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

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Metropolitan Borough of Stoke Newington

Report

OF THE

Medical Officer of Health and Public Analyst,

FOR THE

YEAR 1913.

BY

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BRITISH MUSEUM
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FEB

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1913.

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

GENTLEMEN,

The vital statistics of the Borough for the year 1913 were of their usual satisfactory nature. The general death-rate of 13.1, though somewhat higher than that for the preceding year, compares favourably with the corresponding rate of 14.2 for the Metropolis as a whole. The death-rate from the chief infectious diseases (0.85) was the second lowest on record, and it is well below the corresponding rate for the Metropolis generally. The rate of infantile mortality (the number of deaths under one year of age to every thousand births) was 82.7, as against a rate of 105 for the Metropolis; this is the third lowest rate of infantile mortality since the formation of the Borough, and there were only three Metropolitan Boroughs with a lower rate. It is obvious, however, from our experience, that continuous and increasing efforts are necessary in order to permanently reduce the wastage of infant life which still goes on.

The notifications of infectious diseases (excluding those from Tuberculosis) were during 1913 higher than in the preceding year; but the prevalence of each separate notified disease, including Consumption, compares favourably with that for the Metropolis.

I would direct your special attention to the remarks on Infant Mortality (pp. 103-110) and those on Consumption (pp. 129-137). The year 1914 promises to witness the provision at your hands of some needed extension of our efforts in respect to these two important items of public health work.

The report bears testimony to the fact that a large amount of public health work has been performed by the workers in the Public Health Department during the past year, and I have pleasure in testifying to the efficiency and zeal of each member of the staff.

I am, Gentlemen,

Your obedient Servant,

HENRY KENWOOD.

February 5th, 1914.

POPULATION.

According to the Census of 1901 the population of the Borough was then 51,247. By the recent Census of 1911 the population for the same area was shown to have decreased during the 10 years to the extent of nearly 600. In this Report the rates are based on the estimated population for the middle of the year 1913, and the figure, calculated logarithmically, amounts to 50,454.

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 16,980; and in the Southern Division the population is approximately 33,474.

The natural increase of population by excess of births over deaths during the year amounted to 416, as against 446 in the preceding year.

Number of people to the acre.—The area of the Borough amounts to 863 acres, and this houses about 58 people to the acre.

BIRTHS.

During the year 1913 there were 1,112 births, viz.—591 males and 521 females. The birth-rate per 1,000 per annum was therefore 22.0, as against 20.4 for the preceding year. The births in the Northern Division of the Borough numbered 215 and the birth-rate was 12.7, while those in the Southern Division were 897, and the birth-rate was 26.8.

Year.	Birth-rate.	Rate for London generally.	Rate for England and Wales.
1901 ...	21·6	29·0	28·5
1902 ...	22·0	28·5	28·6
1903 ...	21·5	28·5	28·4
1904 ...	22·3	28·0	27·9
1905 ...	20·9	27·1	27·2
1906 ...	21·2	26·6	27·0
1907 ...	20·5	25·8	26·3
1908 ...	20·2	25·4	26·5
1909 ...	19·5	24·4	25·6
1910 ..	18·8	23·6	24·8
1911 ...	20·7	25·0	24·4
1912 ...	20·4	24·7	23·8
1913 ...	22·0	24·5	23·9

The illegitimate births numbered 24 : 11 males and 13 females.

During the past three years the Registrar-General has made arrangements whereby particulars of those births (of Stoke Newington parents) which occurred outside the Borough, and were not, therefore, locally registered, are now transferred to us; so that 34 such births had to be added to the number registered within the Borough in 1913. It was impossible in previous years to make this addition, and so the birth-rates for Stoke Newington for the last three years must not be taken as comparable with those of former years.

It may be noted that the excess of the birth-rate over the death-rate for the year 1901 was 8.5; whereas for the year 1913 (both rates being considerably lower), the figure was 8.9.

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 (947 as against 1,112) has revealed the fact that the requirements of the Notification of Births Act are still not fully complied with, notwithstanding the efforts which have been made to make these requirements known. In many cases 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 445 deaths of residents registered in the Borough, and 217 of residents who died in Public Institutions outside of the Borough, making a total of 662 deaths. Of these 334 were of females and 328 were of males.

Year.	General Death-rate.	Rate for London generally.	Rate for England and Wales.
1901 ...	13·1	17·6	16·0
1902 ...	13·3	17·2	16·3
1903 ..	12·6	15·2	15·4
1904 ...	13·4	16·1	16·2
1905 ...	13·0	15·1	15·2
1906 ...	12·0	15·7	15·4
1907 ...	11·8	14·6	15·0
1908 ...	12·9	13·8	14·7
1909 ...	11·7	14·0	14·5
1910 ...	11·8	12·7	13·4
1911 ...	12·5	15·0	14·6
1912 ...	11·6	13·6	13·3
1913 ...	13·1	14·2	13·7

The recorded general death-rate is therefore 13.1, as against 11.6 for the preceding year. This ordinary death-rate, however, cannot be taken as a true index of the healthiness of the Borough, nor can it be justly compared with the rates of other Sanitary areas, unless some allowance is made for the relative proportions of males and females at different ages in the districts compared.

Death-rates vary very much in different districts according to the 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, which varies with 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 fairer 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* 13.1 × 1.0438 = 13.6 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 somewhat higher than any recorded for the previous few years. The death-rate for the whole of London was 14.2.

District Mortality.—The deaths among residents of the Northern Division of the Borough numbered 194 and furnished a recorded death-rate of 11.4 per 1,000 per annum.

The deaths among the residents of the Southern Division of the Borough numbered 468, and furnished a recorded death-rate of 13.7 per 1,000 per annum

TABLE I.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1913.

Causes of Death.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the Borough.									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the Borough.
	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	
1	2	3	4	5	6	7	8	9	10	11
All causes { Certified ...	—	—	—	—	—	—	—	—	—	—
All causes { Uncertified ...	—	—	—	—	—	—	—	—	—	—
Enteric Fever	2	—	—	—	—	1	—	1	—	—
Small Pox	—	—	—	—	—	—	—	—	—	—
Measles	11	1	8	—	2	—	—	—	—	—
Scarlet Fever	1	—	1	—	—	—	—	—	—	—
Whooping Cough	6	3	—	3	—	—	—	—	—	—
Diphtheria and Croup ...	6	—	—	2	4	—	—	—	—	—
Influenza	8	—	—	—	1	1	—	1	5	—
Erysipelas	2	—	—	—	—	—	1	—	1	—
Phthisis (Pulmonary Tuberculosis)	47	—	—	2	1	5	22	15	2	1
Tuberculous Meningitis	6	—	—	4	1	1	—	—	—	—
Other Tuberculous Diseases	9	—	3	2	3	—	1	—	—	—
Cancer, malignant disease	67	—	—	1	—	—	3	29	34	4
Rheumatic Fever	—	—	—	—	—	—	—	—	—	—
Meningitis	4	2	—	1	—	—	1	—	—	—
Organic Heart Disease ...	63	1	—	1	2	1	7	20	31	10
Bronchitis	64	3	—	—	1	—	2	14	44	5
Pneumonia (all forms) ...	60	16	8	5	1	2	5	10	13	2
Other Diseases of Respiratory organs	7	—	—	—	—	—	—	4	3	—
Diarrhœa and Enteritis.	17	10	3	2	—	—	—	1	1	—
Appendicitis and Typhlitis	3	—	—	1	—	1	1	—	—	3
Cirrhosis of Liver	15	—	—	—	—	—	1	11	3	—
Alcoholism	—	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease	32	—	—	—	1	—	4	14	13	1
Puerperal Fever	3	—	—	—	—	2	1	—	—	—
Other accidents and diseases of Pregnancy and Parturition	—	—	—	—	—	—	—	—	—	—
Congenital Debility and Malformation, including Premature Birth ...	38	38	—	—	—	—	—	—	—	—
Violent Deaths, excluding Suicide	11	1	1	—	—	1	2	3	3	—
Suicide	4	—	—	—	—	1	3	—	—	1
Other Defined Diseases ...	176	17	—	1	1	7	14	36	100	14
Diseases ill-defined or unknown	—	—	—	—	—	—	—	—	—	—
	662	92	24	25	18	23	68	159	253	42

TABLE II.

SHOWING THE DISTRIBUTION OF THE DEATHS IN THE NORTHERN AND SOUTHERN DIVISIONS OF THE BOROUGH DURING EACH OF THE QUARTERS OF THE YEAR 1913.

DISEASES.	NORTH.					SOUTH.				
	Quarters				Total	Quarters.				Total
	1	2	3	4		1	2	3	4	
Enteric Fever...	—	—	—	—	—	—	—	1	1	2
Small Pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	6	5	—	—	11
Scarlet Fever	—	—	—	—	—	—	—	—	1	1
Whooping-cough	—	1	—	—	1	1	3	1	—	5
Diphtheria and Croup ...	1	—	—	—	1	—	1	1	3	5
Influenza	2	1	—	—	3	1	3	1	—	5
Erysipelas	1	—	—	—	1	—	1	—	—	1
Phthisis (Pulmonary Tuberculosis)	3	1	5	2	11	12	10	7	7	36
Tuberculous Meningitis ...	—	—	—	—	—	1	—	3	2	6
Other Tuberculous Diseases	—	2	1	—	3	1	1	3	1	6
Cancer, malignant disease ...	6	9	3	7	25	14	6	11	11	42
Rheumatic Fever	—	—	—	—	—	—	—	—	—	—
Meningitis	—	—	1	1	2	—	—	—	2	2
Organic Heart Disease ...	10	4	3	7	24	12	8	12	7	39
Bronchitis	11	4	1	3	19	19	5	2	19	45
Pneumonia (all forms) ...	2	4	—	4	10	18	12	6	14	50
Other Diseases of Respiratory Organs ...	—	1	—	—	1	1	2	1	2	6
Diarrhœa and Enteritis ...	—	—	—	—	—	—	1	9	7	17
Appendicitis and Typhlitis...	1	—	1	—	2	—	1	—	—	1
Cirrhosis of Liver	2	—	—	1	3	2	3	3	4	12
Alcoholism	—	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease	2	3	3	4	12	6	3	7	4	20
Puerperal Fever	—	—	1	—	1	—	—	1	1	2
Other accidents and diseases of Pregnancy and Parturition	—	—	—	—	—	—	—	—	—	—
Congenital Debility and Malformation, including Premature Birth	1	—	1	2	4	3	9	9	13	34
Violent Deaths, excluding Suicide	2	2	—	—	4	5	2	—	—	7
Suicide	—	1	—	—	1	2	1	—	—	3
Other Defined Diseases ...	23	14	10	19	66	31	26	22	31	110
Diseases ill-defined or unknown	—	—	—	—	—	—	—	—	—	—
Totals ...	67	47	30	50	194	135	103	100	130	468

DISTRICT MORTALITY.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.	Rate per 1,000 per annum.
Northern Division	67	47	30	50	194	11·4
Southern Division	135	103	100	130	468	13·7
TOTALS ...	202	150	130	180	662	13·1

INFANTILE MORTALITY.

There were 92 deaths registered of infants under one year of age, as against 1,112 births; the proportion which the deaths under 1 year of age bear to 1,000 deaths is, therefore, 82.7, as against 70.7 in the preceding year.

The deaths under 1 year of age form 13.9 per cent. of the total deaths at all ages, whereas those for the preceding year formed 12.4 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
1911 ...	106·2	128	130
1912 ...	70·7	90	95
1913 ...	82.7	105	109

TABLE III.—INFANT MORTALITY.

1913. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
All causes { Certified / Uncertified.										
Small Pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	1	1
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping-cough	—	—	—	2	2	1	—	—	—	3
Diphtheria and Croup	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis (*b*)	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis *(not Tuberculous)*	—	—	—	—	—	1	1	—	—	2
Convulsions	—	1	1	—	2	2	—	—	—	4
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	1	1	—	1	1	—	3
Pneumonia, all forms...	—	—	—	—	—	6	1	2	7	16
Diarrhœa	—	—	1	—	1	—	—	—	2	3
Enteritis...	—	—	—	—	—	2	—	4	1	7
Gastritis...	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	1	—	—	—	1
Rickets	—	—	—	—	—	—	—	1	—	1
Suffocation, overlying	—	—	1	—	1	2	3	—	—	6
Injury at birth	—	—	—	—	—	—	—	—	—	—
Atelectasis	—	—	—	—	—	—	—	—	—	—
Congenital Malformations (*c*)	1	—	—	—	1	1	—	—	—	2
Premature Birth	18	—	—	—	18	3	—	—	—	21
Atrophy, Debility and Marasmus	5	—	1	1	7	5	3	—	—	15
Other causes	2	—	1	1	4	1	—	1	—	6
	26	1	5	5	37	25	9	9	11	92

Nett Births in the year—Legitimate 1,088. Illegitimate 24.

