

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

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... THE ...

Metropolitan Borough of Stoke Newington

Report

OF THE

Medical Officer of Health
and Public Analyst,

FOR THE

YEAR 1925.

To which is appended a

SURVEY REPORT for 1921-5.

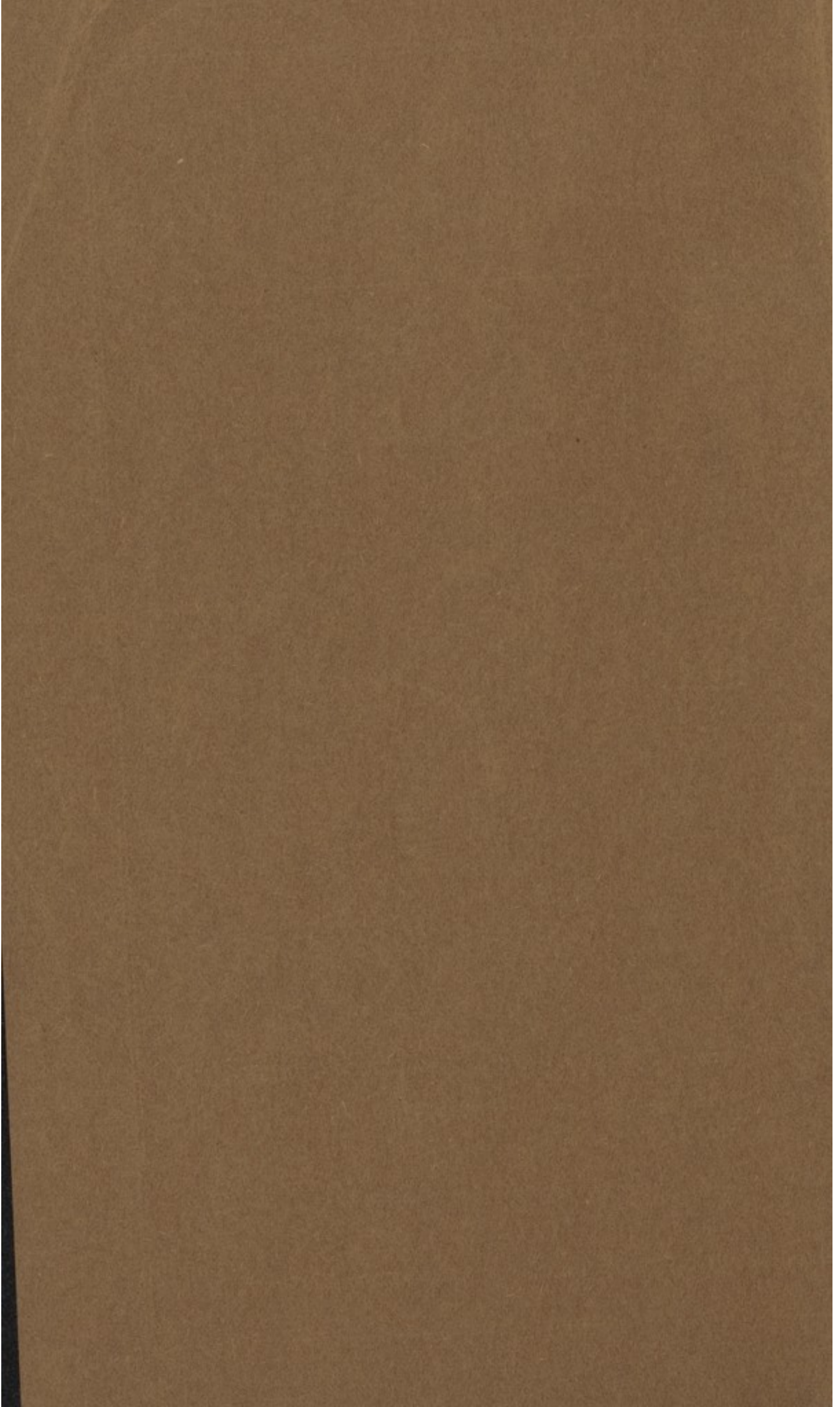
BY

HENRY KENWOOD, C.M.G., M.B., F.R.S.E., D.P.H., F.C.S.

*Emeritus Professor of Public Health, University of London,
Medical Officer of Health and Public Analyst.*

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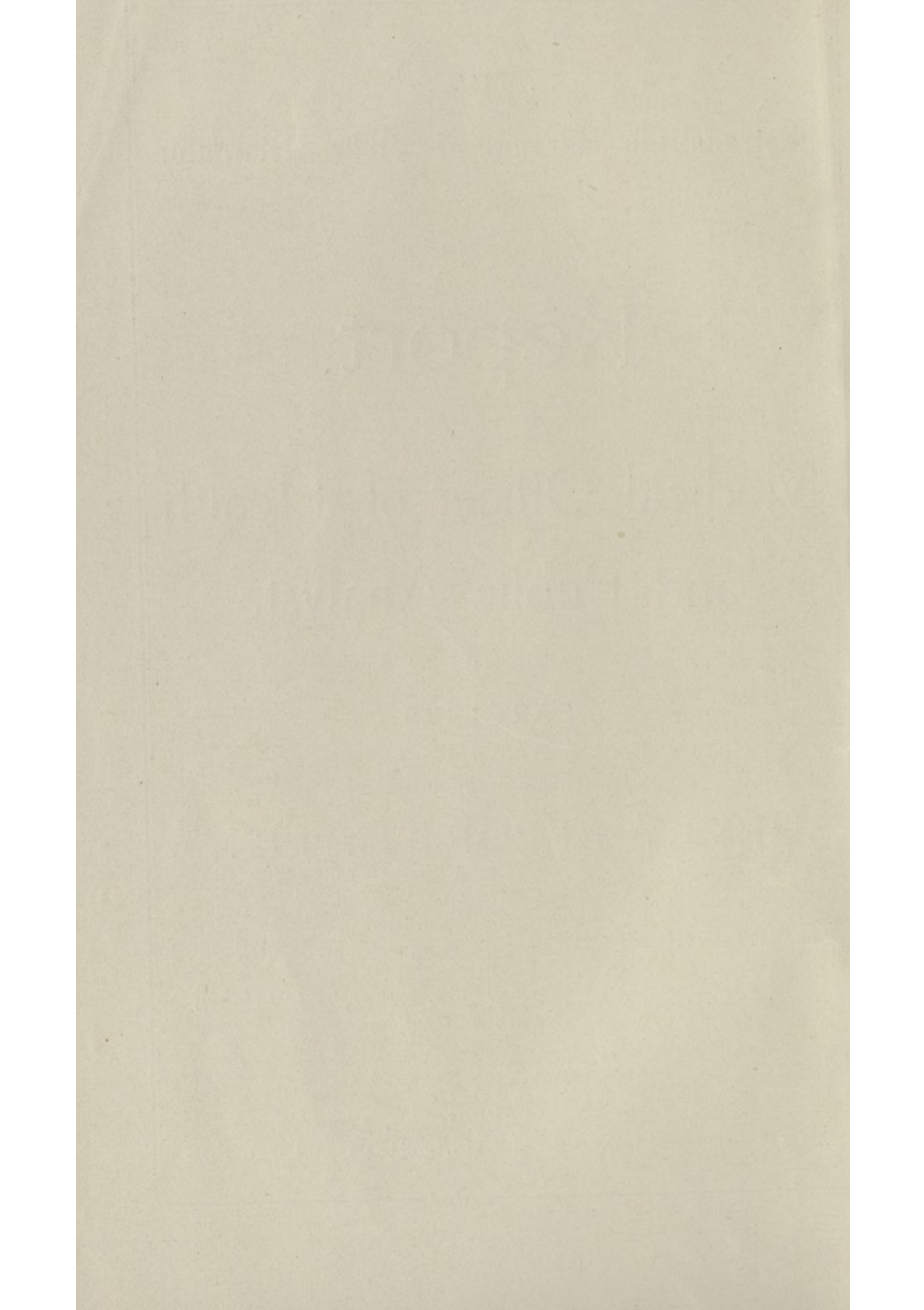
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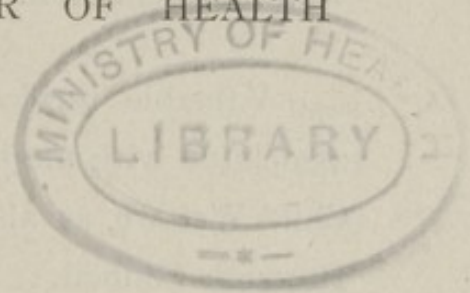
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REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1925.



