

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

Contributors

Stoke Newington (London, England). Metropolitan Borough.

Publication/Creation

1904.

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THE
Metropolitan Borough of Stoke Newington.

REPORT

OF THE
Medical Officer of Health and
Public Analyst,

FOR THE
YEAR 1903.

BY
HENRY KENWOOD, M.B., L.R.C.P., D.P.H., F.C.S.,

Professor of Public Health, University College, London,

Fellow and Member of Council of the Sanitary Institute,

Medical Officer of Health and Public Analyst.

LONDON :
PRINTED BY WYMAN & SONS, LTD., FETTER LANE, E.C.

1904.

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"Preventable disease does not kill only ; too often it maims or enfeebles, so that in a substantial—perhaps in a very large—proportion of cases it subtracts the patients whom it may ultimately spare from the sum of the vigorous and adds them to the sum of the relatively inefficient. If in any large number our weakly members are left as such by the passing shadow of disease, how can we despise the labours of the Sanitary Reformer?"

(Professor T. Clifford Allbutt.)

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1903.

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

GENTLEMEN,

In a year of low death-rates generally the recorded death-rate for the Borough was 12·3 as against 15·2 for the whole of London. Of all the Metropolitan Boroughs, there were only two others with lower rates, viz., Hampstead (10·0), and Lewisham (11·1). The birth-rate, on the other hand, was the lowest I have yet recorded; only 20·9 as against 28·5 in London generally. The zymotic death-rate, or the death-rate from the 7 principal communicable diseases, was low, as it always is in Stoke Newington, but it was represented by a somewhat higher figure than that for the preceding year. This circumstance was owing to the great prevalence of measles and whooping cough in the Borough during the earlier months of the past year.

During 1903 there was an increase in the rate of mortality among infants under 1 year of age, which it is difficult to wholly account for, having regard to the climatic conditions of the past year, which were so favourable to a low figure. It is the one unsatisfactory feature in the vital statistics of the Borough. Hitherto this rate for Stoke Newington has always been one of the three lowest among the whole of the Metropolitan Boroughs, but during 1903 there were seven others with lower figures.

The *death*-rates from the different infectious diseases were all low, but the infectious sickness *attack*-rate of the Borough was the lowest in the Metropolis.

The report of the work done by the Sanitary Inspectors (Messrs. Matthews, Cox and Taverner) which is appended to this Report, constitutes, in my opinion, a very satisfactory record of work, and the clerical duties of the Department were most creditably performed by Mr. Rogers. I cannot speak too highly of the manner in which these officers have discharged their duties during the year.

I am, Gentlemen,

Your obedient Servant,

March, 1904.

HENRY KENWOOD.

POPULATION.

According to the Census of 1901 the population of the Borough was then 51,247. At the previous Census of 1891 the population for the same area was 47,988, so that the population had increased during the 10 years to the extent of 3,259. In this Report the rates are based on the estimated population for *the middle* of the year 1903, and the figure, calculated logarithmically from the increase between 1891 and 1901, amounts to 52,010.

The number of occupied houses in the Borough in March, 1901, amounted to 7,717, and the number of occupants to each house averaged nearly 6·6. Applying this figure to the number of occupied houses in the Borough in March, 1903, and allowing for the number of residents in the large block of Industrial Dwellings erected in Victoria Road, I estimate the population as 52,600. It is upon this figure that the various rates dealt with in this Report are calculated.

The population for each of the Sub-districts is as follows :

The Northern Division of the Borough (lying North of the line of Church Street) has a population of about 18,300, and in the Southern Division the population is about 34,300.

The natural increase of population by excess of births over deaths during the year amounted to 450, as against 445 in the preceding year.

Number of people to the acre.—The area of the Borough amounts to 863 acres, and this, divided among the parishioners, represents 61 people to the acre.

Births—Birth-rate.—During the year 1903 there were 1,097 births registered in the Borough, viz.—556 males and 541 females. The birth-rate per 1,000 per annum was therefore 20·9, as against 21·8 for the preceding year. The rate for England and Wales was 28·4, that for London generally was 28·5 and that for the 76 great towns was 29·7.

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

MORTALITY.

General Mortality.—There were 500 deaths of residents registered in the Borough, and 147 of residents who died in Public Institutions outside of the Borough, making a total of 647 deaths. Of these deaths 328 were of females and 319 were of males.

The recorded general death-rate is therefore 12·3, which was also the rate in the preceding year. This ordinary death-rate, however, cannot be taken as a true index of the healthiness of the Borough, 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 Borough of Stoke Newington is about 1.07283, and the *death-rate corrected for age and sex distribution* is (12.3×1.07283) 13.2 per 1,000 per annum.

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

The rate is a very satisfactory one, even for Stoke Newington. The death-rate for the whole of London was 15.2.

District Mortality.—The deaths among residents of the Northern Division of the Borough numbered 180 and furnished a recorded death-rate of 9.8 per 1,000 per annum.

The deaths among the residents of the Southern Division of the Borough numbered 467, and furnished a recorded rate of 13.6 per 1,000 per annum.

DISTRICT MORTALITY.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.	Rate per 1,000 per annum.
Northern Division	66	38	36	40	180	9.8
Southern Division	133	123	86	125	467	13.6
TOTALS - -	199	161	122	165	647	12.3

Infantile Mortality.—There were 132 deaths registered of infants under one year of age, as against 1,097 births; the proportion which the deaths under 1 year of age bear to the 1,000 births is, therefore, 120.3, as against 114.7 in the preceding year.

The corresponding rate in England and Wales was 132, that in London generally 130, and that in the 76 great towns 144.

The deaths under 1 year of age form 20·4 per cent. of the total deaths of all ages, whereas those for the preceding year formed 19·0 per cent.

The rate of infantile mortality is higher than that of the two preceding years, despite the fact that, owing to the favourable climatic conditions of the past year, the corresponding rate for most of the Metropolitan Boroughs shows a marked reduction. The circumstance is due to the greater number of deaths registered from gastric catarrh, and enteritis, and measles. I propose to make a special enquiry into the deaths from gastric catarrh and enteritis during the present year.

England exceeds all other countries in Europe in the proportion of deaths of infants under one year of age which result from suffocation while in bed with their parents. During the recent 10 years the number of such deaths has exceeded 15,000. It is impossible to believe that many of these deaths are not due to criminal neglect on the part of parents. Although most cases of overlying are of an accidental nature, yet there are many cases in which the death occurred under such conditions of carelessness or reckless indifference to the infants' welfare, or of culpable neglect of precautions during intoxication, that, in the opinion of a high authority, the parents should be committed for trial for manslaughter. This is done in a few cases in England, but it is difficult to prove gross and culpable neglect, and convictions have seldom followed.

The Clergy and Ministers of all denominations might do much in the way of warning poor and ignorant parents against the risk of taking their infants into bed with them, and the question arises as to whether it should not be declared to be an obligation on every parent to provide a cradle or cot for the infant's use.

Senile Mortality.—Of the 647 deaths 188 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 150 deaths of persons over 70 years of age, and 54 of

persons over 80, 5 of whom reached 90 years of age—the oldest being 96. These figures denote an exceptionally high proportion of senile mortality.

SENILE MORTALITY DURING 1903.

	65 to 70	70 to 80	80 to 90	90 and over.	Totals.
First Quarter to end of March.	17	32	24	2	75
Second Quarter to end of June.	8	21	11	0	40
Third Quarter to end of September.	4	16	4	2	26
Fourth Quarter to end of December.	9	27	10	1	47
TOTALS	38	96	49	5	188

The respective ages of those over 90 were 90, 90, 92, 93, 96.

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 A1 is supplementary to Table A, and sets forth the causes of death during each of the four quarters of the year.

Table A3 shows the deaths in each Division of the Borough, and the causes of death.

TABLE A.

CAUSES OF DEATH.

DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.			Measles.	Whooping Cough.	Diphtheria & Membranous Croup.	Enteric Fever.	Epidemic Influenza.	Diarrhoea.	Enteritis.	Puerperal Fever.	Other Septic Diseases.	Phthisis.	Other Tubercular Diseases.	Cancer, Malignant Disease.	Bronchitis.	Pneumonia.	Other Diseases of respiratory organs.	Alcoholism. Cirrhosis of liver.	Veneral Diseases.	Premature Birth.	Heart Diseases.	Accidents.	Suicides.	Old Age.	All other Causes.	All Causes.
All Ages	...	...	21	19	7	5	8	13	12	2	15	68	27	52	43	46	4	10	7	19	63	12	3	36	155	647
Under 1	...	...	4	8	1	...	1	10	10	...	1	...	7	...	10	12	...	...	7	19	2	5	...	...	35	132
1 and under 5	...	..	16	11	4	...	...	1	...	...	2	2	12	...	3	15	...	...	...	...	1	...	...	...	3	70
5 and under 15...	...	...	...	...	2	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	2	...	...	...	2	10
15 and under 25	...	...	...	...	...	1	...	...	...	...	5	11	...	...	1	3	...	...	...	...	1	...	1	...	5	28
25 and under 65	...	...	1	...	...	4	4	...	...	2	5	53	5	24	7	11	2	8	...	...	29	3	1	...	60	219
65 and upwards	...	...	...	...	...	...	3	2	2	...	1	2	...	28	22	5	2	2	...	...	28	4	1	36	50	188
DEATHS IN OR BELONGING TO LOCALITIES (AT ALL AGES.)																										
Northern Division	...	...	1	...	1	1	4	1	1	1	4	10	6	19	11	6	...	6	...	2	23	5	2	15	61	180
Southern Division	...	...	20	19	6	4	4	12	11	1	11	58	21	33	32	40	4	4	7	17	40	7	1	21	94	467
TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.			...	...	...	...	...	...	...	...	1	1	...	2	5	2	...	1	...	...	4	1	...	4	8	29

TABLE A 1.

Showing the Causes of Death among parishioners in Stoke Newington during each of the four quarters of the year 1903.

