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

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THE

Metropolitan Borough of Stoke Newington.

REPORT

OF THE

Medical Officer of Health and Public Analyst,

FOR THE

YEAR 1905.

BY

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REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1905.

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

GENTLEMEN,

The year 1905 was a year favourable to a low mortality rate; and the general death-rate for the Borough, which was 13·1 per thousand for the previous year, fell to 12·6, the second lowest since the formation of the Borough. There were only two Metropolitan Boroughs with lower rates, and the rate for London generally was 15·1.

I regret to have to report that the deaths among infants under one year of age were the highest recorded since the formation of the Borough. The rate of 124·7 is exceeded by 16 other Metropolitan Boroughs, but it is in excess of the rate in 12 other Boroughs. It is a very unsatisfactory feature in the vital statistics of Stoke Newington, and it is one which calls for increased efforts to stem the wastage of infant lives which it denotes. These efforts will be made; and one of the most hopeful agencies which will be employed will be the services of the small band of Public Health workers which the Borough has been able to secure. A reference to this work is made on pp. 16–18 of this Report. In my opinion, however, it may be desirable before long to supplement this important work by the appointment of one of those paid female officials who are doing such good work under many of the other Sanitary Authorities of the Metropolis.

During the year 1905 there was more infectious sickness in the Metropolis than during the preceding year, and although there is cause for some satisfaction in the fact that infectious sickness rate for the Borough shows no increase over that of the year 1904, it is not a satisfactory rate, having regard to the circumstances that nine other Metropolitan Boroughs are able to show a lower one, and the rate is so largely contributed to by certain areas of the Southern Division of the Borough.

There is a welcome reduction in the death-rate from consumption. The voluntary notification of this disease, in the absence of anything approaching adequate provision for the removal of the advanced and dangerous cases notified, has proved in practice what comes very near to being a failure. The limited amount of good which it is possible to do among the advanced cases of the disease, who are almost without exception in the border line of poverty, and who constitute quite four-fifths of the cases voluntarily notified, points to the necessity of obtaining the compulsory notification of the disease, so that we may learn of the existence of cases in the earlier stage, and of all the cases who are able to benefit from our assistance and advice. The compulsory measure works without any friction or hardship, and is in every respect satisfactory, where it has already been enforced, as in Sheffield.

Again I am able to record my satisfaction at the manner in which the work of the department has been carried on by the present members of the staff. The appended Report of the Chief Sanitary Inspector will be found to be a very satisfactory record of work.

I am, Gentlemen,

Your obedient Servant,

February 14th, 1906. 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 1905, and the figure, calculated logarithmically from the increase between 1891 and 1901, amounts to 52,690. I believe this to be a slight over-estimation of the population, having regard to the fact that the number of occupied houses in the Borough in April, 1905, amounted to only 7,292, and the number of occupants to each house averaged only 6·6 at the last Census. It is, however, upon the above figure, obtained by the official method, that the various rates dealt with in this Report are calculated, since, in some parts of the Borough the average number of occupants per house has increased during the past few years; and when in addition to this circumstance allowance is made for the number of residents in the large block of Industrial Dwellings in Victoria Road, occupied since the last Census enumeration, the estimate should be a very close one.

The *estimated 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 18,370; and in the Southern Division the population is about 34,320.

The natural increase of population by excess of births over deaths during the year amounted to 401, as against 457 in the preceding year.

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

Births—Birth-rate.—During the year 1905 there were 1,066 births registered in the Borough, viz.—539 males and 527 females. The

birth-rate per 1,000 per annum was therefore 20·2, as against 21·8 for the preceding year.

Year.	Birth-rate.	Rate for London generally.	Rate for England and Wales.
1901 ...	21·6	29·0	28·5
1902 ...	21·8	28·5	28·6
1903 ...	20·9	28·5	28·4
1904 ...	21·8	28·0	27·9
1905 ...	20·2	—	27·2

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 506 deaths of residents registered in the Borough, and 159 of residents who died in Public Institutions outside of the Borough, making a total of 665 deaths. Of these deaths 348 were of females and 317 were of males.

Year.	General Death-rate.	Rate for London generally.	Rate for England and Wales.
1901 ...	13·1	17·6	16·0
1902 ...	13·1	17·2	16·3
1903 ...	12·3	15·2	15·4
1904 ...	13·1	16·1	16·2
1905 ...	12·6	15·1	15·2

The recorded general death-rate is therefore 12·6. 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 containing a larger proportion 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 1·04443, and the *death-rate corrected for age and sex distribution is* (12·6 × 1·04443) 13·1 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 15·1.

District Mortality.—The deaths among residents of the Northern Division of the Borough numbered 189 and furnished a recorded death-rate of 10·3 per 1,000 per annum.

The deaths among the residents of the Southern Division of the Borough numbered 476, and furnished a recorded rate of 13·9 per 1,000 per annum.

TABLE A.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1905.

Deaths in or belonging to Whole District at subjoined Ages.	Causes of Death.																									
	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria & Membranous Croup.	Enteric Fever.	Epidemic Influenza.	Diarrhœa.	Enteritis.	Puerperal Fever.	Erysipelas.	Other Septic Diseases.	Phthisis (Pulmonary Tuberculosis).	Other Tubercular Diseases.	Cancer, Malignant Disease.	Bronchitis.	Pneumonia.	Other Diseases of Respiratory Organs.	Alcoholism, Cirrhosis of Liver.	Venereal Diseases.	Premature Birth.	Heart Diseases.	Accidents.	Suicides.	Diseases of the Nervous System.	Old Age.	All other Causes.	All Causes.
All Ages	11	3	9	5	...	...	39	1	...	1	16	69	30	53	65	21	35	10	...	23	71	9	4	47	46	98	665
Under 1 year	...	...	...	...	...	...	31	...	...	...	..	...	10	...	10	1	8	...	...	22	3	1	...	4	...	43	133
1 and under 5	9	2	9	4	...	...	3	1	...	...	...	...	16	...	6	4	6	...	...	1	1	..	...	3	...	6	71
5 and under 15... ..	2	1	...	1	...	...	1	...	...	...	2	4	1	...	...	...	3	...	...	...	2	2	...	...	...	1	20
15 and under 25 ...	...	...	...	...	...	...	...	...	...	...	1	11	1	...	1	...	1	...	...	...	1	1	...	3	...	1	21
25 and under 65 ...	...	...	...	...	...	...	1	...	...	1	9	54	2	30	14	8	9	8	...	...	29	2	4	18	...	29	218
65 and upwards ...	...	...	...	...	...	...	3	...	...	...	4	...	...	23	34	7	8	2	...	...	35	3	...	19	46	18	202
Deaths in or belonging to Localities at all Ages.																										
North Division ...	1	1	...	...	...	...	6	...	...	1	8	13	5	21	22	5	10	4	...	6	26	1	1	14	12	32	189
South Division ...	10	2	9	5	...	...	33	1	...	...	8	56	25	32	43	15	25	6	...	17	45	8	3	33	34	66	476
Total Deaths in Public Institutions in the District.	...	...	...	...	...	..	...	...	...	...	...	...	...	4	10	1	1	...	...	...	3	...	...	7	8	1	35

DISTRICT MORTALITY.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.	Rate per 1,000 per annum.
Northern Division	50	45	38	56	189	10·3
Southern Division	123	120	111	122	476	13·9
TOTALS - -	173	165	149	178	665	12·6

INFANTILE MORTALITY.

There were 133 deaths registered of infants under one year of age, as against 1,066 births; the proportion which the deaths under 1 year of age bear to 1,000 births is, therefore, 124·7, as against 115·6 in the preceding year.

The deaths under 1 year of age form 20·0 per cent. of the total deaths of all ages, whereas those for the preceding year formed 19·2 per cent.

Year.	Rate of Infantile Mortality.	Rate for London generally.	Rate for England and Wales.
1901 ...	117·9	149	151
1902 ...	114·7	139	133
1903 ...	120·3	130	132
1904 ...	115·6	144	146
1905 ...	124·7	129	128

TABLE A[1].—METROPOLITAN BOROUGH OF STOKE NEWINGTON.—INFANTILE MORTALITY DURING THE YEAR 1905.

Deaths from stated Causes in Weeks and Months under One Year of Age.

	CAUSE OF DEATH.																		
	Common Infectious Diseases.		Diarrhœal Diseases.			Wasting Diseases.					Tuber-culous Diseases.								
	Diphtheria : Croup	Whooping Cough	Diarrhœa, all forms	Enteritis (*not Tuberculous*)	Gastritis, Gastro-intestinal Catarrh	Premature Birth	Congenital Defects	Injury at Birth	Want of Breast-milk	Atrophy, Debility, Marasmus	Tuberculous Meningitis	Other Tuberculous Diseases	Meningitis (*not Tuberculous*)	Convulsions	Bronchitis (including Broncho-Pneumonia)	Laryngitis	Suffocation	Other Causes	
Under 1 Week	...	...	...	...	...	19	2	1	...	1	...	...	...	...	...	...	...	3	26
1–2 Weeks	...	...	...	...	1	...	1	...	1	2	...	...	...	1	...	1	...	3	10
2–3 Weeks	...	...	...	1	...	2	...	1	...	2	...	...	...	...	1	...	...	1	8
3–4 Weeks	...	...	1	...	...	...	...	...	...	...	...	1	...	...	2	...	1	...	5
Total under 1 Month	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	49
1– 2 Months	...	...	2	...	1	1	...	...	...	7	...	2	...	...	...	...	...	4	17
2– 3 Months	...	...	1	...	...	...	...	...	...	2	...	...	...	...	2	...	...	1	6
3– 4 Months	...	...	3	...	1	...	...	...	...	1	...	...	...	2	1	...	...	1	9
4– 5 Months	...	...	4	2	...	...	1	...	...	1	1	...	1	...	1	...	1	...	12
5– 6 Months	...	...	4	...	...	...	...	...	...	1	...	...	...	...	3	...	...	1	9
6– 7 Months	1	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	5
7– 8 Months	...	...	1	1	...	...	...	...	...	...	1	...	...	...	2	...	...	...	5
8– 9 Months	1	...	1	...	...	...	...	...	...	1	...	1	...	1	1	...	...	...	6
9–10 Months	...	...	...	...	...	...	...	...	...	...	1	1	1	...	3	...	...	...	6
10–11 Months	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	3
11–12 Months	...	...	1	1	...	...	...	...	...	...	2	...	...	1	1	...	...	...	6
Total Deaths under 1 Year	2	...	20	8	3	22	4	2	1	18	5	5	2	5	18	1	2	15	133

Births in the year, legitimate and illegitimate, 1,066. Population, estimated to middle of 1905, 52,690.

Deaths from all causes at all ages, 665.

DEATHS UNDER ONE YEAR OF AGE IN THE DIFFERENT WARDS OF THE BOROUGH DURING THE YEARS 1903, 1904 and 1905.

Name of Ward.	1903.	1904.	1905.
Lordship Ward	4	6	9
Clissold Ward	7	8	12
Church Ward	30	24	24
Manor Ward	10	9	8
South Hornsey Ward	65	66	66
Palatine Ward	20	21	14
Totals ...	136	134	133

While during the last thirty years the population of England and Wales has increased by 10,000,000, the gross mortality is less now than it was then; and public health policy has not only neutralised the increase in the death-rate, which, through increasing urbanisation, would otherwise certainly have occurred, but it has secured a considerable balance on the right side.

But the fact that, whereas during the past fifty years the general death-rate has fallen some 26 per cent. and some millions of lives have been saved, the infant population has not shared in this reduction even to the extent of 1 per cent., is a serious matter for reflection; and when it is considered in conjunction with the circumstance that the birth-rate has declined over 17 per cent. during the same period (a decline which during recent years has been at a greater rate than that of any other European country), it becomes a matter for grave national concern. If the fall in the birth-rate of our nation is to continue, as there is little doubt that it will do, it is essential for our national vitality to curtail the heavy expenditure of infant life.