It is well known that the conditions prevailing in most urban communities are unfavourable to infant life. There are sufficient grounds for believing that the urban infant is almost as healthy at birth as is the rural. Indeed, during the first month of life, when more than one-third of the total infant mortality occurs, the urban excess over the rural is only about 8 per cent.; during the first three months the urban excess is 11.6 per cent.; in the next three months it is 43 per cent.; while in the second half of the first year it is 67 per cent. higher in the urban than in the rural districts. Generally, as Dr. Newsholme has pointed out, the towns having respectively high or low rate of infant mortality have similarly a high or low mortality in the next 4 years of life, and those with excessive infant and child mortality continue to experience excessive mortality, though in less degree, at the higher ages.

A steady improvement in this rate from 1901 onwards is one of the most striking features of recent statistical history. Some conception of the life-saving thus secured may be gathered from the following illustration. In the seven years 1906-12 the deaths of 736,682 infants occurred in England and Wales, equivalent to an average rate of 115 per 1,000 births. Had the infant death-rate been 144 per 1,000, as it had been in the seven years 1899-1905, there would have perished 922,454 infants in the years 1906-12. Thus the improved conditions imply a saving of 185,772 lives during these seven years.

Infant mortality increases as the social position of the community declines; but that the excessive death-rates associated with urban poverty are not necessarily due to poverty is proved by the fact that the rate amongst the infants of agricultural labourers is quite low. We are thus driven to the conclusion that artificial feeding, connoting unsatisfactory arrangements for the protection of food from contamination and the consumption of faultily prepared as well as contaminated food, is mainly responsible for the high urban infant mortality among the poorer class.

The substantial saving of child-life which is going on must be credited to an improvement in the sanitary standard of domestic life, and to the missionary work on infant-care by health visitors who provide parents with advice which conduces to the reducing of minor ailments, to their prompt discovery, and to the early treatment necessary for the prevention of more serious disease, as well as to the raising of the standard of physical fitness in later life.

Our Advice Card strongly presses breast feeding, and purposely omits any advice as to artificial feeding, in order to influence the mother, the doctor, the midwife, the nurse, the help, or any other person in attendance, so that breast-feeding may be persevered with until the Health Visitor comes upon the scene, after the doctor or midwife or student has ceased to attend the lying-in, which is generally 10 days after.

It is clearly the duty of the Local Sanitary Authority to do what is possible to stem this wastage of infant life, and Urban Authorities are, therefore, doing special work to this end. It follows, of course, that the scope and the methods adopted vary with the proportion and nature of the population; but valuable work in the direction of advising mothers upon infant care is now being carried on in every Metropolitan Borough but one.

The essential provision is a well-qualified official woman Health Visitor, who is assisted and directed in her work by a qualified medical man who has devoted some special study to infant hygiene. Then with the information obtained by the Sanitary Authority under the Notification of Births Act, the Health Visitor (assisted if necessary by a few voluntary workers of experience) can get into touch with the poorer mothers who have recently borne children, immediately after the medical practitioner ceases his attendance; and by practical advice and stimulation much may be done to ensure that the child is tided over the most dangerous first 12 months of life. While much may be done by home visitation, it is obvious that great advantages accrue to the provision of a small Infant Care or Child Welfare Centre to which parents may bring their infants on certain

afternoons. Not only can the infant weighing and recording of the results (which furnish the best clue to the infant's physical progress, and greatly interest and stimulate the mothers) be better and more expeditiously performed, but the arrangement results in a great saving of the time of the Health Visitor. Furthermore, the establishment of a Centre admits of the temporary assistance of a medical man to co-operate with the Health Visitor, and furnishes valuable opportunities for giving collective information and to make some telling exhibits.

We are hoping to establish a small Centre for this purpose at Stoke Newington. It will serve to usefully promote a branch of public health work in Stoke Newington which is the most worth doing at the present time.

DEATHS UNDER ONE YEAR OF AGE IN THE DIFFERENT WARDS OF THE BOROUGH DURING THE YEARS

1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912 and 1913.

Name of Ward	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
Lordship Ward ...	4	6	9	8	1	6	2	1	2	2	1
Clissold Ward ...	7	8	12	6	11	4	5	4	6	5	5
Church Ward	30	24	24	18	23	19	18	18	27	14	17
Manor Ward	10	9	8	3	8	3	6	3	4	6	10
South Hornsey Ward ...	65	66	66	56	36	47	35	32	48	35	41
Palatine Ward ...	20	21	14	26	23	22	18	5	19	11	18
Totals	136	134	133	117	102	101	84	63	106	73	92

A comparison of the causes of infantile mortality in 1913 with those of the preceding year shows an increase during last year in the deaths from diarrhœal diseases, and diseases of the lungs. It is also noteworthy that the deaths from suffocation in bed were 6, as compared with 2 in the preceding year.

"Maternity benefit" is almost always paid in cash to the husband where he is insured; in few cases does the Insurance Committee retain a part of the benefit to make direct payment either to the midwife or to the Maternity Hospital. While, in some cases, where the woman has made a direct application and explained that her husband would abuse the benefit, the money has been paid to her on her application, abuse of the benefit money is unhappily very common.

THE WORK OF THE OFFICIAL AND VOLUNTARY HEALTH WORKERS.

Miss Aldridge reports that:—

During 1913, 639 infants were visited shortly after birth; 43 of these were visited by the Voluntary Health Visitors. These visits were followed by 762 revisits.

These visits were appreciated, and often much needed; particularly is this so in the case of hand-fed infants; for, although there is much to be done to improve the condition of the naturally-fed infant, there is even more to be done for the hand-fed ones. Their food is generally carelessly mixed, and not gradually strengthened as the child grows older. It is only by carefully watching these infants and rousing up the mothers' interest in them, that we can get more intelligent care bestowed on them.

The work of trying to improve the conditions of infant life is being very much helped by the present Mayor, who has kindly arranged for a grant to be made to us from the London Medical Charities Fund. This money is being used to supply nourishment to carefully selected cases of the poorest mothers with young infants. It is relieving an urgent need, and is being very much appreciated.

It is often very difficult for these women to obtain sufficient nourishment when their infants are very young. The father may be temporarily out of work (sometimes through illness), or working only part time, owing to bad weather; and, when, added to this the mother is requiring extra rest and nourishment, the conditions are not favourable for the rearing of a healthy naturally-fed infant.

59 infant deaths were investigated; of these—

22 were naturally fed.

29 were hand fed.

8 were too young to have had any food.

Infant Weighing.—During last year 149 infants were brought to the Town Hall to be weighed, and their total visits numbered 572. 7 children came from neighbouring Boroughs and 142 from Stoke Newington. It is a striking fact that while the infant death-rate for Stoke Newington last year was 82.7, only 2 of the children who attended the weighing died; one of these had only attended once, and one was born delicate in very distressing home circumstances. The death-rate among these 149 children (a large percentage of whom were hand fed) was therefore only 13.4 per 1,000.

I am sure that if every infant born could be weighed at regular intervals and the mother taught step by step how best to feed and care for her baby, the infant death-rate amongst children born healthy would be an exceedingly small one.

That great ignorance in infant rearing does prevail is all too evident from the cases which come to our notice in this way.

I quote the following case, which is only one of many others: An infant born outside this Borough moved into Stoke Newington at the age of 9½ months, and within a week was brought here to be weighed. She was fed every hour on Nestle's milk diluted with *very* thick barley water (made eight times too strong), and because she cried incessantly she was fed between these feeds on nursery biscuits. She had only gained 2½ lb. since birth, and was the weight of a normal child of between 2 and 3 months old. When fed upon proper lines the child soon began to improve.

We are greatly indebted to Dr. New, Miss Eve, Miss Webb, Miss Stevens, and Mrs. Barker, for their valuable assistance, as Voluntary Workers, in this infant-care work.

SENILE MORTALITY.—Of the 662 deaths, 253 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, there-

fore, 38.2 per cent. There were 188 deaths of persons over 70 years of age, and 70 of persons over 80, 12 of whom reached 90 years of age—the oldest being 97.

This is a remarkably high proportion of deaths over 65 years of age, which indicates that there is a relatively large number of old persons in the Borough.

SENILE MORTALITY DURING 1913.

65 to 70	70 to 80	80 to 90	90 and over	Total
65	118	58	12	253

The respective ages of those over 90 were 90, 90, 90, 90, 90, 91, 91, 92, 92, 93, 95, 97.

THE CAUSES OF DEATH.—These are fully set forth in Table I., in which it will be noted that the deaths are also apportioned to different age-periods. Table II. is supplementary to Table I., 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 marked increase in the deaths from Measles, Whooping Cough, Diphtheria, Zymotic or Summer Diarrhœa, Diseases of the Lungs and Cancer; a decrease in the deaths from Heart Diseases.

It will be noted (Table II.) that the mortality of the Southern Division exceeds that of the Northern (after due allowance is made for the different figures of the population in each Division), mainly in respect to the deaths from Tuberculosis, Measles and Whooping Cough, Premature Birth and Infant Wasting, Summer Diarrhœa, and Lung Diseases.

TABLE IV.

DEATHS IN PUBLIC INSTITUTIONS WITHIN THE BOROUGH, 1913.

Nursing Home, 17 Queens Road	Invalid Asylum, 187 High Street	St. Anne's House, Manor Road	Northumberland House, Green Lanes.	Nursing Home, 6/8, Alexandra Road.	Nursing Home, 21 Stamford Hill.	Total.
1	4	18	9	9	1	42

I. Institutions within the Borough receiving sick and infirm persons from outside the Borough.	II. Institutions outside the Borough receiving sick and infirm persons from the Borough.	III. Other Institutions, the deaths in which have been distributed among the two divisions of the Borough.
St. Anne's House, Manor Road.	London Hospital.	N.E. Fever Hospital.
Northumberland House, Green Lanes.	Hackney Infirmary.	Claybury Asylum.
Nursing Home, 6/8, Alexandra Road.	Islington Infirmary.	Darenth Asylum.
Nursing Home, 21, Stamford Hill.	Mildmay Cottage Hospital.	Tooting Bec Asylum.
Invalid Asylum, 187 High Street	German Hospital.	Colney Hatch Asylum.
Nursing Home, 17 Queens Road	Children's Hospital, Great Ormond Street.	Banstead Asylum.
	Great Northern Hospital.	Caterham Asylum.
	North Eastern Hospital for Children.	Leavesden Asylum.
	St. Bartholmew's Hospital	S.E. Fever Hospital.
	Metropolitan Hospital.	Long Grove Asylum.
	Royal Free Hospital.	
	St. Luke's House.	
	Shoreditch Infirmary.	
	Queen's Hospital.	
	St. Mary's Hospital.	
	Middlesex Hospital.	
	St. Joseph's Hospital.	
	Friedenham Hospital.	
	The Babies' Home.	
	Brook House.	
	Hospital for Women (Soho).	
	Brompton Hospital.	
	St. Pancras Infirmary.	
	St. Mark's Hospital.	
	Holborn Infirmary.	
	St. Pancras Infirmary.	

ZYMOTIC MORTALITY.

Included in the Zymotic death-rate 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 IV. the deaths from each of the Infectious Diseases (including Erysipelas, Puerperal Fever, and Influenza) are given.

The Zymotic Death-rate for the Borough was 0.85 per 1,000 per annum, as against 0.34 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	1·56	2·21	1·64
1903	1·70	1·76	1·46
1904	1·62	2·14	1·94
1905	1·35	1·70	1·52
1906	1·39	1·94	1·73
1907	1·33	1·42	1·26
1908	1·18	1·35	1·29
1909	0·87	1·30	1·12
1910	0·93	1·14	0·99
1911	1·69	2·20	1·88
1912	0·34	1·42	0·99
1913	0·85	1·32	1·20

By comparison with the preceding year there were more deaths from Measles, Whooping Cough, and Diarrhœal Diseases. The warmer and drier summer was indirectly responsible for the increase in the Diarrhœal group of diseases.