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

LADIES AND GENTLEMEN,

The Minister of Health requests that this year a Report shall be presented in which a "Survey" of the Sanitary Circumstances and Public Health of the Borough, for the 5 years, 1921-1925, is made. For future reference purposes, it seems desirable that the Report for 1925 should be uniform with my previous Annual Reports, and so I propose to make the "Survey" a short and separate addendum to this Report.

The Chief Vital Statistics of the Borough for the year 1925 were very similar to those for the preceding year; the general death-rate being slightly less and the rate of infantile mortality a little higher.

The Infectious Sickness Rate for 1925 was markedly lower than that for the preceding year. This was due mainly to the greatly reduced prevalence of Measles.

The only important new provision bearing upon Public Health was the completion of an improved station for the cleansing of verminous children.

Valuable services were rendered by those Medical Officers associated with me in the work of Tuberculosis and Maternity and Child Welfare, as also by all the other Public Health officials of the Borough Council.

I am, Ladies and Gentlemen,

Your obedient Servant,

HENRY KENWOOD.

April, 1926.

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THE BOROUGH OF STOKE NEWINGTON.

The Borough of Stoke Newington is mainly a residential area, a considerable proportion of the population being employed elsewhere. The residences comprise those of the well-to-do and the tenements of the low-wage earner. There is no special industry carried on in the Borough; the factories and workshops are for the most part small, and the work engaged upon is of various kinds. A notable feature of the Southern portion of the Borough has been the considerable amount of "tenementation" within recent years of houses which were originally built for, and occupied by, one family.

GENERAL STATISTICS.

AREA (Acres)—863.

POPULATION (Middle of 1925)—53,190.

NUMBER OF INHABITED HOUSES (1925)—8,616.

NUMBER OF FAMILIES OR SEPARATE OCCUPIERS (1925)—13,930

RATEABLE VALUE—£398,010.

SUM REPRESENTED BY A PENNY RATE—£1,616.

THE STAFF OF THE PUBLIC HEALTH DEPARTMENT.

MEDICAL OFFICER OF HEALTH (Part-time)—Dr. H. R. Kenwood.

SANITARY INSPECTORS—D. W. Matthews (Chief).

A. P. Piggott.

R. F. Rogers.

CLERKS—R. F. Rogers and S. W. White.

DISINFECTOR, &c.—F. C. Screach. ASSISTANT—W. Brown.

MATERNITY AND CHILD WELFARE—

CLINIC'S MEDICAL OFFICERS—Dr. S. B. Jackson Smith and
Dr. M. Muncey.

HEALTH VISITORS—Miss H. Reeve (Superintendent).

Nurse F. Stamford.

Miss Sandeman.

TUBERCULOSIS—

DISPENSARY MEDICAL OFFICER—Dr. L. U. Young.

TUBERCULOSIS NURSE—Nurse Ager (Part-time.)

MEASLES, WHOOPING COUGH, Etc.

BOROUGH NURSES—Nurse Ross (Ranyard Nurse) and Nurse Ager (Part-time).

POPULATION.

The population at the last census (1921) was 52,167.

The following estimate of population for the middle of 1925 has been adopted by the Register-General for the calculation of the death-rate and birth-rate of the Borough for the year 1925 :—53,190.

This estimate of population is based on the adjusted 1921 census figures, after allowance for the varying rate of natural increase as evidenced by the births and deaths, and of migration as indicated from other sources of information such as the changes in the numbers on the Electoral Register and the migration returns obtained by the Board of Trade.

BIRTHS.

During the year 1925 there were 842 births, viz. :—425 males and 417 females. The birth-rate per 1,000 per annum was therefore 15·8, as against 16·6 for the preceding year.

Year.	Birth-rate.	Rate for London generally.	Rate for England and Wales.
1919	16·8	18·3	18·5
1920	23·1	26·5	25·4
1921	20·4	22·8	22·4
1922	17·8	21·0	20·6
1923	18·2	20·2	19·7
1924	16·6	18·7	18·8
1925	15·8	18·0	18·3

The illegitimate births numbered 22 ; 14 males and 8 females.

During the year the births notified locally under the Notification of Births Act have been compared with the births registered locally by the Registrar of Births, and the respective figures are 607 and 653.

These figures are fairly satisfactory. Some local Medical Practitioners and Midwives have been reminded of their failure to notify.

MORTALITY.

General Mortality.—There were 325 deaths of residents registered in the Borough, and 269 of residents who died in Public Institutions outside of the Borough, making a total of 594 deaths.

Of these 313 were of females, and 281 were of males.

Year.	General Death-rate.	Rate for London generally.	Rate for England and Wales.
1919	12·2	13·4	13·8
1920	12·4	12·4	12·4
1921	11·5	12·4	12·1
1922	12·9	13·4	12·9
1923	10·2	11·2	11·6
1924	11·3	12·1	12·2
1925	11·2	11·7	12·2

The recorded general death-rate is therefore 11·2, as against 11·3 for the preceding year.

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.

Comparing this table with the corresponding table of the preceding year, the following facts are noteworthy: The increase in the deaths from Tuberculosis, Whooping Cough and Diarrhœa; and a decrease of those from Cancer, Heart Disease, Diseases of the Respiratory Organs and Measles.

CANCER.

The deaths from Cancer in 1925, although fewer than in 1924, are considerably more numerous than those from Tuberculosis, the proportion being as 68 is to 54.

The death-rates from Cancer in England and Wales during recent years have been as follows:

ENGLAND AND WALES.

Year.	Rate per thousand of population.		
1913	1·064
1914	1·069
1915	1·121
1916	1·166
1917	1·210
1918	1·218
1919	1·145
1920	1·161
1921	1·215
1922	1·229
1923	1·267
1924	1·297

The death-rate in Stoke Newington for 1925 is 1·278.

Cancer nowadays contributes one to every 12 deaths registered. It is now more fatal than that other great scourge, Pulmonary Tuberculosis or Phthisis. Cancer is most prevalent among those of 40 years of age and upwards.

The very considerable chance of cure by treatment in the early stage of Cancer has been proved conclusively within recent years, and yet the majority of cases continue to be seen only at a late stage. When the causes underlying this lamentable fact are considered there can be no doubt that the most important is ignorance on the part of the Public of the signs of early Cancer, as also of its curability at the early stage. Few women know that a lump in the breast is dangerous, and that it implies Cancer in the great majority of cases ; few women know the danger that may underlie an irregular bleeding at or past middle life ; few men know the dangers of a non-healing sore of the lip or tongue, etc. ; few people know that Cancer in its beginnings and during its curable stage is rarely a painful ailment. The only way to reach the thousands of cases of early Cancer is by public education upon this vitally important subject.

