

[Report of the Medical Officer of Health for Southwark, The Vestry of the Parish of St. George the Martyr].

Contributors

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Vestry of St. George the Martyr,

SOUTHWARK.

ANNUAL REPORT

. . . FOR 1897, . . .

OF THE

MEDICAL OFFICER OF HEALTH,

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TUTOR IN PUBLIC HEALTH TO ST. BARTHOLOMEW'S HOSPITAL MEDICAL SCHOOL.

VESTRY HALL, BOROUGH ROAD, SOUTHWARK

1898.

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ANNUAL REPORT
ON
THE SANITARY CONDITION
OF THE
Parish of St. George the Martyr, Southwark,
FOR THE YEAR 1897,
BY THE
MEDICAL OFFICER OF HEALTH.

TO THE VESTRY OF THE PARISH OF ST. GEORGE THE MARTYR.

SECTION I.—STATISTICAL.

LADIES AND GENTLEMEN,

The Sixth Annual Report, which I now have the honour to submit to you, treats of the sanitary condition and environment, for the year 1897, of one of the most densely populated districts in London, and, indeed, for that matter, in the United Kingdom.*

The following summary of facts will be found useful in approaching the various matters contained in this report.

* According to the 1896 census Whitechapel heads the list with 220 per acre, and St. George the Martyr stands next with 212.

Area.—St. George's, Southwark, covers 284½ acres. The roads and streets as returned to the end of 1897, measure 19 miles, 5 furlongs, 14 poles.

Boundaries.—The parish, in shape somewhat like a hatchet, merges upon no less than six other Sanitary Districts. It is bounded on the north by St. Saviour and St. Olave, on the west by Lambeth, on the south by Newington and Camberwell, and on the east by Bermondsey.

Geological Formation.—The sub-soil of Southwark consists of porous "made" earth, sand, and gravel, of a depth of fifteen to twenty-five feet, overlying the London clay. Saline springs rise at times to the surface, and in certain excavated parts of the parish—*e.g.*, Theatre and Music Hall, necessitate the constant use of pumps.

Elevation.—The district is low-lying and flat, and is situate at an average of half a foot below the Trinity high water mark of the Thames, as against a mean elevation for London of 47·5 feet above the same mark.

Houses.—I am indebted to the Medical Officer of the Administrative County for a copy of the Superintendent Registrar's Summary, giving the numbers resident in the district on the 29th March, 1896. This summary—given under Table I.—shows also there were 5,512 inhabited and 657 uninhabited houses, which makes an average of 10·9 persons to a house.

TABLE I.
LONDON CENSUS, 1896.

Name of Registration Sub-District.	Area in Acres.	No. of Schedules.	HOUSES.				POPULATION.		
			Inhabited.	Uninhabited.			Males.	Females.	Total.
				Empty.	Occupied in Daytime but not at Night.	Building.			
Borough Road.....	64	3,769	1,351	88	79	6	8,328	7,755	16,083
London Road	117	5,337	1,790	134	85	10	10,487	10,829	21,316
Kent Road	103	5,243	2,371	80	128	47	11,426	11,453	22,879
Whole Parish	284	14,349	5,512	302	292	63	30,241	30,037	60,278
WARDS.									
St. George the Martyr: —									
No. 1—St. Michael's Ward	...	5,765	1,895	150	130	10	12,604	11,589	24,193
No. 2—St. Paul's	...	3,727	1,417	78	61	6	7,011	7,878	14,889
No. 3—St. George's	...	4,857	2,200	74	101	47	10,626	10,570	21,196
Whole Parish .....	...	14,349	5,512	302	292	63	30,241	30,037	60,278

In 1897 St. George's had a population density of rather over 212 to the acre—that is to say, about four times that of London, and four hundred times that of the United Kingdom. Its number of tenements is almost exactly double that of its inhabited houses. Of the tenement-occupiers, one third live in two rooms, and another third in a single room. There is no reason to alter the statement advanced for several years past that about one in every fourteen of your population is born, grows up, lives, works, and often dies within the four walls of a one-roomed tenement.

From Table I. it will be seen that the number of males in the parish is some 200 in excess of the females. This may, I think, be explained by the following facts, (a) the presence of a number of factories where men are employed either exclusively or mainly, (b) the comparatively small number of domestic servants employed in the parish, (c) the presence of the Salvation Army Shelter which attracts to the Parish a daily average of several hundred men. (In 1895 the Senior District Magistrate estimated the Salvation Army accommodation at 550 per night) and (d) Bethlem Hospital, in which there is an excess of male patients. Another point brought strongly into relief by Table I. is the fact that the division of the parish into sub-districts affords a more equal grouping of inhabitants than a division by Wards.

Thus the greatest difference between the individual sub-district population is 6,796, whereas in the Wards the extreme difference is 9,304.

This disproportion which will be alluded to again in the course of this Report has an important bearing on various matters of administration.

Population.—The number of inhabitants for the whole parish, according to the Census of 29th March, 1896, was 60,278 as against 59,712 in the Census of 1891. In the middle of 1897 the figures estimated on the foregoing Census reached 60,388. The rate of increase was extremely low, compared with that of London generally.

Births and Birth-Rate.

Table II. gives the birth-rate per 1,000 per annum for the years 1895, 1896 and 1897 in each sub-district, of the parish, in London, and in the thirty-three large English towns.

TABLE II.

Sub-District.	Birth-rate per 1,000.		
	1895.	1896.	1897.
Borough Road.....	38.2	39.4	37.5
London Road	30.8	32.6	31.4
Kent Road	39.6	37.8	36.6
Whole Parish	36.0	36.6	35.0
London	30.4	30.4	29.9
33 large English Towns.....	31.6	30.7	30.6

It will be seen that the birth-rate is 1.6 lower than that of the preceding year, and is considerably above that for the whole of London. The diminished rate of increase of population in the three sub-districts of the parish of St. George's is, therefore, not attributable to a falling off in the number of persons born into the parish, but rather to a relatively high death-rate. A reference to the section of the mortality of infants and children will reveal the fact that in the year 1897, nearly one-half, *i.e.*, 47.3 of the total deaths in St. George's, Southwark, have taken place under five years of age.

The fact is notable that the birth-rate in St. George's is higher than in London and in the thirty-three large towns. This may, I think, be partly explained by the fact that limitation of families is carried into effect by the better-to-do classes rather than by the poor.

Deaths and Death-Rate for 1897.

1,219 deaths were registered in the parish during the fifty-two weeks ending 1st January, 1898, giving an average of 23·4 per week. Of this total 151 were deaths of non-parishioners in hospitals and asylums within the district. In addition 358 parishioners died in outside public institutions and extra-metropolitan asylums. There were therefore 1,426 deaths among your parishioners, equivalent to an average mortality of 23·2 per 1,000. The death-rate for all London in the same year was 18·1 per 1,000, which is in itself, according to many authorities, 2·1 more per 1,000 than should occur from "the mortality incident to human nature." In St. George's, then, the "death toll," as it has been aptly called, claims 5·1 persons out of every 1,000 in excess of an already excessive rate. On the latter estimate, that of the whole of London, there have been some 308 unnecessary deaths in St. George's, Southwark, during the year 1897.

In the forty-three metropolitan sanitary areas the lowest death-rates were 11·8 in Hampstead, 12·8 in Lewisham (excluding Penge,) 13·2 in St. George, Hanover Square and in Lee, 13·4 in Wandsworth, 13·7 in Plumstead and 14·3 in Stoke Newington; the highest rates were 22·1 in Clerkenwell, in St. Olave, Southwark, and in Bermondsey, 23·1 in Holborn, 23·2 in St. George, Southwark, 24·6 in St. Saviour, Southwark, 25·1 in Limehouse, 25·7 in St. Luke, and 26·4 in St. George-in-the-East.

The facts of your death-rate are briefly as follows:—

TABLE III.

Sub-District.	No. of Deaths.		Death-rate per 1,000.		Deaths under 1 year to 1,000 Births.	
	1896.	1897.	1896.	1897.	1896.	1897.
Borough Road	482	456	27·2	28·6	216	169
London Road	454	422	20·2	18·8	160	190
Kent Road	396	548	21·4	23·7	174	203
Whole Parish	1,332	1,426	22·9	23·2	183	189
London	81,721	...	18·2	18·1	161	159
33 Large Towns	208,534	..	18·9	19·1	167	177

It is clear then, that the death-rate of St. George's, Southwark, is abnormally high. One is naturally led to enquire whether a further analysis of facts and figures will throw any light upon this state of affairs.

On comparing the average death-rate in the three sub-districts for the years 1892-3-4-5-6-7 with that of 1897 we find:—

TABLE IV.

Sub-District.	Death-rate per 1,000.	
	1892-3-4-5-6-7	1897
Borough Road.....	29·5	28·6
London Road	19·5	18·8
Kent Road	22·3	23·7

Hence we see the heavy death-rate in the Borough Road Sub-District has somewhat decreased. During the past year the mortality in the Borough Road has been ten over that of the London Road, and 4·9 over that of the Kent Road areas. The period over which these figures extend—six years—and the actual number of deaths are both too small to allow of drawing any absolutely sound conclusions. Nevertheless, it may be noticed that the mortality of the Borough Road Sub-District is 9·5 higher than that of the thirty three large English towns. Further, the figures, so far as they extend, show that the excessive mortality of the Borough Road Sub-District is maintained from year to year, so that it appears to be due to inherent and not to accidental causes.

The annual death-rate for 1897 has risen to 23·2 as against 22·9 in 1896. There is still room for large and permanent reduction in the death-rate of St. George the Martyr. Were it possible to eliminate the Borough Road Sub-District, or to reduce its mortality to a level with that of the other sub-districts, the condition of St. George the Martyr, as a whole, would compare favourably with many districts much more happily situated both as regards density of population and general healthiness of surroundings.

TABLE V.

Years.	St. George, Southwark.	London.
	Death-rate per 1,000.	Death-rate per 1,000.
1841—50 inclusive	30	25
1851—60 "	27	24
1861—70 "	27	24
1871—80 "	25·2	22·4
1881—90 "	25·0	20·5
1892	25·2	20·3
1893	27·6	21·3
1894	23·9	17·7
1895	23·7	19·7
1896	22·9	18·2
1897	23·2	18·1

Zymotic or Preventable Death Rate.

It may be noted that the term "zymotic" applies to the following seven diseases:—Small-pox, measles, scarlet fever, diphtheria, whooping cough, "fever" (*i.e.*, typhus, relapsing puerperal, simple continued and typhoid) and diarrhœa.

I have called the above zymotic diseases "preventable," because I regard all communicable diseases, broadly speaking, as coming under that heading. Diarrhœa is a symptom as well as a specific disease, and, although not usually communicated from one person to another, it may be regarded as the almost invariable result of bad environment. At the same time, it must be clearly understood that a vast amount of preventable disease, such as that due to alcoholism, is not zymotic. In other words, while all zymotic disease is preventable, not all preventable diseases are zymotic.

The corrected death rate in St. George's, Southwark, from the seven principal zymotic diseases was 4·3 per 1,000 in 1897, as against 2·6 per 1,000 in the whole of London for the same period, and 2·9 in the thirty-three great towns of England and Wales.

As in the calculation of the general death-rate, so with the zymotic death-rate, the deaths of non-parishoners occurring within the district have been excluded; on the other hand, the deaths of parishoners in public institutions outside the parish have been included. Unless a proper distribution of these deaths be made, especially of those from zymotic diseases, no really trustworthy data can be secured upon which to calculate the rates of mortality.

Among the various sanitary areas the zymotic death-rates ranged from 1.09 in St. George, Hanover Square, 1.16 in Hampstead, 1.19 St. Martin-in-the-Fields, 1.43 in Lee, 1.61 in Marylebone, 1.63 in St. Giles, and 1.66 in City of London, to 3.61 in Clerkenwell, 3.66 in St. Saviour, Southwark, 3.67 in St. Luke, 4.07 in Shoreditch 4.27 in St. George-in-the-East, and 4.3 in St. George's, Southwark and in Bermondsey.

TABLE VI.—FOR THE YEAR 1897.

	Birth-rate per 1,000.	Death-rate per 1,000.	Zymotic death-rate.	Phthisis death-rate.	Other Tubercular Diseases death-rate.	Respiratory Diseases death-rate.	Deaths under 1 year, to 1,000 births.	Percentage of deaths under 5 to total deaths.
St. George's, Southwark	35.0	23.2	4.3	2.8	0.9	5.6	189	47.3
London	29.9	18.1	2.6	—	—	—	159	—

TABLE VII.

Mortality in St. George's, in 1897, from the Seven Principal Zymotic Diseases.

Disease.	Actual number of Deaths in St. George's, Southwark.	St. George's, Southwark, proportion to total London deaths according to its population.
Diarrhœa	111	56
Measles.....	67	26
Whooping Cough.....	32	25
Diphtheria	28	30
Scarlet Fever	14	11
Fever (chiefly Typhoid)	11	8
Small-pox	1	2

The mortality from measles, diarrhœa, and whooping cough is seen from the foregoing table to be excessive in St. George's as compared with all London. The zymotic death-rate is the highest in the metropolis with the exception of Bermondsey, which is bracketed at the same figure. The almost total absence of deaths from small-pox is in itself a valuable evidence as to the efficiency of modern preventive measures of vaccination, together with notification and prompt isolation.