Deaths from Zymotic Diseases (including Influenza, Puerperal Fever, and Erysipelas) in the year 1913.

	Scarlet Fever.	Diphtheria.	Small Pox.	Enteric Fever.	Puerperal Fever.	Measles.	Whooping Cough.	Diarrhœa and Dysentery.	Influenza.	Erysipelas.	Total.
First Quarter ...	—	1	—	—	1	6	1	—	3	1	13
Second „ ...	—	1	—	—	—	5	4	1	4	1	16
Third „ ...	—	1	—	1	2	—	1	9	1	—	15
Fourth „ ...	1	3	—	1	1	—	—	7	—	—	13
	1	6	—	2	4	11	6	17	8	2	57
1912.....	1	—	—	—	1	6	2	8	3	1	22

ZYMOTIC DIARRHŒA.

As pointed out in my last annual Report, there is a district which is (roughly speaking) enclosed by Church Path, Clissold Road, Cowper Road, and Watson Street, inside of which almost half of the total deaths from Zymotic Diarrhœa during the past eight years have occurred; and practically the whole of the mortality occurs there in August and September.

As in former years, this area was specially scavenged during August and September of last year, and arrangements were also made for the weekly flushing of the gullies situated in different courts.

CONSUMPTION.

The following table serves to show how Stoke Newington stands among the Metropolitan Boroughs in respect to this Disease :—

METROPOLITAN BOROUGHS.

Standardised death-rates from Consumption per 1,000 living at all ages, 1911 :—

Names of Metropolitan Boroughs.	Male.	Female.
Holborn	2·53	1·09
Finsbury	2·51	1·18
Bethnal Green	2·36	1·08
Stepney	2·26	1·40
Bermondsey	2·16	1·45
Shoreditch	2·15	1·62
Southwark	2·12	1·33
St. Marylebone	1·97	0·80
St. Pancras	1·92	1·05
City of London	1·87	0·54
Fulham	1·83	1·15
Lambeth	1·78	0·97
Chelsea	1·76	0·88
Hackney	1·72	1·02
Battersea	1·65	1·02
Camberwell	1·61	1·10
Poplar	1·61	1·14
Hammersmith	1·56	0·89
Greenwich...	1·54	1·02
Westminster	1·53	0·63
Woolwich	1·51	1·15
Deptford	1·50	0·94
Paddington	1·43	0·85
Islington	1·41	0·97
Stoke Newington ...	1·35	0·82
Kensington	1·26	0·61
Wandsworth	1·09	0·72
Lewisham	0·82	0·46
Hampstead	0·81	0·39

TABLE V.

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	51,188	22·0	114·7	13·3	1·56	7·8
1903	51,130	21·5	120·3	12·6	1·70	3·8
1904	51,072	22·3	115·6	13·4	1·62	5·7
1905	51,015	20·9	124·7	13·0	1·35	5·8
1906	50,957	21·2	108·0	12·0	1·39	5·1
1907	50,899	20·5	97·9	11·8	1·33	7·8
1908	50,841	20·2	98·3	12·9	1·18	5·8
1909	50,784	19·5	84·9	11·7	0·87	3·5
1910	50,726	18·8	66·1	11·8	0·93	3·6
1911	50,669	20·7	106·2	12·5	1·69	4·4
1912	50,581	20·4	70·7	11·6	0·34	3·7
1913	50,454	22·0	82·7	13·1	0·85	4·6

THE MORTUARY.

During the year 63 bodies were deposited in the Public Mortuary; 32 of these were females and 31 were males. Post mortem examinations were performed upon 39 of these cases, and inquests were held upon 53.

TABLE Va.

Showing certain rates of the Metropolitan Boroughs and of the City of London for the year 1913.

Cities and Boroughs	Estimated Population in the middle of 1913	Annual Rate per 1,000 Living			Rate of Infantile Mortality
		Death rate	Pulmonary Tuberculosis	Notifiable Diseases Attack-rate	
LONDON	**4,518,191**	**14·2**	**1·30**	**6·7**	**105**
West Districts.					
Paddington ...	142,210	13·4	1·09	6·5	100
Kensington ...	171,284	13·6	1·08	5·0	112
Hammersmith ...	123,745	13·8	1·20	6·3	103
Fulham	157,117	12·9	1·31	7·6	96
Chelsea	64,598	13 2	1·23	4·9	90
City of Westminster	154,810	13·3	1·31	4·4	96
North Districts.					
St. Marylebone ...	114,532	14·3	1·36	5·6	91
Hampstead ...	86,346	11·3	0·57	4·4	73
St. Pancras ...	214,330	15·2	1·50	5·9	92
Islington	325,585	14·8	1·33	6·6	107
Stoke Newington ...	50,454	13·1	0·93	4·6	83
Hackney	223,353	13·5	1·15	6·2	99
Central Districts.					
Holborn	46,949	14·7	1·87	4·8	104
Finsbury	84,679	18·1	2·01	6·3	138
City of London ...	17,946	15·8	1·48	5·1	96
East Districts.					
Shoreditch ...	109,654	19·2	1·79	6·6	155
Bethnal Green ...	127,824	16·1	1·55	7·2	118
Stepney	275,300	15·6	1·68	6·4	112
Poplar	160,913	16·1	1·46	8·2	112
South Districts.					
Southwark ...	188,487	17·6	1·85	8·0	115
Bermondsey ...	124,739	17·8	1·61	9·1	132
Lambeth	297,139	14·0	1·29	7·0	102
Battersea	167,464	14·0	1·13	8·2	111
Wandsworth ...	330,395	10·6	0·86	5·3	88
Camberwell ...	261,805	13·6	1·15	7·0	106
Deptford	109,280	15·2	1·30	10·1	112
Greenwich... ...	96,015	14·0	1·17	7·4	103
Lewisham	168,822	10·4	0·74	7·2	78
Woolwich	122,382	13·0	1·50	9·2	79

INQUESTS.

The following Inquests upon deaths of Parishioners were held during the year 1913 :—

	1st quarter	2nd quarter	3rd quarter	4th quarter	Totals
Accidents (Due to Falls)	2	5	1	—	8
,, (Suffocation)	1	1	1	3	6
,, (Motor)	1	2	—	—	3
,, (Crushed in Lift)	1	—	—	—	1
Suicide (Cut Throat)	1	1	—	—	2
,, (Hanging)	1	1	—	—	2
,, (Drowning)	—	—	1	—	1
Kidney Disease	3	—	2	3	8
Cancer	2	1	—	1	4
Heart Disease	3	1	3	5	12
Senile Decay	2	—	—	2	4
Debility	1	—	—	—	1
Asthma	1	—	—	—	1
Strangulated Hernia	1	—	—	—	1
Pneumonia	2	1	1	2	6
Bronchitis	1	—	—	—	1
Apoplexy	—	3	1	—	4
Asphyxia	—	1	—	—	1
Phthisis	—	2	1	—	3
Diphtheria	—	—	—	1	1
Premature Birth	—	—	1	1	2
Convulsions	—	—	1	1	2
General Tuberculosis	—	1	—	—	1
Misadventure	—	—	—	1	1
Tubercuious Meningitis	—	—	—	1	1
Septicœmia	—	—	1	—	1
TOTALS... ...	23	20	14	21	78

INFECTIOUS DISEASES AND THE MEASURES TAKEN TO PREVENT THEIR SPREAD.

It will be seen from Table VI. that 424 *Notification Certificates of Infectious Illness* were received from medical practitioners, as against 343 during the preceding year. These figures include notifications of Consumption, acute Polio-myelitis, and Ophthalmia Neonatorum; and they represent a marked increase in the prevalence of communicable disease, as compared with the figures for 1913.

TABLE VI.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1913.

NOTIFIABLE DISEASE.	Number of Cases Notified.								Total Cases Notified in each Locality—(*e. g.*, Parish or Ward) of the District		Total Cases removed to Hospital
	At all Ages	At Ages—Years.									
		Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards	1 North Division.	2 South Division.	
Small Pox	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—
Diphtheria, including Membranous croup	83	3	22	48	5	4	1	—	10	73	67
Erysipelas	35	—	1	4	4	12	13	1	7	28	3
Scarlet Fever	102	3	20	64	10	5	—	—	23	79	82
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	9	—	—	—	5	4	—	—	3	6	5
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	2	—	—	—	2	—	—	—	1	1	2
Cerebro-spinal Meningitis	1	—	—	—	1	—	—	—	—	1	1
Poliomyelitis	6	1	3	2	—	—	—	—	—	6	4
Pulmonary Tuberculosis	142	—	4	7	19	80	31	1	31	111	32
Other forms of Tuberculosis	43	—	7	26	5	4	1	—	6	37	—
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	1	—	—
Totals	424	8	57	151	51	109	46	2	82	342	196

These 424 cases represent infection in 409 different houses. In all 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 6 houses where there were "grave" sanitary conditions.

In arriving at these conclusions I have considered whether any sanitary defect was of a nature which is generally believed to predispose to 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 409 premises.

Table VII. shows the number of cases, and of deaths, from the Infectious Diseases notified during each year since the constitution of the Borough; and Table VIII. shows the cases of Infectious Diseases notified during each month of the year 1913.

The Infectious Sickness Rate of the Borough, excluding the notifications from Consumption, Cerebro-spinal Meningitis, Acute Polio-myelitis, and Ophthalmia, so as to make the rate comparable with that of former years, was 4.6 to each 1,000 of the population, as against 3.7 for the preceding year. The rate in the Northern Division was 2.6; while that in the Southern Division was 5.6.

Year.	Infectious Sickness Rate.	Rate for London generally.
1901	7·9	8·9
1902	7·8	9·9
1903	3·8	6·0
1904	5·7	6·1
1905	5·8	7·0
1906	5·1	7·5
1907	7·8	8·6
1908	5·8	7·4
1909	3·5	6·1
1910	3·6	4·5
1911	4·4	5·3
1912	3·7	5·2
1913	4·6	6·7

TABLE VII.

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.		Erysipelas.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1901	26	3	174	4	137	14	29	—
1902	41	8	192	5	91	5	50	3
1903	1	—	88	—	37	7	30	—
1904	8	—	153	3	60	10	53	7
1905	1	—	178	3	75	4	28	1
1906	—	—	137	1	45	4	48	3
1907	—	—	238	7	109	6	29	1
1908	—	—	195	5	60	1	24	2
1909	—	—	108	2	28	1	28	2
1910	—	—	84	1	53	2	31	2
1911	—	—	97	3	77	3	41	7
1912	—	—	92	1	55	—	32	1
1913	—	—	102	1	83	6	35	2

	Puerperal Fever.		Enteric Fever.		Membranous Croup.		Cerebro-Spinal Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1901...	4	2	26	4	4	1	—	—
1902...	1	—	22	4	2	—	—	—
1903...	2	2	34	5	2	—	—	—
1904...	3	3	14	6	2	—	—	—
1905...	1	—	10	—	4	1	—	—
1906...	1	1	10	—	1	—	—	—
1907...	2	1	14	3	5	—	1	1
1908	4	2	10	4	—	—	2	—
1909...	4	1	11	1	1	1	—	—
1910...	3	2	10	2	—	—	1	—
1911...	—	—	6	1	1	—	—	—
1912...	3	1	3	—	—	—	5	—
1913...	2	3*	9	2	—	—	1	—

* One of these cases was not notified.

TABLE VIII.

Cases of Infectious Disease notified during each month of the year 1913.

	Small-pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Enteric Fever.	Puerperal Fever.	Continued Fever.	Erysipelas.	Anterior Polio-Myelitis.	Phthisis.	Ophthalmia Neonatorum.	Cerebro-Spinal Meningitis	Other Forms of Tuberculosis	Totals.
January ...	—	6	3	—	—	—	—	1	—	11	—	—	—	21
February	—	1	5	—	1	—	—	5	—	22	—	—	13	47
March ...	—	6	6	—	—	—	—	1	—	12	—	—	8	33
April ...	—	2	6	—	—	—	—	1	—	10	—	—	9	28
May ...	—	5	7	—	—	—	—	3	—	7	—	—	5	27
June ...	—	1	10	—	—	—	—	4	2	6	—	—	3	26
July ...	—	1	9	—	2	1	—	4	—	10	—	—	2	29
August ...	—	7	3	—	1	—	—	2	1	10	1	—	—	25
Sept. ...	—	7	8	—	1	—	—	3	2	19	—	1	1	42
October ...	—	23	5	—	2	1	—	6	—	15	—	—	—	52
November	—	19	11	—	1	—	—	3	—	17	—	—	1	52
December	—	24	10	—	1	—	—	2	1	3	—	—	1	42
TOTALS ...	—	102	83	—	9	2	—	35	6	142	1	1	43	424

The Infectious Sickness Rate for London generally was 6.7. Of the 29 Sanitary Areas situated within the Metropolis, the lowest rates were those of Westminster and Hampstead (4.4), Stoke Newington (4.6), and Holborn (4.8), and the highest rates were those of Deptford (10.1), Woolwich (9.2), and Bermondsey (9.1).

