[Report of the Medical Officer of Health for Stoke Newington, The Metropolitan Borough].

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Borough of Stoke Newington,

Milton Road,

HENRY KENWOOD.

MEDICAL OFFICER OF HEALTH.

Stoke Newington, N.,

26th. June 1901.

With H. Kenwood's Compliments.

In reply to your communication of 25th.


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THE

Metropolitan Borough of Stoke Newington.

REPORT

OF THE

Medical Officer of Health and Public Analyst,

FOR THE

YEAR 1900.

BY

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REPORT OF MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1900.

To the Mayor, Aldermen and Councillors of the Borough of Stoke Newington.

GENTLEMEN,

As the new Borough of Stoke Newington was not constituted until November, 1900, and the vital statistics of an Annual Report are always compiled for the year ending December 31st, the new Borough will be dealt with from the point of view of vital statistics from January 1st, 1901. This Report, therefore, deals with the former Parish of Stoke Newington, and Dr. Howard Jackman, who acted as Medical Officer of Health for that District, has undertaken to prepare the Annual Report for 1900 for the former District of South Hornsey.

The present Report furnishes abundant evidence of the healthiness of the District; the general death-rate (corrected) was only 13·3, as against 13·7 in the preceding year, and 19·5 for London generally, while the rate of infantile mortality (the number of deaths of children under one year of age to every 1000 births registered) was only 112, as against 160 for London generally. With regard to the other 42 Metropolitan Sanitary areas, the corrected death-rate of the former Parish of Stoke Newington was, with the exception of that of Hampstead (13·0), the lowest of all.

The sickness and mortality rates from infectious diseases were both low and were very similar to those for the preceding year, notwithstanding the fact that during the latter part of the year Diphtheria, mostly of a mild type, became exceptionally prevalent in the Southern Division of the Parish, and the precaution of temporary school closure had to be applied.

The Report of the work done by the Sanitary Inspectors (Messrs. Matthews & Kemp), which is appended to this Report, constitutes, in my opinion, a satisfactory record of work performed during the year.

I am, Gentlemen,

Your obedient Servant,

HENRY KENWOOD.

March 13th, 1901.

POPULATION.

The population of the Parish in 1881 was 22,781, and in 1891 it had grown to 30,936 According to the result of the Poll-census of the Metropolis, which was taken at the end of the first quarter of 1896 for the purpose of the Equalisation of Rates Act, the population of the Parish was then 33,485. The population, calculated logarithmically, from the increase between the years 1891 and 1896, amounts to 35,718 for the middle of the year 1900.

Now that a fresh census of our population will shortly be taken we shall know, in a few months' time, the precise number of the population of the new Borough, and it will be interesting to note how near this estimate of the population comes to the actual truth.

The number of occupied houses in the Parish in April, 1900, amounted to 5,477, and the number of occupants to each house in the Parish averages nearly 6·4; allowing one individual for each of the 160 empty houses (on account of caretakers and their families) the population, estimated in this way would be about 35,200. This latter computation is likely to be the more correct, and it is, therefore, the one selected in this Report for the purpose of drawing out the mortality-rates of the Parish.

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

In the Northern Division (North of Church Street) it is approximately 12,900, and in the Southern Division 22,300.

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

The natural increase of population by excess of births over deaths during the year amounted to 338, as against 342 in the preceding year, and 373 in 1898.

Number of People to the acre.—The area of the Parish amounts to 639 acres, and this, divided among the parishioners, represents 55·1 people to the acre, as against 61·4 in London generally.

The area of the Northern Division amounts to 440 acres, and the estimate is only 29·3 people to the acre.

The area of the Southern Division amounts to 199 acres, and the estimate is 112·0 people to the acre.

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

Births—Birth-rate.—During the year 1900 there were 775 births registered in the Parish; of these 378 were males, and 397 were females. The birth-rate per 1,000 per annum, was therefore 22·0 as against 22·6 for the preceding year, and 24·5 for 1898. The rate for England and Wales was 28·9, that for London generally was 28·6 and that for the 33 great towns was 29·4.

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

MORTALITY.

General Mortality.—There were 355 deaths registered of parishioners who were resident in the Parish, and 82 parishioners who died in Public Institutions without the Parish, making a total of 437 deaths of parishioners. Of these deaths 241 were of females and 196 were of males.

The recorded general death-rate is therefore 12·4, as against 12·8 in the preceding year, and 13·6 in 1898. This ordinary death-rate, however, cannot be taken as a true index of the healthiness of the Parish, nor can it be justly compared with the rates of other Sanitary areas, unless some allowance is made for the relative proportions of males and females at different ages in the districts compared.

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

There is, therefore, calculated by the Registrar General from the Government Census returns, a corrective factor for each district in the County of London, according to the sex and age distribution of the population of that district; the multiplication of the recorded death-rate of the district by this factor gives the death-rate which would obtain in that district if the sex and age distribution of the population of the district were in the same proportions as it is in the country as a whole—thus eliminating the accidental differences due to sex and age and affording a fair means of comparison, and a truer test of the healthiness of the district. The death-rate so ascertained is known as *the corrected death-rate.*

The so-called "factor for correction" for the Parish of Stoke Newington is 1·07283, and the *death-rate corrected for age and sex distribution is* 13·3 per 1,000 per annum.

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

The corrected death-rate of the Parish for the year in question is, therefore, below that of the preceding year (1899) when it was 13·7. In 1898 it was 14·6.

The rate is a very satisfactory one, even for Stoke Newington. The death-rate for the whole of London was 18·3; the death-rate for Croydon was 14·6, and that for Brighton was 17·8.

District Mortality.—The deaths among parishioners of the Northern Division of the Parish numbered 112 and furnished a recorded death-rate of 8·7 per 1,000 per annum.

The deaths among parishioners of the Southern Division of the Parish numbered 325, and furnished a rate of 14·6 per 1,000 per annum.

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

Infantile Mortality.—There were 87 deaths registered of infants under 1 year of age, as against 775 births; the proportion which the deaths under 1 year of age bear to the 1,000 births is, therefore, 112·2—as against 103·9 in the preceding year.

The corresponding rate in England and Wales was 154, that in London generally 160, and that in the 33 great towns 172.

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

Senile Mortality.—Of the 437 deaths 127 were of persons over 65 years of age. The proportion of deaths occurring among those of over 65 years of age to the total deaths is, therefore, about 29 per cent. There were 97 deaths of persons over 70 years of age, and 37 of persons over 80, 6 of whom reached 90 years of age—the oldest being 98. These figures denote an exceptionally high proportion of senile mortality.

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

TABLE A.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1900.

Deaths in whole District at subjoined Ages.	Causes of Death.																						
	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria & Membranous Croup.	Enteric or Typhoid Fevers.	Epidemic Influenza.	Diarrhœa.	Enteritis.	Puerperal Fever.	Other Septic Diseases	Phthisis.	Other Tubercular Diseases.	Cancer, Malignant Disease.	Bronchitis.	Pneumonia.	Alcoholism Cirrhosis of Liver.	Venereal Diseases.	Premature birth	Diseases and Accidents of Parturition.	Heart Disease.	Accidents.	Suicides.	All other Causes.	All Causes.
All Ages	2	5	11	14	6	14	15	5	1	3	36	18	32	40	28	7	3	18	1	44	9	5	120	437
Under 1	1	..	9	..	..	1	9	1	..	1	1	8	..	3	10	..	3	18	..	..	3	..	19	87
1 and under 5	1	5	2	7	..	..	5	..	..	..	..	1	..	1	2	..	..	..	..	..	1	..	8	33
5 and under 15	..	..	..	7	2	..	..	..	..	..	1	3	..	..	..	..	..	..	..	1	1	..	4	19
15 and under 25	..	..	..	..	..	2	1	..	..	..	6	1	..	1	..	..	..	..	..	2	..	1	4	18
25 and under 65	..	..	..	..	..	2	5	..	1	1	26	5	17	7	9	6	..	..	1	18	4	4	40	149
65 and upwards	..	..	..	..	..	..	7	1	..	1	2	..	15	28	7	1	..	..	..	23	..	..	45	131
Deaths in Localities (at all Ages)																								
Northern Division	..	..	1	1	2	10	3	..	1	..	8	1	12	10	8	1	1	3	..	7	3	3	37	112
Southern Division	2	5	10	13	4	4	12	5	..	3	28	17	20	30	20	6	2	15	1	37	6	2	83	325

TABLE A 1.

Showing the Causes of Death among parishioners in the Northern and Southern Divisions of the Parish, respectively, during 1900.

