

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

Contributors

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THE
Metropolitan Borough of Stoke Newington.

REPORT
OF THE
Medical Officer of Health and
Public Analyst,
FOR THE
YEAR 1908.

BY
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1909.

Metropolitan Board of Health

REPORT

Medical Officer of Health and
Public Analyst

YEAR 1902



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REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1908.

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

GENTLEMEN,

The vital statistics of the Borough for the year 1908 are of the usual satisfactory nature. The general death-rate of 12.2 compares favourably with the rate of 13.8 for the Metropolis as a whole; and the death-rate from the chief communicable diseases (0.86) is the lowest since the formation of the Borough.

During the year 1908 the rate of infantile mortality (the number of deaths under one year of age to every thousand births) amounted to 98.3. It is the second lowest infantile mortality rate since the formation of the Borough, but seven other Metropolitan Boroughs have a lower rate. It is more particularly in the direction of stemming this wastage of infant lives that increased efforts are called for in Stoke Newington. To this end seven ladies are giving their voluntary services to the Borough; but valuable as these services have proved, they are of necessity limited and at times interrupted; and there is a real need in the Borough for a salaried female official, who, in addition to discharging many of the duties of a sanitary inspector, can devote a part of each day to aiding and directing this voluntary work. The adoption of the Notification of Births Act (1907) increases the urgency of this provision; and it is satisfactory to be able to record that such an official has now been appointed and will commence her duties in the Borough very shortly.

The Infectious Sickness-Rate (5.5) for the year 1908 is the third lowest recorded since the formation of the Borough. Although there were four Metropolitan Boroughs with lower rates, it compares very favourably with the rate for London generally, of 7.4.

A noteworthy item in the annals of the Borough is the provision within the Borough, during the year 1908, of a Steam Disinfecting Station and of Baths for verminous persons. These provisions constitute a real advance in the sanitary administration of the Borough.

The work of the Public Health Department has been carried on by the present officials in a thoroughly satisfactory manner, and the record of work which is set out in the appended report of the Chief Sanitary Inspector is a good one.

I am, Gentlemen,

Your obedient Servant,

HENRY KENWOOD.

February 24th, 1909.



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 1908, and the figure, calculated logarithmically from the increase between 1891 and 1901, amounts to 53,747. 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, 1908 amounted to only 7,877 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 middle line of Church Street) has a population of about 18,757; and in the Southern Division the population is about 34,990.

The natural increase of population by excess of births over deaths during the year amounted to 369, as against 443 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 62 people to the acre.

Births—Birth-rate.—During the year 1908 there were 1,027 births registered in the Borough, viz.—500 males and 527 females.

The birth-rate per 1,000 per annum was therefore 19·1 as against 19·5 for the preceding year. The birth-rate for the Northern Division of the Borough was about 10·4, while that for the Southern Division was 23·8.

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	27·1	27·2
1906 ..	20·4	26·6	27·0
1907 ..	19·5	25·8	26·3
1908 ..	19·1	25·4	26·5

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*.

The decline of the birth-rate, which has been in evidence throughout the country now for many years, was checked during 1908; but in Stoke Newington the rate for the preceding year (which was the lowest in the records of the Borough) was further reduced to a new record figure of only 19·1.

More especially in the population of the Southern part of the Borough, which embraces many temporary residents of the poorer classes, is this circumstance of a low birth-rate an important factor determining a low death-rate. This decline in the Borough therefore detracts somewhat from the full measure of satisfaction with which the low death-rate may be regarded.

According to the Registrar-General approximately 19 per cent. of the decline in the births of the last 37 years is due to the decrease

in the proportion of married women of conceptive ages in the female population, and over 5 per cent. is due to the decrease in illegitimacy. Some of the remaining 76 per cent. of the decrease, he states, may be ascribed to changes in the age constitution of married women, but he thinks that much of it is due to other than natural causes.

MORTALITY.

General Mortality.—There were 450 deaths of residents registered in the Borough, and 208 of residents who died in Public Institutions outside of the Borough, making a total of 658 deaths. Of these 350 were of females and 308 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
1906 ..	11·5	15·7	15·4
1907 ..	11·2	14·6	15·0
1908 ..	12·2	13·8	14·7

The recorded general death-rate is therefore 12·2. 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 nature 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 1.0438, and the *death-rate corrected for age and sex distribution* is 12.2×1.0438 , 12.7 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 not so satisfactory as during the two preceding years. The death-rate for the whole of London was 13.8.

During the third quarter of the year the death-rate in Stoke Newington was 8.7. There was only one Borough within the Metropolitan area which furnished a lower death-rate and that was Hampstead with a rate of 6.1, so that the death-rate for the Borough of Stoke Newington was the second lowest within the Metropolis.

The death-rate during the third quarter of the year was exceptionally low for the whole country, and in considering the low death-rate of Stoke Newington for the quarter in question regard must be

had to the fact that low rates generally prevailed. It is nevertheless however a remarkable fact that a Borough such as Stoke Newington can even under the most favourable atmospheric conditions maintain a rate below 9 per 1,000 for a period of three months. The low Stoke Newington figure in my opinion is more noteworthy than the low Hampstead, figure having regard to the very different social circumstances of the populations in the two Boroughs. It is even more remarkable still that the deaths of the most crowded part of London, namely the Metropolis, should furnish a rate of only just 12 per 1,000 per annum for one quarter of the year; and the sanitary administration of the Metropolis must take some credit for this result.

District Mortality.—The deaths among residents of the Northern Division of the Borough numbered 187 and furnished a recorded death-rate of 9.9 per 1,000 per annum.

The deaths among the residents of the Southern Division of the Borough numbered 471, and furnished a recorded death-rate of 13.5 per 1,000 per annum.

TABLE A.
CAUSES OF, AND AGES AT, DEATH DURING YEAR 1908.

CAUSES OF DEATH.																											
DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria & Mem- branous Croup.	Enteric Fever.	Epidemic Influenza.	Diarrhoea.	Enteritis.	Puerperal Fever.	Erysipelas.	Other Septic Diseases.	Phthisis(Pulmonary Tuberculosis).	Other Tubercular Diseases.	Cancer, Malignant Disease.	Bronchitis.	Pneumonia.	Other Diseases of Respiratory Organs.	Alcoholism, Cir- rhosis of Liver.	Veneral Diseases.	Premature Birth.	Heart Diseases.	Accidents.	Suicides.	Diseases of the Nervous System.	Old Age.	All other Causes.	All Causes.
All Ages.. ..	10	5	7	1	4	14	14	5	2	2	7	56	17	66	74	26	4	3	2	15	84	14	1	50	62	113	658
Under 1 year	3	..	3	..	..	..	5	5	..	..	..	..	9	..	17	..	..	..	1	15	..	..	..	..	..	43	101
1 and under 5	5	..	4	..	..	..	6	..	..	..	..	2	3	..	3	2	..	..	..	..	..	1	..	..	..	4	30
5 and under 15	1	5	..	1	..	1	..	..	..	..	1	1	1	..	..	1	..	..	..	..	..	3	..	2	..	3	20
15 and under 25	1	..	..	..	1	..	..	..	..	..	..	3	1	..	1	2	..	..	..	..	5	3	..	1	..	4	22
25 and under 65	..	..	..	..	3	7	3	..	2	2	3	50	3	40	12	11	..	1	1	..	43	5	1	26	1	35	249
65 and upwards.. ..	..	..	..	..	..	6	..	..	..	..	3	..	..	26	41	10	4	2	..	..	36	2	..	21	61	24	256
DEATHS IN OR BELONGING TO LOCALITIES AT ALL AGES.																											
North Division	..	..	1	..	1	7	3	..	..	..	4	9	4	25	16	11	2	1	..	2	23	1	1	16	21	39	187
South Division	10	5	6	1	3	7	11	5	2	2	3	47	13	41	58	15	2	2	2	13	61	13	..	34	41	74	471
TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT	..	..	..	..	..	..	..	..	..	..	..	..	..	2	5	..	1	..	..	..	7	..	..	3	4	7	29

DISTRICT MORTALITY.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.	Rate per 1,000 per annum.
Northern Division	70	42	30	45	187	9.9
Southern Division	153	100	93	125	471	13.5
TOTALS - -	223	142	123	170	658	12.2

INFANTILE MORTALITY.

There were 101 deaths registered of infants under one year of age, as against 1,027 births; the proportion which the deaths under 1 year of age bear to 1,000 births is, therefore, 98.3, as against 97.9 in the preceding year.

The deaths under 1 year of age form 15.4 per cent. of the total deaths of all ages, whereas those for the preceding year formed 17.0 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
1906 .	108	130	133
1907 ..	97.9	115	118
1908 ..	98.3	113	121

TABLE A1.

METROPOLITAN BOROUGH OF STOKE NEWINGTON.—INFANTILE MORTALITY DURING THE YEAR 1908.
Deaths from stated Causes in Weeks and Months under One Year of Age.

		CAUSE OF DEATH.																			Totals
		Common Infectious Diseases.		Diarrhœal Diseases.		Wasting Diseases.					Tuberculous Diseases.		Meningitis (not Tuberculous).	Convulsions	Bronchitis (including Broncho-Pneumonia)	Laryngitis	Suffocation	Other causes	Measles	Venereal 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
Under 1 Week	..	..	..	..	..	..	10	..	..	..	4	..	1	..	5	..	..	1	..	..	21
1-2 Weeks	..	..	..	..	..	..	..	1	..	1	1	..	..	..	1	..	..	..	..	..	4
2-3 Weeks	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	1	..	..	..	..	3
3-4 Weeks	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Total under 1 Month	..	..	..	..	..	..	..	1	..	..	3	..	..	..	3	3	..	..	1	..	14
1-2 Months	..	..	..	..	2	..	1	..	..	..	3	..	..	..	3	1	..	1	1	..	10
2-3 Months	..	..	..	..	1	..	1	1	..	..	3	1	..	..	1	..	1	1	..	..	8
3-4 Months	..	..	..	1	..	..	..	..	..	..	1	..	2	1	2	2	1	..	..	..	7
4-5 Months	..	..	..	1	1	..	..	..	..	..	1	..	..	..	3	..	1	..	..	..	5
5-6 Months	..	..	2	..	..	..	..	..	..	..	2	..	1	..	..	..	..	..	..	..	2
6-7 Months	..	..	..	1	..	..	..	..	..	..	..	..	1	1	1	1	..	..	..	..	3
7-8 Months	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	4
8-9 Months	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	1	6
9-10 Months	..	..	..	1	..	1	..	..	..	..	..	2	..	1	..	1	..	1	1	1	5
10-11 Months	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	6
11-12 Months	..	..	..	1	..	..	..	..	..	..	..	1	1	1	..	4	..	..	..	..	7
Total Deaths under 1 Year	..	3	5	5	1	15	2	..	1	16	3	6	5	10	17	..	4	4	3	1	101

DEATHS UNDER ONE YEAR OF AGE IN THE DIFFERENT
WARDS OF THE BOROUGH DURING THE YEARS
1903, 1904, 1905, 1906, 1907 and 1908.

Name of Ward.	1903.	1904.	1905.	1906.	1907.	1908.
Lordship Ward ..	4	6	9	8	1	6
Clissold Ward ..	7	8	12	6	11	4
Church Ward ..	30	24	24	18	23	19
Manor Ward ..	10	9	8	3	8	3
South Hornsey Ward..	65	66	66	56	36	47
Palatine Ward ..	20	21	14	23	23	22
Totals ..	136	134	133	117	102	101

A comparison of the causes of infantile mortality in 1908 with those of the preceding year shows an increase during last year in the deaths from diarrhoeal and lung diseases, convulsions, and accidental suffocation in bed, and a decrease in those from wasting diseases and whooping cough.