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

SCARLET FEVER.

The 102 cases of Scarlet Fever occurred in 93 houses, in 3 of which there were grave insanitary conditions. There were slight insanitary conditions in 7.

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	0·03
1910	0·02	0·04	0·06
1911	0·06	0.04	0.05
1912	0·02	0·04	0·05
1913	0·02	0·04	0·06

This Table illustrates the progressive decline in the death-rate from Scarlet Fever which has been in evidence for many years. This is not due to decreased prevalence, but to the greater mildness of the attacks.

School attendance was ascribed as the origin of the infection in 4 cases. The infection was imported into the Borough in at least 3 instances, by visits from or to infected persons dwelling outside.

In at least 8 cases the infection appeared to be secondary to the infection in another member of the household.

In 3 cases the infection following recent operations upon the tonsils, and in 2 cases it was attributed by parents to visits to Picture Palaces.

It is of interest to record 1 case of this disease which was admitted to Hospital, and went through a typical attack, being again notified as suffering from a fresh attack within 14 days after discharge; and that in another case a child was notified as suffering from this disease who had gone through a typical attack only 16 months previously.

The increased prevalence of Scarlet Fever and Diphtheria in London, made it impossible for the Managers of the Fever Hospitals to admit all cases for whose admission applications were made in the late Autumn of last year, and it was only with considerable delay that several sufferers from Stoke Newington gained admittance to Hospital.

ERYSIPELAS.

The 35 cases of this disease represent infection in 33 different premises. In 1 of these, insanitary conditions of a slight nature existed, and in no case were the sanitary defects grave.

ENTERIC OR TYPHOID FEVER.

The 9 cases notified during the year all occurred in different houses. In none of these houses did insanitary conditions exist. The origin of the infection remained quite obscure in each case, and in one case the patient had been ailing for several weeks before he took to his bed and the disease was diagnosed.

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
1911	0·02	0·03	0·07
1912	0·00	0·03	0·04
1913	0·04	0·02	0·04

Two of the notified cases were of sufferers who became infected away from London, and the probability of shell-fish infection arose in these cases.

DIPHTHERIA.

The 83 cases of Diphtheria occurred in 79 houses, 8 of which were more or less insanitary. The sanitary defects were grave in 1 instance, and slight in 7.

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
1911	0·06	0·13	0·13
1912	0·00	0·10	0·11
1913	0·12	0·09	0·12

This Table shows the considerable and progressive decline in the death-rate from Diphtheria which has occurred for many years. This decline is to be mainly attributed to the use of antitoxin, as the virulence of Diphtheria has not become reduced to anything approaching the same degree as in the case of Scarlet Fever.

School attendance is alleged by the parents to be the cause of attack during the year.

Two cases appear to have caught the infection from previous cases in the same household. In 2 cases it was very clear that a preceding Tonsilitis predisposed to an attack of Diphtheria. One case was imported into the Borough. It is of further interest to record the great number of instances in which we were informed by the parent that the children had histories of "weak throats," with frequently recurring attacks of Tonsilitis; the very mild nature of several of the attacks, and the fact that 1 case was only diagnosed and notified as suffering from

the disease when the symptoms of Post-diphtheritic Paralysis appeared; that 1 case had suffered from a serious attack only 18 months previously; and that, as with Scarlet Fever, several cases occurred shortly after an attack of Measles.

Many applications have been made at the offices 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) is 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* supplied by the Council to the medical practitioners in Stoke Newington continue to be much appreciated. Every practitioner has been kept provided 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 statement of the applications received during 1913, together with the results of the *examinations performed at the Lister Institute of Preventive Medicine, London:*—

Disease.	Results.		Total.
	Positive.	Negative.	
Phthisis	45	14	59
Diphtheria	51	237	288
Enteric...	3	4	7
Total	99	255	354

Since the Local Government Board has placed the matter on a satisfactory basis, by issuing an Order authorising the provision of antitoxin for both curative and prophylactic purposes, the Borough Council has availed itself of this power in necessitous

cases, 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.

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
1911	0·53	0·57	0·36
1912	0·12	0·40	0·35
1913	0·22	0·34	0·48

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
1911	0·37	0·23	0·21
1912	0·04	0·22	0·23
1913	0·12	0·17	0·14

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
*1911	0·57	1·18	1·06
*1912	0·04	0·29	0·20
*1913	0·26	0·66	0·56

* Calculated from deaths occurring under two years of age.

MEASLES.

As compared with the preceding year, there was an increased prevalence of Measles.

In the early part of the year great difficulty was experienced by the Metropolitan Asylums Board in securing a sufficient number of competent nurses for their Infectious Hospitals. This was due to the fact that the number of patients under treatment continued to be much higher than was customary in past years, mainly on account of the reception into the Managers' Hospitals of cases of Measles and Whooping Cough. We were, therefore, advised that it had been found imperative to restrict somewhat the admission of cases, and for about a fortnight the admission of non-pauper cases of Measles and Whooping Cough to the Managers' Hospitals had to be suspended.

Now that some Hospital provision has been made available by the Metropolitan Asylums Board in respect to cases of Measles and Whooping Cough, the question as to whether these two diseases should be made compulsorily notifiable calls for further consideration. Seeing that the extent of this accommodation is very limited, and, therefore, soon becomes exhausted, I am disposed to believe that the prompt visitation of as many as possible of the cases which come to our knowledge from the Education Authority and other sources, and the home visitation and distri-

bution of handbills of advice in those streets occupied by the poorer classes, may furnish as good results as compulsory notification, under the present circumstances.

As instancing the serious nature of Measles and Whooping Cough, it may be pointed out that of the cases admitted to the Hospitals of the Metropolitan Asylums Board in 1912, 10.5 per cent. of the Measles cases died, and 8.5 per cent. of those suffering from Whooping Cough. While allowing that only the more serious cases of these diseases were admitted to Hospital, it is still noteworthy that the percentage death-rate of the cases admitted was some 2½ times higher than it was among those admitted with Scarlet Fever and Diphtheria..

PUERPERAL FEVER.

Under Puerperal Fever are included the deaths from Pyæmia and Septicæmia occurring in the lying-in women. Two cases were notified during the year. Friends and relations are often found to be acting in the capacity of midwives, and thus the value of the Midwives' Act, which was passed to reduce the dangers from the practice of midwifery by unqualified persons, is materially reduced.

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

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
1911	1·02	1·34
1912	0·91	1·26
1913	0·93	1·23

PHTHISIS (CONSUMPTION) AND OTHER FORMS OF TUBERCULOSIS.

All the ascertainable facts seem to justify the conclusion that a widespread infection of Tuberculosis takes place in infancy and early childhood, when the infection while partly of bovine origin is generally derived from human sources. The conclusion also appears to be warranted that the direct communication of the disease from a sufferer to a healthy individual rarely, if ever, occurs in adult life, under good sanitary conditions, except maybe where the contact has been very close and prolonged. Again, there can be little doubt that the wide prevalence of the disease has resulted in an increased resistance to its attack in the population generally, and that the fall in the death-rate from the disease is not only due to improved hygienic conditions, but also to this increased resistance. The mode of attack which promises the best measure of success is that which seeks to raise the sanitary standard of living.

142 cases of Consumption were notified under the Public Health (Tuberculosis) Regulations, 1912.

A few facts may be worthy of record in connection with the cases notified during the year. There was certainly no family history of Consumption in 79 of the cases investigated; and it seems probable that the history was negative in some other instances. There were, therefore, about 56 per cent. of the total cases notified whose family history furnished no instance of the disease. The parental history was often in other cases *suggestive* of Phthisis, although one was informed that the death of the father or mother was attributed to Bronchitis or some other Pulmonary complaint. Excluding such doubtful cases of parental history of the disease, it was found that in 26 cases the father or mother (and in two cases both) had either died, or were suffering from Consumption at the time of the inquiry; and that in 12 other cases there was a history of Consumption in the brothers or sisters of the parents. Where the parent's themselves had either died or were living and suffering from the disease, in 17 cases it was the father, in 9 cases the mother, and in 2 cases both parents, who were consumptive.

Brothers or sisters were consumptive in 25 instances, brothers in 14, sisters in 11, and both in 5.

Special reference may be made to the case of a child aged 3 years, who was notified as suffering from Tuberculosis of the Peritoneum. The father was consumptive, and the father's mother and grandmother both died of the disease. Several of his brothers had also died of Phthisis, and six cousins, living or dead, had also fallen victims to the disease. Two other young children in this family were found to be suffering from Consumption. In another case, of an adult female, the mother, the father, and three brothers had all died from Consumption; and of her two children, one had died of the disease and the other was a sufferer from it.

It was found that the period during which the various individuals notified had been suffering from the disease varied considerably; from two or three weeks to as long as fourteen years in one case. It is impossible to even approximately define the period in a large number of cases, so insidious is the disease in its early stages when it is commonly regarded as nothing more than a cough. Probably 91 patients had suffered from the disease for less than 12 months, and 51 for over 12 months at the time when the inquiries were made. In 16 cases the duration of the disease had exceeded 3 years. Five of the patients had previously been in Sanatoria.

The most frequent causes of the disease, in the opinion of the patients themselves, were exposure to dampness, wet and cold, influenza, repeated colds, pleurisy, pneumonia, and winter coughs. Contact with a previous case was alleged to have been the source of infection in 3 cases, and the special circumstances of 2 cases made this very probable.

The occupations of the persons notified were very various. Indeed, almost all kinds of employment are entered upon the inquiry forms; and there is nothing to indicate any special prevalence of the disease in any particular form of occupation, when one bears in mind the varying extent to which different occupations attract the working-class population.

The compulsory notification of the disease has disclosed several instances (3) in which the patients had not been informed by the doctor notifying the disease that they were suffering from it. It is unfair to place the onus of conveying this information upon the sanitary official; and the advice which he can offer is not likely to be heeded if the patient doubts whether he is suffering from the disease. In 1 case the request was made that I should not visit, because it was undesirable to acquaint the patient of his condition. Where this is the wish of a medical practitioner the request is, of course, complied with.

The diagnosis of the medical attendant was disputed by the patient in 1 case, but a bacteriological examination proved the medical attendant to be in the right; the correctness of the diagnosis was subsequently disproved in four other instances. In practically all the cases the diagnosis was confirmed by a bacteriological examination of the sputa. In 3 instances the patients were dead within two or three days of notification; and in 5 instances the patient had been removed to the Infirmary or to Hospital by the time a notification certificate reached us. In 5 cases the patient had left the address from which they were notified; and in 2 cases false addresses were given.

Some further points of interest in connection with the notified cases of Consumption are: That in 1 case the patient had spat blood occasionally for 25 years; that one individual ascribed his infection to having shared a bed for 9 months with a consumptive, and another individual to having worked at a small bench for 2 years with a sufferer from the disease; that in the case of the non-pulmonary forms of Tuberculosis, in which the bones and joints were affected, parents commonly attributed the onset of the condition to falls and injuries; and that, to instance what is probably one of the chief determining causes of consumption, namely, poverty, a consumptive mother (a widow with three children) was found to be living upon a total income of 15s. 6d. per week, 6s. 6d. of which had to go in rent.

Tuberculosis is a symptom of social pathology, and those optimists who talk of exterminating the disease in the near future

certainly do not appreciate the magnitude of the social problems which will also have to be solved, foremost of which is that of poverty. Our efforts will in the future, as in the past, reduce the prevalence of the disease considerably, but that the standard of living (and often of working) of the poorer section of the community is ever likely to reach such a high uniform level as to lead to a total eradication of the seeds of the disease, is difficult indeed to believe.