If the disease is of microbic causation, as there are now good grounds for believing, our knowledge concerning Cancer is likely to be extended in the near future.

TABLE I.
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1925.

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.	
Cerebro-spinal	1	—	—	—	—	—	—	1	—	—
Encephalitis Lethargica	1	—	—	—	—	—	—	1	—	—
Enteric Fever	1	—	—	—	—	—	1	—	—	—
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping Cough	6	3	3	—	—	—	—	—	—	—
Diphtheria and Croup ...	4	1	—	1	2	—	—	—	—	—
Influenza	15	—	—	—	—	1	2	6	6	1
Erysipelas	2	1	—	—	—	1	—	—	—	—
Phthisis (Pulmonary Tuberculosis)	49	—	—	—	1	8	27	11	2	—
Other Tuberculous Diseases	5	—	—	1	—	2	2	—	—	—
Cancer (Malignant Disease)	68	—	—	—	—	—	9	29	30	7
Rheumatic Fever	1	—	—	—	1	—	—	—	—	—
Meningitis	5	1	1	—	—	1	2	—	—	1
Organic Heart Disease ..	62	—	—	—	—	3	4	26	29	10
Bronchitis	41	1	1	1	—	—	1	5	32	8
Pneumonia (all forms) ..	52	9	2	3	2	1	5	11	19	4
Other Diseases of Respiratory Organs ...	2	—	—	—	—	—	1	1	—	—
Diarrhoea and Enteritis..	7	6	—	—	—	—	1	—	—	—
Appendicitis & Typhlitis	1	—	—	—	—	—	1	—	—	—
Cirrhosis of Liver	3	—	—	—	—	—	1	2	—	1
Alcoholism	—	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease	22	—	—	—	—	—	1	6	15	—
Puerperal Disease	1	—	—	—	—	—	1	—	—	—
Other Accidents and Diseases of Pregnancy and Parturition	3	—	—	—	—	1	2	—	—	—
Congenital Debility and Malformation (including Premature Birth)..	24	24	—	—	—	—	—	—	—	1
Violent Deaths (excluding Suicide)	20	—	—	—	—	7	3	2	8	—
Suicide	12	—	—	—	—	2	3	5	2	—
Other Defined Diseases .	165	5	—	2	2	1	5	27	123	35
Diseases ill-defined or unknown	21	1	—	—	—	—	2	10	8	—
TOTALS	594	52	7	8	8	28	74	143	274	68

INFANTILE MORTALITY.

There were 52 deaths registered of infants under one year of age, as against 842 births; the proportion which the deaths under one year of age bear to 1,000 births, is therefore 61, as against 58 in the preceding year.

Year.	Rate of Infantile Mortality.	Rate for London generally.	Rate for England and Wales.
1919	62	85	89
1920	80	75	80
1921	53	79	83
1922	67	74	77
1923	46	61	69
1924	58	69	75
1925	61	67	75

A comparison of the causes of Infantile Mortality in 1925 with those of the preceding year shows a decrease during last year in the deaths from Pneumonia and Debility; whereas there was an increase in the deaths from Enteritis.

The causes contributing to a high rate of mortality have been discussed in previous reports, and it will suffice to call attention to the fact that of 52 children who died under the age of one year, 22 deaths were ascribed to Prematurity, Wasting, and Congenital Defects, and 10 to Bronchitis and Pneumonia, a total of 32 deaths resulting from these causes.

TABLE II.—INFANT MORTALITY.

NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER
ONE YEAR OF AGE, 1925.

CAUSE OF DEATH	Under 1 week.	1 to 2 weeks.	2 to 3 weeks.	3 to 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.
Influenza	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Meningitis .	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	1	—	1	1	3
Diphtheria and Croup ...	—	—	—	—	—	—	—	1	—	1
Erysipelas	—	—	—	—	—	1	—	—	—	1
Tuberculous Meningitis ...	—	—	—	—	—	—	—	1	—	1
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous)	—	—	—	—	—	—	—	1	—	1
Convulsions	—	1	—	—	1	—	1	—	—	2
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	—	—	1	—	1
Pneumonia (all forms) ...	—	—	—	—	—	2	1	3	3	9
Diarrhoea	—	—	—	—	—	—	—	—	—	—
Enteritis	—	1	—	—	1	—	4	—	1	6
Gastritis	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying ...	—	—	—	—	—	—	—	—	—	—
Injury at Birth	—	—	—	—	—	—	—	—	—	—
Atelectasis ..	—	—	—	—	—	—	—	—	—	—
Congenital Malformation...	3	3	—	—	6	2	1	—	—	9
Premature Birth	9	—	1	1	11	1	—	—	—	12
Atrophy, Debility and Marasmus	—	1	—	—	1	—	—	—	—	1
Other Causes	4	—	—	—	4	1	—	—	—	5
TOTALS	16	6	1	1	24	8	7	8	5	52

It will be noted that during 1925 the deaths during the first month of life amounted to 46 per cent. of the total infant mortality during the first year of life, in Stoke Newington. Such deaths are mainly (75 per cent.) due to Prematurity, Debility and Congenital Defects.

The maternal mortality rate for the country as a whole is equivalent to about four maternal deaths to every thousand births, and this figure has been fairly constant for more than twenty years, the slight reduction in deaths from Puerperal Fever having been rather more than compensated for by the many deaths from other causes in connection with childbirth. It must be borne in mind that these deaths indicate an immense burden of suffering and ill-health among women who survive, and they are necessarily associated with a large number of infant deaths before, during, or shortly after birth, many of which could be prevented.

On the other hand, during the past 20 years the infant mortality rate has fallen some 50 per cent., but this fall has occurred almost entirely subsequent to the first few weeks of life, the still-birth rate and the death rate during the first month remaining much as they were 20 years ago.

The above two facts are, of course, intimately related from the standpoint of their causes and prevention; and it is the aim of those responsible for maternity and child welfare services to devise fuller measures for preventing this sacrifice of life and health. More ante-natal care and supervision, embracing the provision of more Maternity Beds, a highly efficient midwifery service, and special educational measures, can alone provide the remedy.

On several occasions during the past few years I have directed attention to the desirability of providing some dental treatment in connection with our scheme of Maternity and Child Welfare. I have raised the subject in Committee and to individual members of the Committee, and I have referred to the need for it in Annual Reports.

The scope of such work may vary from a Special Dental Clinic provided by the Local Authority and conducted by a salaried

Dental Surgeon, assistant and nurse, to a simple arrangement by which a given Dentist undertakes to give services at his Surgery upon certain days and hours at a scale of charges which is agreed upon—the mothers and children referred to him, to receive attention when a card is presented signed by the Medical Officer of the Centres. The latter simple and comparatively cheap arrangement should suffice for Stoke Newington, and valuable results could be obtained even if the cost to the Council were limited to an annual sum of £60-£80—half of which would be met by a grant from the Ministry of Health.

Many of the patients would pay the whole of the reduced fees charged by the dentist ; the very large majority would pay some portion of those fees ; and there would be but a few necessitous cases in which the whole of the cost would fall upon the Council. Of course similar precautions to those taken in connection with the gratuitous provision of milk would apply to the last-mentioned cases.