Among infants in both urban and rural counties there has been a marked increase in the deaths from gastro-intestinal maladies and

premature birth, and these and other influences have counteracted the benefits to the infant population of the generally improved sanitary conditions of the people, and the fruits of over a quarter of a century of compulsory education. This excessive infant mortality is confined to the poorer classes, and it is the result of many forces, some of which are very complex ; but the main factors are :—the employment away from home of those about to become mothers, and of those recently confined who should be nourishing their infants, the infants being badly cared for and ill-fed while their mothers are at work ; and the greater ignorance among women as to feeding, clothing, and managing of infants. This maternal ignorance and neglect offend against every law of hygiene, and is responsible for the fact that approximately one out of every six children born fails to complete its first year of life. If the share of this death-rate which is due to ignorance, indifference, and neglect could be computed, it would probably amount to 50 per cent.

Diarrhœal diseases and deaths from defective nutrition are always truly referred to as the chief dangers to which hand-fed children are exposed, and this fact emphasises the argument against rearing a child by hand except in cases of absolute necessity. The proportion of hand-fed children to those who are suckled increases yearly, and everywhere the same testimony is forthcoming that children fed naturally from the breast have a prospect in life far in excess of those who are fed artificially. Even under the most favourable conditions the substitution for the infant's natural food of an artificial diet is disadvantageous, but when we find the mother's milk is very often substituted by such products as cheap brands of condensed milk and of artificial foods, administered by those who have little knowledge of the infant's requirements and none of the composition of the stuffs they are giving it, how can we hope to avert the Nemesis of much preventable sickness and death ? But it is not only in the actual number of deaths that one sees the evil of this state of things reflected. One has to think of the far greater number of infants who escape death, but grow up with constitutions permanently damaged. It is obvious that there are two main directions in which we must seek our remedy. We must get in touch with the mothers of to-day after the baby has made its

appearance, guide and help them; and we must educate the mothers of the future while they are under our control at school, and while their minds are plastic and receptive. Failing breast-feeding, the only substitute is fresh cow's milk treated so as to resemble human milk as much as possible, and stored and administered under conditions of scrupulous cleanliness. For the neglect of these simple precautions, the infants of these islands are paying an annual toll of many thousands of deaths. The other remedies suggested and adopted to reduce this wastage of human life are numerous and manifold. Many are designed rather as palliatives of symptoms than as radical cures. Subsidiary measures to be discarded when better methods become practicable are the municipal milk depôts and crêches. These have doubtless a great educative value, and the provision of the latter in most urban districts is becoming increasingly necessary now that education authorities are beginning to recognise that evils of a public health nature and the cost entailed outweigh the educational benefits to be derived from admitting babies to school under the age of five.

The distribution of clean milk from a municipal depôt, in clean bottles, which only hold sufficient for the child's meal and from which the child is directly fed, is a useful measure under existing circumstances, because the milk purchased at the door is often dirty and the risks of home contamination are so great; but the measure is essentially a palliative one and must be regarded as only provisional. The radical cure is to be found in clean cows, clean cowsheds, cleanly milking and transit, and clean storage in the house. A pure milk supply is at the present day one of the greatest sanitary needs of the country, and if we can teach the masses the great importance of keeping the milk clean after it arrives in the homes many hundreds of infant lives will be saved each year.

During the year, with the consent of the Public Health Committee, Miss Wilkinson voluntarily undertook the visitation of the poorer homes in the Borough in which a death of a child under twelve months of age had occurred during the preceding year. The number of such deaths is not sufficiently great to warrant one in drawing out a statistical statement, but the information which she collected and

furnished in her report serves to impress the facts which were disclosed by a similar enquiry during the preceding year. In over one-third of the poorer houses the mothers were engaged in some work which took them from their homes during the greater part of the day, and it was again found that the number of children nursed by their mothers is far below the number who are reared artificially. The accommodation at the disposal of the parents was in many cases very scant and the provision for the storage of food was necessarily bad. In almost all the cases investigated food was stored in a cupboard which was either in the kitchen or in a living room, and it was ascertained that the milk given to the infant was rarely properly protected from dust contamination. As the result of her enquiry Miss Wilkinson concludes that in a great many cases the health of the mother before pregnancy was such as would necessarily lead to a feeble ill-nourished baby with little vitality. The condition of poverty in several cases had entailed insufficient food, and in other cases ignorance (in combination with poverty) was responsible for improper and insufficient food both to the pregnant mother and to the child. As an illustration of the great difficulties experienced in dealing with the more ignorant mothers, it may be noted that in one home where two children only had survived out of eight, the mother not only refused to give information but also to listen to the advice which we were prepared to offer her.

PUBLIC HEALTH WORKERS IN STOKE NEWINGTON.

In this country Public Health authorities are increasingly recognising the value of the services of female sanitary inspectors or health visitors, and voluntary lady health missioners are now in many districts helping to stem the tide of infantile mortality. I have myself succeeded in organising such a body in Stoke Newington. Their main duty is to visit the poorer houses when babies are born, to show a tactful interest in the child and to guide the mother in the care, feeding, and management of the infant.

These Public Health workers are asked to meet on the first Thursday of each month at the Town Hall at 12 noon, in order that reports may be considered and any matters affecting the work may be discussed.

At the end of the year a Report, in which the amount and nature of the work of the different Health Visitors will be set out, will be presented to the Borough Council; and it is hoped that the record of work presented will demonstrate the value of this important branch of voluntary work.

The various kinds of visits which the Public Health worker is asked to make may be classified under the following heads:—

(1) Visits to houses in which a baby has recently been born, and where it is judged the people stand in need of advice. In this connection the Visitor will see whether the baby is fed and clothed properly. She will note the arrangements for preparing and storing the food, the condition of the house as to cleanliness, ventilation, etc.; and a systematic visitation of such homes will be maintained until the child is a year old. A handbill of advice as to the feeding and care of infants will be left, and instances of overcrowding, stopped drains, structural defects, etc., will be reported to the Medical Officer of Health.

(2) Visits to houses in which an infant has recently died, in order to discover if the cause of death was preventable, and if so to advise and instruct the mother.

(3) Visits to houses occupied by persons suffering from Consumption. Here the Visitor will endeavour to obtain the open window, the frequent cleansing of the room, the collection and disinfection of the sputum, and the carrying out of further precautions calculated to prevent the disease from spreading to other members of the household. A handbill of advice will be left, and occasional visits paid to see that the precautions advocated are being carried out.

(4) Visits to homes in which cases of Zymotic Diarrhœa or other sickness not of an infectious nature, amongst infants and young children, come to the knowledge of the Medical Officer of Health. In these cases suitable handbills of advice will be left and directions given as to the precautions which should be observed in the management of the patients and the protection of others.

(5) To each Visitor will be assigned a certain number of the poorer houses in the district. The worst area will be chosen and occasional visits from house to house will be paid in order to achieve the best sanitary standard procurable; especially will such visits be of importance in order to ascertain the kind of food given to infants and children, their clothing and their cleanliness; the existence of dirty and unwholesome premises, bad odours, etc.

Although it is desirable to avoid giving alms as far as may be, yet the Public Health Visitors will, after a little experience, be able to judge whether relief is absolutely necessary and where it is *likely to do permanent good*; and of such cases Miss Gardner, of the Charity Organisation Society, will be informed.

It would doubtless be advantageous for the Medical Officer of Health to receive information with regard to births occurring in the practice of midwives, in order that advice may be promptly given to mothers as to feeding and care of infants in those cases where such advice would appear desirable. In this connection the London County Council has undertaken a useful work by obtaining from certified midwives weekly lists of the cases attended by them and forwarding the particulars to the Medical Officer of Health in whose district the birth took place. The returns are not complete, as the forwarding of the returns by midwives is not compulsory; but any information which comes promptly to hand of the birth of an infant is of value in the conservation of infant life in the Borough.

TABLE A 2.

Showing the Distribution of the Deaths in the Northern and Southern Divisions of the Borough during each of the quarters of the year 1905.

Diseases.	North.					South.				
	Quarters.				Total	Quarters.				Total
	1	2	3	4		1	2	3	4	
Measles	1	...	...	...	1	2	8	...	...	10
Scariet Fever...	1	...	...	...	1	1	1	...	...	2
Whooping-cough	...	...	...	...	...	3	5	...	1	9
Diphtheria and Membranous Croup.	...	...	...	...	...	1	1	...	3	5
Enteric Fever...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza	...	...	...	...	...	...	...	...	...	...
Diarrhœa	...	1	5	...	6	...	4	28	1	33
Enteritis	...	...	...	...	...	...	...	1	..	1
Puerperal Fever	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	1	...	...	1	...	...	...	...	...
Other Septic Diseases ...	5	1	1	1	8	...	...	4	4	8
Phthisis	2	3	1	7	13	13	11	9	23	56
Other Tubercular Diseases...	2	1	1	1	5	12	5	6	2	25
Cancer	4	2	6	9	21	7	8	7	10	32
Bronchitis	2	8	1	11	22	12	18	3	10	43
Pneumonia	2	3	...	...	5	3	4	2	6	15
Other Respiratory Diseases	5	1	...	4	10	9	2	2	12	25
Alcoholism and Cirrhosis ...	1	2	...	1	4	1	2	2	1	6
Venereal Diseases	...	...	...	...	...	...	...	..	...	...
Diseases of the Nervous System.	3	3	7	1	14	9	10	8	6	33
Premature Birth	3	1	1	1	6	1	5	8	3	17
Heart Disease...	12	2	7	5	26	10	12	14	9	45
Accidents	...	1	...	...	1	5	2	1	...	8
Suicides	...	1	...	...	1	1	...	1	1	3
Old Age	4	2	4	2	12	14	5	6	9	34
All other Causes	3	12	4	13	32	19	17	9	21	66
Totals... ...	50	45	38	56	189	123	120	111	122	476

Senile Mortality.—Of the 665 deaths 202 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, 30·3 per cent. There were 152 deaths of persons over 70 years of age, and 58 of persons over 80, 6 of whom reached 90 years of age—the oldest being 94. These figures denote an exceptionally high proportion of senile mortality.

SENILE MORTALITY DURING 1905.

65 to 70	70 to 80	80 to 90	90 and over.	Total.
50	94	52	6	202

The respective ages of those over 90 were 90, 90, 91, 93, 93, 94.

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 A2 is supplementary to Table A, and sets forth the deaths in each Division of the Borough during each of the four quarters of the year.

Comparing these tables with the corresponding tables of the preceding year the following facts are noteworthy:—A decrease in the deaths from Measles and Whooping Cough, Diphtheria, Enteric Fever, Influenza, Puerperal Fever, Erysipelas, Consumption, Diseases of the Respiratory Organs and of the Nervous System, Premature Birth and Suicide, and an increase in the deaths from Diarrhœa and Old Age.

It will be noted (Table A 2) 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 Diarrhœa, Phthisis, Diseases of the Respiratory System, Alcoholism, Accidents, and Premature Birth. The mortality from Influenza and Diseases of the Nervous System, on the other hand, was disproportionately high in the Northern Division.

DEATHS IN PUBLIC INSTITUTIONS WITHIN THE BOROUGH, 1905.

St. Anne's House, Manor Road.	Northumberland House, Green Lanes.	Invalid Asylum, 187, High Street.	Nursing Home, 8, Alexandra Road.	Total.
24	9	—	2	35

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 Enteric Fever, Typhus Fever, and Simple Continued Fever), and Diarrhœa. In Table A 3 the deaths from Zymotic Diseases (including Influenza) are given in respect of each disease.

The Zymotic Death-rate for the Borough was 1·27 per 1,000 per annum, as against 1·24 in the preceding year.

Year.	Zymotic Death-rate.	Rate for London generally.	Rate for England and Wales.
1901 ...	1·26	2·25	2·05
1902 ...	1·16	2·21	1·64
1903 ...	1·23	1·76	1·46
1904 ...	1·24	2·14	1·94
1905 ...	1·27	1·70	1·52

TABLE A 3.

Deaths from Zymotic Diseases (including Influenza) in the Year 1905.

