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

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THE

Metropolitan Borough of Stoke Newington.

REPORT

OF THE

Medical Officer of Health and Public Analyst,

FOR THE

YEAR 1910.

BY

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REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1910.

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

GENTLEMEN,

The vital statistics of the Borough for the year 1910 are of the usual satisfactory nature. The general death-rate of 10.9 was the lowest recorded since the formation of the Borough, and it compares favourably with the rate of 14.0 for the Metropolis as a whole; while the death-rate from the chief communicable diseases (0.50) is also the lowest since the formation of the Borough, and amounts to less than one-half of that for the Metropolis. The rate of infantile mortality (the number of deaths under one year of age to every thousand births) amounted to the low record figure of 66.1, as against 103 for the whole of the Metropolis of London. It is by far the lowest infantile mortality rate since the formation of the Borough, and there was only one other Metropolitan Borough with a lower rate. It is obvious, however, from our experience, that increased efforts are necessary in order to permanently stem the wastage of infant life. Miss Aldridge has in her official capacity done much to assist the voluntary health workers and myself in our efforts to reduce this infantile mortality.

Fewer notifications of infectious disease per thousand of the population were received in Stoke Newington in 1910 than in any other Metropolitan Borough, save Hampstead and the City of Westminster, and the rate was only two-thirds of that for the whole of Metropolitan London.

May I direct special attention to the remarks and suggestions on pp. 49-55 concerning Consumption. I am confident that a Tuberculosis

Dispensary in or very near to the most Southern portion of the Borough would be a wise and beneficent provision.

During the year a large amount of work has been carried out, in a thoroughly satisfactory manner, by the officials of the Public Health Department.

I am, Gentlemen,

Your obedient Servant,

HENRY KENWOOD.

February 21st, 1910.

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 1910, and the figure, calculated logarithmically from the increase between 1891 and 1901, amounts to 54,458. I believe this to be an over-estimation of the population, having regard to the fact that the number of occupied houses in the Borough in the middle of 1910 amounted to only about 7,816, 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; although my estimate of the population, based on the number of occupied houses, is some 2,000 lower.

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 20,000; and in the Southern Division the population is about 34,458.

The natural increase of population by excess of births over deaths during the year amounted to 355, as against 394 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, represent 63 people to the acre.

Births—Birth-rate.—During the year 1910 there were 953 births registered in the Borough, viz.—476 males and 477 females. The birth-rate per 1,000 per annum was therefore 17·5 as against 18·3 for the preceding year. The births in the Northern Division of the Borough numbered 196 and the birth-rate was about 9·8,

while those in the Southern Division were 757, and the birth-rate was about 22·0.

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
1909 ..	18·3	24·4	25·6
1910 ..	17·5	23·6	24·8

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 continuous decline of the birth-rate, which has been in evidence throughout the country now for many years, was slightly checked during 1908; but in Stoke Newington the rate for that year was the lowest in the records of the Borough. During the past two years a further considerable decrease has taken place.

As compared with 1870-1872, the London birth-rate in 1909, calculated by the Registrar-General on the female population aged 15-45 years, has declined by 34 per cent.; but this decrease is shared by all the principal foreign capitals, and the birth-rate of London still compares not unfavourably with the majority of those capitals.

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.

It may be noted that, in Stoke Newington, excess of the birth-rate over the death-rate for the year 1901 was 8·5; whereas for the year 1910 (both rates being considerably lower), the figure was only 6·6.

During the year the births notified under the Notification of Births Act have been compared with the births registered by the Registrar of Births, and the comparison has revealed the fact that the requirements of the Notification of Births Act are not yet fully complied with, notwithstanding the efforts we have made to make these requirements known. It should, however, be added that the excess of registered births over notified births in Stoke Newington during 1910 was very small, and that in each case I have taken steps to ascertain the cause of the failure of notification and to draw the attention of the responsible party to his or her legal default.

MORTALITY.

General Mortality.—There were 430 deaths of residents registered in the Borough, and 168 of residents who died in Public Institutions outside of the Borough, making a total of 598 deaths. Of these 309 were of females and 289 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
1909 ..	11·0	14·0	14 5
1910 ..	10·9	12 7	13·4

The recorded general death-rate is therefore 10·9. 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* $10.9 \times 1.0438 = 11.4$ 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 the lowest recorded since the formation of the Borough. The death-rate for the whole of London was 13.3.

District Mortality.—The deaths among residents of the Northern Division of the Borough numbered 174 and furnished a recorded death-rate of 8.7 per 1,000 per annum.

The deaths among the residents of the Southern Division of the Borough numbered 424, and furnished a recorded death-rate of 12.3 per 1,000 per annum.

TABLE A.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1910.

Deaths in or belonging to Whole District at subjoined Ages.	Causes of Death.																										
	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria & Membranous Croup.	Enteric Fever.	Epidemic Influenza.	Diarrhœa.	Enteritis.	Puerperal Fever.	Erysipelas.	Other Septic Diseases.	Phthisis (Pulmonary Tuberculosis).	Other Tubercular Diseases.	Cancer, Malignant Disease.	Bronchitis.	Pneumonia.	Other Diseases of Respiratory Organs.	Alcoholism, Cirrhosis of Liver.	Venereal Diseases.	Premature Birth.	Heart Diseases.	Accidents.	Suicide.	Diseases of the Nervous System.	Old Age.	All other Causes.	All Causes.
All Ages..	12	1	7	2	2	7	1	11	2	2	11	50	18	57	57	29	11	12	3	10	74	19	6	55	56	83	598
Under 1 year	1	..	4	..	..	..	1	10	..	..	..	..	3	..	3	3	..	..	2	10	4	4	..	..	..	18	63
1 and under 5	9	1	2	1	..	..	..	..	..	..	..	1	7	..	..	3	..	..	..	..	..	3	..	2	..	5	34
5 and under 15	2	..	1	1	..	..	..	..	..	..	..	2	3	1	..	1	..	..	..	..	1	1	..	..	..	4	17
15 and under 25 ..	..	..	..	..	1	..	..	..	1	..	2	9	1	1	..	1	1	..	..	..	3	..	..	2	..	5	27
25 and under 65 ..	..	..	..	..	1	4	..	1	1	1	6	36	3	34	16	15	7	11	1	..	32	9	5	26	..	23	232
65 and upwards.. ..	..	..	..	..	..	3	..	..	..	1	3	2	1	21	38	6	3	1	..	..	34	2	1	25	56	28	225
Deaths in or belonging to Localities at all Ages.																											
North Division	..	..	1	1	1	1	..	1	..	1	2	10	1	21	17	14	5	4	..	3	26	2	1	21	18	23	174
South Division	12	1	6	1	1	6	1	10	2	1	9	40	17	36	40	15	6	8	3	7	48	17	5	34	38	60	424
Total Deaths in Public Institutions in the District	..	..	..	..	..	..	1	1	..	..	..	..	1	6	1	..	..	3	..	1	5	..	..	5	7	6	37

DISTRICT MORTALITY.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.	Rate per 1,000 per annum.
Northern Division	60	36	36	42	174	8·7
Southern Division	119	99	81	125	424	12·3
Totals - -	179	135	117	167	598	10·9

INFANTILE MORTALITY.

There were 63 deaths registered of infants under one year of age, as against 953 births; the proportion which the deaths under 1 year of age bear to 1,000 births is, therefore, 66.1, as against 84.9 in the preceding year.

The deaths under 1 year of age form 10.6 per cent. of the total deaths of all ages, whereas those for the preceding year formed 14.1 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 .	108·0	130	133
1907 ..	97·9	115	118
1908 ..	98·3	113	121
1909 ..	84·9	107	109
1910 ..	66·1	103	106

TABLE A1.

METROPOLITAN BOROUGH OF STOKE NEWINGTON.—INFANTILE MORTALITY DURING THE YEAR 1910.

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

	CAUSE OF DEATH.																				
	Common Infectious Diseases.		Diarrhœal Diseases.			Wasting Diseases.					Tuberculous Diseases.										
	Diphtheria : Croup	Whooping Cough	Diarrhœa, all forms	Enteritis (*not Tuberculous*)	Gastritis, Gastro-intestinal Catarrh	Premature Birth	Congenital Defects	Injury at Birth	Want of Breast-milk	Atrophy, Debility, Marasmus	Tuberculous Meningitis	Other Tuberculous Diseases	Meningitis (*not Tuberculous*).	Convulsions	Bronchitis (including Broncho-Pneumonia)	Laryngitis	Suffocation	Other causes	Measles	Venereal Diseases	Totals
Under 1 Week	..	..	..	..	..	4	6	..	..	..	..	..	..	..	..	..	1	2	..	..	13
1–2 Weeks	..	..	..	..	..	3	..	..	..	..	..	..	..	2	..	..	..	..	..	..	5
2–3 Weeks	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
3–4 Weeks	..	..	..	..	..	..	1	..	..	2	..	..	..	..	1	..	1	..	..	..	5
Total under 1 Month ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
1—2 Months	..	2	..	..	1	1	..	..	..	3	..	..	..	..	1	..	2	..	..	2	12
2—3 Months	..	..	..	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	3
3—4 Months	..	..	..	..	..	..	..	..	..	..	1	..	..	2	..	..	..	..	..	..	3
4—5 Months	..	..	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	3
5—6 Months	..	..	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
6—7 Months	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	..	..	..	1	..	4
7—8 Months	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2
8—9 Months	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
9–10 Months	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	2
10–11 Months	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
11–12 Months	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	2
Total Deaths under 1 Year	..	4	2	3	6	8	7	..	..	9	3	..	1	6	5	..	4	2	1	2	63

DEATHS UNDER ONE YEAR OF AGE IN THE DIFFERENT WARDS OF THE BOROUGH DURING THE YEARS 1903, 1904, 1905, 1906, 1907, 1908, 1909 and 1910.

Name of Ward.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.
Lordship Ward ..	4	6	9	8	1	6	2	1
Clissold Ward ..	7	8	12	6	11	4	5	4
Church Ward ..	30	24	24	18	23	19	18	18
Manor Ward ..	10	9	8	3	8	3	6	3
South Hornsey Ward	65	66	66	56	36	47	35	32
Palatine Ward ..	20	21	14	23	23	22	18	5
Totals	136	134	133	117	102	101	84	63

A comparison of the causes of infantile mortality in 1910 with those of the preceding year shows an increase during last year in the deaths from diarrhœal diseases and suffocation, but a decrease in most other respects.

Among systematic efforts now being made in the Metropolis for the preservation of infant life, the system of visitation by Health Visitors is of first importance; for their aim is to give advice to mothers and practical instruction, where necessary, and also to note and report insanitary conditions in the home. The appointment of a salaried official, who is able as necessity demands to keep in touch with the voluntary workers, has enabled this work to be co-ordinated and promoted in a manner which was found impossible when no such official existed.

THE WORK OF THE OFFICIAL AND VOLUNTARY HEALTH WORKERS.

During the year 1,005 visits were paid to 478 separate homes after the notification of a birth. 88 were visited by the Voluntary Health Workers, and 390 by the official (Miss Aldridge).

Miss Aldridge reports that: "In making these visits we have not only been well received, but have found the mothers expecting and generally looking forward to seeing us; not always on the baby's account, but sometimes to ask us many questions concerning family affairs in general.

"When visiting some of the infants I have found them ill; sometimes very seriously so, although the mothers were often ignorant of the fact. These children have on advice been taken to a doctor or hospital, with very beneficial results. To quote one case, I found a baby of 3 months old almost dying with Bronchitis; the mother did not know the child's condition was critical—the weather was cold, but the child was in the bedroom without a fire and with a scanty supply of bedclothes; in fact, the home was almost destitute of what was necessary to give the child even a chance of recovery. I advised the mother to take the child, wrapped in a blanket, to the nearest Children's Hospital, where it was kept for some weeks. The child is now at home and doing well; but I have since heard that the hospital authorities are very proud of having pulled the child through, and that had it arrived there a few hours later they could have done nothing for it. Four of the infants visited were illegitimate, and in two cases the mothers were advised to apply to the Foundling Hospital for the admission of their children. It is satisfactory to be able to record that both these children have now been received into the hospital."

"At the age of 6 weeks and under the following methods of feeding were found:—

87.7 infants were entirely breast-fed.
5.6 ,, ,, partly ,,
6.7 ,, ,, entirely hand-fed.

This shows an improvement on last year's figures, the number of infants entirely hand-fed having been reduced by 2.1 per cent.

"Visits paid at a later date showed a larger number of infants to be wholly or partly hand-fed, the reason being to some extent due to the fact that many mothers were unable to obtain sufficient nourishment at the time when they most needed it, the fathers being out of work or earning very little at the time.

"The clergy have helped some of the poorest cases, but their funds are insufficient to meet all the demands made upon them.

"During the latter half of last year a desire was expressed by several mothers to have their children weighed weekly, in order to see how they were progressing. These were chiefly infants who were not thriving, and in some cases weighing had been recommended by a doctor.

"At the end of the year an Infant Weighing Machine was purchased, and has proved most useful. Eleven infants (the number is steadily increasing) were brought to the Town Hall weekly to be weighed. This is very much appreciated by the mothers, and it gives me an excellent opportunity of supervising the feeding, clothing, and general care of the children.

"Several infants have made a marked improvement since their first visit; in one or two cases, the babies having reached a good standard of weight and healthiness, the mothers have discontinued bringing them to be weighed."

During the year the number of visits paid by the voluntary workers, in respect of births, infant deaths, and sufferers from consumption, amounted to about 300.

Separate cots or cradles are at present the exception rather than the rule, particularly during the cold weather.

The dangerous long tube feeding bottle is gradually becoming less popular, but is still to be found; and one generally finds that

when used it is because it is cheaper than the more simple boat shaped bottle.