Diarrhœa.

Amongst children diarrhœa is the most deadly preventable complaint in your parish. With the high figure of 111 it heads the table of mortality from zymotic

diseases. Of this number 88 deaths occurred under the age of one year, 23 between one and five, and 4 at the age of five and upwards.

In addition to the 111 deaths from diarrhœa coming under the general heading of "Specific Febrile or Zymotic Diseases" there were 23 deaths from enteritis placed under the class "Local Diseases."

During the six years 1892 to 1897 more deaths were due to diarrhœa than to any other of the seven principal zymotic diseases. This is seen in the following table.

TABLE VIII.

Mortality in St. George's, from the seven principal Zymotic Diseases.

Deaths.	1892	1893	1894	1895	1896	1897	Total.
Diarrhœa	53	63	72	61	64	111	424
Measles	66	22	100	71	85	67	411
Whooping Cough	46	59	64	56	55	32	312
Diphtheria	26	41	49	19	26	28	189
Scarlet Fever	15	41	15	14	10	14	94
Fever, chiefly Typhoid	8	12	5	9	7	11	44
Small Pox	0	7	0	0	0	1	8
	214	245	305	230	247	264	1482

The reason for the exceptional mortality from diarrhœa in 1897 was probably connected with the hot and dry weather of the third quarter of the year.

It has been proved that the temperature of the earth is one of the most important factors concerned in the development of the malady, and that the summer rise of diarrhœal mortality does not commence until the mean temperature recorded by the four-foot earth thermometer has attained somewhere about 56 deg. Fahr.

In recent investigations made by Dr. Klein it appears likely that summer diarrhœa is associated with the presence in the stools of a micro-organism which he has named "*Bacillus enteritidis sporogenes*."

This microbe presumably lives and multiplies in organically fouled soil, and is given off in the air to contaminate and poison food, especially milk.

The chief conditions of locality giving rise to diarrhœa in St. George's are, I believe, the following:—

- (1) A loose damp soil polluted by liquid filth, *e.g.*, from defective sewers.
- (2) Density of population.
- (3) Crowding of buildings upon area.
- (4) Restriction of and impediments to the free circulation of air both about and within dwellings.
- (5) Sewer emanations.
- (6) Filthy accumulations of domestic refuse in ashpits and dustbins.
- (7) Absence of efficient control of dairies and of dairy farms supplying milk to local dairies.

As regards the conditions relating to the population the chief causes inviting diarrhœa are:—

- (1) Poverty.
- (2) Mode of feeding of infants.
- (3) Maternal neglect and carelessness in infant management.
- (4) Unwholesome or improper place of storage for food and vessels connected with food.

The main suggestions to be made are to provide :—

- (1) Sound drainage system both of houses and of subsoil.
- (2) Impervious flooring to houses, so as to exclude ground air.
- (3) Free ventilation inside and outside houses.
- (4) Careful storage of food.
- (5) Systematic inspection of dairies, cow sheds and dairy farms.
- (6) Boiling of milk, especially in summer.
- (7) Education of mothers as to the proper way of rearing infants.

Measles.

Measles is the next most deadly complaint in your parish, and leads to a waste of life which, in my opinion, may be traced to the following causes :—

- (1) Measles, although highly infectious, is non-notifiable, and therefore outside the control of your Sanitary Authority.
- (2) It is generally looked upon as a mild disorder that wants little or no treatment, whereas it requires careful isolation and nursing, as it is liable to many grave accidents.
- (3) Bad environment: Measles does little harm among the well-to-do, but among the poor it is estimated that twenty to thirty die out of every hundred attacked by the disease.

As frequently pointed out by me before, I think that the compulsory notification of cases of measles throughout London, with subsequent hospital treatment and disinfection, could not fail, in a poor parish like St. George's, to result in a great saving of life.

Diphtheria Mortality.

There has been a further increase in deaths from diphtheria. In 1895 there were 19 deaths, 26 in 1896, and 28 in 1897. (These figures including membranous croup, according to the method of the Registrar-General.)

There can be no doubt that the density of population has a considerable influence upon the prevalence of this disease. Keeping that point in view and the further fact of its incidence upon children, it would be prudent, I think, to consider the desirability of the frequent and systematic inspection of all schools. It is in such places that early and undetected cases of diphtheria, in the sore-throat stage, are to be found under circumstances that afford every opportunity for the spread of infection.

In a special report on the Cornbury Street outbreak of diphtheria included in my Annual Report of 1896, I pointed out the value and necessity of obtaining an early diagnosis in doubtful sore-throat. From that special report the following passage may be quoted :—“ *Early Diagnosis.*—It is well known to medical men that some cases of

diphtheria are extremely difficult to detect. The diagnosis can only be made after a period of waiting. Moreover, it seems probable that a certain number of cases are never detected at all. As an illustration of this difficulty I have it from a doctor that four of his patients in Cornbury Street, although suffering from suspicious sore-throats remained unnotified owing to the clinical evidence being too weak in his judgment to support the theory of diphtheria. Hence, it is of the utmost importance to be able to decide at once whether a sore-throat is or is not of a diphtheritic nature. This can now be done in a bacteriological laboratory. In Marylebone, for instance, every medical man is provided with a small cardboard box containing two sterilised test-tubes. One of these tubes is for membrane if it can be obtained, and the other is furnished with a sterilised swab of wool wound round a wire. The medical attendant touches the throat with the wool and sends it off to the Medical Officer of Health, who is able to send back within twenty-four hours a definite report as to the existence of the disease. The cost of the whole examination of each case amounts to 2s. 7d. It should be clearly understood, however, that the examinations are not for the purpose of revising certificates, but for dividing the cases into those which might possibly be treated at home with safety, and those which require strict isolation in an infectious hospital."

The Salvation Army Shelter.

This institution, as I mentioned in a previous report, was founded by Mr. Booth for the night shelter of poor persons. Although, no doubt, started on philanthropic lines, a charge is made for accommodation, and there is no attempt to disguise the fact that enterprises of a similar kind are not only self-supporting, but are even carried on at a profit. Notwithstanding this commercial aspect of the case, in the Court of Appeal, Her Majesty's Judges decided that these shelters did not fall within the regulations of the Common Lodging Houses Act. Another judicial decision showed that such institutions did not come under the Public Health (London) Act, so far as disinfection was concerned. On that occasion Mr. Justice Wills said that "the case was clearly one in which the Act ought to apply, but does not."

During the year 1896 the Salvation Army authorities attempted to upset the decision of Mr. Slade in 1895, convicting them of gross overcrowding. The case was decided in favour of Mr. Slade. There is reason to believe that, in consequence of the proceedings undertaken from time to time by your Vestry, the numbers admitted to the Blackfriars Shelter have been materially decreased. Apart from that fact, however, the sanitary control over this large collection of poverty-stricken people, housed nightly in the building in question, is still in an unsatisfactory condition. The danger to the public health caused by a large nightly aggregation of persons practically out of the control of the District Sanitary Authority is beyond dispute. The obvious remedy lies in the inclusion of the Shelters within the Common Lodging Houses Act.

Respiratory Diseases.

TABLE IX.

Sub-District.	No. of Deaths—1896.			Total	No. of Deaths—1897.			Total
	Bronchitis	Pneumonia	Phthisis.		Bronchitis	Pneumonia	Phthisis	
Borough Road ...	64	35	34	133	47	41	67	155
London Road ...	51	40	18	109	39	34	42	115
Kent Road	59	49	22	130	71	48	63	182
Total	174	124	74	372	157	123	172	452

In 1892 the total mortality under this heading was 539, which fell to 419 in 1893, and to 363 in 1894, and has risen to 372 in 1896, and to 452 in 1897. These figures represent a rate above that of the whole of London. That excess may, I think, be somewhat closely connected with the dense acreage-population of the district, together with its large proportion of tenement dwellers and the prevalence of indoor occupation.

A good deal of the mortality among young children is due to lung troubles, which often follow measles and whooping cough.

The returns of deaths from consumption are not so heavy as one would expect in so densely crowded and poverty-stricken a district. At the same time it should be noted that the registrars have to depend for these figures on the death certificates, and there can be no doubt that a certain number of cases are not correctly described. This applies especially to alcoholism, and to such hereditary and constitutional disorders as syphilis and consumption.

Mortality of Infants and Children.

The death-rates of infants under one year, and of children under five years, afford valuable indirect evidence of the sanitary well-being of a community.

During 1897 the number of infants who died within the first year of life in St. George's was 400. These figures give the high rate of 189 deaths to every 1,000 births in St. George's as compared with 159 deaths per 1,000 births for London. The average rate for the years 1892-3-4-5-6-7, for St. George's was 191, as against 158 for London.

Of a total of 1,426 deaths at all ages in St. George's, 675 occurred under five years, which gives the large percentage of 47·3 of the total number of deaths. It is well known to specialists in children's diseases that "wasting" constitutes one of the commonest causes of death among infants. Thousands of children die every year in London simply because they are fed on food which they cannot digest, and which acts as an irritant to the stomach and intestines.

The following are the most prominent diseases causing the infant mortality under one year of age:—

TABLE X.

Deaths ...	1893.	1894.	1895.	1896.	1897.
Diarrhœa ...	43	54	41	35	84
Tabes Mesenterica (bowel phthisis) ...	16	10	27	30	22
Tubercular Meningitis, Hydrocephalus	10	12	10	14	4
Other Tubercular & Scrofulous Diseases	11	16	14	12	2
Premature Birth ...	36	44	39	28	31
Convulsions ...	41	63	69	42	29
Bronchitis ...	50	44	40	5	41
Pneumonia ...	24	16	38	38	30
Dentition ...	14	22	35	23	10
Whooping Cough ...	20	29	30	26	15
Suffocation in bed ...	12	20	16	15	13
Debility, Atrophy, and Inanition ...	84	88	69	65	45
Other causes not specified or ill-defined	6	8	24	44	24
Total ...	367	426	452	377	400

The many causes leading to loss of infant life in St. George's may be thus summarised:—

(1) Bad environment, such as insanitary conditions, overcrowding, and absence of parks and open spaces. (2) Improper and insufficient food. (3) Mismanagement through maternal ignorance. (4) Early marriages. (5) Debility, disease, and dissipation of parents. (6) Maternal neglect, due to mothers being more or less employed away from home in factories and workshops. (7) Use of opiates; usually in the form of patent medicines.

The question of how to lessen the excessive destruction of child-life is an important one. It is a complex result traceable to many causes, each of which demands careful consideration and separate treatment. Among general measures it may be broadly stated that anything which tends to raise the standard of wholesomeness of a district, will also help to diminish the infantile death-rate. Another valuable aid to prevention would be the education of parents generally in the simpler laws of healthy living with special reference to the diet and clothing of their offspring.



TABLE XI.

TABLE OF DEATHS during the Year 1897, in the Metropolitan Sanitary District of St. George's, Southwark; Classified According to Diseases, Ages, and Localities.

(Prepared in accordance with the instructions of the Local Government Board.)

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities.	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 65.	65 and upwards.	FEVERS.											Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, and Pneumonia, and Pleurisy.	Heart Disease.	Injuries.	All other Diseases.	TOTAL.
								Small-pox.	Scarlatina.	Diphtheria.	Membranous Group.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.														
Boro' Road	274	86	55	4	14	92	23	Under 5 5 upwds.	...	...	2	...	...	...	...	...	...	...	15	5	26	...	2	38	...	3	50	141	
London Road	319	121	52	13	7	97	29	Under 5 5 upwds.	1	...	1	...	...	1	1	...	...	1	13	10	31	1	24	25	30	...	6	79	173
Kent Road	431	158	100	12	13	106	42	Under 5 5 upwds.	...	1	...	...	...	2	...	1	...	30	11	40	...	1	67	1	...	12	95	258	
Evelina Hospital	159	61	79	19	...	...	...	Under 5 5 upwds.	...	1	...	...	...	...	...	...	...	2	20	13	...	2	34	43	18	3	66	173	
St. George's Workhouse	14	4	...	1	...	9	...	Under 5 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	65	140	
Royal Eye Hospital	2	...	...	...	1	1	...	Under 5 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	1	...	9	19	4
Bethlehem Hospital	20	...	...	...	1	4	15	Under 5 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	2
TOTALS	1219	430	286	49	33	309	109	Under 5 5 upwds.	1	2	10	...	...	3	1	...	1	1	60	46	110	...	10	154	3	...	25	231	716
								5 upwds.	...	1	3	...	...	...	...	1	1	3	1	4	5	85	107	64	...	13	212	503	
The subjoined numbers have also to be taken into account in judging of the above Records of Mortality.																														
Deaths occurring outside the district among persons belonging thereto	358	20	49	22	20	204	43	Under 5 5 upwds.	...	8	13	...	...	7	...	...	1	...	4	1	4	...	3	9	3	...	1	23	69
Deaths occurring within the district among persons not belonging thereto	151	50	60	16	2	8	15	Under 5 5 upwds.	...	1	4	...	...	...	...	...	...	...	15	7	...	7	12	2	...	3	59	110	
								5 upwds.	...	...	...	...	...	...	...	...	...	...	1	...	...	3	6	3	...	1	27	41	

TABLE XII.

TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1897, in the Metropolitan Sanitary District of St. George's, Southwark; classified according to Diseases, Ages, and Localities.

NOTE—The Population and Birth Columns that come first below are estimated on a Sub-District basis, while the rest of the figures are worked out in Ward Divisions as that is the practice followed by the Vestry.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate 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 HOSPITAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	Last Census	Estimated to middle of 1897.			Small-pox.	Scarlatina.	Diphtheria.	Membranous. Croup.	FEVERS.						Cholera.	Erysipelas.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		

SECTION II.—GENERAL.

Public Lavatory Accommodation.

During the year under report much attention has been displayed to the important subject of Public Lavatory accommodation.

Two old-fashioned structures above ground were demolished at the time of the Jubilee. Under the powers conferred by the Public Health (London) Act, 1891, your Authority constructed an Underground Convenience, for men only, near the "Elephant & Castle," in the year 1893.

Plans have been approved by the Vestry and await the result of Government Inquiry, for the construction of two additional Underground Conveniences, namely, one (for men only) at the Obelisk, St. George's Circus, and the other (for both sexes) at the junction of the Old and New Kent Roads.

Before leaving this important subject it may be well to add in the interests of the general public health the following suggestions which, if carried out, could hardly fail to add to the comfort and well-being of a poor and crowded population :—

(a). The provision at each of these points of accommodation for both sexes.

(b). Ample free accommodation for both sexes which appears to be imperatively called for in a poor district.

Alcohol.

In discussing the relation of alcohol to the general health of a district it is unfortunately impossible to obtain any large amount of evidence as to the directly bad effects of drink upon the community.

Thus while the mortality returns record comparatively few cases as due to "alcoholism" they are nevertheless enormously swollen by the indirect results of the abuse of intoxications. The latter appear under such headings as chronic diseases of the liver, the kidney, the brain and of other organs, or under the still more misleading description of "dropsy." However, on general grounds I may once more venture to assert that the drink problem nowhere presses for solution with more urgency than in a poor and crowded district such as St. George's, Southwark. It seems likely, judging from the general trend of public opinion, that the question of environment has much to do with the alcoholic craving of the individual. At any rate, as a whole the wealthier and healthier classes of society now-a-days consume less alcohol than the poorer.

If these observations and conclusions be correct it then becomes abundantly clear that whatever elevates the general physical well-being of any society is likely in the long run to lessen the abuse of alcohol therein.

Mortuary and Coroner's Court.

179 bodies were removed to the Parish Mortuary during the year 1897, as against 212 in 1896, 207 in 1895, 190 in 1894, 236 in 1893 and 191 in 1892.

This number includes bodies brought from the St. George's Workhouse.

Post-mortem examinations and inquests were held in 97 cases, and inquests alone in 16 cases.

During 1897, 13 young children were suffocated whilst lying in bed with their parents, as against 15 in 1896. This lamentable loss of life might have been prevented had these unfortunate children slept in cots.

The Factory and Workshop Act, 1891.

446 Workshops have been registered by your Authority since January, 1892, when the Act first came into operation. Of this number 43 have been added during the past year.

The Order remains only partly enforced in this parish, and will continue so unless some means be devised to lighten the more pressing duties of the Sanitary Inspectors.

In my Reports for 1893, 1894, 1895 and 1896, I said, that in my opinion, a special inspector would be required to carry the Order out thoroughly in your district.

This view of the question I would again respectfully urge upon the attention of your Vestry, especially considering the added duties imposed by the 1895 Act of Mr. Asquith.

The Factory and Workshop Act, 1895.

The chief points may be briefly touched upon. First and foremost the Act provides that a factory or workshop shall be deemed overcrowded if there be less than 250 feet of cubic space to each person during the hours of work, and of 400 cubic feet during overtime.

It authorises a Magistrate, on complaint of an Inspector, and being satisfied that a factory or workshop is in a dangerous or injurious condition, to prohibit the place from being used until such works as are necessary to remove the danger have been executed. Adequate penalties are provided against the employment of persons in work injurious to health, or for allowing wearing apparel to be made up, cleaned, or repaired in places where there is scarlet fever or small pox. It also directs that a full notification and register of deaths from accident be kept by owners or occupiers, and that the Factory Inspector attend the subsequent inquest, while the Home Secretary is furnished with powers for additional investigation if he deem fit.

Numerous provisions have been made with a view to enforcing the duties of employers in the observance of sanitation, of the fencing of machines, of the affixing of notices, and of the general carrying out of their responsibilities under the Act.

It is worthy of special note, that in the case of tenement factories the owner is made responsible in place of the occupier.

Housing of the Working Classes Act, 1890.

Under Part I, I have suggested that two areas should be dealt with as "unhealthy" as defined by the Act. These areas are:—(1) Grotto Place, Lower Grotto Place, Goldsmiths Place, and Lant Place. (2) Area bounded by (a) Pocock Street, (b) King's Bench Walk, (c) Wellington Place and (d) the new buildings of the London County Council in Green Street, and by the Pocock Street Board.

References to these suggestions will be found in my official weekly diary presented to the Health Sub-Committee on the dates 12th July, 19th and 29th November, 1897.

Summary of Representations, under Part II., made by the Medical Officer of Health during the year 1897.

TABLE XIII.

Premises.	Date of Official Representation.	Result.
20 Gerridge street, Westminster Bridge road	March 23rd	Rendered fit for habitation.
21 Gerridge street, Westminster Bridge road	„	Rendered fit for habitation.
Block 1 Green street (Artizans' dwellings, 1 to 28 inclusive) ...	October 19th.	Summonses adjourned <i>sine die</i> to enable owners to carry out necessary work.
Block 2 Green street (Artizans' dwellings, 1 to 28 inclusive) ...	„	Summonses adjourned <i>sine die</i> to enable owners to carry out necessary work.

Summary.

Houses and tenements, respecting which representations were made to the Vestry that they were in a state so dangerous or injurious to health as to be unfit for human habitation.

Houses and Tenements	...	...	...	...	58
Inhabitants	...	...	...	...	250

During the years 1892, 1893, 1894, 1895, 1896, and 1897, applications have been made for Closing Orders in the case of 319 houses and tenements unfit for human habitation.

These dwellings have sheltered upwards of 1500 persons, and I think some steps should be taken to re-house those whose occupations necessitate their living in or near the district. To effect this object, the necessary powers are given the Local Authority under Part III. of the Act.

As in previous years I would again respectfully commend the serious attention of your Sanitary Authority toward the equitable solution of this pressing problem.

Bakehouses under the New (1895) Act.

The general provisions of the Act enforces 400 cubic feet of air space for each workman engaged in a retail bakehouse. They also appear to allow the Local Authorities to proceed against the owner, as well as the occupier, for certain offences committed in any such bakehouses.

The special requirements of the Act, as regards retail bakehouses are as follows :—

“Section 27.—(1) Sections 34 and 35 of the principal Act shall apply to every bakehouse, and so much of those Sections as limits the operation thereof to cities, towns, and places, having a population of more than five thousand persons shall be repealed.”

(2) In Section 15 of the Factory and Workshop Act, 1883, the words "which was not so let or occupied before the first day of June, 1883," shall be repealed.

(3) A place underground shall not be used as a bakehouse, unless it is so used at the commencement of this Act, and if any place is so used in contravention of this Act it shall be deemed to be a workshop not kept in conformity with the principal Act."

It will be seen, after 30 years of tentative legislation, Government has recognised the fact that the underground bakehouses should cease to exist. The prohibition of any underground workplace used afresh as a bakery after the 1st January, 1896, may be reasonably regarded as a first step towards their entire removal.

The Notification of Infectious Diseases.

Certain maladies have been made notifiable in London since the passing of the Infectious Diseases (Notification) Act, 1889. They comprise:—small-pox, cholera, diphtheria, membranous croup, erysipelas, the disease known as scarlatina, or scarlet fever, and the fevers known by any of the following names:—typhus, typhoid, enteric, relapsing, continued or puerperal.

In 1897, the sum in fees paid to medical practitioners for notifying 679 infectious cases in St. George's, amounted to £76 15s. 6d.

This amount, paid in the first instance by your Vestry, is recouped by the Asylums Board, and charged to the Metropolitan Common Poor Fund. 75·9 per cent. of the total number of cases notified in the parish during 1897 were removed to the Asylums Board and other Hospitals. During 1892 67 per cent., in 1893 34 per cent., in 1894 44 per cent., in 1895 46 per cent., and in 1896 43 per cent. of such cases were treated in these institutions.

The decrease of admissions during 1893, 1894, 1895 and 1896, was due to the overcrowded state of the hospitals. It has been my duty to record for several years past the failure of the Metropolitan Asylums Board to provide sufficient infection accommodation, and I regret that the experiences of the past year show that there is urgent need for further hospital accommodation for such diseases. Last year I remarked in connection with the diphtheria outbreak in Cornbury Street, (p. 35 of 1896 Report.) "It also illustrates once more the short-comings of the Metropolitan Asylums Board in the provision of adequate infectious accommodation for that poverty stricken district."

It is important to bear in mind that prompt isolation alone can obviate the danger resulting from the detention of infectious patients in so poor and densely packed a district at St. George's.

Room Disinfection.

It will be within the memory of your Vestry that during the year 1896 a considerable amount of attention was given to the subject of room disinfection.

As a result of my personal experience and investigation I expressed the conclusion that the system of administration as then practised was imperfect. Among the chief cause of such imperfection the following were mentioned (page 24 of my Annual Report, for 1896):—

- (a) Want of a refuge house.
- (b) Want of a larger staff of disinfectors.
- c) Want of a special inspector to deal with infectious diseases.

(d) Want of promptitude of the Asylums Board in the removal of cases.

With regard to the foregoing it may be stated that a Refuge House has been established and is in working order; that an addition has been made in the staff of disinfectors in the person of a superintending disinfecter who, with his wife, is to live in the Reception House; and that the question of the special inspector is still under consideration. Lastly, the want of hospital accommodation in the Asylums Board Hospitals is still a standing source of complaint. At the request of your Vestry in January 1897, I drew up a Provisional Code of Rules for the guidance of the Disinfectors. With some slight alterations and additions, chiefly verbal, the code has been adopted and is now in force. (See p. 28).

Reception House.

This link in the preventive handling of infectious diseases is no less necessary than the allied measures of notification, isolation and disinfection. In a poor and crowded parish it is imperative to provide a temporary shelter for persons in whose homes disinfection is being carried out.

It may be remarked that the fumigation of a room with sulphur and its subsequent ventilation cannot be performed with due regard to the safety and comfort of the inmates under a space of 24 hours. In this way disinfection, if thoroughly carried out, entails the temporary dislodgment of families. Indeed, so great has been this drawback, especially in the case of one and two-roomed tenements, that it has been hitherto the custom in this Vestry to carry out disinfection during the day and to allow the inmates to sleep in the disinfected rooms the same night. The provision of a Reception House, however, now permits persons thus displaced to sleep therein for one or two nights.

A further advantage of this arrangement is that it allows the Sanitary Authority to cleanse or strip the walls in cases where such a proceeding may be deemed necessary.

Lastly, the personal clothing of all who come into the Reception House may be disinfected.

The rules for the guidance of the Caretaker and for the regulation of the inmates have been drawn up by myself and approved by the Vestry. A copy of them will be found in the Appendix (p. 31).

House to House Inspection.

The first section of the Public Health (London) Act, 1891, directs that a house to house inspection shall be made by the Local Authority. Such a visitation as that intended by the framers of the Act, was for the first time in the history of this parish, commenced in 1894.

During 1897 such inspections have been made of 1300 houses as against 1665 in 1896, and the results of such visits have been entered into the registers kept for the purpose.

To repeat the words made use of for the last three years, I may, perhaps be allowed to add my opinion that this system of house to house inspection is likely to do more towards raising the general health standard of your district than any single step yet taken by your Vestry.

Houses Let in Lodgings.

So far, 399 dwelling houses, inhabited by the poorest classes, have been registered in conformity with the Bye-Laws.

In this parish, houses built on the so-called "model" or block system, and accommodating upwards of 12,800 inmates, at present escape the salutary provisions of the new bye-laws. These dwellings, often inhabited by the uneducated and unruly poor, are for the most part badly supervised.

I would beg once more to enter my protest that such "models" should be included, in the interests of the public health, within the purview of the new Tenement Bye-laws. Such a reform could be accomplished by means of an amendment of the Public Health Act.

During the past year Miss Elliott has done good work as regards cleansing and the abating of overcrowding.

Falcon Court and Neighbourhood.

Last year there appeared to be every likelihood that the unwholesome area of Falcon Court and its neighbourhood would be swept away at an early date and replaced by an open air-space.

A Local Government inquiry was held in that year and the necessity was insisted upon of housing the population that would be displaced under the scheme. Accordingly the London County Council prepared plans for the erection of artisans' dwellings in the Borough Road. These plans were submitted some months ago to the Local Government Board and are still under consideration.

Representations have been made by your Vestry to the London County Council pointing out the urgency of the case and the continued delay in carrying out the proposed scheme.

It is sincerely to be hoped that this important addition to the healthfulness of the parish will be accomplished before the end of another year.

SECTION III.—SPECIAL REPORTS.