—	Scarlet Fever.	Diphtheria.	Small-pox.	Enteric Fever.	Puerperal Fever.	Measles.	Whooping Cough.	Diarrhœa and Dysentery.	Influenza.	Erysipelas.	TOTAL.	Rate to every 1,000 persons.
First Quarter	2	1	...	...	...	2	3	...	...	1	9	...
Second „	1	1	...	...	...	9	5	5	...	...	21	...
Third „	...	...	...	...	...	...	...	33	...	...	33	...
Fourth „	...	3	...	...	...	...	1	1	...	...	5	...
	3	5	...	...	...	11	9	39	...	1	68	1·3
1904.....	3	10	...	6	3	7	13	26	7	7	82	1·5

TABLE A 4.

Analysis of the Vital Statistics of the Metropolitan Boroughs and of the City of London, after Distribution of Deaths occurring in Public Institutions, for the Year 1905.

Cities and Boroughs.	Estimated Population in the middle of 1905.	Annual Rate per 1,000 Living.			Deaths of Children under one year of age to 1,000 Births.
		Deaths.	Principal Infectious Diseases.	Notifiable Diseases Attack-rate.	
LONDON	**4,684,794**	**15·1**	**1·70**	**7·0**	**129**
West Districts.					
Paddington	147,935	13·3	1·39	3·8	123
Kensington	180,083	14·0	1·39	3·8	144
Hammersmith	119,037	13·3	1·70	6·6	135
Fulham	157,210	15·1	2·71	8·2	145
Chelsea	74,496	14·8	1·03	5·2	117
City of Westminster ...	175,606	13·5	0·81	3·8	114
North Districts.					
St. Marylebone	129,453	15·5	1·12	4·8	88
Hampstead	88,142	9·3	0·53	3·5	94
St. Pancras	236,183	15·8	1·50	6·7	135
Islington	342,994	14·5	1·47	5·6	125
Stoke Newington ...	**52,690**	**12·6**	**1·27**	**5·6**	**124**
Hackney	228,479	14·0	1·98	8·4	129
Central Districts.					
Holborn	56,481	17·5	1·12	4·7	92
Finsbury	98,207	19·0	2·17	8·0	127
City of London	22,425	17·4	0·57	5·4	149
East Districts.					
Shoreditch	116,565	19·7	2·96	10·0	167
Bethnal Green	130,401	18·6	2·27	10·6	151
Stepney	305 466	17·7	2·58	10·4	141
Poplar	170,280	17·6	2·65	10·4	153
South Districts.					
Southwark	208,528	18·5	2·39	7·0	148
Bermondsey	129,006	18·7	2·21	8·8	148
Lambeth	313,045	14·9	1·50	6·0	115
Battersea	177,532	14·5	1·99	7·1	131
Wandsworth	265,392	12·6	1·46	8·4	119
Camberwell	271,240	13·7	1·30	7·1	124
Deptford	114,495	14·3	1·19	8·3	122
Greenwich	103,493	13·4	1·30	5·4	119
Lewisham	144,420	11·7	0·95	6·2	92
Woolwich	125,372	12·8	1·02	7·3	102

It is to be hoped that the efforts being made in this and other countries will soon lift the veil which hides the secret of that terrible disease, cancer. The difficulties of diagnosis and the faulty certification of mortality have combined to vitiate the statistics of this malady to such an extent that it is dangerous to base conclusions upon them, but personally I find it difficult to believe that some of the steadily progressive increase indicated in even the last few Annual Reports of the Registrar-General, can be explained by better diagnosis, and that it does not represent a real increase of suffering and death from this disease. It now seems almost certain that cancer is not due to a specific parasite which enters the body from without, and that the related instances which appeared to point to the contagiousness of cancer (of auto-infection, of reported cases of *cancer-à-deux*, and of cancer-houses) were mere coincidences—although it is possible that a susceptibility to cancer may be transmitted to offspring. If cancer occurs, as there is now good reason for believing that it does, in wild as well as tame animals, and in savage as well as civilised man, the determining factors of its causation must have an extensive range in nature.

ALCOHOLISM.

With legislation that recognizes the connection of alcoholism with insanity, and with the municipal mind well attuned to appreciate the connection between bad housing and alcoholism, the future is likely to see some alleviation from this disease; but most will be effected by educating the moral sense of the individual to see that excessive indulgence is a crime against one's self, the community, and even posterity.

Many facts with reference to the abuse of alcohol, which it is of great importance that the public should know and appreciate, were embodied in the Report of the Departmental Committee which was appointed to report upon Physical Deterioration; and in some boroughs the information has been placarded throughout the district.

I share the views of the Public Health Committee that little if any good results from postering the district with information such as this. The object-lessons of the effects of over-indulgence in alcohol are sufficiently numerous and impressive, and they are to be observed almost daily in our midst. In the very nature of things these must serve to impress those who are capable of being so impressed, of the curse of over-indulgence, far more effectually than any printed matter set out in a handbill. As in so many other matters affecting the Public Health, the real remedy for the evil consists in the better education of the masses, and in an effort to make this education instil higher ideals of life.

The Report of the Departmental Committee brought out the following facts :—

1. That the abuse of alcoholic stimulants, whether in the form of spirits, wine or beer, is largely responsible for physical deterioration, and that it leads to disease in most tissues and organs of the body.

2. That alcoholic excess reduces the natural power of resistance to disease possessed by healthy individuals, rendering them especially liable to many inflammatory disorders, causing them to suffer much more severely from any illness they may contract, and making their recovery slow.

3. That intemperance predisposes to consumption.

4. That children of intemperate parents are seriously affected; they frequently suffer from paralysis, epilepsy, and idiocy, which lead, if not to death, to their permanent disablement. From statistics obtained it was found that the mortality among children of intemperate parents was many times greater than among children of sober parents of the same class.

5. That the increase in lunacy is largely due to intemperance, and that there is also an increase in the number of cases of general paralysis from the same cause.

6. That alcoholism is a disease of chronic poisoning, resulting from the continued and excessive use of spirits, wine and beer, even though such excess or abuse does not always produce drunkenness.

7. That alcohol in any form has no value as a food.

8. That parents sometimes give alcohol in one form or another to children ; it is decidedly injurious to them, and should in no case be given except by order of a doctor.

9. That alcoholism is a relentless enemy to family happiness, to personal health, and to national prosperity.

TABLE A 5.

The chief vital statistics of the 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
1904	52,353	21·8	115·6	13·1	1·24	5·6
1905	52,690	20·2	124·7	12·6	1·27	5·6

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the deaths in which have been distributed among the several localities in the District.
St. Anne's House, Manor Road.	Holborn Infirmary.	N.E. Fever Hospital.
Northumberland House, Green Lanes.	Hackney ,,	Eastern ,, ,,
Invalid Asylum, 187, High Street.	Southwark ,,	Northern Fever Hospital.
Nursing Home, 8, Alexandra Road.	Strand ,,	London ,, ,,
	Metropolitan Hospital	Brompton Hospital.
	London ,,	Royal Free ,,
	North-Eastern Hospital for Children.	Leavesden Asylum.
	Great Northern Hospital.	Colney Hatch Asylum.
	Mildmay Memorial Hospital.	Claybury ,,
	National Hospital,	Horton ,,
	Children's Hospital (Gt. Ormond Street)	Cane Hill ,,
	German Hospital (Dalston).	Hoxton House ,,
	St. Luke's House (Pembridge Square).	Banstead ,,
	City of London Lying-In Hospital.	Dartford Heath ,,
	St. Bartholomew's Hospital.	Tooting Bec ,,
	Guy's Hospital.	Bethnal House ,,
	King's College Hospital	Friern Barnet ,,
	Aged Pilgrim's Asylum	
	Queen Charlotte Lying-In Hospital.	
	Throat and Ear Hospital (Golden Sq.).	
	Brompton Chest Hospital.	
	Friedenheim Hospital (Hampstead).	

There is no Union Workhouse within the District.

THE MORTUARY.

During the year 52 bodies were deposited in the Public Mortuary ; 30 of these were females and 22 were males. Post-mortem examinations were performed upon 30 of these cases, and inquests were held upon 45.

INQUESTS.

The following inquests upon deaths of parishioners were held during the year 1905 :—

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter	Totals.
Accidents (Shock due to falls)	4	1	2	...	7
,, (Burns of Body and Limbs) ...	1	...	...	...	1
,, (Broken Neck)	...	1	...	...	1
,, (Injured on the Railway) ...	...	1	...	...	1
,, (Fractured Skull)	...	1	...	...	1
,, (Drowning)	...	...	1	1	2
Suicide (Self-Strangulation)	...	...	1	...	1
,, (Cut-Throat)	...	...	..	1	1
,, (Drowning)	1	...	...	...	1
Chronic Alcoholism and Cirrhosis of Liver	1	2	..	1	4
Heart Disease, including Syncope ...	3	2	6	1	12
Phthisis	1	1	...	...	2
Bronchitis	3	...	...	...	3
Broncho-Pneumonia...	...	1	...	...	1
Pneumonia	...	...	...	1	1
Pleurisy	1	1	...	...	2
Suffocation in Bed	1	...	...	1	2
Septicæmia	...	...	1	...	1
Tubercular Disease (Intestinal)	1	...	...	...	1
Inanition	1	...	...	...	1
Peritonitis	...	...	...	1	1
Convulsions	...	1	1	...	2
Cerebral Apoplexy	...	1	...	...	1
Blood Poisoning	...	1	...	...	1
Diarrhœa	..	3	1	...	4
Kidney Disease	...	...	1	1	2
Cancer...	...	...	...	1	1
Marasmus	...	...	1	...	1
Want of Nourishment	...	...	...	1	1
Senile Decay	...	...	...	2	2
	18	17	15	12	62

INFECTIOUS DISEASES AND THE MEASURES TAKEN TO PREVENT THEIR SPREAD.

It will be seen from Table B that 337 *Notification Certificates of Infectious Illness* were received from medical practitioners, as against

451 during the preceding year. These figures include notifications received from the voluntary notification of Consumption.

These 337 cases represent infection in 291 different houses. In 331* instances the disinfection was performed by the Sanitary Authority, and in the other cases by the householders to the satisfaction of their medical attendant. A visit was paid to every house, and it was ascertained that cases of infectious illness occurred in 9 houses where there were "grave" sanitary defects, and in 45 in which the sanitary defects were "slight."

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 291 premises.

Table B1 shows the number of cases, and of deaths, from the Infectious Diseases notified during each year since the constitution of the Borough; and Table B2 the cases of Infectious Diseases notified during each month of the year 1905.

The Infectious Sickness Rate of the Borough, excluding the notifications from Consumption, was 5·6 to each 1,000 of the population, as against 5·6 for the preceding year. The rate in the Northern Division was 3·3, while that in the Southern Division was 6·9.

Year.	Infectious Sickness Rate.	Rate for London generally.
1901	7·9	8 9
1902	7·7	9·9
1903	3·7	6·0
1904	5·6	6·1
1905	5·6	7·0

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

TABLE B.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1905.

Cases notified in Whole District.	Notifiable Disease.														
	Small-pox.	Cholera.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Relapsing Fever.	Continued Fever.	Puerperal Fever.	Plague.	Chicken Pox.	Phthisis (Voluntary).	Totals.
At all Ages	1	...	75	4	28	178	...	10	...	...	1	...	...	40	337
Under 1	...	...	1	...	...	3	...	...	...	...		...	...	...	4
1 to 5	...	...	24	2	...	52	...	..	...	...	...	...	...	1	79
5 to 15	...	...	44	2	2	104	...	3	...	...	...	...	...	2	157
15 to 25	...	...	4	...	2	14	...	4	...	...	...	..	...	7	31
25 to 65	1	...	2	...	24	5	...	3	...	...	1	...	...	30	66
65 and upwards	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...
Total Cases notified in each Locality.															
Northern Division	...	...	13	1	7	37	...	3	...	...	...	...	...	5	66
Southern Division	1	...	62	3	21	141	...	7	...	...	1	...	...	35	271
No. of Cases Removed to Hospital from each Locality.															
Northern Division	...	...	7	1	1	16	..	1	...	...	..	...	...	3	29
Southern Division	1	...	47	2	...	115	...	7	...	...	...	...	...	9	181

TABLE B 1.