Infant and child mortality is one of the most complex problems, in which hygienic, economic, moral, industrial, and even atmospheric conditions are inter-related. It is noteworthy that, with the single exception of 1904, there has been in each of the past 8 years a steady decline in the rate of infant mortality. This is probably due in some measure to a public awakening to the need of concentrating more effort in the direction of conserving infant life, having regard to the falling birth-rate, and the consequent seeking for and adoption of remedial measures by public health authorities. Foremost among these measures must be included those which have for their object the instruction of mothers, and in some cases the rendering of practical assistance in the rearing of offspring.

When one studies the vital statistics of the country during the recent decennia, one cannot fail to be struck with the fact that, although the reduction in the mean rate of infant mortality during the 10 years 1891—1900 was only two less than in the 10 years 1861—1870, the death-rate at ages 1—5 in the more recent decade shows an enormous reduction. It is remarkable that, whereas education is more widely diffused and general sanitation is vastly better than 50 years ago, the reduction in the rate of infantile mortality is so slight. It would appear that these factors have not yet succeeded in producing such parents and surroundings as will endow and maintain sufficient vitality to enable the survival of infants for the first year of life, but that those who do survive the first year are now far better able to fight against the adverse circumstances of the years 1—5.

There can be little doubt that the circumstance that the above-mentioned improved conditions are contemporaneous with some reduction in the amount of breast-feeding by mothers is a partial explanation of the fact alluded to, and that artificial feeding and poverty are the chief factors in the problem, poverty connoting bad housing accommodation, poor and often ignorant feeding and clothing, and insanitation. A half-starved mother cannot be expected to furnish

offspring of high vitality, and the increased infant mortality from prematurity and inanition is probably some reflection of this fact. The influence of meteorological conditions is properly regarded as an important factor in determining a low rate of infant mortality, and for several years past a relatively low infant mortality rate has been a feature in the vital statistics of most European countries; so that whereas we may take credit for a part of the reduction of recent years, another part (and how great that is it is impossible to say) has been due to favourable atmospheric conditions.

Perhaps the employment of mothers in industrial occupations shortly before and after the birth of the child has less influence on infantile mortality than has been supposed. No one can dispute the fact that it is very undesirable, if only from the standpoint that it robs many children of their natural breast food; but, on the other hand, if these mothers were prevented from working for 4 or 6 months after child-birth, as has been suggested, it becomes a question whether the effects of their very low spending power at a critical period would not be even more disastrous to their offspring.

Dr. Arthur Newsholme, the Chief Medical Officer of the Local Government Board, has, during the year under review, issued a valuable report upon the subject of infant and child mortality. In this report Dr. Newsholme shows that excessive infant mortality implies excessive child mortality, and excessive mortality right up to adult life; for the tables which he has compiled clearly demonstrate that among those who are born under the conditions favouring a low infant mortality relatively larger numbers survive out of a given number born at each period of life right on to old age. The relationship of a high infant mortality and high mortality in subsequent life is particularly marked when comparison is made between death-rates at ages 0—1 and 1—5. "It can reasonably be inferred," Dr. Newsholme points out, "that a considerable share of infant mortality during the first month of life is due to other than pre-natal causes, which, like bronchitis, pneumonia, and diarrhœa, come within the range of preventive medicine."

The facts as to the incidence of the excessive infant mortality in the different counties of England and Wales, and the causes of this excess (among which diarrhœal diseases bulk largely) show that "unsatisfactory municipal sanitation bears a large share in the continuance of an excessive infant mortality." It is stated that alcoholism can scarcely be placed in its proper relation to other causes of excessive child mortality, unless it is regarded as a part of a vicious circle of which ignorance and carelessness, poverty—in the sense of some of the necessaries of life—and insanitary houses, yards, and streets form other important portions. Dr. Newsholme further states in his annual report as follows:—"Domestic cleanliness cannot be said to have a fair chance so long as sanitary authorities permit the continuance, in closely aggregated towns and in large compact villages, of privies and other arrangements for keeping excretal matters near the house; so long as they do not carry out scavenging satisfactorily; and so long as they allow streets and yards requiring it to continue unpaved."

As a part of the vicious circle already mentioned, insanitation occupies a position against which effective action is at once practicable in every district in which public opinion is equal to the effort. "Insanitation, including overcrowding, is a serious cause of disease, and disease in its turn is an important cause of poverty. Hence, by a vigorous campaign against the conditions producing disease, much poverty can be prevented, alcoholism and consequent neglect of children can be diminished, and child mortalty can be lowered; and this remains true, although it is also true that poverty, alcoholism, and moral defects are fertile sources of excessive child mortality. A vicious circle has one excellent virtue. It can be snapped at different points, as opportunity best serves, and the sequence of events can thus be inhibited. The greatest hope of success is secured when workers at different parts of the circle co-operate for the common end."

Thus the solution of the problem of infant mortality is to be found in the circumstances surrounding the life of the mothers of the poorer classes, and especially of the poorest class who are fighting

year in and year out against destitution and want. I have often noted that with many such mothers their greatest need is not advice and instruction by health visitors, but rather some practical assistance so as to make a possibility of what they already realise to be the proper thing to do.

The remedies recommended by Dr. Newsholme are:—A more detailed investigation of all deaths occurring in infancy as a guide to administrative action; enquiries into the circumstances attending still-births; the adequate training of midwives; the efficent administration of the Midwives Act; the adoption of the Notification of Births Act; and the making of arrangements for the giving of instruction on infant hygiene. But the foremost means of securing a low infant mortality are: Efficient domestic and municipal sanitation and housing, and intelligent and painstaking motherhood. There is much machinery which has already been devised to meet this last-mentioned end, including paid and voluntary women health visitors, schools for mothers, consultation centres for mothers, infant milk depôts, and in some of the London Boroughs nursing and expectant mothers are able to avail themselves of the opportunities provided by philanthropic bodies of obtaining meals at trivial cost. Moreover, much assistance has been given in the same direction through such legislative enactments as the Notification of Births Act and the Midwives Act.

Senile Mortality.—Of the 598 deaths, 225 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, 37.6 per cent.

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 1910.

Diseases.	North.					South				
	Quarters.				Total.	Quarters.				Total.
	1	2	3	4		1	2	3	4	
Measles	..	..	..	..	..	..	3	6	3	12
Scarlet Fever	..	..	..	..	..	..	..	1	..	1
Whooping-cough	..	..	1	..	1	1	..	4	1	6
Diphtheria and Membranous Croup	1	..	..	..	1	..	..	..	1	1
Enteric Fever	1	..	..	..	1	..	..	..	1	1
Epidemic Influenza	1	..	..	..	1	3	1	..	2	6
Diarrhœa	..	..	..	..	..	..	1	..	..	1
Enteritis	..	..	1	..	1	3	2	1	4	10
Puerperal Fever	..	..	..	..	..	..	1	1	..	2
Erysipelas	..	1	..	..	1	..	..	1	..	1
Other Septic Diseases ..	..	1	..	1	2	3	2	3	1	9
Phthisis	2	3	2	3	10	6	10	8	16	40
Other Tubercular Diseases ..	..	1	..	..	1	5	3	4	5	17
Cancer	7	8	3	3	21	7	13	6	10	36
Bronchitis	5	4	2	6	17	16	4	3	17	40
Pneumonia	3	2	2	7	14	4	5	1	5	15
Other Respiratory Diseases ..	2	1	1	1	5	2	..	..	4	6
Alcoholism and Cirrhosis ..	1	1	1	1	4	3	3	1	1	8
Venereal Diseases	..	..	..	..	..	1	1	1	..	3
Diseases of the Nervous System	9	3	5	4	21	12	10	5	7	34
Premature Birth	3	..	..	..	3	2	3	1	1	7
Heart Disease	9	5	4	8	26	16	8	9	15	48
Accidents	1	1	..	..	2	1	5	4	7	17
Suicides	..	..	1	..	1	1	1	2	1	5
Old Age	8	2	5	3	18	15	5	7	11	38
All other Causes	7	3	8	5	23	18	18	12	12	60
Totals	60	36	36	42	174	119	99	81	125	424

There were 168 deaths of persons over 70 years of age, and 57 of persons over 80, 8 of whom reached 90 years of age—the oldest being 96.

The actual number of deaths certified as due to old age amounted to 56 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 1910.

65 to 70	70 to 80	80 to 90	90 and over.	Total.
50	111	49	8	218

The respective ages of those over 90 were 90, 90, 92, 92, 93, 93, 94, 96.

The Causes of Death.—These are fully set forth in Table A, in which it will be noted that the deaths are also apportioned to different age periods. Table 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 Respiratory Diseases and Whooping Cough, and an increase in the deaths from Measles, Diarrhœal Diseases, Consumption, Cancer, Alcoholism, Diseases of the Nervous System, Accidents, and Suicide.

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 Tuberculosis, Measles, Whooping Cough, Influenza, Diarrhœal Diseases, Premature Birth, Accidents, and Suicide.

DEATHS IN PUBLIC INSTITUTIONS WITHIN THE BOROUGH, 1910.

St. Anne's House, Manor Road.	Northumberland House, Green Lanes.	Nursing Home, 4, Alexandra Road.	Nursing Home, 6/8, Alexandra Road.	Nursing Home, 21, Stamford Hill.	Total.
15	6	1	6	6	34

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the deaths in which have been distributed among the two divisions of the District.
St. Anne's House, Manor Road. Northumberland House, Green Lanes. Nursing Home, 4, Alexandra Road. Nursing Home, 6/8, Alexandra Road. Nursing Home, 21, Stamford Hill.	London Hospital. Hackney Infirmary. Islington Infirmary. Mildmay Cottage 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. St. Luke's House. Shoreditch Infirmary. National Hospital. Queen's Hospital. St. Mary's Hospital. Middlesex Hospital. City of London Lying-in-Hospital. St. Joseph's Hospital. Friedenham Hospital. West London Hospital.	N.E. Fever Hospital. Claybury Asylum. Horton Asylum. Dartford Heath Asylum. Darenth Asylum. Tooting Bec Asylum. Cane Hill Asylum. Colney Hatch Asylum. Whitechapel Infirmary. Hampstead House. Banstead Asylum. St. Scholasticas Retreat, Lower Clapton. Bethnal Green Hospital. Carshalton Infirmary for Children.

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 0.50 per 1,000 per annum, as against 0·63 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
1909	0·63	1·30	1·12
1910	0·50	1·14	0·99

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

TABLE A3.

Deaths from Zymotic Diseases (including Influenza) in the Year 1910.

	Scarlet Fever.	Diphtheria.	Small Pox.	Enteric Fever.	Puerperal Fever.	Measles.	Whooping Cough.	Diarrhœa and Dysentery.	Influenza.	Erysipelas.	Total.
First Quarter	..	1	..	1	..	..	1	..	4	..	7
Second ,, ...	..	..	..	..	1	3	..	1	1	1	7
Third ,, ...	1	..	..	..	1	6	5	..	..	1	14
Fourth ,, ...	..	1	..	1	..	3	1	..	2	..	8
	1	2	..	2	2	12	7	1	7	2	36
1909.....	2	2	..	1	1	9	13	4	8	2	42

ZYMOTIC DIARRHŒA.

There was comparatively little prevalence of Summer Diarrhœa during 1910, the meteorological conditions generally being unfavourable to the development and spread of this disease.

This is a disease which mainly produces mortality among hand-fed infants reared under unsatisfactory home conditions. It is obvious, therefore, that our main efforts to reduce its prevalence and fatality must be in the direction of dealing with insanitary home conditions by frequent inspections; the education of mothers with infants; and, as means to this latter end, the adoption of the Notification of Births Act, and the provision of a trained woman worker to advise mothers and to report insanitary conditions to the Sanitary Authority. Summer Diarrhœa is a disease which is largely dependent on the filth con-

tamination of food. The fact that, despite the insanitary conditions of many rural homes, the infants therein so generally escape from this disease, as compared with those in insanitary town dwellings, is attributable to the greater proportion of the former infants who are fed from the breast, and the immunity of breast-fed children explains the advice (so generally offered to mothers in urban communities) not to wean a breast-fed child in the hot summer months. But the Sanitary Authority itself may be indirectly responsible for the complaint, by its failure to provide efficient scavenging and watering in the summer months.

There has been a considerable amount of rather loose pronouncement upon the part played by flies in the dissemination of this disease; but during the past year or two the facts collected have been very convincing of the possibility of this mode of spread, and they demand that the danger should be more generally recognised, and the necessary precautions taken. It has been found that flies can take in and pass out the eggs of intestinal worms affecting man, such as tapeworms. The communicable diseases most under suspicion of of being dispersed by flies are Typhoid Fever and Summer Diarrhœa, and as flies alternately frequent refuse matter and food, they may thus be the indirect means of conveying these infections to human beings. Typhoid germs have been found on their wings, legs, and bodies, and in their dejecta, and they have also been (experimentally) carried by them from infected material to food. The reduction of Typhoid Fever in water-closetted towns has been explained by the lessened opportunities afforded by the development of and infection by flies, as compared with the dry methods of excrement collection. Again, many observers have noted that flies can take up the germ of Consumption, and even of Plague, Cholera, and Contagious Ophthalmia. Among the chief breeding-places of the house-fly are collections of decaying and fermenting matter, such as are to be found in middens containing horse manure, and ashpits or dustbins containing fermenting vegetable matter. If these facts are realised, the necessary precautions are fairly obvious:—In the first place, efforts may be made to keep down the fly population by the prompt removal and destruction of the decaying, fermenting matter in which they

breed, as by efficient general scavenging in the community, including the frequent collection of household refuse and sweepings, and the prompt burning of this material, or the placing of it in a suitable receptacle, with a closely-fitting, overlapping lid. In the second place, all food should be protected from the access of flies. If household refuse matter is not collected by the local authority weekly, but has to be disposed of by the tenant, it should be trenched into the ground, and completely covered with three or four inches of earth. Where there is no sewerage system, existing privy pits should be replaced by pail-closets, in which sufficient earth is used to thoroughly cover all evacuations, and the contents of the pails trenched and covered with a layer of a few inches of earth.

CANCER.