In certain respects the Borough Council of Stoke Newington has been a Pioneer Council in the development of Maternity and Child Welfare work, but we are lagging behind a large number of other Local Authorities in this matter of dental treatment. Its value is everywhere testified to. Bad teeth in childhood do much more than cause pain, loss of rest, and disfigurement, they are a serious handicap to healthy normal development, and so sound teeth are a big factor in national health and vigour. Bad teeth lead to the insufficient mastication of food, and digestive disturbances which prejudicially affect normal nutrition and health, they are responsible for the long retention of particles of food in the mouth, and to decomposition products along with purulent matter from gums, being swallowed—with the result of minor degrees of septic poisoning, which sap health and energy. It is recognised that this is a serious handicap to the normal healthy functioning of expectant and nursing mothers.

The period of childhood is a critical period for the teeth, and neglect at this period may mean a lifelong disability. The

temporary teeth begin to appear in the first year of life, and their condition is of prime importance in determining the soundness of the permanent teeth.

Poverty and indifference lead to the neglect of the valuable services which a dentist can render, and so it is not surprising that nearly 40 per cent. of the children commencing school are found to be suffering from considerable dental decay.

The above-mentioned facts constitute the case for action by a Maternity and Child Welfare Committee, and so it is widely held that dental treatment is an essential provision in connection with Maternity and Child Welfare schemes—in addition to the usual advice upon the use of tooth-brushes.

The Maternity and Child Welfare Committee of the Borough of Stoke Newington considered this matter at one of their meetings in 1925, but a majority of those present were not favourable to any action being taken.

At the higher ages it is noteworthy that the deaths of persons of over 65 years of age amounted to approximately 46% of the total deaths at all ages.

THE MORTUARY.

During the year, 45 bodies were deposited in the Public Mortuary. Post-mortem examinations were performed upon 21 of these.

INQUESTS.

Forty-two Inquests were held upon Deaths of Parishioners during the year 1925.

PREVALENCE OF COMMUNICABLE DISEASES.

It will be seen from Table IV. that 264 *Notification Certificates of Infectious Illness* were received from medical practitioners. This represents a reduction as compared with the preceding year, when the figure was 298.

The Infectious Sickness Rate of the Borough, excluding the notifications from Tuberculosis, Cerebro-Spinal Meningitis, Acute Polio-Myelitis, Encephalitis and Ophthalmia, so as to make the rate comparable with that of former years, was 3·2 to each 1,000 of the population, as against 4·0 for the preceding year.

Year.	Infectious Sickness Rate.
1919	5·4
1920	8·0
1921	12·1
1922	5·1
1923	3·1
1924	4·0
1925	3·2

TABLE III.

ANNUAL DEATH RATES PER 1,000 OF POPULATION FROM
INFECTIOUS DISEASES, 1925;

	Enteric Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza
Stoke Newington ...	0·02	0·00	0·00	0·00	0·11	0·08	0·28
London	0·01	0·00	0·08	0·02	0·19	0·11	0·23
England and Wales ...	0·01	0·00	0·13	0·03	0·15	0·07	0·32

TABLE IV.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1925.

NOTIFIABLE DISEASE.	Number of Cases Notified.								Total Cases Notified in each Locality—(i.e., Parish or Ward) of the District.		Total Cases removed to Hospital.
	At all Ages.	At Ages—Years.							North Division	South Division	
		Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and up- wards			
Small Pox	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—
Diphtheria, including Membranous Croup	76	2	27	37	7	3	—	—	22	54	70
Erysipelas	10	1	—	—	1	2	4	2	3	7	1
Scarlet Fever	70	—	19	48	3	—	—	—	18	52	56
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	3	—	—	—	1	2	—	—	—	3	3
Cerebro-spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	2	1
Pulmonary Tuberculosis...	63	—	—	2	11	33	15	2	15	48	62
Other forms of Tuberculosis	25	1	5	7	4	7	1	—	4	21	13
Measles	—	—	—	—	—	—	—	—	—	—	—
Influenzal Pneumonia	8	—	—	—	2	3	3	—	—	8	1
Acute Pneumonia	6	—	—	1	2	3	—	—	—	6	3
Malaria	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	1	—	—	—	—	1	—	—	—	1	—
TOTALS	264	6	51	95	31	54	23	4	62	202	210

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BACTERIOLOGICAL DIAGNOSES.

The "diagnosis outfits" supplied by the Council to the medical practitioners in Stoke Newington are of great service.

The following is a statement of the applications received during 1925, together with the results of the *examinations performed at the Lister Institute of Preventive Medicine, or the Royal Institute of Public Health, London.*

Disease.	Results.		Total.
	Positive.	Negative.	
Phthisis	19	84	103
Diphtheria... ..	30	236	266
Enteric	—	3	3
Total	49	323	372

Many applications have been made at the office for tubes of Diphtheria "antitoxin," which I store for the convenience of local practitioners.

A limited amount of "antitoxin" is supplied free of cost to those who are judged to be unable to pay for it. The expenditure on this account is limited to £10 per annum, except in years of epidemic prevalence of Diphtheria.

SCARLET FEVER.

This infectious disease was less prevalent than in the preceding year, the cases notified furnishing a rate of 1·3 per 1,000 of the population, as against a rate of 2·36 for England and Wales generally. The cases were of a mild type, and no deaths resulted.

DIPHTHERIA.

The notified cases of Diphtheria during 1925, were well below those of the preceding year. They furnished a case-rate of 1·4 per 1,000 of the population, as against a case-rate of 1·23 for England and Wales generally. The deaths from this disease numbered 4, and the death-rate was 0·08.

ENTERIC FEVER.

The prevalence of this disease is on the decline in England and Wales generally. The case-rate for Stoke Newington for 1925 was only 0·02 per 1,000 of the population, and that for England and Wales was 0·07.

PUERPERAL FEVER.

This disease furnished a case-rate for Stoke Newington for 1925, of 0·06 per 1,000, as compared with 0·06 for England and Wales. Each notified case was promptly and thoroughly investigated and all possible measures were taken (with satisfactory results) to prevent any extension of the disease. There was one death from the disease.

SMALL-POX.

The possibility of the introduction of this disease to Stoke Newington occasioned considerable anxiety throughout 1924 and 1925, in view of the number of centres of infection which established themselves throughout England and Wales. Several false alarms had to be investigated and contacts kept under observation. I personally undertook the re-vaccination of the Public Health Staff in 1923; and other arrangements have been made to enable all necessary measures (including advice to the public with reference to vaccination and re-vaccination) to be promptly taken, whenever the disease makes its appearance. Fortunately, no case occurred in Stoke Newington during 1924 or 1925. The notification rate from this disease for England and Wales in 1925 was exceptionally high.

Recent experience impresses the fact that no large urban community can afford to go without the fullest means of coping with the spread of the disease at very short notice. The best means is vaccination, but nothing short of the presence of Small-pox will lead a considerable proportion of the community to avail themselves of this great protective measure.

The type of Small-pox during the past few years has been mild as compared with earlier times, but this has not been invariably so. In London, in 1922, for example, 20 deaths occurred in an outbreak of 65 cases, and in the 10 cases at Willesden, in 1924, there were 3 deaths. What the future has in store it is quite impossible to prophesy. The old, more virulent form of Small-pox may return at any time, and the country must be prepared to meet a situation which it is not possible to estimate for.

DIARRHŒA AND ENTERITIS.

There were 7 deaths from this disease among children under 2 years of age. The death-rate is best expressed as the proportion which the deaths under two years of age from these diseases form to a thousand births. The rate is 7·13, which compares favourably with the rate for London generally (10·6).

There can be no questioning the fact that Hospital treatment of severe cases of these diseases saves many children who would receive neither adequate medical supervision nor nursing aid in their own homes, and in 1924 the Metropolitan Asylums Board made provision for the reception and treatment of a limited number of selected cases. More recently this provision has been somewhat increased and a few selected sufferers from Marasmus or Wasting can also be accommodated.