While the Rate of Infantile Mortality is a low one among the Metropolitan Boroughs, it is a rate which can be considerably reduced by suitable methods. About one-third of the total deaths among infants occurred in the first month of life, and high authorities are of opinion that quite three-fourths of the infants born in the country are healthy at the time of birth. That so many succumb during the first year of life must be attributed to lack of breast-feeding, the lack of a sufficiently pure milk supply in cases where artificial feeding has to be resorted to, bad air and insufficient warmth, cleanliness and sleep; other contributory factors are embraced in the housing conditions, conditions of work and the personal qualities of the parents. It is now universally recognised that if the high rate of infantile mortality is to be materially reduced many of the

mothers of the community must be instructed and helped in the hygienic management both of their children and of their surroundings during the first 12 months of the infant's life; and this can only be properly secured by the appointment of efficient women workers. In the preface to my last Annual Report, I stated that "in Stoke Newington five ladies gave their services voluntarily to the Borough; and, under my direction, and with the capable assistance of Miss Gardner, they have visited and advised many mothers who stood in need of their assistance. Valuable as these services have proved there is an urgent need in the Borough for the appointment of one of those paid female officials who are now doing such good work under most of the other Sanitary Authorities of the Metropolis, the Notification of Births Act, 1907, has increased the urgency of this provision."

The zeal and goodwill of voluntary health visitors does not suffice in view of the fact that their services are of necessity brief and irregular. Moreover, in Stoke Newington, the good work which they have hitherto performed has been confined to certain localities only. It was mainly owing to the circumstance that the sphere of this useful work was so much limited that I reported to the Public Health Committee advocating the appointment of a female sanitary inspector. The first female sanitary inspector in London was appointed by the Vestry of Kensington in 1895, and the result proved so satisfactory that other appointments soon followed. Now there are in London 40 such officials, and at the end of 1908 there were only four Boroughs (including Stoke Newington) without their services. A female sanitary inspector has to go through the same training as a male inspector and obtain the same qualifying certificates; she undertakes much of the work of a male inspector and ranks in every respect as an official sanitary inspector. The special work she is called upon to perform often embraces:—The inspection of workshops where women are employed; the inspection of the homes of the numerous outworkers in connection with factories and workshops; inspection of the registered houses let in lodgings;

the inspection of poor class property; and the undertaking of occasional enquiries and advice in cases of infectious disease. Such an officer appointed in Stoke Newington would be required to devote a part of her time to work arising out of the Notification of Births Act, which was adopted by the Council during the year 1908, and to measures having for their object the reduction of the infant mortality in the Borough. For instance she would be required to note conditions of ignorant feeding or the non-supply of sufficient and nourishing food and to take judicious steps to correct those evils; to give advice on the right feeding of infants, to warn against premature weaning, to inculcate in particular the importance of breast-feeding until the teeth appear, and the avoidance, above all, of foul feeding-bottles; to note any insanitary or foul conditions in any of the homes visited where infants have recently been born and to report such matters to the Medical Officer of Health; and lastly to assist the Medical Officer of Health in promoting and co-ordinating the work of the Voluntary Lady Health Workers (who now number seven) in the Borough.

The Council at their Meeting on the 19th January, 1909, adopted the recommendation of the Public Health Committee for the appointment of a female sanitary inspector, and there can be no doubt whatever that a wise and valuable provision has been thereby made in the interests of the health of the Borough.

The rate of Infantile Mortality for the Borough is about the same as that for the preceding year; and it must be regarded as a fairly satisfactory figure. As I have often pointed out, it is a mortality figure which closely reflects both the social status of the community and the personal qualities of the parents. With better knowledge of the infant's needs, and in some cases a greater parental concern for its care, the figure is capable of considerable reduction. It is due to the recognition of these facts that the services of women workers has now become so largely requisitioned by Sanitary Authorities for the purpose of reducing this largely preventable mortality.

The adoption of the Notification of Births Act by the Borough Council has very much improved our means of dealing with this mortality. It is a beneficent public health provision which, while increasing our opportunities, has added to our responsibilities; and where this is fully realised there can be no doubt as to value of the results that will accrue to the more necessitous mothers of the community.

Dr. J. R. Kaye, Medical Officer to the West Riding of Yorkshire County Council, has well said that the influences which are responsible for an increasing number of the children who are born but to die are also responsible for a greatly diminished number of the desirable type; the same influences are increasing the proportion of children who arrive unfitted for life's struggle, with the result that the problem of reducing our infant mortality is being rendered more and more difficult.

The Education Code now definitely "recognises" cookery and housewifery; I should like to see these, along with infant care and feeding, constituted *compulsory* practical training courses; for no girl's education is complete without a fair knowledge of these subjects—indeed, a system of education which does not take them into account badly misses its true aim of teaching us how to live happy and useful lives. What an enormous gain it would be, from every social standpoint, if a good housewife trained in these respects were at the head of every home of our country. It has been truly said that in England we have an abundance of good and cheap food, but owing mainly to ignorance it is used wastefully.

The Royal Commission on Physical Deterioration strongly urged the desirability of making cookery, hygiene and domestic economy, compulsory so far as the older girls are concerned, and suggested that this should be done by the omission of certain subjects from the curriculum, and the concentrating of the attention upon domestic subjects for at least a year or 18 months before leaving school.

THE LADY PUBLIC HEALTH WORKERS.

With the kind permission of the Rector a Public Meeting was held in the Assembly Rooms, Defoe Road, in April, with the object of adding to the diminished number of the Voluntary Public Health Workers, and as the result seven ladies volunteered their services, each lady undertaking to carry out the scheme for the reduction of infantile mortality in respect of the selected cases referred to her. Most of the ladies volunteered to take the greater part or the whole of two streets.

There were enquiries and visits made during the year relating to 181 separate births. Slightly over 70 per cent. of these infants were being breast-fed. Many of the mothers were found to be in great need of advice, and the advice given was generally welcomed and appreciated. The Borough of Stoke Newington stands under a great obligation to these voluntary health workers. The following are the conditions which it has hitherto been found possible to impose upon the voluntary workers:

Each Public Health Worker is expected to devote two half-days a week to the work.

The Medical Officer of Health is at the service of any Public Health Worker for any further advice or instruction she may desire. He is to be seen at the Town Hall from half-past 10 to half-past 12; and his room at the Town Hall is, during the afternoon, at the convenience of any Public Health Worker who may wish to use it for writing purposes.

The Public Health Workers are asked to meet on the first Monday of each month at the Town Hall at 4 p.m. in order that reports may be considered, and any matters affecting the work may be discussed.

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. (Wherever it is practicable, breast feeding will be strongly advised.) 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 preventible; 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 cleaning 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 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.

During the year the number of visits paid by these voluntary workers, in respect of births, infant deaths, and sufferers from consumption, amounted to over 400.

Senile Mortality.—Of the 658 deaths 236 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, 35.9 per cent.

There were 171 deaths of persons over 70 years of age, and 62 of persons over 80, 7 of whom reached 90 years of age—the oldest being 94.

The actual number of deaths certified as due to old age amounted to 62, or 9·4 per cent. of the total deaths. This is a remarkably high proportion, which indicates that there is a relatively large number of old persons in the Borough, and that the conditions, atmospheric and otherwise, which obtained during last year were somewhat unfavourable.

SENILE MORTALITY DURING 1908.

65 to 70	70 to 80	80 to 90	90 and over.	Total.
65	109	55	7	236

The respective ages of those over 90 were 92, 92, 91, 94, 92, 90, 91.

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 considerable decrease in the deaths from Whooping Cough, Diphtheria and Premature Birth, and an increase in the deaths from Measles, Diarrhoea, Phthisis, Respiratory Diseases, Heart Diseases and Old Age.

It will be noted (Table A2) 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 Phthisis, Diseases of the Respiratory System, Infectious Diseases generally, Accidents and Premature Birth. The mortality from Influenza, on the other hand, was disproportionately high in the Northern Division.

TABLE A2.

Showing the Distribution of the Deaths in the Northern and Southern Divisions of the Borough during each of the quarters of the year 1908.

DISEASES.	NORTH.					SOUTH				
	Quarters.				TOTAL.	Quarters.				TOTAL.
	1	2	3	4		1	2	3	4	
Measles	..	..	..	..	..	3	4	3	..	10
Scarlet Fever	..	..	..	..	..	..	..	1	4	5
Whooping-cough	..	..	..	1	1	2	3	..	1	6
Diphtheria and Membranous Croup	..	..	..	..	..	..	1	..	..	1
Enteric Fever	..	..	..	1	1	..	..	..	3	3
Epidemic Influenza	5	1	..	1	7	5	2	..	..	7
Diarrhoea	1	..	1	1	3	3	1	3	4	11
Enteritis	..	..	..	..	..	1	1	1	2	5
Puerperal Fever	..	..	..	..	..	1	..	1	..	2
Erysipelas	..	..	..	..	..	1	..	..	1	2
Other Septic Diseases ..	3	..	..	1	4	..	..	..	3	3
Phthisis	4	2	1	2	9	17	9	9	12	47
Other Tubercular Diseases ..	2	1	..	1	4	2	3	3	5	13
Cancer	4	4	5	12	25	14	9	10	8	41
Bronchitis	9	2	2	3	16	30	11	10	7	58
Pneumonia	2	4	2	3	11	6	5	1	3	15
Other Respiratory Diseases ..	1	..	1	..	2	..	1	..	1	2
Alcoholism and Cirrhosis ..	1	..	..	..	1	..	..	..	2	2
Venereal Diseases	..	..	..	..	..	..	2	..	..	2
Diseases of the Nervous System	5	4	2	5	16	8	6	10	10	34
Premature Birth	..	2	..	..	2	4	1	5	3	13
Heart Disease	6	6	6	5	23	18	12	12	19	61
Accidents	..	1	..	..	1	6	3	1	3	13
Suicides	..	..	..	1	1	..	..	..	..	..
Old Age	8	7	3	3	21	12	12	10	7	41
All other Causes	19	8	7	5	39	20	14	13	27	74
TOTALS	70	42	30	45	187	153	100	93	125	471

DEATHS IN PUBLIC INSTITUTIONS WITHIN THE BOROUGH, 1908.

St. Anne's House, Manor Road.	Northumberland House, Green Lanes.	Invalid Asylum, 187, High Street.	Nursing Home, 8, Alexandra Road.	Nursing Home, 21, Stamford Hill.	Total.
22	8	2	1	4	37

I.	II.	III.
Institutions within the District receiving sick and infirm persons from outside the District.	Institutions outside the District receiving sick and infirm persons from the District.	Other Institutions, the deaths in which have been distributed among the two divisions of the District.
St. Anne's House, Manor Road. Northumberland House, Green Lanes. Invalid Asylum, 187, High Street. Nursing Home, 8, Alexandra Road. Nursing Home, 21, Stamford Hill.	London Hospital. Invalid Home, Highbury. Hackney Infirmary. Holborn Infirmary. Islington Infirmary. Mildmay Cottage Hospital. University College Hospital. German Hospital. Children's Hospital, Great Ormond Street. Great Northern Hospital. North Eastern Hospital for Children. St. Bartholomew's Hospital Metropolitan Hospital. Royal Free Hospital. Guy's Hospital. Brompton Hospital. St. Luke's House. Tottenham Hospital. Infants' Hospital (Vincent Square).	N.E. Fever Hospital. Claybury Asylum. Horton Asylum. Dartford Heath Asylum. Bethnal House Asylum. Darenth Asylum. Long Grove Asylum. Peckham House Asylum. Tooting Bec Asylum. Cane Hill Asylum.

There is no Union Workhouse within the District.

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 A3 the deaths from each of the Zymotic Diseases (including Erysipelas, Puerperal Fever and Influenza) are given.

The Zymotic Death-rate for the Borough was 0.86 per 1,000 per annum, as against 1.03 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
1906	1.09	1.94	1.73
1907	1.03	1.42	1.26
1908	0.86	1.35	1.29

By comparison with the preceding year there were fewer deaths from Scarlet Fever, Diphtheria, and Whooping Cough, but a somewhat greater number from Measles, Enteric Fever, and Diarrhœal Diseases. The greater summer heat was indirectly responsible for the increase in the Diarrhœal group of diseases.