For the purpose of enabling the incidence of Cancer on the several populations of the London sanitary areas to be more precisely stated, factors have been calculated for correcting the death-rates, as far as possible, for the differences in the age and sex constitution of the several populations concerned. When these allowances are made it is found that in the year 1909, the City and Bermondsey (1·22) had the highest rate, and that the lowest obtained in Stepney and Greenwich (0·79). The corrected death-rate in Stoke Newington was 1·02 per 1,000 persons living.

OPHTHALMIA IN THE NEWLY-BORN.

A large amount of preventable blindness occurs from this disease, and, as in so many instances, preventive measures present both a humanitarian and an economical aspect.

It is unnecessary to say anything under the first-mentioned heading; but the financial gain by preventing this blindness would be very considerable, in view of the fact that the cost of educating the blind child is about £500, as compared with the £30 cost of the ordinary child.

The movement in favour of the inclusion of Infantile Ophthalmia in the schedule of compulsorily notifiable diseases is rapidly becoming widespread. Up to last August 50 sanitary district had adopted the measure, and the Local Government Board has notified its readiness to authorise every local authority to take the same course whenever they apply. A conspicuous and recent case in point is the action of the London County Council in making the disease compulsorily notifiable within the Administrative County of London.

So far as the practice of certified midwives is concerned, there is already in existence a method of notification demanded by one of the rules of the Central Midwives' Board, which requires that every certified midwife shall advise the parents that medical assistance should be obtained in every case of inflammation of the eyes of the infant, however slight. This advice must be given in writing in a prescribed form, and a copy must be sent to the local supervising authority within 24 hours. Notification would not only bring information to the Public Health Authority of cases which at present are not notified to any one, but it would also render more complete the provisions for securing continuous and efficient treatment of the child, who may be at present notified under the rule above referred to. The provisions for the prompt medical treatment and skilled nursing of the notified cases would have to be made under the Public Health Act of 1891, in probably only a few cases.

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 1910.

Cities and Boroughs.	Estimated Population in the middle of 1910.	Annual Rate per 1,000 Living.				Deaths of Children under one year of age to 1,000 Births.
		Birth-rate.	Corrected Death rate.	Principal Infectious Diseases.	Notifiable Diseases Attack-rate.	
LONDON	**4,872,702**	**23·6**	**13·3**	**1·1**	**4·5**	**103**
West Districts.						
Paddington	153,004	20·2	12·6	1·1	3·5	96
Kensington	184,635	17·5	12·8	0·8	3·3	106
Hammersmith	127,413	24·0	12·7	1·3	4·8	99
Fulham	181,282	23·8	11·1	1·1	4·3	107
Chelsea	75,457	18·4	13·1	0·7	3·2	101
City of Westminster ..	167,233	15·3	12·8	0·5	3·1	84
North Districts.						
St. Marylebone	125,195	18·7	13·6	0·9	3·9	108
Hampstead	95,729	14·0	9·7	0·5	2·6	60
St. Pancras	237,792	24·1	14·4	1·4	5·1	102
Islington	353,356	23·5	13·3	1·2	4·4	94
Stoke Newington ..	**54,458**	**17·5**	**11·4**	**0·5**	**3·1**	**66**
Hackney	239,979	22·1	12·2	0·8	3·9	98
Central Districts.						
Holborn	53,142	19·3	16·1	0·9	3·4	103
Finsbury	94,578	29·9	18·1	1·9	5·6	123
City of London	17,132	13·3	17·0	0·5	3·7	66
East Districts.						
Shoreditch	114,387	31·7	17·5	1·9	4·7	146
Bethnal Green	131,579	32·1	15·5	1·5	5·5	123
Stepney	314,379	29·5	14·3	1·3	4·8	112
Poplar	172,432	29·7	15·7	1·5	5·4	118
South Districts.						
Southwark	211,832	27·8	16·6	2·0	4·8	116
Bermondsey	127,238	31·6	18·1	2·4	5·9	126
Lambeth	327,074	22·5	12·9	1·0	4·7	94
Battersea	188,222	23·9	12·1	1·1	5·1	97
Wandsworth	305,838	22·9	10·7	0·6	4·0	78
Camberwell	286,058	23·3	12·5	1·1	3·8	94
Deptford	119,642	25·2	14·7	1·5	5·1	122
Greenwich	112,935	21·6	11·8	1·4	4·0	107
Lewisham	164,899	20·9	10·0	0·6	5·4	80
Woolwich	135,422	21·0	11·2	0·6	6·0	85

TABLE A5.

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
1909	54,101	18·3	84·9	11·0	0·63	3·3
1910	54,458	17·5	66·1	10·9	0·50	3·3

During the 30 weeks ending October 29th, the vital statistics of the Borough were remarkable ; and the facts of the following Table go far to justify the title of "Healthy Stoke Newington" :—

	General Death-rate.	Death-rate from the 7 Principal Infectious Diseases.	Rate of Infantile Mortality.	Percentage of Deaths over 60 years to the total deaths.
Metropolitan (London)	11·7	1·14	90·7	30·56
Outer Ring of London	8·5	0·68	66·6	34·96
Stoke Newington	**6·9**	**0·48**	**59·8**	**40·93**

THE MORTUARY.

During the year 46 bodies were deposited in the Public Mortuary; 19 of these were females and 27 were males. Post-mortem examinations were performed upon 27 of these cases, and inquests were held upon 36.

INQUESTS.

The following inquests upon deaths of parishioners were held during the year 1910 :—

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.
Cerebral Apoplexy	..	2	1	2	5
Heart Disease	2	5	5	3	15
Pneumonia	2	..	..	1	3
Acute Bronchitis	1	..	..	..	1
Old Age	1	..	1	..	2
Convulsions	..	..	..	2	2
Coma (Uræmia)	2	..	..	..	2
Hæmorrhage	1	..	1	..	2
Alcoholic Poisoning	..	1	..	2	3
Suicide (By Shooting)	1	1	1	..	3
,, (Cut Throat)	..	..	1	..	1
,, (Fracture of Skull)	..	..	..	1	1
,, (Drowning)	..	..	..	1	1
Peritonitis (Secondary to Bullet Wound)	..	1	..	..	1
Accidents (Fracture of Skull)	1	..	..	..	1
,, (Poisoning)	1	..	2	1	4
,, (Suffocation)	..	2	1	1	4
,, (Drowned)	..	..	1	2	3
,, (Scalds)	..	..	..	2	2
,, (Broken Neck)	..	..	1	..	1
,, (Accident)	..	..	1	..	1
	12	12	16	18	58

INFECTIOUS DISEASES AND THE MEASURES TAKEN TO PREVENT THEIR SPREAD.

It will be seen from Table B that 221 *Notification Certificates of Infectious Illness* were received from medical practitioners, as against 224 during the preceding year. These figures include notifications of Consumption; and they represent a slight reduction in the prevalence of communicable disease, as compared with the figures for 1909.

TABLE B.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1910.

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.	Totals.
At all Ages	..	..	53	..	31	84	..	10	..	..	3	1	..	39	221
Under 1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
1 to 5	..	..	21	..	..	22	..	..	..	..	..	1	..	..	44
5 to 15	..	..	24	..	4	49	..	2	..	..	..	..	..	1	80
15 to 25	..	..	3	..	3	7	..	3	..	..	..	..	..	6	22
25 to 65	..	..	5	..	19	6	..	4	..	..	3	..	..	32	69
65 and upwards	..	..	..	..	4	..	..	1	..	..	..	..	..	..	5
Total Cases notified in each Locality.															
Northern Division	..	..	8	..	3	29	..	6	..	..	1	..	..	1	48
Southern Division	..	..	45	..	28	55	..	4	..	..	2	1	..	38	173
No. of Cases Removed to Hospital from each Locality.															
Northern Division	..	..	2	..	..	22	..	5	..	..	..	..	..	..	29
Southern Division	..	..	32	..	4	44	..	5	..	..	2	1	..	23	111

These 221 cases represent infection in 207 different houses. In 156 homes 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 8 houses where there were "grave" sanitary defects, and in 21 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 207 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 1910.

The Infectious Sickness Rate of the Borough, excluding the notifications from Consumption, was 3·3 to each 1,000 of the population, as against a similar figure for the preceding year. The rate in the Northern Division was 2·2 while that in the Southern Division was 5·0.

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
1909	3·3	6·1
1910	3·3	4·5

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	—	—
1909	—	—	108	2	28	1	—	—
1910	—	—	84	1	53	2	—	—

	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	—
1909 ..	28	2	4	1	11	1	1	1	—	—
1910 ..	31	2	3	2	10	2	—	—	1	—

TABLE B 2.

Cases of Infectious Diseases notified during each month of the year 1910.

	Small-pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Enteric Fever.	Puerperal Fever.	Continued Fever.	Erysipelas.	Cerebro-Spinal Fever.	Phthisis.	Totals.
January	..	7	3	..	1	..	..	1	..	1	13
February	..	7	10	..	1	..	..	4	..	1	23
March	..	10	1	..	..	..	..	..	1	4	16
April	..	3	9	..	..	..	..	4	..	5	21
May	..	5	6	..	..	..	..	1	..	4	16
June	..	11	1	..	..	1	.	3	..	4	20
July	..	10	7	..	1	..	..	2	..	3	23
August	..	8	7	..	..	..	..	3	..	2	20
September	..	5	3	..	4	..	..	..	..	4	16
October	..	6	1	..	1	..	..	4	..	5	17
November	..	5	2	..	2	..	..	1	..	3	13
December	..	7	3	..	..	2	..	8	..	3	23
Totals	..	84	53	..	10	3	..	31	1	39	221

The Infectious Sickness Rate for London generally was 4·5. Of the 29 Sanitary Areas situated within the Metropolis, the lowest rates were those of Hampstead (2·6), Stoke Newington and City of Westminster (3·1), Chelsea (3·2); and the highest rates were those of Woolwich (6), Bermondsey (5·9), and Finsbury (5·6).

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

SCARLET FEVER.

The 84 cases of Scarlet Fever occurred in 72 houses, in 3 of which there were grave insanitary conditions; in 9 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	0·08
1909	0·04	0·08	0·08
1910	0·02	0·04	0·06

School attendance was ascribed as the origin of the infection in 4 cases; and in one case there were strong reasons for believing that the infection was communicated by a patient recently dismissed from a fever hospital. The infection was imported into the Borough in at least four instances.

In at least 5 cases the infection appeared to be secondary to the infection in another member of the household.

ERYSIPELAS.

The 31 cases of this disease represent infection in 30 different premises. In 2 of these, insanitary conditions of a slight nature existed, and in no case were the sanitary defects grave. In 3 cases there was a previous local injury, and in 7 a history of previous attacks.

ENTERIC OR TYPHOID FEVER.

The 10 cases notified during the year all occurred in nine different houses. In 1 of these houses grave insanitary conditions existed, and in 1 slight insanitary conditions existed; while in the remaining 7 there were no insanitary conditions. Three 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.

In 2 cases, the original infection was responsible for the disease in a second individual in the same dwelling.

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	0·07
1909	0·02	0·03	0·06
1910	0·04	0·04	0·05

It is not easy to assess the influence of "carrier cases" of Enteric Fever in maintaining the prevalence of the disease. It appears that from 2-3 per cent. of previous sufferers may become "carriers" of the germ for many months and, in exceptional cases, many years; and at times they may be capable of spreading infection. One of the most disturbing features in connection with this subject

is that persons who have never (so far as they know) suffered from the complaint may prove, on examination, to be "carriers" of the germ. Females are more generally "carriers" than males, and, inasmuch as they more commonly have to deal with the preparation of foodstuffs than males, this circumstance is unfortunate. On the other hand, it must be borne in mind that males are far more generally engaged in the milk trade. It is impossible to retain a "carrier" case in hospital (may be for several years), and the problem of how the community may be safeguarded from the danger is one of great difficulty. It looks as if the most that can be done is for the Sanitary Authority to keep in touch with such an individual, and to impress upon him or her the necessity of special care of the dejecta and of the hands after having attended to the calls of nature, and to prohibit such an individual from playing any part in the handling, preparation, or cooking of food.

DIPHTHERIA.

The 53 cases of Diphtheria occurred in 53 houses, 12 of which were more or less insanitary. The sanitary defects were grave in 4 and slight in 8 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
1908	0·02	0·15	0·16
1909	0·02	0·13	0·14
1910	0·04	0·09	0·12

School attendance is either alleged by the parents or surmised by myself, on good grounds, to be the cause of at least 2 attacks during the year.

At least 3 appear to have caught the infection from previous cases in the same household. In 8 cases it was very clear that a preceding tonsilitis predisposed to an attack of Diphtheria. In 12 cases there was a history of previous throat trouble, frequently recurring, and in 3 cases parents had previously had sore throats.

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 difficulty in many cases. The *diagnosis outfits* provided by the Council to the medical practitioners in Stoke Newington continue to be much appreciated. Every practitioner has been kept supplied during the year with such an outfit, and has thus had at his disposal the means of procuring a bacteriological diagnosis of Diphtheria, Enteric Fever, and Consumption.

The following is a list of the applications received during 1910, together with the results of the **examinations performed at the Lister Institute of Preventive Medicine, London :—**

Disease.	Results.		Total.
	Positive.	Negative.	
Phthisis	32	46	78
Diphtheria	40	64	104
Enteric	3	6	9
Total	75	116	191

For one reason or another, antitoxin is not always administered as early or as generally as it might and should be where houses fully occupied become infected; and it is no uncommon experience to find that in cases where there has been illness for several days, under circumstances strongly suggesting Diphtheria, the precaution of a prophylactic dose of antitoxin has not been taken. Doubtless, the question of expense must often arise, and in order to meet this many Sanitary Authorities supply, free of charge, a small amount of antitoxin for occasional use in necessitous cases. The power of the Sanitary Authority to make this provision, more especially for its employment from the curative standpoint, has been called in question, but I do not believe the local authorities have been surcharged on this account. During the past year, however, the Local Government Board has placed the matter on a satisfactory basis, by issuing an Order authorising this provision of antitoxin for both curative and prophylactic purposes. It is to be hoped that Sanitary Authorities in the county will avail themselves of this power, for the prompt administration of the remedy, before patients are removed to hospital and pending report of the bacteriological examination of swabs taken from the throats, often goes far in the direction of preventing a fatal termination to the disease.