Causes of Death.	Northern Division.	Southern Division.
Scarlet Fever	..	5
Diphtheria	1	13
Membranous Croup		1
Typhoid Fever	2	4
Puerperal Fever	1	..
Measles	..	2
Whooping Cough	1	10
Diarrhœa and Dysentery	3	12
Influenza	10	4
Phthisis (Consumption)	8	28
Other Tubercular Diseases	1	17
Diseases of Respiratory Organs other than Phthisis	18	50
Diseases of Circulatory Organs	9	37
Diseases of Digestive Organs	3	12
Diseases of Urinary Organs	6	9
Diseases of Reproductive Organs	..	1
Diseases of Nervous System (including Apoplexy and Convulsions)	12	37
Cancer	12	20
Rheumatism	..	3
Premature Birth	3	15
Senility	6	13
Wasting and Debility and Developmental defects	3	11
Accidents (including Overlying)	3	6
Suicides	3	2
Pyæmia and Septicæmia (Blood-poisoning)	2	4
Alcoholism	1	6
Gout	..	1
Other Causes	4	2
Totals	112	325
	437	

TABLE A 2.

Showing the Causes of Death among parishioners in Stoke Newington during each of the four quarters of the year 1900.

Causes of Death.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Totals.	1899.
Scarlet Fever	3	1	1	..	5	2
Diphtheria	1	1	..	12	14	6
Membranous Croup	..	..	1	..	1	1
Typhoid Fever	3	1	1	1	6	5
Puerperal Fever	1	..	..	..	1	5
Measles	..	..	1	1	2	10
Whooping Cough	..	4	6	1	11	4
Diarrhœa and Dysentery	1	2	11	1	15	16
Influenza	12	1	..	1	14	11
Phthisis (Consumption)	11	5	7	13	36	30
Other Tubercular Diseases	4	6	4	4	18	21
Diseases of Respiratory Organs other than Phthisis	30	17	11	10	68	84
Diseases of Circulatory Organs	13	17	10	6	46	38
Diseases of Digestive Organs	3	3	3	6	15	27
Diseases of Urinary Organs	2	3	6	4	15	17
Diseases of Reproductive Organs	..	..	..	1	1	3
Diseases of Nervous System (including Apoplexy and Convulsions)	18	11	10	10	49	50
Cancer	9	9	9	5	32	39
Rheumatism	..	2	1	..	3	5
Premature Birth	4	2	6	6	18	11
Senility	4	6	5	4	19	35
Wasting and Debility and Developmental Defects	2	3	4	5	14	10
Accidents (including Overlying)	1	4	..	4	9	5
Suicides	1	2	1	1	5	2
Pyæmia and Septicæmia (Blood-poisoning)	5	..	..	1	6	1
Alcoholism	2	2	2	1	7	5
Gout	1	..	..	..	1	..
Other Causes	3	2	1	..	6	4
Totals	134	104	101	98	437	447

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

In my Reports for 1897, 1898 and 1899, attention was drawn to the loose manner in which the cause of death is sometimes registered, and the difficulties which this fact gives rise to in compiling an accurate classification. During last year the returns continued to show some improvement, but in several cases during the year the cause of death was registered as from two distinct diseases, apparently co-existent. ("Tetany, Bronchitis, Scarlet Fever,"; "Chronic Nephritis, Biliary Calculi, Œdema of Lung, Cardiac Failure," &c.) Doubtless, the symptoms of one complaint were predominant just before death, and if this circumstance were indicated it would be far easier to decide which disease could be most justly credited with the death for the purposes of classification. "Convulsions," Hypertrophy of Heart," and "Hæmaturea," are instances of loose certification, for each of these conditions is a symptom of some malady the nature of which can generally be determined and named on the certificate. Two deaths, one at 70 and the other at 71, were attributed solely to "senile decay."

It will be noted that in Table A 2 a comparison of the number of deaths from different causes in the years 1900 and 1899 is shown, and that in 1900 a noteworthy diminution in the mortality from the following conditions is manifest :—Diseases of Respiratory and Digestive Organs, Puerperal Fever, Measles, Cancer, and Senility. On the other hand there was a noteworthy increase in the mortality from Diphtheria, Scarlet Fever, Whooping Cough, Premature Birth, Accidents, Suicides and Diseases of the Circulatory Organs.

The relatively high mortalities from Diphtheria and Whooping Cough are mainly due to climatic and other conditions favouring prevalence, but in the case of Diphtheria the disease spread considerably by personal communication in homes and at school often before the original sufferer was known to be infected. Whooping Cough has given rise to very little mortality for the past 2 or 3 years in Stoke Newington, and although the death-rate for the year from that disease is high compared with that of last year, it is well below that for London generally.

Deaths from Zymotic Diseases (including Influenza) in the Year 1900.

	Scarlet Fever.	Diphtheria.	Membranous Croup.	Typhoid Fever.	Puerperal Fever	Measles.	Whooping Cough.	Diarrhœa and Dysentery.	Influenza.	Erysipelas.	Total.	Rate to every 1,000 persons.
First Quarter	3	1	..	3	1	..	..	1	12	..	21	..
Second „	1	1	..	1	..	..	4	2	1	..	10	..
Third „	1	..	1	1	..	1	6	11	..	..	21	..
Fourth „	..	12	..	1	..	1	1	1	1	..	17	..
	5	14	1	6	1	2	11	15	14	0	69	1·9
1899	2	6	1	5	5	10	4	16	11	3	63	1·8

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

TABLE A 3.

A comparison of the rates of Stoke Newington with those of England and Wales, the 33 great towns, and London generally, for the Year 1900.

	General Death-rate.	Diseases of Lungs (except Phthisis).	Phthisis-rate.	Rate of Infantile Mortality.		Birth-rate.	Zymotic Death rate.
				A*	B†		
England and Wales	18·3	..	..	154	25·0%	28·9	2·00
The 33 great towns	19·5	..	..	172	28·0%	29·4	2·50
London generally	18·3	..	1·82	160	25·7%	28·6	2.22
Stoke Newington	12·4	1·9	1·02	112·2	19·9%	22·0	1·5

	Small-pox.	Measles.	Scarlet Fever	Whooping Cough.	Typhoid Fever.	Diphtheria.	Diarrhœa and Dysentery.
England and Wales	0·00	0.39	0·12	0·34	0·17	0·29	0·69
The 33 great towns	0·00	0·43	0·13	0·45	0·20	0·35	0·94
London generally	..	..	..	..	..	..	..
Stoke Newington	0·00	0·06	0·14	0·31	0·17	0·39	0·42

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

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

The General Zymotic Death-rate for the Parish was 1·5 per 1,000 per annum, as against 1·2 in the preceeding year. The corresponding rate for England and Wales was 2·00, that for London generally was 2·22, and that for the 33 great towns was 2·50.

Deaths in Public Institutions within the District.—St. Anne's Home, Manor Road, 28 Deaths; Northumberland House Asylum, Green Lanes, 9 deaths; the Invalid Asylum, 187, High Street, 3 deaths. Only two of these 40 deaths were of parishioners; the remainder were of persons who came to Stoke Newington from other parts; these have not, therefore, been reckoned in estimating the death-rate of the Parish.

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

TABLE A 4.

The Causes of Infantile Mortality in 1900.

	First Quarter.	Second Quarter	Third Quarter.	Fourth Quarter.	Totals.
Wasting, Developmental Diseases and Debility	1	2	4	2	9
Premature Birth and insufficient vitality	5	2	6	6	19
Diarrhœa	..	..	9	..	9
Diseases of Lungs ..	9	5	5	2	21
Whooping Cough	..	3	5	1	9
Convulsions	3	..	..	..	3
Gastric Catarrh and Enteritis	..	..	..	1	1
Measles	..	..	1	..	1
Overlying	1	..	..	1	2
Other causes.....	5	2	2	4	13
Totals.....	24	14	32	17	87

TABLE A 5.

A comparison of the Health Records of the several Metropolitan Sanitary Areas, for the year 1900.