TABLE A3.

Deaths from Zymotic Diseases (including Influenza) in the
Year, 1908.

	Scarlet Fever.	Diphtheria.	Small Pox.	Enteric Fever.	Puerperal Fever.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Influenza.	Erysipelas.	TOTAL.
First Quarter	..	..	..	..	1	3	2	4	10	1	21
Second „	..	1	..	..	..	4	3	1	3	..	12
Third „	1	..	..	..	1	3	..	4	..	..	9
Fourth „	1	..	..	4	..	..	1	5	1	1	13
	2	1	..	4	2	10	6	14	14	2	55
1907.....	7	6	..	3	1	7	19	3	11	1	58

Early in March a case of death from Anthrax occurred in the Borough. It is very seldom indeed that this disease is met with in this country except in persons who are engaged in certain factories where horse-hair, wool and hides, etc., are handled, and yet the sufferer in this case was a domestic servant who had been employed during the past 7 years in a house in the Borough of Stoke Newington. The infection of this disease may be introduced along with the flesh of cattle suffering from the disease at the time of slaughter. It is conceivable also that it may have been inhaled in the form of dust and subsequently swallowed with the saliva. Although every possible cause was investigated no light was forthcoming as to the causation of the disease; blankets, wool-work, dead animals and domestic pets,

brushes, boots, leather, food, etc., were all carefully considered without any clue being obtained. The patient was admitted to St. Bartholomew's Hospital on the morning of the 8th March; she became unconscious about midday and died the same evening. Post-mortem, pure cultures of the germ of Anthrax were obtained from the blood of the spleen and examination showed infection of the brain and spinal cord, with lesions in the stomach and a small inflammatory patch, which may have been the site of primary infection, was discovered on the back of the tongue. The skin of the body was everywhere quite unbroken. The origin of the infection therefore remains a mystery; but precautions as to disinfection, etc., were carefully carried out in the infected dwelling, and although at the time it contained many occupants, no further case has since occurred.

TABLE A4.

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 1908.

CITIES AND BOROUGHES.	Estimated Population in the middle of 1907.	Annual Rate per 1,000 Living.				Deaths of Children under one year of age to 1,000 Births.
		Births.	Deaths.	Principal Infectious Diseases.	Notifiable Diseases Attack-rate.	
LONDON	4,795,757	25.4	13.8	1.35	7.4	113
<i>West Districts.</i>						
Paddington	150,923	20.5	12.4	0.87	6.4	111
Kensington	182,752	18.1	12.9	0.92	4.7	126
Hammersmith	124,012	24.6	14.0	1.09	5.6	124
Fulham	171,562	26.4	12.4	1.59	6.8	118
Chelsea	75,049	19.3	14.5	1.18	5.1	114
City of Westminster ..	170,545	15.4	12.6	0.58	5.5	111
<i>North Districts.</i>						
St. Marylebone	126,867	32.3	14.2	0.85	5.4	64
Hampstead	92,654	14.4	8.5	0.40	4.3	72
St. Pancras	237,075	23.0	14.7	1.06	6.2	115
Islington	349,091	23.8	13.2	1.01	6.5	106
Stoke Newington	54,015	19.1	12.2	0.82	5.5	98.3
Hackney	235,253	24.2	13.2	1.52	8.3	111
<i>Central Districts.</i>						
Holborn	54,446	27.9	16.4	1.07	5.7	80
Finsbury	96,007	36.6	18.6	2.09	7.5	113
City of London	19,252	14.6	17.7	0.40	5.1	95
<i>East Districts.</i>						
Shoreditch	115,227	30.9	17.4	2.09	9.0	144
Bethnal Green	131,066	31.7	17.1	2.48	12.2	136
Stepney	310,706	32.9	16.4	2.53	11.3	127
Poplar	171,516	30.7	15.9	2.26	10.7	126
<i>South Districts.</i>						
Southwark	210,442	28.2	16.3	1.76	6.3	136
Bermondsey	127,910	32.1	18.8	2.30	8.7	146
Lambeth	321,344	27.3	13.3	1.18	6.5	93
Battersea	183,873	24.1	12.2	1.19	9.2	110
Wandsworth	289,506	24.9	11.6	0.93	7.3	98
Camberwell	280,022	23.7	12.7	1.06	6.1	106
Deptford	117,539	25.7	13.8	1.32	9.5	125
Greenwich	109,110	23.6	12.6	1.25	7.2	119
Lewisham	156,627	22.8	11.0	1.25	7.7	87
Woolwich	131,346	23.9	11.4	0.92	8.1	94

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
1906	53,045	20·4	108·0	11·5	1·09	5·0
1907	53,395	19·5	97·9	11·2	1·03	7·5
1908	53,747	19·1	98·3	12·2	0·86	5·5

THE MORTUARY.

During the year 40 bodies were deposited in the Public Mortuary; 21 of these were females and 19 were males. Post-mortem examinations were performed upon 18 of these cases, and inquests were held upon 30.

INQUESTS.

The following inquests upon deaths of parishioners were held during the year 1908 :—

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.
Pneumonia	..	2	..	..	2
Heart Disease	4	3	4	2	13
Cerebral Apoplexy	2	1	2	3	8
Convulsions	1	1	..	..	2
Premature Birth and Inanition	1	..	..	2	3
Epilepsy	..	..	..	1	1
Influenza	1	..	..	..	1
Pulmonary Tuberculosis	1	..	2	..	3
Cancer.. .. .	..	..	1	..	1
Anthrax	1	..	..	..	1
Mania	..	1	..	..	1
Old Age	..	1	..	2	3
Accidents (Suffocation in Bed)	2	..	1	1	4
„ (Fall)	1	1	..	..	2
„ (Fracture of Neck)	..	..	..	1	1
„ (Burns)	1	1	..	..	2
„ (Wound of Foot)	1	..	..	..	1
„ (Blood Poisoning)	1	..	..	..	1
„ (Choked while eating)	1	..	..	..	1
„ (Fractured Ribs)	1	..	..	..	1
„ (Run over)	1	..	..	..	1
„ (Fractured Skull)	..	2	..	1	3
„ (Bleeding on Brain)	..	..	..	1	1
„ (Wound of Forearm)	..	..	..	1	1
„ (Erysipelas from Wound)	..	..	..	1	1
Suicide (Hanging)	..	..	..	1	1
	20	13	10	17	60

INFECTIOUS DISEASES AND THE MEASURES TAKEN TO PREVENT THEIR SPREAD.

It will be seen from Table B that 312 *Notification Certificates of Infectious Illness* were received from medical practitioners, as against 436 during the preceding year. These figures include notifications received from the voluntary notification of Consumption, and they represent a very considerable reduction in the prevalence of communicable disease, as compared with the figures for 1907.

TABLE B.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1908.

CASES NOTIFIED IN WHOLE DISTRICT.					Small Pox.	Cholera.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Relapsing Fever.	Continued Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Chicken Pox.	Phthisis (Voluntary).	TOTALS.
At all Ages	..	..	..	..	..	..	60	..	24	195	..	10	..	..	4	2	..	17	312
Under 1	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	4
1 to 5	..	..	..	..	..	..	21	..	..	36	..	1	..	..	..	..	..	..	58
5 to 15	..	..	..	..	..	..	28	..	..	128	..	..	..	..	..	..	..	1	157
15 to 25	..	..	..	..	..	..	6	..	1	18	..	4	..	..	..	..	..	1	30
25 to 65	..	..	..	..	..	..	4	..	20	11	..	5	..	..	4	..	..	15	59
65 and upwards	..	..	..	..	..	..	1	..	3	..	..	..	..	..	..	..	..	..	4
TOTAL CASES NOTIFIED IN EACH LOCALITY.																			
Northern Division	..	..	..	..	..	..	16	..	3	67	..	3	..	..	..	..	..	2	91
Southern Division	..	..	..	..	..	..	44	..	21	128	..	7	..	..	4	2	..	15	221
NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.																			
Northern Division	..	..	..	..	..	..	11	..	1	50	..	3	..	..	..	..	..	..	65
Southern Division	..	..	..	..	..	..	34	..	3	117	..	7	..	..	2	2	..	2	167

These 312 cases represent infection in 262 different houses. In every instance the disinfection was performed by the Sanitary Authority. A visit was paid to every house, and it was ascertained that cases of infectious illness occurred in 19 houses where there were "grave" sanitary defects, and in 40 where the sanitary defects were "slight."

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

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

Table 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 1908.

The Infectious Sickness Rate of the Borough, excluding the notifications from Consumption, was 5.5 to each 1,000 of the population, as against 7.5 for the preceding year. The rate in the Northern Division was 4.8 while that in the Southern Division was 6.3.

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
1906	5.0	7.5
1907	7.5	8.6
1908	5.5	7.4

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	—	—
1906	..	..	.	—	—	137	1	45	4	—	—
1907	..	..	..	—	—	238	7	109	6	—	—
1908	..	..	..	—	—	195	5	60	1	—	—

				Erysipelas.		Puerperal Fever.		Enteric Fever.		Membranous Croup.		Cerebro-Spinal Fever.	
				Cases.	Deaths.	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	—	—	—	—
1906	..	48	3	1	1	10	—	1	—	—	—	—	—
1907	..	29	1	2	1	14	3	5	—	1	1	—	—
1908	..	24	2	4	2	10	4	—	—	2	—	—	—

TABLE B2.

Cases of Infectious Diseases notified during each month of the year 1908.

			Small-pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Enteric Fever.	Puerperal Fever.	Continued Fever.	Erysipelas.	Cerebro-Spinal Fever	Phthisis.	TOTALS.
January	..	..	..	9	11	..	1	1	..	4	1	2	29
February	..	..	..	19	6	..	..	2	..	2	..	3	32
March ..	..	..	..	31	7	..	1	..	..	..	..	1	40
April ..	..	..	..	13	3	..	..	..	..	2	..	1	19
May ..	..	..	..	5	7	..	..	..	..	2	..	1	15
June ..	..	..	..	20	5	..	1	..	..	2	..	..	28
July ..	..	..	..	10	3	..	..	..	..	2	1	2	18
August	..	..	..	4	3	..	..	..	..	3	..	..	10
September	..	..	..	13	4	..	1	1	..	1	..	2	22
October	..	..	..	19	4	..	3	..	..	..	..	1	27
November	..	..	..	32	3	..	3	..	..	3	..	4	45
December	..	..	..	20	4	..	..	..	..	3	..	..	27
TOTALS	..	..	..	195	60	..	10	4	..	24	2	17	312

The Infectious Sickness Rate for London generally was 7·4. Of the 29 Sanitary Areas situated within the Metropolis, the lowest rates were those of Hampstead (4·3), Kensington (4·7),

Chelsea and the City of London (5·1), and the highest rates were those of Bethnal Green (12·2), Stepney (11·3) and Poplar (10·7).

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

SCARLET FEVER.

The 195 cases of Scarlet Fever occurred in 161 houses, in 8 of which there were grave insanitary conditions; in 23 the insanitary conditions were slight, and in the remaining houses there was an absence of such conditions.

Year.	Death-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
1906	0·02	0·11	0·10
1907	0·13	0·14	0·09
1908	0·09	0·11	

School attendance was ascribed as the origin of the infection in 23 cases; and in three cases there were strong reasons for believing that the infection was communicated by a patient recently dismissed from a fever hospital. These "return cases" have received a great deal of consideration by the Metropolitan Asylums Board, and their origin, cause and possibilities of prevention, have been very thoroughly investigated. It appears that despite all precautions some three to four per cent. of Scarlet Fever convalescents upon their return home from hospital are capable of conveying infection to others. The infection was imported into the Borough in at least five instances.