Of the cases admitted to the Metropolitan Asylums Board's Hospitals in 1908, when antitoxin was given on the first day of illness, only 3.0 per cent. died; when given on the second day, 6.5 per cent. died; on the third day, 10.6 per cent.; on the fourth day, 12.9 per cent; and on the fifth day and later, 14.8 per cent.

Diphtheria has a relatively long epidemic wave length, as compared with other infectious diseases, so that when an outbreak of Diphtheria occurs in a community, the disease not uncommonly remains unduly prevalent for several consecutive years; and it is remarkable how a small community may be attacked by this disease for a great many months, while an adjacent community, placed under almost exactly similar circumstances and quite adjacent to the community attacked, may escape altogether.

The administrative treatment of this disease by the Sanitary Authority is considerably complicated by the Diphtheria "carrier." In such it is not only during convalescence from Diphtheria, but also after slight attacks of sore throat or obscure cases of nasal and oral discharges, that the bacillus may be found to be present. Moreover, after contact with actual sufferers, a child or an adult is liable to carry the germ on the throat without suffering from any constitutional symptoms whatever. It appears that about half of the Diphtheria patients are free from Diphtheria bacilli a few days after the disappearance of the membrane, and that about three-quarters are free by about another week subsequent to this. A month after the disappearance of the membrane some 18 per cent. retain the germ; after 2 months, some 6 per cent.; and after 3 months, about 1 per cent. Of those contact carriers of the germ who never suffer from constitutional symptoms, and who may form as many as 20 per cent. of the children in infected school class-rooms, it appears that whereas some harbour the germ in a virulent form, in others the germ is non-virulent. There have been many recorded instances where the discovery of apparently healthy carriers, and their exclusion from school, has succeeded in eradicating the disease, while all other measures have failed. In some epidemics many partially virulent strains of Diphtheria have been isolated, and there is reason to believe that non-virulent bacilli in an individual may, from some unknown cause, acquire virulence—so it looks as if even a test for virulence would not afford much valuable assistance from the administrative standpoint.

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	0·23
1909	0·17	0·48	0·35
1910	0·22	0·41	0·23

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	0·28
1909	0·24	0·26	0·20
1910	0·13	0·28	0·24

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	0·51
1909	0·11	0·33	0·29
1910	0·22	0·28	0·29

MEASLES.

Practically all children are susceptible to Measles, and when exposed to infection develop the disease. The long incubation period of about 12 to 14 days, and the insidious onset of symptoms during which the child is in the most infectious condition, render it practically impossible to prevent the spread of infection in infant schools. It is, moreover, amongst children under 5 years of age that most of the mortality from this disease occurs, the disease being practically non-fatal after 7 or 8. Thus the bringing together of children under 5 in school class-rooms plays a great part in the spread of the disease amongst that section of the population in which Measles is especially fatal, by determining a high attack-rate within an age-period

in which the children are least able to meet it. It would be a great gain if much of the attack-rate could be postponed to a later age-period; and, in my opinion, the most effectual step that could be taken to reduce the mortality rate from Measles would be the exclusion of all children under 5 years of age from the infant departments of elementary schools.

Measles in London only spreads seriously in classes under 5 years of age, except in certain better-class districts, as testified to by the investigations of Dr. C. J. Thomas, the Assistant Medical Officer (Education) of the London County Council; and as all our experience leads to the conclusion that temporary exclusion, whether total or partial, of school children under 5 years of age, when Measles appears amongst them, will always fail, permanent exclusion under this age is the only real solution to the problem.

Dr. Arthur Newsholme, the Medical Officer of the Local Government Board, gave it as his view, in 1897, that experience in administration always shows that attendance at school increases the risk of importation of infection into homes, and he considered that there was a high degree of probability that if children were not admitted to school until after 5 years of age, the results would be that fewer famiiies would become infected, and the children of those families still becoming infected would be infected on the average at a higher age, with the result that fewer deaths would occur. As Dr. Sykes points out, this experience is confirmed by the London statistics, which show a diminishing mortality from Measles coinciding with a diminishing number of children in recent years attending the schools at ages 3 to 5.

It has been truly said that we should do nothing which is calculated to arrest the development of the idea that the best place for all children under 5 is a good home, and, moreover, that, "there is in the natural relationship between mother and child, and in the other influences of good home life, a moral and educational power which it is of high national importance to preserve and strengthen." As a matter of fact, the very young child stands in

no need of school education. All that it requires are opportunities under a sanitary environment for the training of its own senses and muscles in its own instinctive ways; in short, such training as is afforded in the great majority of homes. In the small minority of homes in which the child is neglected or exposed to bad influences (moral and hygienic), other remedies are called for—other than the partial remedy of bringing the infant to school; for the evil effects of the home influences are little, if at all, palliated in these circumstances, so far as children under 5 years of age are concerned.

It is, moreover, most important to protect the young child from preventable disease, and guard its physique during the crucial years of rapid development; and the exposure to cold and damp involved in school attendance through the winter months could doubtless be shown, were the facts available, to be the cause of a great deal of unnecessary sickness amongst these infants.

If, in addition to the exclusion of children under 5 years of age from elementary schools, all parents could be impressed with the advantage of making efforts to protect their offspring from Measles for as long as possible, and to regard the disease as one which demands an anxious care to keep the child warm and protected from chills for several weeks after the rash has disappeared, I am confident that the death-rate from Measles, which now exceeds the death-rate from Diphtheria, Scarlet Fever and Typhoid Fever combined, would be very considerably reduced. At the Second International Congress on School Hygiene, London, 1907, a prominent German School Hygienist, said, "May I express, from a German point of view, our great and sad surprise that you in England have to deal with this question to such an extent? In Germany it is strictly forbidden by law to admit children under 6 years of age to public schools, and even up to 6½ years the child is rejected for another year if its condition of health is not fully satisfactory."

In 1905 the Board of Education added to Article 53 of the Code a proviso that "where the Local Education Authority have so determined in the case of any school maintained by them, children

who are under 5 years of age may be refused admission to that school." Many Educational Authorities have wisely decided to adopt this course.

The Metropolitan Asylums Board, towards the end of the year 1910, provided for the isolation and treatment of a limited number of poor-law cases of Measles and Whooping Cough where the home conditions were very unfavourable to the child. At periods, when such accommodation is available, the isolation of carefully selected cases should prove a useful measure in the reduction of the fatality-rate of these diseases.

The Medical Officer of Health for the London County Council (Sir Shirley Murphy) finds that the death-rate from Measles among those children who lived in one-roomed tenements was 7 to 8 times greater than among those who lived in four or five-roomed houses. If some of the children of the former class could be provided with hospital accommodation and treatment, it can hardly be doubted that they would have a far better chance of recovery than if they remained in their own homes; and if this provision may be counted upon there would be an unquestionable advantage in making the disease compulsorily notifiable in epidemic times.

During the year I was asked to report to the Public Health Committee as to whether the recent Regulation of the London County Council in respect to the compulsory school attendance of children from houses in which the infection of Measles exists, has led to any increased prevalence of this disease.

The Regulation alluded to has been in operation only for a year or two. It is to the effect that, whereas all children attending the infant departments of Elementary Schools must be excluded from school attendance whenever there is a case of Measles in their homes, children above the infant class shall be required to continue their school attendance in these cases, *if they have already suffered from the complaint.* It is within the knowledge of the reader that, prior to this Regulation, *all* children were excluded from school if they came from homes in

which there was a sufferer from Measles, irrespective of their ages and of the circumstance as to whether or not they had previously suffered from the complaint.

It is an extremely difficult matter to say whether or not the new Regulation has led to an increased prevalence of Measles among children of the school ages, and the difficulty arises from the circumstance that it is impossible to collect the actual facts of the prevalence of Measles during a sufficient number of past years. Measles is not a notifiable disease, and we have to obtain our information of its prevalence from the School Authorities, who can only give us the facts so far as children of the school ages are concerned. Even with this limitation, the information they could give us would probably suffice to indicate what we require to know, if it could be obtained for a sufficient number of years; but the figures of actual Measles cases among scholars in the Elementary Schools of London only date back from the year 1906 inclusive (vide Dr. Kerr's Annual Reports). In 1906, 18,899 such cases were notified amongst school children; in 1907, 26,179; in 1908, 19,385; in 1909, 20,145. These returns of only 4 years do not suffice for our purpose. It is necessary to have the figures of prevalence covering at least 4 or 5 two-yearly periods, for Measles outcrop fairly regularly every 2 years in London, and the dimensions of the bi-annual outcrops have varied considerably during recent years. The outcrop year of 1907 furnished 26,179 cases of Measles among the Elementary School children of London. That was a pre-regulation year. The year 1909 (a post-regulation year) furnished 20,145. This represents a material reduction. But similar variations have occurred in previous outcrop years, and, after all, it would be absurd to argue that the Regulation could have had any effect in the direction of *reducing* the amount of infection.

Enquiries have been made at the local schools, but I find that the value of the local evidence is discounted from the circumstance that the school registers do not discriminate between school children who are actually suffering and those who are kept at home on account of Measles in other children. I have been informed that in future

the Register of Absentees will not even discriminate between the different diseases. If this is so, we may never have the means in our possession of comparing the incidence of Measles upon school children in the years to come.

The school teachers consulted in Stoke Newington express the opinion that, so far as they can judge, the new Regulation has had no effect upon the prevalence of the disease.

Therefore there is no evidence at present available which will enable one to conclude as to whether or not the new Regulation has led to an increased prevalence of Measles among school children, but I cannot but feel that it must have a tendency to make parents regard the disease as comparatively trivial, as compared with the other infectious diseases common in childhood; whereas it and Whooping Cough are the two which occasion most mortality. It is therefore bad from the standpoint of public health policy.

With reference to the *mortality* from the disease in London, there has been a remarkable reduction in recent years. This may be due to a greater appreciation by the poorer parents of the danger of the disease and a greater knowledge and concern in guarding against this danger; or it may be due to a natural cyclical attenuation of the virulence of the disease, such as is so strikingly in evidence in the case of Scarlet Fever. The considerable variation in the death-rates of different parts of London, although these death-rates are not corrected for age-distribution, serve to indicate the extent to which the Measles death-rate is a class mortality, affecting very largely indeed the children of the poorer classes. Personally, I am at a loss to explain the circumstance that the Measles mortality-rate in London continues to be one of the highest among European capitals, except it be due to admitting children to school under 5 years of age.

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 3 cases was very obscure, and it was quite impossible to suggest the source of infection when I personally investigated them.

It is satisfactory to note that the mortality among puerperal women, both from puerperal sepsis and from accidents at childbirth, is steadily decreasing.

PHTHISIS (CONSUMPTION).

The 39 cases notified during 1910 occurred in 39 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	1·11
1909	0·80	1·31
1910	0·92	1·14

The 39 cases of Consumption notified embraced 18 which were voluntarily notified and 21 notified under the Public Health (Tuberculosis) Regulations, 1908.

In 10 cases of single lodgers in the Borough, who were notified under the Public Health Tuberculosis Regulations of 1908, it was impossible to ascertain the facts as to family history, occupation, etc., for the patients had been removed to the Infirmary before the notification was received. In the 29 other cases a reference to the enquiry forms discloses the following facts:—There was no history of Consumption in parents or other relatives in 10 instances; in 4 instances parents were alleged to have died from bronchitis and asthma, and these cases may conceivably have been phthisical; and in the remaining cases there was a family history of Phthisis. The dwellings occupied by the sufferers were, with 4 exceptions, fairly satisfactory, in a sanitary sense, and the occupations of the notified cases embraced a great variety of employment, which was, with the exception of 2 bootmakers, different in every case. In several cases want of sufficient and suitable food and exposure to wet and cold predisposed to the infection.

Judging from the deaths from Consumption, which numbered 50, there must have been, at least, some 200 sufferers from the disease in the Borough during the year, and of those only 39 were notified under the voluntary system and the Public Health (Tuberculosis) Regulations of 1908, combined.

The compulsory notification of Consumption has been adopted for a limited period in the City of Glasgow and it will be useful to compare the experience of this City with that of Sheffield and Bolton. While the voluntary notification of the disease has proved a failure, generally speaking, it has enabled a limited amount of good to be performed by the Sanitary Authority; and it has impressed upon all those who have thus been brought in contact with many cases of this disease among the poorer people, two outstanding matters demanding remedial efforts. In the first place the large proportion of those who come under administrative control are suffering from the disease in too advanced a stage, and our administrative machinery should be so devised that cases are early discovered and persons may be encouraged to seek medical advice and other help at the earliest possible moment when they are affected or threatened with the disease. The second matter is the necessity for increased provision for suitable treatment of the disease; when earlier and more suitable cases can be drafted into sanatoria for the poorer people far better results will be obtained from these institutions. With really early and suitable cases the chances of restoration to work for many years become very good.

As I have so frequently pointed out in previous reports, the clamant need for the isolation of the advanced cases of this disease amongst poor people was demonstrated in many cases which were notified in Stoke Newington during last year. Although the Workhouse Infirmary plays an important part in providing isolation of this sort, it, of course, only partially meets the needs. At the present time, *in the great majority of cases*, we find it impossible to get advanced sufferers from surroundings which are bad for themselves and highly dangerous to their families. There are no Institutions

available for these people, and a proportion of them prefer to die in their squalid surroundings than enter a Poor Law Institution. So long as these potent sources of infection continue to exist in our midst, so long must the evil remain. We are spending large sums in the *cure* of early cases, but we neglect the most obvious and beneficent *preventive* measure. Phthisis mortality occurs especially among the poor, and measures for its reduction *must* also include those which afford assistance, not only to the sufferer, but often to the families which are dependent upon him.