INFLUENZA.

The deaths directly ascribed to this disease numbered 15.

ERYSIPELAS.

The case-rate of this disease in England and Wales was 0·39. In Stoke Newington it was about 0·19.

MEASLES.

Measles and Whooping Cough were but little in evidence

during the year, and Nurse Ager paid only a few visits to infected homes.

The arrangements made in 1919 for providing the services of a visiting nurse in connection with cases of Measles, Whooping Cough, Summer Diarrhoea and Ophthalmia, occurring amongst infants and young children, proved very useful during the year. It is, however, certain that during a severe epidemic of Measles or Whooping Cough the arrangement with a nurse who is already undertaking other nursing duties will not suffice, and on these occasions, it will be necessary to provide temporarily an additional nurse.

ENCEPHALITIS LETHARGICA.

This disease, with its high attack-rate, independence of season, and preference for certain age periods, cannot be identified with certainty by bacteriological examination. The infection is given off from the upper respiratory tract. Certainly, in our town population there appears to be as little prospect of checking infection by any practical measures as in the case of Measles, but with both diseases it is possible to reduce mortality by a careful regard to the grave risks of complications.

After the sufferer appears to have recovered, or to be approaching complete recovery from this disease, serious alterations in the nervous system may appear and these may slowly increase or diminish over a period of several years. These after-effects may take the form of mental and moral impairment, and such cases call for special educational and disciplinary provisions.

The provision of 100 beds for cases of post-Encephalitis Lethargica, recently made by the Metropolitan Asylums Board, will help to meet a very real need.

The one case notified in Stoke Newington during 1925 had a fatal termination.

OPHTHALMIA NEONATORUM.

Two cases of this disease were notified during the year. Both of the infants received hospital treatment, and their vision has been maintained unimpaired.

THE SHELTER.

The Shelter is a provision which enables those who are in occupation of one or two rooms only to obtain temporary accommodation while those rooms are being disinfected after the occurrence of infectious disease in one or more members of the family ; it also serves for the temporary isolation of an occasional individual who has come in contact with dangerous infectious disease and who is very likely to spread infection if he develops the disease.

The Shelter provision in Stoke Newington had been for many years of a very unsatisfactory nature, and, having regard to the grave risks from Small-pox during 1923 the Council recognised that better arrangements had become urgently necessary. Accordingly two small shelter flats were provided in a sufficiently isolated position, and these now constitute quite a model provision of its kind for a small population.

It is regrettable that there is a very general public prejudice against entering such shelters, except in the circumstance of a grave epidemic. There are many cases each year in which it would be our duty to take action to compel the use of the Shelter if we possessed the necessary legal powers.

THE DISINFECTING AND CLEANSING STATION.

During the year ending December 31, 1925, the following disinfecting and cleansing work was performed at the station :—

Total number of textile articles disinfected	...	11,253
Total number of books from Public Library disinfected		53
Total number of verminous persons cleansed	...	881

All the verminous persons cleansed were children of school age, with the exception of one adult.

In addition to the disinfection of rooms on account of the notified infectious diseases, 98 were fumigated on account of vermin, 39 on account of Consumption, 20 on account of Cancer, and 55 on account of Measles and Whooping Cough, etc.

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, and 881 of such children were cleansed.

PHTHISIS (CONSUMPTION) AND OTHER FORMS OF TUBERCULOSIS.

The death-rate from Consumption (Pulmonary Tuberculosis) in the Borough for 1925 was 0·92 per 1,000, as against 0·88 for London generally.

Sixty-three cases of Phthisis were notified under the Public Health (Tuberculosis) Regulations, 1912.

Forty-four of the notified cases were insured under the Insurance Act.

Nurse A. Ager, who is appointed to give part-time services in connection with the Tuberculosis work within the Borough, has, acting under the instruction of the Medical Officer of the Tuberculosis Dispensary and myself, dealt with 78 fresh cases during the year, and has made in all 823 visits. Nurse Ager has also attended 19 meetings of the After-Care Committee.

The Tuberculosis After-Care Committee appointed by the Borough Councils of Hackney and Stoke Newington rendered valuable services during the year. The address of the Secretary is 26, Pembury Road, Clapton, E.5.

The allowances of extra nutriment for necessitous cases cost £70 17s. 0d. in 1925.

Medical practitioners in Stoke Newington may be said to be notifying the disease better than in many districts—for whereas

the number of notifications of Tuberculosis often does not much exceed that of the deaths registered from the disease, in Stoke Newington they are much more numerous. It is, however, probable that the actual number of sufferers in any year approximates to quite three times the number of deaths. Every endeavour is made to secure the co-operation of medical practitioners, and the working arrangements set out on Memo. 283 of the Ministry of Health have been carried out.

The germ of the disease is known to be very widely diffused among our people, yet the actual disease is manifest in only an increasingly small proportion of those who have harboured the germ. Although, then, our special measures directed against the disease appear to be of less avail in protecting the community from the risks of exposure to the germ, they, with other factors concerned, are proving serviceable in reducing that dosage of infection which is necessary in many cases to produce the disease.

There can be no doubt that if the proximity to a sufferer is sufficiently prolonged, or often enough repeated, the dosage of infection will generally result in the transference of the disease. The dilution of infection is therefore very important, especially during childhood and adolescence. A considerable dosage of the germ can only be received indoors from an infective person.

I have long felt that a greater protection of children is an urgent need, and that our Tuberculosis schemes are very imperfect without it. There is only one alternative measure to the removal of young children who are at risk in their home, and that is a preventive vaccination, but we are by no means certain yet as to whether we have a useful and safe method of applying this means of protection. The removal of the source of infection, so very desirable when practicable, is likely to prove more difficult than the removal of a child at risk, for the sufferer is often contributing something, by light work, to the support of his family. Nevertheless, compulsory powers of removal of a sufferer who is putting others at serious risk are very desirable, and these powers are given in the Public Health Act of 1925.

Section 62 of Part VII of the recent Public Health Act of 1925, gives power to remove to, and detain in Hospital, persons suffering from Pulmonary Tuberculosis. The intention of the section is to enable Authorities to deal with cases in which there is a special risk of infection. ~~No action.~~

Part IV of the 1925 Public Health Act gives extended powers for dealing with verminous persons, articles and houses. This part of the Act is adoptive and it is possible that the requirement that the cleansing of verminous articles is to be done at the expense of the Local Authority in every case may deter some Authorities from adopting the section. Although in practice this would generally be done without charge, the use of the word " may " would have been better.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

The regulations provide that if a local authority, on the report in writing of the Medical Officer of Health, is satisfied that a person residing in its district who is engaged in any employment in connection with a dairy which would involve the milking of cows, the treatment of milk, or the handling of vessels used for containing milk, is suffering from Tuberculosis of the respiratory tract and is in an infectious state, it may by notice in writing signed by the Clerk or the Medical Officer of Health, require such person to discontinue his employment or occupation on or before the date specified in the notice, such date being not less than 7 days after the service of such notice, and the said person shall thereupon comply with the said notice. Powers are given to a person who deems himself aggrieved by the requirements of a local authority under the regulations to appeal to a Court of Summary Jurisdiction, which may make such order in the matter as may seem equitable to them and may award costs.

It was not necessary to take any action under these regulations in 1925.

NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS IN 1925.