Sanitary Area.	Crude or Recorded Death-rate.	Factor for correction for age and sex distribution.	Corrected Death-rate.	Rate of Infantile Mortality.	Infectious Sickness-rate from Notifiable Diseases.
London	**18·3**	**1·06560**	**19·5**	**158**	**7·7**
Paddington	15·9	1·08070	17·1	165	5·0
Kensington	15·8	1·10184	17·4	180	5·7
Hammersmith	17·2	1·06094	18·2	162	7·6
Fulham	17·3	1·04817	18·1	147	10·7
Chelsea	18·0	1·06685	19·2	149	6·0
St. George, Hanover Square	13·8	1·10438	15·2	107	4·5
Westminster	20·6	1·13046	23·3	189	6·1
St. James, Westminster	16·1	1·11597	17·9	154	6·0
Marylebone	18·9	1·07464	20·3	125	6·4
Hampstead	11·3	1·15153	13·0	100	6·0
St. Pancras	18·9	1·07043	20·2	160	7·6
Islington	16·3	1·09983	17·9	145	6·6
Stoke Newington	**12·4**	**1·07283**	**13·3**	**112**	**8·2**
Hackney	16·1	1·04645	16·8	158	8·1
St. Giles	18·2	1·10886	20·1	118	6·6
St. Martins-in-the-Fields	17·7	1·21665	21·5	148	4·3
Strand	20·5	1·17919	24·1	135	6·1
Holborn	26·5	1·03683	27·4	240	8·0
Clerkenwell	21·5	1·10822	23·8	167	6·0
St. Luke	26·8	1·08070	28·9	138	6·5
City of London	22·0	1·15015	25·3	176	7·4
Shoreditch	21·6	1·03794	22·4	186	8·2
Bethnal Green	22·0	1·04133	22·9	168	9·2
Whitechapel	19·4	1·07948	20·9	139	10·7
St. George in the East	24·4	1·03907	25·3	162	8·6
Limehouse	26·1	1·08869	28·4	228	9·2
Mile End	20·4	1·03068	21·0	158	8·2
Poplar	22·3	1·03569	23·1	192	9·5
St. Saviour, Southwark	25·2	1·04702	26·3	197	10·5
St. George, Southwark	27·3	1·10375	30·1	209	12·1
Newington	21·9	1·04531	22·9	171	8·4
St. Olave, Southwark	21·2	1·03963	22·0	120	6·2
Bermondsey	22·7	1·05801	24·0	186	9·3
Rotherhithe	21·5	1·03569	22·2	205	8·9
Lambeth	17·4	1·04989	18·2	145	7·1
Battersea	16·8	1·07584	18·0	159	7·0
Wandsworth	14·8	1·06804	15·8	144	7·0
Camberwell	16·3	1·05801	17·2	154	8·0
Greenwich	18·0	1·02791	18·5	161	8·9
Lewisham	15·1	1·06864	16·1	156	9·2
Woolwich	15·7	1·12713	17·7	131	7·2
Lee	22·1	1·08376	23·9	173	8·5
Plumstead	16·3	1·03458	16·8	129	10·1

TABLE A 6.

The chief Vital Statistics for the Parish since 1894.

Year.	Population estimated to middle of next year.	Birth-rate.	Rate of Infantile Mortality	General death-rate.	Zymotic death-rate.	Phthisis death-rate.	Infectious sickness rate.
1894	32,900	23·1	73·6	9·0	0·83	1·07	5·5
1895	33,600	23·7	117·0	13·1	1·18	0·89	7·2
1896	33,615	24·6	125·0	12·4	2·30	0·59	10·5
1897	33,815	24·7	122·1	14·0	2·00	1·10	6·7
1898	34,200	24·5	106·0	13·6	1·72	0·95	7·2
1899	34,800	22·6	103·9	12·8	1·23	0·86	7·6
1900	35,200	22·0	112·2	12·4	1·50	1·02	8·2
Means.		23·6	108·5	12·5	1·54	0·93	7·6

THE MORTUARY.

During the year 27 bodies were deposited in the Public Mortuary ; 21 of these were females and 6 were males. Post-mortem examinations were performed upon 15 of these cases, and inquests upon 22.

SICK NURSING.

The importance of good nursing in the treatment of disease can scarcely be exaggerated, and the educational value of a visit of a nurse to the houses of the poor is very great.

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

INQUESTS.

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

8	deaths	from	accidental injuries.
5	,,	,,	heart disease and weakness of heart.
2	,,	,,	apoplexy.
5	,,	,,	suicide (*i.e.* one each from drowning, poisoning, cut-throat, hanging and shooting).
1	,,	,,	convulsions.
3	,,	,,	lung disease.
2	,,	,,	overlying.
2	,,	,,	alcoholism.
1	,,	,,	ulcer of stomach.
Total 29			

INFECTIOUS DISEASES AND THE MEASURES TAKEN TO PREVENT THEIR SPREAD.

It will be seen from Table B that 291 *Notification Certificates of Infectious Illness* were received from medical practitioners, as against 263 during the preceding year.

These 291 cases represent infection in 262 different houses. In 214 instances the disinfection was performed by the Sanitary Authority, and in the other cases by the householders, to the satisfaction of their medical attendant. A visit was paid to every house, and it was ascertained that cases of infectious illness occurred in 6 houses where there were "grave" sanitary defects, 23 in which the sanitary defects were "slight," and 233 in which there were no such defects.

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

Thus, apart from the measures that have been taken to prevent the spread of infectious illness, the notification of such illness was the means during the year of bringing about a sanitary inspection of 262 premises.

Table B 1 shows the number of cases, and of deaths, from the Infectious Diseases notified during the years 1892-1900; and Table B 2 the cases of Infectious Diseases notified during each month of the year 1900. It will be noted that there was a marked reduction in the number of cases of sickness from Scarlet Fever, but an increase in the sickness from Diphtheria and Typhoid Fever, when the years 1899 and 1900 are compared.

The Infectious Sickness Rate of the Parish was 8·2 to each 1,000 of the population, as against 7·6 for the preceding year, and 7·2 for 1898.

TABLE B

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1900.

Cases notified in Whole District.	Notifiable Disease.												
	Small-pox.	Cholera.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Relapsing Fever.	Continued Fever.	Puerperal Fever.	Plague.	Totals.
At all Ages	..	..	120	2	28	116	..	21	..	..	4	..	291
Under 1	..	..	2	..	..	..	..	..	..	..	..	..	2
1 to 5	..	..	30	1	1	31	..	..	..	..	..	..	63
5 to 15	..	..	73	1	1	69	..	4	..	..	..	..	148
15 to 25	..	..	7	..	1	13	..	7	..	..	1	..	29
25 to 65	..	..	8	..	21	3	..	10	..	..	3	..	45
65 and upwards	..	..	..	..	4	..	..	..	..	..	..	..	4
Total Cases notified in each Locality.													
Southern Division	..	..	97	2	16	100	..	16	..	..	1	..	232
Northern Division	..	..	23	..	12	16	..	5	..	..	3	..	59
No. of Cases removed to Hospital from each Locality.													
Southern Division	..	..	69	..	1	74	..	5	..	..	..	..	149
Northern Division	..	..	10	..	1	13	..	2	..	..	..	..	26

TABLE B 1.

Table showing the number of Cases and Deaths from the Infectious Diseases notified from among parishioners during the years 1892-1900.

	Small-pox.		Scarlet Fever.		Diphtheria.		Continued Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1892	2	—	232	6	59	9	2	—
1893	8	—	354	4	84	5	—	—
1894	3	—	91	4	55	5	—	—
1895	—	—	129	1	57	6	—	—
1896	1	—	220	7	71	18	—	—
1897	2	—	108	1	53	19	—	—
1898	—	—	146	2	52	4	—	—
1899	—	—	178	2	31	6	—	—
1900	—	—	116	5	120	14	—	—

	Erysipelas.		Puerperal Fever.		Typhoid Fever.		Membranous Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1892	30	4	3	2	31	2	2	—
1893	37	—	—	—	31	2	1	1
1894	25	—	2	2	12	3	2	1
1895	28	—	1	—	29	3	5	4
1896	41	—	1	3	17	5	3	3
1897	22	1	3	1	38	10	1	2
1898	28	2	3	3	18	3	1	—
1899	30	3	8	5	16	5	—	1
1900	28	—	4	1	21	6	2	1

TABLE B 2.

Cases of Infectious Disease notified during each month of the year 1900

	Small-pox.	Scarlet Fever	Diphtheria	Membranous Croup.	Typhoid Fever.	Puerperal Fever.	Erysipelas.	Totals.
January	..	9	5	..	1	1	3	19
February	..	10	4	..	..	1	3	18
March	..	12	7	..	1	..	2	22
April	..	4	4	..	3	..	1	12
May	..	7	7	1	..	1	2	18
June	..	6	5	..	5	..	2	18
July	..	14	5	1	..	..	2	22
August	..	7	5	..	3	1	3	19
September	..	9	8	..	4	..	1	22
October	..	13	31	..	2	..	3	49
November	..	13	17	..	2	..	..	32
December	..	12	22	..	..	..	6	40
Totals	..	116	120	2	21	4	28	291

The Infectious Sickness Rate for London generally was 7·7 and of the 43 Sanitary Areas situated within the Metropolis, the lowest rates were those of St. George, Hanover Square, (4·5), Paddington (5·0), St. Martin's-in-the-Fields (4·3), and the highest were St. George, Southwark, Whitechapel, Fulham, St. Saviours, Southwark, and Plumstead, all of which exceeded 10.