Table showing the number of Cases and Deaths from the Infectious Diseases notified from among residents since the constitution of the Borough.

	Small-pox.		Scarlet Fever.		Diphtheria.		Continued Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1901	26	3	174	4	137	14	—	—
1902	41	8	192	5	91	5	—	—
1903	1	—	88	—	37	7	1	—
1904	8	—	153	3	60	10	—	—
1905	1	—	178	3	75	4	—	—

	Erysipelas.		Puerperal Fever.		Enteric Fever.		Membranous Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1901	29	—	4	2	26	4	4	1
1902	50	3	1	—	22	4	2	—
1903	30	—	2	2	34	5	2	—
1904	53	7	3	3	14	6	2	—
1905	28	1	1	—	10	—	4	1

TABLE B 2.

Cases of Infectious Diseases notified during each month of the year 1905.

	Small-pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Enteric Fever.	Puerperal Fever.	Continued Fever.	Erysipelas.	Chicken-pox.	Phthisis.	Totals.
January	...	10	4	...	...	...	...	1	...	5	20
February	...	10	7	...	1	...	...	...	...	3	21
March	...	22	9	1	...	1	...	4	...	5	42
April	...	18	4	2	...	...	...	1	...	3	28
May	...	15	2	...	1	...	...	2	...	4	24
June	1	12	11	...	...	...	...	1	...	2	27
July	...	17	10	...	1	...	...	2	.	1	31
August	...	12	1	...	2	...	...	3	...	..	18
September	...	9	5	1	2	...	...	5	...	4	26
October	...	14	10	...	2	..	...	2	...	2	30
November	...	25	10	..	...	..	..	5	...	8	48
December	...	14	2	...	1	...	...	2	...	3	22
Totals	1	178	75	4	10	1	...	28	...	40	337

The Infectious Sickness Rate for London generally was 7·0. Of the 29 Sanitary Areas situated within the Metropolis, the lowest rates were those of Hampstead (3·5), City of Westminster, Paddington and Kensington (3·8), and the highest were Bethnal Green (10·6), Stepney and Poplar (10·4) and Shoreditch (10·0).

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

SCARLET FEVER.

The 178 cases of Scarlet Fever occurred in 144 houses, in 6 of which there were grave insanitary conditions; in 27 the sanitary conditions were slight, and in the remaining houses there was an absence of such conditions.

Year.	Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901 ...	0·08	0·13	0·13
1902 ...	0·09	0·12	0·15
1903 ...	0·00	0·08	0·12
1904 ...	0·06	0·08	0·11
1905 ...	0·06	0·12	0·11

School attendance was ascribed as the origin of the infection in 15 cases; and in 2 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 12 instances the infection was directly contracted from a preceding case.

There has been a very marked prevalence of Scarlet Fever in London and several other parts of the country during the year, and Stoke Newington appears to have escaped in a greater measure than many other parts of the Metropolis.

ERYSIPELAS.

The 28 cases of this disease represented infection in 27 different premises. In 4 of these, insanitary conditions of a slight nature existed. In 5 cases there was a previous local injury.

ENTERIC OR TYPHOID FEVER.

The 10 cases notified during the year all occurred in 10 different houses. In none of these houses did grave insanitary conditions exist,

and in 2 the insanitary conditions were but slight ; while in the remaining 8 there were no insanitary conditions. One of the cases doubtless contracted the disease outside of London during the summer and autumn holidays. 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.

Year.	Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901 ...	0·08	0·12	0·15
1902 ...	0·08	0 12	0·13
1903 ...	0·09	0·08	0·10
1904 ...	0·11	0·06	0·09
1905 ...	0·00	0·05	0·09

DIPHTHERIA.

The 75 cases of Diphtheria occurred in 68 houses, 15 of which were more or less insanitary. The sanitary defects were grave in three and slight in 12 other instances.

Year.	Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901 ...	0·27	0·30	0·27
1902 ...	0·09	0·25	0·23
1903 ...	0·13	0·16	0·18
1904 ...	0·19	0·16	0·17
1905 ...	0·09	0·12	0·16

School attendance is either alleged by the parents or surmised by myself, on good grounds, to be the cause of 5 attacks during the year.

One case of 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 14 cases there was a history of previous throat trouble frequently recurring. In two cases the attack was preceded by "sore-throat" in other members of the family. In one case the infection appears to have been communicated by a child recently discharged from a Fever Hospital.

The triumphs of the anti-toxin treatment of diphtheria are now universally recognised, and the results of the treatment in the large fever hospitals of the metropolis are a striking testimony to its value. In these hospitals the case-mortality amongst the diphtheria patients, which in 1893 (the year before the disease was treated with anti-toxin) was 30·4 per cent., was last year only one-third of that figure. While doubtless there has been some slight attenuation in the virulence of diphtheria during recent years, the beneficent effect of the administration of anti-toxin can alone be responsible for *the bulk* of this wonderful improvement in the short space of eleven years.

Amongst the cases treated with Anti-toxin at the Brook Hospital at the very onset of symptoms of diphtheria, the mortality for six recent years was nil. Among those treated on the second day of onset the mortality was under 5 per cent.; while amongst those in which the treatment was postponed to the fourth or even later days from the appearance of marked symptoms, the percentage rose to about 20. These facts serve to very clearly demonstrate the great value of an early administration of this curative agent.

Many applications have been made at the office for tubes of anti-toxin, which I store for the convenience of local practitioners.

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 to the medical practitioners in Stoke Newington continue to be much appreciated.

Every practitioner has been kept supplied during the year with such an outfit, and has thus had at his disposal the means of procuring a bacteriological diagnosis of Diphtheria, Enteric Fever and Consumption.

The following is a list of the applications received, together with the results of an examination performed at the Lister Institute of Preventive Medicine, London, during 1905:—

Date of Application.	Suspected Disease.	Result of Examination.
1905.		
January 2nd	Phthisis.	Not Phthisis.
,, 4th	Phthisis.	Not Phthisis.
,, 6th	Phthisis.	Not Phthisis.
,, 11th	Phthisis.	Phthisis.
,, 13th	Phthisis.	Not Phthisis.
,, 17th	Phthisis.	Not Phthisis.
,, 20th	Diphtheria.	Diphtheria.
,, 26th	Phthisis.	Phthisis.
,, 26th	Diphtheria.	Diphtheria.
February 1st	Phthisis.	Phthisis.
,, 1st	Phthisis.	Not Phthisis.
,, 13th ...	Enteric Fever.	Not Enteric Fever.
,, 18th ...	Diphtheria.	Diphtheria.
.. 27th ...	Diphtheria.	Not Diphtheria.
March 10th	Diphtheria.	Diphtheria.
,, 18th	Phthisis.	Phthisis.
,, 18th	Phthisis.	Not Phthisis.
,, 20th	Diphtheria.	Diphtheria.
,, 21st	Diphtheria.	Diphtheria.
,, 30th	Phthisis.	Not Phthisis.
April 6th	Diphtheria.	Not Diphtheria.
,, 6th	Phthisis.	Not Phthisis.
,, 18th	Diphtheria.	Diphtheria.
,, 20th	Phthisis.	Phthisis.
,, 25th	Diphtheria.	Not Diphtheria.
,, 29th	Phthisis.	Phthisis.
May 8th	Diphtheria.	Not Diphtheria.
,, 8th	Diphtheria.	Not Diphtheria.
,, 9th	Phthisis.	Not Phthisis.
,, 12th	Phthisis.	Not Phthisis.
,, 15th	Enteric Fever.	Not Enteric Fever.
,, 16th	Phthisis.	Not Phthisis.
,, 17th	Phthisis.	Not Phthisis.
,, 27th	Diphtheria	Diphtheria.
June 1st	Phthisis.	Not Phthisis.
,, 3rd	Diphtheria.	Diphtheria.
,, 5th	Phthisis.	Phthisis.
,, 7th	Diphtheria.	Not Diphtheria.
,, 13th	Phthisis.	Not Phthisis.
,, 28th	Phthisis.	Phthisis.
,, 28th	Diphtheria.	Diphtheria.

Date of Application.	Suspected Disease.	Result of Examination.
1905.		
July 5th	Phthisis.	Phthisis.
,, 6th	Enteric Fever.	Not Enteric Fever.
,, 6th	Diphtheria.	Diphtheria.
,, 7th	Diphtheria.	Not Diphtheria.
,, 13th	Diphtheria.	Not Diphtheria.
,, 13th	Diphtheria.	Diphtheria.
,, 17th	Phthisis.	Not Phthisis.
,, 20th	Diphtheria.	Diphtheria.
,, 21st	Diphtheria.	Not Diphtheria.
,, 29th	Diphtheria.	Not Diphtheria.
,, 30th	Diphtheria.	Not Diphtheria.
August 5th	Diphtheria.	Not Diphtheria.
,, 8th	Diphtheria.	Not Diphtheria.
,, 13th	Phthisis.	Not Phthisis.
,, 27th	Phthisis.	Phthisis.
,, 27th	Phthisis.	Not Phthisis.
September 6th ...	Diphtheria.	Diphtheria.
,, 6th ...	Diphtheria.	Not Diphtheria.
,, 8th ...	Diphtheria.	Not Diphtheria.
,, 9th ...	Phthisis.	Not Phthisis.
,, 12th ...	Diphtheria.	Not Diphtheria.
,, 12th ...	Diphtheria.	Not Diphtheria.
,, 14th ...	Phthisis.	Not Phthisis.
,, 19th ...	Enteric Fever.	Not Enteric Fever.
October 1st	Phthisis.	Not Phthisis.
,, 3rd	Diphtheria.	Not Diphtheria.
,, 5th	Diphtheria.	Diphtheria.
,, 9th	Diphtheria.	Not Diphtheria.
,, 11th	Diphtheria.	Diphtheria.
,, 12th	Phthisis.	Not Phthisis.
,, 12th	Diphtheria.	Diphtheria.
,, 26th	Diphtheria.	Not Diphtheria.
,, 28th	Diphtheria.	Diphtheria.
,, 30th	Phthisis.	Phthisis.
November 2nd ...	Diphtheria.	Not Diphtheria.
,, 6th... ...	Diphtheria.	Diphtheria.
,, 7th.. ...	Diphtheria.	Not Diphtheria.
,, 8th... ...	Phthisis.	Phthisis.
,, 10th... ...	Diphtheria.	Diphtheria.
,, 10th... ...	Diphtheria.	Diphtheria.
,, 13th... ...	Diphtheria.	Not Diphtheria.
,, 15th... ...	Diphtheria.	Not Diphtheria.
,, 17th.. ...	Diphtheria.	Not Diphtheria.
,, 30th... ...	Phthisis.	Not Phthisis.
December 10th ...	Diphtheria.	Not Diphtheria.
,, 11th ...	Phthisis.	Not Phthisis.
,, 18th ...	Phthisis.	Not Phthisis.

SMALL-POX.

Upon enquiry as to the case of Small-pox notified in the Borough during the year, it was found that a school teacher had been nursing her husband for several days after the rash of Small-pox had appeared

upon him and before the disease was notified and the patient removed to hospital. She nevertheless continued to attend the school at which she teaches, right up to the day on which the disease was diagnosed. This fact occasioned a great deal of anxiety, but happily no further cases occurred.

The following resolutions were passed unanimously at a Mansion House Conference upon the Prevention of Epidemic Small-pox, held on July 18th, 1905 :—

1st. That the continued recurrence of Epidemic Small-pox involves much needless suffering, interference with trade, waste of public money, and increase of municipal expenditure.

2nd. That Epidemic Small-pox ought to be prevented in this country, as it has been since 1875 in Germany, by the systematic re-vaccination of children in their 13th year.

3rd. That this meeting of Lord Mayors and Mayors, Lord Provosts and Provosts and Chairmen of the Urban or Rural District Councils of such towns and localities in Great Britain and Ireland as have suffered collectively from upwards of 480 separate epidemics of Small-pox within the last 18 months, ventures to urge upon His Majesty's Government the great importance of preventing the recurrence of such epidemics by the systematic re-vaccination at school age of all but the children relieved under the Exemption Clause, and of those who are, for a time, excused on the ground of health.