As Medical Officer of Health for the Parish of St. George the Martyr, Southwark, my attention has been drawn to Extracts from a letter from Mr. C. J. Edwards (copy appended) to the Local Government Board. In connection therewith I have been instructed to prepare a Special Report for presentation to the Local Government Board. Mr. C. J. Edwards, proprietor of the Bridge House Tavern, 30, Borough Road, in the letter in question complained of the "disgraceful and dangerous state" of the tenements in King James Street, Southwark. He spoke generally of the high death rate of the parish, and requested a sanitary report in the undermentioned places:—

Sussex House (King James Street), Gun Street, Flint Street, Hill Street (Borough Road,) Market Street (Borough Road), Gray Street, and Pontypool Place. Finally, he objected to a public urinal situated near the Obelisk.

The following report will deal—1st, with details of the above places taken in order as mentioned; 2nd, with the general remarks made by Mr. Edwards; 3rd, comments on numbers 1 and 2.

PART I.

King James Street, is a medium-sized thoroughfare 20 feet across from house to house. The roadway is of macadam which requires repairing, the foot pavement is good but the gutters are defective. It contains about 50 houses, which are on the whole in fair repair, especially Numbers 20 to 38 (even numbers inclusive) which are comparatively new. For the most part they are 4, 6, and 8 roomed houses, with small back yards. From time to time during the past five years, I have visited all—or almost all—the houses in this street, and have not noticed anything much amiss with the interiors. The population is dense, but not more so than other parts of the District. There are many children, who perforce make a play-ground of the street.

Drainage.—Closets are in the back yards. No complaints have been made to me as to drainage or sewers in this street. Sussex House is a large industrial dwelling with its main entrance opening on King James Street. It has 21 tenements of one or two rooms each and is generally full of tenants. It is in an average state of repair. The water supply is from cisterns. The water closets are of the long-hopper pattern flushed from separate cisterns. Soil pipes and drains are ventilated, but by means of the soil pipes only. Complaints as to this house have been mainly defects in the closets, dirty rooms, and overcrowding. On the 11th, February 1897, however, I found the passage at the back of the ground-floor flooded with $3\frac{1}{2}$ inches of fluid apparently due to a back flow from the sewers. The main sewers in Silex Street and King James Street were opened up and a blockage removed, when the Sussex house basement was relieved of the flooding.

Gun Street is a thoroughfare 28 feet wide, with macadam roadway, foot pavement, and channelling all in fair repair. It is formed by two large buildings, namely, Gun Street Artisans' Dwellings, Blocks, 1 and 2, which contain 56 one and two roomed tenements. These buildings are densely populated.

Proceedings under the Housing of the Working Classes Act have been taken on three occasions within the last five years, but have failed from impossibility of proving ownership and for other reasons. Notwithstanding, a good deal of improvement has been effected, but the habits of the inmates make it hopeless to keep any decent standard of cleanliness and sanitation for any length of time. The following extract from my 1894 Report (page 27) will show what was done in that year:—"After four adjournments, Closing Orders granted, which lay 'in the interests of the unfortunate tenants' in the magistrate's office, pending the carrying out of the following requirements which were accomplished:—Ventilation pipes (4) and drains remedied; dust shoots and doors repaired; water-cisterns on roofs cleansed, covered and removed from close proximity to the soil ventilating pipes; improved water supply provided; general repairs and cleansing done; owner fined £10 and 1 guinea costs in each case, or in default of distress one month's imprisonment for each offence." Flint Street (by which name Mr. Edwards evidently refers to what is now known as Silex Street.) No houses open into this street. It is 28 feet across from wall to wall. At present the street is closed at one end by boarding. The roadway is earth and thin macadam in bad repair and full of holes. There is an asphalt foot pavement abutting on to the Gun Street Dwellings. It contains dustbins into which is shot the house refuse from Sussex house and Gun Street Industrial Dwellings. This street appears to be a general dumping ground for refuse of all kinds, much of which is thrown from adjoining windows. The street is cleansed, so I am informed, twice a week by the Vestry's scavengers. The sewer underneath this street has been opened twice to my knowledge within the last five years. It was answerable for the sewage flooding in Sussex house. The sewer of this street appears to be defective.

Kell Street, Borough Road (which is evidently the "Hill Street" of Mr. Edward's letter), is fairly well paved with stones of various sizes: foot pavement and gullies good. It is 18 feet across. There are eight inhabited houses only in this street. The rest have been closed under two Acts, 14 by my predecessor under the Nuisances Removal Act, 1855, which prevents the Vestry from pulling them down; the 11 remaining have been closed and demolished during my tenure of office under the Housing of the Working Classes Act, 1890.

The eight houses are now in good habitable condition. Formerly they were damp and liable to flooding from underground springs, but drainage has remedied that defect.

The general condition and cleanliness of the street is satisfactory.

Market Street, Borough Road, is now called Dantzic Street. It is 24 feet across, the roadway of macadam, fairly level, and foot-paving and channelling good. It contains about 50 houses, in fairly good repair, outside and inside. Each is supplied with a sanitary dustbin, an outside flush water-closet, and water from the main. No complaints have been made to me as to the sewers of this street. Nineteen of the houses in this street are registered and systematically inspected under the Tenement Bye-laws. The general surface condition of this street is bad, so far as vegetable refuse and other rubbish is concerned.

Gray Street, Waterloo Road, contains about 150 houses, each with six to eight rooms. It is 30 feet across. Its roadway is macadam in fair repair, foot-pavement and channelling fair.

The general condition of the houses is pretty good as to cleanliness, although the rooms are small; and in numbers 2 to 34 (even numbers inclusive) there are low-pitched dark basement dwelling rooms. The population is dense, but the street has not yet been placed under the tenement bye-laws. On the whole the condition of the street is fairly good. The sewer is provided with a single ventilator, which, however, is choked. Some years ago a complaint was made as to a nuisance issuing from the street gullies. The latter were renewed and no similar trouble has since been reported.

Pontypool Place is a passage from 4 to 10 feet across. It has a single side channel in bad repair. No houses are left in this street, as they have all been closed under the Housing of the Working Classes Act.

Its general condition as to cleanliness is fairly good.

PART II.

General remarks made by Mr. Edwards.

The general statements made by Mr. Edwards are so vague and cover so much ground that it would be simply impossible to attempt to discuss them here at length. He advocates a system of House to House inspection, evidently ignorant of the fact that such a plan has been in force in this parish for the past three years. His suggestion that such an inspection would in some way prevent out-break of fever or small-pox is, from a sanitary point of view ludicrous. He speaks of the high death-rate of the parish, but may be reminded that it has fallen steadily from 30 in the decade 1841-50 to 22.9 in 1896.

PART III.

COMMENTS ON PART I. AND II.

With regard to the places mentioned by Mr. Edwards I may say :—

(1) During the five years in which I have acted as your Medical Officer of Health they have all of them been substantially improved in their sanitary condition.

(2) The weakest sanitary point appears to be in the sewers, and there can be little doubt that the sewer in Silex Street requires inspection and possibly relaying.

(3) The uncleanly state of the Artizan Blocks in Gun Street is in part due to deficient superintendence, but mainly to the habits of the tenants.

(4) The state of the streets as to rubbish is due to the manners of the inhabitants and partly to want of daily systematic scavenging.

(5) The want of tidiness both in streets and houses is not greater than one would expect in a poor neighbourhood densely populated by costermongers and other working folks.

(6) Mr. Edwards appears to be somewhat behind the times not only as to House to House inspection but also in other matters. He complains, for instance, of Pontypool Place, which has been demolished for more than a year. Kell Street, again, so far from being a "terrible hot bed of disease" for two years at least, has been reduced to a clean and quiet side street, containing only eight houses.

(7) As to the urinal near the Obelisk it was done away with before the end of June last. Its condition has from time to time engaged the attention of the Vestry.

SUGGESTIONS.

In conclusion the facts of this report suggest to my mind the following recommendations :—

(1) That asphalt paving be laid in Silex Street, and King James Street should be either macadamised afresh or asphalted.

(2) That daily scavenging be instituted in all the streets named.

(3) Inspection and report upon state of sewers in the streets named with alteration or relaying where needed.

(4) That the attention of Government be drawn to the defect in the law which prevents the inclusion of such buildings as those in Gun Street being registered and inspected under the Tenement Bye-laws with respect to houses let in lodgings; and which permits huge aggregations of small tenements to exist in the shape of so-called "model" and "industrial" dwellings

29th June 1897.

(The suggestions made in above Report have not yet been carried out.)

(copy.)

Bridge House,

30, Borough Road,

London, S.E.

February, 1st, 1897.

To the Chairman of the

Local Government Board,

DEAR SIR,

Will you permit me to call the attention of your Board to the very disgraceful and dangerous state of the tenements of King James Street, Southwark. I may say that I was requested to go and see the state of a building called Sussex House situated in King James Street and must say that I never saw buildings in such a filthy and disgusting state, and I feel quite sure that unless something is done in this district by the way of a House to House inspection that we shall have an outbreak of fever or Smallpox. If you refer to the death rate of this parish, you will find it very high, and having regard to the excessively high rates I think it nothing short of a public scandal that this state of affairs should be allowed to exist.

I may say that I have for years been trying to get our Vestry to deal with these terrible hot beds of disease but, if it is possible, matters seem to go from bad to worse. I can assure you, Sir, as a resident in this parish of nearly forty years standing that scores of respectable ratepaying families are being driven out of this parish every month.

As a large ratepayer I should like to ask your Board to make an independent sanitary survey of the following places, viz:—Sussex House, King James Street, Gun Street, Flint Street, Hill Street, Borough Road, Market Street, Borough Road, Gray Street, Waterloo Road, Pontypool Place, in fact, I would take any gentleman that liked to go with me, and undertake to show him places in this parish that are simply a disgrace to civilization.

I would also like to call the attention to an urinal at the Obelisk Cab Rank that has been, and still is, a disgrace to this Parish, robbing and disgusting scenes being enacted every night, which will be borne out by every resident within sight of this place.

I am, Sir,

Yours faithfully,

(Signed) C. J. EDWARDS.

Special Report to the Vestry of St. George the Martyr, Southwark.

The following report has been prepared by me in accordance with a resolution passed by the Public Health and Sewers Committee on September 30th and confirmed by the Vestry on the 5th of October 1897, to the effect.

“That the Medical Officer of Health be instructed forthwith to inspect the buildings (Edward House, Lawrance House and Wilfrid House, Potier Place) and report thereon to this Committee as to their present condition, and suggesting any remedies he may deem desirable; such report to be presented to a Special Meeting of the Committee to be held on Wednesday next, the 6th prox, at 6.30 p.m.—Resolved.”

It may be stated generally that the sanitary condition of Edward, Lawrance and Wilfrid Houses, although not of a good standard, is nevertheless hardly bad enough to warrant a Closing Order under the Housing Act. These particular blocks have been a source of constant anxiety to your sanitary officials. About three years ago one of them (Wilfrid House) was certified by me, as your Medical Officer of Health to the Vestry for Closing Order proceedings in default of certain alterations. The alterations were made, chiefly in the direction of water supply and of water closets, not only in Wilfrid House but also in the other houses under report. On the whole, the sanitary condition of all three blocks may be said to have been distinctly improved of late years. At the same time it must be admitted that there is room for improvement. Many of the defects are structural, such as roofs and ceilings, and cannot be said to be directly dangerous to health. The water supply is good. Water closets are of modern pattern, although occasionally blocked, owing to the habits of those who make use of them. The dust storage and disposal, especially in Wilfrid House, requires a fresh arrangement.

The main feature as regards water closets is the occasional stoppage. I am told by the occupants and the keepers of these blocks, that a number of non-resident persons resort to the passages, staircases and roofs and use the water closets, both by day and by night. The stoppages of drains are said to be commonly caused by clothes and other objects thrown into the closets either by occupants or by the outside public. The regulation of these casual intruders appears to be a matter to which the attention of the police may very properly be invited.

The actual details of the inspection both by myself and by the District Inspector, Mr. Ralph, will be found in an Appendix to this report. (See p. 39.)

As to remedies, I should advise:—

(1) Police supervision so far as may be legal, to keep non-residents out of these houses.

(2) A resident caretaker in each block. (At present none in Wilfrid and Lawrance Houses.)

(3) That the dust shoot of Lawrance House should be done away with, and that a galvanised sanitary dust bin or bins be placed in the yard between Lawrance and Wilfrid Houses for the use of both blocks.

(4) A daily dust collection in all three blocks.

(5) An examination of drainage system of blocks.

(I may add that steps have been taken to remedy structural defects.) With regard to the whole question of these blocks, the attention of the Vestry may be called to a passage in my Annual Reports for 1894, 5 and 6, which reads as follows:—

“In this parish, houses built on the so-called ‘model’ or block system, and accommodating upwards of 12,800 inmates, at present escape the salutary provisions of the new bye-laws. (for Houses let in Lodgings.) These dwellings, often inhabited by uneducated and unruly poor, are for the most part badly supervised.”

Supplementary Report.

It will be within the memory of the Vestry that in compliance with the request of the Public Health and Sewers Committee, I reported, on the 19th ultimo, as to the insanitary condition of Wilfrid, Lawrance and Edward Houses, three lofty blocks of tenements situated in a narrow street known as Potier Place, Bermondsey New Road. At the same time I threw out certain suggestions—asked for by your Committee—with a view to improvement in the bad system now in vogue of dust-disposal, and in other matters of importance connected with these dwellings.

