of parishioners who were resident in the Parish, and 70 of parishioners who died in Public Institutions without the Parish, making a total of 447 deaths of parishioners. Of these deaths 238 were of females, and 209 were of males.

The recorded general death-rate is therefore 12·8, as against 13·6 in the preceding year, and 14·0 in 1897. This ordinary death-rate, however, cannot be taken as a true index of the healthiness of the Parish, nor can it be justly compared with the rates of other Sanitary areas, unless some allowance is made for the relative proportions of males and females at different ages in the districts compared.

Death-rates vary very much in different districts according to the natures of the populations of these districts ; for instance, in a district containing a large number of very young or very old people, the rate would be considerably higher than in a district consisting almost entirely of people of middle age.

It will thus be seen that the death-rates of different districts cannot be compared with one another or with the country at large, unless they are reduced to a common standard. There is, therefore calculated by the Registrar General from the Government Census returns, a corrective factor for each district in the County of London, according to the sex and age distribution of the population of that district ; the multiplication of the recorded death-rate of the district by this factor gives the death-rate which would obtain in that district if the sex and age distribution of the population of the district were in the same proportions as it is in the country as a whole—thus eliminating the accidental differences due to sex and age and affording a fair means of comparison, and a truer test of the healthiness of the district. The death-rate so ascertained is known as *the corrected death-rate*.

The so-called “ factor for correction ” for the Parish of Stoke Newington is 1·07283, and *the death-rate corrected for age and sex distribution* is 13·7 per 1,000 per annum.

In arriving at this corrected death-rate, the deaths (28) of non-parishioners who have died in Public Institutions within the Parish have, of course, been excluded.

The corrected death-rate of the Parish for the year in question is, therefore, below that of the preceding year (1898), when it was 14·6. In 1897 it was 15·0.

The rate is a very satisfactory one, even for Stoke Newington, especially when it is borne in mind that over the greater part of England and Wales the death-rates for the year 1899 are higher than those of the preceding year.

District Mortality.—The deaths among parishioners of the Northern Division of the Parish numbered 119 and furnished a recorded death-rate of 9·3 per 1,000 per annum.

The deaths among parishioners of the Southern Division of the Parish numbered 328, and furnished a rate of 14·9 per 1,000 per annum.

The higher rate in the Southern Division is mainly due to the three following circumstances :—(1) There is more crowding upon area in this Division, (2) the birth-rate is higher, and (3) the large bulk of the poorer class parishioners are housed in this Division.

Infantile Mortality.—There were 82 deaths registered of infants under 1 year of age, as against 789 births; the proportion which the deaths under 1 year of age bear to the 1,000 births is, therefore, 103·9—as against 106·0 in the preceding year.

The corresponding rate in England and Wales was 163, that in London generally 166, and that in the 33 great towns 181.

The deaths under 1 year of age form 18·3 per cent. of the total deaths at all ages, whereas for the preceding year they formed 19·1 per cent.; the rate for England and Wales was 25·7 per cent.; for London generally 25·9 per cent.; and for the 33 Great Towns 28·3 per cent.

Senile Mortality.—Of the 447 deaths 144 were of persons over 65 years of age. The proportion of deaths occurring among those of over 65 years of age to the total deaths is, therefore, about 32·2 per cent. There were 79 deaths of persons over 70 years of age, and

37 of persons over 80. These figures denote an exceptionally high proportion of senile mortality.

The Causes of Death.—These are fully set forth in Table A, in which it will be noted that the deaths are also apportioned to different age-periods. Table A 1 is supplementary to Table A, and sets forth the causes of death in each of the two Divisions of the Parish a little more fully. Table A 2 shows the deaths during each of the four quarters of the year.

It will be seen from Table A 1 that, as in previous years, there is a disproportionately high number of deaths in the Southern Division, after making allowance for the difference in the populations of the two Divisions. This is chiefly due to the fact that the birth-rate for the Southern Division is, and has been for years, considerably in excess of that for the Northern Division, and since the population includes more of the poorer classes and is more crowded on area, the rate of infantile mortality will always exceed that in the Northern Division. It will be noted that the mortality of the Southern Division exceeds that of the Northern mainly in respect of the deaths from Diarrhœa, Diphtheria, Measles, Phthisis, and other tubercular diseases, Diseases of Respiratory Organs, Diseases of Nervous System (including Apoplexy and Convulsions), Premature Birth, Wasting and Debility, Accidents (including "overlying"); and if these deaths were grouped according to the ages at which death occurred, it would be found that by far the largest number would be allotted to the first five years of life.

In my Reports for 1897 and 1898 attention was drawn to the loose manner in which the cause of death is sometimes registered, and the difficulties which this fact gives rise to in compiling an accurate classification. During last year the returns showed some improvement, but in two cases during the year the cause of death was registered as from two distinct diseases, apparently co-existent. Doubtless, the symptoms of one complaint were predominant just before death, and if this circumstance were indicated it would be far easier to decide which disease could be most justly credited with the death for the purposes of classification. "Convulsions," "Glycosurea," "Inflammation of Liver," "Jaundice," "Hypertrophy of

A) Table of DEATHS during the year 1899, in the two Divisions of the Parish of St. Mary, Stoke Newington, classified according to Diseases and Localities.

NAMES OF LOCALITIES ADOPTED.	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.							MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																			
	At all ages,	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 60.	60 and upwards,	Small-pox.	Scarlatina.	Diphtheria.	Membranous Croup.	Enteric or Typhoid Fevers.	Puerperal Fever.	Influenza.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Erysipelas,	Phthisis.	Bronchitis, Pneumonia, and Pleurisy.	Heart Disease.	Injuries.	All other Diseases.	TOTAL.		
(1) Northern Division.	119	9	8	1	5	28	68	Under 5 5 upwds.	..	1	..	..	..	2	..	..	3	..	..	..	2	..	1	9	18
(2) Southern Division.	328	73	31	10	13	92	109	Under 5 5 upwds.	..	1	3	1	..	1	9	4	11	..	..	1	16	1	1	57	106
TOTALS ..	447	82	39	11	18	120	177		2	6	1	5	5	12	10	4	16	4	3	30	80	37	8	224	447		
Of the subjoined numbers those relating to (3) are included, but those relating to (4) are excluded in judging of the above records of mortality.																											
(3) Deaths occurring outside the division or district among persons belonging thereto ..	70	2	6	2	7	25	28	Under 5 5 upwds.	..	..	1	..	..	..	1	..	..	..	..	..	2	..	1	2	7
(4) Deaths occurring within the division or district among persons not belonging thereto	28	..	..	..	..	5	23	Under 5 5 upwds.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0
	28	..	..	..	..	5	23	5 upwds.	..	..	..	..	..	4	..	..	..	..	..	5	3	..	16	28	

TABLE A 1.

Showing the Causes of Death among parishioners in the Northern and Southern Divisions of the Parish, respectively, during 1899.

CAUSES OF DEATH.	Northern Division.	Southern Division.
Scarlet Fever	1	1
Diphtheria .....	..	6
Membranous Croup .....	..	1
Typhoid Fever	2	3
Puerperal Fever .....	..	5
Measles .....	..	10
Whooping Cough .....	..	4
Diarrhoea and Dysentery	3	13
Rheumatic Fever	1	3
Erysipelas	1	2
Influenza	5	6
Phthisis (Consumption)	8	22
Other Tubercular Diseases	1	20
Diseases of Respiratory Organs other than Phthisis	20	64
Diseases of Circulatory Organs	13	25
Diseases of Digestive Organs	6	21
Diseases of Urinary Organs	6	11
Diseases of Reproductive Organs	1	2
Diseases of Nervous System (including Apoplexy and Convulsions)	14	36
Cancer	15	24
Rheumatism	1	..
Premature Birth	1	10
Senility	14	21
Wasting and Debility and Developmental defects	2	8
Accidents (including Overlying) .....	..	5
Suicides	1	1
Pyæmia and Septicæmia (Blood-poisoning) ..	1	..
Alcoholism	1	4
Gout .....	..	..
Wilful Murder	1	..
TOTALS	119	328
	447	

TABLE A 2.