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

NOTIFICATION OF INFECTIOUS DISEASE.

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

DISINFECTION.

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

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

HOSPITAL ISOLATION.

During the year we experienced no difficulty in getting parishioners into the hospital with promptness.

As the public become more educated in public health matters and the value of preventive measures, it will demand some provision for isolating Measles, Whooping Cough, and Consumption. Each of these diseases is far more fatal than the mild type of Scarlet Fever which has prevailed now for several years, and yet of the huge sums spent annually to isolate infectious diseases in hospitals, it is no

exaggeration to say that half of it is spent on Scarlet Fever—a disease with a death-rate of 0·12 for England and Wales, whereas practically no provision is made for hospital isolation of the more urgent cases of Measles, Whooping Cough and Consumption—diseases with death-rates of 0·39, 0·34 and 1·6, respectively.

The Report of the Metropolitan Asylums Board for the year 1899, contains interesting information as to the hospital isolation of infectious diseases in the Metropolis.

The cases of infectious disease notified under the Public Health (London) Act, 1891, during 1899, numbered 42,285. They included 18,089 notified as Scarlet Fever, 13,346 as Diphtheria, 4,453 as Enteric Fever,13 as Typhus Fever,1 as Relapsing Fever,69 as Continued Fever, and 29 as Small-pox. The remainder were cases of other diseases notified under the Act, but not admissible into the Board's hospitals.

Amongst the notified cases admitted to the Board's hospitals it is usual to find many cases of mistaken diagnosis. In the past year the percentage of such cases was as regards Scarlet Fever cases, 3·9; Diphtheria Cases, 7·4; and Enteric Fever cases, 17·3.

Of the total notified and legally admissible cases, 68·08 per cent. were admitted to the Board's hospitals, as against 65·50 per cent. in 1898, and 33·59 per cent. in 1890.

The percentage of the notified cases of each disease removed to the Managers' Hospitals, was, as regards Scarlet Fever, 74·34, Enteric Fever 40·78, Typhus Fever 84·62, and Diphtheria 69·69. The average duration of residence of Scarlet Fever cases was 69·1 days, or 70·4 days if the fatal cases be excluded; of Diphtheria the length of residence was 51·2 days, and 59·2 if the fatal cases are omitted; while the average residence of Enteric Fever cases was 50·7 days, and 58·6 days if the fatal cases be excluded. The duration of residence is of the utmost importance from an economical point of view, for any possible shortening of the period would effect a saving in the cost of maintenance, and also admit of a larger number of patients being treated in the same number of beds.

The decreasing percentage of the mortality amongst Scarlet Fever patients treated in the Board's hospitals continues to be a noticeable feature, but more noticeable still is the decline in the percentage mortality amongst Diphtheria patients, from 22·85 in 1895 (when the antitoxic serum treatment was first adopted) to 13·95 in 1899.

The immunity from Small-pox which the Metropolis continues to enjoy is a matter for sincere congratulation. Of the 28 Small-pox patients sent for admission to hospital during the year, the diagnosis of Small-pox was confirmed in 10 only, the errors in diagnosis amounting to 64·3 per cent.

CONSUMPTION.

The amount of consideration and discussion given to the subject of the prevention of Tuberculosis during the past year or two bears testimony to the concern with which the more enlightened section of the community is viewing the restricted and inadequate measures which have hitherto been taken to check the spread of a disease which continues to disable and kill a far greater proportion of our population than any other communicable disease.

In the first place, none of our efforts must be relaxed in the direction of removing those conditions of site, dwellings, occupation and food, which promote the prevalence of the disease, seeing that the work of Sanitary Authorities in that direction has reduced such prevalance some 40 per cent. among males and some 54 per cent. among females from 1861-70 to 1891-98. But what is an essential preliminary to all successful action against a disease with a period of prolonged infection, and respecting which the necessary preventive measures must be largely left to individual initiative, is the education of the public as to the circumstances favouring the individual susceptibility to the disease and the conveyance of its infection from the sick to the healthy.

Now, any educational scheme can only be regarded as complete when it is carried with certainty and promptitude to those who more particularly stand in need of it and are the most likely to act as possible sources of danger to the community; and the measures must reach the masses who occupy lodging-houses, poor class tenements and tenemented dwellings, work-rooms, etc., are concerned. Above all, it is necessary to know where the infected houses are, and this information can be obtained by notification and by notification alone.

TYPHOID FEVER.

Of the 21 cases notified during the year, all occurred in different houses, in two of which there were grave insanitary conditions; in two the insanitary conditions were slight, and in the remaining 17 there were no insanitary conditions. Three of the cases, doubtless, contracted the disease outside London. The infection appeared to be due to the consumption of oysters in two cases.

The disease frequently spreads from obscure cases in which the nature of the disease is not recognised; and the risk of the retention of cases of enteric fever in the houses of poor persons, where the conditions of life are such as to give opportunity for extension of the disease, is borne out in many recorded instances. The early recognition of enteric fever, the use of the Widal test in all doubtful cases, the isolation of the sufferer, and the employment of persons beyond middle life to attend upon the sick, are all needed to limit such spread of the disease. In several instances the consumption of shell-fish was ascribed as the cause of the disease; but in the large majority of cases the origin of the infection remained obscure.

DIPHTHERIA.

The 120 cases of Diphtheria occurred in 103 different houses; and in only three instances were sanitary defects of a grave nature found to exist in the home of the patient. Slight sanitary defects were found in 13 other cases.

School attendance is either alleged by the parents or surmised by myself, on good grounds, to be the cause of 14 attacks during the year, and to be responsible for 11·6 per cent. of the cases as against 9·7 per cent. in the preceding year.

Four cases of the infection were imported into the Parish. In one case it was very clear that a preceding tonsilitis of several weeks duration predisposed to an attack of Diphtheria. In two cases the attack was preceded by "sore-throat" in other members of the family; and in three cases the infection was contracted by visiting infected homes. One case was contracted in Hospital. Where two or more cases occurred in one house the later cases almost invariably took the infection at the same time as the patient first affected.

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

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

Date of Application.	Suspected Disease.	Result of Examination.
January 1st	Typhoid Fever	Not Typhoid Fever
,, 4th	Diphtheria	Diphtheria
,, 18th	Diphtheria	Not Diphtheria
March 3rd	Diphtheria	Diphtheria
,, 12th	Typhoid Fever	Not Typhoid Fever
May 17th	Diphtheria	Not Diphtheria.
June 7th	Typhoid Fever	Not Typhoid Fever
July 3rd	Diphtheria	Not Diphtheria.
,, 19th	Diphtheria	Diphtheria
,, 25th	Diphtheria	Diphtheria
August 20th	Typhoid Fever	Not Typhoid Fever
,, 31st	Typhoid Fever	Typhoid Fever
September 6th	Typhoid Fever	Not Typhoid Fever
,, 11th	Diphtheria	Not Diphtheria.
October 9th	Diphtheria	Diphtheria
,, 9th	Diphtheria	Diphtheria
,, 10th	Diphtheria	Not Diphtheria
,, 17th	Diphtheria	Diphtheria
,, 19th	Diphtheria	Diphtheria
,, 25th	Diphtheria	Diphtheria
,, 31st	Diphtheria	Not Diphtheria
November 12th	Diphtheria	Diphtheria
,, 15th	Diphtheria	Diphtheria
,, 22nd	Diphtheria	Diphtheria
,, 22nd	Diphtheria	Diphtheria
,, 22nd	Diphtheria	Diphtheria
,, 22nd	Diphtheria	Diphtheria
,, 27th	Diphtheria	Diphtheria
,, 27th	Diphtheria	Diphtheria
,, 29th	Diphtheria	Diphtheria
December 4th	Diphtheria	Diphtheria
,, 12th	Diphtheria	Not Diphtheria
,, 12th	Diphtheria	Not Diphtheria
,, 12th	Diphtheria	Not Diphtheria
,, 12th	Diphtheria	Not Diphtheria
,, 12th	Diphtheria	Not Diphtheria
,, 13th	Diphtheria	Not Diphtheria
,, 13th	Diphtheria	Not Diphtheria
,, 19th	Diphtheria	Not Diphtheria

SMALL-POX AND VACCINATION.