Consumption is preventable; if treated early enough it is curable; and yet we are still allowing thousands of people to die of a disease which they need never have contracted. It has been truly said that if one-tenth of the number of deaths due to Tuberculosis were due to Plague, Cholera, or Small-pox, there would be a public outcry against the inadequacy and futility of our measures for protecting the public health against such epidemics. The disease generally begins in an insidious manner, and where the working man is concerned he does not give up his work or even consult a medical man on account of these early symptoms. He has no money to pay doctors for slight ailments; and as he has a family to support, he fights against the disease so long as he is physically capable of doing so, by which time the disease has reached a stage in which a cure is almost impossible and sanatorium treatment cannot be expected to have a permanently good result. This Consumption is as deadly as it is because in most cases of the disease amongst the poor it is well advanced before a proper remedy is sought. The hospitals deal with thousands of cases which never come to the knowledge of the Sanitary Authority; but they have not the machinery for dealing with prevention, and as the cases are not followed to their homes the early cases which are often to be discovered there are not sufficiently early dealt with. It is important that these very early cases should be sought out and taken in hand almost before they know themselves that they are ill, in our campaign against the disease among the poorer classes.

The Tuberculosis Dispensary System is designed to secure these ends, and has proved markedly successful. The scheme was first

established in this country in Edinburgh in 1887; hundreds of Dispensaries are now in existence in France, Germany, and America; and whereas two years ago London had not one, it now possesses four. and movements have been recently started for the establishment of three others. The essential feature of the system is the provision of the services of a doctor, who not only sees the patients when they come to his Dispensary, but also visits them in their homes, advises as to hygienic and precautionary measures, and examines other members of the house for early signs of Consumption. He is assisted in this home visiting by a trained nurse, whose duty it is to make periodical visits with the object of ensuring that the patients who are allowed to remain at home under treatment are following out the instructions they have received. But the Dispensary is not an isolated unit. It provides the means for classifying the cases and for securing for each the most appropriate treatment, whether it be in a Sanatorium, a Hospital, an improvised Shelter, a Home for Advanced Cases, or the patient's dwelling. The co-operation of the sanitary authority, the Poor-Law Authority, the local hospitals, Churches and Chapels, and various charitable agencies, is obtained; and in order that there may be no interference with the work of other medical men, no patient previously under treatment is treated without the sanction of those by whom he has been attended. Moreover, all treatment is free; but persons who are found able to pay for treatment are referred to private practitioners. The cases requiring medical relief are referred to the Charity Organisation Society or other suitable agency. Such a Dispensary is supported by voluntary contributions and managed by a voluntary Committee.

The experience both at Edinburgh and Paddington is that the private practitioners frequently send their poor cases to the Dispensary, and that the Out-Patient Department of General Hospitals readily avail themselves of a system which possesses the advantage of combining treatment with the highly necessary home supervision.

The Paddington Dispensary was opened in January, 1909, and already over 1,500 cases, drawn exclusively from that district, are on its register. *Of these cases, about one-third were only discovered*

by the home visiting, and, of the total cases on the register, nearly 500 are children.

The poor consumptive, who has commonly to occupy a stuffy, crowded room, is placed under the worst possible circumstances for the improvement of his condition. If he could be induced, at some personal sacrifice of comfort perhaps, to avail himself of conditions which will ensure purer air at night time, he would greatly benefit. It has been suggested that huts might be erected in the backyards of the dwellings of some of these poorer patients, and the suggestion is a good one where the yards are large enough; but a better suggestion is to obtain two or more fair-sized houses with large open spaces at the rear, so that huts may be erected on these areas to supplement the rooms, which would also be adapted for open-air treatment. Huts or shelters can be very economically constructed in wood and canvas, and, as Dr. Lister has shown, occupied with great benefit to the sufferer. Such huts and rooms on suitable premises could be used for sleeping purposes at night, while the consumptive individual, in an early stage of the disease, is attending his work during the day. One of the rooms could be made a common reading-room, and the occupants would be under the treatment of their own medical man, club doctor, etc. The breadwinners cannot be induced to leave their work and go into sanatoria so long as they are physically capable of continuing their work, and the above suggestion, by enabling them to keep at work, affords a solution of what has hitherto been a very difficult problem in dealing with the poorer consumptives. The expenses of such a scheme would have to be met by voluntary contributions, and as public opinion has been roused to the necessity of dealing with this White Scourge, there is every reason to believe that suitable efforts to raise the necessary money would meet with success. The suggestion has been carried out with success in New York. I need hardly add that the sleeping-house would most profitably be linked up with a Tuberculosis Dispensary and managed by the same Committee.

Doubtless at the Tuberculosis Dispensary, Tuberculin, which is quite harmless if properly employed, would be judiciously used for

purposes of early diagnosis, and also as a curative agent. In the latter respect it appears to be useful, and it is capable of curing a proportion of the sufferers while remaining at their work.

Of course, such provisions are less effective than expensive sanatoria; but we have to consider how we may obtain the greatest good for the greatest number, and it is better to give a 60 per cent. chance of life to 100 sufferers than a 90 per cent. chance of life to 10—for a comprehensive scheme of sanatoria for the poorer people is too costly to be entertained. Again, the educational results of occupying these shelters is probably of even greater value than those obtained by sojourn in a sanatorium, for in the former case the conditions more approximate to the patient's home conditions.

In the absence of an invalidity insurance scheme among British workers, sanatorium provision is robbed of much of its value for the poorer classes, because of the great difficulty of getting them into these institutions at a sufficiently early stage. This difficulty is in some measure responsible for the disappointing results which sanatorium treatment furnishes among the working classes. Nevertheless, these institutions have a great educational value in respect of the precautions which should be taken both in the patient's own interest and in the interests of others. If the disease were made compulsorily notifiable, as it should have been made years ago, a more early selection of cases suitable for sanatorium treatment would be possible, and we should be able to advise more generally upon the precautionary measures which are necessary.

In many parts of the country the empty Small-pox Hospitals are being utilised for the isolation and education of some of the more necessitous cases of Pulmonary Tuberculosis. At first sight it seems that some danger and inconvenience might arise in connection with such an arrangement, but the somewhat extensive experience now available points to no drawbacks beyond the occasional need for the sudden removal of the consumptive patients to their homes; but even then the tuberculous patients have reaped the great advantage, not only of better health, but also of a useful knowledge of how best to regulate their lives in future.

Other measures which are called for embrace the education of the public, as widely as possible, on the precautions which they should adopt to escape the disease and to prevent the present sufferers from being a danger to others. This education may be promoted by the distribution of suitable leaflets of information and advice. The National Association for the Prevention of Consumption is doing a great deal in this educational crusade by means of travelling tuberculosis exhibitions, travelling caravans (provided with a lantern and slides), the delivery of popular lectures, and the distribution of suitable literature.

In the County of Essex it has been decided that the County Memorial to King Edward VII. should be associated with the prevention of Consumption. The scheme will seek to encourage authorities to provide shelters, and where necessary or desirable will secure the provision of shelters for the use of individual patients, and will establish one or more small central institutions (on the Tuberculosis Dispensary lines) within the County.

CEREBRO-SPINAL FEVER.

It was impossible to ascertain how the infant who contracted this disease took up the infection. The child had scarcely been out of the house for several weeks prior to the commencement of the disease, and had never been taken more than short distances from home. Moreover, there had been no case of the disease notified in Stoke Newington for many preceding months. The home was cleanly and in good sanitary condition; and the family of four others, all of whom were healthy, occupied four living rooms. There still remains much that is obscure with reference to this disease, and it is largely on this account that during the year the London County Council, in accordance with the provisions of Section 56, of the Public Health (London) Act, 1891, made an Order requiring the notification of the disease for a further period of 12 months, as from and including the 13th March, 1910.

VACCINATION.

The London Vaccination returns give food for thought and apprehension; as legislation made it more and more easy to obtain exemption from vaccination, the unvaccinated children (including cases postponed) were to be expected to increase.

The Vaccination Returns for England and Wales for 1909, when compared with the Returns for 1908, show a considerable increase in the percentage proportion of children born who remain unvaccinated. It is cause for considerable anxiety to Medical Officers of Health that the country threatens to become a practically unvaccinated community; and that many of the children who are nominally vaccinated are but very imperfectly protected by the growing practice of one-mark vaccination. It is often contended that our sanitary administration has reached such a stage of efficiency that we have little to fear from Small-pox, but our comparatively recent experience in London taught us that the notification of the disease (including the temporary notification of Chicken-pox), and our arrangements for vaccinating contacts and promptly isolating sufferers, did not suffice to prevent a considerable amount of spread of the disease, a great dislocation of trade, and an enormous expense to the community. Moreover, the increasing number of children who are unvaccinated at school ages must have the effect of considerably increasing the danger of the spread of the disease by school attendance.

THE DANGERS OF RATS.

Wide epidemics of plague in man are always associated with epidemic plague in rats. Epidemic plague among rats provides a large number of infected rat fleas, and, owing to the mortality among the rats, these fleas come on to human beings in the absence of their natural host. The essential part which these fleas play in the transmission of disease is demonstrated by the fact that if plague-infected rats are kept in close confinement along with healthy rats, no epidemic of the disease occurs in the absence of fleas; but in the presence of rat fleas the disease spreads from the infected to the healthy animals,

and the rapidity and severity of the epidemic so produced is in proportion to the abundance of fleas. The development of the rat epidemic precedes the human epidemic by an interval of about a fortnight.

An important event of the year 1910 was the occurrence of what seems to have been a rather extensive spread of Rat Plague in certain parts of East Suffolk, which, fortunately, was accompanied by very few human cases. Our experience of the spread of plague by rats in this country is a very limited one, and it has been confined to a few cases of human plague (accompanied in all probability by rat infection), which have quickly disappeared. The brown rat of England, unlike the common black rat of India, lives mainly outside houses, in stables, granaries, hedgerows, stacks, barns, and sewers; and this circumstance is a factor against extensive human plague prevalence in this country. But most of the resources at our ports for preventing rats from ships gaining access to the land are less efficacious than was once believed, and an examination of the rats in certain of our ports has demonstrated that the black rat is in evidence. The Indian experience points very conclusively to the fact that the main sufferers from plague are the poorer people. It is the dilapidated houses of the poorest and dirtiest people which are most likely to be invaded by rats, and by the fleas which inoculate the human being from the infected rat; therefore every effort should be made to keep rats out of the home, and to avoid attracting them by removing all food from their access.

Efforts in the direction of rat destruction are very desirable, not only when plague threatens, but at all times; for, apart from the damage they do to sewers, drains, etc., a rat run, in a town district, is almost invariably from the drain or sewer into the home, and therefore serves as a drain or sewer ventilator. The economic advantage of this destruction should appeal to the farmers, who must lose considerably each year from the food consumed by these rodents. The type of plague called Pneumonic is often responsible for a death-rate of 100 per cent. of those attacked, but the Indian Plague Commission finds that only about 2½ per cent. of all cases of Plague are of this

type, and that in other forms the disease is not particularly infectious or contagious; and man-to-man infection plays no important part in the spread of epidemics in India. Although the situation will never at any time be unattended by anxiety, we have reason to believe that in this country plague can never take more than a strictly localised and temporary footing, providing that all medical practitioners are on the look-out for possible cases, that prompt isolation is provided, and that supplies of plague prophylactic are available. Regulations of the Local Government Board, which were issued during the last year, conferred upon the District Councils powers to enforce rat destruction throughout the whole of their areas, and the Local Government Board has offered to provide for the bacteriological testing of suspected animals. When plague threatens, rat destruction should be carried out with the greatest energy and every effort made to obtain dead or dying rats, in order that they may be examined as to the cause of their illness or death. But as attempts to exterminate the species can only be partially successful in any district, the other measures which aim at keeping the home rat-free must never be neglected.

The measures which have been applied for a wholesale destruction of rats consists in distributing a virus, over a wide area, which is capable of causing a disease which spreads amongst the rats. The Liverpool Virus, the Danysz Virus, and Ratin Virus, have all been employed with this object. The results are, however, in some cases disappointing; and another method which has been employed consists in the distribution of Barium Carbonate upon food and baiting the rats with this material. Barium Carbonate is a cheap and effective poison, harmless to larger animals in the small doses which have to be employed against rats, and the rats before dying generally come out from their hiding places for water and die in the open. Rats are, however, very intelligent animals, and the form and appearance of the bait must be constantly varied. A skilled rat-catcher will often succeed in killing large numbers by hunting and trapping and the keeping of a cat in the home, or, better still, a good terrier, often affords considerable home protection. It is stated, on the authority of

several observers, that if a live rat is trapped, soaked in petroleum, and then allowed to escape in the home, the home may be counted upon as being rat free for many months afterwards.

THE DISINFECTING AND CLEANSING STATION.

During the year ending December 31st, 1910, the following disinfecting and cleansing work was performed at the station:—

Total number of textile articles disinfected	6,536
Total number of books from Public Library disinfected	103
Total number of verminous persons cleansed ...	95

Of the verminous persons cleansed, 92 were children, mostly of school ages; the 3 adults comprising 2 males and 1 female.

In addition to the disinfection of rooms on account of the compulsorily notifiable diseases, 14 rooms were fumigated on account of vermin, 12 on account of consumption, and 6 on account of cancer.

During the year the Borough Council agreed with the Education Department of the London County Council to bathe and cleanse verminous school children, resident in Stoke Newington, on payment of 2s. for the cleansing of each child, but in the event of any one child requiring more than one bath a minimum charge of 2s. for a series of 3 baths, or for each subsequent series or part of a series, no series to extend over a period of more than 4 weeks.

It seems that stringent measures (under the Children Act) are called for against those parents who allow their children frequently to relapse into a verminous condition.

The Shelter has been maintained during the year. The Borough Council 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 auxiliary means of checking the spread.