CAUSES OF DEATH.	Belonging to District.					Institutions in District.				
	Quarters.				TOTAL.	Quarters.				TOTAL.
	1	2	3	4		1	2	3	4	
1903										
Measles	15	6	...	...	21	...	...	...	...	...
Whooping-cough	4	9	...	6	19	...	...	...	...	...
Diphtheria and Membranous Croup	1	4	1	1	7	...	...	...	...	...
Enteric	...	2	1	2	5	...	...	...	...	...
Epidemic Influenza	6	1	...	1	8	...	...	...	...	...
Diarrhœa	...	1	3	9	13	...	...	...	...	...
Enteritis	...	1	10	1	12	...	...	...	...	...
Puerperal Fever	...	...	1	1	2	...	...	...	...	...
Other Septic Diseases	2	6	4	3	15	...	...	1	...	1
Phthisis	12	24	16	16	68	1	..	...	...	1
Other Tubercular diseases...	7	9	7	4	27	...	...	...	..	...
Cancer	19	12	8	13	52	...	...	1	1	2
Bronchitis	27	6	2	8	43	3	2	...	..	5
Pneumonia	21	8	5	12	46	1	...	...	1	2
Other Respiratory diseases	...	...	...	4	4	...	...	...	...	...
Alcoholism and Cirrhosis ...	3	2	4	1	10	1	...	...	...	1
Venereal diseases	3	1	3	...	7	...	...	...	..	...
Premature Birth	6	5	6	2	19	...	...	...	...	...
Heart Disease	14	20	9	20	63	1	1	...	2	4
Accidents	2	2	...	8	12	...	1	...	...	1
Suicides	2	...	1	...	3	...	...	...	...	...
Old Age	15	5	7	9	36	...	1	1	2	4
All Other Causes	40	37	34	44	155	...	3	1	4	8
TOTAL	199	161	122	165	647	7	8	4	10	29

Comparing these tables with the corresponding tables of the preceding year the following noteworthy facts are to be observed :—The absence of any Small-pox mortality ; the increase in the deaths from Measles, Whooping Cough, and to a less extent of Diphtheria and Cancer ; and the decrease in the deaths from Scarlet Fever, Influenza, Diarrhoea and Diseases of the Respiratory Organs. The reduction in the deaths from Influenza, Diarrhoea, and Diseases of the Respiratory Organs are largely attributable to the exceptional climatic conditions of the year,

It will be noted (Table A 3) that the mortality of the Southern Division exceeds that of the Northern (after due allowance is made for the different figure of the population in each Division) mainly in respect of the deaths from Measles, Whooping Cough, Diphtheria, Diarrhoea, Phthisis, Pneumonia, and Premature Birth ; and when these deaths are grouped according to the ages at which death occurred, it is found that by far the largest number are allotted to the first five years of life. The mortality from Influenza, on the other hand, was disproportionately high in the Northern Division.

TABLE A 2.
Deaths from Zymotic Diseases (including Influenza) in the
Year 1903.

	Scarlet Fever.	Diphtheria.	Small-pox.	Typhoid Fever	Puerperal Fever.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Influenza.	Erysipelas.	TOTAL.	Rate to every 1,000 persons.
First Quarter	...	1	...	...	...	15	4	...	6	...	26	2.0
Second „	...	4	...	2	...	6	9	1	1	...	23	1.7
Third „	...	1	...	1	1	...	...	3	...	...	6	0.5
Fourth „	...	1	...	2	1	...	6	9	1	...	20	1.5
	0	7	0	5	2	21	19	13	8	0	75	1.4
1902.....	5	5	8	4	...	4	14	20	12	3	75	1.4

TABLE A 3.

DEATHS, 1903.	NORTH.					SOUTH.				
	Quarters.				TOTAL	Quarters.				TOTAL
	1	2	3	4		1	2	3	4	
Measles	1	...	...	...	1	14	6	...	...	20
Whooping-cough	...	...	...	...	...	4	9	...	6	19
Diphtheria and Membranous Croup.	...	1	...	...	1	1	3	1	1	6
Enteric... ..	...	...	1	...	1	...	2	...	2	4
Epidemic Influenza	3	...	...	1	4	3	1	...	...	4
Diarrhæa	...	...	...	1	1	...	1	3	8	12
Enteritis	...	1	...	...	1	...	...	10	1	11
Puerperal Fever	...	...	1	...	1	...	...	...	1	1
Other Septic diseases	1	1	1	1	4	1	5	3	2	11
Phthisis	4	2	1	3	10	8	22	15	13	58
Other Tubercular diseases	3	2	1	...	6	4	7	6	4	21
Cancer	8	3	5	3	19	11	9	3	10	33
Bronchitis	9	...	1	1	11	18	6	1	7	32
Pneumonia	4	...	1	1	6	17	8	4	11	40
Other Respiratory diseases...	...	...	...	...	...	...	...	..	4	4
Alcoholism and Cirrhosis	3	1	2	...	6	...	1	2	1	4
Venereal diseases	...	...	...	...	...	3	1	3	...	7
Premature Birth	1	1	...	...	2	5	4	6	2	17
Heart Disease... ..	6	6	4	7	23	8	14	5	13	40
Accidents	1	...	...	4	5	1	2	...	4	7
Suicides	1	...	1	...	2	1	...	...	...	1
Old Age	5	1	6	3	15	10	4	1	6	21
All other Causes	16	19	11	15	61	24	18	23	29	94
TOTAL	66	38	36	40	180	133	123	86	125	467

DEATHS IN PUBLIC INSTITUTIONS WITHIN
THE BOROUGH, 1903.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	TOTALS.
St. Anne's House, Manor Road	5	4	2	5	16
Northumberland House, Green Lanes	1	3	...	5	9
Invalid Asylum, 187, High Street	1	...	1	...	2
Nursing Home, 8, Alexandra Road	...	1	1	...	2
	7	8	4	10	29

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 Disease of the Lungs, Diarrhoea, Wasting Diseases, and Gastric Catarrh and Enteritis.

Zymotic Mortality.—Included in the Zymotic mortality are the deaths from the seven principal Zymotic diseases, viz., Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, "Fever" (including Typhoid Fever, Typhus Fever, and Simple Continued Fever), and Diarrhoea. In Table A 3 the Zymotic rate, and the rates for each of the diseases comprising it, are given, along with the corresponding rates of London generally. The comparison with the rates of London

generally is favourable to Stoke Newington in every instance, except in respect of Whooping Cough.

The Zymotic Death-rate for the Borough was 1·23 per 1,000 per annum, as against 1·16 in the preceding year. The corresponding rate for England and Wales was 1·46, that for London generally was 1·76, and that for the 76 great towns was 1·89.

TABLE A 3.

A comparison of the rates of Stoke Newington with those of England and Wales, the 76 great towns, and London generally, for the Year 1903.

	General Death-rate.	Diseases of Lungs (except Phthisis).	Phthisis rate.	Rate of Infantile Morality.	Birth-rate.	Zymotic Death rate.
				*		
England and Wales	15·4	...	...	132	28·4	1·46
The 76 great towns	16·8	...	...	144	29·7	1·89
London generally	15·2	...	1·50	130	28·5	1·76
Stoke Newington	12·3	1·8	1·30	120	20·9	1·23

	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Typhoid fever.	Diphtheria.	Diarrhoea and Dysentery.
England and Wales	0·02	0·27	0·12	0·27	0·10	0·18	0·50
The 76 great towns	0·03	0·36	0·14	0·33	0·12	0·20	0·71
London generally	0·003	0·44	0·08	0·35	0·08	0·16	0·63
Stoke Newington	0·000	0·39	0·00	0·36	0·09	0·13	0·25

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

The rainfall of England and Wales during 1903 was sufficiently unusual to justify an enquiry as to how far and in what direction it may have influenced the mortality statistics, for the rainfall of the past year exceeded the average of the previous 15 years by at least 35 per cent. The consequences, physical and otherwise, of rainfall are manifold. It tends to keep the atmosphere clean ; it keeps collections of dust and refuse moist, and therefore prevents particles from being detached by the wind, thus reducing the chances of infection of food, etc., by organisms ; the flushing effect of the rainfall upon the sewers and its cleansing effect upon gullies, yards and pavements, must also be thought of. On the other hand, the rising of the level of the sub-soil water and the general increase of surface moisture are responsible for conditions of dampness which may give rise to several forms of disease.

If we take a general view of the figures for 1903 for the country as a whole, the interesting fact stands out that the general death-rate was the lowest on record, namely, 15·4 per 1,000, and, compared with the average rate in the 10 years 1893–1902, it shows a decrease of 2·2 per 1,000. The rate of infantile mortality was 132, and in London it was 130—a very low figure indeed.

The death-rate from Enteric Fever, and Summer Diarrhoea, were well below the average, as was also the death-rate from Diphtheria. The deaths from Scarlet Fever were the lowest on record ; those from Diphtheria are the lowest totalled since 1881 ; those from Enteric Fever showed the smallest number of deaths on record. But the statistics for 1903 also afford evidence of the continuation of general tendencies shown during the last eight or nine years, namely, a declining birth-rate, a declining death-rate, and a relatively slight decline in the infantile mortality.

TABLE A 4.

The Causes of Infantile Mortality in 1903.

	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Totals.
Wasting, Develop- mental Diseases, and Debility. ...	3	2	1	4	10
Premature Birth and insufficient vitality	7	6	10	5	28
Diarrhœa	...	1	3	7	11
Diseases of Lungs	10	5	1	6	22
Whooping Cough	2	3	...	3	8
Convulsions ...	2	..	2	3	7
Gastric Catarrh and Enteritis ...	...	...	9	1	10
Measles	2	2	...	...	4
Diphtheria ...	...	1	...	...	1
Tuberculosis (other than Pulmonary)	3	3	...	...	6
Overlying ...	1	2	...	...	3
Septic Infection ...	...	1	...	...	1
Congenital Heart Disease	1	...	...	1	2
Meningitis ...	2	...	...	1	3
Congenital Syphilis	3	1	2	...	6
Spina Bifida ...	1	1	...	...	2
Icterus neonatorum	...	1	...	...	1
Trismus neonatorum	...	...	1	...	1
Gonorrhœal ophth- almia	...	...	1	...	1
Suppression of urine	...	...	...	1	1
Influenza	...	...	...	1	1
Meningitis ...	...	...	...	1	1
Accidental suffoca- tion (not over- lying)	...	...	...	2	2
Totals ...	37	29	30	36	132

TABLE A 5.

Analysis of the Vital Statistics of the Metropolitan Boroughs and of the City of London, after Distribution of Deaths occurring in Public Institutions, during the Year 1903.

BOROUGHs.	Estimated Population middle of 1903.	Annual Rate per 1,000 Living.				Deaths of Children under one year of age to 1,000 Births.
		Births.	Deaths.	Principal Infectious Diseases.	Notifiable Diseases Attack-rate.	
COUNTY OF LONDON	4,613,812	28.5	15.2	1.76	6.0	130
Paddington	146,032	22.7	13.2	1.31	5.1	119
Kensington	178,409	20.0	13.9	1.56	4.3	145
Hammersmith	115,803	25.9	14.1	1.60	5.7	141
Fulham	147,780	32.5	13.9	2.22	6.3	127
Chelsea	74,169	20.5	15.3	1.14	5.2	142
City of Westminster ...	179,052	16.9	13.6	1.00	4.3	123
St. Marylebone	131,234	30.5	16.4	1.60	6.9	96
Hampstead	85,197	17.1	10.0	0.58	3.9	88
St. Pancras	235,716	27.0	16.2	1.91	6.5	133
Islington	339,137	26.6	14.3	1.45	5.1	126
Stoke Newington	52,600	20.9	12.3	1.46	3.7	120
Hackney	224,082	27.7	13.9	1.78	8.0	119
Holborn	57,845	28.3	18.6	1.44	6.0	95
Finsbury	99,717	37.1	20.3	2.32	5.9	135
City of London	24,539	13.8	14.6	0.86	5.1	136
Shoreditch	117,513	33.3	19.4	2.90	5.7	171
Bethnal Green	130,028	35.7	18.2	2.24	7.1	141
Stepney	302,153	37.6	18.0	2.36	6.7	138
Poplar	169,550	34.5	18.2	2.99	6.8	154
Southwark	207,369	32.5	18.1	1.99	6.2	148
Bermondsey	129,801	32.5	18.4	2.05	6.7	158
Lambeth	307,711	29.6	15.2	1.73	5.1	125
Battersea	173,422	28.7	14.2	1.98	6.2	134
Wandsworth	249,678	27.0	12.4	1.61	7.0	109
Camberwell	265,562	27.6	13.7	1.36	5.3	123
Deptford	112,537	30.1	14.9	2.19	10.1	134
Greenwich	99,824	27.3	13.3	1.74	5.0	127
Lewisham	136,405	26.2	11.1	0.96	6.5	92
Woolwich	121,478	30.4	13.5	1.10	5.7	108

TABLE A 6.