Seventy-nine of the notified cases were recorded as insured under the Insurance Act.

Judging from the deaths from Consumption, which numbered 47, there must have been, at least, 200 sufferers from the disease in the Borough during the year, and of those 142 were notified.

On February 1st, 1913, the Notification and Treatment of Tuberculosis Order, 1912, came into operation. Every medical practitioner is now required to notify to the Medical Officer of Health of the sanitary area in which the patient lives any case of Tuberculosis which he diagnoses. All forms of the disease have to be notified, except cases which are diagnosed solely from tests with Tuberculin.

In the absence of sufficient provision to isolate or even to adequately supervise the advanced cases which are notified to me, the infection spreads in some of the homes of Stoke Newington, and this will remain so until more comprehensive measures are adopted.

It is obvious that the project of dealing with Consumption on both the preventative and curative side, on anything approaching a useful scale, would entail a cost which would represent a considerable increase upon the local rates. But this difficulty has been partly met, so far as the provision of Institutions is concerned, by a Government grant of one and a-half million pounds.

The special difficulties in the way of the provision of a Tuberculosis Dispensary in Stoke Newington are considerable, and they form a good argument in favour of the County Council drawing up a scheme which meets the needs of the Metropolis as a whole,

and which will not necessarily be hampered by considerations of Municipal boundary lines. When, therefore, the Borough Council learnt that the Local Government Board had asked the London County Council to prepare a scheme for the Metropolis, the Borough Council decided to proceed no further with their consideration of the subject until the issue of the County Council scheme. It was not before the end of the year that the County Council decided to leave the matter in the hands of the Borough Councils, subject to those bodies making provisions satisfactory to the County Councils.

In the circumstance, I again reported upon this subject, and after considering the alternative scheme of obtaining premises and making suitable provisions within the Borough, the Committee came to the conclusion that the most economical and efficient scheme for Stoke Newington was one by which the advantages of the Metropolitan Hospital, Kingsland Road, may be utilised. The Borough Council of Hackney had already approached the Metropolitan Hospital Directors, and obtained an expression of their willingness and desire to co-operate with that Council in the establishment of a Tuberculosis Dispensary, and a scheme embracing both Hackney and Stoke Newington is at present under discussion.

The aim of a Dispensary System is to secure that not a single case of Tuberculosis shall occur unobserved or remain uncared for in the community. The patient is either treated directly by his medical adviser or at the Dispensary or is sent for treatment to the proper Institution. In the latter case every effort is made with reference to his after-care when he leaves the Institution. In the words of Sir Robert Philips, one of the most valuable functions of Tuberculosis Dispensaries is to trace the patient to his home, to get at the "tuberculous nests," to investigate faulty environment, and to search out tuberculous disease among the other members of the household, and in turn to see that these are cared for.

It will be seen that neither the Out-patient Department of a Hospital, nor the Charity Organisation Offices, nor even the

office of the Medical Officer of Health is sufficient for these results. With all these the Dispensary must be in closest touch, but the necessary operations are so extensive and varied as to demand the provision of a special department of Public Health activity.

In connection with the work of the Tuberculosis Dispensary it will be most desirable to obtain the assistance of a small After-care Committee to secure for patients who have been discharged from Sanatorium or who have received satisfactory treatment at the Dispensary, that advice and help about their future life and work shall be given. This necessity for after-care is set out in the Interim Report of the Departmental Committee on Tuberculosis. It will endeavour, in addition to giving advice, in some cases to obtain suitable occupation, to combat the fear of infection often felt by employers and fellow employés and to prevent relapses.

At the start it may only be possible to examine suspected contacts, but the ideal to aim at later on will be an examination of every willing contact who has run substantial risks, either at the Dispensary or at home.

As to finance, when preparing the scheme the Borough Council will have to arrange with the London Insurance Committee the terms on which the services of the Dispensary will be available for insured persons in the Borough. After deducting the payment made by the Insurance Committee in respect to the treatment of insured persons, the expenditure of the Borough would be met as follows :—

(*a*) 50 per cent. from the Local Government Board.
(*b*) 25 per cent. from the London County Council.
(*c*) 25 per cent. out of the Borough rates.

In the 42nd Annual Report of the Local Government Board, 1912-13, it is stated that a Main Dispensary with its branches for every 100,000 of the population should cost about £1,000 per annum, or 2.4d. per head of the population; sanatorium or hospital beds, on the scale of 1 for every 5,000 of the population, and at 30s. per week for sanatorium beds, and 27s. 6d. per week for hospital beds, should represent a further annual cost of about

7.1d. per head of population, for residential treatment. On this reckoning the gross annual cost of a complete local scheme is about 9½d. per head of population. Towards this, in the case of the insured, the repayment possible from insurance funds is about 8d. per insured person. The deficit has to be added to the cost of treating non-insured tuberculous cases (including the dependents of insured persons), the total forming a charge on the local rates, of which Government funds contribute half if the Local Government Board is satisfied with the local arrangements.

The report states that up to August 30th local schemes for tuberculosis treatment had been submitted which relate to over 75 per cent. of the population of England. What are termed "complete" schemes of institutional treatment had been prepared by 34 out of the 50 English county councils and by 50 out of 72 English county borough councils. Approval had been given to the appointment of 108 "tuberculosis officers," 63 in counties and 45 in county boroughs. In nine of the cases the approved tuberculosis officer is also the local medical officer of health, but the report indicates that this arrangement must necessarily be exceptional.

The present financial aspect of the scheme for "sanatorium benefit" is by no means satisfactory from the standpoint of County Councils and County Boroughs. The original 1s. 3d. provided for the treatment of insured patients in sanatorium and tuberculosis dispensaries promised to enable the scheme to pay its way without being bolstered up by local rates; but now that the amount for such treatment has been reduced to 8d., the Councils have a considerable expense to face, and a liability which is not definitely fixed. It is made clear in the Insurance Act that the liabilities of Insurance Committees are strictly limited to the amount of the insurance funds available; and the liability of the Treasury is limited to the payment of a share of such expenses as they may have sanctioned; but Councils are to share with the Treasury the difference between the estimated cost of treating consumptives and the amount available in insurance funds for the treatment of the *insured*, and for all expenditure in excess of the estimated

amount they are alone responsible. It is clear, therefore, that estimates as to cost, based upon the grant originally mentioned, must be revised in the light of the altered circumstances, and that these altered circumstances are responsible for a large sum from the local rates being necessary to provide for the treatment of persons who should have been paid for out of insurance funds.

In my last report I offered some criticism upon the provision of " sanatorium benefit " made under the National Insurance Act. I suggested that the income of the Local Insurance Committee was not likely to prove sufficient to include the dependents of insured persons, and that the number of different and independent agencies concerned in the handling of tuberculosis individuals, each acting more or less independently of the other, was a weak point in our administration. The work of the past year shows an increasing demand for sanatorium treatment amongst the people, a demand which the Act has created and which the authorities are unable at present to supply; and the London Insurance Committee has been severely hampered by lack of funds.

The organisation of the treatment of tuberculosis in London is still far from satisfactory, and progress is very slow. Both the London County Council and the Local Government Board have expressed the opinion that, so far as possible, the large general and special hospitals should be utilised. The advantages they can offer in the way of experienced staff, special departments, clinical laboratories, and beds for observation, exceed in their completeness any provisions that can be made by local authorities in the shape of dispensaries. The dispensary physician gives such information to the Borough Medical Officer as may be required, and he receives from the Borough Medical Officer such information as he desires and as may be arranged for.

But apart from the provision of dispensaries, the need of many hospital beds for advanced, emergency, observational, educational and surgical cases is very great. These may be provided in separate pavilions at isolation hospitals in conveniently accessible sanatoria or in special hospitals, while arrangements may be made with general hospitals for receiving operative and other special cases.

The Metropolitan Asylums Board has recently expressed its willingness to enter into agreement with the London County Council and the London Insurance Committee for the provision of residential institutional accommodation for insured persons and their dependents as well as for non-insured persons. They have agreed to find accommodation in existing institutions where possible, to provide one or two new sanatoriums for early adult cases, and to refer to a Committee the desirability of purchasing the Mount Vernon Hospital.

More than half the deaths from non-pulmonary tuberculosis are of children under 5 years of age; and it is probable that a much higher percentage of the total number of persons suffering from non-pulmonary tuberculosis are children of this age. It is hoped that notification of these cases will facilitate the investigation of the sources of infection, and assist in securing improvement in the conditions under which the children live.

ACUTE POLIO-MYELITIS AND CEREBRO-SPINAL FEVER.

These two diseases, which had previously been made compulsorily notifiable by many Local Authorities, were required to be generally notified by a General Order of the Local Government Board, which took effect on September 1st, 1912. The reasons for making these diseases compulsorily notifiable were discussed at length in my Annual Report for 1912. Cerebro-spinal fever is by far the more fatal of the two.

THE DISINFECTING AND CLEANSING STATION.

During the year ending December 31st, 1913, the following disinfecting and cleansing work was performed at the station :—

Total number of textile articles disinfected ...	14,311
Total number of books from Public Library disinfected	121
Total number of verminous persons cleansed ...	417

Of the verminous persons cleansed, 415 were children of school ages, and 2 were adults.

In addition to the disinfection of rooms on account of the notified infectious diseases, 163 were fumigated on account of vermin, 26 on account of consumption, and 19 on account of cancer.

During the year the Borough Council continued its agreement with the Education Department of the London County Council to bathe and cleanse verminous school children.

On receiving application from the London County Council, the Borough Council, desirous of extending the utility of its Cleansing Station to school children attending elementary schools on the borders of Stoke Newington and within easy access of the Cleansing Station, decided that in addition to providing for the cleansing of verminous school children attending the elementary schools within the Borough, it was prepared to undertake the cleansing of children attending the Newington Green School, the Hindle Street, High Street (Hackney), and St. Jude's Schools (Islington), subject to the undertaking that in no one week are more than 20 children to be dealt with.

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 useful auxiliary means of checking the spread.

The Shelter was never quite suitable for the purpose, and as it became increasingly difficult to adequately deal with the dilapidations of the old premises so used, the Council decided during the year to provide more suitable accommodation.

NOTES UPON SANITARY WORK PERFORMED DURING THE YEAR 1913.

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; 4,369 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; 610 Intimation Notices, followed in 22 cases by Statutory Notices, were complied with. Of 4,369 premises inspected, only 195 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 49 of the complaints received, no nuisance existed at the time of inspection. 3,823 re-inspections were made, making a total for the year of 8,192 inspections.

The *slaughter-houses, bakehouses, cowsheds* and *dairies*, the *common lodging-house* and the *registered houses let in lodgings*, situated in the Borough, were all inspected during 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, the particulars of which are shown in the Report of the Chief Sanitary Inspector. It is to be hoped that in the near future all obviously unsound food will be thus surrendered.

During the year many systematic efforts were made to detect the sale of diseased meat within the Borough, and I am glad to say that, with few exceptions, our inspections have not called for any seizures.

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 is also partly due to the enforcement of the regulations requiring periodical removal.

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 1913, 220 such premises were on the Register.

THE HOUSING AND TOWN PLANNING ACT, 1909.

During 1913 the houses in Allan, Shakespeare, and Spenser Roads were inspected under the Act. All the facts were duly entered in the Special Register kept. No action beyond the abatement of such nuisances as were discovered was necessary in respect to these dwellings; that is to say, as no house was considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, no representations had to be made to the local authority with a view to making Closing Orders, the general character of the defects found to exist being of a nature remediable under notices for the abatement of nuisances. No new houses were erected in the Borough during 1913.

A large number of houses built for one family are now occupied by three, or often four, families of the poorer class. In many cases these separate homes contain no proper scullery, and there is but one copper for the use of all of them. These circumstances, by handicapping cleanliness, often lead to the dirtiness of person, clothing and rooms; and in face of a marked increase in the "tenementation" of houses in the Southern Division of Stoke Newington, the provision of Public Washhouses will, it is hoped, do something to prevent the lowering of the sanitary standard of living which is so often involved in these adverse circumstances. The proper washing and drying of body clothing, bedding and household linen is always difficult in these circumstances, and in many cases it is impossible. The one copper in the basement or on the ground floor has to be approached through someone else's kitchen or scullery; there are few, if any, conveniences in the shape of mangles, washing-board, etc., and the drying has to be done in the small room which must often serve as a living room, and which is crowded at times throughout the day. The circumstance that provision is made at their doors, by the local authority, of every convenience and contrivance to lighten and shorten labour in washing and to obtain rapid drying, and this at the price of 1½d. an hour, should be much appreciated,

and will be, by many who under most adverse circumstances are struggling to maintain a decent standard of living. The standard of public health is essentially the standard of cleanliness, and therefore the Public Washhouses are an important public health provision in the Borough.