Meteorological Observations taken during the Year 1910, *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.
			Mean.				
	Highest	Lowest.	Of all Highest	Of all Lowest.			
	°	°	°	°	°	ins.	%
January	56	20	45·1	34·6	39·9	1·57	90
February	56	28	48·3	36·3	42·3	2·96	89
March	58	27	51·5	35·4	43·5	0·97	84
April	66	26	56·1	39·8	48·0	2·24	79
May	80	30	65·0	46·3	55·7	2·22	78
June	84	46	72·3	53·2	62·8	2·17	78
July	79	47	68·5	53·1	60·8	2·53	83
August	78	49	70·9	54·2	62·6	1·64	82
September	76	40	66·2	49·6	57·9	0·58	82
October	73	42	60·6	48·3	54·5	2·00	89
November	53	24	45·4	32·3	38·9	3·19	90
December	55	27	48·7	40·0	44·4	3·29	91

NOTES UPON SANITARY WORK PERFORMED DURING THE YEAR 1910.

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; 4,122 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; 656 Intimation Notices, followed in cases by Statutory Notices, were complied with. Of 4,122 premises inspected, only 172 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. In the case of 51 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 has to pay 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 twice inspected throughout the year.

FOOD INSPECTION.

The amount of unwholesome food seized in Stoke Newington 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.

During the year many systematic efforts have been made to detect the sale of diseased meat within the Borough, and I am glad to say that almost without exception our inspections have not called for the seizure of unwholesome meat. I have no doubt that this result has come about in large measure from the butchers in the Borough realising that if prompt information is given to us with reference to any suspicious material we are prepared to render every assistance in the disposal of it; while, on the other hand, should any butcher be disposed to trade in unsound food, he knows that he stands a good

chance of being discovered and prosecuted. At the present time the purchaser of meat in London has no means of knowing whether it has been subjected to inspection; and the need for this inspection is amply testified to by the records of the amount of diseased and unwholesome meat seized or surrendered within the Metropolis. Adequate inspection can never be provided in the existing private slaughter-houses, and this is the great argument in favour of the provision of municipal abattoirs.

No premises are registered for the sale or storage of milk unless certain structural conditions are complied with.

Milk may be the medium of transmitting tuberculosis, and other conditions of relatively trivial importance, from cows to man; and it is a medium by which disease of human origin continues to be transmitted. More especially do the insanitary conditions often present in connection with dairy farms involve a risk of the spread of typhoid fever should any of the dairy hands be suffering from a mild and unrecognised type of this disease. With reference to the danger of tuberculosis being conveyed through milk, the Royal Commission, in their Second Interim Report issued in 1907, pronounced as follows:— "There can be no doubt but that in a certain number of cases the tuberculosis occurring in the human subject, especially in children, is the direct result of the introduction into the human body of the bacillus of bovine tuberculosis, and there also can be no doubt that in the majority at least of these cases the bacillus is introduced through cows' milk. Cows' milk containing bovine tubercle bacilli is clearly the cause of tuberculosis and of fatal tuberculosis in man." If the sole source of infected milk were cows suffering from tuberculosis of the udder, the danger and difficulties of controlling it would be considerable; but, unfortunately, the source of infection is a more general one, and the difficulties are greatly increased from the circumstance that the main danger comes from the dung of tuberculous cattle, which may contain millions of tubercle bacilli long before tuberculosis can be recognised by any means other than the tuberculin test. It is in this way that one tuberculous cow may be capable of infecting the herd and the entire milk supply of a dairy, to which a certain amount of cow's dung almost invariably gains access The extent to which the danger

actually exists is well demonstrated by the work of the London County Council. Under Part IV. of their General Powers Act, which came into operation on July 1st, 1908, and up to a quite recent date, 4,126 samples of milk, taken by their Inspectors at the principal Railway Termini, furnished results on examination which demonstrated that 10.5 per cent. of the samples contained the germ of tuberculosis; and of 23,978 cows examined by the L.C.C. veterinary inspector, practically 2 per cent. were found to be suffering from tuberculosis of the udder. But this examination of milk in the course of its distribution and the veterinary examination of the suspected herds several weeks subsequently, is but a clumsy makeshift. What is required is that better provision should be made to deal with these dangers at "the fountain head," namely, the farm; and when the community realises the necessity of guarding against the danger of tuberculosis in milk and the necessity (from the infant standpoint) of a cleaner milk supply, the demand will come for far better arrangements than those which now exist in the country districts, from which almost the whole of our milk supply is derived. To ensure pure milk at its source it is important then to eradicate tuberculosis from the herds and to pay due attention to the cleanly state of the cows, sheds, dairy hands, and utensils used. To these ends the milk producer, generally speaking, needs education and frequent supervision, and the best agent for this purpose is the veterinary surgeon. The question of tuberculosis in cattle becomes a serious one from every aspect in which we may regard it. In Agriculture tuberculosis is a constant source of weakness and of loss to the herd and the destroyer of valuable animals. This country is world-famous for superior breeds of cattle, but every Agricultural State in either Hemisphere protects itself by the Tuberculin test against the importation of our tuberculous stock. The problem then is a grave one, demanding the consideration of the nation, and more particularly of the agricultural industry and Public Health Authorities. It is obviously unfair to the producer, and justly resented, that the conditions in one district of the country should be more rigorous than those in a neighbouring district, and there is the further drawback that animals excluded from the dairies of an inspected district may be sold and allowed to contribute to the milk supply of another district, with the effect of intensifying the

danger in the unprotected area. The farmer will naturally require that the inspector shall be a practical man with a knowledge of cattle, and if this is provided, together with uniform inspection throughout the country, there is no reason to doubt that the scheme would be acceptable to him.

The compulsory notification of clinical tuberculosis and of udder disease in milch-cows would only be really effective if combined with periodic veterinary inspection. Indeed, the experience of the working of the Milk Clauses of the Birmingham Improvement Act demonstrates such a provision to be practically inoperative. It remains, in conclusion, to briefly consider what would have to be the nature of this veterinary inspection. Unfortunately, diagnosis of tuberculosis by inspection and palpation, etc., even when the udder is affected, is often impossible without the assistance of tuberculin and bacteriological examination, and hence it is only by a combination of these methods with veterinary inspection that a sufficiently prompt and certain diagnosis for public health administration purposes can be effected. These circumstances add to the expense and difficulties in connection with the scheme, but not materially so. Then again a quarterly inspection is necessary for several reasons, among which may be mentioned the fact that clinical tuberculosis may develop in less than three months, and on a half-yearly basis some cows in milk might escape inspection altogether. Any suspected or diseased cow would be at once isolated and the sale of its milk stopped; and when it is known for a certainty that the animal is suffering from tuberculosis every endeavour should be made to obtain its slaughter.

This, of course, would be greatly facilitated by a national scheme, for the reason that the sale of the animal and its subsequent use for milking would be dangerous, if not impossible, owing to the co-operation (including inter-notification, etc.,) which would exist among Sanitary Authorities.

ACCOMMODATION FOR STORAGE OF FOOD.

It is noteworthy that our hands have been much strengthened, in dealing with this most important provision, by recent legislation.

Under the L.C.C. (General Powers) Act, 1909, Section 16 enacts as follows:—"If at any time it appears to any Sanitary Authority that in any tenement house within their district sufficient and suitable accommodation for the storage of food is not provided for the use of each family occupying such house on the storey or one of the storeys in which are situate the rooms or lodgings in the separate occupation of such family, the Sanitary Authority may, if the provision of such accommodation is practicable, cause notice to be served on the owner of such house, requiring him, within such reasonable time as may be specified in the notice, to provide sufficient and suitable accommodation for the purpose aforesaid, and any owner failing to comply with such requirement within the period prescribed in the notice shall be liable on summary conviction to a penalty not exceeding forty shillings and to a daily penalty not exceeding twenty shillings: Provided that this Section shall not apply to any tenement house used or occupied as such before the passing of this Act."

STABLE MANURE.

In recent years there has been a constant decrease in the amount of stable manure in London owing to the displacement of horse by motor traffic. Nuisance from this source is therefore very much less than formerly, a fact which may also be due to the enforcement of the regulations requiring periodical removal, and to the bylaw prohibiting manure receptacles sunk below the surface of the ground.

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 public health, that they should be registered and inspected at frequent intervals.

By the end of the year 1910, 263 premises were on the Register, and during the year these registered premises were duly inspected by Miss Aldridge.

HOUSING.

In September, 1910, the Local Government Board issued Regulations under Section 17 (1) of the Housing and Town Planning Act, 1909. These Regulations aim at systematising and enforcing, in detailed fashion, the routine inspection of dwellings, with the aim that sanitary defects shall be discovered, reported upon, and remedied. The Medical Officer of Health is to report upon the particular dwelling-houses which in his opinion call for inspection, from time to time. Full records of all inspections made are to be kept, and these must contain information as to the arrangements for preventing the contamination of the water supply, closet accommodation, drainage, condition of the dwelling-house in regard to light, the free circulation of air, dampness, and cleanliness; the paving, drainage, and sanitary condition of any yard or outhouse belonging to the premises; the arrangements for the deposit of refuse and ashes; the existence of any room which would, in pursuance of Sub-Section 7 of Section 17 of the Act, be a dwelling-house so danegrous or injurious to health as to be unfit for human habitation; and any other defects which may render the dwelling-house dangerous or injurious to health. The result of any action taken has also to be recorded, and by Article 5:—"The Medical Officer of Health shall include in his Annual Report information and particulars, in tabular form, in regard to the number of dwelling-houses inspected under and for the purposes of Section 17 of the Act of 1909, the number of dwelling-houses which on inspection were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, the number of representations made to the local authority with a view to the making of closing orders, the number of closing orders made, the number of dwelling-houses the defects in which were remedied without the making of closing orders, the number of dwelling-houses which after the making of closing orders were put into a fit state for human habitation, and the general character of the defects found to exist. He shall also include any other information and particulars which he may consider desirable in regard to the work of inspection under the said Section."

REGULATIONS MADE BY THE BOROUGH COUNCIL, IN 1910, AS TO UNDERGROUND ROOMS HABITUALLY USED AS SLEEPING PLACES.

Whereas by Section 17 of the Housing, Town Planning, etc., Act, 1909, it is enacted as follows:—

Sub-Section 7. A room habitually used as a sleeping place, the surface of the floor of which is more than three feet below the surface of the part of the street adjoining or nearest to the room, shall for the purposes of this Section be deemed to be a dwelling-house so dangerous or injurious to health as to be unfit for human habitation, if the room either:—

(a) Is not on an average at least seven feet in height from floor to ceiling; or

(b) Does not comply with such regulations as the local authority, with the consent of the Local Government Board, may prescribe for securing the proper ventilation and lighting of such rooms, and the protection thereof against dampness, effluvia, or exhalation. Provided that if the Local Sanitary Authority fail to make such regulations, or such regulations as the Board approve, the Board may themselves make them, and the regulations so made shall have effect as if they had been made by the local authority, with the consent of the Board.

Provided that a closing order made in respect of a room to which this Sub-Section applies shall not prevent the room being used for purposes other than those of a sleeping place; and that, if the occupier of the room, after notice of an order has been served upon him, fails to comply with the order, an order to comply therewith may, on summary conviction, be made against him.

Now, therefore, we, the Mayor, Aldermen, and Councillors of the Metropolitan Borough of Stoke Newington, being the local authority for the said Metropolitan Borough, hereby prescribe the

following regulations, with which a room habitually used as a sleeping place, the surface of the floor of which is more than three feet below the surface of the part of the street adjoining or nearest to the room, shall comply, namely:—

(a) Such room shall in every part thereof have at least three feet of its height above the level of the surface of the street or ground adjoining, or nearest to such room. Provided that if the width of the area hereinafter mentioned is not less than the height of the room from the floor to the said surface, or is not less than six feet, the height of the room above such surface may be less than three feet, but not in any case less than one foot.

(b) Every wall of such room shall be constructed with a proper damp-proof course, and, if in contact with the soil, shall be effectually protected against dampness from that soil by means of a vertical damp-proof course, or otherwise.

(c) There shall be outside of and adjoining such room and extending along the entire frontage thereof and open upwards from six inches below the level of the floor thereof an area properly paved and effectually drained and at least four feet wide in every part; provided that the width of such area may be not less in any part than three feet, if the mean width of the area be not less than four feet; provided also that in the area there may be placed steps necessary for access to the room, and over and across such area there may be steps necessary for access to any buildings above the room, if the steps are so placed in such case as not to be over or across any external window of the room.

(d) The space, if any, beneath the floor of such room shall be provided with adequate means of ventilation.

(e) Every drain passing under any such room shall be properly constructed of a gas-tight pipe.

(f) Such room shall be effectually protected against the rising of any effluvia or exhalation by means of a layer of good cement concrete at least six inches thick laid upon the soil of the site of the entire room, or in some other effective manner.

(g) Every such room which is without a fireplace, and a flue properly constructed and properly connected with such fireplace, shall be provided with special and adequate means of ventilation by a sufficient aperture or air shaft, which shall provide an unobstructed sectional area of 100 square inches at the least.

(h) Such room shall have one or more windows opening directly into the external air, with a total area clear of the sash frames equal to at least one tenth of the floor area of the room, and so constructed that one-half at least of every such window can be opened, and that the opening may in every case extend to the top of the window.

Under the Housing and Town Planning Act, 1909, the Watson Street Area was inspected and reported upon.

All the necessary facts were entered in a Special Register; but it was not found necessary to recommend any action apart from that taken under the Nuisance Sections of the Public Health (London) Act, 1891.

FACTORIES AND WORKSHOPS.