The Parish was quite free from Small-pox during the year, and the Metropolis as a whole enjoyed a remarkable immunity from this disease. The City of Glasgow is, at the time of writing, in the throes of an epidemic. An account of Glasgow's municipal experience

of Small-pox and vaccination in recent years, has quite lately become available for public guidance, and its study may be recommended to those who desire to learn some of the reasons why almost the entire medical profession remains unshaken in its faith in vaccination and re-vaccination. Dr. Thompson, the Visiting Physician to the Glasgow Small-pox Hospital, reports that in the 10 years 1889-98 797 cases of Small-pox were treated, of which 709 had been vaccinated; 67 had never been vaccinated, and 21 were classed as "doubtfnl" so far as vaccination is concerned. The following table shows the death-rate in each group:—

Condition as to Vaccination.	Number of Cases.	Deaths.	Per Cent.
Vaccinated	709	25	3·52
Doubtful	21	6	28·57
Unvaccinated	67	31	46·30

The answer is so clear that "he who runs may read." Among 67 unvaccinated persons there were more deaths than among 709 vaccinated persons; and if it be suggested that the doubtful cases may all have been vaccinated, the case is quite strong enough to bear this added burden. The vaccinated would then number 730, and their deaths 31, or exactly the same number as furnished by the 67 unvaccinated. In other words, of the 67 unvaccinated, only 36 remained alive after their attack by Small-pox, while of the 730 vaccinated (including the doubtfuls), 699 survived.

Taking the character of the facial eruption as the standard of severity, no less than 95 per cent. of the 709 vaccinated had a mild or "Discrete" attack, 4 per cent. had a severe or "Confluent" eruption, and only 1 per cent. had that very fatal form of Small-pox known as "Hæmorrhagic." Among the 67 unvaccinated patients only 20 per cent. of the attacks were Discrete, while 67 per cent. were Confluent, and 13 per cent. Hæmorrhagic.

The unvaccinated had to be detained on an average 60 days, the doubtful cases 51 days, and the vaccinated only 38 days.

It is satisfactory to know that in an enlightened community such as Glasgow, the only method of prevention which is certain is being extensively practiced, and that vaccination and re-vaccination is being largely resorted to.

MEASLES.

The Parish has now enjoyed nearly two years of comparative freedom from Measles.

During the year the Vestry was approached by the London County Council as to the advisability of including Measles in the term "dangerous infectious disease," for the purposes of certain sections of the Public Health (London) Act, 1891. The sections in question deal with: (1) Power to compel removal of sufferers to hospital; (2) power to compel cleansing and disinfection; (3) power to prosecute for wilful exposure of infected persons and things; and (4) power with regard to infectious dead bodies. The Metropolitan Asylums Board has not made, and does not appear to intend to make any provision for the isolation of Measles in hospitals, so that all cases of Measles will continue to be nursed at home, and without hospital provision for isolation the measures taken to prevent the spread of the disease must necessarily prove incomplete. If, moreover, disinfection be made compulsory upon recovery from Measles, the Sanitary Authority will be called upon to face a considerable increase in the cost of disinfecting, to enforce it, to prosecute in cases of non-disinfection of infected rooms, things, persons, or conveyances; and also to see that the patient is isolated as effectually as possible.

Measles epidemics are mostly nurtured in the baby and infant classes crowded together in schools. The ages of these children range from 3 to 5 years. Upon the value of school teaching to infants under 5 years of age there is little to be said, and I am of opinion that the value of such school attendance does not compensate for the large amount of infection spread and the fatal and maiming consequences of such sickness among a goodly proportion of such frail sufferers.

PLAGUE.

The closing year of the 19th century is noteworthy as having furnished the first instance since the days of the heavy mortality of the 17th century, in which plague has obtained a footing in one of our great cities. The outbreak at Glasgow showed most unmistakably that we in England remain susceptible to this particular disease, and that it is capable of spreading to an alarming extent in our centres of population. The outbreak at Glasgow was of a somewhat mild type, and the evidence is opposed to rats having actively participated in the spread of the disease, and in this respect the Glasgow epidemic presents a striking contrast to that at Sydney in the earlier part of the year. The disease tends to develop in the poorer quarters, amid surroundings where both dirt and darkness are prevalent, and this lesson must be taken to heart in view of the risks of the importation of the disease which will have to be faced, probably for another year or two.

In view of the possible occurrence of cases of plague in and around London, the Local Government Board ordered the immediate notification, to the Sanitary Authority, of all cases of the disease. The same fees as those payable with respect to the other notifiable diseases were allowed. The medical practitioners in the Parish were advised of this and provision was made for a bacteriological diagnosis of any doubtful case, on application to the Council offices.

SCARLET FEVER.

The 116 cases of Scarlet Fever occurred in 104 different houses, in 3 of which there were grave insanitary conditions; in 10 the insanitary conditions were slight, and in the remaining houses there was an absence of such conditions.

School attendance was ascribed as the origin of the infection in 20 cases; and in three cases there were strong reasons for believing that the infection was communicated by a patient recently dismissed from a fever hospital. The infection was imported into the Parish in 2 instances, and in 6 instances the infection was directly contracted from a preceding case.

RETURN CASES OF SCARLET FEVER AND DIPHTHERIA.

By the term "return case" is implied the cases where the return of a former patient from a fever hospital is responsible for the infection appearing in another member of the household. From a recent enquiry into the cause of these return cases by Prof. Simpson, it seems that of the former sufferers from Diphtheria and Scarlet Fever discharged from the Metropolitan Asylum's Board's Hospitals, under 2 per cent. convey the infection home with them, and that of these the large majority do so on account of discharges from the nose, ears, etc., and not because they have been prematurely discharged while still suffering from the actual disease.

Dr. Turner, the Medical Superintendent of the South-Eastern Hospital, in his observations on Professor Simpson's report, suggests that the managers should try the experiment of isolating cases before discharge in a separate house, one patient in each room. Professor Simpson supports this suggestion, and recommends that in cases of oral and nasal discharge the patients should be thus isolated, the discharges treated antiseptically, and the patient sent out after isolation for a fortnight.

As I have advocated elsewhere, two or three years ago, a printed notice should be issued by the Metropolitan Asylum's Board, and given to every parent or guardian whenever a patient is discharged from hospital, advising them to make arrangements, if possible, for the individual discharged to keep from other children and to sleep in a separate bedroom or bed for one week subsequent to his return home. I believe if parents and guardians would and could carry out this practice instead of the present general practice of putting a child *straight* from a fever ward to sleep in the same bed with other children, we should hear far less of "return cases." Professor Simpson, in his report, makes a similar recommendation.

THE SPREAD OF INFECTION IN SCHOOLS.

There has been abundant evidence during the year, of the powerful influence which school attendance exerts upon the spread of the infectious diseases, Diphtheria, Scarlet Fever, Measles and Whopping Cough; and one school had to be temporarily closed, on account of a school outbreak of Diphtheria. Under a system of compulsory school attendance it is only fair to the children—the parents of whom have long since grown to regard the period of school attendance as one fraught with grave risks to the health of their children—that every available measure should be adopted by the School Authorities to reduce the large amount of preventable disease, which is now the outcome of our present system and methods. The preventive measures adopted are wholly insufficient; they are almost useless in preventing the spread of communicable disease; and hence school closure has to be adopted after a large number of children are down with the disease. The opposition to the closure of a London Board School is so great that it is only when one is able to point to a much reduced attendance of the scholars, on account of the spread of preventable disease in their midst, that the necessary step is taken. Education is the first consideration, and the health of the scholars is treated as of quite secondary importance.

The one obvious measure which most of us Medical Officers of Health have advocated for many years is a system of Medical Inspection of the scholars at regular and frequent intervals; and Germany has, of course, adopted it. In that country the school doctor has now been appointed in considerable numbers. He has nothing at all to do with treatment, he only decides as to the total or partial exemption of children from school attendance on the score of health. To give one instance of the value of such an appointment, as the result of the examination of two schools in Leipzig, there were found two children suffering from consumptfon, 11 from heart disease, 10 from spinal curvature, 63 from obstructive growths in the nose and throat, which lead to defects of speech &c., 75 with defects of vision, and 10 with defects of hearing.

It is of the greatest importance, moreover, that the head teacher should learn as soon as possible of the cause of the absence of absentees. The present arrangements are miserably designed to meet this very necessary requirement in the interest of disease prevention. The school attendance officers neither visit the absentees nor notify the teacher with anything approaching sufficient dispatch. Further, no child who has been absent on account of illness should be permitted to again attend school until after a medical examination. If, during the past year this rule had been enforced, two children in Stoke Newington would not have been allowed to return to school after suffering from what were thought to be by their parents, trivial complaints, but which turned out to be mild diphtheria—and capable of giving severe diphtheria to others. Schools must continue to act as centres of infection from time to time so long as the decision as to whether a child should return to school or not, is left to any non-medical opinion.