In such tenement houses it is common to see a complete home constituted of 2 rooms only—one with kitchen fireplace and a copper set in the wall; the other, a small room, maybe with no fireplace and no cupboard. The most serious deficiences are in respect to the inadequate space for healthy reasonable comfort and for children to play, the lack of any provision for storing food, the absence of a scullery sink for washing up, no provision for washing of body, clothing, etc., or means of storing coal or wood. When such accommodation is let to a married couple with a family such provisions represent, in my judgment, the minimum requirements of health, decency and comfort. But the problem is, how are they to be provided? Many of these tenement houses are owned by landlords who are themselves poor, and many others show a very poor return in the rentals charged for the capital they represent; and if the law is made much more stringent with reference to them, such accommodation can scarcely be available at the existing low rentals. Nevertheless, the present state of things urgently demands some betterment, and there should be an established minimum standard of requirement for any separate family dwelling.

We are able to enforce water-supply on each floor so occupied, but this is often from a tap only, and (in default of slop-sinks) all the dirty water has generally to be carried down one or more flights of steps. It should be made possible to demand that in addition to a water-supply there should be a proper scullery sink upon each floor. If the total number of lodgers in a tenement house exceeds 12, the landlord is required to provide 2 water-closets, but the second water-closet is almost invariably situated against the other water-closet in the back yard. It should be a legal requirement that the second water-closets in these cases should be placed upon the first floor, where it could also serve, if neces-

sary, as a slop-sink. Provision should be required to be made for the proper storage of food in respect to each tenement. However small this may be, it should be against an external wall through which the small cupboard compartment should be lighted and ventilated. It should also be made an offence for a landlord to let 2 small rooms to a family who must necessarily overcrowd them; and the landlord should be required to maintain his property in a sanitary state under a penalty. At present he has no obligation to do anything until insanitary conditions are belatedly discovered by the Sanitary Inspector and a notice is served upon him. The question arises whether poor-class tenements should not be annually licensed under strict and well-defined conditions as to the licensing and continuation of the license.

Observing as I frequently do the dirty occupants of many of these dirty tenements, and noting the filthy and insanitary conditions for which they themselves are responsible, and the misuse and wanton destruction at their hands of the sanitary provisions which the landlord makes, one often feels much sympathy for the landlord. Practically all our demands are made upon the landlord, but the insanitary tenant is treated as an innocent victim. Additional powers in bye-laws relating to tenement houses are needed whereby tenants themselves are made more responsible for cleanliness and proper maintenance of sanitary provisions. No legislation and no inspection will serve to maintain a proper standard of sanitary practice, but the exercise of the legal powers suggested would aid towards the one and only solution—education.

Compared with previous years, the provision of new working-class dwellings by local authorities (in the absence of private enterprise) has shown during the past two years a marked increase both in urban and rural districts, and from the Census returns it appears that there has been a notable diminution since 1901 in the proportion of the population living in 1-room and in 2-room tenements, and a corresponding increase of those living in tenements of 3 and 4 rooms.

FACTORIES AND WORKSHOPS.

At the end of the year 1913, 272 factories, workshops and workplaces were on the Register.

As the result of the inspection of the *workrooms and workplaces* 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 1 case of overcrowding to be dealt with, and there were 7 instances in which it was necessary to require cleansing. There were 3 occasions to require an increase in the water-closet accommodation. In 16 cases the Abstract of the Factory Acts was not affixed in the workrooms, and the Home Office was notified accordingly. There are altogether about 800 domestic workrooms in the Borough in which textile material of various kinds is 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.

1—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

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) ...	54	...	...
Workshops (including Workshop Laundries)	201	52	...
Workplaces ... ... (Other than Outworkers' premises included in Part 3 of this Report).	17	...	...
Total	272	52	Nil

2—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

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	1	1	...	...
Want of drainage of floors	3	3	...	...
Other nuisances	...	0	...	...
Sanitary accommodation (insufficient	2	2	...	...
Sanitary accommodation (unsuitable or defective	...	...	...	...
Sanitary accommodation (not separate for sexes	1	1	...	...
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)	50	50	...	...
Total	64	64	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.

NATURE OF WORK *	OUTWORKERS' LISTS, SECTION 107.									Outwork in Unwholesome Premises, Section 108.			Outwork in Infected Premises, Sections 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists.	Prosecutions.							
	Sending twice in the year.			Sending once in the year.				Failing to keep or permit inspection of Lists.	Failing to send lists.	Instances.	Notices served.	Prosecutions.	Instances.	Orders made S. (110).	Prosecutions (Sections 109, 110).
	Lists.†	Outworkers.†		Lists.	Outworkers.										
		Contractors	Workmen.		Contractors	Workmen.									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Wearing Apparel—															
(1) making, &c.	42		289				43								
(2) cleaning and washing															
Household Linen															
Lace, lace curtains and nets															
Curtains and furniture hangings															
Furniture and Upholstery	1		4												
Electro-plate															
File making															
Brass and brass articles															
Fur pulling															
Cables and Chains															
Anchors and Grapnels															
Cart Gear															
Locks, Latches and Keys															
Umbrellas, &c.															
Artificial Flowers															
Nets, other than Wire Nets															
Tents															
Sacks															
Racquet and Tennis Balls															
Paper Bags and Boxes															
Brush making															
Pea Picking															
Feather sorting															
Carding, &c., of Buttons, &c.															
Stuffed Toys															
Basket making															
TOTAL	43		293				43								

* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to shew the number of workers in each class of work, the list should be included among those in column 2 (or 5 as the case may be) against the principle class ONLY, but the outworkers should be assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote should be added to show that this has been done.

† The figures required in columns 2, 3 and 4 are the TOTAL number of the lists received from those employers who comply strictly with the statutory duty of sending TWO lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be EVEN numbers, as there will be two lists for each employer—in some previous returns odd numbers have been inserted. The figures in columns 3 and 4 will usually be (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer the same outworker's name will often be repeated

4—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year. (1)		Number (2)
Important classes of workshops, such as workshop bakehouses, may be enumerated here	Miscellaneous	218
	Bakehouses	23
	Total number of workshops on Register	241

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)		16
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 to H.M. Inspector	5
	Reports (of action taken) sent to H.M. Inspector	5
Other		2
Underground Bakehouses (s. 101)—		
Certificates granted during the year		Nil
In use at the end of the year		18

During the year the homes of all out-workers have been inspected. Sometimes in these home-workrooms the most unsatisfactory conditions under which industrial employment is maintained are to be found, and our existing powers are insufficient, in some respects, to bring about the necessary improvements. The lighting, for instance, is often most unsatisfactory where basement rooms are used. It is true that we rarely find more than one or two engaged as out-workers in any one room, but when these work close to the window of a small basement room, and thus obtain sufficient light for working purposes, the rest of the room, sometimes occupied by children and others, is very poorly lighted, and this may be bad for them both from the standpoint of vision and of general health. Moreover, the available light, which is little enough, is often reduced on account of the windows

being glazed or covered for privacy, and they are sometimes further obstructed by articles being hung by the side or front of them. On these and other grounds the requirements of the Public Health (London) Act, 1891, with reference to underground rooms which are separately occupied, should be made to apply to underground workrooms.

THE PUBLIC HEALTH LEGISLATION OF 1913.

The year 1913 was not very fruitful in Public Health legislation. An important Act was passed to make further and better provision for the care of feeble-minded and other mentally defective persons and to amend the Lunacy Acts, and a very short Act to amend the law relating to Public Health as respects the provision and treatment of disease. This latter Act (the Public Health Prevention and Treatment of Disease Act, 1913) was passed with a view to removing some administrative difficulties which have been experienced in connection with the law relating to Public Health.

Section 130 of the Public Health Act, 1875, enables the Local Government Board to make regulations for preventing the spread of Cholera or other epidemic, endemic, or infectious disease, and to declare by what authority or authorities these regulations shall be enforced.

As County Councils had not been established when the Act was passed, it was considered that such Councils could not properly be declared to be authorities for carrying any such regulations into effect. But in dealing with some diseases it may be found desirable that some functions should be carried out by an authority having jurisdiction over a large area. Section 2 of the Act accordingly enables the Local Government Board to declare that one of the authorities to execute and enforce the Board's regulations, made with a view to the treatment of persons affected with Cholera or any other epidemic, endemic, or infectious disease, shall be the Council of a County, and Section 130 of the Act of 1875 will have effect accordingly as if a County Council were an

authority within the meaning of that section. It is, however, provided that a County Council shall not, except in case of emergency, be required to execute and enforce any such regulations without their consent.

The purpose of Section 3 of the Act is to give extended powers in regard to the treatment of Tuberculosis by Local Authorities. It will enable County Councils to make any such arrangements as the Local Government Board may sanction for the treatment of this disease. It will be noted that the power thus conferred will be in addition to, and not in derogation of, any other power.

Section 4 of the Act directs that any expenses incurred under the Act are to be defrayed, in the case of a Sanitary Authority, as part of the expenses incurred in the execution of the Public Health Acts, and, in the case of a County Council, as expenses for general county purposes; or, if the Local Government Board by order so direct, as expenses for special county purposes charged on such part of the county as may be provided by the order.

Unfortunately no further progress with Pure Milk legislation was made during the year in review. The Board of Agriculture, however, brought into operation in May a Tuberculosis Order under the Diseases of Animals Act, which requires that the existence of bovine tuberculosis, when accompanied by emaciation or udder disease, shall be notified to the Local Authority, which is then charged with the duty of causing a veterinary inspection to be made and of securing in certain cases the slaughtering of the infected animal. A partial compensation for compulsory slaughter is payable, a State contributon of one-half of the cost of such compensation being provided for the first five years.

The Publc Health Committee had under consideration in the early part of the year the Milk and Dairies Bill, which nad been introduced into the House of Commons by the President of the Local Government Board. By Section 25 of the Bill, its provisions were to apply to London, subject to such modifications as might be made by Regulations of the Local Government Board; and such Regulations might provide for any of the powers and duties of Sanitary Authorities and their Medical Officers of Health,

under those provisions with respect to Dairies, being exercised and performed by the London County Council and the Medical Officer of Health of the London County Council. Upon the recommendation of the Committee, the Council resolved that, whilst of opinion that it is desirable that the provisions of the Bill dealing with the danger from Tuberculous Milk, and any Regulations of the Local Government Board relating thereto, should, in so far as the appointment of Veterinary Inspectors and the inspection of cows for Tuberculosis are concerned, be exercised and performed by the London County Council, this Council strongly urges that the power to require dairymen to furnish lists of their sources of supply should be given to the Borough Councils, and the Local Authorities who administer Section 71 of the Public Health (London) Act, 1891, which deals with the danger of conveying in milk "dangerous infectious disease" within the meaning of that Act. A copy of this resolution was forwarded to the President of the Local Government Board, the local Members of Parliament, and the several Metropolitan Borough Councils.

FOOD AND DRUGS.

Under the Sale of Food and Drugs Act, 154 samples of food and drugs were taken and analysed. The results are shown in Table IX.

11 of the samples purchased in the Borough in 1913 were not satisfactory; and, therefore, the percentage of non-genuine samples amounted to 7.1 per cent., a figure which is below that of the preceding year, when it was 9.0 per cent. The figure for the whole country was 8.4 per cent. during the year 1912, and that for London for the same year was 8.8.

7.7 per cent. of the 65 Milk samples were unsatisfactory, as against 14.4 per cent. during the preceding year; but in some cases the deficiency below the legal limits was very slight. 30 per cent. of the milk samples were purchased on Sundays. The percentage of adulteration of milk for the whole country during 1912 was 11.9.

In London the percentage of Milk samples reported against was 9.3 during 1912, as compared with 11.2 during 1911.

It should be added that many of the samples purchased were below the quality of the average milk supply of London, although they are a trifle above the low legal limits which have been fixed.

During the year the Milk samples furnished evidence of the very general practice of "toning down," a large proportion of the samples containing fat and non-fatty matter very near to the low legal limits.

Many 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.