Showing the Causes of Death among parishioners in Stoke Newington during each of the four quarters of the year 1899.

CAUSES OF DEATH.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	TOTALS.	1898.
Scarlet Fever.....	1	1	..	..	2	2
Diphtheria	1	1	1	3	6	4
Membranous Croup	1	..	..	..	1	..
Typhoid Fever .....	..	1	2	2	5	3
Puerperal Fever.....	..	2	3	..	5	3
Measles	1	5	3	1	10	10
Whooping Cough	2	2	..	..	4	9
Diarrhoea and Dysentery ..	..	1	15	..	16	28
Rheumatic Fever .....	..	1	1	2	4	2
Erysipelas .....	..	1	1	1	3	2
Influenza	7	3	..	1	11	11
Phthisis (Consumption)	12	7	3	8	30	33
Other Tubercular Diseases..	7	6	7	1	21	10
Diseases of Respiratory Organs other than Phthisis	22	19	7	36	84	79
Diseases of Circulatory Organs	13	8	9	8	38	49
Diseases of Digestive Organs.	8	3	15	1	27	37
Diseases of Urinary Organs .	2	6	6	3	17	19
Diseases of Reproductive Organs .....	..	..	..	3	3	4
Diseases of Nervous System (including Apoplexy and Convulsions)	7	17	17	9	50	44
Cancer	3	9	12	15	39	33
Rheumatism .....	..	1	..	..	1	2
Premature Birth	1	5	4	1	11	21
Senility	3	7	9	16	35	13
Wasting and Debility and Developmental Defects ..	2	4	1	3	10	20
Accidents (including Over- lying)	1	..	2	2	5	13
Suicides	1	..	1	..	2	2
Pyæmia and Septicæmia (Blood-poisoning) .....	..	..	..	1	1	4
Alcoholism	1	2	..	2	5	4
Gout.....	..	..	..	..	..	3
Wilful Murder .....	..	..	..	1	1	2
TOTALS.....	96	112	119	120	447	466

Heart," and "Hæmaturæa" are all further instances of loose certification, for each of these conditions is a symptom of some malady the nature of which can generally be determined and named on the certificate.

It will be noted that in Table A 2 a comparison of the number of deaths from different causes in the years 1899 and 1898 is shown, and that in 1899 a noteworthy diminution in the mortality from the following conditions is manifest:—Diseases of Circulatory and Digestive Organs, Whooping Cough, Diarrhœa, Premature Birth, Wasting Diseases, and Accidents. On the other hand there was a noteworthy increase in the mortality from Tubercular Diseases other than Phthisis and Senility.

The relatively high mortalities from Diarrhœa, Influenza, and Diseases of the Respiratory Organs are due to climatic and other conditions favouring prevalence, and the increase has been felt generally throughout the country. Much of the apparent increase in Cancer mortality of late years is doubtless due to improved diagnosis and certification, and must not be regarded as a real increase. Some of it, however, appears to be due to a genuine increase in the prevalence of the disease. This is a disquieting fact, seeing that hitherto no one has been able to show in a satisfactory manner what conditions predispose to or favour the appearance of cancer.

Deaths from Zymotic Diseases (including Influenza) in the
Year 1899.

	Scarlet Fever.	Diphtheria.	Membranous Group.	Typhoid Fever.	Puerperal Fever.	Measles.	Whooping Cough.	Diarrhœa and Dysentery.	Influenza.	Erysipelas.	TOTAL.	Rate to every 1,000 persons.
First Quarter	1	1	1	..	..	1	2	..	7	..	13	..
Second „	1	1	..	1	2	5	2	1	3	1	17	..
Third „	..	1	..	2	3	3	..	15	..	1	25	..
Fourth „	..	3	..	2	..	1	..	..	1	1	8	..
	2	6	1	5	5	10	4	16	11	3	63	1.8
1898	2	4	..	3	3	10	9	28	11	2	72	2.1

Zymotic Mortality.—Included in the Zymotic mortality are the deaths from the seven principal Zymotic Diseases, viz., Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, "Fever" (including Typhoid Fever, Typhus Fever, and Simple Continued Fever), and Diarrhoea. In Table A 3 the Zymotic rate, and the rates for each of the diseases comprising it, are given, along with the corresponding rates of England and Wales, the 33 great towns, and London generally. The comparison with the rates of London generally is very favourable to Stoke Newington in every instance.

TABLE A 3.

A comparison of the rates of Stoke Newington with those of England and Wales, the 33 great towns, and London generally, for the Year 1899.

	General Death-rate.	Diseases of Lungs (except Phthisis).	Phthisis-rate.	Rate of Infantile Mortality.		Birth-rate.	Zymotic Death rate.
				A*	B†		
England and Wales	18·3	..	..	163	25·7%	29·2	2·21
The 33 great towns	20·2	..	..	181	28·3%	30·2	2·81
London generally	19·3	..	1·82	166	25·9%	29·3	2·46
Stoke Newington	12·8	2·4	0·86	103·9	18·3%	22·6	1·23

	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Typhoid Fever.	Diphtheria.	Diarrhoea and Dysentery.
England and Wales	0·01	0·31	0·12	0·30	0·20	0·29	0·98
The 33 great towns	0·01	0·46	0·13	0·38	0·22	0·40	1·21
London generally	0·00	0·47	0·08	0·38	0·17	0·43	0·92
Stoke Newington	0·00	0·29	0·06	0·11	0·14	0·17	0·46

* The number of deaths under 1 year of age to every 1,000 births.

† The percentage which the number of deaths under 1 year of age form to the total number of deaths.

The General Zymotic Death-rate for the Parish was 1·2 per 1,000 per annum, as against 1·7 in the preceding year. The corresponding rate for England and Wales was 2·21, that for London generally was 2·46, and that for the 33 great towns was 2·81.

Deaths in Public Institutions within the District.—St. Anne's Home, Manor Road, 19 deaths; Northumberland House Asylum, Green Lanes, 7 deaths; the Invalid Asylum, 187, High Street, 1 death. Only one of these 27 deaths was of a parishioner; the remainder were of persons who came to Stoke Newington from other parts; they have not, therefore, been reckoned in estimating the death-rate of the Parish.

The Causes of Infantile Mortality are set forth in Table A 4. Most of these causes are greatly influenced by wholesome surroundings and the proper observance of the laws of health as they apply to infants. The lack of intelligent parental management of the infant in the matter of feeding and nursing, which is responsible for so much infant mortality, is seen reflected in the number of deaths from Diarrhœa, Gastric Catarrh and Diseases of the Lungs.

TABLE A 4.
The Causes of Infantile Mortality.

	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	TOTALS.
Wasting, Developmental Diseases, and Debility	1	3	1	..	5
Premature Birth and insufficient vitality	1	5	4	2	12
Diarrhœa .....	..	1	13	..	14
Diseases of Lungs ..	2	2	1	9	14
Whooping Cough....	1	..	..	..	1
Convulsions .....	..	2	5	3	10
Gastric Catarrh and Enteritis .....	..	..	10	..	10
Measles .....	..	1	1	..	2
Overlying .....	..	..	..	1	1
Other causes.....	4	2	6	1	13
Totals.....	9	16	41	16	82

TABLE A 5.

A comparison of the Health Records of the several Metropolitan Sanitary Areas, for the year 1899.