During the year I received the following communication from a Parishioner, and the suggestion therein contained seems a useful one. In reference to the danger of the different scholars using the school slates indiscriminately and to the danger thereby run of mild cases of Diphtheria conveying the infection to others, he writes:—

> "They (the slates) are all wetted and washed in the same bucket, and if they should get dry during the school session,—of course the spitting comes in again. Her Majesty's Inspectors condemn the practice of children spitting on their slates and wiping them with their caps. Still, the custom lives. It has occurred to me whether anything can be done to reduce this danger. To that end, I am curious to know if the following suggestion is of any consequence:—Every child on its entry into the school should be supplied with a suitable slate, and its name marked on it on both sides. The child would occupy the same place in the class and always have the same slate; or, if removed to some other part or class, carry its slate with it. Slates falling out of use from children leaving, &c., might be washed in some suitable disinfectant before being re-issued."

It is questionable, however, whether any system of reserving slates and pencils to particular scholars or of repeated and efficient distinfection is practicable. Pencil and paper have taken the place of the slate in some schools, and this innovation has everything to recommend it. One would like to see it adopted in the London Board Schools.

NOTES UPON SANITARY WORK PERFORMED DURING THE YEAR.

It will be seen from the accompanying Report of the Sanitary Inspectors that a large amount of sanitary work has been performed during the year. 2715 premises were inspected for conditions injurious or dangerous to health, and insanitary conditions, varying in their nature from slight to very grave, were discovered in a large number of instances. 493 Intimation Notices, followed in cases by Statutory Notices, were complied with.

Of this number only 125 inspections were made as the result of complaints by householders and others, and this circumstance will serve to accentuate the importance of prosecuting a fairly constant system of house-to-house inspection in at least the poorer parts of the Parish. It is difficult to over-estimate the value such a measure has in preventing the origin and spread of preventable sickness.

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

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

HOUSES LET IN LODGINGS.

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

By the end of the year 1900, 135 houses were on the Register.

SEWER EMANATIONS.

Complaints of odours arising from the sewers were comparatively few during the year and the atmospheric conditions generally were unfavourable to offensive emanations from sewers; but I would impress upon the Council the very high importance, especially during the summer months, of making a generous provision for flushing the sewers repeatedly and systematically, of a frequent cleansing of the street gulleys, and of sufficient watering of the streets. All such work not only adds to the personal comfort of parishioners, but, by reducing summer diarrhœa, it lessens the infantile mortality of the District.

REMOVAL OF HOUSE REFUSE.

The scavenging of London at the present time shows a great improvement upon that of former years. The by-laws of the Council require the removal of the house refuse from all premises not less frequently than once a week, and a call is made at each house with this object. This is a great advance on the old method of the dustcart calling only at houses in which the need for collection is manifested by the exhibition of a D-card or on request of the householder. The efficiency with which the work is carried out, however, in different districts depends, of course, upon the willingness of the sanitary authority to provide a sufficient administration for this purpose, and upon the co-operation of householders. The Council's by-law requires that all new receptacles for house refuse shall be of the movable variety, and facilities for successful scavenging would be greatly increased if all householders would provide themselves with movable receptacles in substitution of the old fixed receptacles, which hold too much refuse, and which cannot be emptied with ease and completeness.

WATER SUPPLY.

The character of the seasons was on the whole favourable to the operations of the water companies, and the public supply (The new River Company) was satisfactory, both in quality and quantity. During the year I made repeated analysis of the water supplied to the District and in every case it conformed to a high standard of purit

THE HOUSING OF THE POOR PROBLEM.

Although in Stoke Newington we have not to face the problem in its more acute phases, yet, more especially in the Southern portion of the Borough, there are several thousand of the poorer classes occupying two or three rooms in houses which, although originally built for one family, have become tenemented to their utmost permissible limits. Structurally considered, the houses are for the most part satisfactory, but the evils of all this crowding require to be dealt with by a very frequent house-to-house inspection. In a few instances in the Borough there are groups of dwellings which are not far removed from slum property—and if we failed to exercise all our powers as a Sanitary Authority in regard to these they would very quickly degenerate into the very worst forms of slums. There are many families in Stoke Newington who occupy but two rooms, and in my opinion it is often impossible for them to live under these conditions with proper regard to healthiness or decency. This state of things is, of course, far more in evidence in most other London Boroughs than it is in Stoke Newington, and small wonder, therefore, that our town-bred population is deteriorating to such an extent that scarcely one-half of the males conform to the low standard of physique required in our service recruits.

It is now impossible for a poor family to obtain two or three rooms in London for the same sum which would have procured them a small house of their own a few years back, and thousands are literally starving themselves to pay extortionate rents.

The local authority can do much to promote the most satisfactory standard of sanitation and decency procurable in these highly-tenemented houses, but the standard is one which does not satisfy the least fastidious in scores of cases, and the Nemesis must inevitably follow of a progressive physical and moral deterioration of our London poor. When insanitary conditions, such as we can deal with, arise on these premises, one's natural impulse is not to spare the owner who is responsible for the circumstances which have led to such nuisances,

but his general practice is to raise the rents, and make the tenants bear the costs of improvements. I know of instances in Stoke Newington where as much as 7s. a week is paid for two small rooms, and the demand for such accommodation is so great even at that figure that the condition is imposed that no tenant with children is received. It is not difficult to see what such a condition of tenure leads up to, and how necessary it is for those who can only afford two rooms to limit their families. This is one of the causes, in my opinion, of the falling birth-rate in our large centres of population. Extortionate rents for poor class property have a great deal to answer for; they cause a high death-rate, a high infectious sickness-rate (for communicable disease must run through the whole of the susceptible members of the crowded family—if not of the whole house), physical and moral decadence, and the restriction of families. Now the birth-rate is the chief asset of the State, and this housing question is not only one of local interest and concern, it is a grave national question affecting the health, morals and vigour of our country. It is the most pressing and important subject which London has to deal with. The remedy of municipalising such property bristles with difficulties, but if it were practicable it would be the most beneficial public health measure conceivable.

Where private enterprise succeeds in dealing with the housing problem, it generally only succeeds by tolerating conditions of tenancy which could not be countenanced by a health authority, and hence it might well be suppressed; but all municipal enterprise is handicapped by the payment of such exaggerated compensation or purchase money that an excessive expenditure of capital is entailed in any improvement scheme. If a house of £50 a year rental is made to bring in £100 by subdividing it into a series of small tenements in which people are allowed to house themselves like rabbits, then the compensation for expropriation should be estimated on the £50 annual valuation, and not on the £100. The community is now compelled to pay extravagantly for removing an evil for which the owners of slum property should properly be made responsible Failing the enforcement of responsibility against the slum owner, the

local authority should have the power to compel the sale of such property at the rateable value of the land and the materials. What is desirable is a reform in the existing law which will make it unprofitable to own hopelessly insanitary property. At present the cost incurred for "compensation" and construction leads to the substitution of dwellings which can only be let at a rental which is too high for the bulk of those evicted, who therefore increase the overcrowding in the adjacent slums.

Slums encourage drunkenness, and, on the other hand, a drunken, thriftless class will produce slums; and if drunkenness, vagrancy, and culpable pauperism could be effectually diminished, one result would be a largely-increased proportion of persons able to pay rent for improved and suitable dwellings.

It will be said that with lowered rents many will still continue to live huddled together and in filth, if they can thereby save something for dissipation. That may be conceded, but when the Sanitary Authority is in the position of being able to say that sufficient accommodation is procurable at such a reasonable rent that the people *can* live wholesomely, then it will be for the Sanitary Authority to see that they do so; and doubtless much of the present day dissipation among the poor is the direct outcome of their miserable homes.

Easy and cheap transport to the outskirts of our large towns would do away to a great extent with the need for the working classes to live close to their work; houses would be cheaper and the children would have a chance of growing up under natural and healthy conditions.