When I submitted my report to your Health and Sewers Committee, I promised to supplement it by furnishing you with some account of the condition of the drainage system of the blocks in question. With this object in view, the house drains have now been opened up and tested, with the result that official notices have been already served upon the owners calling upon them "to take up and entirely reconstruct the said drains with the best stoneware pipes, properly cemented and laid on Portland cement concrete. The drains to be laid perfectly even, with a fall of not less than 1 in 30, and to be covered with Portland cement concrete;" also, "a suitable disconnecting syphon with air inlet, as near the street drain as practicable," to be supplied. Mr. Winter, your Surveyor, informs me that the Vestry's sewer in Potier Place, into which Edward, Lawrance and Wilfrid Houses drain is "according to the Parish Drainage Map, a 9-in pipe sewer about 8 feet in depth. It discharges into the County Council's main sewer in Bermondsey New Road, and continues up Potier Place for a distance of about 200 feet." On examination I find that the Potier Street sewer is unprovided with any means, save by street gullies, of ventilation or of flushing. In view of the doubt recently thrown on the Parish Drainage Map I would strongly advise that steps be taken to ascertain the exact state of this sewer. We know, as I have already said, that it has neither ventilation nor flush, and as it appears to be an old sewer, its condition should be forthwith investigated. I can, therefore, with confidence, advise that the following suggestions be carried out, namely:—

(1) The immediate opening up of the Potier Street sewer in order to decide whether or not it is properly jointed and laid with a sufficient fall towards the Council's main sewer.

(2) In any case the blind end of the sewer to be provided with an automatic flushing tank to discharge 400 gallons of water at a time.

(3) Or in lieu of the flushing tank a 6-in. stoneware pipe with lid to be laid vertically to join blind end of sewer by means of which water may from time to time flush sewer from a 400 gallon water van, and

(4) A 6-in. iron ventilating shaft in connection with the end of the sewer to be erected (if permission be granted) outside the leather factory adjoining Edward House.

(The Vestry has resolved to carry out all the above suggestions.)

Special Report upon overcrowding in Domestic Workshops.

With reference to the following direction from your Vestry, passed on the 21st September, 1897 :—

“That the Medical Officer of Health be instructed to bring up to the next meeting of this Committee (the Public Health and Sewers Committee) a Report on twenty cases of overcrowding in domestic workshops where a certificate can be given and a legal prosecution instituted and a conviction obtained.”

I beg leave to apply for further directions. as I have found great legal difficulties in the way of interpreting the terms of your resolution. It may be well to state shortly the position of a Medical Officer of Health with regard to domestic workshops.

The sanitary control of domestic factories and workshops has been exempted from the Factory and Workshop Acts, 1878 to 1895, and placed in the hands of the Medical Officer of Health and his Sanitary Inspector. The domestic workshops mentioned in your resolution, therefore, fall under the supervision of the Sanitary Authority of this parish, according to the Public Health (London) Act, 1891. By the latter Act the Medical Officer of Health is empowered to fix his own standard as to the amount of cubic space to be allowed to each worker and to use his own judgment as to what constitutes overcrowding. The magistrate judges each case on its own merits and may or may not adopt the views of the Medical Officer of Health.

In view of the extreme difficulty of these overlapping Acts, I have thought it best to make the foregoing statement as to the powers of the Sanitary Authority and its Medical Officer of Health in regard to domestic workshops, which may not have been quite clear to the Vestry when the resolution was passed. At the same time it would materially lighten the position if the Vestry would inform me whether the terms of that resolution were suggested by any specific written statement made by me as Medical Officer of Health.

It need hardly be added that this important matter of overcrowding in domestic workshops will engage my best attention.



Special Report on Code of Rules for Disinfection of Premises for the Guidance of Disinfectors.

It will be within the memory of the Vestry that in January last, in accordance with the request of the Vestry, I presented a "provisional code of rules for disinfection of premises for the guidance of Disinfectors." The document was referred back to me by the Vestry for further consideration and report. After mature reflection I have come to the conclusion that, so far as my experience goes, the report calls for alteration in a few details only. The amended report I, therefore, present to the Vestry, and shall be glad to consider any suggestions as to amplification or modification of the practical details of disinfection. The rules in question read as follows:—

VESTRY OF ST. GEORGE THE MARTYR, SOUTHWARK.

PUBLIC HEALTH DEPARTMENT.

CODE OF RULES FOR DISINFECTION OF PREMISES FOR THE GUIDANCE OF DISINFECTORS.

On receiving notice from the Sanitary Inspectors of the need of disinfecting a room or rooms, the disinfectors are to carry out the following instructions:—

1. In every case the premises must be disinfected (if possible) on the day of receipt of such notice from the Inspector, and that the disinfectors attend at the Health Office at half-past nine each morning for the purpose of receiving instructions.
2. Every room that has been exposed to infection must be disinfected.
3. Subject to the above requirements the convenience of parishioners must be studied, and any complaint of incivility or of neglect in following out these rules will be regarded as a serious breach of duty.
4. Before burning the sulphur all gilt, lacquered or copper fittings or ornamentation should be removed from the room, washed with a cloth wrung out of carbolic acid solution (1 in 30), and placed outside the door; also all portable textile articles such as beds, bedding, carpets, curtains, wearing apparel and the like, shall be removed in canvas bags for disinfection in the steam apparatus, after a list has been made.
5. The chimney opening, windows, ventilators, cracks, apertures, and doors shall be securely sealed by means of thin brown paper and paste, a supply of both of which materials shall be kept at the disinfecting station.
6. Sulphur candles, to amount to $1\frac{1}{2}$ pounds of sulphur to 1,000 cubic feet of air, shall be burnt in an iron bucket or pail, provided by the Vestry for the purpose, and no other method shall be used.
7. In every case the room must remain sealed up for six hours at least; eight hours if it can be arranged.
8. The disinfectors shall, after six hours or longer, call at the premises, unseal the room, throw the door and windows wide open, and advise the occupier to let the room be thus freely exposed to the fresh air for (if possible) twenty-four hours. If that length of time cannot be arranged, the room must be left open as many hours as can be managed.

9. All infected goods ordered to be burnt shall be forthwith removed in the truck to the Incinerator.

10. On completing the disinfection of a room, notice by means of the signature of the disinfecter shall be entered in the book kept for that purpose.

11. Where overalls are worn by disinfectors, they should be passed through the steam apparatus after each exposure to infection.

12. The canvas bags for conveying infected articles must be passed through the steam apparatus after each exposure.

13. The infected goods truck to be sulphured after each conveyance of infected articles.

In conclusion, I would advise the Vestry to cause the foregoing Rules to be printed, framed, and hung up in the chambers of the disinfecting house.

This Report was, in accordance with the resolution of the Vestry, submitted to the Public Health Committee, when the following suggestions of the Committee were accepted by me namely:—

Under (4) the addition of the word "mattresses" after "beds" and under (6) the substitution of "iron vessels" for the words "an iron bucket or pail," and of the words "when disinfecting with sulphur" after "used" at the end of the paragraph.

In concluding this report, I may once again congratulate your Vestry on another year of progress in health matters.

It is true that the rise of .3 in the death-rate checks the steady annual decrease of previous years, but the increase is so slight as to have little significance when taken alone. It is gratifying to recognise the considerably advanced standards of general health in your parish, and in my opinion those results may be to no small extent traced to the zeal and competence of the Sanitary Inspectors who share my anxieties and labours.

So long as I am honoured with the confidence of your Vestry it will be my earnest endeavour to carry out the duties of the important office with which I have been entrusted, with all necessary care and vigilance.

I have the honour to be,

Your obedient Servant,

F. J. WALDO,

Medical Officer of Health.

1, Plowden Buildings, Temple,
February, 1897.



APPENDIX.

Provisional Code of Regulations for the Caretaker of the Reception House.

(1) To keep the buildings in a cleanly state, and to wash them out as often as may be necessary, except when in occupation, at which time the residents shall be responsible for this duty.

(2) To keep an inventory of all property in the Reception House, and to report forthwith any loss, defect or damage of such property to the Medical Officer of Health.

(3) To lock up all rooms not in use, and to check the inventory at the time of each departure of a family from the Reception House.

(4) On receipt of a notice that the Reception House will be required to see to the lighting of the necessary fires and to the provision of hot water for bathing.

(5) To see that all clothing of persons be—at the time of entry to the Reception House—removed for disinfection.

(6) To keep a book, to be provided by the Vestry, in which she shall enter the names, ages, and hours and date of arrival and departure of occupants of the Reception House.

(7) To see that the Regulations for persons occupying the Reception House be observed, and any breach of the same to be immediately reported to the Medical Officer of Health.

(8) To report at once to the Medical Officer of Health any damage to the Reception House or to the properties contained therein and belonging to the Vestry.

(9) To see that the occupants of the Reception House behave themselves in a decent, orderly and sober manner.

(10) As soon as convenient—after the departure of a family—to wash the rooms, bedding, bed-clothing, towels and other small articles that have been used, and to put away the cooking and other utensils in a cleanly condition.

By Order.

F. J. WALDO,

Medical Officer of Health.

Provisional List of Duties of the Superintending Disinfecter.

(1) To reside, with his wife, in the building which adjoins the Reception House.

(2) To be responsible for the due carrying out of the Rules for Disinfection (see page 28) together with those in force in connection with the Vestry's Steam Disinfecter.

(3) To see that the Disinfecting Voucher Book—for the delivery of infected and return of disinfected goods—be properly kept.

Provisional Code of Regulations for Persons occupying the Reception House.

NOTE:—This Building is only intended for the temporary shelter of persons whose homes are undergoing disinfection.

(1) All persons are required on their arrival to take a bath, and have their clothing disinfected.

(2) Occupants shall at all times keep their rooms and cooking utensils in an orderly and cleanly condition.

(3) Persons shall occupy the Reception House only during the period that their rooms are undergoing disinfection. When this process has been completed, the caretaker will inform them of the fact, and they shall immediately vacate the Reception House.

(4) When for any reason it is impossible for the occupants to return to their previous homes, three days shall be allowed to them to procure new lodgings, and such time shall reckon from the hour and date on which they enter the Reception House.

(5) No person not being a temporary occupant shall be permitted to visit the Reception House on any pretence whatever, except with the written permission of the Medical Officer of Health or in his absence of the Chief Sanitary Inspector.

(6) Every occupant of the Reception House shall return for the night not later than 10 o'clock.

(7) Every person occupying the Reception House shall at all times behave in a decent, orderly and sober manner, and every person not so behaving shall be liable to instant discharge by the caretaker, who has received instructions to rigidly enforce this rule.

(8) No person shall partake of intoxicating beverages, except with their meals, and under no circumstances will children be allowed to leave the Reception House for the purpose of procuring alcoholic drinks.

By Order,

F. J. WALDO,

Medical Officer of Health.

If the foregoing Rules and Instructions be adopted by the Vestry, I would advise that they be printed and hung up in each of the tenements within the Reception House.

Report of the Chief Sanitary Inspector.

I beg to present the following report for year ending the 31st December, 1897 :—

During the year 301 complaints of nuisances have been made and entered in the official register kept for that purpose.

4 notices have been served in respect of 58 houses or tenements under the Housing of the Working Classes Act, 1890.

587 inspections have been made relating to tenement houses under the Customs and Inland Revenue Acts.

40 inspections have been made of houses newly erected or pulled down to or below the ground floor, and rebuilt during the year, and

40 water supply certificates have also been granted under section 48 of the Public Health (London) Act, 1891, relating to 142 houses and tenements.

Workshops.

446 workshops are now on the register, 43 have been registered during the year, 543 visits have been made, and 47 notices served in relation thereto.

ADULTERATION ACTS, 1875—1887.

AND

MARGARINE ACT, 1887.

Samples submitted to the Public Analyst.

Name of Sample.	Margarine	Adul- terated.	Unadul- terated.	Total.
Milk	—	3	48	51
„ 2 (deficient in cream) ...	—	—	—	2
Butter	—	4	21	25
Margarine	4	—	—	4
Pepper	—	—	1	1
Coffee (labelled as a mixture) ...	—	1	—	1
Lucca Oil	—	—	3	3
Lard	—	—	1	1
Whisky (Irish)	—	—	1	1
Rum	—	—	1	1
Arrowroot	—	—	1	1
Soda Water	—	—	1	1
Total	4	8	78	92

The above Table shows 15.3 per cent. of the samples to be to the prejudice of the Purchaser.

The samples submitted in the proceeding five years are as follows :—

1892—Samples	71.	26.5	per cent.	adulterated.
1893	79.	25.6	„	„
1894	85.	21.1	„	„
1895	109.	22.0	„	„
1896	87.	20.3	„	„

Fines imposed for adulteration and contravention of the Margarine Acts for the year, amount to

Allowed Costs	£63	0	0
	8	4	6
	£71	4	6

Unsound Food Seized and Destroyed.

4 barrels, about 4 cwt. of Rae or Roker Fish, 8 Oxtails, 420 heads of Broccoli, 1½ barrels of Oysters, 29 boxes of Strawberries, about 3 cwt. of Pork, Beef and Mutton, and 28 lbs. of Bread.

Bedding, &c., Disinfected.