At the end of the year 1910 there were on the Register 254 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.	Number of		
	Inspections.	Written Notices.	Prosecutions.
1	2	3	4.
Factories (including Factory Laundries) ..	35	..	..
Workshops (including Workshop Laundries) ..	202	41	..
Workplaces .. .. (Other than Outworkers' premises included in Part 3 of this Report).	17	..	..
Total	254	41	Nil

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
1	2	3	4	5
Nuisances under the Public Health Acts :—				
Want of Cleanliness	7	7	..	..
Want of Ventilation	..	..	..	..
Overcrowding	..	..	..	..
Want of drainage of floors	..	..	..	..
Other nuisances	42	42	..	..
†Sanitary accommodation — insufficient	3	3	..	..
†Sanitary accommodation — unsuitable or defective	15	15	..	..
†Sanitary accommodation — not separate for sexes	..	..	..	..
Offences under the Factory and Workshop Act:—				
Illegal occupation of underground bakehouse (s. 101)	..	..	..	..
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	..	..	..	..
Other offences .. .. (Excluding offences relating to outwork which are included in Part 3 of this Report)	..	..	..	..
Total	67	67	Nil	Nil

*Including those specified in sections 2, 3, 7 and 8, of the Factory and Workshops 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.								
	Twice in the year.			Once in the year.													
	Lists.†	Outworkers.†		Lists.	Outworkers.†		Received from other Councils.	Forwarded to other Councils.	Failing to keep or permit inspection of Lists.	Failing to send lists.		Instances.	Notices served.	Prosecutions.	Instances.	Order made (S 110).	Prosecutions (Sections 109, 110).
		Contractors	Workmen.		Contractors	Workmen.											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Wearing Apparel—																	
(1) making, &c.	50		330				708	340	46			346					
(2) cleaning and washing ...																	
Lace, lace curtains and nets ...																	
Artificial Flowers																	
Nets, other than Wire Nets ...																	
Tents																	
Sacks																	
Furniture and Upholstery ..	2		9														
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...																	
Anchors and Grapnels																	
Cart Gear																	
Locks, Latches and Keys ...																	
Pea Picking...																	
TOTAL	52		339				708	340	46			346					

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year. (1)	Number (2.)
Bakehouses	24
Miscellaneous...	195
Total number of workshops on Register	219

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)...		12
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)	Notified by H.M. Inspector	12
	Reports (of action taken) sent to H.M. Inspector ...	—
Other		1
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, and there were only 7 instances in which it was necessary to require cleansing. There were three occasions to require an increase in the water-closet accommodation, and 15 in which the accommodation was unsuitable or defective. In 12 cases the Abstract of the Factory Act was not affixed in the workrooms, and the Home Office was notified accordingly. There are altogether 708 domestic workrooms in the Borough in which wearing material of various kinds are being dealt with.

A complete list of all out-workers has been kept in the office; the information has often been obtained by 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. All the premises occupied by out-workers were inspected during the year.

Miss Aldridge reports as follows:—

During the year I have inspected all the workrooms in which women are employed, and also the home-workers' premises. They are on the whole in a very satisfactory condition.

27 new workrooms were measured, the cubic capacity ascertained, and a few slight cases of overcrowding abated.

In 12 workrooms no abstract of the Factory Act was affixed, and in each case this was notified to the Home Office.

Where dirty walls and ceilings were found, they have been stripped and cleansed, and in many workrooms and home-workers' premises the means of ventilation have been improved.

In one instance it was found necessary to provide additional sanitary accommodation.

The chief industries in which women in the Borough are employed are:—

Dressmaking.
Mantle making.
Tailoring.
Blouse and skirt making.
The making of baby clothes.
Millinery.
Tie making.
Making, cleaning, and altering of furs.
,, of lace collars.
,, ,, underclothing.
Brush making.
Belt ,,
Toy ,,
Sweet ,,
Fur rug ,,
Carpet sewing.

Upholstering.
Artificial flower making.
Paper bag ,,
Box ,,
Cork sock ,,
Smocking.
The making of children's shoes.
,, ,, ,, shoe and boot uppers.
,, ,, ,, sun hats and bonnets.
Laundry work.
Thermometer marking.
The making of trimmings and tassels.
,, ,, ,, gold lace.
* ,, ,, ,, sheets and pillow cases.
,, ,, ,, men's fiannel suits.
,, ,, ,, ,, pyjama ,,
,, ,, ,, bathing gowns.
,, ,, ,, waistcoats.
,, ,, ,, servants' aprons.

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

PUBLIC HEALTH LEGISLATION DURING 1910.

The year was almost barren of Public Health Legislation. Although several Orders and Circulars were issued by the Local Government Board, there was only one Act of Parliament which affects sanitary administration by the Public Health Authority. This was the London County Council General Powers Act of 1910, which contains sections dealing with the Smoke Nuisance in London. By this Act the Sanitary Authority may request the County Council to enforce the provisions of Sections 23 and 24 of the Public Health (London) Act of 1891. The County Council also have the power

* Some of the Royal linen has been embroidered in this Borough.

of enforcing these provisions in their application to any premises belonging to or used by a sanitary authority. Furthermore, the County Council may spend money up to £500 per annum upon experiments and investigations with respect to smoke consumption and the abatement of nuisance arising from smoke.

The above-mentioned sections are as follows:—

Section 23.—(1) Every furnace employed in the working of engines by steam, and every furnace employed in any public bath or washhouse, or in any mill, factory, printing-house, dye-house, iron foundry, glasshouse, distillery, brewhouse, sugar refinery, bakehouse, gasworks, water-works, or other buildings used for the purpose of trade or manufacture (although a steam engine be not used or employed therein), shall be constructed so as to consume or burn the smoke arising from such furnace.

(2) If any person, being the owner or occupier of the premises, or being a foreman or other person employed by such owner or occupier—

(a) Uses any such furnace which is not constructed so as to consume or burn the smoke arising therefrom; or

(b) So negligently uses any such furnace as that the smoke arising therefrom is not effectually consumed or burnt; or

(c) Carries on any trade or business which occasions any noxious or offensive effluvia, or otherwise annoys the neighbourhood or inhabitants, without using the best practicable means for preventing or counteracting such effluvia or other annoyance;

such person shall be liable to a fine not exceeding five pounds, and on a second conviction to a fine of ten pounds, and on each subsequent occasion to a fine double the amount of the fine imposed on the last preceding conviction.

(3) Every steam engine and furnace used in the working of any steam vessel on the River Thames, either above London Bridge or plying to and fro between London Bridge and any place on the River Thames westward of the Nore Light, shall be constructed so as to consume or burn the smoke arising from such engine and furnace; and if any such steam engine or furnace is not so constructed or being so constructed is wilfully or negligently used so that the smoke arising therefrom is not effectually consumed or burnt, the owner or master of such vessel shall be liable to a fine not exceeding five pounds, and on a second conviction to a fine of ten pounds, and on every subsequent conviction to a fine of double the amount of the fine imposed on the last preceding conviction.

(4) Provided that in this section the words "consume or burn the smoke" shall not be held in all cases to mean "consume or burn all the smoke," and the court hearing an information against a person may remit the fine if of opinion that such person has so constructed his furnace as to consume or burn as far as possible all the smoke arising from such furnace, and has carefully attended to the same, and consumed or burned as far as possible the smoke arising from such furnace.

(5) It shall be the duty of every sanitary authority to enforce the provisions of this section, and an information shall not be laid for the recovery of any fine under this section except under the direction of a sanitary authority.

(6) The provisions of this Act with respect to the admission of the sanitary authority into any premises for any purposes in relation to nuisances, and with respect to the giving of information of a nuisance, shall apply in like manner as if they were herein re-enacted, and in terms made applicable to this section.

Section 24.—*(a)* Any fireplace or furnace which does not, as far as practicable, consume the smoke arising from the

combustible used therein, and which is used for working engines by steam, or in any mill, factory, dyehouse, brewery, bakehouse, or gasworks, or in any manufacturing or trade process whatsoever; and

(b) Any chimney (not being the chimney of a private dwelling-house) sending forth black smoke in such quantity as to be a nuisance;

shall be nuisances liable to be dealt with summarily under this Act, and the provisions of this Act relating to those nuisances shall apply accordingly;

Provided that the court hearing a complaint against a person in respect of a nuisance arising from a fireplace or furnace which does not consume the smoke arising from the combustible used in such fireplace or furnace shall hold that no nuisance is created, and dismiss the complaint, if satisfied that such fireplace or furnace is constructed in such manner as to consume as far as practicable, having regard to the nature of the manufacture or trade, all smoke arising therefrom, and that such fireplace or furnace has been carefully attended to by the person having the charge thereof.

FOOD AND DRUGS.

Under the Sale of Food and Drugs Act, 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 1910.

No.	Sample Analysed.	Opinion Formed.	Action Taken.
*1	Milk	Genuine	Nil.
*2	Milk	3½% of added water	Vendor cautioned.
*3	Milk	6½% less than legal limit for fat	Summons dismissed on proof of warranty
*4	Milk	Genuine	Nil.
*5	Milk	,, ...	,,
*6	Milk	,, ...	,,
7	Coffee	,, ...	,,
8	Margarine	,, ...	,,
9	Butter	Trace of boric acid	,,
10	Whiskey	Genuine	,,
11	Butter ..	,, ...	,,
12	Gin	,, ...	,,
13	Milk	,, ...	,,
14	Milk	,, ...	,,
15	Milk	,, .. .	,,
16	Milk	,, ...	,,
17	Milk	,, ...	,,
18	Milk	,, ...	,,
19	Butter	,, ...	,,
20	Tartaric Acid ..	,, ...	,,
21	Liquorice Powder ..	,, ...	,,
22	Whiskey	,, ...	,,
23	Coffee	,, ...	,,
24	Butter	,, ...	,,
25	Milk	,, ...	,,
26	Milk	,, ...	,,
27	Milk	12% of added water ..	Defendant fined 10s. and 12s. 6d. costs.
28	Milk	Genuine	Nil.
29	Milk	Trace of boric acid ..	,,
30	Milk	Genuine	,,
31	Milk	Very poor in fat ..	,,
32	Butter	Genuine	,,
33	Flour .. .	,, ...	,,
34	Butter	,, ...	,,
35	Flour	,, ...	,,
36	Gin	,, ...	,,
37	Butter (Informal) ..	Margarine	,,
38	Butter	Margarine	Defendant fined £1 and 12s. 6d. costs.
39	Coffee	Genuine	Nil.
40	Butter	,, ...	,,
41	Butter .. .	Trace of boric acid ..	,,
42	Coffee	Genuine	,,
43	Butter .. .	,, ...	,,

* Sunday samples.

TABLE C.—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
44	Butter	Genuine	Nil.
45	Coffee	,, ...	,,
46	Butter	Trace of boric acid..	,,
47	Butter	Genuine	,,
48	Milk	,, ...	,,
*49	Milk	,, ...	,,
*50	Milk	2% less than legal limit for butter-fat	,,
*51	Milk	Genuine	,,
*52	Milk	,, ...	,,
*53	Milk	,, ...	,,
*54	Milk	,, ...	,,
55	White Pepper ..	,, ...	,,
56	Demerara Sugar ..	,, ...	,,
57	Lard	,, ...	,,
58	Cheese	,, ...	,,
59	Vinegar	,, ...	,,
60	Lard	,, ...	,,
61	Tea (Informal) ..	,, ...	,,
62	Milk	2% of added water; or 4% deficiency in fat	Vendor cautioned.
63	Milk	Genuine	Nil.
64	Milk	,, ...	,,
65	Milk	6% less than legal limit for butter-fat	Summons dismissed on proof of warranty
66	Milk	Genuine	Nil.
67	Milk	,, ...	,,
68	Milk	,, ...	,,
69	Milk	,, ...	,,
70	Milk	,, ...	,,
71	Milk	,, ...	,,
72	Margarine	Trace of boric acid ..	,,
73	Butter	Genuine	,,
74	Coffee	,, ...	,,
75	Mixed Sweets ..	,, ...	,,
76	Gin	,, ...	,,
*77	Milk	Trace of boric acid..	,,
*78	Milk	Genuine	,,
*79	Milk	,, ...	,,
*80	Milk	,, ...	,,
*81	Milk	,, ...	,,
*82	Milk	,, ...	,,
*83	Milk	,, ...	,,
*84	Milk	,, ...	,,
85	Mixed Sweets ..	,, ...	,,
86	Flour	,, ...	,,
87	Liquorice Powder ..	,, ...	,,
88	Seidlitz Powders ..	,, ...	,,
89	Butter	,, ...	,,
90	Butter	,, ...	,,
91	Margarine	Served in plain wrapper	Vendor cautioned.

* Sunday samples.

TABLE C.—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
92	Milk	Genuine	Nil.
93	Milk	,, ...	,,
94	Milk	Very low standard ..	,,
95	Milk	Genuine	,,
96	Milk	,, ...	,,
97	Milk	,, ...	,,
98	Milk	,, ...	,,
99	Milk	8½% of added water ..	Defendant ordered to pay 12s. 6d. costs.
100	Flour	Genuine	Nil.
101	Lard	,, ...	,,
102	Vanilla Essence ..	,, ...	,,
103	Cream	,, ...	,,
104	Gin	,, ...	,,
105	Coffee	,, ...	,,
106	Milk	,, ...	,,
107	Milk	,, ...	,,
108	Milk	,, ...	,,
109	Milk	,, ...	,,
110	Milk	,, ...	,,
111	Cocoa	,, ...	,,
112	Golden Syrup ..	,, ...	,,
113	Butter	,, ...	,,
114	Vinegar	,, ...	,,
115	Butter	,, ...	,,
116	Beef Sausages ..	,, ...	,,
117	Pork Sausages ..	,, ...	,,
118	Cream (Informal) ..	30·1 grains per pound of boric acid	,,
119	Cream (Informal) ..	8 grains per pound of boric acid	,,
120	Beef Sausages ..	Genuine	,,
121	Cream	15·4 grains of boric acid per pound	,,
122	Demerara Sugar ..	Genuine	,,
123	Butter	,, ...	,,
124	Cream	8·3 grains per pound of boric acid	,,
125	Milk	Genuine	,,
126	Milk	,, ...	,,
127	Milk	,, ...	,,
128	Milk	,, ...	,,
*129	Milk	,, ...	,,
*130	Milk	,, ...	,,
*131	Milk	,, ...	,,
*132	Milk	,, ...	,,
*133	Milk	,, ...	,,
*134	Milk	,, ...	,,
135	Gin	,, ...	,,
136	Scotch Whisky ..	,, ...	,,

* Sunday samples.