Sanitary Area.	Crude or Recorded Death-rate.	Factor for correction for age and sex distribution.	Corrected Death-rate.	Rate of Infantile Mortality.	Infectious Sickness-rate from Notifiable Diseases.
London	19.3	1.06560	20.6	166	9.3
Paddington	16.1	1.08070	17.4	151	6.6
Kensington	17.7	1.10184	19.5	180	6.1
Hammersmith	19.0	1.06094	20.4	183	8.0
Fulham	19.2	1.04817	20.1	189	12.9
Chelsea	19.6	1.06685	20.9	164	7.1
St. George, Hanover Square ..	14.2	1.10438	15.7	129	5.1
Westminster	22.3	1.13046	25.2	207	7.7
St. James, Westminster	17.9	1.11597	19.9	142	6.5
Marylebone	18.6	1.07464	20.0	124	6.6
Hampstead	11.6	1.15153	13.3	129	6.3
St. Pancras	20.3	1.07043	22.8	178	8.2
Islington	18.1	1.09983	19.4	160	8.5
Stoke Newington	12.8	1.07283	13.7	103	7.6
Hackney	16.9	1.04645	17.7	153	10.3
St. Giles	19.9	1.10886	22.1	112	5.0
St. Martins-in-the-Fields	15.6	1.21665	19.0	203	5.4
Strand	22.7	1.17919	26.8	189	5.3
Holborn	24.9	1.03683	25.8	226	8.9
Clerkenwell	22.6	1.10822	25.0	193	10.5
St. Luke	28.4	1.08070	30.7	149	9.0
City of London	21.5	1.15015	24.7	144	8.6
Shoreditch	23.8	1.03794	24.7	204	9.3
Bethnal Green	22.8	1.04133	23.7	174	10.3
Whitechapel	21.1	1.07948	22.8	147	8.4
St. George in the East	27.1	1.03907	28.1	200	7.4
Limehouse	25.6	1.08869	27.9	216	8.9
Mile End	21.3	1.03068	21.9	158	8.5
Poplar	22.1	1.03569	22.9	176	8.1
St. Saviour, Southwark	25.1	1.04702	26.3	203	10.8
St. George, Southwark	27.7	1.10375	30.6	205	13.6
Newington	24.0	1.04531	25.2	191	12.5
St. Olave, Southwark	24.9	1.03963	25.9	147	10.0
Bermondsey	24.1	1.05801	25.5	187	13.4
Rotherhithe	21.1	1.03569	21.9	170	13.6
Lambeth	19.2	1.04989	20.1	158	9.9
Battersea	16.7	1.07584	18.0	162	9.8
Wandsworth	15.3	1.06804	16.3	153	9.1
Camberwell	17.4	1.05801	18.4	158	10.8
Greenwich	18.8	1.02791	19.3	167	12.9
Lewisham	16.3	1.06864	16.3	143	13.4
Woolwich	21.2	1.12713	23.9	163	8.6
Lee	15.1	1.08376	16.4	141	9.5
Plumstead	14.3	1.03458	14.8	124	15.4

THE MORTUARY.

During the year 34 bodies were deposited in the Public Mortuary; 16 of these were females and 18 were males. Post-mortem examinations were performed upon 16 of these cases, and inquests upon 23.

SICK NURSING.

The importance of good nursing in the treatment of disease can scarcely be exaggerated, and a very great deal has been done in the direction of affording nursing facilities for the sick poor in most large centres of population during the past few years.

The nurse (Miss Norton), whose services were secured by the Parish in commemoration of the Jubilee of Her Majesty, has done good work throughout the year. Her services can be obtained by application to the Vestry Offices.

INQUESTS.

The following inquests upon deaths of parishioners were held during the year :—

5	deaths from accidental falls.
7	„ „ heart disease and weakness of heart.
5	„ „ apoplexy.
2	„ „ suicide (<i>i.e.</i> , one from poison and one from a fall from window).
4	„ „ convulsions.
4	„ „ lung disease.
1	„ „ accidental poisoning.
1	„ „ malnutrition.
2	„ „ strangulated hernia.
1	„ „ overlying.
1	„ „ Bright's disease.
1	„ „ kidney disease (alcoholism).
1	„ „ wilful murder (suffocation and concussion of brain).

Total 35

(B.) Table of Population, Births, and of New Cases of Infectious Sickness, coming to the knowledge of the Medical Officer of Health, during the year 1899, in the Parish of St. Mary, Stoke Newington, classified according to Diseases, Ages, and Localities.

NAMES OF LOCALITIES.	POPULATION AT ALL AGES.		Registered Births.	Aged under 5 or over 5.	New Cases of Sickness in each Locality, coming to the knowledge of the Medical Officer of Health.								Number of such Cases Removed from their Homes in the several Localities for Treatment in Isolation Hospitals.						
	Census 1891.	Estimated to middle of 1898.			Small-pox.	Scarlatina.	Diphtheria.	Membranous Group.	FEVER.			Erysipelas.	Totals.	Small-pox.	Scarlatina.	Diphtheria.	FEVERS.		
									Enteric or Typhoid.	Puerperal.	Totals.						Enteric or Typhoid.	Puerperal.	Totals.
1) Northern Division ..	30,936	34,000	789	Under 5	..	8	2	..	..	..	..	10	..	4	1	..	..	5
				5 upwds.	..	31	7	..	5	2	14	59	..	15	1	1	1	18	
2) Southern Division ..				Under 5	..	36	6	..	..	..	..	42	..	20	2	..	..	22
				5 upwds.	..	103	16	..	11	6	16	152	..	67	5	7	..	79	
TOTALS	30,936	34,800	789	..	..	178	31	..	16	8	30	263	..	106	9	8	1	124

The "Notification of Infectious Disease" has been compulsory in the district since October 30th, 1889. Cases have been isolated at the Homerton Fever Hospital, St. Anne's Fever Hospital (Tottenham), the London Fever Hospital (Liverpool Road, N.), and the Mildmay Memorial Hospital.

INFECTIOUS DISEASES AND THE MEASURES TAKEN TO PREVENT THEIR SPREAD.

It will be seen from Table B that 263 *Notification Certificates of Infectious Illness* were received from medical practitioners, as against 248 during the preceding year.

These 263 cases represent infection in 225 different houses. In 198 instances the disinfection was performed by the Sanitary Authority, and in the other cases by the householders, to the satisfaction of their medical attendant. A visit was paid to every house, and it was ascertained that cases of infectious illness occurred in 9 houses where there were "grave" sanitary defects, 12 in which the sanitary defects were "slight," and 204 in which there were no such defects.

In forming these conclusions I have considered whether any sanitary defect was of a nature which is generally held by health officers to predispose to, or directly bring about, the particular disease in question.

Thus, apart from the measures that have been taken to prevent the spread of infectious illness, the notification of such illness was the means during the year of bringing about a sanitary inspection of 225 premises.

Table B 1 shows the number of cases, and of deaths, from the Infectious Diseases notified during the years 1892-9; and Table B 2 the cases of Infectious Diseases notified during each month of the year 1899. It will be noted that there was a marked reduction in the number of cases of sickness from Diphtheria, but an increase in the sickness from Scarlet Fever and Puerperal Fever when the years 1898 and 1899 are compared.

The Infectious Sickness Rate of the Parish was 7.6 to each 1,000 of the population, as against 7.2 for the preceding year, and 6.7 for 1897.

TABLE B 1.

Table showing the number of Cases and Deaths from the Infectious Diseases notified from among parishioners during the years 1892-1899.

	Small-pox.		Scarlet Fever.		Diphtheria.		Continued Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1892.....	2	—	232	6	59	9	2	—
1893.....	8	—	354	4	84	5	—	—
1894.....	3	—	91	4	55	5	—	—
1895.....	—	—	129	1	57	6	—	—
1896.....	1	—	220	7	71	18	—	—
1897.....	2	—	108	1	53	19	—	—
1898.....	—	—	146	2	52	4	—	—
1899.....	—	—	178	2	31	6	—	—

	Erysipelas.		Puerperal Fever.		Typhoid Fever.		Membranous Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1892.....	30	4	3	2	31	2	2	—
1893.....	37	—	—	—	31	2	1	1
1894.....	25	—	2	2	12	3	2	1
1895... ..	28	—	1	—	29	3	5	4
1896.....	41	—	1	3	17	5	3	3
1897.. ..	22	1	3	1	38	10	1	2
1898.. ..	28	2	3	3	18	3	1	—
1899....	30	3	8	5	16	5	—	1

TABLE B 2.

Cases of Infectious Disease notified during each month of the year 1899.