MEASLES AND WHOOPING COUGH.

Measles.

Year.	Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901 ...	0·17	0·43	0·28
1902 ...	0·08	0·51	0·38
1903 ...	0·39	0·44	0·27
1904 ...	0·13	0·49	0·36
1904 ...	0·21	0·37	0·32

Measles and whooping-cough continue to exact a toll of suffering and death which is now but little less than in former years; but they offer very special difficulties of control, and the circumstances favouring their spread have multiplied enormously during recent years. The opportunities afforded by the aggregation in school classrooms for the spread of infectious disease among those of the most susceptible age-periods, and the overcrowding in our large urban communities, are mainly responsible for the fact that diphtheria, scarlet fever, measles, and whooping-cough (all diseases which often remain unrecognised) are as prevalent as they are. It seems that no powers or resources at present possessed by sanitary authorities suffice to secure that large measure of control that is necessary to check the spread of measles and whooping-cough. It is a matter of supreme difficulty to ward off attacks, but the future is sure to see a great reduction in *mortality* from these diseases. That the mortality is largely preventable is shown by the circumstance that it is always very largely borne by the poor. It is a mortality due in no small measure to parental ignorance, and the only remedy for that is the better education of the masses on subjects of vital importance.

WHOOPING COUGH.

Year.	Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901 ...	0·04	0·35	0·31
1902 ...	0·27	0·41	0·29
1903 ...	0·36	0·35	0·27
1904 ...	0·25	0·32	0·34
1905 ...	0·17	0·32	0·25

ZYMOTIC DIARRHŒA.

Year.	Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901 ...	0·31	0·87	0·92
1902 ...	0·39	0·54	0·38
1903 ...	0·25	0·63	0·50
1904 ...	0·49	1·03	0·86
1905 ...	0·74	0·72	0·59

PHTHISIS (CONSUMPTION).

The 40 cases voluntarily notified during 1905 occurred in 38 different homes.

The incapacity to work on account of Phthisis costs London over £4,000,000 a year, according to the computation of a great authority. This enormous loss alone well warrants a considerable outlay in an effort to reduce the prevalence of this disease.

Year.	Rate for Stoke Newington.	Rate for London generally.
1901	1·30	—
1902	1·24	1·62
1903	1·30	1·50
1904	1·70	1·63
1905	1·31	1·46

All will agree that the measures designed by sanitary authorities for the prevention and relief of phthisis can only be regarded as complete when they are carried with certainty and promptitude to those who more particularly stand in need of them, and the initiated recognise that the measures at present adopted do not reach that desirable standard. It is necessary to know early where all the infected homes are, and this information can alone be obtained by compulsory notification of the disease.

At the present time we are disposed to overrate the value of sanatoriums and we are constructing and equipping them on extravagant and faddy lines. It must be borne in mind that without sanatoriums, phthisis has been reduced in this country some 66 per cent. during the past sixty years; and efforts to still further improve the adverse conditions under which so many of the community are compelled to live and work, and to reduce the death-rate due to ignorance, will achieve the best results; moreover, they possess the advantage of at

the same time shrinking the wastage from many other preventable diseases.

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 be fairly supported out of the public funds. There are no such institutions in London, if we exclude the inadequate provision for phthisical paupers, and until they are provided we lack one of the essential provisions for coping with the disease. But whatever the extent of the provision made in a sanatorium or isolation hospital, the great majority of the sufferers from phthisis would remain outside with their families and at their work until the latest stages of the disease are reached, rather than enter an institution for several months. Consumption, then, must be variously dealt with in its different stages, In the earlier stages what is wanted is education and open-air treatment for those able and willing to avail themselves of it. In the latter stages isolation is needed, for every word that the patient speaks and every cough is the cause of the dissemination of the tubercle bacillus, and then, whatever instruction has been given to the patient in the sanatorium, nothing can prevent him from being a source of danger to all about him. Above all we must aim at raising the general standard of healthy living, because in the low standard of domestic and personal hygiene, and in overcrowding and bad sanitation, we have the conditions which favour the disease. The importance of a careful selection of occupation for those who inherit a predisposition to phthisis and, where practicable, for those who are discharged from sanatoriums, cannot be exaggerated; and since, otherwise, work has often to be persisted in by a phthisical patient to the detriment of his own recovery and the safety of his fellow-workers, the German measure of compulsory insurance has much to recommend it. In Germany at present all persons, male and female, engaged for wages or salary in trade or business (excluding domestic servants and agricultural labourers), are compulsorily insured against sickness and death, the employer paying one-third, and the employee the remaining two-thirds of the premium. In this as in some other respects a comparison with Continental methods is not to our advantage.

During the year an important deputation waited upon the Metropolitan Asylums Board in order to urge the desirability of that Board undertaking the isolation of cases of Consumption. The memorial of the Metropolitan Branch of the Incorporated Society of Medical Officers of Health showed that between seven and eight thousand persons, of whom the large majority are adults in the prime of life, die every year in London from Consumption, the mortality in the male sex being some 40 per cent. greater than in the female sex, and that a much larger number of persons (also chiefly adults) suffer from ill-health arising from the same disease; that great loss occurs to the community from such sickness and the deaths which result; that persons suffering from Consumption may be divided roughly into two classes: (1) those in the primary stage of the disease, which is curable and not specially infectious; and (2) those in the chronic stage of the disease, which is incurable and very infectious; that for those in the primary stage of the disease hospitals are required wherein the patients may be treated with the view to cure, and for those in the chronic stage Refuges wherein the patients may be isolated so as to be prevented from spreading the disease to others; that the present provision of hospital accommodation for Consumption in London is totally inadequate, and that, in connection with such provision as there is, great difficulty and consequent delay is experienced in obtaining admittance thereto; that the need for Sanatoriums arises from the fact that it is practically impossible to treat poor persons in their own homes or in Poor Law Infirmaries in London with any reasonable hope of cure; that the great bulk of the cases occur amongst the poor and the poorest classes of the people, who are unable to make any contribution towards the expenses incident to Sanatorium treatment.

It is well known that many persons reduced by Consumption to a state of poverty drift into the workhouse and become a permanent charge upon the rates, often leaving widows and orphans in a state of destitution, whereas many such persons might be cured if Sanatorium treatment were made available for them in the early stages of their disease. When, however, the circumstances and surroundings are such that measures of prevention are impossible and there is a serious danger to other members of the family, the Metropolitan Asylums

Board should have power, in the interests of the community, to authorise their removal, as in the case of fever. In my opinion it is purely as a preventive authority that the Metropolitan Asylums Board should be concerned with Tuberculosis. Although the provision for the Sanatorium treatment of the disease is an indispensable provision in the crusade against Consumption, that provision should be made apart from the Metropolitan Asylums Board. When it is considered what the disease costs the country, attacking as it does such large numbers of those in the wage-earning periods of life, there can be no question that any reasonable expenditure would be justified, on economic lines alone.

Until such provision is made the value of our local preventive work is seriously reduced ; but before even this can be made to realise the best results it is absolutely necessary that the notification of the disease should be made compulsory. It is nothing short of an anomaly that a disease such as Erysipelas, which rarely occasions death, and which is communicable only to a slight extent, should be a disease compulsorily notifiable, whereas Consumption, which is at the present time causing a thousand-fold the ravages of Erysipelas, should remain non-notifiable. We cannot go to the homes of the people, give advice, and see that the advice is carried out in the interests of the sufferer and others, unless we know where the infected homes are, and the only means of knowing that is by the compulsory notification of the disease.

CEREBRO-SPINAL FEVER.

This disease occasions serious mortality in America, and in certain localities on the Continent of Europe, but fortunately in this country it is of rare occurrence. There is, however, reason to believe that the disease may be less uncommon in the United Kingdom than has hitherto been supposed ; and during the past year the identification of a case in London and of several cases in Northamptonshire occasioned some alarm. Happily, however, there was no serious extension of the infection, and indeed it is by no means certain that the disease is spread by direct infection from person to person. In our present

state of knowledge, however, should such cases occur it is most desirable to apply suitable measures of disinfection, and to secure, so far as possible, the isolation of the sick from the healthy.

EDUCATION AND MEDICAL INSPECTION OF SCHOLARS.

The hygienic reform of the future will depend almost entirely for its success on the proper education of the people. We are all too painfully aware of the large amount of wasted energy and life which results from ignorance and neglect of the laws of health, and which, apart from the misery it entails, constitutes itself such a heavy economical loss to the State; and there can be no gainsaying that the ignorance among the poor of household management and of the elementary principles of hygiene, is responsible in no small measure for their high preventable mortality, their poor physique, their intemperance and their poverty. The possession of citizens of good moral and physical stamina is the most valuable and abiding of all national assets, and for this the nation is largely dependent upon what the educational influences of school life are made to be. Despite overcrowding and structural defects in so many of the tenements occupied by the poor, if those who occupied them had only been trained to observe cleanly habits and to recognise the importance of fresh air, how enormously these people would benefit! There is much to be said against the negative results of an education in which girls are largely separated from domestic influences and experience during the most impressionable years of life, and there is no doubt that the elementary facts of cooking and of infant management and feeding should be taught to every female child. The feeble efforts in these directions which have already been made have mostly failed on account of the unreality and incompetence of the teaching.

If much preventable disease is to be prevented, and if easily-curable conditions which determine so much the physical and mental well-being of the individual in after years are to be nipped in the bud, we must have medical inspection of all scholars at the commencement of their school career and repeated medical inspection during the

continuance of it. Much educational energy is at present misspent; and the nation should, moreover, appreciate the economical advantage of insuring that all those who are being taught, at an enormous expense to the country, are made and kept as fit as possible to receive the maximum benefit from that education. The need for medical inspection of school children has been abundantly testified by the work undertaken in this connection in other countries. The results, of course, vary in the schools inspected; from 10 per cent. of children requiring medical help in better-class, to as many as 50 per cent. in schools drawing their scholars from the slums of large cities. It is a national shame and reproach that we threaten to be one of the last among civilised nations to undertake this obvious duty. It matters not what excuses are advanced or what difficulties are imagined, they may all be met by one unanswerable retort: that what is found to be easily practicable in Germany, Japan, and elsewhere, is practicable in our own country.

Briefly, the aims of a medical inspection of school children are:—

The early detection of communicable diseases (including Scarlet Fever, Diphtheria, Measles, Whooping Cough, Mumps, Contagious Ophthalmia, Tuberculosis, Parasitic Skin Diseases, &c.).

The prompt detection of defects in sight and hearing (the two great channels of education) and the teeth; nervous conditions, over-pressure, mental deficiency; commencing bodily deformities. The discovery of cases of malnutrition, debility and heart disease, &c.

The collection of certain necessary anthropometrical records.

The provision of free meals to the poorer school children must be recognised as a deplorable necessity in many cases. It is not right that children should be punished for the short-comings of their parents; and it is of prime importance to the community and the State that they should grow up into healthy and useful citizens. In order that this shall be, they must be fed properly, clothed suitably, and housed decently. Where children are the off-spring of thriftless and drunken parents, our efforts should be to prevent

them from growing up like their parents. Suitable clothing is of great importance to proper healthy development. A child inadequately clothed but fairly well fed is almost as badly off as one poorly fed but adequately clothed; and public philanthropy is almost as necessary in order to procure suitable clothing for some of the poorer children of to-day as it is for the feeding of them.

CLEANSING OF PERSONS ACT, 1897.

In the early part of the year, the Hackney Borough Council agreed to afford facilities, on reasonable terms, for the cleansing and purifying of the bodies and clothing of those persons infested with vermin who are resident in the Borough of Stoke Newington. I immediately sent notice of this fact to the Medical Men, the Clergy, District Visitors, the School Attendance Officer, and others working in the Borough, and to the keeper of the Common Lodging-house. It was pointed out in the communication that the Legislature has recognised how impossible it is for the poorer inhabitants, with the scant facilities at their disposal, to rid themselves of vermin; and that the Cleansing of Persons Act enables sanitary authorities to provide the necessary facilities free of charge to the applicant. It was further stated that if it should come to the knowledge of those to whom the communication was addressed that any person required to be freed from vermin, a note from the Public Health Office would give such person a free pass to the Baths and Disinfecting Station situated in the lower part of Millfields Road, Lower Clapton.