Hitherto the houses erected by public bodies in the Metropolis with the view of re-housing some of the population displaced by an improvement scheme, have been too expensive (from 2/- to 3/6 per

room). The breadwinners in such insanitary and dilapidated property are not as a rule skilled workmen, and most of them, even when the greatest care and economy are exercised, make little more than a bare living wage. To close the houses of such people because they are insanitary, and to offer them other houses at a much-increased rental, and often far removed from the scene of their daily work, is not seriously to attack the difficulty of improving the conditions of life of these people. To build houses that could not possibly be let under 6s. 6d. a week (as is generally the case), is doing nothing for a class of people who were formerly paying but 2s. 6d. The provision of the former class of houses may well be left to private enterprise. They will soon be tenanted by those who are in receipt of fairly good wages, and who are really not the class of people for whom it is so necessary to find improved accommodation. The whole question is, of course, beset with great and serious difficulty, and the present state of our legislation does little to assist in its solution. The problem which has to be solved in the near future by local authorities is how to provide healthy houses for poor people of a class that the speculative builder does not provide for.

It is very generally conceded that those in humble circumstances cannot afford to pay more for rent than one-sixth of the income earned. The class which stands most in need of municipal help in the direction of housing is the class which does not earn more than from 20s. to 25s. a week on an everage, and these want accommodation at not more than 3s. 6d. to 4s. 6d. a week. Once the supply is equal to the demand, rent would resume a more rational ratio to the workman's wage, instead of the fourth or even third which it often represents at present. If they are going to meet this most real want, local authorities must not dream of an "annual profit," but will have in many cases to subsidise such provision to some small extent out of the rates. The much desired extension of the period of repayment of loans for land purchase to a hundred years would do much to reduce the financial difficulties attending the great problem of the housing of the working classes.

The London County Council has hitherto done more in the direction of shifting the slum population than of re-housing it under its Improvement Schemes. The Boundary Street Area originally accommodated 5,719 persons, but only 11 of these found homes in the too expensive buildings erected upon the old site. The disease was therefore itensified, for neighbouring areas became still more over-crowded, and this will continue to be the case so long as the re-housing does not keep pace with displacement.

There must be in the metropolis at present some 500,000 persons ("the submerged tenth") who cannot afford to pay a sufficiently high rent to secure healthy homes. The number of paupers in the metropolis during last year was estimated at 125,000, and the common lodging-houses provide for some 30,000; the balance remaining is a formidable one. It is in the interest of the whole community that these people should be housed sanitarily, but the process is so costly that municipal enterprise is heavily handicapped. It must be cheapened. The rookery sweater has no claim to receive handsome compensation. If it were made uuprofitable to own insanitary and degraded property, we should have less of it to menance the health of every community.

SANITARY LEGISLATION, 1900.

With the exception of the Census Act the only Act passed in 1900 which bears strictly on Sanitary matters is an Amendment to the Housing of the Working Class Act, 1890.

The Amended Act (63 and 64 Vict., c. 59) gives power to the Borough to establish and acquire "Lodging Houses" for the working classes, under Part iii. of the Act, *outside of the District.*

The expenses incurred under the Act are to be defrayed as part of the ordinary expenses of the Council. Ample borrowing powers under easy terms are provided.

Section 5 of the amended Act provides that the Local Authority may lease any land acquired to a lessee under the condition that the lessee will carry the Act out. The Local Authority "shall insert in

any lease provisions binding the lessee to build on the land as in the lease prescribed, and to maintain and repair the buildings," so as to secure the buildings being exclusisely used as lodging-houses within the meaning of the Act.

THE SEATS FOR SHOP ASSISTANTS ACT, 1899.

This Act, which came into force January 1st, 1900, requires that all retail shopkeepers employing female assistants shall provide (behind the counters of the shops) seats for the use of such assistants in the proportion of one seat to every three assistants.

A large number of shopkeepers have furnished their shops with these necessary conveniences for female assistants.

THE CLEANSING OF PERSONS ACT.

The provisions of this Act have not been generally availed of in London by Local Sanitary Authorities. We have, on two occasions during the year, steam-disinfected clothing and bedding on request by the owners that we should free these articles from vermin.

FOOD AND DRUGS.

Under the sale of Food and Drugs Acts, 84 samples of Food and Drugs were taken and analysed. The results are shown in Table C. Five of the samples were not satisfactory and, therefore, the percentage of non-genuine samples amounted to about 6 per cent., a figure which is lower than that of the preceding year, when it was 10·4 per cent.

9·1 per cent. of the milk samples were adulterated. 16 samples of food and drink were carefully tested for arsenic. The samples comprised 6 of ale, 3 of mixed sweets, 3 of golden syrup, 2 of jam, 1 of lemonade, and 1 of gingerbeer. The results of the tests applied were negative in every instance.

TABLE C.

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

No.	Sample Analysed.	Opinion Formed.	Action Taken.
1	Milk	Satisfactory	Nil.
2	Milk	,,	,,
3	Milk	Fat barely reached low limit	Vendor cautioned.
4	Mustard	Satisfactory	Nil.
5	Sago	,,	,,
6	*Milk	,,	,,
7	*Milk	,,	,,
8	*Milk	,,	,,
9	*Milk	,,	,,
10	Lard	,,	,,
11	Olive Oil	,,	,,
12	*Milk	8% of added water	Vendor cautioned
13	*Milk	Satisfactory	Nil.
14	*Milk	,,	,,
15	*Milk	,,	,,
16	*Milk	,,	,,
17	Sago	,,	,,
18	Vinegar	,,	,,
19	Sweet spirits of nitre	,,	,,
20	Mustard	,,	,,
21	Coffee	,,	,,
22	Milk	,,	,,
23	Milk	,,	,,
24	French beans (tinned)	,,	,,
25	Milk	,,	,,
26	Milk	,,	,,
27	Milk	,,	,,
28	Milk	3% deficiency fat	Vendor cautioned
29	Milk	Satisfactory	Nil.
30	Milk	,,	,,
31	Milk	,,	,,
32	Butter	,,	,,
33	Butter	,,	
34	Milk	,,	,,
35	Milk	,,	,,
36	Milk	,,	,,
37	Milk	,,	,,
38	Oatmeal	,,	,,
39	Coffee	,,	,,
40	Seidlitz powder	,,	,,
41	Porter	,,	,,
42	Milk	,,	,,

TABLE C.—Continued.

No.	Samples Analysed.	Opinion formed.	Action taken.
43	Milk	Satisfactory.....	Nil
44	Milk	,, ...	,,
45	Butter	,, ...	,,
46	Butter	,, ...	,,
47	Milk of sulphur ..	,, ...	,,
48	Milk	,, ...	,,
49	Milk	,, ...	,,
50	Milk	,, ...	,,
51	Butter	,, ...	,,
52	Cocoa	Chocolate powder	Vendor cautioned
53	Stout.....	Satisfactory.....	Nil
54	Ale	,, ...	,,
55	Whisky.....	,, ...	,,
56	*Milk	,, ...	,,
57	*Milk	,, ...	,,
58	*Milk	,, ...	,,
59	*Milk	,, ...	,,
60	*Milk	,, ...	,,
61	*Milk	,, ...	,,
62	*Milk	,, ...	,,
63	*Milk	,, ...	,,
64	Milk	,, ...	,,
65	Milk	,, ...	,,
66	Milk	,, ...	,,
67	Ale	All these samples were carefully tested for arsenic, with entirely negative results.....	Nil
68	Ale		
69	Ale.....		
70	Ale.....		
71	Mixed Sweets ..		
72	Mixed Sweets ..		
73	Mixed Sweets ..		
74	Golden Syrup ..		
75	Raspberry Jam		
76	Golden Syrup ..		
77	Black Currant Jam.....		
78	Golden Syrup ..		
79	Ale.....		
80	Ale.....		
81	Gingerbeer		
82	Lemonade		
83	Milk	Satisfactory	Nil
84	Milk	Slight deficiency in fat	Vendor cautioned

* Sunday Samples.

The following facts are extracted from the last Annual Report of the Local Government Board for 1899-1900 :—

The total number of samples analysed in 1899 was 53,056—one to every 547 of the population of 1891—or about 3,500 more than the number taken in 1898.

It is interesting to note that in the large number of districts where the proportion of samples taken did not reach three per thousand of the population, the samples reported against averaged 10·1 per cent.; in those where the proportion taken was between three and four per thousand, the adulterated samples were 8·7 per cent.; while in the districts where samples were taken at the rate of over four per thousand, the rate of adulteration fell to 7·5 per cent.

Of the 53,056 samples examined by the public analysts, 4,970 were reported against, and proceedings were instituted in respect of 3,110. Fines were imposed in 2,608 cases, amounting in the aggregate to £6,257 19s. 7d., excluding costs in most instances.

Nearly one-third of the fines were 10s. or under, 184 being less than 5s., including 77 at 1s., and 11 at 6d. each. It need hardly be said that such fines are wholly inadequate to the purpose of checking fraud.