All the samples of Milk, Butter, Cream and Margarine were tested for antiseptics, with the result that 2 of the samples of Milk, 4 of Cream, and 6 of Margarine were found to contain them. In no case was the amount sufficient to warrant a prosecution, and in each case boric acid was found; but in one or two instances the vendors were cautioned.

Salicylic acid to the extent of five and a half grains to the pint was found in a sample of Raisin Wine. The makers were communicated with and cautioned.

The objectional practice of adding preservatives to Milk is most in evidence in the summer months; and of the 23 samples purchased in Stoke Newington during July, August, and September, 1912, eleven were found to have been so drugged.

The 23 Butter samples taken throughout the year were found to be satisfactory. With the exception of one which contained nearly 47 per cent. of foreign fat, I have not succeeded, in the limited number of samples with which I have had to deal, in discovering anything to take exception to. Since the use of coconut oil has extended in connection with the adulteration of butter, a careful test for this material has been made, but always with negative results. In addition to the employment of this oil in the making of Margarine it has been retailed as a substitute for lard.

In my last Report I referred to the practice of "informal sampling" which may be employed by Local Authorities to discover where adulteration is being practised, without arousing

the suspicions of the traders; so that where matters are not found to be satisfactory subsequent samples may be obtained under the formalities of the Act with a view to the exposure and punishment of the offender. Several informal samples have been taken during the year, and it is hoped to increase this number in future years. The informal samples collected did not lead to the detection of adulteration.

In Metropolitan London, as a whole, during 1912 one sample was analysed for every 179 persons, being at the rate of 5.6 per 1,000 of the population. In Stoke Newington, one sample is taken for every 324 persons, being at the rate of 3 per 1,000 of the population.

The heavy fine of £100, with costs, with the alternative of 3 months' imprisonment, was imposed at Old Street Police Court during the year against a vendor of Milk containing 8 per cent. of added water. There were several previous convictions against the defendant. The persistence with which some persons continue to pursue their calling and to repeat the offence of adulteration is clear evidence that the practice is a profitable one, and that the likelihood of being convicted rarely suffices to deter the dishonest milkman. The infliction of such fines as the above is a great service to the community, because they generally have the effect of driving out of the trade an unworthy and dangerous individual.

THE PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.

It will be recalled that these Regulations restrict the use of preservatives in Milk and Cream; no preservative may be added to Milk in any case nor to fresh Cream which contains less than 35 per cent. by weight of fat. The Regulations, however, do not prohibit the sale of Cream containing a chemical preservative, provided (a) that the material is sold as "preserved" cream; (b) that the preservatives employed are either Boric Acid, Borax, a mixture of these substances, or Hydrogen Peroxide; and (c) that the vessel in which the preserved Cream is sold is labelled in a prescribed form with the amount and nature of the particular

preservative added. The object of the Regulations in regard to Cream is to secure that "preserved Cream" shall be distinguished, at all stages of sale, from Cream which is free from preservative.

It is thus open to the Council to take action with reference to samples of Milk and Cream either under the Sale of Food and Drugs Acts or under the Regulations; and the Local Government Board expresses the view that it is generally desirable that in cases in which it appears that the Regulations have been infringed, that such action as may be necessary should be taken under the Regulations, rather than under the Sale of Food and Drugs Acts.

All the samples of Milk were examined for preservatives. The samples were all taken under the Sale of Food and Drugs Act, and in two instances in which Boric Acid was discovered the vendors were duly cautioned.

The 6 samples of Cream, although procured under the Sale of Food and Drugs Acts, were specially examined with regard to the provisions of the Regulations. That is to say, in every case the precise amount of fat was estimated, and the nature and amount of the preservatives also. In addition, it was seen whether each of the vessels containing the Cream was duly labelled "Preserved Cream containing Boric Acid," since the 6 samples of Cream contained fat varying from 38 to 49 per cent. by weight and Boric Acid varying from 0.18 per cent. to 0.35 per cent. Boric Acid was the only preservative employed. The vendors of the Cream containing the higher amounts of Boric Acid were cautioned. No thickening substances were found to be added to the samples of Cream examined; such addition is now made illegal by the above Regulations.

Whereas it seems that in future the observance of the Regulations, in so far as they relate to Milk, can generally be tested by the ordinary operation of the sampling and analyses under the Sale of Food and Drugs Acts, it will be well to provide for the taking of a few further samples of Cream under the Regulations, and to submit these to the particular partial analyses which the circumstances seem to demand, in order to learn whether the Regulations are being carried out.

TABLE IX.

Analyses performed under the Sale of Food and Drugs Acts during the year 1913.

No.	Sample Analysed.	Opinion Formed.	Action Taken.
*1	Milk	Genuine	Nil.
*2	Butter	,, ...	,,
*3	Milk	,, ...	,,
*4	Butter	,, ...	,,
*5	Milk	,, ...	,,
*6	Milk	19% of added water	Defendant fined £1 and 12/6 costs.
*7	Milk	Genuine	Nil.
8	Butter	,, ...	,,
9	Milk	,, ...	,,
10	Milk	,, ...	,,
11	Milk	,, ...	,,
12	Milk	,, ...	,,
13	Gin	,, ...	,,
14	Whiskey	,, ...	,,
15	Milk	,, ...	,,
16	Milk	,, ...	,,
17	Milk	,, ...	,,
18	Butter	,, ...	,,
19	Milk	,, ...	,,
20	Butter	,, ...	,,
21	Milk	,, ...	,,
22	Milk	,, ...	,,
23	Coffee	,, ...	,,
24	Milk	,, ...	,,
25	Milk	,, ...	,,
26	Butter	,, ...	,,
27	Cream	Boric acid 0·16% ...	,,
28	Coffee	Genuine	,,
29	Brawn	,, ...	,,
30	Beef Sausage ...	,, ...	,,
31	Butter	,, ...	,,
32	Coffee	,, ...	,,
33	Flour...	,, ...	,,
34	Oatmeal	,, ...	,,
35	Beef Sausage ...	,, ...	,,
36	Gin	,, ...	,,
37	Milk	,, ...	,,
38	Milk	,, ...	,,
39	Milk	,, ...	,,
40	Milk	,, ...	,,
41	Milk	,, ...	,,
42	Butter	,, ...	,,
43	Margarine	Trace of boric acid	,,
44	Milk	Contains 10% less than the legal limit for fat ...	Defendant fined 30/- and 23/-.

* Sunday Samples.

TABLE IX.—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
45	Milk	Genuine	Nil.
46	Milk	"	"
47	Milk	"	"
48	Milk	"	"
49	Milk	"	"
50	Beef Sausage ...	"	"
51	Cream	"	"
52	Porter	"	"
53	Demarara Sugar ...	"	"
54	German Sausage ...	4·9 grains per lb. of boric acid... ...	"
55	Milk	Genuine	"
56	Milk	Trace of boric acid	Vendor cautioned.
57	Milk	Genuine	Nil.
58	Milk	"	"
59	Milk	"	"
60	Milk	"	"
61	Lard	"	"
62	Beef Sausage ...	About 5 grains per lb. of boric acid ...	"
63	Gin	Genuine	"
64	Sausage	"	"
65	Lime Water ...	Only ¼ strength laid down in the B.P.	Vendor cautioned.
66	Coffee	Genuine	Nil.
67	Oatmeal	"	"
68	Flour	"	"
69	Milk	Slight deficiency in non-fatty solids	"
69a	Butter	Genuine	"
70	Milk	"	"
70a	Margarine	Trace of boric acid	"
71	Butter	Genuine	"
72	Milk	"	"
73	Milk	"	"
74	Cream	Contains 28 grains per lb. boric acid	Vendors cautioned.
75	Sausage Roll ...	Genuine	Nil.
76	Milk	"	"
77	Whiskey	"	"
78	Butter	"	"
79	Margarine	"	"
80	Gin	"	"
81	Butter	"	"
82	Coffee	"	"
83	Cream	"	"
84	Milk	"	"
85	Flour	"	"
86	Milk	"	"
87	Milk	"	"
88	Lime Water ...	"	"

TABLE IX.—*continued.*

No.	Sample Analysed.	Opinion Formed	Action Taken.
89	Milk	Trace of boric acid	Vendor cautioned.
90	Butter	Genuine	Nil
91	Milk	"	"
92	Milk	"	"
93	Lemonade Crystals	"	"
94	Milk	"	"
95	Milk	"	"
96	Milk	"	"
97	Butter	"	"
98	Milk	"	"
99	Flour...	"	"
100	Milk (Informal) ...	"	"
101	Milk	"	"
102	Milk	"	"
103	Milk	Very poor	Vendor cautioned
104	Milk	Contains just upon 20% of added water	Defendant ordered to pay 1/13/6 costs
105	Milk	Genuine	Nil.
106	Milk	"	"
107	Raisin Wine (Informal)	Salicylic acid 5½ grs. per pint	"
108	Butter	Genuine	"
109	Margarine	"	"
110	Coffee	"	"
111	Demarara Sugar ...	"	"
112	Butter	"	"
113	Margarine	Trace of boric acid	"
114	Oatmeal	Genuine	"
115	Cocoa	"	"
116	Gin	"	"
117	Stout...	"	"
118	Steedman's Powders	"	"
119	Raisin Wine ...	"	"
120	Sausages (Informal)	Boric acid 10 3/10 grs. to lb.	"
121	Butter	Genuine	"
122	Milk	"	"
123	Butter	"	"
124	Butter	Contained 46·75% of foreign fat ...	Defendant fined £4 and £1 1s. costs.
125	Milk	Genuine	Nil.
126	Beef Sausage ...	Boric 5·6 grs. to lb.	"
127	Milk	Genuine	"
128	Milk	"	"
129	Milk	"	"
130	Butter	"	"
131	Cream	Boric acid 0·21%	"
132	Butter	Genuine	"
133	Margarine	Trace of Boric acid 0·1%	"
134	Lard	Genuine	"

TABLE IX.—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
135	Butter	Genuine	Nil.
136	Milk	"	"
137	Salmon	"	"
138	Tongues	"	"
139	Salmon	"	"
140	Herrings	"	"
141	Potted Meat & Fish	"	"
142	Sardines	Trace of tin... ...	"
143	Separated Milk ...	Genuine	"
144	Milk	"	"
145	Lard	"	"
146	Margarine	Boric acid 0·14% ...	"
147	Milk	Genuine	"
148	Margarine	Trace of boric acid	"
149	Cheese	Genuine	"
150	Sweets	"	"
151	Butter	"	"
152	Vinegar	"	"
153	Baking Powder ...	"	"
154	Cream	Boric acid 0·18% ...	"

TABLE X.

Showing the results of Analysis of Samples taken under the Sale of Food and Drugs Acts, during the years 1911-12 in England and Wales.

	Percentage Adulterated.	
	1912.	1911.
Milk	10·9	11·9
Butter	6·0	5 1
Cheese	2·5	1·5
Margarine	2·1	2·8
Lard	0 4	0·5
Bread	0·0	0·2
Flour	2·6	3·7
Tea	0·0	0·0
Coffee	4·8	5·7
Cocoa	3·4	5·9
Sugar	5·1	4·0
Mustard	2·5	2·1
Confectionery and Jam	5.5	3·0
Pepper	0·8	0·7
Wine	10·6	4·5
Beer	5·5	5·5
Spirits	9·6	10·4
Drugs	9·0	8·5
Other Articles	10·8	9·5
All Articles	8·4	8·7

REPORT OF CHIEF SANITARY INSPECTOR FOR THE YEAR 1913.

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 December 31, 1913 :—

HOUSES AND PREMISES INSPECTED.

By house-to-house inspection	608
Upon complaint, under Sec. 107 (3), Public Health (London) Act, 1891	195
After notification of infectious disease	424
After Notices from builders, under By-law 14 (London County Council)	151
Stables and mews	329
Slaughter houses	9
Milkshops, dairies, and cowsheds	96
Bakehouses	45
Factories and workshops	830
Other premises inspected	1,682
	4,369
Re-inspections made to examine and test work, etc.	3,832
Total inspections	8,201

INTIMATION NOTICES SERVED.

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

After house-to-house inspection	227
After inspection on account of complaint	131
After infectious illness	63
With reference to stables and mews	4
,, ,, milkshops, dairies, and cowsheds	1
,, ,, bakehouses	7
,, ,, factories and workshops	45
,, ,, slaughter houses	—
After sundry other inspections	132
	610

STATUTORY NOTICES.