The chief vital statistics of the new Borough of Stoke Newington since its formation.

Year.	Population estimated to middle of year.	Birth-rate.	Rate of Infantile Mortality.	General Death-rate.	Zymotic Death-rate.	Infectious sickness rate.
1901	51,328	21·6	117·9	13·1	1·26	7·9
1902	51,669	21·8	114·7	13·1	1·16	7·7
1903	52,600	20·9	120·3	12·3	1·23	3·7

I.	II.	III.
Institutions within the District receiving sick and infirm persons from outside the District.	Institutions outside the District receiving sick and infirm persons from the District.	Other Institutions, the deaths in which have been distributed among the several localities in the District.
St. Anne's House, Manor Road. Northumberland House, Green Lanes. Invalid Asylum, 187, High Street. Nursing Home, 8, Alexandra Road.	Hackney Infirmary. Islington Infirmary. Greenwich Infirmary. London Hospital. Metropolitan " St. Bartholomew's Hospital. Mildmay Memorial Hospital. Westminster Hospital. King's College " German " Royal Chest " Great Northern " Middlesex " St. Mary's " St. Thomas's " Guy's " St. Peters' Home. Friedenheim Home.	Cancer Hospital. Licensed Victuallers' Asylum. London Fever Hospital. E. Fever Hospital. N.E. " Royal Free Hospital. Bethnal House Asylum. Hoxton House " Hanwell " Horton Asylum, Epsom. Colney Hatch Asylum. Darenth " Banstead "

There is no Union Workhouse within the District.

THE MORTUARY.

During the year 37 bodies were deposited in the Public Mortuary ; 10 of these were females and 27 were males. Post-mortem examinations were performed upon 20 of these cases, and inquests were held upon 35.

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 resigned her post. The services of a sick nurse can still, however, be obtained by application at the Council Offices.

INQUESTS.

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

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter	Totals.
Strangulated Hernia	1	...	...	...	1
Pneumonia	1	...	...	...	1
Heart Disease	1	1	1	2	5
Scalds	1	...	...	...	1
Suicide (cut throat)	1	...	...	...	1
„ (bullet wound)	1	...	...	...	1
„ (poisoning)	...	1	...	...	1
Convulsions	1	...	...	1	2
Overlying	1	2	...	...	3
Meningitis, following accident	1	...	...	...	1
Tetanus, following injury	1	...	...	...	1
Phthisis	...	1	...	1	2
Bladder, ruptured by fall	...	1	...	1	2
Bronchitis	...	2	...	1	3
Perforated Gastric Ulcer	...	1	...	...	1
Septicæmia	...	1	...	...	1
Senile decay, Syncope	...	...	1	...	1
Suicide (by hanging)	...	...	1	...	1
Cerebral Hæmorrhage	...	...	1	1	2
Delirium Tremens, Syncope	...	...	1	...	1
Accidental Suffocation (not overlying)	...	...	...	3	3
Accidental Poisoning	...	...	...	1	1
Tabes Mesenterica	...	...	...	1	1
Laceration of Lung, van accident	...	...	...	1	1
Fracture of Pelvis, cab „	...	...	...	1	1
Fracture of Thigh	...	...	...	1	1
Want of attention at birth	...	...	...	2	2
Carbuncle, chronic kidney disease	...	...	...	1	1
	10	10	5	18	43

INFECTIOUS DISEASES AND THE MEASURES TAKEN TO PREVENT THEIR SPREAD.

It will be seen from Table B that 248 *Notification Certificates of Infectious Illness* were received from medical practitioners, as against 399 during the preceding year. These figures include notifications received from the temporary notification of Chicken-pox and the voluntary notification of Consumption.

These 248 cases represent infection in 215 different houses. In 261* 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 26 houses where there were "grave" sanitary defects, 31 in which the sanitary defects were "slight," and 158 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 215 premises.

Table B1 shows the number of cases, and of deaths, from the Infectious Diseases notified during the years 1892-1903; and Table B2 the cases of Infectious Diseases notified during each month of the year 1903.

The Infectious Sickness Rate of the Borough, excluding the notifications from Chicken-pox and Consumption, was 3·7 to each 1,000 of the population, as against 7·7 for the preceding year. The rate in the Northern Division was 3·4, while that in the Southern Division was 3·9.

*This figure includes the disinfection after deaths from Consumption and Cancer.

TABLE B.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1903.

NOTIFIABLE DISEASE.															
CASES NOTIFIED IN WHOLE DISTRICT.	Small-pox.	Cholera.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Relapsing Fever.	Continued Fever.	Puerperal Fever.	Plague.	Chicken Pox.	Phthisis. (Vol)	Totals.
At all Ages	1	...	37	2	30	88	...	34	...	1	2	...	9	44	248
Under 1	...	...	1	...	2	...	...	1	...	...	...	...	...	...	4
1 to 5	...	...	15	1	2	19	...	3	...	...	...	...	3	2	45
5 to 15	...	...	7	1	1	53	...	9	...	...	...	...	6	4	81
15 to 25	...	...	5	...	4	10	...	9	...	1	...	...	...	10	39
25 to 65	1	...	9	...	18	6	...	12	...	...	2	...	...	27	75
65 and upwards	...	...	...	...	3	...	...	...	...	...	...	...	...	1	4
TOTAL CASES NOTIFIED IN EACH LOCALITY.															
Northern Division	...	...	10	...	9	33	...	9	...	...	1	...	5	7	74
Southern Division	1	...	27	2	21	55	...	25	...	1	1	...	4	37	174
NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.															
Northern Division	...	...	6	...	...	13	...	4	...	...	...	...	...	1	24
Southern Division	1	...	19	1	3	44	...	18	...	...	...	...	...	3	89

TABLE B 1*.

Table showing the number of Cases and Deaths from the Infectious Diseases notified from among parishioners during the years 1892-1903

	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	—	—
1901	26	3	174	4	137	14	—	—
1902	41	8	192	5	91	5	—	—
1903	1	—	88	—	37	7	1	—

	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
1901	29	—	4	2	26	4	4	1
1902	50	3	1	—	22	4	2	—
1903	30	—	2	2	34	5	2	—

* In reading this table it must be borne in mind that the returns prior to those of 1901 relate solely to the old Parish of Stoke Newington and not to the increased area of the present Borough.

TABLE B 2.

Cases of Infectious Diseases notified during each month of the year 1903.

			Small-pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Enteric Fever.	Puerperal Fever.	Continued Fever.	Erysipelas.	Chicken-pox.	Phthisis.	TOTALS.
January	...	...	...	7	2	1	1	...	...	1	9	5	26
February	...	...	...	18	3	...	2	...	...	4	...	5	32
March	...	...	...	6	6	...	1	...	...	2	...	3	18
April	...	...	...	1	3	7	...	2	...	1	...	1	16
May	...	...	...	7	2	...	1	...	...	1	...	2	13
June	...	...	...	6	4	...	2	...	...	2	...	3	17
July	...	...	...	11	4	...	...	1	...	1	...	2	19
August	...	...	...	4	3	...	4	1	...	6	...	3	21
September	...	...	...	5	1	1	5	...	...	3	...	6	21
October	...	...	...	6	1	...	14	..	...	2	...	5	28
November	...	...	...	2	...	...	1	..	..	3	...	4	10
December	...	...	...	13	4	...	1	...	...	4	...	5	27
TOTALS	...	...	1	88	37	2	34	2	1	30	9	44	248

The Infectious Sickness Rate for London generally was 6·0 and of the 29 Sanitary Areas situated within the Metropolis, the rate for Stoke Newington was the lowest; the next lowest rates were those of Hampstead (3·9), Westminster (4·3), Kensington (4·3), and Greenwich (5·0), and the highest were Camberwell (10·1), and Hackney (8).

113 of the cases notified were removed from their homes to Isolation Hospitals.

SCARLET FEVER.

The 88 cases of Scarlet Fever occurred in 73 houses, in 3 of which there were grave insanitary conditions; in several the sanitary 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 12 cases; and in 3 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 Borough in 3 instances, and in 3 instances the infection was directly contracted from a preceding case.

ERYSIPELAS.

The 30 cases of this disease represented infection in 28 different premises. In 1 of these, grave insanitary conditions existed, and in 2 the insanitary conditions were of a slight nature. Two cases resulted from injury.

TYPHOID FEVER.

The 34 cases notified during the year all occurred in 28 different houses. In 5 of these houses grave insanitary conditions existed and in 3 the insanitary conditions were slight; while in the remaining 20 there were no insanitary conditions. One of the cases doubtless contracted the disease outside of London during the summer and autumn holidays. The evidence pointed strongly to the infection having been derived from the eating of oysters in 1 instance. The origin of the infection remained quite obscure in the majority of cases; and in many instances, as I pointed out in a previous Report, the patient had been ailing for several weeks before he took to his bed and the disease was diagnosed.

DIPHTHERIA.

The 37 cases of Diphtheria occurred in 31 houses, several of which were more or less insanitary. The sanitary defects were grave in 5 and slight in several other instances.

School attendance is either alleged by the parents or surmised by myself, on good grounds, to be the cause of 3 attacks during the year.

One case of the infection was imported into the Borough. In several cases it was very clear that a preceding tonsilitis of several weeks duration predisposed to an attack of Diphtheria. In 3 cases the attack was preceded by "sore-throat" in other members of the family. In several cases there was a history of previous throat trouble frequently recurring.

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.

Each year adds to the testimony of the efficacy of Antitoxin in this disease, and many applications have been made at the office for tubes which I store for the convenience of local practitioners.

When a case of Diphtheria occurs in a house where there are young children, resort should be had to Antitoxin as a Prophylactic, and all children that have been exposed to the disease should be given small doses of the remedy.

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 Council during the year to the medical practitioners in Stoke Newington continue to be much 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 an examination performed at the Jenner Institute of Preventive Medicine, London.