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 has suffered in common with other parts of the Metropolis.

In at least 26 cases the infection appeared to be secondary to the infection in another member of the household and in several cases the infection was introduced into one home by visits from occupants of other infected homes.

It is a remarkable circumstance that of the 195 cases of Scarlet Fever notified within the Borough during the year, 167 were removed to Hospital. Having regard to the low fatality of Scarlet Fever (only 5 died out of 195 cases) and the enormous expense involved in the Hospital isolation of this disease, I have long held the view that the home isolation of the disease should be called for except in those cases where it is impossible without exposing others to risk, and where the Medical Officer of Health is satisfied that there are sufficient grounds to call for isolation at the public expense. Many of the cases notified in Stoke Newington each year could be perfectly well isolated and treated at home; and the money saved in this respect in the Metropolis could be far more profitably devoted to the provision of Institutions for advanced cases of Consumption and for Sanatoria.

ERYSIPELAS.

The 24 cases of this disease represent infection in 24 different premises. In 2 of these, insanitary conditions of a slight nature existed, and in one case the sanitary defects were grave. In 2 cases there was a previous local injury, and in 2 a history of previous attacks.

ENTERIC OR TYPHOID FEVER.

The 10 cases notified during the year all occurred in different houses. In three of these houses grave insanitary conditions existed, and in one slight insanitary conditions existed; while in the remaining six there were no insanitary conditions. Two 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 several 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.

The predisposing influence of drain gases was evidenced by one man who was affected at the time of carrying out some very offensive drainage work and shortly afterwards developed the disease, and the indirect infection through contaminated oysters appears on good grounds to have been responsible for the disease in another instance. In six cases either the original infection was responsible for the disease in a second individual in the same dwelling or the infection was secondary to the primary infection of the first sufferer in the same household.

Year.	Death-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
1906	0·00	0·05	0·09
1907	0·06	0·04	0·07
1908	0·08	0·05	

DIPHTHERIA.

The 60 cases of Diphtheria occurred in 58 houses, 22 of which were more or less insanitary. The sanitary defects were grave in 7 and slight in 15 other instances.

Year.	Death-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
1906	0·08	0·14	0·17
1907	0·11	0·16	0·16
1903	0·02	0·15	

School attendance is either alleged by the parents or surmised by myself, on good grounds, to be the cause of at least 13 attacks during the year.

One case of infection was imported into the Borough, and at least 10 appear to have caught the infection from previous cases in the same household. In 7 cases it was very clear that a preceding tonsillitis predisposed to an attack of Diphtheria. In 11 cases there was a history of previous throat trouble, frequently recurring.

Circumstances pointed to one child having been infected by another child who had been very recently discharged from hospital.

Many applications have been made at the office for tubes of antitoxin, 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 or impossible, and bacteriology alone can solve the diffi-

culty 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 during 1908, together with the results of the **examinations performed at the Lister Institute of Preventive Medicine, London :—**

Disease.	Results.		Total.
	Positive.	Negative.	
Phthisis	16	38	54
Diphtheria	49	60	109
Enteric	4	..	4
Total	69	98	167

In this disease school children are capable of carrying the germ upon their throats, although they are not suffering from the disease. Such children are known as "carrier" cases; and it is certain that the infection may be dislodged from their throats in speaking or singing, and susceptible children may take in the infection and suffer from the disease. During the year I have had several children notified to me who were acting as "carriers," but who showed no clinical symptoms whatever of the disease. In my opinion, such children cannot fairly be described as "suffering" from the disease; and such notifications, while not in any way affecting the death-rate from the disease, must destroy in a measure the value and significance of infectious-sickness rates. Yet there are good reasons why such children should be notified, for they are potentially infectious, and the effect of notification under the Act enables the Sanitary Authority

to demand precautions which, if no penalty were enforceable against neglect, would certainly not be carried out with reference to children who are in normal health.

MEASLES AND WHOOPING COUGH.

MEASLES.

Year.	Death-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
1905 ...	0·21	0·37	0·32
1906 ...	0·19	0·40	0·27
1907 ...	0·13	0·38	0·36
1908 ...	0·19	0·32	

WHOOPING COUGH.

Year.	Death-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
1906	0·32	0·26	0·23
1907	0·36	0·37	0·29
1908	0·13	0·20	

ZYMOTIC DIARRHŒA.

Year.	Death-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
1906	0·50	0·95	0·87
1907	0·24	0·32	0·30
1908	0·35	0·54	1·34

There are few items of urban mortality that have received more study and attention from sanitary experts than the annual recurrence of Infantile Summer Diarrhœa, and yet the measure of success which has attended our efforts to control and abate this disease has been small; a hot summer period still being responsible for a large amount of mortality. During the past year the disease was far more prevalent during the month of August than it was during the same period in the preceding year. This circumstance is difficult to explain seeing that the considerable increase in the mortality of the disease during August was not coincident with any increase in mean temperature and very little indeed of rainfall, in comparison with the month of July, when the mortality was low. Compared with other years the mean temperature of August was distinctly below the average and the rainfall somewhat exceeded the average.

PUERPERAL FEVER.

Under Puerperal Fever are included the deaths from Pyæmia and Septicæmia occurring in the lying-in women. The origin of each of the 4 cases was very obscure, and it was quite impossible to suggest the source of infection when I personally investigated them.

PHTHISIS (CONSUMPTION),

The 17 cases voluntarily notified during 1908 occurred in 15 different homes.

Year.	Death-Rate for Stoke Newington.	Rate for London generally.
1901	1.30	1.58
1902	1.24	1.62
1903	1.30	1.50
1904	1.70	1.63
1905	1.31	1.46
1906	0.90	1.44
1907	0.88	1.14
1908	1.04	

It will be seen that the results of the Voluntary Notification of Consumption during the past year have been no more satisfactory than those recorded in previous years. I have no doubt that compulsory notification is essential to success in the administrative control of Phthisis—the disease which is the cause of more suffering and death than the whole of those other diseases the notification of which is compulsory.

In my Report for the year 1907 the following paragraph appears:—“In connection with the compulsory notification of Consumption, a very good compromise between those who oppose it and those who favour it has been suggested, namely, that such notification should be compulsory at first only with regard to cases coming under the Poor Law Medical Officers or attending Public Institutions. In this way we should learn the number and distribution of those cases of Consumption which were most dangerous to the community, and thus extend the application of the necessary precautionary measures.”

This provision has now been made by the Public Health (Tuberculosis) Regulation of 1908, which was issued by the Local Government Board towards the end of the year and came into operation on January 1st of this year.

By these Regulations it is required that any person who is diagnosed as suffering from pulmonary tuberculosis and who is now in receipt of, or compelled for various reasons to seek, any form of Poor-law medical relief has to be notified to the medical officer of health of the district. Nothing in the regulations authorises the medical officer of health, directly or indirectly, to put in force with respect to any poor person in relation to whom a notification has been received, any enactment which renders the poor person, or a person in charge of the poor person, liable to a penalty or subjects him “to any restriction, prohibition, or disability affecting himself or his employment, occupation, means of livelihood, or residence on the ground of his suffering from pulmonary tuberculosis.” Another

section of the article which contains this provision confers upon a local authority (subject, of course, to the foregoing proviso) power to take all such measures or to do all such things as are authorised in any case of infectious disease, by any enactment relating to the public health, having reference to the destruction and disinfection of infected articles or the cleansing or disinfecting of premises. Certain other powers, as affording assistance to persons suffering from this disease, are also conferred.

Tuberculosis is the Communicable Disease regarding which the lines of prevention are most clearly defined, and it is at the same time the disease a cure of which is most difficult. There is an accumulating body of evidence which points to the conclusion, even if it does not justify it, that a considerable proportion of the Consumption in our midst is primarily of intestinal origin, and the Royal Commission has reported that "a very considerable amount of disease and loss of life, especially amongst the young, must be attributed to the consumption of cows' milk containing tubercle bacilli." Having regard to these facts and the circumstance that some 10 per cent. of the random samples of milk hitherto examined in this country contained the germ of the disease, the claims in the interest of the Public Health for an adequate inspection of milch cows cannot long be ignored.

The London County Council, under Part IV. of its General Powers Act of 1907, recently examined 92 samples of milk and found 22 or 23.9 per cent. to be tuberculous, and on visiting 20 of the farms from which the samples were taken 10 cows were found to be tuberculous. Subsequently out of 285 samples examined only 22 (or 7.7 per cent.) were found to be tuberculous. The London County Council is doing an excellent work, under its General Powers Act 1907, by dealing with the milk question in relation to Tuberculosis.

In connection with the Voluntary Notification of Consumption the Hospital for Consumption and Diseases of the Chest, Brompton, agreed during the year to send copies of Certificates of Notification, relating to patients whose consent is obtained for such certification, to the Medical Officer of Health of the London County Council; and the name and address of any such patient previously residing in Stoke Newington will be forwarded to me. This arrangement will enable a few further homes to receive the necessary disinfection.

During the year I have redrafted the Handbill of Precautions against Consumption. I have appended this handbill to the present Report.

The following letter from Dr. I. B. Muirhead, which I am permitted to reproduce, draws attention to circumstances which have frequently come before my notice, and it serves to indicate some respects in which our present means of prevention of the spread of Consumption leave much to be desired:—

July 25th, 1908.

“The whole case seems to me to illustrate the need of further public control of Phthisis in so vivid a way that I make no apology for sending you a note as to its later history and results. I think I mentioned as one of the reasons for interference that Mrs.—— who was attending her husband, seemed to me to be in danger of catching the complaint, though she was assured by specialists that she was free from it. Mr.—— died on March 7th, and I saw little of his wife until June 25th when she sent for me, and I have since that date seen and examined her chest once or twice. Whatever doubt there was as to her illness in its earlier stages is now, as far as I am concerned, entirely removed. She has dullness at right apex, moist râles, sweatings, emaciation, typical expectoration, hectic appearance and temperatures—all the signs of rapidly advancing Tuberculosis of the Lungs.”

“So far as my own experience goes the case is somewhat unique and perhaps you may think it worthy of record. I have repeatedly seen

Phthisis communicated from husband to wife and *vice-versa* ; but all my cases have hitherto been among the very poor where even elementary sanitation was impossible. In the . . . history both patients had lived throughout in large ventilated rooms, with the best of food, and careful attention to disinfection ; nor was there on either side, so far as I have been able to discover, any inherited predisposition to tubercular trouble."

"I could give many more particulars of both illnesses but I doubt whether they would add anything to the impressiveness of the main facts as proving the infectiousness of the disease and the difficulty of treating it and preventing its spread with the means at present available."

On February 9th, 1909, I received a further letter from Dr. Muirhead :—

"Mrs. ——— is now in the Tottenham Workhouse Infirmary. I could arrange nothing outside for her either in the way of medical attendance or nursing, and for some three months with little of either she was literally starved into the Union. Had the case been properly dealt with when suspicion of its nature was first aroused there can be no doubt at all that the result would have been very different."

Judging from the deaths from Consumption, which numbered 56, there must have been some 250 sufferers from the disease in the Borough during the year, and of those only 17 were notified under the voluntary system.

Of the cases voluntarily notified in Stoke Newington during the year, in 4 (or about 23·5 per cent.) there was no family history of the disease. In 6 (or about 35 per cent.) one of the parents was consumptive ; and in 2 cases, although parents and grandparents provided no history of infection, aunts or uncles had suffered. Brothers or sisters had suffered in 6 cases.

CEREBRO-SPINAL FEVER.

The two cases of this disease occurred in two different houses.

The two cases of Cerebro-spinal Meningitis were children of 8 and 9 months, respectively, and they both died in the North Eastern Hospital for Children, Hackney Road; one in the month of January and the other in the month of July, 1908. In one case the specific micro-organism was discovered, but in the other that was not the case. But in both instances it was impossible to suggest any cause for the origin of the disease, and a thorough enquiry appeared to entirely exclude the possibility of any infection from a preceding case.