	Small-pox.	Scarlet Fever.	Diphtheria	Membranous Croup.	Typhoid Fever.	Puerperal Fever.	Erysipelas.	TOTALS.
January	17	2	..	1	..	..	20
February	10	4	..	2	..	1	17
March.....	..	5	2	..	..	2	1	10
April	9	..	..	2	..	1	12
May	14	5	..	..	1	5	25
June	16	3	..	2	1	3	25
July.....	..	6	2	..	1	1	3	13
August	12	1	..	..	1	4	18
September	21	..	..	1	..	5	27
October	28	3	..	1	1	5	38
November	31	4	..	4	1	..	40
December	9	5	..	2	..	2	18
TOTALS.....	..	178	31	..	16	8	30	263

The Infectious Sickness Rate for London generally was 9·3, and of the 43 Sanitary Areas situated within the Metropolis, the lowest rates were those of St. Giles (5·0), St. George, Hanover Square (5·1), Strand (5·3), St. Martin's-in-the-Fields (5·4), and the highest were Plumstead, St. George, Southwark, Rotherhithe, Bermondsey and Lewisham, all of which exceeded 13.

124 of the cases notified were removed from their homes to Isolation Hospitals, as against 114 in the preceding year.

NOTIFICATION OF INFECTIOUS DISEASE.

As notifications are frequently received of cases of infectious diseases occurring in streets which are adjacent to the Parish, and not belonging to it, some delay is occasioned thereby, and a full list of the streets in the Parish is therefore set out in an appendix, for the benefit mainly of medical practitioners.

DISINFECTION.

The employment of formic aldehyde for the surface disinfection of rooms continues to prove satisfactory. There is no reason to believe that it has failed in its object in a single instance throughout the year. There are no greater difficulties or inconveniences attending its use than those which apply to the use of sulphurous acid, and it possesses the great advantages that it is more certain in its disinfectant action and does not injure any article of furniture or ornamentation exposed to it.

There has been a large amount of disinfectant solution given away during the year. This free distribution of disinfectant is of high value as a means of preventing the spread of infectious illness, and it is a necessary countermove to check the use of the cheap and useless disinfectants otherwise purchased by the poorer parishioners.

HOSPITAL ISOLATION.

During the year we experienced little difficulty in getting parishioners into the hospital with promptness, and in this respect our experience was in pleasing contrast to that of preceding years.

The population is increasing rapidly, and with this increase the conditions which facilitate the spread of infection are multiplying by reason of the overcrowding which is everywhere increasing. As the public become more educated in public health matters and the value of preventive measures, it will demand some provision for isolating measles, whooping cough, and consumption.

TUBERCULOSIS.

The tremendous mortality from Tuberculosis amounting to some 60,000 deaths per annum in England and Wales alone is very largely preventable, and attention has been drawn for many years, by those who have studied public health matters, to the urgent necessity which exists for adopting measures that are calculated to diminish this appalling waste of health and life and the misery and expense entailed by it.

Consumption (Tuberculosis of the Lungs) slays over 40,000 individuals every year in England and Wales, and a very large amount of the disease is contracted from preceding cases.

Infected milk is a fertile source of Tuberculosis, and it can be clearly shown to give rise to a large mortality from the disease among infants. Sterilised milk can now be purchased, or parents can protect their offspring and themselves in a very great measure by using no milk which has not been previously well boiled. But after all this sterilisation and boiling of milk is only a makeshift remedy and the truer aim of the prevention of tuberculosis lies in the direction of preventing the germ of the disease being conveyed in milk. Of the samples of milk taken and examined in this country the records show that at least 10 per cent. of them contain the germ. That a necessary article of food, and one on which the bulk of our infants are reared, should be allowed to disseminate disease, broadcast without any effectual preventive measures being taken, is without exception, the greatest blot upon our sanitary administration of to-day.

The stamping out of tuberculosis from cattle should be carried out *on a national scheme* which will involve some considerable expense at the commencement. Cattle will have to be rigorously inspected, infected animals isolated or slaughtered, and the flesh either destroyed or appropriately dealt with according to the stage of the disease. No milk must be drawn from infected animals.

The necessity of combined and organised efforts on the part of the medical and veterinary professions, assisted by the public and the owners of cattle, must be recognised if the eradication of tuberculosis

is to be accomplished. But prophylactic measures depend to a large extent upon the ability to recognise the presence of the condition to be dealt with and "tuberculin" is proving, in competent hands, a valuable means of detecting tuberculosis of cattle. The New Dairies, Cowsheds and Milkshops Order of 1899 enables a Sanitary Authority to deal effectually with the milk of a cow certified by a veterinary surgeon to be suffering from tuberculosis of the udder. The prevention or reduction of bovine tuberculosis, however, is a matter of keeping cows under healthier conditions than those which obtain so generally at present: in town byres the animals are confined constantly day and night throughout the whole milking period, and frequently when the indoor life is not absolute, the conditions of overcrowding, bad ventilation and general filthiness of the byres are responsible for a heavy sick-rate from tuberculosis.

The measures adopted by the Vestry to reduce the dangers of the spread of consumption through the infection derived from previous human sufferers, are the following.

- (1). That all the medical practitioners in Stoke Newington be informed that the Vestry is prepared, on application, to disinfect (free of charge) all rooms which have been occupied by patients suffering from consumption immediately upon such rooms ceasing to be so occupied.
- (2). That whenever a death from tubercular disease is certified in the Parish a visit shall be paid to the house in which the death occurred and an offer made to disinfect free of cost.
- (3). That handbills of information as to the nature of the disease, the ways in which it may be contracted, the necessity for the adoption of certain precautions, and the willingness of the Vestry to undertake gratuitous disinfection, be sent to ministers of religion, district visitors, school teachers, medical officers, etc., of public institutions, with a request that they will circulate these as opportunities present themselves.

The Parish of Saint Mary, Stoke Newington.

PRECAUTIONS AGAINST CONSUMPTION.

(i.e., **Tuberculosis of the Lungs.**)

Although some individuals are especially prone to consumption everyone is liable to fall a victim to it. Most people have a natural power of resistance to the disease, and it is in the power of everyone to increase or diminish this resistance.

Consumption (with other forms of Tuberculosis) causes *one death in every eight* in this country, and gives rise to a vast amount of suffering, often long continued.

Consumption is, to a large extent, a preventable disease. It mostly prevails in damp, dirty, ill-ventilated, overcrowded and badly-lighted houses and workshops. Repeated colds, intemperance, unwholesome and insufficient food, attacks of measles, whooping-cough and typhoid fever, also specially favour the appearance of the disease.

Consumption is caused by a germ or microbe derived from some person or animal already suffering from the disease. The germ gets into the air, food or drink, and thereby gains access to the lungs or intestines of human beings.

It is most usually spread by the spit of consumptive persons. Where the spit lodges, it dries and afterwards, gets lifted up as dust into the air, the germ thereby reaches the lungs of others.

Such spit should, therefore, never be allowed to get dry. For that reason it should not be spat on the floors of a house or public conveyance or into a handkerchief, but either into pieces of rag or paper, which should be at once burned, or into a spittoon or small portable spit bottle containing water. The spittoon or bottle should be carefully emptied down the w.c. every morning and evening, then scalded and recharged with fresh water.

A consumptive person, in addition to taking these precautions, should not be exposed to re-infection by inhaling the dust of the rooms in which he sleeps or works. For his sake, therefore, as well as in the interest of others, the dust should be frequently collected with damp dusters, so as not to raise it into the air, and for the same reason tealeaves or damp sawdust should be sprinkled on the floor before sweeping. The dusters should be subsequently boiled and the sawdust and tea leaves burned.

The phlegm should always be spat out by the patient and not swallowed, or the disease may be thereby carried to other parts of the body.

The room occupied by a consumptive person should be supplied with plenty of fresh air and open to sunlight, both of which tend to destroy the germs; and any soiled clothing should be at once disinfected—where possible by boiling water.