Lots of bedding disinfected during the year	...	...	...	569
Apartments disinfected during the year	...	...	...	587
Lots of bedding destroyed during the year	...	...	...	3
Scarlet Fever Cases	...	...	...	467
Diphtheria Cases	...	...	...	13½
Typhoid Fever Cases	...	...	...	14
Miscellaneous Cases	...	...	...	53
Total Cases	...	...	...	568

School Notices sent to Head Teachers.

692 notices under section 55, sub-section 4, Public Health (London) Act, have been sent to head teachers of schools attended by any patient suffering from infectious disease, or by any child who, being an inmate of the same house, as the patient is attending school.

Summones Issued during the Year.

Adulteration Act	...	...	...	12
Unwholesome Food...	...	...	...	3
Margarine Act	...	...	...	6
Nuisances P.H. (London) Act	...	...	...	17
Housing of the Working Classes Act	...	...	...	2
Contravention of Bye-Laws for Tenement Houses	...	...	...	6
Contravention of London County Council Bye-Laws	...	...	...	10
Letting newly-built house without obtaining water-supply certificate	...	...	...	1
For not complying with notice to cleanse workshop	...	...	...	1
Total	...	...	...	58

The disinfectants supplied to the Vestry by contract have been analysed and found to be equal to the specification.

JOHN EDWARDS, Assoc. San. Inst.,

Chief Sanitary Inspector.

The following Reports are a summary of work done by Messrs. Weatheritt, Simpson, Ralph, and Miss Elliott, Inspectors.

Report of Work done in Ward No. I.

For the Year ending December 31st, 1897.

House to house inspection	...	...	...	...	...	196
Other inspections	...	...	...	...	...	936
Re-visits	...	...	...	...	...	2252
Intimations served	...	...	...	...	...	572
Official Notices served	...	...	...	...	...	467
Total						4423

RESULTS.

House drains re-constructed	...	...	...	...	...	28
New drains	...	...	...	...	...	1
Drains repaired	...	...	...	...	...	33
Drains trapped	...	...	...	...	...	40
Drains unstopped	...	...	...	...	...	31
Drains tested with chemicals	...	...	...	...	...	134
" " water	...	...	...	...	...	12
" " smoke	...	...	...	...	...	6
Water-closets unstopped	...	...	...	...	...	29
" repaired	...	...	...	...	...	197
" supplied with water	...	...	...	...	...	60
" provided with new fittings	...	...	...	...	...	39
" cleansed and limewashed	...	...	...	...	...	30
" ventilated and lighted	...	...	...	...	...	1
New water-closets	...	...	...	...	...	60
New soil-pipes	...	...	...	...	...	12
Soil-pipes ventilated	...	...	...	...	...	3
" repaired	...	...	...	...	...	1
New dust-bins	...	...	...	...	...	126
Dust-bins repaired	...	...	...	...	...	32
Dust Shoots removed from the inside of living rooms	...	...	...	...	...	—
" repaired	...	...	...	...	...	6
Premises cleansed throughout	...	...	...	...	...	89
" partly cleansed	...	...	...	...	...	230
Water supply provided to dwelling houses	...	...	...	...	...	26
" fittings repaired	...	...	...	...	...	14
Water cisterns covered	...	...	...	...	...	6
" " repaired	...	...	...	...	...	6
" supplied from the main	...	...	...	...	...	3
Yard pavements relaid	...	...	...	...	...	22
" " repaired	...	...	...	...	...	72
" walls limewashed	...	...	...	...	...	19
Roofs repaired	...	...	...	...	...	68
Damp wall remedied	...	...	...	...	...	56
Walls repaired	...	...	...	...	...	23
Ceilings	...	...	...	...	...	26
Rainwater pipes disconnected	...	...	...	...	...	9
" " repaired	...	...	...	...	...	45
" " cleared	...	...	...	...	...	4

Sink waste pipes disconnected	...	...	...	...	6
" " trapped	...	...	...	...	13
" " cleared	...	...	...	...	6
New sinks	...	...	...	...	2
New sink waste pipes	...	...	...	...	7
Floors ventilated	...	...	...	...	151
" renewed	...	...	...	...	25
" repaired	...	...	...	...	119
Occupation of underground rooms discontinued	...	...	...	...	5
Workshops limewashed	...	...	...	...	18
Overcrowding Nuisances abated	...	...	...	...	32
Animals improperly kept	...	...	...	...	1
Foul accumulations removed	...	...	...	...	34
Dung receptacles provided	...	...	...	...	5
" " repaired	...	...	...	...	2
Staircases cleansed...	...	...	...	...	11
" lighted	...	...	...	...	6
Miscellaneous	...	...	...	...	83
Bakehouses inspected	...	...	...	...	21
Cowsheds	...	...	...	...	2
Slaughter houses inspected	...	...	...	...	1
Knackers' yard	...	...	...	...	1
Gut Scraping premises inspected	...	...	...	...	1
					<hr/>
					2262
					<hr/>

JAS. WEATHERITT, Assoc. San. Inst.,

Sanitary Inspector.

Report of Work done in Ward No. II.

For the Year ending December 31st, 1897.

House to house inspections	...	...	...	...	462
Other inspections	...	...	...	...	456
Re-visits	...	...	...	...	1902
Intimations served	...	...	...	...	555
Official notices served	...	...	...	...	457
Total					<hr/>
					3832

RESULTS.

Drains new	...	...	...	...	1
" reconstructed	...	...	...	...	39
" repaired	...	...	...	...	18
" trapped by gully traps	...	...	...	...	35
" unstopped and cleansed	...	...	...	...	37
" ventilated	...	...	...	...	16
Water closets cleansed	...	...	...	...	33
" " repaired	...	...	...	...	8
" " supplied with water	...	...	...	...	36
" " fittings repaired	...	...	...	...	36
" " new pans and traps fitted	...	...	...	...	39
New water-closets erected	...	...	...	...	15

New soil-pipes erected	...	...	...	...	4
Soil-pipes ventilated, full diameter	...	...	...	...	5
Sink waste pipes and rain water pipes disconnected from drains...					26
Interiors of premises cleaned throughout	...	...	...	...	45
" " partly cleansed ..	...	...	...	...	238
Staircases and passages cleansed	...	...	...	...	8
Wash-houses and walls of yards, &c., cleansed	...	...	...	...	30
Yards repaved and repaired	...	...	...	...	66
Roofs of houses, guttering and stack pipes repaired	...	...	...	...	50
Floors of houses ventilated	...	...	...	...	6
Water for drinking purposes put on direct from main	...	...	...	...	4
New dust-bins provided	...	...	...	...	263
Nuisances from overcrowding abated	...	...	...	...	25
Accumulations of offensive matter removed	...	...	...	...	18
Animals improperly kept removed	...	...	...	...	10
Smoke nuisances abated	...	...	...	...	2
Miscellaneous nuisances abated	...	...	...	...	39
Drains tested with water and chemicals	...	...	...	...	74
Workshops inspected	...	...	...	...	75
Bake-houses inspected	...	...	...	...	9
Slaughter-houses inspected...	...	...	...	...	1
Total					1311

(A portion of this work was carried out by Mr. J. A. Anscombe.)

ROBERT SIMPSON,
Sanitary Inspector.

Report of Work done in Ward No. III.

For the Year ending December 31st, 1897.

House to House inspections	...	...	...	...	642
Other inspections	...	...	...	...	383
Re-visits	...	...	...	...	2860
Intimations served	...	...	...	...	773
Statutory notices served	...	...	...	...	460
Workshops inspected	...	...	...	...	71
Total					5189

RESULTS.

House drains re-constructed	...	...	...	...	58
" " repaired	...	...	...	...	20
New drain	...	...	...	...	1
Drains cleared	...	...	...	...	68
" ventilated	...	...	...	...	36
Gully traps fixed	...	...	...	...	140
Water-closets supplied with water	...	...	...	...	224
New pans fixed to closets	...	...	...	...	110
Closed pans cleansed	...	...	...	...	66
Water-closets re-constructed	...	...	...	...	3

Soil pipes removed from inside of house	...	...	...	38
Water supply cisterns provided with covers	...	...	...	12
Drinking water cisterns cleansed	...	...	...	12
Water fittings altered from cistern to main	...	...	...	91
Water supplied to dwelling houses	...	...	...	4
Galvanised dust-bins provided	...	...	...	121
Dust receptacles repaired	...	...	...	30
Dust shoots replaced	...	...	...	23
Ventilation provided for floor space	...	...	...	101
Interior of premises cleansed throughout	...	...	...	118
Premises partly cleansed	...	...	...	160
Staircases cleansed	...	...	...	35
Yards paved or repaired	...	...	...	109
Forecourt paved	...	...	...	48
Roofs repaired	...	...	...	80
Stack pipes disconnected from drains	...	...	...	17
Waste pipes from sinks cleared	...	...	...	22
Waste pipes disconnected from drains	...	...	...	42
New waste pipes fixed	...	...	...	28
Plain water guttering and stack pipes repaired	...	...	...	39
Manure receptacles provided	...	...	...	8
" " covered	...	...	...	4
Workshops cleansed	...	...	...	20
Foul accumulations removed	...	...	...	19
Slaughter-houses inspected	...	...	...	2
Cow sheds inspected	...	...	...	22
Drains tested with chemicles	...	...	...	41
" " water	...	...	...	58
Miscellaneous improvements	...	...	...	256
Total	...	...	...	2287

WM. H. RALPH,

Sanitary Inspector.

Report of Work done for the Year ending December 31st, 1897.

Tenement houses inspected	...	...	...	...	3961
" revisited	...	...	...	...	2414
Notices served, <i>re</i> contravention of Bye-Laws	...	...	...	...	277
Number of rooms cleansed	...	...	...	...	1215
Staircases and passages cleansed	...	...	...	...	279
Overcrowding abated	...	...	...	...	155
Tenement room measured	...	...	...	...	693

ANNIE ELLIOTT, Assoc. San. Inst.,

Sanitary Inspector.

Health Department,

Vestry Hall, Borough Road,

2nd October, 1897.

To the Medical Officer of Health.

DEAR SIR,

Re Edward, Lawrance and Wilfrid Houses, Potier Place.

The following is a copy of notes taken of defects existing at the above mentioned houses on 29th September, 1897:—

EDWARD HOUSE—an accumulation of dust on washhouse, on roof, the roof of same defective, no windows to sashes, skylight over staircase broken (about three weeks ago,) roof over staircase defective, dust slide to shoot behind W.C. door missing, soil pipes inside and ventilated by 4 inch pipe.

No. 8.—Two rooms clean, occupied by two adults and four children.

No. 7.—Two rooms clean, roof over same leaky over front room. W.C. door on 3rd floor landing, hinge broken off, dust shoot behind W.C. door.

No. 6.—Two rooms clean, two adults, five children, sink defective, W.C. 2nd floor landing, dust shoot slide missing, situated behind door of W.C.

No. 5.—Two rooms, five adults.

No. 4.—Two rooms clean, four adults, three children.

No. 3.—Two rooms clean, three adults, wall in back room discoloured adjoining W.C. W.C. 1st floor landing, dust shoot behind door.

No. 2.—Two rooms clean, two adults, two children.

No. 1.—Two rooms clean, two adults, five children, wall in back room damp.

Dust shoot emptied from rear in Green Walk, staircase fairly clean, waste pipes from sinks trapped under same, and finally to drain in front of house, rooms ventilated by windows and air bricks.

LAWRANCE HOUSE—An accumulation of dust on roof, roof of washhouse in a defective condition, roof over staircase defective, ceiling over staircase defective, soil-pipe inside of house and ventilated, dust shoot choked. W.C. top floor, ceiling defective, dust shoot flap situated over W.C. pan.

No. 7.—Two rooms, two adults, four children, roof over front room defective, rooms dirty, paper away from walls, W.C. 3rd floor landing, dust shoot over W.C. pan, roof of W.C. damp.

No. 6.—One room fairly clean, two adults.

No. 5.—Two rooms clean, ceiling of front room broken down about 1 yard square, W.C. 2nd floor landing, dust shoot over W.C. pan.

No. 4.—One room clean, two adults, one child.

No. 3.—Two rooms clean, two adults, four children, W.C. 1st floor landing, ceiling broken, and dust shoot over W.C. pan.

No. 2.—One room clean, one adult.

No. 1.—Two rooms clean, three adults, three children, dust shoot flap at end of passage defective, dust receptacle opens into yard, no door to same, accumulation of dust in cupboard under stairs, accumulation of dust, builders' rubbish in yard, bricks, mortar, and paper (mattresses removed and dust shoot cleared) staircase fairly clean.

WILFRID HOUSE—Wall on roof broken down about 3 ft. long, seven courses high, washhouse roof defective, accumulation of dust on roof, soil pipe inside of house and ventilated by 4 in. pipe, stackpipe head choked, W.C. top floor clean.

No. 8.—Two rooms, two adults, five children, rooms clean, ceiling broken 1ft. over.

No. 7.—One room dirty, paper away from wall, roof over same leaky, two adults, four children.

No. 6.—Two rooms clean, two adults, three children, small patch of ceiling down 1ft. over, sink defective, causing soakage into No. 4.