THE DISINFECTING AND CLEANSING STATION.

During the year an important provision was made in the Borough whereby it is now possible to disinfect infected articles and cleanse verminous persons within a convenient part of the Borough. Hitherto we have had to avail ourselves of the Hackney Borough Installation, which is situated some two miles from us. It was not surprising, therefore, that verminous persons could not be induced to go to Hackney to be cleansed, and school children often lost, as a consequence, the advantages of education for several weeks.

During the year 1908, 65 Stoke Newington residents visited Hackney to be cleansed. There is no doubt, therefore, of the want of the provision in the Borough and that it is likely to meet the needs more successfully than the late arrangement is shown by the fact that already for the month of January, 1909, 15 persons have been cleansed at the new Stoke Newington station. The Disinfecting and Cleansing Station, which cost about £800, is very conveniently situated, having regard to the district from which the bulk of the work comes. The advantage of the provision from the standpoint of disinfection of infected articles mainly depends upon the large amount of time saved under the new provision as compared with the old. The saving of time in a most important matter in regard to this work. The poorer parishioners often require the bedding, which is removed in the morning, to be returned to them the same evening. This was often impossible to do, owing to the time involved in going to and

from the Hackney Station. It is believed, moreover, that there will be an actual money saving, both in respect of the disinfecting and cleansing which it is the duty of the Borough to provide. It is due to the Hackney Council and officials to here testify to the fact that the work undertaken on behalf of the Borough Council was always carried out in a most efficient and satisfactory manner, and that it was only for the reasons indicated above that it was judged desirable to provide our own installation.

The Shelter has been maintained during the year, but has only been used on two occasions. The Borough Council, however, is under a statutory obligation to maintain this provision, and in the event of an epidemic of certain diseases, it will prove a most useful means of checking the spread.

THE PUBLIC WATER SUPPLY.

During the year, Dr. Houston, the Director of water examinations, Metropolitan Water Board, has reported upon some valuable research work with reference to the Metropolitan Water Supply. He finds that the most recent tests for the germ of Enteric fever, applied to a considerable volume of raw river water at weekly intervals, during the period of 12 months, and involving the study of over 7,000 microbes, failed to reveal the presence of a single Typhoid germ. He points out, however, that it would be altogether presumptuous to infer from these observations that the Typhoid Bacillus is never present in the raw river waters, or to conclude that any relaxation in the processes in purifying the raw waters, by storage and filtration, is justifiable. He finds, moreover, that even when the Typhoid germs are planted in raw river water, over 99 per cent. generally disappear in one week, but, inasmuch as in the majority of the experiments a few of the germs survived for as long as from five to eight weeks, at least one or two months' storage would be necessary to secure complete safety. Dr. Houston proposes to continue these observations if possible under less artificial conditions than those which are necessarily involved by laboratory conditions.

Meteorological Observations taken during the Year 1908, 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 Temperature of Air.	Rainfall.	Relative Humidity. Saturation. 100.
			Highest	Lowest.	Mean.				
					Of all Highest	Of all Lowest.			
January	...	...	54	17	41.9	31.3	36.6	ins. 1.95	93
February	...	...	55	28	47.9	35.8	41.9	1.68	89
March	...	...	58	26	48.1	34.7	41.4	2.37	85
April	...	...	66	28	53.4	37.3	45.4	2.38	82
May	...	...	78	42	67.2	48.7	58.0	1.95	83
June	...	...	86	41	73.6	51.6	62.6	1.26	71
July	...	...	87	47	73.7	54.5	64.1	3.36	33
August	...	...	84	45	71.0	52.5	61.8	2.94	82
September	...	...	79	39	66.4	49.0	57.7	1.27	86
October	...	...	79	33	62.4	47.3	54.9	1.95	93
November	...	...	59	23	52.6	41.1	46.9	0.69	90
December	...	...	53	14	44.2	36.4	40.3	1.89	91

NOTES UPON SANITARY WORK PERFORMED DURING THE YEAR 1908.

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: 4,005 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; 894 Intimation Notices, followed in 22 cases by Statutory Notices, were complied with. Of this number, only 167 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 preventible sickness. In the case of 58 of the complaints received, no nuisance existed at the time of inspection.

It is found that in Stoke Newington whenever an intimation notice 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*, the *common lodging house* and the *registered houses let in lodgings*, situated in the borough were all duly inspected throughout the year.

FOOD INSPECTION.

There is a small amount of unwholesome food seized in Stoke Newington, including, of course, tinned articles; but the quantity is very small, even when regard is had to the size of the Borough. On the other hand, a not inconsiderable amount of unwholesome food has been surrendered for destruction during the year. It is to be hoped that in the near future all obviously unsound food will be thus surrendered,

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.

Hitherto it has not been possible to make such a frequent inspection of the Registered Houses Let in Lodgings as are called for in the health interests of those who occupy them. In my opinion, the Bye-laws dealing with Houses Let in Lodgings, if properly enforced, represent a most serviceable means of maintaining a decent standard of sanitation in homes which all too frequently depart widely from that standard; and with the appointment of the female sanitary inspector for the Borough, this item of work shall receive more attention in the future than it has been possible to bestow upon it in the past.

By the end of the year 1908, 138 premises were on the Register, and during the year most registered premises were duly inspected.

FACTORIES AND WORKSHOPS.

At the end of the year 1908 there were on the Register 265 factories, workshops and work-places.

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. 1	Number of		
	Inspections. 2	Written Notices. 3	Prosecutions. 4
Factories (including Factory Laundries) ..	32	..	..
Workshops (including Workshop Laundries) ..	258	71	1
Workplaces (Other than Outworkers' premises included in Part 3 of this Report).	9	..	..
Total	299	71	1

2.—DEFECTS FOUND.

Particulars. 1	Number of Defects.			Number of Prosecutions. 5
	Found. 2	Remedied. 3	Referred to H.M. Inspector. 4	
<i>Nuisances under the Public Health Acts:—</i>				
Want of Cleanliness	51	51	..	..
Want of Ventilation	..	..	..	..
Overcrowding	..	..	..	..
Want of drainage of floors	5	5	..	..
Other nuisances.. .. .	26	26	..	..
†Sanitary accommodation {	insufficient	1	1	..
	unsuitable or defective	28	28	..
	not separate for sexes	..	..	..
<i>Offences under the Factory and Workshop Act:—</i>				
Illegal occupation of underground bakehouse (s. 101)	..	..	..	..
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	..	..	..	..
Other offences	..	..	..	..
(Excluding offences relating to outwork which are included in Part 3 of this Report)				
Total	111	111	Nil	1

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

3.—HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.										Inspections of Outworkers' premises.	OUTWORK IN UNWHOLESOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.						Addresses of Outworkers.		Prosecutions.			Instances.	Notices served.	Prosecutions.	Instances.	Order made (S 110).	Prosecutions (Sections 109, 110).
	Twice in the year.			Once in the year.			Received from other Councils.	Forwarded to other Councils.	Failing to keep or permit inspection of Lists.	Failing to send lists.							
	Lists.†	Outworkers.†		Lists.	Outworkers.†												
		Con- tractors (3)	Work- men. (4)		Con- tractors (6)	Work- men. (7)											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Wearing Apparel—																	
(1) making, &c.	24		261	9		35	629	151			77				5		
(2) cleaning and washing																	
Lace, lace curtains and nets																	
Artificial Flowers																	
Nets, other than Wire Nets																	
Tents																	
Sacks																	
Furniture and Upholstery	2		8														
Fur pulling																	
Feather sorting																	
Umbrellas, &c.																	
Carding, &c., of Buttons, &c.																	
Paper Bags and Boxes																	
Basket making																	
Brush making																	
Racquet and Tennis Balls																	
Stuffed Toys																	
File making																	
Electro Plate																	
Cables and Chains... ..																	
Anchor and Grapnels																	
Cart Gear																	
Locks, Latches and Keys																	
Pea Picking... ..																	
TOTAL	26		269	9		35	629	151			77				5		

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year. (1)	Number (2.)
Bakehouses	27
Laundries	20
Restaurant Kitchens	25
Miscellaneous... ..	161
Total number of workshops on Register	233

5.—OTHER MATTERS.

Class. (1)	Number. (2)
Matters notified to H.M. Inspector of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133)...	—
Notified by H.M. Inspector	7
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)	
Reports (of action taken) sent to H.M. Inspector ...	—
Other	—
Underground Bakehouses (s. 101):—	
Certificates granted during the year	—
In use at the end of the year	19

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 was no case of overcrowding to be dealt with, but there were 51 instances in which it was necessary to require cleansing. There was one occasion to require an increase in the water-closet accommodation, and 28 in which the accommodation was unsuitable or defective. In seven cases the Abstract of the Factory Act was not affixed in the workrooms, and the Home Office was notified accordingly. There are altogether 629 domestic workrooms in the borough in which wearing material of various kinds are being dealt with.

During the year three cases of notifiable infectious disease occurred on premises in which there was a workshop, and on several occasions the out-workers in connection with certain factories and workshops had to be stopped from carrying on their work. A complete list of all out-workers has been kept in the office; the information has often been obtained on calling at the workshops, for some employers still fail to realise their duty to send in a list of out-workers twice a year, viz., in February and August, as the Act directs. Most of the premises occupied by outworkers were inspected during the year.

The kitchens of the restaurants and public dining-rooms in the Borough have been thoroughly inspected throughout the year, with satisfactory results.

HOUSING.

In spite of the many legal measures which have been designed to improve the housing of the masses, it must be admitted that there remains great scope for improvement, and that conditions still remain, all too prevalent, that cannot be regarded as satisfactory from a sanitary or moral standpoint. The problem of providing and maintaining healthy and decent homes for all members of the community is complicated by numerous social circumstances, not the least being the poverty and low ideals of many of its members. In this, as in so many other of the problems of public health, it must be left largely to the individual to find his own salvation, and to assist him to this end, our educational system must deal more with the actualities of life in the future than it has in the past. Without individual desire and initiative, legislation is, after all, but a poor weapon to oppose to the conditions which exist. Without this, Local Authorities may carry out improvement schemes which are robbed of much of their value from the circumstance that those in whose interests better homes are provided, cannot be prevailed upon to occupy them. It is not too much to say that the provision often made and maintained at great expense cannot well be justified, having regard to the fact

that the section of the community which it is in the public interest to house decently, have scarcely been affected by the provision. The high rentals demanded, and the supervision imposed, are often responsible for this. Excessively high rents are often due to the fact that the house is "farmed," and the evils of sub-letting do not begin and end here. The houses are sometimes let under no restrictive conditions, and our existing administrative machinery is insufficient to maintain a sufficient sanitary standard of occupancy. More especially is this apparent when an endeavour is made to deal with the evil effects—both sanitary and moral—of "over-crowding." The provision of the standard of cubic space accepted by Magistrates is inadequate to cope with the evils; and it is impossible to enforce it in all cases, because it is sometimes impossible to learn the actual truth from those whose object it is to conceal it. Apart from health considerations, it would be difficult to exaggerate the moral degradation involved in the overcrowded circumstances which we are often called upon to witness, and are powerless from these two circumstances combined, to remedy.

The Housing problem in and around London is a very complex one. During recent years, there has been some decentralisation of the population, and increased travelling facilities and the more general use of the bicycle have promoted this. As the results of this decentralisation, a large number of empty houses are to be seen in most parts of the Metropolitan area, but the reduction of the density of population per acre thereby involved is not accompanied by a reduction in the density per room, and overcrowding still continues. What is needed in the outskirts of the Metropolitan area is accommodation at 2s. per room per week. It is impossible to construct dwellings to be let at that rental; but it is worthy of consideration as to whether some of the older empty houses which are now to be obtained at a very low price could not be adapted structurally as tenement houses at 2s. per room. Meanwhile, it is clearly the duty of Public Health Authorities to wage war against insanitary dwellings, so as to make them no longer profitable for the

slum landlord. It is strange that, as recently as 20 years ago, the housing problem in London appeared to demand for its solution the provision of more houses, whereas to-day there is a superabundance of houses, and yet the problem remains as serious as ever.