Date of Application.	Suspected Disease.	Result of Examination.
1903.		
January 1st	Diphtheria.	Not Diphtheria.
" 5th	Diphtheria.	Diphtheria.
" 16th	Enteric.	Not Enteric.
February 7th	Enteric.	Enteric.
" 12th	Enteric.	Not Enteric.
" 13th	Diphtheria.	Not Diphtheria.
" 14th	Diphtheria.	Not Diphtheria.
" 18th	Phthisis.	Not Phthisis.
" 19th	Phthisis.	Not Phthisis.
" 20th	Phthisis.	Not Phthisis.
" 26th	Phthisis.	Not Phthisis.
" 26th	Phthisis.	Not Phthisis.
" 27th	Phthisis.	Phthisis.
March 1st	Phthisis.	Not Phthisis.
" 5th	Diphtheria.	Not Diphtheria.
" 9th	Phthisis.	Not Phthisis.
" 19th	Phthisis.	Not Phthisis.
" 28th	Phthisis.	Not Phthisis.
" 31st	Diphtheria.	Not Diphtheria.
April 15th	Tuberculosis.	Tuberculosis.
May 8th	Diphtheria.	Not Diphtheria.
" 13th	Enteric.	Not Enteric.
" 13th	Diphtheria.	Diphtheria.
" 14th	Diphtheria.	Diphtheria.
" 27th	Enteric.	Not Enteric.
June 10th	Enteric.	Not Enteric.
" 15th	Phthisis.	Not Phthisis.
" 22nd	Diphtheria.	Diphtheria.
" 23rd	Diphtheria.	Not Diphtheria.
" 25th	Phthisis.	Phthisis.
August 4th	Tuberculosis.	Tuberculosis.
" 6th	Diphtheria.	Diphtheria.
September 5th	Diphtheria.	Not Diphtheria.
" 7th	Diphtheria.	Not Diphtheria.
October 3rd	Phthisis.	Not Phthisis.
" 19th	Phthisis.	Not Phthisis.
" 20th	Enteric.	Not Enteric.
" 20th	Enteric.	Enteric.
" 20th	Enteric.	Enteric.
" 22nd	Enteric.	Enteric.
" 22nd	Enteric.	Not Enteric.
November 2nd	Enteric.	Not Enteric.
" 3rd	Phthisis.	Not Phthisis.
" 3rd	Phthisis.	Not Phthisis.
" 16th	Phthisis.	Phthisis.
" 23rd	Diphtheria.	Not Diphtheria.
" 28th	Phthisis.	Phthisis.
" 28th	Enteric.	Not Enteric.
December 3rd... ..	Enteric.	Not Enteric.
" 8th... ..	Diphtheria.	Not Diphtheria.
" 14th... ..	Enteric.	Not Enteric.
" 14th... ..	Diphtheria.	Not Diphtheria.
" 16th... ..	Phthisis.	Not Phthisis.

PHTHISIS (CONSUMPTION).

As the result of about two and a half years' experience of the voluntary notification of consumption in London, one is impressed with the fact that, although some good has undoubtedly been achieved thereby, there is a great need for the adoption of further measures.

The voluntary notification of the disease enables the sanitary authority to deal with a very limited number of cases. During the year 1903, for instance, we received only one notification of this disease to about every 1,000 of population; whereas there must have been in the borough several times as many cases, and the majority of these would have derived some benefit from one or more of the following lines of action taken when a notification certificate is received:—

1. An investigation of the surroundings of the patient, the conditions of work, etc., with the object of detecting and removing those conditions likely to favour the disease.

2. The leaving of a handbill of instruction and advice.

3. The gratuitous supply of disinfectant when necessary or advisable.

4. Periodic visits to see if the precautions advised are carried out.

5. The compulsory cleansing and disinfection where necessary.

It is doubtless a great pity that the sphere of this useful work should be limited to the few cases voluntarily notified, and it is, therefore, very desirable that the notification should be made compulsory.

Voluntary notification is to a great extent a makeshift, but it has served a useful purpose by educating public opinion so as to prepare it for a measure of compulsory notification. The public is now ready for such a measure. Nothing has been more surprising than the circumstance that in *every one* of the houses visited the patient and those about him were found to be fully aware of the communicability of the complaint.

If the fear of infection has gained too great a hold of the public mind, and there is a tendency to exaggerate the comparatively slight infectiousness of the disease, doubtless this is better than to err in the other direction. There is the risk, however, that it may lead to unnecessary hardship in the treatment of the patient; consequently it is most desirable to point out to all concerned, as is usually done in a handbill, that, if a few simple precautions are taken, a consumptive patient need not be a source of danger to anybody.

The effect of compulsory notification would be not only to increase the number benefited, but also to bring about earlier notification. Under voluntary notification I have found nearly all the certificates received were of advanced cases, either attended by the parish doctor or seeking assistance from the public dispensaries; many notifications referred to patients in 'extremis' or dead. The patient who at the start of his illness is in fairly comfortable circumstances is rarely notified until, owing to prolonged illness and consequent lack of work, he falls within the above category.

Too much, however, must not be expected of even compulsory notification. It is only one of our weapons in fighting the disease. The hope of extirpating phthisis is impossible to realise. The exigencies of life do not permit the vast majority of people to live under ideal conditions, and selfishness, ignorance, or poverty will always maintain sources of possible infection. But no reasonable step should be neglected that will lead to a lessening of these sources of infection. There is no doubt that much good results in many instances, both directly and indirectly, from notification, and some occasional inconvenience or annoyance to the individual who is a probable source of infection must not be allowed to stand in the way. At the same time, one has no right to interfere with the individual's liberty of action so long as it does not jeopardise the health-interests of others, but when others are thereby exposed to considerable risks it should be possible to secure isolation of the patient.

Notification is mainly beneficial in the case of those who, owing to lack of means, are unable to adopt the necessary measures to protect

others. This fact dominates the whole subject of the notification of the disease, and therefore the matter is dealt with in the following lines almost entirely in its application to the poorer section of the community. The better class patients are almost negligible quantities. They can be isolated at home under the directions of their medical attendants, and need not be a source of infection. The subject of the compulsory notification of the disease is too often discussed by adverse critics as if it mainly affected the middle and better classes, who, it is alleged, would resent all our interference. It affects them to a relatively *very* small extent, and almost all our action would be taken among the poorer classes, who have already shown a high appreciation of the importance of preventive measures.

It is essential not to lose sight of the fact that, although consumption may be classified as an infectious disease, it differs from all other dangerous infectious diseases in two respects, which demand due recognition at the hands of public health administrators. I refer to the long average duration of the disease and to the facility with which infection can be limited. If in any scheme of compulsory notification sufficient allowance is not made for these facts, then I do not favour the measure, and I am confident that so much opposition would be met with at the hands of medical practitioners and the general public that if it were ever adopted, its value would be much restricted.

In the majority of cases visited I have been able to make suggestions for improving the existing arrangements and reducing the risk to others, but it has often happened that a patient in the last stages of the disease has had to occupy a room shared by several. In these cases no suggestion which I was able to make could do away with the enormous risks the other occupants were daily called upon to face.

What is therefore urgently required is that some provision should exist in each sanitary district in London and elsewhere for the isolation of those cases which are a source of great danger to others. It is impossible to get them into the sanatoria for consumption which at

present exist, for many are patients who will certainly never recover and they are almost paupers.

The crowded home is thus the only place available for the very large majority of the poorer consumptives, who, from the circumstances of their poverty and surroundings, constitute themselves *the chief centres for the spread of the disease*.

At the present time it seems that we are running a little wild on the subject of sanatoria. We are spending almost everything on what are essentially curative institutions for less advanced cases, and neglecting to make provision for isolating dangerous cases, and thus protect others from a disease which, *among the poorer classes*, is not often permanently cured when once contracted. Sanatoria, in which the cure of the disease is the prime consideration, are therefore of secondary importance to the community as compared with homes for the isolation of those who, though a source of great danger to others, cannot be isolated in their own homes.

To furnish a good prospect of cure, treatment in a sanatorium must be prolonged, and a very lengthy stay is generally impossible for the class we are considering, but the hygienic manner of life inculcated in such institutions during a few months' residence is of value in those cases where they are able and willing to practise what they have been taught. But those who are patched up by a temporary residence of a few months only, generally relapse on resuming their work and returning to their former surroundings. In few cases the permanent cure of a poor-class patient is effected, but exact data as to the immediate and *remote* results of the sanatorium treatment of *the poorer classes who resume their previous occupations and surroundings* would demonstrate a very restricted usefulness of curative institutions for this class.

An economic error is committed by any community which erects institutions for the treatment of what are, generally speaking, the less dangerous cases, with at best a poor prospect of cure, while doing nothing for the isolation of the more dangerous cases which may be responsible

for the infection of many fresh units; for there is no malady to which the dictum "Prevention is better than cure" applies more aptly.

In short, institutions are wanted which are not provided primarily for the benefit of the patient, but for the isolation of the patient for the benefit of others, and which may therefore fairly be supported out of public funds. There are no such institutions in London, and until they are provided we lack one of the most essential provisions for coping with the disease.

It is a provision strictly comparable to our present fever hospitals, which are constructed primarily to check the spread of disease, and therefore the same authority should provide isolation homes for consumptives; moreover, having regard to the enormous pecuniary loss which the disease annually entails upon the State, some State assistance should be obtainable where necessary.

Of course it is almost entirely amongst the poor that the sanitary authority requires the information of the existence of cases and the powers to limit the spread of infection, because the danger of the spread of the disease amongst this class of the community, owing to the conditions under which they are housed, is very great indeed. Happily, the disease is declining in this and many other countries, in consequence apparently of general hygienic measures and the improved social conditions of the people; and having regard to the fact that the communicability of the disease is but slight, a little more knowledge and care on the part of the general public would have the effect of reducing the number of cases infected from pre-existing cases almost to a vanishing point.

With reference to the compulsory notification of this disease, Sheffield has, under a local Act, succeeded in obtaining such powers from Parliament. It is necessary, however, to point out that, under the Sheffield Act, the disease is not added to those comprised in the Notification Act, and that the subjects of pulmonary tuberculosis are expressly exempted from the disabilities affecting those suffering from the acute fevers.

During the year the London County Council has issued a bye-law directed against the dangerous and disgusting habit of spitting. The bye-law is undoubtedly doing good, although I have not yet heard of an instance in which a breach of the bye-law has been followed by the conviction and fine of the offender; but to what an extent this promiscuous spitting is a habit, and nothing else, is sufficiently evidenced by anyone who at the present time rides in our 'buses, tramcars, and railway carriages, and compares the state of the floors with that which obtained only a few months back.

London is at the present time the worst provided with sanatoria of all large towns in the kingdom, whereas, at the same time, the demands for treatment of consumption cases in these institutions are overwhelming. The treatment of early cases and the isolation of dangerous cases necessarily imply the provision of some accommodation for these patients. The existing consumption hospitals and the Poor Law infirmaries do not provide nearly enough accommodation, even if they limited admission to patients from London. It is at present by no means an unusual thing for cases of consumption in Stoke Newington, which urgently require isolation and sanatorium treatment, to have to wait many months before they are able to obtain admission into one of these institutions.

Sanatoria for the poorer class of the community within easy reach of London hardly exist, and more accommodation is urgently needed for the metropolis, both for the treatment of early cases and for the isolation of advanced cases. It has been suggested, and there are obvious reasons for the suggestion, that if sanatoria for consumptives are to be provided for London as a whole, the Metropolitan Asylums Board is the proper body to provide and control such institutions. The value of sanatoria, however, must not be exaggerated; doubtless they are an essential part of any scheme dealing with the scourge of tuberculosis, but it is by improving the conditions of life and the dwellings of the poorer section of the community that we shall achieve most in our crusade against the disease.

THE SANITARY AUTHORITY.

Shortly the Borough Council will become the Education Authority, and responsible for the conditions under which many hundreds of children spend a not inconsiderable portion of their time. An opportunity has therefore been afforded to the sanitary authority, not only of ensuring that the sanitary surroundings of the scholars are as good as they can be made, but that the whole of school life should be passed under the most hygienic surroundings. It is therefore to be hoped that the schools themselves and the manner in which they are conducted will be made to serve as object-lessons, to supplement and illustrate the teaching of the elements of hygiene, which is, in my opinion, an essential part of education.