Age-Periods.			New Cases.†				Deaths.			
			Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
			M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	—	—	1	—	—	—	—	1
1	...	...	—	—	2	3	—	—	1	1
5	...	...	—	—	5	—	1	—	—	—
10	...	...	2	—	1	1	—	—	—	—
15	...	...	3	3	—	2	2	4	1	—
20	...	...	3	2	—	2	—	2	1	—
25	...	...	10	7	1	2	8	5	—	—
35	...	...	11	5	1	3	9	5	—	—
45	...	...	4	4	—	—	2	2	—	—
55	...	...	6	1	—	1	6	—	—	—
65 and upwards	...	...	2	—	—	—	2	1	—	—
Totals	...	...	41	22	11	14	30	19	3	2

THE WORK OF THE TUBERCULOSIS DISPENSARY IN 1925 IN REFERENCE TO STOKE NEWINGTON.

The following facts show the work done in connection with the Dispensary, so far as Stoke Newington is concerned, during the year 1925.

The number of attendances of Stoke Newington patients were 1,383 during 1925, as compared with 1,430 during 1924. The total number of Stoke Newington contact cases examined at the Dispensary was 76, as against 77 during 1924.

Dr. L. U. YOUNG (the Tuberculosis Medical Officer) reports:

“The work of the Dispensary has continued steadily throughout the year; 353 Sessions were held, with an average attendance of 11·2.

“There was a slight increase in the number of new case attending, but a decided decrease in the attendance of old cases, due to various causes. Insured persons are now always referred to their Panel Doctors for treatment and only come up at lengthy intervals for supervision. Many old cases have ceased to attend altogether,

owing to the disease having, in the course of time, become arrested. Others, less fortunate, have succumbed.

"In March a Circular was issued by the London County Council to the Metropolitan Borough Councils, with reference to the cessation of supervision of patients at the Tuberculosis Dispensaries, in which it was pointed out that "as regards the organisation of the work, the wastage of cases by death and untraced removal is less than the concurrent increase, so that there is a danger, if cases that can reasonably be regarded as "cured" continue to be supervised and reported on, of the Dispensaries and the Public Health Departments of the Council becoming overloaded, to the detriment of the work generally, owing to the increasing number of cases under supervision, and the increasing number of reports necessary with respect to these cases.

"It is considered that "in the interests both of the patients and the organisation of the work," those persons who have been under supervision, and in whom the disease has been arrested for at least three years, and who may reasonably be regarded as cured, should be discharged from the Dispensary Register. During the year sixty-one patients were discharged under the above heading.

"Close co-operation is maintained with the Public Health Departments of the Boroughs. All matters relating to the patients are transmitted through the Medical Officers of Health to the Central Authorities, and the Borough Visiting Nurses attend the Dispensary regularly every week.

"The milk allowances granted to a limited number of patients have been much appreciated, and might well be extended with good results.

"The housing accommodation in the neighbourhood is still most inadequate. In 101 visits paid by the writer, in order to gain a personal knowledge of the homes, the conditions were found to be bad in 49, fair in 33, and satisfactory in only 19 instances.

"Institutional treatment was recommended during the year for 145 cases, of which 95 had been accepted up to the end of December.

"Advanced infective cases who refuse, or are refused institutional treatment, remain at their homes, a menace to the members of their family and to the community at large.

"A Scheme, formulated by the London County Council for the Boarding-out, or Convalescence, of children from infected homes, was put on trial on April 1st for a year, and in July was extended to cover "weakly children" living under conditions likely to subject them to infection. An arrangement was made for the working of the Scheme to be carried out in co-operation with the Invalid Children's Aid Association, but it was encumbered with formalities, and beset with parental and financial difficulties, that so far as this area is concerned the progress of the Scheme has not, up to the present, been very satisfactory. Any Scheme, however, which is likely to benefit the children merits a full trial.

"The Sessions for School-Children have been well attended, and the arrangement made for co-operation with the District School Medical Officer, which has now been in existence for three years, is working smoothly. During the year, 106 Cards (M.O. 333) were filled up and forwarded to the District Medical Officer.

"The secretarial work has been heavy, and Miss Fellowes has carried out these duties in an exemplary manner. Altogether 1,526 communications in the form of letters and reports were sent out.

"The nurses supplied by the Hospital have given entire satisfaction, and have shown a keen interest in the work.

"The cases referred to the various departments of the Hospital for diagnosis and treatment numbered 118, and I am indebted to the members of the Medical and Surgical Staffs for their ready assistance. Dr. Loughborough, Radiologist, has been specially helpful, and has kindly undertaken the treatment of several skin and gland cases.

"I have again to thank the Medical Officers of Health, Doctors Kenwood and Dart, for their courtesy and kind co-operation. I desire also to express my thanks to Mr. Rutherford for his attention to the equipment of the Dispensary, and to Matron for supplying such capable nurses."

TABLE I.

*Returns showing the result of examination of persons
for the purpose of Diagnosis.*

Original Cases found Pulmonary Tuberculosis ...	...	38	
Contact " " " " ...	...	4	42
Original " " Non-Pulmonary Tuberculosis ...	...	10	
Contact " " " " ...	...	0	10
Original " " Doubtful ...	...	8	
Contact " " " ... ...	...	0	8
Original " " Not Tubercular ...	...	51	
Contact " " " ... ...	...	72	123
Total of new cases ...			183

TABLE II.

CLASSIFICATION AND DETAILED STATISTICS OF ATTENDANCES, ETC.

	Insured Persons. Male.	Insured Persons. Female.	Uninsured Persons. Male.	Uninsured Persons. Female.	Contacts.				TOTAL.
					Male.		Female.		
					I.	U.	I.	U.	
New Patients At- tending ...	30	20	25	27	6	21	4	45	178
Attendances of Old Patients ...	343	183	248	253	17	58	20	83	1,205
Home Visits and Consultations...	23	12	17	12	3	—	—	2	69
Sputa Examined	119	45	36	44	5	1	3	16	269

SOURCES OF NEW CASES IN 1925.

				HACKNEY.		STOKE NEWINGTON.		Totals.
Contacts ...	...	...	...	199	...	76	...	275
M.O.H. ...	...	...	...	59	...	25	...	84
Ministry of Pensions ...	...	...	...	3	...	—	...	3
War Pensions Committee ...	...	...	...	1	...	2	...	3
Metropolitan Hospital ...	...	...	...	15	...	6	...	21
Other Hospitals ...	...	...	...	4	...	8	...	12
General Practitioners ...	...	...	...	101	...	57	...	158
London County Council ...	...	...	...	—	...	3	...	3
Other Sources ...	...	...	...	7	...	6	...	13

VENEREAL DISEASES.

Conditions with regard to Venereal diseases in this country continue to show a steady improvement.

The Metropolitan Asylums Board has arranged for the provision of special accommodation for the treatment of parturient women suffering from Venereal diseases who could not conveniently be provided for in the ordinary lying-in wards of the Poor Law institutions of the Metropolis, and also for the admission of non-pauper patients on the recommendation of the Medical Officers of Health.

The accommodation in question is provided for the Board by the City of London Guardians in a portion of the Thavies Inn Infirmary, Robin Hood Court, High Holborn, E.C. 1, and consists of beds for 20 expectant mothers, the arrangements for admission and discharge being controlled by this Board. There is also attached to the Infirmary an outdoor clinic for the treatment of women and their babies after discharge.

MATERNITY AND CHILD-WELFARE WORK.

Dr. Jackson Smith makes the following observations :

“ Under existing conditions most of the infants do not see the Medical Officer at regular intervals. Not only do many under six

months of age not see the doctor once a month, but some do not see the Medical Officer for six, nine or twelve months. At the first inspection it is often impossible to prescribe any food scientifically, for the simple reason that the mother has not been taught to observe important facts. Babies who do not see a doctor for six months cannot be said to be under medical supervision. Too many babies are artificially fed without the advice of any doctor. Emphasis needs again to be laid on the fact that the primary object of an Infant Welfare Centre is prevention, rather than cure.