The problem of promoting the physical and moral hygiene of the community does not grow easier day by day, with the increasing concentration of population in large urban communities, and all are agreed that there exists a sad need for the general raising of ideals among the people. It is upon school influences that we must mainly base our hopes and expectations of future improvement in this respect. A successful physical and moral training is, however, a difficult problem when the home circumstances, moral and material, are antagonistic; so in the meanwhile at least the administrative measures designed to secure wholesome homes and surroundings must be fully availed of. It is not, however, on these grounds alone that the State has done so much to promote School Hygiene. The fact has long been recognised that the fullest regard for the bodily health of the child is necessary to obtain the best mental reaction; and as School methods carefully designed to meet the physiological demands of a mentally and physically developing child determine educational efficiency, it is realised that school hygiene is necessary for the development of the best type of citizen—the best mentally, the best morally, and the best physically. Systematic courses of Instruction for Teachers have accordingly been arranged by many educational authorities, and the increasing efforts of the London County Council to meet this need in London during the past few years is a noteworthy sign of the times. Moreover, the recently issued Set of Regulations of the Board of Education in reference to school teachers introduces for the first time a compulsory hygiene course and a compulsory Examination in Hygiene for all students in Training Colleges who intend to be teachers in elementary schools. The Medical Inspection of School Children, which is now in operation throughout the country, may also claim both physical and educational merits. It aims at detecting and removing physical disabilities, which in no small measure deter-

mine the physical health and development, and it is an additional method of endeavouring to put the school child into the most suitable state for his training. Moreover, it is but the logical consequence of the State taking over the school education of the child from the civic standpoint that the State requires efficient citizens, and the child is not the property of the parent alone.

To whatever extent medical inspection may lead to the detection and alleviation of physical defects in school children, to a corresponding extent will children gain in general health and development, better results will be obtained from the teaching at school, the more healthy and physically fit child will be less a drag upon the resources of the family, and the State and posterity will benefit from a healthier stock.

Cleanliness is the great summation of hygienic law. Cleanly personal habits bring in their train cleanliness of surroundings. It is now recognised that the *habits* of the people, irrespective of their surroundings, markedly determine the rate of mortality, and that the promotion of the personal hygiene of the masses is one of the greatest objectives of preventive medicine.

How can we wonder at the poverty of educational result, and the miserable physique which is so evident in our poorest schools of to-day, when we know that children often come home from school to start industrial home-work to help keep a squalid home together, or to act as errand-boys, and return to school with bodies and brains starved of nourishment and rest. More recently the State has done much to protect its children from these ills, but I cannot believe that we have yet reached the limit of efforts to remedy this state of things.

PUBLIC HEALTH LEGISLATION IN 1908.

THE CHILDREN'S ACT, 1908.

Many of the provisions of this Act are designed either to promote the moral and physical health of children or to reduce infantile mortality. The Act comes into operation on April 1st,

1909. It consolidates and amends the Law relating to the Protection of Children and Young Persons, Reformatory and Industrial Schools, and Juvenile Offenders; and otherwise amends the Law with respect to children and young persons. *Part I.* deals with Infant Life Protection, and requires that anyone undertaking, for reward, the nursing and maintenance, for more than 48 hours, of one or more infants under the age of 7 years apart from their parents shall notify the local authority of the fact within 48 hours, and shall repeat the notification on change of residence; notification must also be given within 48 hours of the death of any such infant, and within 24 hours a notification must be sent to the Coroner. Such person must have no interest in any Life Assurance policy with reference to a child in their charge. Every local authority must prosecute enquiries to ascertain whether any persons liable to notification are residing in the district, and if so, shall provide infant protection visitors; local authorities may combine for the purpose of executing the above provisions of the Act, and they may exempt any particular premises from visitations; they may fix the number of infants which may be kept in an dwelling, and may obtain the removal of any infant from overcrowded, dangerous, or insanitary premises, or from the custody of any negligent, ignorant, drunken, immoral, or criminal individual. Offenders under this part of the Act are liable to six months' imprisonment or a fine, and the above provisions do not extend to any relative or legal guardian of an infant. The local authority in London is the County Council and elsewhere the Guardians of the Poor.

Part II. deals with the Prevention of Cruelty to Children and Young Persons. When the death of an infant under 3 years of age is caused by suffocation in a bed occupied by another person of over 16 years of age, and the other person at the time of going to bed was under the influence of drink, such other person is liable, on conviction of neglect, to imprisonment or fine. It is an offence to cause any child or young person to beg, or to fail to protect a child under seven years of age against the risks from burning in a room where there is an open fireplace grate; to allow children or

young persons to be in brothels; or to cause or favour the seduction or prostitution of a girl under the age of 16. Where there is an offence under this Act, a child or young person may be removed to a place of safety and taken out of the custody of a convicted person, and the parent or person liable to maintain the child may be made to contribute to the cost of maintenance.

Part III. deals with Juvenile Smoking, and imposes a penalty for selling cigarettes to children and young persons. A constable or park-keeper may seize cigarettes in the possession of children and young persons, and steps may be taken to prevent cigarettes being obtained from automatic machines, where any such machine is being extensively used by children or young persons.

Part IV. deals with Reformatory and Industrial Schools; the certification, inspection, and management of such schools; the children liable to be sent to them; the power to subsequently apprentice or dispose of such children; the expenses of the school; the establishment of day industrial schools, etc.

Part V. deals with Juvenile Offenders and requires, *inter alia*, that a child or young person shall be kept apart from adults during detention in a police station; certain restrictions are imposed as to the punishment of children and young persons, including the abolition of the death sentence; the provision of places of detention is also dealt with.

Part VI. contains miscellaneous and general clauses. A person giving intoxicating liquor to any child under 5, except in sickness; or a publican allowing a child to be in the bar of licensed premises, except during the hours of closing, render themselves liable to a fine.

A very important section (122) is the following:—A local education authority may direct their medical officer, or any person provided with, and, if required, exhibiting the authority in writing of their medical officer, to examine in any public elementary school,

provided or maintained by the authority, the person and clothing of any child attending the school, and if, on examination, the medical officer, or any such authorised person as aforesaid, is of opinion that the person or clothing of any such child is infected with vermin, or is in a foul or filthy condition, the local education authority may give notice in writing to the parent or guardian of, or other person liable to maintain the child, requiring him to cleanse properly the person and clothing of the child within twenty-four hours after the receipt of the notice.

(2) If the person to whom any such notice as aforesaid is given fails to comply therewith within such twenty-four hours, the medical officer, or some person provided with and, if required, exhibiting the authority in writing of the medical officer, may remove the child referred to in the notice from any such school, and may cause the person and clothing of the child to be properly cleansed in suitable premises and with suitable appliances, and may, if necessary for that purpose, without any warrant other than this section, convey to such premises, and there detain the child until the cleansing is effected.

(3) Where any sanitary authority within the district of a local education authority have provided, or are entitled to the use of, any premises or appliances for cleansing the person or clothing of persons invested with vermin, the sanitary authority shall, if so required by the local education authority, allow the local education authority to use such premises and appliances for the purpose of this section upon such payment (if any) as may be agreed upon between them, or, in default of agreement, settled by the Local Government Board.

(4) Where, after the person or clothing of a child has been cleansed by a local education authority under this section, the parent or guardian of, or other person liable to maintain, the child allows him to get into such a condition that it is again necessary to proceed under this section, the parent, guardian, or other person shall, on summary conviction, be liable to a fine not exceeding ten shillings.

(5) Where a local education authority give notice under this section to the parent or guardian of, or other person liable to maintain, a child, requiring him to cleanse the person and clothing of the child, the authority shall also furnish him with written instructions describing the manner in which the cleansing may best be effected.

(6) The examination and cleansing of girls under this section shall only be effected by a duly qualified medical practitioner, or by a woman duly authorised, as hereinbefore provided.

(7) For the purpose of this section, "medical officer" means any officer appointed for the purpose of section thirteen of the Education (Administrative Provisions) Act, 1907.

For the purposes of this Act, the expression "child" means a person under the age of 14 years, and "young person" one who is between 14 and 16 years of age.

The White Phosphorous Matches Prohibition Act, 1908.—By this useful piece of Public Health legislation, no person may use White Phosphorous in the manufacture of matches, nor sell, offer for sale, or import such matches.

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.

TABLE C.
ANALYSES PERFORMED UNDER THE SALE OF FOOD
AND DRUGS ACTS DURING THE YEAR 1908.

No.	Sample Analysed.	Opinion Formed.	Action Taken.
1	Milk	Genuine	Nil.
2	Milk	"	"
3	Milk	3½% of added water..	Vendor cautioned.
4	Milk	Genuine	Nil.
5	Butter .. .	"	"
6	Milk	"	"
7	Milk	"	"
8	Milk	"	"
9	Milk	"	"
10	Butter	"	"
11	Coffee	"	"
12	Coffee	"	"
13	Preserved Peas	"	"
14	Milk	"	"
15	Milk	8% of added water ..	Defendant fined £5 and 12s. 6d. costs.
16	Milk	Genuine	Nil.
17	Butter	"	"
18	Butter	"	"
19	Coffee	"	"
20	Gin	"	"
21	Gin	"	"
22	Scotch Whisky	"	"
23	Demerara Sugar	"	"
24	Liquorice Powder	"	"
25	Butter	"	"
26	Butter	Slight excess of water	Vendor cautioned.
27	Butter	Genuine	Nil.
28	Butter	"	"
29	Butter	"	"
30	Butter	"	"
31	Butter	"	"
32	Butter	"	"
33	Butter	"	"
34	Butter	"	"
35	Vinegar	"	"
36	Butter	"	"
37	Margarine ..	"	"
38	Margarine ..	"	"
39	Lime Juice ..	"	"
40	Malt Vinegar	"	"
41	Flour	"	"
42	Butter	"	"
43	Scotch Whisky	"	"
44	Scotch Whisky	"	"
45	Scotch Whisky	"	"

TABLE C.—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
46	Butter	Genuine	Nil.
47	Milk	"	"
48	Milk	"	"
49	Milk	"	"
50	Milk	"	"
51	Milk	"	"
52	Milk	"	"
53	Milk	"	"
54	Milk	"	"
55	Milk	"	"
56	Milk	"	"
57	Milk	"	"
58	Milk	"	"
59	Butter	"	"
60	Margarine	"	"
61	Butter	"	"
62	Lard	"	"
63	Cocoa	"	"
64	Mixed Sweets	"	"
*65	Milk	"	"
*66	Milk	2% added water	Vendor cautioned.
*67	Milk	Genuine	Nil.
*68	Milk	"	"
*69	Milk	"	"
*70	Milk	"	"
*71	Milk	"	"
*72	Milk	"	"
*73	Milk	"	"
*74	Milk	"	"
*75	Milk	"	"
*76	Milk	"	"
*77	Milk	"	"
*78	Milk	"	"
79	Milk	"	"
80	Milk	"	"
81	Milk	13% less than the legal limit for fat	Case dismissed on production of a Warranty.
82	Milk	2 $\frac{2}{3}$ % less than the legal limit for fat	Vendor cautioned.
83	Milk	Genuine	Nil.
84	Milk	"	"
85	Milk	"	"
86	Milk	"	"
87	Milk	"	"
88	Milk	Non-fat slightly below standard	Vendor cautioned.
89	Milk	Non-fat slightly below standard	Vendor cautioned.
90	Milk	Genuine	Nil.
91	Milk	"	"
92	Milk	"	"

* Sunday Samples.