There is scope for improvement in the direction of reducing so far as possible the dangers attending the packing together of large numbers of school children in one class room, and the arrangements for sufficiently ventilating the class rooms are such as at present admit of improvement. The school furniture should be far more generally adapted to the children of various sizes, and not the children to the furniture. The evil effect of bad posture upon scholars is universally recognised ; it is responsible for permanent body deformities, defective physical development, and a large amount of visual defect. The children should be taught some of the elementary laws of health, and the female children should all be taught the more essential facts with reference to domestic economy and infant rearing. Everyone admits the advisability of giving this information to school children, and yet year after year it has been excluded from the curriculum. How to live healthy lives (and therefore happy and useful lives) is one of the greatest matters which education has to teach, and any system of education falls far short of the ideal if these subjects are excluded from the curriculum. If these subjects are to be taught, the teachers must be taught how to teach them, and there is certainly a want in this country for the suitable preparation of teachers for this

important work. A teacher well-informed upon the principles of hygiene would be enabled to keep a watchful eye upon the health of the children entrusted to his or her care, and would, at the same time, help to obtain the most healthy environment and the best hygienic conditions for the scholars. Every scholar represents a certain social value, capable of being increased by attention to his physical, intellectual, and moral culture; this value is diminished or lost if from neglect of early treatment of disease or of hygienic precautions the scholar fails in health. Hence, periodical medical inspection of scholars as well as of schools is imperatively demanded in the interests of the community. It is this personal aspect of school hygiene which, excepting in a comparatively small number of instances, has been neglected in this country. Special and frequent examination of school children should be made for mild and unrecognised cases of infectious disease, defective sight, deafness, and other physical defects.

The School Attendance Officers require to be brought (and doubtless will be brought under the new order of things) in closer touch with the Medical Officer of Health. More prompt information as to absentees is desirable, and his co-operation in helping to check unhealthy and vicious conditions of life in the homes which he is constantly visiting could not fail to be of great advantage to the sanitary authority. Many of the above matters can easily be provided for; but some I fully recognise, present difficulties of an administrative or economic character, but all can and will be overcome in the immediate future, and the gain to the next generation will fully compensate for some extra trouble and expense in initiating these very desirable reforms.

It must be constantly borne in mind by those who take upon themselves the important function of controlling or directing education, that the end of all education is to produce capable citizens, and that the scholar who is compelled to attend school should be protected in every possible way against any risks to health. The most brilliant scholastic achievements are dearly purchased at the expense of permanent impairment of health.

A well-organised system of physical drill, carried out, not in crowded schoolrooms, but either in the outside air or in special buildings, will promote physical fitness, which counts for so much in the future well-being and success of the scholars. These drills should be directed by some person who is well acquainted with the object of each particular exercise. Many of the drills which I have witnessed in Board schools are a hollow farce, and the manner in which the scholars are allowed to go through them is ludicrous. It is difficult to see how any good can result from them.

FOOD AND DRUGS.

Under the Sale of Food and Drugs Acts, 122 samples of food and drugs were taken and analysed. The results are shown in Table C. Twelve of the samples were not satisfactory, and, therefore, the percentage of non-genuine samples amounted to about 9.9 per cent., a figure which is slightly above that of the preceding year, when it was 9.3 per cent. The figure for the whole country was 8.7 per cent. during the year 1902.

9.1 per cent. of the milk samples were unsatisfactory, as against 16 per cent. during the preceding year. 8.0 per cent. of the samples of milk taken on Sundays were adulterated. There was one conviction obtained for selling margarine contrary to the provisions of the Act.

The number of samples of food and drugs taken during the year to every 1,000 of the population amounts to about two—which is far below the average of the London Boroughs—the average figure amounting to nearly 4. During the current year therefore I have received instructions to increase the number of samples from 120 to 156.

Nearly five-twelfths of the samples taken during 1902 in England and Wales were of milk, and of these 11.6 per cent. were reported against. This is the highest rate of milk adulteration recorded in any year since 1893.

London again shows a comparatively high rate of milk adulteration, the percentage being 15.6 as against 10.3 in the 20 next largest towns of England and Wales, and 10.0 in the rest of the country.

The rate of butter adulteration in England and Wales fell from 10.3 per cent. in 1901 to 6.5 per cent. in 1902. In London and the next 20 largest towns taken together, the rate of adulteration was 8.8 per cent., and in the rest of the country 4.2 per cent. In Stoke Newington the rate of butter adulteration was 10 per cent.

During the year 1902 the articles of food which were found to be most adulterated were the following :—Wine 26.5 per cent., cocoa 13.3 per cent., spirits 12.3 per cent., milk 11.6 per cent., sugar 8.2 per cent., margarine 7.7 per cent., coffee 7.3 per cent., butter 6.5 per cent., syrup and treacle 5.9 per cent., vinegar 5.7 per cent., mustard 5.17 per cent. Of drugs :—Mercurial ointment 25.8 per cent., nitre 23.7 per cent., magnesia 17.1 per cent., seidlitz powders 11.1 per cent., and camphorated oil 10.2 per cent., were the most adulterated.

In England and Wales during 1902 the total adulterated samples constituted 8.7 per cent. of all those examined, as compared with 8.8 per cent. in 1901. Penalties were imposed in 2,928 cases, and in 164 of these the fine did not exceed 2s. 6d., 77 being of 1s. and under. Punishment on this scale is simply farcical.

It is a matter for regret that the recommendations made by the Food Preservatives Committee, dealing with the use of antiseptics in foods, have not yet been acted upon. A considerable time has now elapsed since the Report was issued, and the use of harmful preservative agents in milk and other articles of food is suffered to continue, and it is difficult to obtain convictions against those who adopt a practice which is doubtless responsible for injury to at least infants and invalids, while at the same time it has been amply demonstrated to be quite unnecessary.

TABLE C.

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

No.	Sample Analysed.	Opinion Formed.	Action Taken.
1	Milk	Genuine	Nil.
2	Milk	"	"
3	Milk	"	"
4	Milk	"	"
5	Milk	"	"
6	Milk	4% of added water	Vendor cautioned.
7	Milk	Genuine	Nil.
8	Milk	"	"
9	Demarara Sugar ...	Crystals coloured with Analine ...	Defendant fined 5s., and 12s. 6d. costs.
10	Fine Oatmeal ...	Genuine	Nil.
11	Butter	"	"
12	Ground Ginger ...	"	"
13	Milk	"	"
14	Milk	"	"
15	Milk	"	"
16	Milk	"	"
17	Milk	"	"
18	Milk	"	"
19	Milk	"	"
20	Butter	"	"
21	Butter	"	"
22	Ground Ginger ...	"	"
23	Coffee	"	"
24	Flour	"	"
25	Fine Oatmeal ...	"	"
26	Coffee	"	"
27	Gin	"	"
28	Prescription ...	"	"
29	Prescription ...	"	"
30	Coffee	"	"
31	Milk	"	"
32	Milk	"	"
33	Milk	"	"
34	Milk	"	"
35	Whiskey	Below legal limit of 25% under proof.	Vendor cautioned.
36	Butter	Genuine	Nil.
37	Butter	Margarine	Defendant fined £1 and 12s. 6d. costs.
38	Lard	Genuine	Nil.
39	Coffee	"	"
40	Gin	"	"
41	Gin	"	"
42	Coffee	"	"
43	Butter	"	"

TABLE C.—*Continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
44	*Milk	Genuine	Nil.
45	*Milk	"	"
46	*Milk	"	"
47	*Milk	"	"
48	*Separated Milk ...	"	"
49	*Milk	"	"
50	Coffee	"	"
51	Demarara Sugar ...	"	"
52	Sweet Spirit Nitre	"	"
53	Olive Oil	"	"
54	Butter	"	"
55	Butter	"	"
56	Gin	38% under proof ...	Vendor cautioned.
57	Demarara Sugar ...	Genuine	Nil.
58	*Milk	"	"
59	*Milk	"	"
60	*Milk	"	"
61	*Milk	"	"
62	*Milk	"	"
63	Gin	"	"
64	Gin	"	"
65	Porter	Genuine	Nil.
66	Butter	"	"
67	Butter	"	"
68	Milk	"	"
69	Milk	Deficiency of 3% in the total fat.	Vendor cautioned.
70	Milk	Genuine	Nil.
71	Butter	"	"
72	Mixed Sweets ...	"	"
73	*Milk	"	"
74	*Milk	"	"
75	Lard	"	"
76	Milk	"	"
77	Demarara Sugar ...	"	"
78	Olive Oil	"	"
79	Milk	"	"
80	Mercurial Ointment	"	"
81	Ice Cream	"	"
82	Ice Cream	"	"
83	Ice Cream	"	"
84	Ice Cream Powder	"	"
85	White Pepper ...	"	"
86	Butter	"	"
87	Butter	Margarine	Defendant fined £4, and 14s. 6d. costs.
88	Coffee	Genuine	Nil.
89	Coffee	"	"
90	*Milk	"	"

* Sunday Samples.

TABLE C.—*Continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
91	*Milk	3% deficiency in fat	Vendor cautioned.
92	*Milk	Genuine	Nil.
93	*Milk	"	"
94	*Milk	"	"
95	*Milk	"	"
96	Butter	"	"
97	Butter	"	"
98	Butter	"	"
99	Butter	"	"
100	Butter	"	"
101	Milk	"	"
102	Milk	"	"
103	Milk	"	"
104	Milk	"	"
105	Butter	"	"
106	Butter	"	"
107	Margarine (Unlabelled)	Margarine	Defendant fined 5s. and 12s. 6d. costs.
108	Milk	3½% of added water	Vendor cautioned.
109	Milk	Genuine	Nil
110	Gin	"	"
111	Whiskey	"	"
112	Gin	"	"
113	Milk	"	"
114	Demarara Sugar	Crystals coloured with Analine	Vendor cautioned.
115	Ground Ginger	Genuine	Nil.
116	Castor Sugar	"	"
117	*Milk	"	"
118	*Milk	"	"
119	*Milk	"	"
120	*Milk	1.75% of added water	Vendor cautioned.
121	*Milk	Genuine	Nil.
122	*Milk	"	"

* Sunday Samples.

NOTES UPON SANITARY WORK PERFORMED DURING THE YEAR.

It will be seen from the accompanying Report of the Chief Sanitary Inspector that a large amount of sanitary work has been performed during the year: 3,001 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; 1,064 Intimation Notices, followed in 30 cases by Statutory Notices, were complied with.

Of this number only 315 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 borough. 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 borough were all duly inspected throughout the year.

HOUSES LET IN LODGINGS.

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

By the end of the year 1903, 180 premises were on the Register, 61 new premises having been added during the year.

FACTORY AND WORKSHOPS ACT, 1901.

At the beginning of the year 1903 there were on the Register 137 workshops and work-places.

During the year 24 premises were added to the Register. At the end of the year 1903, 161 places were on the Register.

In no case was overcrowding discovered on any of the premises inspected. As a rule, proper attention is given to ensure a satisfactory provision as regards sanitary conveniences, but in one or two instances it has been necessary to demand extra water-closet accommodation. In respect to warming and ventilation, the workrooms will doubtless compare favourably with those of most other metropolitan districts, but I am unable to say that in the majority of cases the warming and ventilation can be regarded as wholly satisfactory. There is a great prejudice amongst the workers against obtaining fresh air by open windows, and even if extra provision for ventilation is made, the workers almost invariably close such ventilators during the working hours. I am of opinion that this circumstance is largely due to the fact that in many cases the workrooms are not efficiently warmed, and the workers, therefore, find it necessary to keep the temperature up by their own body heat, and this can only be done when the fresh cold air from the outside is excluded from the room. It is a pity that the Act does not define what "a reasonable temperature" is; it would be of great value to those of us who have to administer the Act if a low limit and a high limit of temperature were defined by the Home Secretary.