The Cleansing of Persons Act, 1897, is a permissive Act. There is no obligation on the local authority to make any such provision, and in only three districts in London have the local authorities as yet done so. These districts are St. Marylebone, St. Pancras and Hackney. In the Borough of Stoke Newington there is certainly no necessity to make any separate provision for verminous persons, and the existing arrangement is eminently satisfactory from all considerations save one, and that is that the extent to which such provision is likely to be used must be largely determined by the accessibility of the cleansing station. In that respect we are undoubtedly at a great disadvantage,

and I fear that the number of applications for cleansing under the Act will be few. Up to the end of the year only one individual had availed herself of the facilities which have been provided.

PUBLIC HEALTH LEGISLATION IN 1905.

The year has been quite exceptionally barren in the matter of Public Health Legislation. Pressing matters, such as the Codification and Amendment of the English Public Health Acts, and Legislation in regard to Re-Vaccination, Death Certification, and other subjects still await the attention of our Legislators.

METEOROLOGY IN AND AROUND LONDON DURING THE YEAR 1905.

January.—The weather experienced during January was of an exceedingly variable character, at times very unsettled, with rain, hail, sleet or snow in many localities. At other times, and particularly towards the close, it was exceptionally fine and bright, the duration of sunshine being abnormally large for the mid-winter month. Fogs were of rare occurrence and of an unimportant character. For the month, as a whole, pressure was decidedly above the normal everywhere; temperature was in excess except at some Southern stations; the winds were mainly North-Westerly to South-Westerly and Southerly, and gales were rather numerous; rainfall was nearly everywhere deficient, and bright sunshine was in excess.

February.—For the whole of February pressure and temperature were generally above the normal. There was a marked deficiency of rain, and bright sunshine was, as a rule, abundant.

March.—The month under review was of an exceedingly notable character, being the roughest and most boisterous for some considerable time past. Rain, hail or sleet fell almost daily, and in numerous instances the amounts were large, the result being that the marked dryness of the preceding two months was made up

for in many localities. Taking the month as a whole, pressure was decidedly below its usual level; temperature was well in excess; the winds were mainly from between South and West.

April.—For the month as a whole pressure was everywhere a little in deficiency; temperature was deficient in most places; the winds were very variable in direction and of little strength. Rainfall showed a moderate excess at the majority of stations, and bright sunshine was generally considerably less than usual.

May.—For the month as a whole pressure was everywhere well in excess of the normal, the winds were variable in direction and of little strength. Temperature showed a slight excess in most localities. There was a decided deficiency in the rainfall.

June.—Taking the month as a whole pressure was in excess of the normal over North Britain and in deficiency elsewhere; the winds varied considerably in direction, a large proportion being North-Easterly, light or moderate in force most of the time, and rarely exceeding a strong breeze; temperature was generally in excess; rainfall was largely in excess over the South-Eastern districts; and bright sunshine was very abundant in the dry regions, but very deficient in the wet.

July.—The atmospheric conditions experienced during the month of July were of a character appropriate to the season. Taking the month as a whole, pressure and temperature were both in excess of the normal; the winds were for the most part Southerly to Westerly, light or moderate in force; rainfall was nearly everywhere deficient; and except at some South-Western stations there was an excess of bright sunshine.

August.—Unlike the preceding three months, August proved a very unsettled period nearly throughout. Thunderstorms were numerous and visited nearly all districts; in some instances these were very severe and were accompanied by heavy local rains. For the month as a whole pressure showed a moderate deficiency;

temperature was nearly everywhere under the normal; the winds varied greatly in direction; rainfall was in excess; and bright sunshine was in deficiency very generally.

September.—For the month as a whole pressure did not differ much from the normal; the winds were mainly North-Westerly to Northerly; temperature and rainfall were nearly everywhere in deficiency; and bright sunshine was in excess generally over North Britain, and in deficiency elsewhere.

October.—Taken as a whole the month of October proved an abnormally quiet period, for the gales which were experienced were neither so frequent nor so violent as usual at this time of the year. This was due to the persistency of a high pressure type of conditions, which occupied the greater part of the country during a considerable portion of the month. Low temperatures prevailed most of the time, and especially after the middle of the month, when severe night frosts were felt in many localities. Pressure was decidedly in excess of the normal; the winds were mainly from between West and North.

November.—During the greater part of this month the atmospheric conditions were of an exceedingly unsettled type. The general freedom from wind storms, which had been a characteristic feature since the early spring months, was maintained until nearly the close of November. Most of the time the weather was cold and unpleasant. The atmosphere was humid, and in most districts rain was frequent. Fog was reported on several days. Pressure was everywhere well under the normal; the temperature was in deficiency. Rainfall was in excess.

December.—In the first half of the month there were several days of thick mist or fog in many parts of England, but the Christmas season was remarkably clear. For the entire month pressure and temperature were in excess of the normal; the winds were mainly Southerly to Westerly in direction. There was a general deficiency of rain; and the duration of bright sunshine was rather variable.

Meteorological Observations taken during the Year 1905, at Camden Square (by H. S. Wallis, Esq.).

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

Month.	Temperature of Air.				Mean Temp'rature of Air	Rain.		Relative Humidity. Saturation. 100.
			Mean.					
	Highest	Lowest.	Of all Highest	Of all Lowest		No. of Days it fell.	Amnt. Collctd.	
	°	°	°	°	°		ins.	
January ...	54·3	21·2	43·5	32·7	38·1	8	1·34	89
February ...	54·4	30·6	47·5	37·9	42·7	12	0·79	88
March ...	60·9	27·0	52·8	38·5	45·9	21	3·00	87
April ...	64·7	31·6	55·6	41·0	48·3	20	1·75	84
May ...	83·2	35·1	66·1	44·5	55·3	9	1·19	68
June ...	81·9	46·2	71·3	53·0	62·2	17	4·39	79
July ...	85·3	49·8	78·5	57·7	68·1	8	0·96	72
August ...	78·1	45·4	72·1	53·2	62·7	17	2·24	77
September ...	76·5	42·7	65·9	50·1	58·0	12	2·09	83
October ...	61·0	27·8	53·8	38·7	46·3	15	1·41	86
November ...	55·2	24·2	47·4	36·2	41·8	19	3·08	93
December ...	57·1	29·2	44·5	37·1	40·8	7	0·74	93

NOTES UPON SANITARY WORK PERFORMED DURING THE YEAR 1905.

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 : 3,691 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 ; 871 Intimation Notices, followed in 40 cases by Statutory Notices, were complied with. Of this number only 260 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, for over 50 per cent. of such inspections resulted in intimation notices. In the case of 44 of the complaints received, no nuisance existed at the time of inspection.

It is found that in Stoke Newington, whenever an intimation is served as the result of house-to-house inspection, the Inspector pays on an average between four and five visits in order to see that the work required is properly carried out.

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 1905, 259 premises were on the Register, 103 new premises having been added during the year, and 63 taken off as the result of removals, etc.

FACTORIES AND WORKSHOPS.

At the end of the year 1905 there were on the Register 172 workshops and work-places : 178 such premises were on the Register in 1904.

As the result of the inspection of the workrooms and work-places in the Borough, it was found that for the most part they were in a satisfactory condition, and that the requirements of the Factory and Workshops Act of 1901 were duly observed. There were only two cases of overcrowding which had to be dealt with, but 32 instances in which it was necessary to require cleansing. There were only two occasions to require an increase in the water-closet accommodation. In two cases the Abstract of the Factory Act was not affixed in the work-rooms, and the Home Office was notified accordingly. There are altogether 170 domestic workrooms in the Borough in which wearing materials of various kinds are being dealt with.

During the year only one case of notifiable infectious disease occurred on premises in which there was a workshop, but on several occasions the out-workers in connection with certain workshops had to be stopped from carrying on their work. A complete list of all out-workers (541 in number) has been kept in the office; these lists have often been obtained on calling at the workshops, for some employers still 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 the Secretary of State issued a new Home-work Order which consolidated the two previous Orders and made some additions to the list of trades specified therein. The following classes of work, in addition to those specified in the previous Orders, are now brought under special provisions of the Factory and Workshops Act, 1901:—The making of covers for and the covering, finishing, altering or repairing of umbrellas, sunshades, parasols, and articles of a similar nature and any work incidental thereto; the making of paper bags, and of paper boxes; brush making; and the making of stuffed toys.

TABLES REQUIRED BY THE HOME OFFICE.

FACTORIES, WORKSHOPS, LAUNDRIES, WORK-PLACES AND HOME-WORK.

1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries).	16	74	Nil.
Workshops (including Workshop Laundries).	162		
Workplaces	10		
Homeworkers' Premises	170		
Total	358	74	Nil.

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
*Nuisances under the Public Health Acts:—**				
Want of cleanliness	32	32	...	...
Want of ventilation	...	...	...	...
Overcrowding	2	2	...	...
Want of drainage of floors	5	5	...	...
Other nuisances	19	19	...	...
†Sanitary accommodation—insufficient	2	2	...	...
†Sanitary accommodation—unsuitable or defective	21	21	...	...
†Sanitary accommodation—not separate for sexes	...	...	...	...
Offences under the Factory and Workshop Act:—				
Illegal occupation of underground bakehouse (s. 101)	...	...	...	...
Breach of special sanitary requirements for bakehouses (ss. 97 to 100).	...	...	...	...
Failure as regards lists of outworkers (s. 107) ...	...	...	...	...
Giving out work to be done in premises which are—unwholesome (s. 108)	...	...	...	...
Giving out work to be done in premises which are—infected (s. 110) ...	...	...	...	...
Allowing wearing apparel to be made in premises infected by scarlet fever or smallpox (s. 109).	...	...	...	...
Other offences	...	...	...	...
Total	81	81	Nil.	Nil.

* Including those specified in sections 2, 3, 7 and 8 of the Factory Act as remediable under the Public Health Acts.

3.—OTHER MATTERS.

Class.		Number.	
Matters notified to H.M. Inspectors of Factories:—			
Failure to affix Abstract of the Factory and Workshop Act (s. 133).		2	
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (s. 5).	Notified by H.M. Inspectors.	3	
	Reports (of action taken) sent to H.M. Inspectors.	3	
Other		6	
Underground Bakehouses (s. 101):—			
Certificates granted during the year		Nil.	
In use at the end of the year		20	
Homework:—		Number of	
*Lists of Outworkers** (s. 107):—		Lists.	Outworkers.
Lists received		15	143
Addresses of outworkers	forwarded to other Authorities	78	
	received from other Authorities ...	476	
Homework in unwholesome or infected premises:—		Wearing Apparel.	Other.
Notices prohibiting homework in unwholesome premises (s. 108).		...	...
Cases of infectious disease notified in homeworkers' premises.		1	...
Orders prohibiting homework in infected premises (s. 110)		...	...
Workshops on the Register (s. 131) at the end of the year ...		342	
Important classes of workshops, such as workshop bakehouses, may be enumerated here	Workshop Bakehouses...	28	
Total number of workshops on Register ...		370	

Workshop legislation in the interest of the health of the workers is gathering some of the best fruit of preventive medicine. Dust diseases are exacting a rapidly diminishing toll of diseases of the chest, and the notified cases of poisoning by lead, phosphorus, arsenic, mercury, and of anthrax were, in 1903, only about half of those notified as recently as five years ago. But if all factories and workshops could be efficiently ventilated, and at the same time kept at a reasonable temperature (conditions which I regard as physical impossibilities in many of the workrooms which I have visited, unless they are reconstructed) then a large section of the community would be spared a considerable amount of preventable illness, would become more healthy and vigorous, and soon repay the preliminary outlay by work more quickly and better performed. Many occupations still sin against the children, either directly by working them under unfavourable conditions during the period which shou'd be devoted to education and physical growth, or indirectly by injuring the parents' health and lowering their vital state during the reproductive period of their lives. Cheap and effective transit so that the wives and children of workmen may have the benefit of fresh air and more roomy and cheerful surroundings; or, what is better still, the establishment of works and factories in country districts (as in the Garden City scheme) would do much to promote the physical, mental, moral, and social welfare of the workers.