Twenty-two statutory notices were authorised by your Committee, and eighteen were served under Sec. 4, Public Health (London) Act, 1891. In the other four cases the nuisance was abated previous to the service of the notice.

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

No. in Report Book	Situation of Premises	Nature of Offence	Result of Proceedings
13057	29, Cowper Road	Defective roof, dirty walls of rooms and staircase	

NUISANCES ABATED AND SANITARY DEFECTS REMEDIED.

Dirty premises, cleansed and whitewashed	168
Dampness in dwellings remedied	77
Dilapidated ceilings, stairs, etc., repaired	57
Bell-traps and small dip-traps removed and replaced by stoneware gulleys	2
Foul traps and pans of w.c.'s cleansed or new ones substituted	50
Public-house urinals cleansed (after intimation)	2
Flushing cisterns to w.c.'s provided or repaired, and w.c.'s with insufficient water supply made satisfactory	62
Defective w.c. basins and traps removed and replaced by approved patterns	74
Stopped or choked w.c. traps cleared	13
External ventilation to w.c.'s improved	5
W.c.'s removed to more sanitary positions	3
Carried forward	513

Brought forward.....	513
Separate flushing cisterns fixed to w.c.'s which were previously flushed directly from dietary cistern.....	—
Additional w.c.'s provided in case of insufficient w.c. accommodation	34
Defective soil-pipes reconstructed	32
Unventilated soil-pipes ventilated ..... / Soil-pipes improperly ventilated, improved and	25
Dirty yards cleansed	22
Yards paved or re-paved with impervious material	49
Yards drained	2
Gully and other traps inside houses removed	1
Sink waste-pipes directly connected to drain, made to discharge in open-air over proper syphon gullies	—
Long lengths of sink, bath, and lavatory waste-pipes trapped, and made to discharge in open-air over gullies	20
Defective waste-pipes repaired	33
Foul water-cistern cleansed	3
Water-cisterns without close-fitting covers provided with proper coverings	40
Defects in water-cisterns remedied	9
Cisterns removed to more sanitary position	3
New portable dust-bins provided	112
Defective drainage re-constructed in accordance with by-laws of London County Council	147
Choked or stopped drains cleared and repaired	115
Drains ventilated or defective ventilating pipes renewed ...	2
Rain water pipes disconnected from drains or soil-pipes and made to discharge over gully-traps	18
Proper water-supply provided to houses	28
Defective roofs repaired	57
Defective guttering and rain water pipes repaired or renewed	47
Defective paving to floors of wash-houses repaired or renewed	17
Dirty walls of work-rooms cleansed	7
Carried forward.....	1,336

Brought forward.....	1,336
Proper manure receptacles provided (London County Council by-laws)	3
Cases of over-crowding abated	16
Accumulations of refuse, etc., removed	14
Areas re-paved and drained	1
Insufficiently ventilated space under wooden floors, remedied by insertion in outer walls of proper air bricks	12
Underground dwellings improved	6
Nuisances from animals abated	7
Smoke nuisance abated	5
Dirty walls and ceilings of bakehouses cleansed	6
Total.....	1,406

This list refers only to work carried out on notice, and does not include a large number of improvements carried out which were suggested to the owners while complying with notices.

SLAUGHTER-HOUSES.

The four Licensed Slaughter-houses at present in use in the Borough, are;—Nos. 118, Church Street; 165, High Street; 70, Mountgrove Road; and 55, Nevill Road. The results of inspections have been satisfactory, and the Licenses of each were renewed by the London County Council in October.

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 by-laws. Your Inspectors have visited the house on several occasions.

BAKEHOUSES.

There are 26 bakehouses in the Borough, 20 of these being underground. Two of the latter were not in use at the end of the year. It was only found necessary to serve 7 intimation notices on the occupiers for cleansing.

DAIRIES, COWSHEDS, AND MILKSHOPS.

96 visits were paid to the Milkshops and Cowsheds.

There are 58 Milk Vendors registered in the Borough and 1 Licensed Cowkeeper. During the year the cowshed at rear of 6, Allen Road had been remodelled and re-drained, and new dairy premises have been built in connection with same.

COMPLAINTS.

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

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

In 49 cases, on inspection of the premises to which the complaint related, no nuisance which could be dealt with under the Pubilc Health Acts was found. 131 intimation notices were served, and a number of improvements were carried out on advice to the occupiers at the time of inspection.

The Metropolitan Water Board have been notified of a number of houses where your Inspectors found waste of water occurring.

STABLES AND MEWS.

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

As a result of the inspections, 4 intimation notices were served on occupiers to remove accumulations, and 3 notices to provide proper receptacles for manure. These notices were complied with.

The importance of a regular inspection of these pr[illegible] especially during the summer months, cannot be over-e[illegible]

HOUSES LET IN LODGINGS.

There were 220 premises on the Register at the end of the year. The Register has been revised, and all the premises inspected.

In revising the Register it is necessary to make a house-to-house inspection in the smaller roads and streets, as the conditions of tenancy in weekly property is always changing. Re-inspections are made of all houses which are found to be badly kept. Full advantage has been taken of the London County Council General Powers Act, 1907, for enforcing the provision of a water-supply on each floor of houses let to more than one family.

SALE OF FOODS AND 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 pages 154 to 157 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.

House-to-house inspections were made in the following roads and streets during the year :—

Adolphus Road.
Allen Road.
Barn Street.
Barrett's Grove.
Boleyn Road.
Bouverie Road.
Cressington Road.
Hayling Road.
Hewling Street.
Howard Road.
Leonard's Place.
Lordship Park Mews.
Martaban Road.
Mason's Court.
Mason's Place.
Nevill Road (Tenements).
Oldfield Road.
Reedholm Villas.
Rochester Place.
Shakespeare Road.
Spenser Road.
S. Andrew's Mews.
White Hart Court.

It will be seen that several of the Streets which were dealt with last year under the Housing and Town Planning, etc., Act are included in the above list, as it is found necessary to make, at least, one annual inspection of this class of property. In all,

608 inspections were made and 227 Notices were served. In a number of houses it is found necessary to serve two Notices, one on the owner for defects in sanitary fittings, etc., and one on the occupier for dirty cisterns, yards, w.c., basins, etc., or for keeping animals under such conditions as to be a nuisance. Therefore, the proportion of Notices served to the number of houses inspected cannot be taken as an indication of the proportion of insanitary houses found.

BUTCHERS', GREENGROCERS', AND FISHMONGERS' SHOPS, STALLS, ETC.

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

Tinned Food.	No. of Tins.	cwts.	qrs.	lbs.
Beef	134	7	0	20
Salmon	170	1	2	2
Milk	12	0	0	12
	316			

Other Articles :—

Haddocks	1	0	0
Haddock Roes		1	0
Skate		2	20
Beef			10
Mutton			10
8 Rabbits			25
Grapes			4
Carrots		2	11
Cwt.	11	3	2

Eggs, 1,500.

3 Pairs of Kippers.

492 inspections were made during the year of premises where food is sold or prepared for sale in the Borough, the food, material, and trade utensils being thoroughly examined. The times of these inspections were varied as much as possible. The wares of a large number of itinerant vendors were also examined, with satisfactory results.

SMOKE ABATEMENT.

Only 2 complaints were received of black smoke being emitted from chimney shafts, but upon observation being taken sufficient evidence could not be produced to recommend your Committee to take proceedings against the offenders. Cautionary Letters were written to the owners of the chimneys complained of, and visits were paid to the premises from time to time to ascertain the quality of fuel and method of stoking.

Several complaints were received as to nuisances from bacon curing works and fish frying. The owners were interviewed in each case, and as a result structural improvements have been carried out which will, no doubt, prevent a recurrence of the nuisance.

ICE CREAM MANUFACTURERS AND VENDORS.

The premises of all ice-cream manufacturers in the Borough were visited from time to time during the summer months, as also were the barrows and utensils of itinerant vendors. In most cases the manufacture and sale of the substance was found to be carried on under satisfactory conditions. Several itinerant vendors were cautioned as to the condition of their utensils.

RESTAURANT KITCHENS AND EATING HOUSES.

There are 28 of these premises in the Borough. The results of the inspections, both of the food and the kitchens, have been satisfactory. Inspections have been made at various times in order to see the food in different stages of preparation.

FACTORIES AND WORKSHOPS.

The Register of Factories and Workshops has been maintained. There are at present 272 Factories, Workshops, and Workplaces in the Borough. These have all been inspected during the year. In addition 408 homes of outworkers have been inspected.

It was found necessary to serve 54 Intimation and Statutory Notices, principally for cleansing and unsuitable or defective W.C. accommodation. In every case the nuisances were abated.

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

187	reside	in	Stoke Newington.
36	,,	,,	Hackney.
29	,,	,,	Islington.
27	,,	,,	Tottenham.
3	,,	,,	Stepney.
2	,,	,,	Edmonton.
2	,,	,,	Shoreditch.
2	,,	,,	Ilford.
3	,,	,,	Wood Green.
2	,,	,,	Walthamstow.
1	,,	,,	Leyton.
1	,,	,,	Willesden.
1	,,	,,	West Ham.
1	,,	,,	Bethnal Green.
Total 297			

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

Bethnal Green	2
Camberwell	1
Chelsea	2
City of London	301
Finsbury	113
Hackney	72
Hornsey	2
Ilford	2
Islington	53
Kensington	4
Paddington	1
Shoreditch	36
Southwark	2
Greenwich	1
St. Marylebone	11
Stepney	4

Southgate	1
Westminster	8
Total	616

Outworkers' addresses received in error from other Boroughs, &c., and forwarded to the proper destination :—

67	forwarded	to	Hackney.
14	,,	,,	Islington.
3	,,	,,	Tottenham.
Total 84			

NOTIFICATION OF INFECTIOUS DISEASE.

424 cases were notified during the year, and in every instance an inspection of the infected premises was made; 63 intimation notices were served for insanitary conditions found.

All the houses where the cases of infectious illness occurred have been disinfected; 188 by the Department, and the remainder under the supervision of the Medical Practitioner attending the case. The bedding, clothing, etc., were removed, steam disinfected, and returned in 184 instances. 196 patients were removed to Hospital.

It was found necessary to strip and cleanse 19 rooms after removal or recovery of patients.

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

DRAINAGE PLANS AND APPLICATIONS.

37 drainage plans and applications were considered and approved by your Committee.

URINALS IN CONNECTION WITH LICENSED PREMISES.

There are 26 of these conveniences in the Borough, 16 of which are flushed and cleansed by the Borough Council's men. Frequent inspections were made, and generally they were found to be in a satisfactory condition.

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

No. of Sample	Article Purchased.	Result of Analysis.	Result of Proceedings.
6	Milk	19 % of added water	Defendant fined £1 and 12/6 costs
44	Milk	Contains 10 % less than the legal limit for fat	Defendant fined 30/- and 23/- cosrs
104	Milk	Contains just upon 20% of added water	Defendant ordered to pay £1 13s. 6d. costs
124	Butter	Contained 46·75 % of foreign fat	Defendant fined £4 and £1 1s. costs

By your direction, vendors of poor samples of food taken under the above Acts have been cautioned by the Medical Officer of Health, and further samples taken from them have given satisfactory results.

I am, Gentlemen,

Your obedient Servant,

D. W. MATTHEWS.

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

(For the Guidance of Medical Practitioners, Midwives, &c.)

ADEN Grove
Aden Terrace
Adolphus Road
Allen Road
Allerton Road
Albion Road
" Grove
Alexandra Road
Alexandra Buildings
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, Green Lanes Road
" Burma Road

CROSSWAY
(1 to 30) N. Side
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)
" " (271 to 327)
Grove Lodge Yard

HAMILTON Place
Harcombe Road
Hawksley Road
Hayling Road
Heathland Road
Henry Road
Hermitage Road 1 to 25a, 2 to 14
Hewling Street
High Street (17-217)
Hornsey Place
Howard Road

IMPERIAL Avenue

KERSLEY Road
King's 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
Lordship Park Mews

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)
Portland Road
Prince George Road
Princess Road
" May Road

QUEEN Elizabeth's Walk
Queens Road

REEDHOLM Villas
Rochester Place
Riversdale Road (92-104)

SANDBROOK Road
Salcombe Road
Seven Sisters Road :—From Blackstock Road to Amhurst Park
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

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