During the year there were no cases of notifiable infectious disease occurring on premises in which there were workshops, but on several occasions out-workers in connection with several workshops had to be stopped from carrying on their work at home. A complete list of all outworkers has been kept in the office; these lists have generally been obtained on calling at the workshops, for employers often fail to realise their duty to send in their list of out-workers twice a year, viz., in February and August, as the Act directs.

The kitchens of the restaurants and public dining rooms in the borough have been thoroughly inspected throughout the year, with good results. During the year I advised and directed the work necessary

to bring the underground bake-houses into conformity with the requirements of the Borough Council prior to the granting of the necessary certificate on January 1st, of the current year. A considerable amount of work was undertaken in reference to the 20 underground bake-houses, which are now duly certificated, and the effect has been a very great improvement in the sanitary condition of these premises. Only one underground bake-house was closed.

THE FLOODING OF BASEMENTS WITH SEWAGE.

Fourteen years ago the London County Council (who had then only been in existence for about eight months) instructed the Main Drainage Committee to secure the services of an eminent Civil Engineer to join the Engineer of the Council in a thorough examination of the whole sewerage system of the Metropolis.

About 14 months afterwards Sir Benjamin Baker and Sir Alexander Binnie reported and recommended certain works, including new outfall sewers, at an estimated cost of over a million pounds.

About two months afterwards the London County Council adopted the Report and ordered detailed plans to be prepared, as the works "*were of so urgent a character that no delay should take place in carrying them out.*"

Nothing, however, was done for another four and a half years, when the Main Drainage Committee recommended that the works should be carried out. An Amendment was, however, carried in the following terms: "That the general enlargement of the main drainage system is not now necessary, but that local floodings need immediate attention."

About two years after this, in response to a deputation from the Metropolitan Sanitary Authorities, the Engineer to the London County Council was instructed to again report. This he did 15 months afterwards, and in his Report he recommended work at an estimated cost of over one and a half millions.

Six months after this a further Conference of the Parishes north of the Thames was held at Paddington, when the following resolution relating to the storm floodings and the attitude of the Council in the matter was passed: "That this Conference, comprising representatives of the leading parishes on the north side of the Thames, hereby places on record its surprise that, notwithstanding the strong expression of opinion by the Main Drainage Committee of the London County Council and its responsible officers, and the repeated representations of Vestries and District Boards to the effect that the existing accommodation of the Metropolis was entirely inadequate to carry out the work required of it, no attempt should have been made to abate the intolerable nuisance complained of; and further, that this Conference urges upon the Council the absolute necessity of their at once carrying out such works as may be necessary to remedy the above-mentioned state of things."

In December, 1899, the London County Council, upon the report of the Main Drainage Committee, resolved to proceed with the construction of the two new main outfalls sewers from Abbey Mills to Barking, and one between Deptford and Crossness, recommended by their advisers eight years previously, and pronounced by them at the time to be of "so urgent a character that no delay should take place in carrying it out." The resolution, however, was not carried without opposition, for Sir John McDougall moved, and Mr. Idris seconded, an amendment to the effect that "the general enlargement of the main drainage system is not now necessary, but that local floodings need immediate attention, and that therefore the recommendation be referred back to the Committee;" but the better sense of the Council as a body prevailed, and *part of the necessary work* recommended has been put in hand, and is now, I am informed, more than half finished.

Those whose duty it is to watch over the health interests of others feel very strongly with reference to this matter of the flooding of London basements with sewage from time to time, and while we must all fully recognise the excellent work which the County Council has done and is doing, we find it difficult to realise why what is undoubtedly

the most pressing sanitary need of London was so long practically shelved. The fact that other more attractive schemes—schemes which perhaps appealed more to the general mass of their critics—were meanwhile dealt with, may in some measure explain their neglect, but it does not justify it.

Supposing that in one of the Metropolitan Boroughs the sanitary requirements of the people were so neglected by the local authority that numbers of the residents were compelled to live in dwellings at times flooded with sewage, and that the remedy lay with the sanitary authority, I am confident that the sanitary authority would at once recognise the gravity of the situation and deal with it *promptly* and at all costs; but if for argument we assume that the local authority were in default, they would have the London County Council pressing for the necessary improvements. The defaulting authority in this matter has been the London County Council, and many of us who have at times been urged by that body to greater energy in prosecuting public health measures of relatively little importance compared to the one under discussion, have felt disposed to adopt the biblical rejoinder that they should first remove the beam which is in their own eye.

I for one would have preferred to have seen this great sanitary need of London given precedence over many improvement and re-housing schemes undertaken by the Council, which have furnished very modest results having regard to their costliness.

If it is not a matter of the first importance to keep sewage and sewage gases out of dwellings, then I do not know what is. It is the first principle of all our sanitary teaching, and it is the greatest lesson of all our public health experience. The stringent bye-laws of the London County Council are very largely designed to guard against this great danger, and the people have been educated to appreciate it.

The present Main Drainage System was constructed to serve a population of 3,450,000 with an average water supply of $31\frac{1}{4}$ gallons per head, whereas it now serves 36 per cent. more persons with a water

supply of from 35 to 40 gallons per head. Sir Joseph Bazalgette's scheme allowed for only $\frac{1}{4}$ " of rainfall in twenty-four hours, and it did not provide for the enormous increase in the population and of the number of houses even within the Metropolis, much less for taking in the drainage from the districts outside the metropolitan boundary of such parts as Acton, Willesden, Ealing, Tottenham, Wood Green, Hornsey, West Ham, and East Ham; neither was it contemplated to take any part of the sewage west of Chelsea. It is, therefore, obvious that as the sewers have become more and more filled up with dry-weather sewage, less space is left for rain-water, and that, therefore, the nuisance must increase year by year. The dry-weather flow of sewage for which the system was designed was 108 million gallons daily, while it is now about 195 million, or about 80 per cent. more.

The discharging capacity of the outfall sewers for the sewage north of the Thames as compared with the united discharging capacity of the high, middle, and low-level sewers which empty into them, is deficient to the extent of over 20,000 cubic feet of sewage per minute. Clearly the main sewerage provision ought to be at least of sufficient capacity to deal with the discharging power of the sewers that come into it, and it does not require an individual of the light and leading of a County Councillor to understand that there is no local remedy which can be effectually employed for dealing with the results of this state of things, and that the increased provision of both intercepting and main outfall sewerage is the essential step to take.

The failure of the London County Council to recognise this fact, and their culpable delay in giving effect to the recommendations of their advisers, has not only endangered the health and comfort of their constituents, but it has occasioned (and still occasions) considerable alarm and difficulties to those whose duty it is to guard the public health of their sanitary areas.

The vital importance of guarding the soil and sub-soil from fæcal pollution is one of the greatest lessons that our sanitary experience has taught us, and the desire to benefit from that knowledge is responsible for the expenditure of millions of money in the direction of

providing for the water-carriage system of sewage removal from houses and for remedying defects in existing drains and sewers. Yet, picture what was suffered to exist in London by the supervising sanitary authority. A state of things which not only leads to the flooding of dwellings with sewage, but also to a very large amount of avoidable pollution to the soil and subsoil.

In the North of London, as the result of this intolerable state of things, numerous complaints and applications for compensation reach the sanitary authorities. Washhouses, workrooms, living and sleeping rooms, underground bakehouses, and cellars are flooded from time to time with from an inch to a foot or two of sewage, and carpets oilcloths, linoleums, mats, bedding, furniture, and stored goods are injured or spoilt. The flood-waters leave behind a coating of evil-smelling sewage-mud over and under the floors, thus seriously endangering the health of occupants of the dwellings, and necessitating much outlay for repairs and considerable distress among the poorer inhabitants. Compensation is often prayed for and sometimes demanded by the helpless victims. Landlords complain that in some cases it is necessary to keep the lower rooms empty, that tenants refuse to pay rent, and that tenants leave their houses. In one case a complaint was made that a fowl-house had been started upon a cruise, and that nine fowls had been drowned. Sometimes it occurs to the sufferers to take the step of attempting to deduct his expenses from the rates, and here is an extract from a letter received quite recently by our Town Clerk: "Dear Sir,—I herewith enclose cheque for the rates on above house, less £1 1s. 8d. I wrote to the Medical Officer of Health in June last, up to which time we had the overflow from the sewers out in the house three times. As no prompt measures were taken I took them myself, the only other course being to leave the house. The money was spent in having watertight boards put up back and front, with a set of blocks for the maids to get in and out; also for two heavy blocks of lead cast to fit the gullies and prevent the sewage from coming up like a fountain."

It must not be thought that these floodings, consisting, as they so largely do, of surface water, are therefore comparatively harmless and inoffensive. No one who has had an intimate acquaintance with the matter which comes up from the sewers into basement rooms will be under that delusion; and, indeed, it is common knowledge that the storm waters issuing from the sewers in the earlier stages of a storm are almost, if not quite, as offensive as dry-weather sewage.

As the Main Drainage Committee of the L.C.C. point out, even the water flowing from the streets after heavy rainfall is as polluted as, and in some cases more so than, the actual flow in the sewers, and the flood discharges which now take place from the storm overflows are of an offensive character.

Another aspect of the question has reference to the River Thames. Every year that the existing state of things is suffered to continue leads to a considerable increase in the fouling of that river as it passes through London, by the existing overflow sewage. The Main Drainage Committee of the L.C.C. four years ago viewed with some apprehension the danger of the increasing pollution of the river, and they express the view that occasionally the effect on the foreshore was such as they could not contemplate with equanimity. I believe at the present time that the storm outlets into the Thames are brought into operation whenever the rainfall amounts to some one-sixth of an inch. The advantages gained by the expenditure of about £150,000 annually in the treatment and disposal of the sewage in London at the outfall works, with a view to freeing the Thames from pollution, must undoubtedly be largely neutralised if the river is not protected from gross contamination with sewage at points higher up.

It is only recently that the London County Council has displayed the necessary energy and desire to grapple with this urgent sanitary requirement of London, and it is to be hoped that every effort will now be made to finish the work at the earliest possible date.

During the year the Council has appointed delegates to confer with other Boroughs and to approach the London County Council in

order to press forward the work ; and in January last, at a Conference of North London Borough Councils, Mr. Councillor Dod moved the following resolution, which was carried :—" That this Conference views with alarm and regret the great delay of the London County Council in giving effect to their engineer's reports of 1891 and 1899 dealing with the question of the Main Drainage of London."

METEOROLOGY IN AND AROUND LONDON DURING THE YEAR 1903.

January.—The weather of January was singularly eventful. The opening week was extremely mild and unsettled, with frequent rain, and with thunderstorms on the 3rd in many parts of England. On the 8th or 9th the weather became colder and drier, and for nearly a week a frost of considerable severity prevailed over the whole kingdom. About the middle of the month this broke up, and for the remainder of the time mild changeable conditions again prevailed. Pressure was below the average ; temperature was above the normal. Rainfall exceeded the average. Winds were chiefly from points between South and West.