TABLE C.—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
137	Rum	Genuine	Nil.
138	Coffee	,, ...	,,
139	Flour	,, ...	,,
140	Flour	,, ...	,,
141	Vinegar	,, ...	,,
142	Paregoric	,, ...	,,
143	Butter	,, ...	,,
144	Butter	,, ...	,,
145	Margarine	,, ...	,,
146	Milk	,, ...	,,
147	Milk	,, ...	,,
148	Butter	,, ...	,,
149	Milk	,, ...	,,
150	Milk	3½% of added water..	Vendor cautioned.
151	Butter	Genuine	Nil.
152	Fine Oatmeal ..	,, ...	,,
153	Ground Ginger ..	,, ...	,,
154	Liquoriee Powder ..	,, ...	,,
155	Flour	,, ...	,,
156	Butter	,, ...	,,

Table showing the results of Analysis of Samples taken under the Sale of Food and Drugs Acts, during the years 1908-9 in England and Wales:—

	Percentage Adulterated.	
	1908.	1909.
Milk	10·5	9·7
Butter..	7·5	5·7
Cheese..	1·5	0·6
Margarine	2·8	3·6
Lard	0·8	1·3
Bread	1·0	0·6
Flour	0·0	0·2
Tea	0·0	0·0
Coffee	5·3	5·1
Cocoa	10·0	3·7
Sugar	8·1	5·9
Mustard	3·3	4·0
Confectionery and Jam	3·8	3·4
Pepper	0·6	0·4
Wine	4·3	10·6
Beer	1·8	0·9
Spirits..	10·6	9·9
Drugs..	9·0	6·9
Other Articles	9·7	8·6
All Articles	8·5	7·5

In London, as a whole, one sample was analysed for every 187 persons, being at the rate of 5·4 per 1,000 of the population of 1901. In Stoke Newington the proportion was one sample to every 349, being at the rate of barely 3 per 1,000 of the present population.

9 of the samples purchased in the Borough in 1909 were not satisfactory; and, therefore the percentage of non-genuine samples amounted to about 5·8 per cent., a figure which is slightly above that of the preceding year, when it was 5·1 per cent. The figure for the whole country was 7·5 per cent. during the year 1909.

9·9 per cent. of the milk samples were unsatisfactory, as against 8·7 per cent. during the preceding year; but in some cases the deficiency below the legal limits was very slight. The percentage of adulteration of milk for the whole country during 1909 was 9·9. In London the percentage reported against was 8·4.

Whereas the heavier adulteration of milk practised 30 years ago has largely disappeared, the large number of samples which are found to be poor and only just reaching the low legal limit of 3 per cent. of fat, all of which on this account have to be returned as genuine, clearly indicates that the practice of robbing good average milk (containing nearer 4 per cent. of fat) of a large part of its cream, is very common.

Most of the samples purchased under the Sale of Food and Drugs Acts 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, Cream and Margarine were tested for antiseptics, with the result that 3 of the samples of Milk, 3 of Butter, 5 of Cream, 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. Several samples of Sausages contained boric acid in amounts which called for cautionary letters to the vendors.

On many occasions Public Analysts have drawn attention to the low proportion of butter-fat in samples of cheese which they have

been called upon to analyse, and I have myself analysed cheese containing 50 per cent. of water. Dutch cheese, as understood by the trade, is made from partially skimmed milk, and I have found the fat in such cheese in past years to approximate to 20 per cent.; but during the past two years I have found samples of this cheese to contain as little as 10 per cent. or even less, of fat. Cheese is a much-used and highly nutritious article of diet, of which the poorer classes consume considerable quantities, and it seems desirable in the public interest that, when sold as cheese, it should be made to conform to a fair standard composition, more especially in respect to the fat it contains. Such low grade cheeses enter into unfair competition with the genuine article, and whereas it would be unnecessary to prevent the sale of cheeselike material made from separated milk and containing but little fat, its sale under the name of "cheese" should be disallowed.

REPORT OF CHIEF SANITARY INSPECTOR FOR THE YEAR 1910.

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, 1910:—

HOUSES AND PREMISES INSPECTED.

By house-to-house inspection	758
Upon complaint, under Sec. 107 (3), Public Health Act, 1891...	172
After notification of infectious disease	221
After Notices from builders, under Bye-law 14 (London County Council)	135
Stables and mews	340
Slaughter houses	11
Milkshops, dairies and cowsheds	67
Bakehouses	37
Factories and workshops	573
Other premises inspected	1,808
	4,122
Re-inspections made to examine and test work	3,860
Total inspections ..	7,982

INTIMATION NOTICES SERVED.

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

After house-to-house inspection	228
After inspection on account of complaint	121
After infectious illness	67
With reference to stables and mews	6
,, ,, milkshops, dairies and cowsheds	5
,, ,, bakehouses	16
,, ,, factories and workshops	44
,, ,, slaughter houses	—
After sundry other inspections	169
	656

STATUTORY NOTICES.

Twenty-three statutory notices, authorised by your Committee, were served under Sec. 4, Public Health Act, 1891. In every instance the work specified in the notice was carried out.

NUISANCES ABATED AND SANITARY DEFECTS REMEDIED.

Dirty premises, cleansed and whitewashed	148
Dampness in dwellings remedied	77
Dilapidated ceilings, stairs, &c., repaired	29
Bell-traps and small dip-traps removed and replaced by stone-ware gulleys	1
Foul traps and pans of w.c.'s cleansed or new ones substituted Public-house urinals cleansed (after intimation)	50
Flushing cisterns to w.c.'s provided or repaired, and w.c.'s with insufficient water supply made satisfactory	51
Defective w.c. basins and traps removed and replaced by approved patterns	74
Stopped or choked w.c. traps cleared	19
External ventilation to w.c.'s improved	1
W.c.'s removed to more sanitary positions	1
Carried forward...	451

Brought forward...	451
Separate Flushing cisterns fixed to w.c.'s which were previously flushed directly from dietary cistern...	1
Additional w.c.'s provided in case of insufficient w.c. accommodation	19
Defective soil-pipes reconstructed	34
Soil-pipes improperly ventilated, improved / Unventilated soil-pipes ventilated	14
Dirty yards cleansed	15
Yards paved or re-paved with impervious material	47
Gulley and other traps inside houses removed	—
Sink waste-pipes directly connected to drain, made to discharge in open-air over proper syphon gulleys	2
Long lengths of sink, bath, and lavatory waste-pipes trapped, and made to discharge in open-air over gulleys	72
Defective waste-pipes repaired	16
Foul water-cisterns cleansed ... ... / Water-cisterns without close-fitting covers provided with proper coverings	40
Defects in water-cisterns remedied	11
Defective dust-bins pulled down and new portable dust-bins provided	72
Defective drainage re-constructed in accordance with the bye-laws of London County Council	145
Choked or stopped drains cleared and repaired	139
Drains ventilated or defective ventilating pipes renewed ...	11
Rain water pipes disconnected from drains or soil-pipes and made to discharge over gulley-traps	6
Proper water supply provided to houses	14
Defective roofs repaired	71
Defective gutterin and rain water pipes repaired or renewed ...	64
Defective paving to floors of wash-houses repaired or renewed...	20
Dirty walls of work-rooms cleansed	8
Proper manure receptacles provided (London County Council bye-laws)	9
Carried forward...	1,281

Brought forward...	1,281
Cases of over-crowding abated	14
Accumulations of refuse, &c., removed	21
Areas re-paved and drained...	1
Insufficiently ventilated space under wooden floors, remedied by insertion in outer walls of proper air bricks	10
Underground dwellings improved	—
Nuisances from animals abated	6
Smoke nuisance abated	5
Total number of nuisances abated ..	1,338

The above list does not include a large number of improvements which have been suggested to owners from time to time when carrying out work in connection with the notices served.

SLAUGHTER-HOUSES.

There are only four Licensed Slaughter-houses at present in use in the Borough, viz.:—118, Church Street; 165, High Street; 70, Mountgrove Road; 55, Neville Road. The question of a renewal of licence for 95, Church Street, which lapsed on the premises becoming vacant, is still under consideration by the London County Council.

Each of the Slaughter-houses was inspected several times during the year, the result of inspection being satisfactory in each case.

COMMON LODGING-HOUSE.

The one Common Lodging-house in the Borough, situate at No. 81, Church Street, is under the control of the London County Council, and is conducted in accordance with the bye-laws.

BAKEHOUSES.

37 inspections were made of the twenty-four seven Bakehouses. 16 intimation notices were served for limewhiting and cleansing.

DAIRIES, COWSHEDS, AND MILKSHOPS.

67 visits were paid to the Milkshops and Cowsheds. In most instances the premises were found to be in a satisfactory condition. It was only necessary in 5 cases to serve intimation notices for cleansing.

There are 51 milk vendors registered in the Borough and two licensed cowkeepers.

COMPLAINTS.

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

172 complaints were received during the year, relating to 186 premises.

In 24 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.

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

STABLES AND MEWS.

340 inspections were made of the Stables and Mews in the Borough.

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

The Council's Regulations have been well observed; and in several instances the paving of stable yards has been repaired or renewed on advice to the occupiers or owners.

HOUSES LET IN LODGINGS.

There were 263 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 95 showing the result of proceedings taken in respect of adulterated samples.

BUTTER AND MARGARINE ACT, 1907.

Two firms in the Borough are registered under the above Acts as Wholesale Dealers in Margarine or Butter-substitutes.

HOUSE-TO-HOUSE INSPECTION.

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

Aldham Place.
Barn Street.
*Barrett's Grove (Tenements).
Boleyn Road (Tenements).
Broughton Road.
Chalmers Terrace.
Church Path.
Church Street.
Clonbrock Road.
Cressington Road.
Edward's Lane.
Hamilton Place.
Hayling Road.
Hermitage Road.
Hornsey Place.
Howard Road.
Leonard's Place.
Londesborough Road.
Lordship Park Mews.
Mason's Court.
Mason's Place.
Matthias Road.
Nevill Road (Tenements).
Nevill Road.
*Philp Street.
Shakespeare Road.
Shipway Terrace.
Statham Grove.
Summerhouse Road.
Thomas Place.
Victoria Grove West.
Watson Street.
White Hart Court.

* These have been inspected twice during the year.

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.	cwts.	qrs.	lbs.
Beef	108	10	0	13
Salmon	65		2	9
Milk	191	1	2	23
Pine Apple	1			2
Tomatoes	1			3
	366			
Other Articles.				
Mutton	.. .. ..	1	0	15½
Bacon	.. .. ..			20
Jam	.. .. ..	1	1	4
Fish (Mixed)	.. .. ..		2	0
Tomatoes	.. .. ..			8
Beef	.. .. ..			5
Cheese	.. .. ..			3
	Cwt.	15	2	21½

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.

Numerous observations have been made of the factory chimneys in the Borough during the year.

Special attention was given to several chimneys of which complaints had been received

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 frequently inspected during the summer months. The conditions under which the manufacture was carried on were in every case found to be satisfactory. The barrows and utensils of itinerant vendors have also been examined.

RESTAURANTS AND EATING HOUSES.

There are 26 of these premises in the Borough. The results of the inspections, both of the food and the kitchens, have been satisfactory.

FACTORIES AND WORKSHOPS.

The Register of Factories and Workshops has been maintained. There are at present 254 Factories, Workshops and Workplaces in the Borough. These have all been inspected during the year. In addition 346 homes of outworkers have been inspected.

It was found necessary to serve 44 Intimation Notices and 2 Statutory Notices, principally for cleansing and unsuitable or defective W.C. accommodation. In every case the nuisances were abated promptly.

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

123	reside in	Stoke Newington.
88	,,	,, Hackney.
3	,,	,, Hornsey.
42	,,	,, Islington.
41	,,	,, Tottenham.
18	,,	,, Stepney.
1	,,	,, Edmonton.
7	,,	,, Shoreditch.
5	,,	,, Poplar.
1	,,	,, Leyton.
2	,,	,, Finchley.
2	,,	,, Bethnal Green.
7	,,	,, Walthamstow.
Total 340		

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 ..	4
Camberwell	4
City of London ..	248
Finsbury	108
Hackney	133
Hornsey	4
Ilford	2
Islington	141
Kensington	2
Paddington	2
Poplar	2
Shoreditch	33
Southwark	2
St. Marylebone ..	12
Stepney	2
St. Pancras	1
Tottenham	6
Total	708

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

114	forwarded to Hackney.
7	,, ,, Islington.
4	,, ,, Tottenham.
1	,, ,, Wood Green.
1	,, ,, Southgate.
1	,, ,, Stepney.
1	,, ,, Shoreditch.
Total 129	

NOTIFICATION OF INFECTIOUS DISEASE.

221 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; 156 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 154 instances. 138 patients were removed to Hospital.

It was found necessary to strip and cleanse 25 rooms after removal or recovery of patients.

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

DRAINAGE APPLICATIONS.

Twenty-seven plans were submitted to your Committee, referring to the drainage of 32 premises; all of these were eventually approved.

Ten of the above applications were for combined systems of drainage.

URINALS IN CONNECTION WITH LICENSED PREMISES.

In very few cases were complaints received or nuisances found. There are 26 of these conveniences in the Borough, the greater portion of which are cleansed by the Borough Council's men.

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

No. of Sample.	Article Purchased.	Result of Analysis.	Result of Proceedings.
3	Milk	3½ % of added water ..	Summons dismissed on proof of warranty.
27	Milk	12 % of added water ..	Defendant fined 10s. and 12s. 6d. costs.
38	Butter	Margarine	Defendant fined £1 and 12s. 6d. costs.
65	Milk	6 % less than the legal limit for butter-fat	Summons dismissed on proof of warranty.
99	Milk	8½ % of added water ..	Defendant ordered to pay 12s. 6d. costs.

By your direction, several vendors of poor samples of food taken under the above Acts have been cautioned by the Medical Officer of Health.

I am, Gentlemen,

Your obedient Servant,

D. W. MAITHEWS.

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

ADEN Grove
Aden Terrace
Adolphus Road
Allen Road
Allerton Road
Albion Road
,, Grove
Alexandra Road
Amhurst Park (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
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
Leconfield Road (1-33)
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
Salcombe 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
Selsea 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