No. 5.—One room clean, large quantity of ceiling down, about 10ft. by 4ft. 6-in. waterpipe from sink defective, two adults, three children, part of ceiling came down 2 months. and other part five weeks back. W.C. 2nd floor clean, ceiling discoloured, wall broken.

No. 4.—Two rooms clean, waterpipe from sink defective, two adults, four children.

No. 3.—One room clean, two adults, W.C. 1st floor, landing ceiling broken and discoloured.

No. 2.—Occupied as hair dressers, ceiling broken, water coming through ceiling from sink above (No. 4.)

No. 1.—Used as a store room.

Dust receptacle under stairs in front passage on ground floor in a cupboard, staircase fairly clean, ceiling ground floor passage dirty and discoloured, passage foul, occupiers of rooms complain of passage being used as an urinal.

W.C. pans since previous visit cleansed, dust being removed from roofs, W.C.'s clear, mattresses removed from yard, part of dust removed.

I am,

Yours obediently,

W. H. RALPH.

Sanitary Inspector,

No. 3 ward.

TABLE I.

Corrected Return of Cause of Death in the Registration Sub-Districts during the 52 Weeks ending January 1st, 1898.

CAUSE OF DEATH.	BOROUGH ROAD	LONDON ROAD	KENT ROAD.
I.—Specific, Febrile, or Zymotic Diseases.			
1.—MIASMATIC DISEASES.			
Small-pox ... ..	...	1	...
Measles	23	14	30
Scarlet Fever (Scarlatina)	5	4	5
Diphtheria	13	10	5
Whooping-Cough	8	12	12
Typhus Fever ... ..	...	...	...
Enteric or Typhoid Fever	2	4	4
Simple Continued and Ill-defined Fever ... ..	...	1	...
Other Miasmatic Diseases	1	...	1
2.—DIARRHOEAL DISEASES.			
Simple Cholera ... ..	...	...	...
Diarrhoea, Dysentery	31	33	47
3.—MALARIAL DISEASES.			
<i>e.g.</i> , Remittent Fever, Ague ... ..	...	...	...
4.—ZOOGENOUS DISEASES.			
Cowpox and effects of Vaccination ... ..	...	...	...
Other Diseases (<i>e.g.</i> , Hydrophobia, Glanders, and Splenic Fever) ... ..	...	...	...
5.—VENEREAL DISEASES.			
Syphilis	5	1	1
Gonorrhoea, Stricture of Urethra ... ..	...	...	...
6.—SEPTIC DISEASES.			
Phagedæna ... ..	...	...	1
Erysipelas ... ..	...	2	...
Pyæmia, Septicæmia ... ..	...	...	...
Puerperal Fever ... ..	...	...	2
II.—Parasitic Diseases.			
Thrush ... ..	...	...	...
Hydatids and other Animal Parasitic Diseases ... ..	...	...	1
III.—Dietic Diseases.			
Starvation and Want of Breast Milk ... ..	...	...	...
Scurvy ... ..	...	...	...
Chronic Alcoholism, Delirium Tremens	2	3	6
IV.—Constitutional Diseases.			
Rheumatic Fever and Rheumatism of the Heart	1	2	2
Rheumatism ... ..	...	...	...
Gout	1	1	...
Rickets ... ..	...	4	1
Cancer, Malignant Disease	18	12	10
Tabes Mesenterica	4	2	20
Tubercular Meningitis, Hydrocephalus	4	6	7
Phthisis	67	42	63
Other Tubercular and Scrofulous Diseases	2	5	6
Purpura, Hæmorrhagic Diathesis ... ..	...	...	...
Anæmia, Chlorosis, Leucocythæmia	3	1	1
Glycosuria, Diabetes Mellitus ... ..	...	...	3
Other Constitutional Diseases ... ..	...	...	1
Carried forward	190	160	229

TABLE I.—(Continued.)
*Corrected Return of Cause of Death in the Registration Sub-Districts
 during the 52 Weeks ending January 1st, 1898*

CAUSE OF DEATH.	BOROUGH ROAD.	LONDON ROAD.	KENT ROAD.
Brought forward	190	160	229
V.—Developmental Diseases.			
Premature Birth	7	13	11
Atelectasis	2	2	3
Congenital Malformations... ..	...	3	3
Old Age	10	7	7
VI.—Local Diseases.			
1.—DISEASES OF NERVOUS SYSTEM.			
Inflammation of Brain or Membranes ... ..	...	5	10
Apoplexy, Softening of Brain, Hemiplegia, Brain Paralysis	16	16	10
Insanity, General Paralysis of the Insane	1	1	2
Epilepsy	3	3	3
Convulsions	5	14	12
Laryngismus Stridulus (Spasm of Glottis) ... ..	...	...	...
Paralysis Agitans, Paraplegia, Disease of Spinal Cord	1	...	3
Other Diseases of Nervous System	6	4	6
2.—DISEASES OF ORGANS OF SPECIAL SENSE.			
(e.g., Ear, Eyes and Nose)... ..	2	4	2
3.—DISEASES OF CIRCULATORY SYSTEM.			
Endocarditis, Valvular Diseases of Heart	5	7	9
Pericarditis	1	1	...
Other Diseases of Heart	34	17	24
Aneurism	1	2	3
Embolism, Thrombosis	2	1	1
Other Diseases of Blood Vessels	3	...	...
4.—DISEASES OF RESPIRATORY SYSTEM.			
Croup ... ..	...	1	...
Laryngitis ... ..	...	2	...
Bronchitis	47	39	71
Pneumonia	41	34	48
Pleurisy	1	...	2
Emphysema, Asthma	4	2	1
Other Diseases of Respiratory System	8	7	6
5.—DISEASES OF DIGESTIVE SYSTEM.			
Dentition	4	3	9
Tonsillitis, &c. ... ..	...	...	...
Diseases of Stomach	3	...	2
Enteritis	7	8	8
Peritonitis	3	...	...
Obstructive Diseases of Intestines	2	...	...
Hernia ... ..	...	...	1
Ascites ... ..	...	...	1
Cirrhosis of Liver	5	2	3
Jaundice and other Diseases of Liver ... ..	...	1	1
Other Diseases of Digestive System ... ..	...	...	2
6.—DISEASES OF LYMPHATIC SYSTEM.			
(e.g., of Lymphatics and of Spleen) ... ..	...	...	1
7.—DISEASES OF GLANDLIKE ORGANS OF UN- CERTAIN USE.			
(e.g. Bronchocele, Addison's Disease ... ..	...	...	...
Carried forward	414	359	494

TABLE I.—(Continued).
*Corrected Return of Cause of Death in the Registration Sub-Districts
 during the 52 Weeks ending January 1st, 1898*

CAUSE OF DEATH.	BOROUGH ROAD.	LONDON ROAD.	KENT ROAD.
Brought forward	414	359	494
8.—DISEASES OF URINARY SYSTEM.			
Nephritis	6	4	2
Bright's Disease, Albuminuria	5	11	8
Disease of Bladder and of Prostrate	1	1	...
Other Diseases of Urinary System	2	1	...
9.—DISEASES OF REPRODUCTIVE SYSTEM.			
(A) Of Organs of Generation.			
Male Organs... ..	...	...	...
Female Organs ... ..	...	1	...
(B) Of Parturition.			
Abortion, Miscarriage ... ..	...	...	...
Puerperal Convulsions ... ..	...	1	...
Placenta Prævia, Flooding... ..	...	...	2
Other Accidents of Child-birth ... ..	...	2	1
10.—DISEASES OF LOCOMOTIVE SYSTEM.			
Caries, Necrosis ... ..	...	...	2
Arthritis, Ostitis, Periostitis ... ..	...	...	...
Other Diseases of Locomotive System ... ..	...	...	...
11.—DISEASES OF INTEGUMENTARY SYSTEM.			
(e.g., Carbuncle, Phlegmon, Cellulitis) ... ..	...	2	...
Other Diseases of Integumentary System	1	...	...
VII.—Violence.			
1.—ACCIDENT, NEGLIGENCE, &c.			
Fracture and Contusion	6	11	9
Gunshot Wound ... ..	...	...	...
Cut, Stab ... ..	...	...	...
Burn and Scald	2	..	2
Poison ... ..	...	...	...
Drowning	2	...	...
Suffocation	2	5	6
Deaths consequent on Surgical Operation ... ..	...	...	...
Otherwise	2	1	...
2.—HOMICIDE.			
Murder and Manslaughter... ..	...	...	1
3.—SUICIDE.			
Gunshot Wound ... ..	...	1	...
Cut, Stab ... ..	...	2	1
Poison	2	1	...
Drowning ... ..	...	1	...
Hanging ... ..	...	...	1
Otherwise ... ..	...	...	...
4.—EXECUTION.			
Hanging ... ..	...	...	..
Carried forward	445	404	529

TABLE I.—(Continued).

Corrected Return of Cause of Death in the Registration Sub-Districts during the 52 Weeks ending January 1st, 1898.

CAUSE OF DEATH.	BOROUGH ROAD.	LONDON ROAD.	KENT ROAD.
Brought forward	445	404	529
VIII.—Deaths from Ill-defined and not Specified Causes.			
Dropsy ... ..	...	...	1
Debility, Atrophy, Inanition	11	17	17
Mortification ... ..	...	...	...
Tumour ... ..	...	1	...
Abscess ... ..	...	...	1
Hæmorrhage ... ..	...	...	...
Sudden Death (cause not ascertained) ... ..	...	...	...
Found Dead (cause not stated) ... ..	...	...	...
Other Causes not Specified or Ill-defined ... ..	...	...	...
Totals	456	422	548

TABLE II.

Summary of Return of Cause of Death (Corrected)

Cause of Death.	Total.
I.—Specific Febrile, or Zymotic Diseases:—	
1. Miasmatic Diseases	155
2. Diarrhœal Diseases	111
5. Venereal Diseases	7
6 Septic Diseases	5
II.—Parasitic Diseases	1
III.—Dietic Diseases	11
IV.—Constitutional Diseases	289
V.—Developmental Diseases	68
VI.—Local Diseases:—	
1. Diseases of Nervous System... ..	121
2. Diseases of Organs of Special Sense	8
3. Diseases of Circulatory System	111
4. Diseases of Respiratory System	314
5. Diseases of Digestive System	65
6. Lymphatic System	1
7. Diseases of Urinary System	41
8. Diseases of Reproductive System:—	—
(a) Diseases of Organs of Generation	6
(b) Diseases of Partuition	1
9. Diseases of Locomotive System	2
10. Integumentary System	3
VII.—Violence:—	
Suicide, Accident, Negligence, Homicide	58
VIII.—Deaths from ill-defined and not specified causes	48
Total... ..	1426

TABLE III.

Corrected Return of Cause of Death of Infants under One Year in the Registration Sub-Districts during the 52 Weeks ending January 1st, 1898.

CAUSE OF DEATH.	BOROUGH ROAD	LONDON ROAD	KENT ROAD.
I.—Specific, Febrile, or Zymotic Diseases.			
1.—MIASMATIC DISEASES.			
Small-pox ... ..	...	...	...
Measles	2	2	4
Scarlet Fever (Scarlatina) ... ..	...	1	...
Diphtheria	1	...	...
Whooping-Cough	2	7	6
Typhus Fever ... ..	...	...	...
Enteric or Typhoid Fever ... ..	...	...	...
Simple Continued and Ill-defined Fever ... ..	...	...	...
Other Miasmatic Diseases ... ..	...	...	...
2.—DIARRHOEAL DISEASES.			
Simple Cholera ... ..	...	...	...
Diarrhoea, Dysentery	24	29	31
3.—MALARIAL DISEASES.			
<i>e.g.</i> , Remittent Fever, Ague ... ..	...	...	...
4.—ZOOGENOUS DISEASES.			
Cowpox and effects of Vaccination ... ..	...	...	...
Other Diseases (<i>e.g.</i> , Hydrophobia, Glanders, and Splenic Fever) ... ..	...	...	...
5.—VENEREAL DISEASES.			
Syphilis	5	...	...
Gonorrhoea, Stricture of Urethra ... ..	...	...	...
6.—SEPTIC DISEASES.			
Phagedæna ... ..	...	...	...
Erysipelas ... ..	...	1	...
Pyæmia, Septicæmia ... ..	...	...	...
Puerperal Fever ... ..	...	...	...
II.—Parasitic Diseases.			
Thrush ... ..	...	...	...
Hydatids and other Animal Parasitic Diseases ... ..	...	...	...
III.—Dietic Diseases.			
Starvation and Want of Breast Milk ... ..	...	...	...
Scurvy ... ..	...	...	...
Chronic Alcoholism, Delirium Tremens ... ..	...	...	...
IV.—Constitutional Diseases.			
Rheumatic Fever and Rheumatism of the Heart ... ..	...	...	...
Rheumatism ... ..	...	...	...
Gout ... ..	...	...	...
Rickets ... ..	...	2	1
Cancer, Malignant Disease ... ..	...	...	...
Tabes Mesenterica	3	2	17
Tubercular Meningitis, Hydrocephalus ... ..	...	2	2
Phthisis ... ..	...	...	1
Other Tubercular and Scrofulous Diseases ... ..	...	1	...
Purpura, Hæmorrhagic Diathesis ... ..	...	...	...
Anæmia, Chlorosis, Leucocythæmia	2	...	...
Glycosuria, Diabetes Mellitus ... ..	...	...	...
Other Constitutional Diseases ... ..	...	...	...
Carried forward	39	47	62