On a consumptive person ceasing to occupy a room, this will be disinfected free of charge if application is made at the Vestry Offices. Anyone who occupies such a room before it has been thoroughly disinfected runs a great risk.

Many animals suffer from Consumption. The milk from consumptive cows may contain the germ and is, therefore, dangerous, especially to children, unless first boiled or sterilized; and meat should always be thoroughly cooked through. Boiled milk and well cooked meat (served with the gravy) are equally nutritious and more digestible than unboiled milk and underdone meat.

Although a consumptive person should not be kissed on the lips, and should occupy, where possible, a separate bed, there is no infection given off in the breath of a consumptive person, or from the skin (except where there are discharging sores), and if the above precautions are strictly carried out he will materially improve the prospects of his own recovery and need not be a source of danger to anyone.

HENRY KENWOOD,

Medical Officer of Health.

Consumption is a common cause of pauperism, for it leads to a tremendous loss of labour each year and sufferers come upon the rates in considerable numbers, many finding their way to the work-house infirmaries with the disease in a hopelessly advanced stage. These latter constitute a great danger to the other inmates, and doubtless sometimes spread infection. It would, therefore, be well if Boards of Guardians made special provision for housing such cases quite apart from others. Power might be obtained for different boards to combine for such a purpose as well as to make some provision for the isolation and treatment of the disease in its earlier stages, with the view to cure. Expenditure for such purposes would in all probability prove a profitable investment of public moneys, and, for certain, a valuable public health measure.

During the year, when application was made for permission to disinfect rooms in which deaths from consumption had occurred, the permission was granted in respect of over 60 per cent. of the applications.

SUMMER DIARRHŒA.

The Stoke Newington mortality returns show a marked decrease in the number of deaths from Diarrhœa, notwithstanding the exceptional heat of July and August.

Prior to the second week in July the weekly number of deaths from Summer Diarrhœa had been for a long time below the mean of the corresponding period of the preceding ten years, but subsequently, for several weeks, those deaths considerably exceeded the mean. This exceptional rise in the mortality from Diarrhœa was determined by the fact that the mean daily temperatures had been exceptionally high, for there are sufficient reasons for believing that the essential cause of the complaint resides in the soil, from which it issues under favourable meteorological conditions (more especially of temperature) to gain access to air, water and food. It is especially important, therefore, in the summer months to take every possible means of ensuring the freedom of these necessities of life from contamination. The chief means of reducing the mortality from Summer Diarrhœa is by giving nothing but well-boiled liquid

food for the first nine months of life, and by keeping all milk vessels and feeding bottles scrupulously clean. For the neglect of these simple precautions, the infants of these islands alone are paying an annual toll of many thousands of deaths. Summer Diarrhœa is the most fatal of all the zymotic diseases, and if the deaths certified as due to gastro-enteritis were included (and at the summer period of the year they probably all have a common origin) the loss of life from Summer Diarrhœa would be still further increased to the extent of some 30 per cent.

MEASLES AND WHOOPING COUGH.

The parish was comparatively free from Measles during the year.

The County Council has under consideration a proposal of the London School Board, to the effect that Measles should be declared a dangerous infectious disease, in order to give facilities to sanitary authorities to proceed, if necessary, against persons who send their children to school while suffering from the disease.

TYPHOID FEVER.

Of the 16 cases notified during the year, all occurred in different houses, in one of which there were grave insanitary conditions ; in one the insanitary conditions were slight, and in the remaining 14 there were no insanitary conditions. Two of the cases, doubtless, contracted the disease outside London. The infection appeared to be due to the consumption of cockles in one case, and to the consumption of oysters in another case.

SMALL-POX AND VACCINATION.

The Parish was quite free from small-pox infection during the year, and in the whole of London only 33 cases were notified and two deaths resulted.

The year has been a remarkable one in that some experience has been derived as to the effect of the new Vaccination Act, the three essential conditions of which are domiciliary as opposed to stational vaccination, the use of glycerinated calf-lymph as opposed to arm-to-arm vaccination, and the provision of means for avoiding prosecution for failure to secure vaccination in individual cases under the "conscientious objector" clause. We cannot here discuss all the details

of the operations of this new Act, but there can be no doubt that taking England and Wales as a whole, the number of children vaccinated this year under the new conditions, is largely in excess of that which obtained during either 1898 or even 1897. It remains to be seen to what extent the provision for the "conscientious objector" will be used in the future; but one thing is certain, namely, that a scare of smallpox will always ensure the vaccination of most infants, but unfortunately this result is often only obtained after the sacrifice of many lives.

Re-vaccination is the most potent means of combating small-pox when the disease threatens a district, and the isolation of infectious persons, important as it is as a preventive measure, must rank second to re-vaccination, for it cannot always be guaranteed (1), that every case could be and would be efficiently isolated before there was any possibility of the disease being transmitted to others; (2), that in every case skilled advice would be sought at the commencement of the attack; (3), that in every case the early symptoms would be such as to cause the nature of the illness to be easily and readily recognised; (4), that every district possessed, or would at once provide, isolation accommodation, and would isolate every case; (5), that in every instance those living in the same house as the patient, and those who had been in contact with him at or after the commencement of his illness, would go into quarantine for fourteen days; (6), that every person in attendance upon a patient was insusceptible (is anyone naturally insusceptible?), or has been rendered so by a previous attack of the disease.

DIPHTHERIA.

The 31 cases of Diphtheria occurred in 30 different houses; and in only three instances were sanitary defects of a grave nature found to exist in the home of the patient. Slight sanitary defects were found in three other cases.

School attendance is either alleged by the parents or surmised by myself, on good grounds, to be the cause of 3 attacks during the year, and to be responsible for 9·7 per cent. of the cases as against 5·7 per cent. in the preceding year.

One case of the infection was imported into the Parish. In one case it was very clear that a preceding tonsillitis of several weeks'

duration predisposed to an attack of Diphtheria. In two cases the attack was preceded by "sore-throat" in other members of the family.

In most of the cases I was unable to trace the origin of the disease in any satisfactory manner; that is to say, after carefully ascertaining all the facts, the origin of the infection could only be conjectured, and it was impossible to do more.

In this disease the spread of the infection (and by consequence the mortality) are largely concerned with the unfortunate circumstance that the early diagnosis of the disease *from clinical symptoms* is frequently difficult and impossible, and Bacteriology alone can furnish the answer in many cases. The *Diagnosis outfits* provided by the Vestry during the year to the medical practitioners in Stoke Newington have been appreciated. Every practitioner has been kept supplied with such an outfit, and has thus had at his disposal the means of procuring a bacteriological diagnosis of both Diphtheria and Typhoid Fever. The following is a list of the applications received, together with the results of a careful examination performed at University College, London.

Suspected Disease.	Name of Patient.	Result of Examination.
Enteric Fever	H. Morris	Not Enteric Fever.
Enteric Fever	Mrs. Adams	Not Enteric Fever.
Diphtheria.....	A. Hughes	Diphtheria.
Enteric Fever	Mrs. Webb.....	Not Enteric Fever.
Diphtheria.....	Mrs. Everest	Diphtheria.
Enteric Fever	T. Tarrant.. ..	Not Enteric Fever.
Enteric Fever	A. Gray	Enteric Fever.
Diphtheria.....	E. Frost.....	Not Diphtheria
Diphtheria.....	F. Lee.....	Not Diphtheria.
Diphtheria.....	E. Bradridge.....	Not Diphtheria.
Enteric Fever	T. Butcher.....	Enteric Fever.
Diphtheria.....	T. Bickell	Not Diphtheria.
Diphtheria.....	G. Churcher	Diphtheria.

The provision for the sale of Anti-toxine at the Vestry Offices at cost price continues to be much appreciated. The opinion that the Anti-toxine is a valuable curative agent of Diphtheria is gaining more and more ground each year, and the fact may now be said to be generally accepted by the profession.