TABLE C.—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
93	Milk	Genuine	Nil.
94	Milk	Non-fat slightly below standard	Vendor cautioned.
95	Milk	Genuine	Nil.
96	Milk	"	"
*97	Milk	"	"
*98	Milk	"	"
*99	Milk	"	"
*100	Milk	8% less than the legal limit for fat	Case dismissed, 3 guineas cost.
*101	Milk	Genuine	Nil.
102	Milk	"	"
103	Milk	"	"
104	Milk	"	"
105	Milk	"	"
106	Milk	"	"
107	Milk	"	"
108	Milk	"	"
109	Flour	"	"
110	Margarine	"	"
111	Butter	"	"
112	Coffee	"	"
113	Coffee	"	"
114	Butter	"	"
115	Whisky	"	"
116	Gin	"	"
117	Flour	"	"
118	Milk	"	"
119	Milk	16% of added water ..	Defendant fined £2 and 12s. 6d. costs.
120	Milk	Genuine	Nil.
121	Separated Milk	"	"
122	Milk	"	"
123	Milk	"	"
124	Butter	"	"
125	Butter	"	"
126	Scotch Whiskey	"	"
127	Olive Oil	"	"
128	Malt Vinegar	"	"
129	Coffee	"	"
130	Cheese	"	"
131	Milk	"	"
132	Milk	"	"
133	Milk	"	"
134	Milk	"	"
135	Milk	"	"
136	Milk	"	"
137	Flour	"	"
138	Mixed Sweets	"	"
139	Flour	"	"

* Sunday Samples.

TABLE C.—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
140	Castor Sugar ..	Genuine	Nil.
141	Seidlitz Powder ..	"	"
142	Gin	"	"
143	Whisky	"	"
144	Brandy	"	"
145	White Pepper ..	"	"
146	Butter	"	"
147	Coffee	"	"
148	Coffee	"	"
*149	Milk	"	"
*150	Milk	"	"
*151	Milk	"	"
*152	Milk	"	"
*153	Milk	"	"
*154	Milk	1% of added water ..	Vendor cautioned.
155	Milk	Genuine	Nil.
156	Milk	21.5% of added water	Defendant fined £1 and 12s. 6d. costs.

*Sunday Samples.

Table showing the results of Analysis of Samples taken under the Sale of Food and Drugs Acts, during the year 1907 in England and Wales:—

	Percentage Adulterated.	
	1907.	1906.
Milk	10·5	12·5
Butter.. .. .	6·6	7·4
Cheese.. .. .	0·7	1·4
Margarine	4·2	6·3
Lard	0·1	0·5
Bread	0·8	0·3
Flour	1·3	0·7
Tea	0·3	0·0
Coffee	5·0	4·9
Cocoa	5·0	7·6
Sugar	4·0	3·0
Mustard	4·1	4·1
Confectionery and Jam	3·1	5·7
Pepper	1·1	0·8
Wine	10·4	6·9
Beer	5·8	2·0
Spirits.. .. .	9·3	10·6
Drugs.. .. .	7·1	7·0
Other Articles	9·0	8·9
All Articles	8·1	9·3

12 of the samples were not satisfactory, and, therefore, the percentage of non-genuine samples amounted to about 8 per cent., a figure which is slightly above that of the preceding year, when it was 7 per cent. The figure for the whole country was 8.1 per cent. during the year 1907.

12.6 per cent. of the milk samples were unsatisfactory, as against 8.4 per cent. during the preceding year; but in some cases the deficiency below the legal limits was very slight. Nearly 29 per cent. of the samples of milk were taken on Sundays, and of these 12 per cent. were adulterated. The percentage of adulteration of milk for the whole country during 1907 was 10.5.

MILK ADULTERATION.

It will be noted that the percentage of adulterated samples of milk purchased in the Borough is a high one and compares unfavourably with that for the country as a whole. Indeed, if one takes the mean of the adulterated samples purchased in Stoke Newington during the past 10 years we shall still find the figure somewhat in excess of that for the country generally. This discreditable circumstance must not be allowed to continue; but a successful warfare against this form of fraud depends more upon those who have to convict and to inflict penalties than upon those whose duty it is to bring offenders to the Courts. Drastic penalties are necessary to impress offenders with the gravity of the offence and to make the offence unprofitable in the long run. It has been very truly said that "a dishonest milkman belongs to the meanest class of thieves—creatures who steal and poison the food of babies and little children." The adulteration cheapens the article by robbing it of its nutritive value. This may and does mean a great deal to infants, more especially those of poorer parents who have to exercise the greatest economy in its use. I am confident that it must be a factor in the reduction of the nutrition, natural resistance to disease and the physical development of some children. Moreover the honest tradesmen needs protection against this class of rogue.

That it is a profitable business and is not likely to be discouraged by fines of 5s. and 10s. 6d. may be demonstrated by analysing the circumstances of a vendor who adds 20 per cent. of water to milk. That he exists has been evidenced in Stoke Newington during the past year, and he is by no means uncommon. Assuming that he sells 100 quarts of this mixture a day at 4d. per quart; then he obtains each day, in addition to his legitimate profit upon 80 quarts of milk, a profit of 6s. 8d. upon 20 quarts of water. In a week he will have robbed the public of £2 6s. 8d.; and this in a year will amount to £121 6s. 8d. Assuming that he does not perpetrate the fraud daily he can still afford to pay many of the usual Police Court fines and find himself with a handsome sum in hand at the end of the year. Is an individual with a criminal bent likely to be discouraged by an occasional fine of 20s. in these circumstances?

The other forms of adulteration also call for strong repressive measures in lieu of the almost sympathetic leniency which is so often to be observed. But these are, happily, few in Stoke Newington, and they are not comparable in their disastrous effects to the evil consequences of the adulteration of milk.

It will be noted that a prosecution in respect of one sample of milk, which was reported upon as containing 8 per cent. of added water, was dismissed with costs against the Council. The third portion of this sample was referred to the Government Analyst, who reported that it was extraordinarily rich in solid matter, and that there was, therefore, no evidence of any addition of water. The Inspector who took the sample and retained the third portion in his charge failed to tell the Magistrate that the cork had been blown out of the bottle, and that the contents had suffered a further reduction by evaporation, so that the third sample was no longer of the composition of the original milk. The Inspector who was in default has since left the service of the Council; but the other Inspectors are instructed in the future, so as to guard against the possibility of the recurrence of such an incident, to slit the cork of the third portion down to one-fourth of its length, draw some string through

the slit, and securely fasten round the neck of the bottle, the ends being afterwards carried to the top of the cork and sealed thereon with sealing wax.

Most of the samples purchased under the Sale of Food and Drugs Act have been obtained through the employment of a deputy, for the sanitary inspectors are well known to tradesmen and others. In a few instances we have purchased samples without going through the formalities prescribed by the Acts; the object being to submit these to analysis, and, if they proved unsatisfactory, to subsequently take samples under the prescribed formalities, so that proceedings might be instituted against the vendor.

All the samples of Milk, Butter and Margarine were tested for antiseptics, with the result that 11 of the samples of Milk, 8 of Butter and 3 of Margarine were found to contain them. In no case was the amount sufficient to warrant a prosecution, but in one or two instances the vendors were cautioned.

APPENDIX.

PRECAUTIONS AGAINST CONSUMPTION

(*i.e.*, TUBERCULOSIS OF THE LUNGS).

Although some individuals are especially prone to consumption every one is liable to fall a victim to it. Most people have a natural power of resistance to the disease and it is in the power of everyone to increase this resistance by leading healthy, temperate lives.

Consumption is, to a large extent, a preventable disease. It mostly prevails in damp, dirty, ill-ventilated, over-crowded and badly-lighted houses and workshops. Neglected colds, intemperance, unwholesome and insufficient food, also specially favour the appearance of the disease.

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

Where the spit of a consumptive person is allowed to become dry, the germ gets lifted up as invisible dust into the air, thereby reaching the lungs of others.

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

When a consumptive person coughs, tiny invisible particles, which may contain the germ, are thrown out into the air. The danger thereby involved can be avoided by coughing into a handkerchief, which should be wrung out of disinfectant from time to time so as to keep it damp; and the handkerchief should be disinfected in boiling water after 24 hours.

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

It is dangerous to keep the milk and other food intended for other members of the family in a room occupied by a consumptive person unless it is well covered over so as to protect it from possible infection.

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

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

A continuous supply of fresh air, admitted through the window, can be tolerated night and day if either of the following arrangements is made:—

1. Raise the lower sash of the window for six inches and then closely fit, into the open space below, a wooden board. Air then enters where the upper and lower sashes overlap, without causing a draught.
2. Open the window at the top for six inches and fix a muslin curtain, or nail a piece of muslin, so that it covers the open part. By this device draughts are very much reduced.
3. A screen reaching to a little above the head of the sufferer can be placed alongside the upper part of the bed, on the window side. No draught will then be felt by the sufferer.

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

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

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

HENRY KENWOOD,

Medical Officer of Health.

REPORT OF CHIEF SANITARY INSPECTOR FOR THE YEAR 1908.

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

GENTLEMEN,

I beg to present my Annual Report for the year ending
31st December, 1908:—

HOUSES AND PREMISES INSPECTED.

By house-to-house inspection	...	...	...	...	...	690
Upon complaint, under Sec. 107 (3), Public Health Act, 1891...						167
After notification of infectious disease	...	...	...	...		312
After Notices from builders, under Bye-law 14 (London County Council)	...	...	...	...	...	164
Stables and mews	...	...	...	...	...	449
Slaughter houses	...	...	...	...	...	110
Milkshops, dairies and cowsheds	...	...	...	...	...	41
Bakehouses	...	...	...	...	...	27
Factories and workshops	...	...	...	...	...	299
Other premises inspected	...	...	...	...	...	1,746
						4,005
Re-inspections made to examine and test work	...	...	...	...	...	6,039
Total inspections	...	...	...	...	...	<u>10,044</u>

INTIMATION NOTICES SERVED.

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

After house-to-house inspection	347
After inspection on account of complaint	155
After infectious illness	96
With reference to stables and mews	4
" " milkshops, dairies and cowsheds	—
" " bakehouses	8
" " factories and workshops	7 ¹
" " slaughter houses	3
After sundry other inspections	210
	894

STATUTORY NOTICES SERVED.

Twenty-two statutory notices, authorised by your Committee, were served under Sec. 4, Public Health Act, 1891.

NUISANCES ABATED AND SANITARY DEFECTS
REMEDIED.