TABLE III.—(Continued.)
*Corrected Return of Cause of Death of Infants under One Year
 in the Registration Sub-Districts during the 52 Weeks ending
 January 1st, 1898*

CAUSE OF DEATH.	BOROUGH ROAD.	LONDON ROAD.	KENT ROAD.
Brought forward	39	47	62
V.—Developmental Diseases.			
Premature Birth	7	13	11
Atelectasis	2	2	3
Congenital Malformations... ..	...	3	3
Old Age ... ..	...	...	...
VI.—Local Diseases.			
1.—DISEASES OF NERVOUS SYSTEM.			
Inflammation of Brain or Membranes ... ..	...	2	3
Apoplexy, Softening of Brain, Hemiplegia, Brain Paralysis	1	...	...
Insanity, General Paralysis of the Insane ... ..	...	...	...
Epilepsy ... ..	...	...	...
Convulsions	5	13	11
Laryngismus Stridulus (Spasm of Glottis) ... ..	...	...	...
Paralysis Agitans, Paraplegia, Disease of Spinal Cord ... ..	...	...	...
Other Diseases of Nervous System	1	...	...
2.—DISEASES OF ORGANS OF SPECIAL SENSE.			
(e.g., Ear, Eyes and Nose)... ..	2	...	1
3.—DISEASES OF CIRCULATORY SYSTEM.			
Endocarditis, Valvular Diseases of Heart ... ..	...	...	...
Pericarditis ... ..	...	...	...
Other Diseases of Heart ... ..	...	...	2
Aneurism ... ..	...	...	...
Embolism, Thrombosis ... ..	...	...	...
Other Diseases of Blood Vessels ... ..	...	...	...
4.—DISEASES OF RESPIRATORY SYSTEM.			
Croup ... ..	...	...	...
Laryngitis ... ..	...	...	...
Bronchitis	12	7	22
Pneumonia	8	7	15
Pleurisy ... ..	...	...	...
Emphysema, Asthma ... ..	...	...	...
Other Diseases of Respiratory System	5	2	4
5.—DISEASES OF DIGESTIVE SYSTEM.			
Dentition	3	2	5
Tonsillitis, &c. ... ..	...	...	...
Diseases of Stomach ... ..	...	...	1
Enteritis	1	6	2
Peritonitis ... ..	...	...	...
Obstructive Diseases of Intestines	1	...	...
Hernia ... ..	...	...	...
Ascites ... ..	...	...	...
Cirrhosis of Liver ... ..	...	...	1
Jaundice and other Diseases of Liver ... ..	...	...	...
Other Diseases of Digestive System ... ..	...	...	1
6.—DISEASES OF LYMPHATIC SYSTEM.			
(e.g., of Lymphatics and of Spleen) ... ..	...	...	...
7.—DISEASES OF GLANDLIKE ORGANS OF UN- CERTAIN USE.			
(e.g. Bronchocele, Addison's Disease ... ..	...	...	...
Carried forward	87	359	147

TABLE III.—(Continued).
*Corrected Return of Cause of Death of Infants under One Year
 in the Registration Sub-Districts during the 52 Weeks ending
 January 1st, 1898*

CAUSE OF DEATH.	BOROUGH ROAD.	LONDON ROAD.	KENT ROAD.
Brought forward	87	104	147
8.—DISEASES OF URINARY SYSTEM.			
Nephritis
Bright's Disease, Albuminuria
Disease of Bladder and of Prostrate
Other Diseases of Urinary System
9.—DISEASES OF REPRODUCTIVE SYSTEM.			
(A) Of Organs of Generation.			
Male Organs...
Female Organs
(B) Of Parturition.			
Abortion, Miscarriage
Puerperal Convulsions
Placenta Prævia, Flooding...
Other Accidents of Child-birth
10.—DISEASES OF LOCOMOTIVE SYSTEM.			
Caries, Necrosis
Arthritis, Ostitis, Periostitis
Other Diseases of Locomotive System
11.—DISEASES OF INTEGUMENTARY SYSTEM.			
(e.g., Carbuncle, Phlegmon, Cellulitis)	1	...
Other Diseases of Integumentary System
VII.—Violence.			
1.—ACCIDENT, NEGLIGENCE, &c.			
Fracture and Contusion	1
Gunshot Wound
Cut, Stab
Burn and Scald
Poison
Drowning
Suffocation	2	5	6
Deaths consequent on Surgical Operation
Otherwise	1	...	...
2.—HOMICIDE.			
Murder and Manslaughter...	1
3.—SUICIDE.			
Gunshot Wound
Cut, Stab
Poison
Drowning
Hanging
Otherwise
4.—EXECUTION.			
Hanging
Carried forward	90	110	155

TABLE III.—(Continued).

*Corrected Return of Cause of Death of Infants under One Year
in the Registration Sub-Districts during the 52 Weeks ending
January 1st, 1898.*

CAUSE OF DEATH.	BOROUGH ROAD.	LONDON ROAD.	KENT ROAD.
Brought forward	90	110	155
VIII.—Deaths from Ill-defined and not Specified Causes.			
Dropsy ... ..	..	..	..
Debility, Atrophy, Inanition	11	17	17
Mortification ... ..	..	..	..
Tumour ... ..	..	..	..
Abscess ... ..	..	..	..
Hæmorrhage ... ..	..	..	..
Sudden Death (cause not ascertained) ... ..	..	..	..
Found Dead (cause not stated) ... ..	..	..	..
Other Causes not Specified or Ill-defined ... ..	..	..	..
Totals	101	127	172

List of Slaughter-houses licensed by the London County Council, in October, 1897.

Name.	Situation.
Redman, Frederick	146, High Street, Borough
Rowe, John	73, London Road
Trask, William S.	11, Bermondsey New Road
Waters, Frederick	79, Old Kent Road

The Slaughter-houses regularly inspected have been found to be conducted in a satisfactory manner. In the interests of the public, however, private slaughter-houses should be replaced by "Abattoirs." This change would alone enable a systematic and thorough inspection of meat to be made as at present practised in the large towns of Germany, France, and Belgium.

List of Horse Knackers' Yards licensed by the London County Council in October, 1897.

Name.	Situation.
Messrs. Harrison, Barber & Co., Limited ...	23, Green Street

During 1897, 3,858 horses were received at the above-mentioned knackers' yard and disposed of as cats' meat.

List of Cow-houses licensed by the London County Council, in October, 1897.

Name.	Situation.	No. of Cows.
Evans, John	89, Redcross Street	1
Owens, John	143, Tabard Street	4
Jones, David	10, & 11, Sturge Street	17

The cow-houses have been regularly inspected. They are situated in populous bye-streets.

The following table gives the number of cows and cow-houses in 1882, 1892, 1893, 1894, 1895, 1896 and 1897, within the parish.

TABLE XIV.

Year	No. of Cows.	No. of Cowhouses.
1882	101	10
1892	46	5
1893	37	4
1894	25	4
1895	25	4
1896	22	3
1897	22	3

List of Bakehouses under Inspection in St. George the Martyr, 1897.

No. 1 Ward.	No. 2 Ward.	No. 3 Ward.
5, Tower Street	7, Westminster Bridge Road	151, Borough High Street
28, " "	21, Ontario Street	46, Long Lane
195, Waterloo Road	32, Earl Street	1, Tabard Street
43, Webber Street	70, London Road	49, " "
161, Blackfriars Road	17, St. George's Road	155, " "
Valentine Place	57 & 58, London Road	255, " "
26, Friar Street	104, London Road	285, " "
27, Little Surrey Street	60, St. George's Road	15, Old Kent Road
16, Borough Road	48, London Road	69, " "
126, Southwark Bridge Road	102, Lancaster Street	80, " "
111, Great Suffolk Street		85, " "
7, " "		146, " "
17, " "		168, " "
119, " "		233, " "
70, Red-cross Street, Marshalsea Road		269, " "
90, Borough High Street		272, " "
108, " "		304, " "
168, " "		28, Law Street
216, " "		37, Warner Street
242, " "		1, Crosslet Street
237, Scovell Road		22, Darwin Street
		Little Suffolk Street

Of the foregoing 36 are aboveground and 16 are underground.

The following is a copy of a Memorandum forwarded me by the Local Government Board :—

Memorandum as to Annual Reports of Medical Officers of Health.

Every Medical Officer of Health, appointed under Order of the Local Government Board, is required to make an Annual Report with regard to the Sanitary District which is under his superintendence. This report is to be for the year ending the 31st December, or, if the Officer at that date has not been in office for a whole year, then for so much of the year as has elapsed since his appointment. The report is to be made to the Sanitary Authority, and the Medical Officer of Health himself should send a copy of it to the Local Government Board and to the London County Council. It should be made to the Sanitary Authority as soon as practicable after the expiration of the year to which it relates, and should be in the hands both of the Sanitary Authority and of the Local Government Board within, at most, five months from the end of the year. The Board's copy of the report should be forwarded to them when the original is sent to the Sanitary Authority, except where the report is likely to be printed by order of the Authority. In such cases the Board need only be supplied with a printed copy.

Article 18 (Section 15) of the Board's Order of 8th December, 1891, specifies the information to be contained in the Annual Report, and is printed below.

The report should be chiefly concerned with the conditions affecting health in the district and with the means of improving these conditions. It should consider these subjects with reference to the past and future, as well as to the particular year; and the account of the sanitary state of the district generally should, while marking the point that has been reached in the sanitary state and administration of the district, indicate directions for further consideration and action. The sanitary history of the year under review should include a record alike of the proceedings of the Medical Officer himself and of the proceedings taken under his direction or advice.

The Medical Officer of Health, in reporting his proceedings and advice, may find it convenient to follow, in the main, the order in which the subject matters of his duty appear in the several paragraphs of Article 18. Special care should be taken to report fully and explicitly in reporting on the influences affecting or threatening to affect injuriously the public health within the district; and the causes, origin, and distribution of disease within the district may usefully be the subjects of annual record. An account should also be given, both of the actual circumstances of the district up to the end of the past year, and of any improvement or deterioration that has occurred during the year in conditions conducive to health or to disease. For example, a vigilant health officer has in his Annual Report an opportunity for pointing out any facts as to water supplies and house construction, conditions of storage, and of removal of refuse customary in the district; together with any facts as to the adequacy or inadequacy of means of isolation and of disinfection, and the like. And such a Health Officer, reporting on the diseases and their causes within the district, will generally have some instructive details to give, either of conditions newly productive of disease, or of matters that have been remedied with advantage to the public health.

In reporting upon Section 3, not only should the fact of having made systematic inspections, but the outcome from those inspections should be duly put on record. The report should contain a full account of inspections, whether systematic or occasional, of the judgment which the Medical Officer of Health has formed thereon as to the sanitary state of his district, and of the advice he has in consequence given to the Sanitary Authority, and the action taken by the Authority thereon. By "systematic" inspections are meant inspections independent of such enquiries as, under other article of the Order, the Medical Officer of Health has to make into particular outbreaks of disease, or into unwholesome conditions to which his attention may have been specially called by complaints or otherwise, and such inspections will include the house-to-house inspections which may be necessary in particular localities.

In making systematic inspections, as in much of his other action, the Medical Officer of Health will usually have required the assistance of the Inspector of Nuisances; and it will be for the Medical Officer to include in his report an account of the action which, at his instance, the inspector may have taken for the removal of nuisances injurious to health.

The tabular statements of sickness and mortality in the district during the year, to be made on the forms supplied for the purpose, should be the subject of comment in the text of the report, in so far as deductions from them may assist the Sanitary Authority to an appreciation of the lines of action needful in the future.

As regards these statements of sickness and mortality only one other observation appears to be needful—the district under the superintendence of a Medical Officer of Health will often contain several parts evidently differing in their circumstances, or having very different rates of mortality, either from all causes, or of mortality from some particular disease or class of diseases. The observation of these differences can scarcely fail to lead to valuable information, and it is in view of such differences that the tabular statements are required in Section 15 to be classified according to *localities*, and that provision for such classification is made in the forms supplied for returns of deaths. In the absence of any ascertained differences of the above sort, it will still be desirable to classify the deaths of the district according to the part of the district in which they occur; and for this purpose any areas of known population may be taken as representing “*localities*” for purposes of the Order. Classification on this basis will be likely to lead to the discovery of real differences when the returns for several years can be compared together. The same considerations apply to the records of sickness (Table B). These records should be tabulated for every sanitary district; and it will be well, before proceeding to fill the columns and the blank spaces, to note carefully the headings and the footnotes.

What has been said above with regard to the information which an annual report should contain must be understood, not as suggesting that the report should be limited to these subjects, or that more detailed or differently arranged tabular statements may not be added, but as indicating the sort of information required by the Board's Order. Many Medical Officers of Health will doubtless, with great advantage to the administration of their districts, furnish much more detailed information respecting particular questions to which they have been led, by the circumstances of the foregoing years, to devote attention, or in the investigation of which they may have arrived at valuable conclusions. Any information of this kind will be appreciated by the Local Government Board.

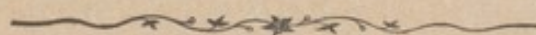
(Signed) R. THORNE THORNE,

Local Government Office,

Medical Officer.

December, 1896.

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