There can be no gainsaying that the continued prevalence of this disease is determined to some extent by school attendance. Apart from statistics, it is a conclusion warranted both by common sense and experience that the daily aggregation of a large number of subjects at the most susceptible ages in overcrowded class-rooms, must, where a disease is concerned which often remains unrecognised, be responsible for some degree of spread, if the well-known behaviour of the disease within the household continues to hold good. The Medical Officer of Health (Mr. Shirley Murphy) of the London County Council has placed the matter upon a solid statistical foundation. He has shown that the increase in Diphtheria has mainly affected the ages 3—10, and that the relative increase of the mortality at the ages 3—10 commenced with the operations of the Elementary Education Act of 1870. The effect which the closing of the schools during vacation periods has in reducing the incidence of the disease is also susceptible of statistical demonstration.

In view of these facts, and seeing the part schools play in the dissemination of other infections, the precautions taken in the interest of the scholars are in my opinion unsatisfactory. The Medical Officer of Health should be kept promptly posted up as to those absentees who are away from illness; he should possess the power of entering and examining any scholar or scholars at any time when he has reason to think such action desirable in the public interest; and he should also have the power of arranging for a medical inspection of the scholars when he considers such a step advisable. It is contended that the Medical Officer of Health, or some medical man acting on his behalf, should make these examinations, since the Health Officer is best acquainted with the behaviour of infectious disease in the neighbourhood of the school, and the knowledge of the condition of children in the school would

be of material value to him in determining what action is required by his authority to limit the extension of the disease. Short of the adoption of these measures compulsory education will continue to be linked with some measure of compulsory disease.

SCARLET FEVER.

The 178 cases of Scarlet Fever occurred in 142 different houses, in 4 of which there were grave insanitary conditions; in 5 the insanitary conditions were slight, and in the remaining there was an absence of such conditions.

School attendance was ascribed as the origin of the infection in 17 cases; and in three cases there were strong reasons for believing that the infection was communicated by a patient recently dismissed from a fever hospital. The infection was imported into the Parish in 6 instances, and in 9 instances the infection was directly contracted from a preceding case.

In the recent Annual Reports of the Medical Officer of the London County Council the weekly notifications from scarlet fever are expressed in three age groups, representing generally the pre-school age (0-3), the school age (3-13), and the post-school age (13 and upwards), and it is again shown that the decrease in the number of cases notified during the period of holiday influence, and the subsequent increase in the following period of school influence, is most marked at the school age (3-13). The figures prove most incontestably the school influence in disseminating this disease.

NOTES UPON SANITARY WORK PERFORMED DURING THE YEAR.

It will be seen from the appended Report of the Chief Sanitary Inspector that a large amount of sanitary work has been performed during the year 1899. 1088 premises were inspected for conditions injurious or dangerous to health, and insanitary conditions varying in their nature from slight to very grave, were discovered in a large number of instances. 384 Intimation Notices, followed in 24 cases by Statutory Notices, were complied with.

Of this number only 163 inspections were made as the result of complaints by householders and others, and this circumstance will serve to accentuate the importance of prosecuting a fairly constant system of house-to-house inspection in at least the poorer parts of the Parish. It is difficult to over-estimate the value such a measure has in preventing the origin and spread of preventable sickness.

The *slaughter-houses, bake-houses, cowsheds and dairies* situated in the Parish were all duly inspected throughout the year.

The *factories and workshops* have all been inspected during the year, and I have kept the list of out-workers up to date.

I have repeatedly made analysis of the *drinking water* supplied to the Parish by the New River Company, and the results have invariably been satisfactory.

HOUSES LET IN LODGINGS.

In the Parish of Stoke Newington, more especially in the Southern Division, there is a considerable number of houses let in lodgings under circumstances and conditions which render it desirable, in the interest of personal and public health, that they should be registered and inspected at frequent intervals.

A house which possesses every convenience for decent and healthy living where one family is concerned, has under these altered circumstances, its sanitary provisions overtaxed, with the result that apparatus frequently gets out of order, and it is difficult to keep the premises in a sufficient state of cleanliness. In addition to presenting conditions which are favourable to the appearance of disease, these tenemented houses, by reason of the overcrowding in them, favour its spread when the disease is of an infectious nature, and it is likely, since the prime necessity for the registration of such houses arises from the conversion of houses intended for one family into tenement dwellings housing more than one family, that such necessity will increase, owing to the growing difficulties of housing within the Metropolitan area, an increasing population in the neighbourhood of its work.

The main advantages in bringing certain houses under these bye-laws are (1st), that *a systematic inspection* is greatly facilitated, and (2nd), we *can proceed directly for penalties* for nuisances which are suffered to exist in contravention of these bye-laws, without going through the more lengthy and troublesome routine of procedure under the Nuisance Sections of the 1891 Act. The main provisions of the bye-laws are directed against dirtiness of premises and overcrowding, and in respect of these two nuisances there are to my knowledge many houses in the parish which could with advantage be brought under their operation.

There is no gainsaying the fact that the bye-laws are unpopular. Apart from the act of registration the very information required prior even to registration is often regarded as an unwarrantable and inquisitorial inquiry into personal and private matters; but then there is no branch of public health work affecting personal interests which does not meet with some degree of opposition. In this case, however, the opposition may properly weigh with one to the extent of advising a limit which shall exclude all those who, by reason of the rent they are able to pay, may be assumed to have the knowledge, training, and ability to enable them to live under wholesome conditions. I think for this reason that the limits adopted by the Parish of Westminster (8s. per week for unfurnished and 11s. for furnished accommodation) must bring under the operation of the bye-laws a large number of houses which need not be registered, and this entails a considerable amount of unnecessary periodical inspection.

The number of houses which should be brought under the operation of our bye-laws should be strictly limited by the retention of a low limit of rental which excludes from registration; but, seeing that our original limit was one that made the bye-laws a dead letter, application was made during the past year to the Local Government Board for permission to raise the limit for unfurnished accommodation from 2/6 to 4/- per week, and that for furnished accommodation from 4/- to 6/-.

These limits for exemption which are among the lowest adopted by Metropolitan Sanitary Authorities, were duly confirmed by

the Local Government Board, and by the periodical inspection of the relatively small number (100) of houses which we have been able to place upon the register, we are adopting, in my opinion, a useful measure in the interest of the health of the Parish.

FOOD AND DRUGS.

Under the sale of Food and Drugs Acts, 48 samples of Food and Drugs were taken and analysed. The results are shown in Table C. Five of the samples were not genuine and, therefore, the percentage of non-genuine samples amounted to 10·4 per cent., a figure which is lower than that of the preceding year, when it was 11·3 per cent.

26 per cent. of the milk samples were adulterated. According to the last Report of the Local Government Board, 12·9 per cent. of the milk samples taken in London are adulterated as against just below 10 per cent. for the rest of England, and dealing with the country as a whole, the following interesting facts may be referred to here.

The proportion of adulterated samples was 8·7 per cent. of those examined. This is the lowest percentage of adulteration ever recorded, and less than one-half of the rate for the years 1877 and 1878. It must be conceded that it is somewhat surprising that the 1875 Act should have done the community such good service, seeing that for the year 1898 more than a third of the fines inflicted for offences were of only 10s. or under.

It may be of interest to indicate the extent to which the various articles taken for analysis were found to be adulterated. First on the list come spirit and drugs, with a percentage adulteration of some 12 per cent. each. Sweet spirits of nitre, Gregory's powder, lime water, sulphur, rhubarb, magnesia, wax, cream of tartar, and seidlitz powders figured among the adulterated drugs, and it is somewhat disconcerting to read in the Report that eight out of the twenty-five prescriptions dispensed and sold under the Act were improperly or carelessly compounded. Sago and olive oil were adulterated to the extent of some 11 per cent.; then come coffee with 10 per cent. of adulterated samples; milk, 8·7 per cent.; vinegar, 5·8 per cent.; mustard, 4 per cent.; sugar, confectionery, and jam, 3 per cent.;

ginger, 2·6 per cent. ; wine, 2·4 per cent. ; flour, 2 per cent. ; and pepper, cheese, beer, and lard, with less than 1 per cent. of adulteration.