Of the samples examined during the year the percentage of cases in which adulteration was reported was as follows :—

Milk 10·5, spirits 12·9, drugs 17·8, butter 9·7, coffee 7·5, sugar 5·9, mustard 3·2, confectionary and jam, 2·7, pepper and flour 1·3 each, wine 1·1, beer 0·8, bread 0·5, tea 0·4, lard 0·3, and other articles 7·5. The proportion of adulterated samples to the whole of those examined was 9·4 per cent. This slightly higher than last year, but for five years in succession the percentage has been under 10.

The practice of adding large quantities of water to milk seems to have almost entirely died out. The adulteration of milk is for the most part limited to the addition of small quantities of water, so as to reduce good milk to the level of that yielded by poor cows, and to the abstraction of cream.

Of the 2,314 samples of milk condemned legal proceedings were taken against the vendors in respect of only 1,438 samples, and penalties were imposed in 1,171 cases.

The rate of butter adulterations in London is found to be 12·9 per cent., in the 32 Great Towns 13·6 per cent., and in the remainder of the country, only 4·7 per cent.

In more than one of the analysts' reports attention is drawn to the growing practice of selling as genuine dairy butter, margarine made up to exactly resemble fresh butter. To avoid detection, the retailer agrees not to sell the article to anyone but a known customer, with the result that strangers—and therefore Inspectors—are supplied with genuine butter, while purchasers who are known to the seller receive margarine, for which the price of butter is charged.

Many samples of golden syrup were reported against. It appears to be a common practice to add to golden syrup a small proportion of glucose for the purpose of preserving the syrup in a clear uncrystallized state, but many of the samples analysed were found to contain glucose syrup to the extent of 50, 60, or even 70 per cent.

38 per cent. of the samples submitted by private purchasers were condemned. This high percentage is accounted for by the circumstance that private purchasers do not submit samples without good reason for believing that they are adulterated, whereas the officers of Local Authorities have, to a large extent, to purchase samples at random.

ARSENIC IN BEER.

During the latter part of the year a wide-spread epidemic of arsenical poisoning, attributed to beer, occurred in the North-west of England, involving more especially the towns of Manchester and Salford, but extending also to the Midlands. The approximate number of sufferers appears to have been about 4,000.

The disease attacked many whose consumption of beer was moderate, as well as those who were heavy drinkers; and women suffered more than men.

There appears to be no data by which to judge whether the beers to which the greater part of the poisoning has been attributed, have in general been highly contaminated (*e.g.* 1½ grains arsenious acid per gallon), or have been contaminated to a much smaller degree (*e.g.* ¼ to ⅓ grain arsenious acid per gallon, or less).

The main channel by which the arsenic gained access to the beer was the impure sulphuric acid used in the production of glucose and invert sugar; but various other channels by which arsenic can gain access to beer in very small quantities, have been suggested. Attention has been specially directed to malt, which in some instances has been found arsenical; and the explanation is that this is due to the combustion of arsenical coal in the malting kiln leading to arsenical fumes coming in contact with the grain.

METEOROLOGY IN AND AROUND LONDON DURING THE YEAR 1900.

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

February.—The weather was wet and dull, with a remarkably cold period extending from the 7th to the 13th. The mean daily temperature of the air was below its average from the 1st to the 15th, and above its average from the 16th to the 28th.

March.—The weather was cold, fine and dry. The mean daily temperature was generally below the average. The rainfall was small and below its average.

April.—The weather was generally fine and bright, with very little rain. The mean daily temperature of the air was generally somewhat above the average. The fall of rain was somewhat below its average.

May.—The weather was generally fine, but dull, with very little sunshine. The mean daily temperature of the air was generally below its average. The rainfall was below its average.

June.—The weather was generally dull and wet. The mean daily temperature of the air was generally below its average, but the 10th, 11th, and 12th were exceptionally hot. The rainfall was above its average.

July.—The weather was fine, bright and warm, with a remarkably hot period extending from the 10th to the 27th. The mean daily temperature of the air was above the average. The fall of rain was small and below its average.

August.—The weather was for the most part dull and wet. The mean daily temperature was generally below the average. The fall of rain was above its average.

September.—The weather was generally fine, bright and warm. The mean daily temperature was generally above its average. The rainfall was small and somewhat below its average.

October.—The weather was generally dull and mild, with frequent rain towards the end of the month. The mean daily temperature of the air was generally above its average. The fall of rain was somewhat below its average.

November.—The weather was mild and dull, with frequent rain. The mean daily temperature of the air was above its average. The fall of rain was a little above its average.

December.—The weather was very mild, dull and wet. The mean daily temperature of the air was above its average. The fall of rain was above its average.

Meteorological Observations taken during the Year 1899, at Camden Square (by H. S. Wallis, Esq.)

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

Month.	Temperature of Air.				Mean Temp'rature of Air.	Rain.		Relative Humdity. Saturation. 100.
			Mean.			No. of Days it fell.	Amnt. Collctd.	
	Highest	Lowest.	Of all Highest	Of all Lowest.				
January	53·9	25·8	45·7	34·8	40 6	21	2·91	87
February	57·0	17·7	43·9	33·0	38·5	20	4·00	90
March	58·6	23·4	46·9	33·7	399	7	0·79	79
April	76·4	25·1	58·6	3 ·5	48·3	15	0·98	70
May	73·7	35·6	63·5	45·1	53·0	12	0·93	70
June	90·1	46·2	72·2	52·3	60·3	14	2·26	78
July	95·2	44·5	80·7	57·6	67·6	7	1·60	64
August	86·7	48·1	72·7	54·1	61·6	17	2·81	75
September	80·4	42·6	70·4	50·4	58·8	7	0·79	75
October	73·8	34·2	59·3	44·4	51·3	15	1·86	78
November	62·0	28·3	51·2	41·5	· 4	18	1·90	88
December	53·5	28·3	50·1	40·6	45·8	21	2·55	87

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

ADEN Grove
Aden Terrace
Adolphus Road
Allen Road
Allerton Road
Albion Road
Albion Grove
Alexandra Road
Amhurst Park
Arthur Road
Ayrsome Road

BARN Street
Barrett's Grove
Bethune Road
Blackstock Road
Bouverie Road
Boleyn Road
Brighton Road
Brodia Road
Broughton Road
Brownswood Park
Brownswood Road
Burma Road

CASTLE Street
Carysfort Road
Chalmer's Terrace
Chapel Place
Church Street
Chesholm Road
Church Path
Clonbrock Road
Clonbrook Road
Clissold Road
Cowper Road
Cressington Road
Church Road

DEFOE Road
Digby Road
Dumont Road
Dynevor Road

EADE Road
Edward's Lane

FAIRHOLT Road
Falcon Court
Finsbury Park Road
Fleetwood Street

GAINSBORO Road
Gloucester Road
Goldsmith Square
Gordon Road
Grange Court Road
Grazebrook Road
Grayling Road
Green Lanes
Green Lanes (from 22 to 378)
(,, 45 ,, 107)

HAMILTON Place
Harcombe Road
Hawksley Road
Hayling Road
Heathland Road
Henry Road
Hermitage Road
High Street
Hornsey Place
Howard Road

KERSLEY Road
Kings Road
Knebworth Road
Kynaston Road
Kynaston Avenue

LANCELL Street
Laver's Road
Lavell Street
Leonard Place
Lidfield Road
Lillian Street
Listria Park
Londesborough Road
Lordship Road

Lordship Grove
,, Park
,, Terrace

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

NEVILL Road
Newington Green

OLDFIELD Road
Osterley Road

PAGET Road
Painsthorpe Road
Park Street
Park Lane
Park Lane Terrace
Paradise Row
Park Crescent
Palatine Road
Pellerin Road
Philip Street
Portland Road
Prince George Road
Princess Road
Princess May Road

QUEEN Elizabeth Walk
Queens Road

REEDHOLM Road
Rochester Court

SANDBROOK Road
Salcombe Road
Seven Sisters Road
Shakespeare Road
Shellgrove Road
Shipway Terrace
Somerfield Road
Spenser Road
Springdale Road
St. Kilda's Road
St. Andrew's Road
St. John's Place
Stamford Hill
Stoke Newington Road
Statham Grove
Summerhouse Road

THOMAS Place
Truman's Road

VICTORIA Grove
Victoria Grove West
Victoria Road

WALFORD Road
Warwick Road
Watson Street
White Hart Yard
Wiesbaden Road
Wilberforce Road
Winston Road
Wordsworth Road
Woodland Road
Woodlea Road
Woodberry Down
Woodberry Grove