THE HOUSING QUESTION.

From whatever direction we approach the consideration of questions affecting the health and physical development of the people, we soon come upon the housing question; and though much has been done and more is in store to improve the housing of the poorer classes, it seems destined to remain a problem for which no complete solution is to be found. One of the greatest services, therefore, which science can render to healthy living at the present day, is to devote its knowledge and inventive power to the problem of simplifying, improving, and if possibly cheapening, the ordinary middle-class houses and the homes or tenements in which the masses of

our city population must not only live but rear their children. The huge depressing block-dwellings now erected in some of our largest towns, or the dreary monotonous rows of gardenless houses are, I fear, the only solution, if with the provision of improved and cheapened means of transit to the suburbs, people are too short sighted to avail themselves of these. In Stoke Newington there are many families who occupy but two rooms, and the overcrowding which results not only vitiates the air and leads to diseases and weakly development of children, but also leads to immorality and vice, because of the almost necessary disregard of decency. Those in humble circumstances cannot afford to pay more for rent than one-sixth of the income earned. The class, therefore, which stands in most need of help is the class which does not earn more than 20 to 25 shillings per week on an average, and which, therefore, wants suitable accommodation at from 3s. 6d. to 4s. per week. It is in the interest of the whole of the community that these people should be housed sanitarily; but both private and municipal building enterprise are heavily handicapped by the increasing cost of land, material and labour.

FOOD AND DRUGS.

Under the Sale of Food and Drugs Acts, 156 samples of food and drugs were taken and analysed. The results are shown in Table C. 13 of the samples were not satisfactory, and, therefore, the percentage of non-genuine samples amounted to about 8·3 per cent., a figure which is nearly double that of the preceding year, when it was only 4·5 per cent. The figure for the whole country was 8·5 per cent. during the year 1904.

11·8 per cent. of the milk samples were unsatisfactory, as against 9·8 per cent. during the preceding year. 13·3 per cent. of the samples of milk taken on Sundays were adulterated. There were two convictions obtained for selling margarine contrary to the provisions of the Act.

According to the thirty-fourth Annual Report of the Local Government Board, the total number of samples analysed under the Sale of Food and Drugs Act during the official year 1904, shows an increase of 6,601 samples over the figures of the previous year. In London, one sample was analysed for every 213 persons, being at the rate of 4·7 per 1,000 of the population: and in the provinces, one for every 442 of the population, or 2·3 per 1,000. It will be seen from the Table on page 58 that the proportion of samples reported against was 8·5 per cent. of those examined. In 1903 7·9 per cent. of the total samples analysed proved to be adulterated. There was an increase in the amount of adulterated samples of margarine, beer, spirits and drugs, and a slight increase in the samples of adulterated milk (11·1 per cent.). London is at the head of the list again as regards the extent of adulteration of milk, the result showing 12·5 per cent. of samples condemned as against 10·1 per cent. in the 20 next largest provincial towns and 10·6 per cent. in the remainder of the country. It is satisfactory to know that the fines imposed show an increase in individual cases, though still, in many instances, the amounts inflicted are not calculated to check adulteration as effectually as larger sums would do.

The rate of butter adulteration in England and Wales, which was 10·3 per cent. in 1901 and 6·5 in 1902, fell to 5·5 in 1903 and 5·7 in 1904. In 1887, the year in which the Margarine Act was passed, the rate of butter adulteration was 17·5 per cent.

The percentage of adulterated samples of drugs showed an increase over that recorded in the previous year. Seidlitz powders continue to be adulterated to the extent of one-fifth of the samples procured for analysis.

It is obvious that steady consistent work is being done under the operation of the Sale of Food and Drugs Act, and that the public analysts are carrying out their share of the work as efficiently as the provisions of the Act enable them to do.

Table showing the results of Analyses of Samples taken under the Sale of Food and Drugs Acts, during the year 1904 in England and Wales:—

	Percentage Adulterated.	
	1903.	1904.
Milk	10·4	11·1
Butter	5·5	5·7
Cheese	1·4	0·9
Margarine	3·5	7·1
Lard	0·8	0·2
Bread...	—	0·2
Flour	0·6	0·6
Tea	—	—
Coffee...	6·4	6·3
Cocoa...	15·3	8·8
Sugar...	8·1	5·4
Mustard	4·8	4·8
Confectionery and Jam	4·1	5·5
Pepper	2·9	1·8
Wine	17·8	17·5
Beer	2·3	7·0
Spirits	11·8	12·0
Drugs...	9·6	11·3
Other Articles	6·0	7·3
All Articles...	7·9	8·5

There does not appear to be any evidence forthcoming of a reduction in the pernicious practice of the addition of chemical antiseptics to food. It would be a great gain to the public health if only

one of the recommendations of the Departmental Committee, viz., that no chemical antiseptics should be permitted in milk or any other food used for infants and invalids, were enforced by law. The harmful nature of these agents has been abundantly testified to, and the small amount of negative evidence which is often adduced in Courts of Law in support of the view of their harmlessness is quite inadequate to shake the position of those who base their case upon positive evidence. Milk is an article of food consumed by infants of only a few weeks old, and it is certain that the smallest quantities of chemical antiseptics must prove injurious in these cases. The plea that it is better for an infant to consume such doctored milk, than milk which would otherwise have soured is based on the false assumption that the latter eventuality is inevitable. The answer is that with the cleanly collection of milk, and subsequent refrigeration and cleanly storage, it is found easily practicable to insure that the milk will keep sweet sufficiently long to enable it to be sent long distances by rail and subsequently distributed and used by the purchasers. What can be done in other countries, where the addition of chemical antiseptics to milk is a penal offence at any time of the year, can be done in Great Britain. Chemical antiseptics are generally a cloak for covering the sale of dirty milk.

TABLE C.

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

No.	Sample Analysed.	Opinion Formed.	Action Taken.
1	Cheese	Genuine	Nil.
2	Butter	,, ...	,,
3	Ground Ginger ...	,, ...	,,
4	Butter	,, ...	,,
5	Butter	9% of foreign fat ...	Vendor cautioned.
6	Margarine... ...	Genuine	Nil.
*7	Milk	,, ...	,,
*8	Milk	9% less than the legal limit for butter fat.	Defendant fined 5s. and 12s. 6d. costs.
*9	Milk	Genuine	Nil.
*10	Milk	,, ...	,,
*11	Milk	,, ...	,,
*12	Milk	,, ...	,,
13	Whiskey	,, ...	,,
14	Coffee	,, ...	,,
15	Butter	,, ...	,,
16	Flour	,, ...	,,
17	Olive Oil	,, ...	,,
18	Cream of Tartar ...	,, ...	,,
19	Butter	,, ...	,,
20	Butter	,, ...	,,
21	Coffee	,, ...	,,
22	Vinegar	,, ...	,,
23	Milk	5·8% of added water	Vendor cautioned.
24	Margarine (Unlabelled).	—	Defendant fined 2s. 6d. and 12s. 6d. costs.
25	Milk	Genuine	Nil.
26	Milk	,, ...	,,
27	Milk	,, ...	,,
28	Seidlitz Powders ...	1·83 grms. of Tartaric Acid as against 2·46 grms. (B.P.)	Vendor cautioned.
29	Seidlitz Powders ...	Genuine	Nil.
30	Milk	6% less than the legal limit of butter fat.	Defendant fined 2s. 6d. and 12s. 6d. costs.
31	Milk	Genuine	Nil.
*32	Milk	7% of added water	Defendant fined 5s. and 12s. 6d. costs.
*33	Milk	Genuine	Nil.
*34	Milk	,, ...	,,
*35	Milk	,, ...	,,
*36	Milk	,, ...	,,

* Sunday Samples.

TABLE C—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
37	Baking Powder ...	Genuine	Nil.
38	Porter	,, ...	,,
39	Flour	,, ...	,,
40	Butter	,, ...	
41	Brandy	,, ...	,,
42	Butter	,, ...	,,
43	Cream of Tartar ...	,, ...	,,
44	Cocoa	,, ...	,,
45	Fine Oatmeal ...	,, ...	,,
46	Cocoa	,, ...	,,
47	Coffee	,, ...	,,
48	Cocoa	,, ...	,,
49	Cheese	,, ...	,,
50	Butter	,, ...	,,
51	Mixed Sweets ...	,, ...	,,
52	Coffee	,, ...	,,
53	Milk	,, ...	,,
54	Milk	,, ...	,,
55	Milk	,, ...	,,
56	Milk	,, ...	,,
57	Milk	,, ...	,,
58	Milk	,, ...	,,
59	Milk	,, ...	,,
60	Milk	,, ...	,,
61	Milk	,, ...	,,
62	Milk	,, ...	,,
63	Milk	,, ...	,,
64	Milk	,, ...	,,
65	Milk	2·9 % of fat. ...	Vendor cautioned.
66	Milk	Genuine	Nil.
67	Milk	,, ...	,,
68	Lard	,, ...	,,
69	Coffee	,, ...	,,
70	Coffee	,, ...	,,
71	Lard	,, ...	,,
72	Milk	,, ...	,,
73	Milk	,, ...	,,
74	Milk	,, ...	,,
75	Milk	,, ...	,,
76	Milk	,, ...	,,
77	Milk	,, ...	,,
78	Milk	,, ...	,,
79	Milk	,, ...	,,
80	Seidlitz Powders ...	,, ...	,,
81	Coffee	,, ...	,,
82	Milk	,, ...	,,
83	Milk	,, ...	,,
84	Demarara Sugar ...	,, ...	,,

TABLE C—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
85	Milk	Genuine	Nil.
86	Milk	,, ...	,,
87	Butter	,, ...	,,
88	Milk	,, ...	,,
89	Milk	,, ...	,,
90	Butter	,, ...	,,
91	Cocoa	,, ...	,,
92	Cream of Tartar ...	,, ...	,,
93	Cream of Tartar ...	,, ...	,,
94	Milk	2% added water ...	Vendor cautioned.
95	Milk	Genuine	Nil.
96	Gin	,, ...	,,
97	Margarine	,, ...	,,
*98	Milk	,, ...	,,
*99	Milk	,, ...	,,
*100	Milk	,, ...	,,
*101	Milk	1·2% of added water	Vendor cautioned.
*102	Milk	Genuine	Nil.
*103	Milk	,, ...	,,
*104	Milk	,, ...	,,
105	Butter	,, ...	,,
106	Butter	,, ...	,,
107	Butter	,, ...	,,
108	Whiskey	,, ...	,,
109	Butter	,, ...	,,
110	Brandy	,, ...	,,
111	Gin	,, ...	,,
112	Pepper	,, ...	,,
113	Mixed Sweets ...	,, ...	,,
114	Vinegar	,, ...	,,
*115	Milk	,, ...	,,
*116	Milk	,, ...	,,
*117	Milk	,, ...	,,
*118	Milk	,, ...	,,
*119	Milk	,, ...	,,
*120	Milk	,, ...	,,
121	Butter	,, ...	,,
122	Coffee	,, ...	,,
123	Butter	,, ...	,,
124	Butter	,, ...	,,
125	Cocoa	,, ...	,,
126	Cocoa	,, ...	,,
127	Coffee	,, ...	,,
128	Demerara Sugar ...	,, ...	,,
129	Butter	,, ...	,,
130	Milk	,, ...	,,
131	Milk	10% deficiency in fat	Defendant fined 7s. 6d. and 12s. 6d. costs.

* Sunday Samples.