Of the samples submitted to the analysts by private persons 46·5 per cent. were reported against, whilst of those obtained by the officers of local authorities only 8·3 per cent. were condemned. This circumstance is mainly due to the fact that in the case of those samples submitted by private individuals some good ground for suspecting the genuineness of the article existed in each case, but the discrepancy in the figures is due in a minor degree to the fact that the officers of a local authority are generally known and recognised by the local tradesman, who not infrequently succeeds in circumventing them.

THE SALE OF FOODS AND DRUGS ACT, 1899.

Section 2.—In “ the general interests of the consumer ” the Local Government Board, and “ in the general interest of agriculture ” the Board of Agriculture, may direct their officers to take samples of “ any article of food ” and submit the same to the local public analyst. The samples are to be divided into four parts, three of which are to be disposed of in the usual way and the fourth to be sent to the Board, which will forward the results of the analysis to the local authority.

Section 3.—The appointment of public analysts and the enforcement of the Acts are made compulsory by this section. Should any authority make default in these matters and continue in default after communication from the Local Government Board or the Board of Agriculture, either Board may appoint one of its officers to put the Acts into force and recover the expenses from the defaulting authority.

Section 4 gives power to the Board of Agriculture to fix limits for the composition of milk, condensed milk, cream, butter and cheese, and directs public analysts to certify samples falling below these limits as adulterated.

Section 5 requires that all compounds made in imitation of cheese and which contain fat not derived from milk, shall be called “ Margarine-cheese,” and marked, consigned, and sold under the

same restrictions as are directed by this Act, and the Margarine Act as to margarine.

Section 6 enacts that packages containing margarine or margarine-cheese shall be marked or branded on the package itself, and not on a removable label, &c. ; also that paper wrappers containing margarine shall have no other printed matter than the word "Margarine," and that this word must be in letters half an inch long, instead of letters a quarter of an inch square, as directed by the Margarine Act. The same regulations apply to the wrappers used for margarine-cheese.

Section 7 requires that the owner or occupier of all premises which are used for the business of a manufacturer or wholesale dealer in margarine or margarine-cheese shall register the premises with the Local Authority. Each manufacturer and wholesale dealer must keep a register showing the quantity and destinations of each consignment of margarine and margarine-cheese sent out from his premises. Power is given to officers of the Board of Agriculture to examine this register, to inspect any process of manufacture, and to take samples for analysis.

Section 8 prohibits the manufacture, importation, or sale of any margarine, the fat of which contains more than 10 per cent. of butter fat.

Section 9 orders every vehicle or can used for the sale of milk or cream in the streets to have the owner's name and address conspicuously inscribed on it.

Section 11 requires that condensed separated or skimmed milk shall be labelled in large and legible type, "Machine-skimmed milk," or "Skimmed Milk," as the case may be.

Section 12 specifies that the labels put on mixtures, such as coffee and chicory, shall not be obscured by other printed matter.

Section 14 gives power to Inspectors, with the consent of the purchaser or consignee, to take samples of foods in the course of delivery in the same way as samples of milk can now be taken.

Section 16 gives power to magistrates to inflict fines varying from £20 to £100 for obstructing or attempting to bribe a Food and Drugs Inspector.

Section 17 raises the maximum fine or second offences from £20 to £50, and for subsequent offences to £100, with power, in certain cases, to imprison for a period not exceeding three months.

Section 19 prohibits the institution of prosecutions after the expiration of twenty-eight days from the time of the purchase of the adulterated article. The summons must not be made returnable in less than fourteen days from the day on which it is served, and must be accompanied by a copy of the public analyst's certificate.

The discretionary power to refer samples to Somerset House on the request of prosecutor or defendant formerly vested in the court hearing the case will be taken away, and the court will be obliged to send such samples, if asked so to do, and may, further, send the sample of its own initiative if thought desirable.

Section 26 enlarges the legal definition of "food," so that it shall include flavouring matters and condiments, and such articles as baking powder.

"The expression 'food' shall include every article used for food or drink by man, other than drugs or water, and any article which ordinarily enters into or is used in the composition or preparation of human food; and shall also include flavouring matters and condiments."

Other provisions which may be noted are:—If the defendant intends to rely on a warranty given by the vendor of the goods, he must give notice of such intention to the prosecutor not later than seven days after service of the summons, stating the name and address of the giver of the warranty and forwarding copy of the same, and must also communicate his intention to the giver of the warranty.

If a defendant maintains his plea of warranty, and the case against him be dismissed, proceeding against the giver of the warranty may be taken in the district where the sample is purchased, or in that where the warranty was given.

In taking samples under the Act the division of the sample is obligatory, whether the seller requires it or not, and on the other

hand, the delivery of a part to the seller is not obligatory, unless he requires it.

The person who takes a sample of milk in the course of delivery, or of margarine or margarine-cheese forwarded by a public conveyance is required to forward a portion of sample marked, and sealed, or fastened up, to the consignor, if his name and address appear on the can or package containing the article sampled.

PRESERVATIVES AND COLOURING MATTERS IN FOOD.

The Departmental Committee appointed to enquire into the use of preservatives and colouring matter in food is doing good work by collecting evidence from witnesses connected with the production, distribution, inspection, and analysis of food stuffs. This evidence will be most valuable as a practical and scientific basis upon which useful legislation can be founded. At the recent meetings of the committee a considerable amount of very conflicting evidence was taken. Some witnesses insisted that the use of antiseptics in certain food stuffs was essential, and one witness deposed to having taken as an experiment half a teaspoonful of boracic acid in a glass of water every morning for three months and had experienced no ill effects from it ; while, on the other hand, witnesses of great experience gave it as their opinion that if milk, butter, preserves, etc., were treated on scientific principles, there was not the slightest necessity for any preservatives whatever. From the evidence of these last-mentioned witnesses it appears that without preservatives great care and cleanliness must be practised in order to preserve food, whereas with the use of preservatives such cleanliness and care are rendered unnecessary. No doubt this aspect of the question will meet, at the hands of the Committee, with the consideration which is its due ; and it is reassuring to those who would prefer at all times pure food, free from the admixture of any non-alimentary matter, to hear from practical men that even such perishable articles as milk and butter can be preserved in a fresh state without such addition.

TABLE C.
ANALYSIS PERFORMED UNDER THE SALE OF FOOD
AND DRUGS ACTS DURING THE YEAR.

No.	Sample Analysed.	Opinion Formed.	Action Taken.
1	Gin	Satisfactory.....	Nil.
2	Butter	"	"
3	Butter	"	"
4	Coffee	"	"
5	*Milk	45 per cent.of added water	Vendor prosecuted, fined £5 and costs.
6	*Milk	Slight deficiency in fat ...	Vendor cautioned.
7	Vinegar	Satisfactory.....	Nil.
8	Wheatmeal	"	"
9	Butter	"	"
10	Butter	"	"
11	Scotch Whisky ...	"	"
12	*Milk	"	"
13	*Milk	"	"
14	*Milk	"	"
15	Medical Prescrip- tion	"	"
16	Coffee	"	"
17	Butter	"	"
18	Pepper	"	"
19	*Milk	"	"
20	*Milk	"	"
21	*Milk	"	"
22	*Milk	"	"
23	Butter	"	"
24	Sweets	"	"
25	Butter	"	"
26	Rum	"	"
27	Coffee	"	"
28	Butter	"	"
29	Milk	"	"
30	Ground Ginger ...	"	"
31	*Milk	"	"
32	*Milk	6% of added water ...	Vendor cautioned.
33	*Milk	Satisfactory.....	Nil.
34	Cheese	"	"
35	*Milk	10% of added water	†Vendor prosecuted, sum- mons dismissed, with- out costs.
36	Oatmeal	Satisfactory.....	Nil.
37	Butter	"	"
38	Butter	"	"
39	Porter	"	"
40	Milk	"	"
41	Milk	"	"
42	Milk	"	"
43	Lime Water.....	"	"
44	Lard	"	"
45	Coffee	"	"
46	Baking Powder ...	"	"
47	Milk	"	"
48	Milk	15% deficiency in fat ...	Vendor prosecuted, and fined 10/6 and 12/6 costs.