February.—The weather, until the closing week, was mostly fair and dry. A violent South-westerly to Westerly gale occurred on the night of the 26th or on the 27th over nearly the whole kingdom. Temperature was considerably above the normal ; the winds were chiefly from the South-westward or Westward ; bright sunshine was less than the normal. Rainfall was below the average.

March.—The spell of mild South-westerly breezes noticed in February continued throughout the greater part of March, the only interruption occurring quite early in the month, when the wind was more variable and the weather cold, with snow showers in the western and northern districts. Temperature was above the normal ; the winds were chiefly from between South and West. Rainfall was considerably in excess of the average ; bright sunshine was fairly normal.

April.—The mild South-westerly type of weather which had been the feature of the winter months came to an end early in April. Snow showers and night frosts were of frequent occurrence, and the weather generally was of an unseasonable character. During the last week the conditions were of a cyclonic type, the centres of the disturbances keeping to the Southward, and so bringing the wind into the Eastward. Rainfall was irregularly distributed; bright sunshine was above the normal generally over the Northern and inland parts of England.

May.—The weather during the month was of a very variable character, there being one well-defined anticyclone. Thunderstorms were fairly numerous in several localities, on as many as five days in London, where those of the 30th and 31st were exceptionally severe and prolonged; and bright sunshine was generally well under the average.

June.—In several respects the June weather was of a remarkable character, presenting extremes of rain and drought, of cold and warmth. Within the basin of the Thames it was the largest June rainfall on record. There was a great predominance of winds from the North-east quarter; gales were rarely felt; temperature varied greatly, from very cold to very warm; rainfall was most irregularly distributed; bright sunshine was rather deficient.

July.—The weather during July was scarcely less remarkable than that of the preceding month. Thunderstorms were not particularly frequent, but almost every part of the kingdom was thus visited at least once. South-westerly to North-westerly winds were most general. Temperature and bright sunshine were both below the normal.

August.—The month as a whole was characterised by a very unsettled type of atmospheric conditions, numerous Atlantic disturbances bringing frequent and often heavy rains; thunderstorms were experienced on several days, yet there were many brilliantly fine intervals. The winds were mainly from points in the West, gales being rather numerous for the time of year; temperature

was everywhere below the average ; and there was a deficiency in the amount of bright sunshine.

September.—The early part of the month was extremely changeable, with heavy rain, the unsettled weather culminating on the 10th in a Westerly gale of unusual severity, which occasioned much damage. A short spell of cold Northerly and North-westerly winds set in, with frosts in many parts. Later on the weather improved very materially. Temperature varied greatly. Rainfall was in excess.

October.—Throughout the month the weather remained in an exceptionally unsettled state. As a result the period was extremely wet in all districts, the rainfall being both abnormally frequent—from 28 to 31 rainy days being experienced—and heavy. On the last day of the month there was a magnetic storm of exceptional intensity. Pressure was everywhere considerably below the mean ; the winds were mostly from Southerly or Westerly direction. Temperature kept rather high for the season. There was a deficiency of bright sunshine practically everywhere.

November.—The weather experienced during the month of November was generally of a more settled and drier character than that of any preceding month of the year. The change was associated with the presence, during the greater part of the time, of systems of high barometric pressure, either immediately over our islands, or with their centres to the South-west or South. There was a good deal of fair to fine dry weather, and fogs were not so frequent as is usual at this season. Pressure was above the average. The winds were mainly from points between South-west and North-west of England, and bright sunshine was in excess ; rainfall was below the average.

December.—The weather during the closing month of the year was characterised by a great prevalence of dull, overcast skies, and at times there was a good deal of mist and fog ; the fog of the 5th covering the greater part of England. Cyclonic depressions were fairly numerous in our neighbourhood, and several were deep,

with strong winds and gales accompanying them, but as a rule the rainfall was slight throughout the country. Cold prevailed in all districts in the opening and closing days, with very sharp frosts at night. The middle period was rather mild and open. Pressure was below the average; the winds were very variable; temperature was nearly everywhere below the normal; rainfall was in deficiency; and so also was the duration of bright sunshine.

*Meteorological Observations taken during the Year 1903, 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 Tem- p'rature of Air	Rain.		Rela- tive Humd- ity. Satura- tion. 100.
	Highest	Lowest.	Mean.			No. of Days it fell.	Amnt. Collectd	
			Of all Highest	Of all Lowest.				
	°	°	°	°	°		ins.	
January	53.8	22.1	45.2	36.0	40.9	17	2.15	91
February	59.0	25.7	50.8	39.9	44.8	10	0.83	86
March	67.9	29.9	53.9	39.5	46.1	18	2.30	79
April	61.1	27.8	53.6	37.1	45.1	13	2.14	74
May	80.9	34.9	65.1	45.8	54.5	17	2.99	75
June	85.9	39.7	67.5	48.6	57.1	10	6.43	76
July	87.2	45.2	73.1	54.5	62.7	13	5.20	72
August	80.6	45.4	70.1	52.4	60.3	18	4.24	75
September	83.7	38.1	67.6	50.7	57.7	14	2.64	83
October	67.4	36.0	59.1	47.8	52.8	26	6.03	87
November	57.2	29.9	50.2	39.7	44.6	12	1.86	89
December	52.3	26.1	42.6	35.5	39.0	12	1.30	93

RECENT PUBLIC HEALTH LEGISLATION.

THE MIDWIVES ACT OF 1902.

This Act came into force on April 1st of the year under review. This is a very necessary measure, requiring the suitable qualifications of midwives for their work and their registration by the local authority. There is practically unanimous agreement amongst County Councils not to avail themselves of their power to delegate the duties of the supervising authority to the local District Councils, and doubtless in cases where a County Medical Officer of Health has been appointed, a Committee of the County Council would appear to offer the best chances of success. The London County Council have come to the decision "that if the necessary duties of inspection were discharged by the Council itself, the inspection of all the midwives in the county could be undertaken by a comparatively small staff employed for the purpose, and that this would involve very little increase of expenditure." The areas within which such midwives practise in London are generally extensive, and even where the area is small it would probably be within two or more Metropolitan Boroughs, so that if the powers be delegated, a midwife would be under the necessity of giving notice to all the local supervising authorities in whose areas she practised, or intended to practice. Differences in administration would produce confusion as to the character of the regulations, and as to the degree of strictness that the authority might be expected to exercise.

The County Council, therefore, came to the conclusion that it would be advisable to retain in its own hands the powers conferred on it by the Act; a conclusion to which, I may add, the majority of County Councils throughout the Kingdom also appear to have arrived.

THE CUSTOMS AND INLAND REVENUE ACT OF 1903.

In 1890 the Customs and Inland Revenue Act granted exemption from Inhabited House Duty to every house used solely for providing separate dwellings at rents not exceeding 7s. 6d. per week for each dwelling, if the Medical Officer of Health certified that the

premises afford suitable accommodation for each of the persons inhabiting them, and that due provision was made for their sanitary requirements. This exemption was in order to encourage the erection of Artisans' Dwellings on good lines, and it has proved a useful piece of legislation.

The Revenue Act of 1903 extends the provisions of the former Act, and now where a dwelling-house is used for the sole purpose of providing separate dwellings (A) Any dwelling of the house which is of an annual value of below £20 is exempt from Inhabited House Duty ; (B) The rate of Inhabited House Duty in dwellings of an annual value of £20, but not exceeding £40, is reduced to 3d. ; and (C) The rate in respect of dwellings beyond an annual value of £40, and not exceeding £60, is reduced to 6d.

THE EMPLOYMENT OF CHILDREN ACT, 1903.

This Act came into operation on January 1st of this year. It provides that no children may be employed in work for wages under 11 years of age. Between the ages of 11 and 14 labour is allowed under regulations. The statutory working time must come within the hours of 6 a.m. and 9 p.m. No employment which is believed or proved to be injurious may be carried on. Doubtless the Act is a very necessary one. A large number of children are employed for profit in occupations not under Home Office inspection while attending school for the full time and their education and their health alike suffer. Some form of child labour (as for instance the street trading by young girls) is degrading to their morals.

THE CREMATION ACT, 1902.

This Act came into force on April 1st, 1903. The Act enables Burial Authorities to establish crematoria, and it provides for the regulation of the burning of human remains. The Secretary of State has,

under the Act, issued regulations * which are of a very stringent character, and which will have the effect of guaranteeing, so far as it is possible to do so, that no individual who has been the victim of poison can be cremated, and thus all evidence of the crime be permanently destroyed. The risk of this has hitherto been one of the main arguments against cremation which have been advanced by those who still advocate the less sanitary method of earth burial.

* Two certificates of death are required—one given by the medical attendant, the other by an independent person, viz., a doctor nominated by the cremation-authority or a person holding an official post, or a certificate given after a post-mortem examination by a pathologist nominated by the authority or by a coroner after an inquest.

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

A DEN 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 (1 to 145)
" " (2 to 106)
Blackstock Road
Bouverie Road
Boleyn Road
Brighton Road
Brodia Road
Broughton Road
Brownwood Park
Brownwood Road
Burma Road

CASTLE Street
Carysfort Road
Chalmers Terrace
Chapel Place
Church Street
Chesholm Road
Church Path
Clonbrock 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 2 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
 Millard Road
 Milton Road
 Mountgrove Road

NEVILL Road
 Newington Green**O**LDFIELD Road
 Osterley Road**P**AGET Road
 Painsthorpe Road
 Park Street
 Park Lane
 Park Lane Terrace
 Paradise Row
 Park Crescent
 Palatine Road
 Pellerin Road
 Philp Street
 Portland Road
 Prince George Road
 Princess Road
 Princess May Road**Q**UEEN Elizabeth Walk
 Queens Road**R**EEDHOLM Road
 Rochester Court**S**ANDBROOK 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**V**ICTORIA Grove
 Victoria Grove West
 Victoria Road**W**ALFORD Road
 Warwick Road

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

METROPOLITAN BOROUGH OF STOKE NEWINGTON.

REPORT OF CHIEF SANITARY INSPECTOR FOR THE YEAR 1903.

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

GENTLEMEN,

I beg to present to you my Annual Report for the year ending 31st December, 1903 :—

HOUSES AND PREMISES INSPECTED.

By house-to-house inspection	...	...	...	...	...	737
On complaint duly recorded, Sec. 107 (3), Public Health Act,						
1891	...	...	...	...	...	315
After notification of infectious disease	...	...	...	...	...	215
Stables and mews	...	...	...	...	...	275
Slaughter houses	...	...	...	...	...	12
Milkshops, dairies and cowsheds	...	...	...	...	...	53
Bakehouses	...	...	...	...	...	45
Factories and workshops	...	...	...	...	...	229
Sundry other inspections	...	...	...	...	...	783
Notices from builders, under Bye-law 14 (London County Council)						279
Coffee houses and restaurants	...	...	...	...	...	23
Ice cream manufactories	...	...	...	...	...	35
						3001
Re-inspections made in following up and superintending the work required by intimation and statutory notices						6650
						Total inspections ... 9684

INTIMATION NOTICES SERVED.

(Sec. 3, Public Health Act, 1891.)