TABLE C—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
*132	Milk	Genuine	Nil.
133	Milk	,, ...	,,
134	Milk	,, ...	,,
135	Milk	,, ...	,,
136	Milk	,, ...	,,
137	Margarine... ...	,, ...	,,
138	Margarine... ...	,, ...	,,
139	Margarine... ...	,, ...	,,
140	Margarine	12% of butter fat. Water 4·5% above the legal 16% limit.	Defendant fined 5s. and 12s. 6d. costs.
*141	Milk	Genuine	Nil.
*142	Milk	,, ...	,,
*143	Milk	Faint deficiencies in fat and non-fatty solids	Vendor cautioned.
*144	Milk	Genuine	Nil.
*145	Milk	,, ...	,,
146	Flour	,, ...	,,
147	Cream of Tartar ...	,, ...	,,
148	Cheese	,, ...	,,
149	Coffee	10% of Chicory ...	Case withdrawn.
150	Gin	Genuine	,,
151	Coffee	,, ...	,,
152	Gin	,, ...	,,
153	Margarine (Unlabelled).	,, ...	Defendant fined 2s. 6d. and 12s. 6d. costs.
154	Milk	,, ...	Nil.
155	Milk (Separated) ...	,, ...	,,
156	Milk	,, ...	,,

* Sunday Samples.

REPORT OF CHIEF SANITARY INSPECTOR FOR THE YEAR 1905.

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, 1905:—

HOUSES AND PREMISES INSPECTED.

By house-to-house inspection	578
Upon complaint, under Sec. 107 (3), Public Health Act, 1891 ...	260
After notification of infectious disease	337
After Notices from builders, under Bye-law 14 (London County Council)	195
Stables and mews	337
Slaughter houses	18
Milkshops, dairies and cowsheds	42
Bakehouses	32
Factories and workshops	540
Other premises inspected	1,352
	3,691
Re-inspections made to examine and test work required under intimation and statutory notices	4,545
Total inspections ...	8,236

INTIMATION NOTICES SERVED.

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

After house-to-house inspection	341
After inspection on account of complaint...	171
After infectious illness	83
With reference to stables and mews	7
,, ,, milkshops, dairies and cowsheds	2
,, ,, bakehouses	13
,, ,, factories and workshops	74
After sundry other inspections	180
	871

STATUTORY NOTICES SERVED.

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

NUISANCES ABATED AND SANITARY DEFECTS REMEDIED.

Dirty premises, cleansed and whitewashed	138
Dampness in dwellings remedied	55
Dilapidated ceilings, stairs, &c., repaired	47
Bell-traps and small dip-traps removed and replaced by stoneware gulleys	20
Foul traps and pans of w.c.'s cleansed or new ones substituted Public-house urinals cleansed	60
Flushing cisterns to w.c.'s provided or repaired, and w.c.'s with insufficient water supply made satisfactory	87
Defective w.c. basins and traps removed and replaced by approved patterns	195
Stopped or choked w.c. traps cleared	20
External ventilation to w.c.'s improved	7
W.c.'s removed to more sanitary positions	8
Carried forward ..	637

Brought forward ...	637
Separate Flushing cisterns fixed to w.c.'s which were previously flushed directly from dietary cistern...	2
Additional w.c.'s provided in case of insufficient w.c. accommodation...	7
Defective soil-pipes reconstructed	71
Unventilated soil-pipes ventilated ... ... } Soil-pipes improperly ventilated, improved ... ... }	216
Dirty yards cleansed	13
Yards paved or re-paved with impervious material	59
Gulley and other traps inside houses removed	33
Sink waste-pipes directly connected to drain, made to discharge in open-air over proper syphon gulleys	16
Long lengths of sink, bath, and lavatory waste-pipes trapped, and made to discharge in open-air over gulleys ...	182
Defective waste-pipes repaired	10
Foul water-cisterns cleansed ... ... } Water-cisterns without close-fitting covers provided with proper coverings ... . }	102
Defects in water-cisterns remedied	7
Defective dust-bins pulled down and new portable dust-bins provided	104
Defective drainage re-constructed in accordance with the bye-laws of London County Council	354
Choked or stopped drains cleared and repaired	154
Rain water pipes disconnected from drains or soil-pipes and made to discharge over gulley-traps ... ... }	26
Proper water supply provided to houses	10
Defective roofs repaired	58
Defective guttering and rain water pipes repaired or renewed ...	52
Defective paving to floors of wash-houses repaired or renewed ...	22
Dirty walls of work-rooms cleansed	55
Proper manure receptacles provided (London County Council bye-laws)	5
Cases of over-crowding abated	12
Carried forward ...	2,207

Brought forward ...	2,207
Insufficiently ventilated space under wooden floors, remedied by insertion in outer walls of proper air bricks	29
Underground dwellings improved...	6
Total number of nuisances abated ...	2,242

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

SLAUGHTER HOUSES.

The eight Slaughter-houses in the Borough have been inspected, and are in a satisfactory condition.

COMMON LODGING HOUSE.

The one common Lodging-house in the Borough is under the control of the London County Council, and is maintained in accordance with the bye-laws.

BAKEHOUSES.

There are 29 Bakehouses in the Borough, 20 of these being constructed underground. Thirteen intimation notices were served for limewhiting and cleansing.

DAIRIES, COWSHEDS, AND MILKSHOPS.

There are 51 Milkshops and 2 Cowsheds in the Borough, all of which have been inspected. It was only necessary during the year to serve two intimation notices on occupiers to cleanse premises.

COMPLAINTS.

Sec. 107 (3) *Public Health Act,* 1891.

242 complaints were received during the year, relating to 260 premises.

In 44 cases, on inspection of the premises to which the complaint related, no nuisance which could be dealt with under the Public Health Acts was found to exist.

50 complaints were referred, after inspection, to the Surveyor's Department.

171 intimation notices were served on the owners and occupiers of premises complained of.

STABLES AND MEWS.

Considerable attention was given to the inspection of Stables and Mews, especially during the summer months. 337 visits were 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.

103 premises were added to the Register during the year, making a total of 259. It was found necessary to erase 63 from the register owing to removals, etc.

SALE OF FOODS & DRUGS ACTS, 1875-1901.

156 samples of Food and Drugs have been submitted to the Public Analyst during the year. A table will be found on page 73 showing the result of proceedings taken in respect of adulterated samples.

BUTCHERS', GREENGROCERS', AND FISHMONGERS' SHOPS, STALLS, &c.

These have been frequently inspected with a view to seizure of any unsound food exposed for sale or intended for sale as food for man.

In April a weekly general inspection was started. The inspections are usually made on a Saturday night. A thorough inspection is

made of all premises where any foodstuff is likely to be stored. 630 inspections were made during the year. The following table shows the weight and nature of food condemned :—

	cwt.	qrs.	lbs.
Pork	7	3	14½
Beef		3	20
Mutton		3	22
Fish		1	26
Fruit		2	4
Total	10	3	2½

In addition to the above, 402 tins of condensed milk and 4 lbs. of tinned rabbit were destroyed.

A record is kept of all inspections.

HOUSE-TO-HOUSE INSPECTION.

Such inspections have been made in the following streets during the year :—

Allen Road
Allerton Road
Aldham Place
Barn Street
Chapel Place
Cressington Road
Green Lanes (part)
Grove Lodge Yard
Hornsey Place
King's Road
Mason's Court
Mason's Place
Milton Road
Mountgrove Road
Nevill Road
Oldfield Road
Palatine Road
Queen's Road
Reedholm Road
Riversdale Road
Shipway Terrace
Spenser Road
St. John's Place
Thomas Place
Truman's Road
Watson Street

The houses and premises inspected during the year in these streets number 578.

SMOKE ABATEMENT.

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

These are watched from time to time, and a record made of the result of observations. On two occasions during the year it has been necessary to caution offenders.

ICE CREAM MANUFACTURERS AND VENDORS.

There are 34 premises in the Borough where ice-cream is manufactured. A Register is kept of all such premises, and the occupiers supplied with copies of the London County Council Regulations.

RESTAURANTS AND EATING HOUSES.

There are 24 of these premises in the Borough. The inspections are usually made at the time when food is being prepared. The results of the inspection of the food in course of preparation and of the premises have been satisfactory.

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. The Dust Knockers report daily to the Sanitary Inspectors, giving a list of houses where refuse was not removed on the previous day and the cause of such non-removal.

FACTORIES AND WORKSHOPS.

The Register of Factories and Workshops has been maintained. There are at present 188 Factories and Workshops in the Borough, and 170 Workrooms which are used as domestic workshops, all of which were inspected during the year.

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

65	reside in	Stoke Newington.
39	„	„ Hackney.
21	„	„ Islington.
8	„	„ Tottenham.
5	„	„ Stepney.
2	„	„ Bethnal Green.
1	„	„ Edmonton.
1	„	„ Poplar.
1	„	„ Wood Green.
Total 143		

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

151	from	Finsbury.
142	„	City of London.
73	„	Hackney.
70	„	Islington.
17	„	Shoreditch.
4	„	Southwark.
4	„	Stepney.
4	„	Tottenham.
2	„	Colchester.
2	„	Kensington.
2	„	St. Marylebone.
2	„	Westminster.
1	„	Paddington.
1	„	Walthamstow.
1	„	Wandsworth.
Total 476		

There is a total of 899 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.

Three hundred and thirty-seven cases were notified during the year, and in most instances an inspection of the infected premises was made.

All the houses where the cases of infectious illness occurred have been disinfected; 331* by the Department, and the remainder under the supervision of the Medical Practitioner attending the case. The bedding, clothing, &c., were removed, steam disinfected, and returned in 312 instances. 210 Patients were removed to Hospital.

It was found necessary to strip and cleanse 34 rooms after removal or recovery of patients.

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

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

No. in Report Book.	Situation of Premises	Nature of Offence.	Result of Proceedings.
4895	374, Green Lanes	Executing work without previously giving notice to sanitary authority.	Ordered to pay costs, 2s.
4895	374, Green Lanes	Improperly executing sanitary work.	Fined 20s. and costs, 2s.
4924	325, Seven Sisters Road	Carrying out drainage work before submitting plans.	Fined 20s. and costs, £2 2s.
4833	9, Nevill Road	Depositing unsound meat for sale.	Fined £5 and costs, 2s.

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

DRAINAGE APPLICATIONS.

Sixty-six plans were submitted referring to the drainage of 91 premises, and all of these were eventually approved of.

Copies of the bye-laws of the London County Council relating to the deposit of plans for drainage work are issued with all plan forms.

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

No. of Sample.	Article Purchased.	Result of analysis.	Result of proceedings.
	Milk	9 per cent. deficiency in fat.	Defendant fined 5s. and costs.
	Margarine (unlabelled)	Margarine	Defendant fined 2s. 6d. and costs.
	Milk	6 per cent. deficiency in fat.	Defendant fined 2s. 6d. and costs.
	Milk	7 per cent. of added water.	Defendant fined 5s. and costs.
	Milk	10 per cent. deficiency in fat.	Defendant fined 7s. 6d. and costs.
	Margarine	4·5 per cent. above the legal limit of water.	Defendant fined 5s. and costs.
	Coffee	10 per cent. chicory ...	Case withdrawn.
	Margarine (unlabelled)	Margarine	Defendant fined 2s. 6d. and costs.

By direction of the Council, several vendors of poor samples of food taken under the above Acts have been cautioned.

I am, Gentlemen,

Your obedient Servant,

D. W. MATTHEWS.

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

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

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
Brownswood Park
„ Road
Burma Road

CASTLE Street
Carysfort Road
Chalmers Terrace
Chapel Place
Chesholm Road
Church Path
„ Road
„ Street
Clonbrock Road
Clissold Road
Cowper Road
Cressington 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
„ „ (from 2 to 378)
„ „ („ 45 „ 107)
Grove Lodge Yard

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
„ Avenue

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

MANOR Road
Martaban Road
Marton Road
Mason's Court
" Place
Matthias Road
Millard Road
Milton Road
Mountgrove Road

NEVILL Road
Newington Green

OLDFIELD Road
Osterley Road

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

QUEEN Elizabeth's Walk
Queens Road

REEDHOLM Road
Rochester Court
Riversdale Road

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

THOMAS Place
Truman's Road

VICTORIA Grove
Victoria Grove West
Victoria Road

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


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