* Sunday Samples.

† Sample had gone sour by the time of analysis, and a precise estimate was held to be impossible, and opposing analyst found but little evidence of added water.

METEOROLOGY IN AND AROUND LONDON FOR THE YEAR 1899.

January.—The weather was for the most part mild, dull, and wet, the fall of rain being somewhat above its average. The mean daily temperature of the air was generally above the average.

February.—The weather was mostly dull, with a remarkably mild period extending from the 7th to the 23rd, when the mean daily temperature of the air was well above the average. The fall of rain was above its average.

March.—The weather was dull and generally mild, with the exception of a cold period extending from the 16th to the 25th. The mean daily temperature of the air was generally above its average and the rainfall below.

April.—The weather was wet and dull, with very little sunshine. The mean daily temperature was generally below its average and the fall of rain above its average. The west wind was very prevalent.

May.—The weather was generally cold and dull, with frequent rain from the 15th to the 25th. The mean daily temperature was generally below its average and the fall of rain slightly so.

June.—The weather was, for the most part, fine and bright. The mean daily temperature of the air was generally above the average and the fall of rain below.

July.—The weather was generally fine, bright and warm, with a remarkably hot period extending from the 6th to the 22nd. The mean daily temperature of the air was generally above the average, particularly so on the 19th—21st, when it was over 10°F. in excess. The fall of rain was below the average.

August.—The weather was fine, bright and hot, with an exceptionally hot period extending from July 29th to August 37th. The mean daily temperature of the air was generally above the average, being particularly so towards the end of the month. The fall of rain was very small and greatly below the average.

September.—The weather was bright and hot till the 9th, and then generally dull with frequent rain. The mean daily temperature of the air was somewhat above the average.

October.—The weather was generally dull and cloudy with frequent rain at the beginning and towards the end of the month. The mean daily temperature of the air was generally below the average and the fall of rain was a little below. Fogs were prevalent during the latter half of the month.

November.—The weather was mild, dull, and gloomy, with frequent rain during the first half of the month. The mean daily temperature of the air generally above the average, as was also the rainfall.

December.—The weather was generally cold and dull, with frequent rain. The mean daily temperature of the air was generally below the average. The rainfall was a little above its average and fogs were very prevalent during the latter half of the month.

Meteorological Observations taken during the Year 1899, at Camden Square
(by G. Symons, Esq., F.R.S.)

The observations have been reduced to mean values by Glaisher's Barometrical and Diurnal Range Tables, and the Hygrometrical results from the Sixth Edition of his Hygrometrical Tables.

Month.	Temperature of Air.				Mean Tem- p'rature of Air.	Rain.		Rela- tive Humid- ity. Satura- tion. 100.
	Highest	Lowest.	Mean.			No. of Days it fell.	Amnt. Collected.	
			Of all Highest	Of all Lowest.				
January	56.2	28.1	47.7	37.5	42.5	20	2.52	88
February.....	64.8	24.9	48.6	35.8	41.8	11	2.00	82
March	61.1	19.9	50.2	32.1	40.7	8	0.50	84
April	65.6	32.1	55.9	41.3	47.5	20	2.64	76
May	74.2	34.4	63.3	43.9	52.0	12	1.38	72
June	87.1	42.3	75.5	52.1	61.8	6	1.49	74
July	89.2	51.2	79.2	57.3	66.5	10	1.45	66
August	91.2	48.6	79.4	56.6	66.3	6	0.70	68
September	88.1	36.4	68.4	50.4	58.4	14	2.65	69
October	63.4	33.5	57.4	42.4	49.0	10	2.03	85
November	61.8	29.9	53.4	4.3	47.9	10	4.13	87
December	55.2	21.8	41.6	32.4	37.5	17	1.05	80

The Parish of St. Mary, Stoke Newington.

Member of Parliament for the Division.

W. R. Bousfield, Q.C., M.P., Crown Office Row.

PAROCHIAL OFFICERS.

Rector and Chairman of Vestry.—Rev. Prebendary Shelford, M.A., J.P., The Rectory, Stoke Newington.

Churchwardens.—Runtz, J. J., J.P., 131, Lordship Road.
Eve, W., 195, Albion Road.

Overseers.—Davies, A. C., 11, Brodia Road.
Andrews, C. J., 28, Bethune Road.
Richardson, H. H., 48, Carysfort Road.
Walton, C. I., 55, Kyverdale Road.

Clerk.—Webb, G., Vestry Offices, 126, Church Street.

Medical Officer of Health and Public Analyst.—Kenwood, H., M.B., D.P.H., F.C.S., Vestry Offices, 126, Church Street.

Surveyor and Chief Sanitary Inspector.—Brown, R., A.M.I.C.E., Vestry Offices, 126, Church Street.

Rate Collectors.—

Northern Division: Cone, H. K., 171, Church Street.

Southern Division: Hankey, J. D., 130, Green Lanes.

Registrar of Births, Deaths and Marriages.—Cone, H. K., 171, Church Street.

Hours: Every morning 8—10 a.m., and on Tuesdays and Fridays, 6—8 p.m.

Relieving Officer.—Blunt, W., 126, Nevill Road.

Public Vaccinator.—Lewis, D. T., M.R.C.S., 150, Stoke Newington Road.

Guardians.—Miss Farquharson, 13, St. Kilda Road.
Mrs. M. E. Sadd-Brown, 68, Fairholt Road.
Allardyce, H. L., 43, Allerton Road.
McDonnell, A., M.D., 39, Stamford Hill.
Rev. J. Johnson, 80, Rectory Road.
Lambert, S. W., 29, Park Street.

A LIST OF THE STREETS SITUATED IN THE PARISH
OF STOKE NEWINGTON.

A DEN Grove
Aden Terrace
Allerton Road
Albion Road
Albion Grove
Amhurst Park
Ayrson Road

BARN Street
Barrett's Grove
Bethune Road
Bouverie Road
Boleyn Road
Brodia Road
Broughton Road
Burma Road

CASTLE Street
Carysfort Road
Chapel Place
Church Street
Chesholm Road
Church Path
Clonbrook Road
Clissold Road
Cressington Road
Church Road

DEFOE Road
Dumont Road
Dynevour Road

EADE Road
Edward's Lane

FAIRHOLT Road
Falcon Court
Fleetwood Street

GRANGE Court Road
Grazebrook Road
Grayling Road
Green Lanes (from 22 to 378)
(„ 11 „ 107)

HAWKSLEY Road
Harcombe Road
Hayling Road
Heathland Road
Hermitage Road
High Street
Howard Road

KERSLEY Road
Knebworth Road
Kynaston Road
Kynaston Avenue

L ONDESBOROUGH Road
Lordship Road
Lordship Grove
„ Park
„ Terrace
Lancell Street
Lavell Street
Laver's Road
Lidfield Road
Lillian Street
Listria Park

MANOR Road
Martaban Road
Mason's Court
Marton Road
Matthias Road
Meadow Street
Millard Road
Milton Road

NEVILL Road
Newington Green

OLDFIELD Road
Osterley Road

PAGET Road
Painsthorpe Road
Park Street
Park Lane

Park Lane Terrace
 Paradise Row
 Park Crescent
 Palatine Road
 Pellerin Road
 Prince George Road
 Princess May Road

QUEEN Elizabeth Walk

REEDHOLM Road
 Rochester Court

SANDBROOK Road
 Salcombe Road
 Seven Sisters Road
 Shellgrove Road
 Shakespeare Road
 Summerhouse Road

Springdale Road
 St. Kilda's Road
 St. Andrew's Road
 St. John's Place
 Stamford Hill
 Stoke Newington Road
 Statham Grove

TRUMAN'S Road

WHITE Hart Yard
 Winston Road

Wiesbaden Road
 Wordsworth Road
 Woodland Road
 Woodlea Road
 Woodberry Down
 Woodberry Grove