“ Many children see the Medical Officer when they have begun to suffer from an ill-balanced diet after weaning, instead of the mothers consulting the doctor before weaning. An increasing number of mothers, however, now consult a doctor about the time of weaning. In every case of Rickets come across, the diet has contained excess of cereal and too little milk or its substitutes. The lack of sunshine made matters worse.

“ A memorandum of the Ministry of Health states : ‘ The kind and amount of milk should always be prescribed by the Medical Officer of the Centre, and should not be distributed at the discretion of the Superintendent only.’ Owing to some babies attending the Centres on days when the doctor does not attend, this advice has not been followed.

“ Any doctor experienced in the treatment of infants will agree that the doctor’s work is rendered more difficult when different foods and drugs have been experimented with, resulting in digestive disturbances which may take months to cure.

“ Bronchitis has been very prevalent, and many infants still have short-sleeved vests. Classes in Health, Infant Care and Cookery would be of value.

“ Most valuable assistance has been rendered by the Voluntary Workers, who are most reliable and punctual.

“ The Superintendent and Health Visitors show continued zeal and enthusiasm.”

Miss Reeve, the Superintendent Health Visitor, reports as follows :

“ The work has varied very little from that of last year. Every endeavour has been made to help mothers to bring their children up on right lines. This is done by visiting in the homes, as well as by advice at the Centres.

“ The home visits take up most of the morning hours. The primary visit is paid at about a fortnight after the birth, and re-visits are made as often as possible. These visits are of great value and are much appreciated. Some take a considerable amount of time.

“ The afternoons are taken up by infant and child consultations, on three days a week, at both Centres. In addition, one afternoon a week is devoted to ante-natal consultations, and another to a needlework class.

“ The Needlework Class, though small, does good work. It has had the advantage of the Mayoress's help (Mrs. J. Spetch Wilson) during the year. Many garments for the elder children have been cut out by her—of new material or from worn garments which have been brought to be shaped into others. Infants' clothing has continued to be cut out by the Child Welfare Superintendent, who has also directed the knitting or crocheting of garments for young babies. To this end, white 4-ply wool is now stocked, as well as 3-ply, so that the little garments can be made of suitable warmth. Several carrying shawls have been made for new babies, and the new fashion of clothing infants entirely in woollies is gaining ground. The fact that the cost of garments may be paid by instalments is of very great assistance to many mothers.

“ The Milk Order has again been of great help to our poorer mothers and children. The number of applications made was 52,

of which 49 were passed by the Milk Order Sub-Committee. The total amount spent was under £60 (£59 7s. 10d.)

“ Dispensary letters to the number of 255 were given to necessitous mothers for themselves or their young children. Treatment is thus given to those who cannot afford doctors’ fees. Many attend the Dispensary as out-patients only, but cases requiring it are visited in their homes by the Resident Medical Officer, Dr. Adderley. This is a very valuable help to the Maternity and Child Welfare work.

“ Of the 52 infant deaths, 13 only had attended the Centres. Of these, 2, aged only one month, made one attendance only, when advice was given to the effect that constant medical attention was needed. One of these died of Congenital Pyloric Stenosis and the other of Erysipelas. In two other instances, of babies of 2 months of age, the same advice was given on the occasion of their second attendance. Both these infants died of Broncho-Pneumonia.

“ Of the remaining 9, 5 died of Broncho-Pneumonia, at ages varying from 6 to 11 months, one being a Mongol and 2 others specially delicate. Of the 4 so far unaccounted for, one was a Marasmic infant, another had Hydrocephalus from birth, the third died of Convulsions due to Dentition, and the remaining infant of Acute Enteritis.

“ Looking forward—it is greatly hoped that the Council will shortly enlarge the Weighing Room at Milton Road Centre. The Centre is used to its utmost seating capacity, and more attendances would be made if there were increased space, which would also then suffer less from the heat of the Washhouses beneath.

“ Another need is dental aid for our poorer mothers and children. No mother can breast-feed her infant to the best advantage when her teeth are needing attention.

The appended table indicates the scope of the Maternity and Child Welfare work done during the year 1925 and recent years.

	1921	1922	1923	1924	1925
Infants born	1,073	937	960	876	—
Home Visits, Primary	1,173	1,073	1,088	1,126	1,139
" " Secondary	2,424	3,042	3,558	4,006	4,023
Number of Children on Registers at Welfare Centres	1,059	1,032	990	955	970
Attendances of Children for Weighing and Consultations ...	9,198	7,640	8,833	8,911	9,163
Attendances of Mothers for Advice, etc.	6,344	6,429	7,008	6,338	5,462
Attendances of Mothers at Ante-Natal Consultations	177	176	173	242	256
Attendances of Mothers at Needle-work Class	580	382	347	418	423
Attendances of Children at Needle-work Class	622	577	413	458	483

ANTE-NATAL WORK.

Dr. Muncey reports :

"The number of new cases attending the Ante-Natal Clinic during 1925, was 80, the attendances rose to 256.

"Eighty-three cases have been removed from the current list :

8 cases were not pregnant.

8 ,, left the Borough.

4 ,, miscarried.

1 case called for post Natal advice only, and was referred to her doctor.

62 cases were confined—the confinements resulting in the birth of 63 living children.

Of these 57 were single births.

3 ,, twin births.

2 ,, stillbirths—one a case of kidney disease and sent to hospital. The other a case of Maternal Hæmorrhage, who did not attend after booking her mid-wife.

"Six cases needed instrumental delivery. No case of Ophthalmia Neonatorum occurred.

"One case of Puerperal Sepsis—resulting in the death of the mother—was notified. This patient who was pregnant for the second time, was warned that she would need skilled assistance, and was advised to make similar arrangements to those she made for her first confinement. She did not want to do this, and did not attend the Clinic again.

"One patient with a history of stillbirths only attended in the third month of her fifth pregnancy. She had a slightly contracted pelvis and was suffering from severe Kidney trouble. She came to the Clinic regularly. The Kidney disease was arrested and she was referred to Hospital for the confinement. Labour was induced at the thirty-eighth week, and a healthy baby was born.

"Belts were ordered in six cases. Seven cases were relieved under the Milk Order.

"A number of women are anxious to have post-Natal advice. We are still hampered in the work by the lack of dental facilities for expectant mothers, as it is probable that Dental Sepsis does at times play an important part in the production of Puerperal Sepsis. Dental treatment is a very real need in the Borough."

On representation to the London County Council the advantages of the all-night ambulance service for Maternity cases were secured for residents of the Borough.

The practice of sending birthday cards to children who have completed the first year of life was approved by the Committee.

Grants in aid of convalescent treatment of the children under 5 years of age were made in respect of 5 such children during the year, 1925.

SANITARY ADMINISTRATION.

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 1925; 2,432 premises were inspected for

conditions injurious or dangerous to health, and insanitary conditions varying in their nature from slight to grave were discovered to the number of 1,240 ; 551 Intimation Notices, followed in 81 cases by Statutory Notices, were complied with. 2,933 re-inspections were made, making a total for the year of 5,365 inspections.

The difficulties in securing a reasonably prompt abatement of the nuisances intimated to the owners or occupiers of houses, even when these have been followed by Final Notices, have led to great delays, for which we receive many complaints.

FOOD INSPECTION.

The *slaughter-houses* (3), *bake-houses* (27), and *dairies* (68), situated in the Borough, were all inspected during the year.

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 seizures. Two tons and twelve hundredweight of unsound food was voluntarily surrendered during the year. Premises where food is prepared and stored have been kept under supervision.