Dirty premises, cleansed and whitewashed	217
Dampness in dwellings remedied	83
Dilapidated ceilings, stairs, &c., repaired	38
Bell-traps and small dip-traps removed and replaced by stone-ware gulleys	6
Foul traps and pans of w.c.'s cleansed or new ones substituted }	57
Public-house urinals cleansed	
Flushing cisterns to w.c.'s provided or repaired, and w.c.'s with insufficient water supply made satisfactory	86
Defective w.c. basins and traps removed and replaced by approved patterns	134
Stopped or choked w.c. traps cleared	19
External ventilation to w.c.'s improved	2
W.c.'s removed to more sanitary positions	4

Carried forward... 646

	Brought forward...	646
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 ... ..	... ..	23
Defective soil-pipes reconstructed ... ..	... ..	40
Soil-pipes improperly ventilated, improved } ... ..	... ..	68
Unventilated soil-pipes ventilated ... }	... ..	
Dirty yards cleansed ... ..	... ..	16
Yards paved or re-paved with impervious material ... ..	... ..	99
Gulley and other traps inside houses removed ... ..	... ..	4
Sink waste-pipes directly connected to drain, made to discharge in open-air over proper syphon gulleys ... ..	... ..	4
Long lengths of sink, bath, and lavatory waste-pipes trapped, and made to discharge in open-air over gulleys ... ..	... ..	90
Defective waste-pipes repaired ... ..	... ..	33
Foul water-cisterns cleansed ... ..	... ..	
Water-cisterns without close-fitting covers provided with } proper coverings ... ..	... ..	35
Defects in water-cisterns remedied ... ..	... ..	12
Defective dust-bins pulled down and new portable dust-bins provided ... ..	... ..	82
Defective drainage re-constructed in accordance with the bye- laws of London County Council ... ..	... ..	227
Choked or stopped drains cleared and repaired ... ..	... ..	231
Drains ventilated or defective ventilating pipes renewed ... ..	... ..	3
Rain water pipes disconnected from drains or soil-pipes and made to discharge over gulley-traps ... ..	... ..	14
Proper water supply provided to houses ... ..	... ..	11
Defective roofs repaired ... ..	... ..	46
Defective guttering and rain water pipes repaired or renewed ... ..	... ..	71
Defective paving to floors of wash-houses repaired or renewed...	... ..	19
Dirty walls of work-rooms cleansed ... ..	... ..	37
Proper manure receptacles provided (London County Council bye-laws) ... ..	... ..	8
Cases of over-crowding abated ... ..	... ..	5
Accumulations of refuse, &c removed ... ..	... ..	39
	Carried forward...	1,865

					Brought forward...	1,865
Areas re-paved and drained...	...	...	...	...	...	3
Insufficiently ventilated space under wooden floors, remedied by insertion in outer walls of proper air bricks ...				...	...	3
Underground dwellings improved ...	...	...	...	...	...	1
Nuisances from animals abated ...	...	...	...	...	...	2
Smoke nuisance abated ...	...	...	...	...	...	—
Total number of nuisances abated...						<u>1,874</u>

A large number of improvements have been carried out by owners of property on advice.

HOUSE-TO-HOUSE INSPECTION.

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

Allen Road.	Lordship Terrace.
Barrett's Grove (Tenements).	Millard Road.
Boleyn Road (Tenements).	Nevill Road.
Castle Street.	Painsthorpe Road.
Chalmers Terrace.	Philp Street (Inspected twice).
Church Street.	Portland Road.
Clonbrock Road.	Queen Elizabeth's Walk.
Cressington Road.	Rochester Court.
Green Lanes.	St. Andrew's Mews.
Hamilton Terrace.	Shakespeare Road.
Hayling Road.	Shellgrove Road.
Howard Road.	Springdale Road.
Johns Place.	Victoria Grove (West).
Lancell Street.	Watson Street.
Leonard's Place (Inspected twice).	Wiesbaden Road.

The houses and premises inspected numbered 690.

Some of the smaller property has been inspected twice during the year, and special attention has been given to all tenement houses in order to see that a water supply is provided on each floor as required by the London County Council General Powers Acts, 1907.

With the exception of the main roads (Green Lanes and Seven Sisters Road) the whole of the houses in the Brownswood Division have now been inspected.

SLAUGHTER HOUSES.

110 visits have been paid to the six Slaughter-houses in the Borough, and in three instances it was found necessary to serve Intimation Notices for minor defects. The inspections were made as far as possible while slaughtering was being carried on, and it is satisfactory to note that no fault could be found with the manner in which the work was conducted, or the quality of the animals or carcasses.

COMMON LODGING HOUSE.

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

BAKEHOUSES.

Visits were paid to the twenty-seven Bakehouses in the Borough. Eight intimation notices were served for limewhiting and cleansing.

DAIRIES, COWSHEDS, AND MILKSHOPS.

Forty-one special visits were paid to the Milkshops and Cowsheds in the Borough. In every instance the premises were found to be in a satisfactory condition.

COMPLAINTS.

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

167 complaints were received during the year, relating to 203 premises.

In 58 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.

Fifty-seven of the complaints were anonymous, and of these only a small percentage proved to be genuine.

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

STABLES AND MEWS.

449 inspections were made of the Stables and Mews in the Borough, special attention being given to those where the employees live over the stables.

Four Intimation Notices were served on Occupiers to remove accumulations of manure. In very few cases were accumulations found.

The Council's Regulations are kept well before the notice of all occupiers of Stables and Mews.

HOUSES LET IN LODGINGS.

There were 138 premises on the Register at the end of the year.

SALE OF FOODS & DRUGS ACTS, 1875-1901.

156 samples of Food and Drugs were submitted to the Public Analyst during the year. A table will be found on page 82 showing the result of proceedings taken in respect of adulterated samples.

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

The following is a list of articles of food seized or surrendered during the year:—

Tinned Food.	Number of Tins.	Tcns.	cwts.	qrs.	lbs.
Beef	113 ..	11	0	11	
Milk	219 ..	1	3	23	
Salmon	59 ..		2	23	
Apricot Pulp	93 ..	9	0	15	
Anchovies	70 ..	2	1	12	
Pine Apple	13 ..			13	
Sardines	3 ..			5	
	<u>570</u>				

Other Articles.					
Beef			1	9	
Pork				15	
Mutton				8	
Bacon		2	1	27	
Tomatoes				8	
Apples			1	15	
Dates				10	
Bananas				8	
Onions			2	20	
Plums				4	
Sausages				1	
		<u>Ton</u>	<u>1</u>	<u>9</u>	<u>3</u>
				<u>3</u>	

Eggs, 17,500. Bloaters, 9 boxes. Kippers, 53 pairs. Oranges, 66.

As in previous years, the greater portion of the above material was surrendered from time to time in small quantities by wholesale firms.

The food exposed for sale on the barrows and stalls of costermongers has been inspected, and in every case it was found to be satisfactory.

SMOKE ABATEMENT.

Observations have been made of the factory chimneys in the Borough during the year with satisfactory results, and on one occasion the owner of a Bakehouse was cautioned as to black smoke issuing from the bakehouse chimney. The nuisance has not since recurred.

ICE CREAM MANUFACTURERS AND VENDORS.

There are 38 premises in the Borough where ice-cream is manufactured. A Register is kept of all such premises, and the shops and premises regularly inspected during the summer months. The conditions under which the manufacture was carried on were in every case found to be satisfactory.

RESTAURANTS AND EATING HOUSES.

There are 25 of these premises in the Borough. The results of the inspections have been satisfactory.

FACTORIES AND WORKSHOPS.

The Register of Factories and Workshops has been maintained. There are at present 265 Factories, Workshops and Workplaces in the Borough. 299 inspections of these premises were made during the year. 71 notices were served, principally for cleansing. 208 re-inspections were made, making a total of 507 inspections.

Of the outworkers notified from firms whose places of business are in Stoke Newington—

118 reside in Stoke Newington.

57	„	„	Hackney.
49	„	„	Islington.
15	„	„	Tottenham.
11	„	„	Stepney.
6	„	„	Edmonton.
4	„	„	Shoreditch.
2	„	„	Wood Green.
1	„	„	Leyton.
2	„	„	Finchley.
3	„	„	Hornsey.
1	„	„	Walthamstow.

Total 269

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

Battersea	..	..	2
Bethnal Green	..	..	8
Chelsea	..	..	1
Colchester	..	..	1
City of London	..	..	192
Finsbury	..	..	127
Hackney	..	..	107
Holborn	..	..	1
Ilford ..	..	..	3
Islington	..	..	127
Paddington	..	..	1
Poplar ..	..	..	2
Shoreditch	..	..	24
Southwark	..	..	2
St. Marylebone	..	..	24
Stepney	..	..	4
St. Pancras	..	..	1
Westminster	..	..	2

Total 629

Outworkers' addresses received in error from other Boroughs, etc., and forwarded to their proper destination :—

	93	forwarded to Hackney.
	1	„ „ Ilford.
	1	„ „ Wood Green.
Total	<u>95</u>	

NOTIFICATION OF INFECTIOUS DISEASE.

312 cases were notified during the year, and in every instance an inspection of the infected premises was made.

All the houses where the cases of infectious illness occurred have been disinfected ; 262 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 258 instances. 232 patients were removed to Hospital.

It was found necessary to strip and cleanse 23 rooms after removal or recovery of patients.

271 books which had been borrowed from the Public Library were collected from infected houses, disinfected, and returned to the Public Library.

DRAINAGE APPLICATIONS.

Fifty-seven plans were submitted, referring to the drainage of 73 premises ; all of these were eventually approved.

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.

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

No. in Report Book.	Situation of Premises.	Nature of Offence.	Result of Proceedings.
7804	24, Park Street ..	Defective drains and sanitary arrangements.	Nuisance abated previous to issue of Summons.
8023	23, Winston Road ..	Do.	Do.
8036	22, Martaban Road..	Defective drains	Do.
8615	4, Brodia Road ..	Do.	Do.
8621	56, Shakespeare Road	No separate water supply to each tenement. Insufficient water closet accommodation.	Do.
8622	89, Church Street ..	Failing to provide sufficient and suitable water-closet accommodation for workpeople.	Fined £5 and 2s. costs.
8665	101, Lordship Road	Foul and defective drains.	Summons dismissed with costs, the Magistrate holding that the drain in question was a "sewer."
8917	74, Springdale Road	Defective drains	Nuisance abated previous to issue of Summons.
8599A	1, Nevill Road ..	Exposing unsound apples for sale	Fined 18s. and 2s. costs.

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

No. of Sample.	Article Purchased.	Result of Analysis.	Result of Proceedings.
15	Milk	8 per cent. of added water.	Defendant fined £5 and 12s. 6d. costs.
81	Milk	13 per cent. less than the legal limit for fat.	Case dismissed on production of a warranty.
100	Milk	8 per cent. less than the legal limit for fat.	Case dismissed ; 3 guineas costs
119	Milk	16 per cent. of added water.	Defendant fined £2 and 12s. 6d. costs.
156	Milk	21½ per cent. of added water.	Defendant fined £1 and 12s. 6d. costs.

By your direction, 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.

A DEN Grove
Aden Terrace
Adolphus Road
Allen Road
Allerton Road
Albion Road
„ Grove
Alexandra Road
Amhurst Park (90-100 even Nos
and 93)
Arthur Road
Ayrsome Road
Aldham Place

BARN Street
Barrett's Grove
Bethune Road (1 to 145)
„ „ (2 to 106)
Blackstock Road (5 to 175)
Bouverie Road
Boleyn Road (94 to 192)
Brighton Road
Brodia Road
Broughton Road
Brownswood Park
„ Road
Burma Road

CASTLE Street (1 to 30)
Carysfort Road
Chalmers Terrace
Chapel Place
Chesholm Road
Church Path
„ Road
„ Street
Clonbrock Road
Clissold Road
Coronation Avenue
Cowper Road
Cressington Road

DEFOE Road
Digby Road
Dumont Road
Dynevor Road

EADE Road (2 to 66) and
1 to 27 odd Nos.
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 388)
„ „ („ 45 „ 107)
Grove Lodge Yard

HAMILTON Place
Harcombe Road
Hawksley Road
Hayling Road
Heathland Road
Henry Road
Hermitage Road
High Street (17-217)
Hornsey Place
Howard Road

IMPERIAL Avenue

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 (2-122)
 Millard Road
 Milton Road
 Mountgrove Road (2-98)

NEVILL Road
 Newington Green (33-42)

OLDFIELD Road
 Osterley Road

PAGET Road
 Painsthorpe Road
 Palatine Road
 Paradise Row
 Park Crescent
 „ Lane
 „ „ Terrace
 „ Street
 Pellerin Road
 Petherton Road (106-138)
 Philp Street
 Portland Road
 Prince George Road

Princess Road
 „ May Road

QUEEN Elizabeth's Walk
 Queens Road

REEDHOLM Road
 Rochester Court
 Riversdale Road (92-104)

SANDBROOK Road
 Salccmbe Road

Seven Sisters Road
 Shakespeare Road
 Shelgrove 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 (1-39)
 Stoke Newington Road (1-135)
 Statham Grove
 Summerhouse Road

THOMAS Place
 Truman's Road

VICTORIA Grove
 Victoria Grove West
 Victoria Road

WALFORD Road
 Warwickshire Road

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