After house-to-house inspection	...	...	...	...	...	558
After inspection on complaint	...	...	...	...	...	224
After infectious cases	...	...	...	...	...	64
On owners of stables and mews	...	...	...	...	...	7
On owners of milkshops, dairies and cowsheds	...	...	...	...	...	3
On owners of bakehouses	...	...	...	...	...	4
On owners of factories and workshops	...	...	...	...	...	83
After sundry other inspections	...	...	...	...	...	121
						1064

STATUTORY NOTICES SERVED.

Thirty statutory notices were authorised by your Committee to be served under Sec. 4, Public Health Act, 1891.

NUISANCES ABATED AND SANITARY DEFECTS
REMEDIED.

Dirty houses, &c., cleansed and whitewashed	...	...	...	143
Dampness to houses remedied	...	...	...	96
Dilapidated ceilings, stairs, &c., repaired	...	...	...	47
Obsolete bell-traps and small dip traps removed and substituted by syphon gulleys	...	...	...	70
Foul traps and pans of w.c.'s cleansed or new ones substituted	}			159
Public-house urinals cleansed		...	...	
Flushing arrangements provided to w.c.'s which previously had no water supply, and w.c.'s with deficient water supplies improved	...	...	...	128
Defective w.c.'s removed and replaced with w.c.'s of modern construction	...	...	...	173
Stopped or choked w.c.'s cleared	...	...	...	12
External ventilation to w.c.'s improved	...	...	...	12
W.c.'s removed to more sanitary positions	...	...	..	6
Carried forward				846

	Brought forward ...	846
Flushing cisterns fixed to w.c.'s which were previously flushed directly from dietary cistern ...	...	5
Additional w.c.'s provided in case of insufficient w.c. accommodation...	...	2
Defective soil-pipes remedied and made to comply with County Council bye-laws ...	...	74
Unventilated soil-pipes ventilated ...	...	} 224
Soil-pipes improperly ventilated, improved. ...	...	
Dirty yards cleansed ...	...	10
Yards paved or re-paved with impervious material ...	...	78
Gulley and other traps inside houses or other premises removed to outside ...	...	37
Sink waste-pipes directly connected to drainage, made to discharge in open-air over proper syphon gulleys ...	...	48
Long lengths of sink, bath, and lavatory waste-pipes trapped, and made to discharge in open-air over gulleys, hopper-heads, &c. ...	...	131
Defective waste-pipes repaired ...	...	} 13
Foul water-cisterns cleansed ...	...	
Water-cisterns without close-fitting covers provided with proper coverings ...	...	47
Defective water-cisterns improved ...	...	12
Defective dust-bins repaired, or new portable dust-bins provided		148
Defective drainage re-constructed in accordance with the bye-laws of London County Council ...	...	391
Choked or stopped drains cleared and repaired ...	...	131
Rain water pipes disconnected from drains ...	...	} 137
Rain water pipes disconnected from soil-pipes ...	...	
Proper water supply provided to houses ...	...	10
Defective roofs of houses repaired ..	...	70
Defective eaves guttering and rain water pipes of houses repaired or reinstated ...	...	56
Defective paving to floors of wash-houses repaired or reinstated		25
Carried forward ...		2495

	Brought forward	... 2495
Proper manure receptacles provided (London County Council bye-laws)		5
Cases of over-crowding abated		9
Space under wooden floors not sufficiently ventilated, remedied by insertion in outer walls of proper air bricks		43
Total number of nuisances abated		2552

In addition to the above a number of nuisances have been abated on personal advice to the occupiers of premises.

SLAUGHTER HOUSES.

The eight slaughter houses in the Borough have been regularly inspected, and special attention has been given to cleanliness, drainage, ventilation, etc.

COMMON LODGING HOUSES.

There is only one common Lodging-house in the Borough and this has been frequently inspected, due regard being paid to cleanliness, number of inmates, &c.

BAKEHOUSES.

There are 28 bakehouses in the Borough, 20 of these being constructed underground. In 1902 a special inspection of the underground bakehouses (then 21 in number) was made with a view of finding out what alterations would be necessary before they could be certified under the recent Factory and Workshops Act, as in a satisfactory sanitary condition. Twenty of the occupiers altered their premises to meet the requirements of the Council and one bakehouse was closed.

DAIRIES, COWSHEDS, AND MILKSHOPS.

There are 51 Milkshops and 2 Cowsheds in the Borough all of which have been inspected. Three intimation notices were served during the year on occupiers to cleanse premises.

STABLES AND MEWS.

Considerable attention has been given to the inspection of Stables and Mews, especially during the summer months. Some 275 surprise visits have been paid in connection with these premises and in very few cases were accumulations of manure found. Copies of the Regulations of the Council have been kept posted up at all the Mews in the Borough.

HOUSES LET IN LODGINGS.

A Register of Houses let in Lodgings is kept. There are at present 180 premises on the register. 61 new premises have been added to the Register during the year.

SALE OF FOODS & DRUGS ACTS, 1875-1901.

122 samples of Food and Drugs have been submitted to the Public Analyst during the year. A table will be found on page 69 showing the result of proceedings taken under the above Acts.

BUTCHERS, GREENGROCERS, FISHMONGERS, &c., SHOPS.

These are constantly inspected with a view to seizure of any unsound food exposed for sale or intended for sale for the food of man. In several instances it was found necessary to advise the shopkeepers to destroy small quantities of Meat, Fruit and Fish. This advice was followed in every case so that it was not necessary to take further proceedings. On 1st September, nearly the whole of the butchers shops in the Borough were inspected. As a result a large quantity of meat was seized and the owner summoned and fined. A register is kept of all seizures and cautions.

HOUSE-TO-HOUSE INSPECTION.

Inspections have been made in the following roads and streets during the year:—

Blackstock Road (part)

Mountgrove road

Philp Street

Aldham Place

Spenser Road

Green Lanes (part)

Pellerin Road	Winston Road (part)
Ayrsome Road	Wilberforce Road
Cowper Road	Albion Road (part)
Victoria Road	Carysfort Road (part)
Trumans Road	Lordship Park Mews
Statham Grove (part)	Digby Road
Shakespeare Road	Matthias Road (part)
Victoria Grove (West)	

737 houses and premises were inspected during the year under this heading.

SMOKE ABATEMENT.

A Register is kept of all factory chimneys in the Borough which have been seen to emit black smoke, or regarding which a nuisance has been complained of.

These are watched from time to time, and a record made of the result of observations.

ICE CREAM MANUFACTURERS AND VENDORS.

The London County Council issued Regulations in September, 1902, which came into operation on November 1st, with respect to Ice Cream Manufacturers and Vendors.

Copies of the Regulations in English and Italian have been circulated in the Borough, and the premises inspected. A Register is kept of all premises and persons to which the Regulations apply.

There are 35 manufacturers in the Borough.

RESTAURANTS AND EATING HOUSES.

There are 23 premises in the Borough which come under this heading, these have all been inspected, and it was found necessary to serve 3 intimation notices on the occupiers to cleanse premises and for minor insanitary conditions.

REMOVAL OF HOUSE REFUSE.

A reference to the Report of the Borough Surveyor will show the number of loads removed during the year with the cost of removal, etc.

FACTORIES AND WORKSHOPS, & DOMESTIC WORKSHOPS.

A Register of Factories and Workshops is kept. There are at present 161 Factories and Workshops in the Borough, all which were inspected during the year.

Outworkers were notified to the Medical Officers of Health of the Districts in which they reside as follows :—

Of the persons working for firms whose places of business are in Stoke Newington

53 reside in Stoke Newington.

28 „ „ Hackney.

9 „ „ Islington.

3 „ „ Tottenham.

5 „ „ Stepney.

4 „ „ Finsbury.

1 „ „ Camberwell.

1 „ „ Bethnal Green.

1 „ „ Edmonton.

1 „ „ Walthamstow.

1 „ „ Shoreditch.

1 „ „ City of London.

Total 108

Notifications were in turn received from Medical Officers of Health of persons residing in Stoke Newington who work for firms in other Districts, as follows :—

	27	from City of London,
	25	„ Islington.
	27	„ Finsbury.
	28	„ Hackney.
	1	„ Westminster.
	3	„ Shoreditch.
	1	„ Kensington.
	3	„ Bethnal Green.
	1	„ St. Pancras.
Total	116	

There is a total of 330 houses and premises (exclusive of bake-houses) in the Borough which come under the operation of the Factory and Workshops Acts.

NOTIFICATION OF INFECTIOUS DISEASE.

Two hundred and forty-eight cases were notified during the year, and in most instances an inspection of the premises was made.

The houses, where the cases occurred, have been disinfected ; 261* by the Department, and the remainder under the supervision of the Medical Practitioner attending the case. 113 patients were removed to hospital. The bedding, clothing, etc., was removed, steamed, disinfected, and returned in 237 instances.

It was found necessary to strip and cleanse 37 rooms after removal or recovery of patients.

One hundred books which had been borrowed from the public library were collected from infected houses, disinfected, and returned to the Public Library or destroyed.

* This includes disinfections on request of householders, after cancer, phthisis etc.

PROSECUTIONS UNDER THE PUBLIC HEALTH ACT, 1891,
AND BYE-LAWS OF THE LONDON COUNTY COUNCIL.

No. in Report Book.	Situation of Premises	Nature of Nuisance.	Result of Proceedings.
2515	8 Aldolphus Road	Executing work without previous notice to Sanitary Authority. For improperly executing work	Ordered to pay 2s. costs. Fined 5s. and 2s. costs.
2247	113 Blackstock Road	For improperly executing work	Fined 5s. and 2s. costs.
2524	107 Stoke Newington Road	Defective drains and soil-pipe	Summons withdrawn on payment of costs. Nuisance abated previously to hearing.
2657	55 Victoria Grove	Defective drains	Order made to abate nuisance.
3139a	177 High Street	Depositing unsound meat for sale.	Fined £18 and 3s. costs.
2627	18 Shellgrove Road	Defective soil-pipe and broken w.c. basin.	Order made to abate nuisance.
2657	55 Victoria Grove	Non-compliance with Magistrate's order.	Fined £5 and 23s. costs, or 1 month imprisonment.
3019	48 Eade Road	Defective drains	Summons adjourned 1 month. Summons eventually withdrawn, defendant to pay £1 1s. costs.

DRAINAGE APPLICATIONS.

Sixty-six Plans were submitted to your Committee referring to the drainage of 101 premises.

Since the decision of your Committee to charge a search fee of 2/6 to persons requiring to see plans, 18 persons have paid the fee.

Copies of the bye-laws of the London County Council relating to the deposit of plans for drainage work have been sent to all the builders in the Borough.

TABLE OF PROSECUTIONS UNDER THE SALE OF FOOD
AND DRUGS AND MARGARINE ACTS.

No. of Sample.	Article Purchased.	Result of analysis.	Result of proceedings.
240	Demerara Sugar	Coloured Crystals ...	Defendant fined 5/- and 12/6 costs
268	Butter	Margarine	„ „ £1 „ 12/6 „
319	Butter	Margarine	„ „ £4 „ 12/6 „
11	Margarine	Unlabelled — ...	„ „ 5/- „ 12/6 „
*	—	—	—

* Two milk vendors were fined, in one case 3/- and 2/- costs, and in the other 2/- costs, for having no name on their barrows while selling milk in the Borough.

By direction of your Committee, several vendors of poor samples of food taken as samples under above Acts have been cautioned.

I am, Gentlemen,

Your obedient Servant,

D. W. MATTHEWS.