The Dairies have been systematically inspected during the year.

The milk supply of Stoke Newington is good on the whole and is improving year by year. Some of it is excellent; and residents can obtain from local dairymen special, " Graded," milk, such as " Certified Milk " and " Pasteurised Milk," in bottles.

One application for registration as a purveyor of milk was refused.

Licences to use the designation " Certified " were granted to the following Firms :

1. Supplemental License to Manor Farm Dairy, Ltd.
2. Supplemental License to Welford's and Premier Dairies, Ltd.
3. Supplemental License to D. E. Jones.

Licences to use the designation "Pasteurized" were granted to :

1. Supplemental License to Manor Farm Dairy, Ltd.
2. Supplemental License to Welford's and Premier Dairies, Ltd.
3. Pasteurizer's License issued to J. Akam and Sons, Ltd.

No cows are now kept in the Borough.

During the previous year the Public Health Meat Regulations, 1924, were issued. These are designed to secure more adequate inspection of animals slaughtered in this country and improvements in the handling, transport and distribution of meat. The more noteworthy provisions of the Regulations are the requirement of Notices of Slaughtering and of evidence of disease to be given to the appropriate officer of the Local Authority. When an animal is slaughtered for sale for human consumption notice must be given to the Local Authority and the carcass must be retained for a few hours to give the Inspector an opportunity of inspecting it.

Owing to the uncertainty as to the nature of the precautions which could be demanded to be taken to protect meat against road dust and flies, several conferences were called for with representatives of the trade and with the Metropolitan Medical Officers of Health. Therefore, it was not before October, 1925 that the following letter was addressed to the butchers in Stoke Newington :

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

DEAR SIR,

I am instructed to notify you that the above Regulations will be enforced from December 1st, 1925.

I would draw your attention to the following requirements of the Regulations.

The occupier of any room in which any meat (including bacon) is sold or exposed for sale or deposited for

the purpose of sale or of preparation for sale or with a view to future sale, and any person who knowingly lets any room or suffers any room to be occupied for such purpose, shall cause the following provisions to be complied with :—

1. The occupier of any such room shall not cause or suffer any refuse or filth whether solid or liquid to be deposited or to accumulate therein except so far as may be reasonably necessary for the proper carrying on of the trade or business.

2. Such occupier shall cause the walls and ceiling of such a room to be white-washed, cleansed, or purified as often as may be necessary to keep them in a proper state.

3. Such occupier and every other person engaged in such room shall observe due cleanliness in regard to such room and all articles, apparatus and utensils therein.

The Council has decided that all persons handling meat must wear clean washable overalls or smocks in order to comply with these Regulations ; and that on occasions when meat is conveyed from one part of shop premises to another and the possibility of contact with the head arises, every person so occupied shall wear a clean, washable head covering.

4. The occupier of any such room shall take all steps as may be reasonably necessary to guard against contamination of the meat therein by flies and shall cause the meat to be so placed as to prevent mud, filth or other contaminating substance being splashed or blown thereon

The Council has also decided that no meat shall be exposed for sale in front of the line of any shop-window or door, on any stall, bench or projection unless it is suitably protected against dust and flies. Further the Council will require that, during the fly season of the year, all meat shall be protected from contamination from flies, by clean white gauze muslin or other material, glass screens, fans, or other efficient means.

I shall be glad if you will arrange to have any necessary alterations carried out and any necessary provisions made in order to comply with the above Regulations, as soon as possible, and not later than December 1st.

If any additional information is desired I shall be glad to supply it, on application at the Town Hall.

I am,

Yours faithfully,

HENRY KENWOOD,

Medical Officer of Health.

In the earlier part of the year 75 copies of the Regulations were left with 35 butchers and 40 bacon vendors, and cards for exhibition in the shops, asking customers to refrain from handling the raw meat were also supplied to the butchers. I interviewed many butchers and useful progress has been made.

On December 2nd, 1925, the four butchers in the Borough who are at present using slaughter houses, were informed that by instructions of the Public Health Committee all notices of slaughtering must reach the Public Health Department at the Town Hall not later than 10 a.m. on the day of slaughter. As the result of these notices it has been found possible to make a number of inspections of animals and carcasses prior to and shortly after slaughter, and in one instance portions of the carcass of an animal were condemned and destroyed.

Doubtless, the proper enforcement of these Regulations will go a long way towards securing a much overdue improvement in the general conditions under which meat is dealt with before it reaches the public ; and there is ample scope for similar Regulations dealing with the sale of other articles of food.

KITCHENS OF RESTAURANTS, KITCHENS AND EATING HOUSES.

There are 15 of these premises in the Borough. The results of the inspections, both of the food and the kitchens, have been satisfactory.

HOUSING.

No material industrial development of Stoke Newington is likely, and the demand for houses will mainly continue to come from those who are industrially employed elsewhere. There is an urgent need of more dwellings in Stoke Newington in order to reduce the excessive occupation of many existing ones.

During the year 1925 most of the least satisfactory dwellings within the Borough were inspected. These, with other dwellings, gave a total of 1560 dwellings inspected.

WHITE HART COURT.

This court is approached by a passage about 20 ft. long, between Nos. 73 and 75, High Street, the average width of the passage being about 2 ft. 9 in. It consists of a courtyard, with three two-roomed cottages on the North side and three on the South side. One cottage on the South side was vacated last year, and two are now empty.

At the West end of the court are two small sculleries, and two small water-closets, for the use of the occupants of the six cottages.

These premises have been reported to the Public Health Committee on several occasions, and if it had not been for the war, doubtless the Committee would have recommended the Council that they should be closed and demolished. The Chief Sanitary Inspector and I are strongly of opinion that such action should no longer be delayed, for the following reasons :

1. The premises and their sanitary and domestic arrangements fall far short of modern requirements for healthy, decent living.
2. There is not sufficient room for more than three persons in each cottage ; and they have almost always been overcrowded.

•

- | | |
|---|-------|
| (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) | 1,560 |
| (2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 | 0 |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | 0 |
| (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation | 694 |

II.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers 694

III.—ACTION UNDER STATUTORY POWERS.

A.—*Proceedings under section 3 of the Housing Act, 1925* 1

B.—*Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 524

(2) Number of dwelling-houses in which defects were remedied :—

(a) by owners 523

(b) by Local Authority in default of owners ... 1

(3) Number of Dwelling houses closed 1

C.—*Proceedings under sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909* 0

3.—UNHEALTHY AREAS.

Areas represented to the Local Authority, with a view to Improvement Schemes under (a), Part I., or (b), Part II., of the Act of 1890... .. 0

1.—Number of houses not complying with the building bye-laws erected with consent of Local Authority under section 25 of the Housing, Town Planning, etc., Act, 1919 0

2.—Staff engaged on housing work :—

Two Sanitary Inspectors,

One Clerk and part-time Sanitary Inspector.

INCREASE OF RENT AND MORTGAGE INTEREST (RESTRICTIONS) ACT, 1920 & 1923. SECTION 2 (2).

This sub-section provides that "at any time or times not being less than three months after the date of any increased rent permitted by the Act, the tenant is entitled to apply to the County Court for an order suspending the increases if he considers that the premises are not in all respects reasonably fit for human habitation, or otherwise not in a reasonable state of repair. He will be required to satisfy the County Court by a report of the Sanitary Authority, or otherwise that his application is well founded, and for this purpose is entitled to apply to the Sanitary Authority for a certificate."

Thirty-six applications were made to your Authority during the year, and in every instance a certificate was granted.

HOUSES LET IN LODGINGS, OR DIVIDED INTO SEPARATE TENEMENTS.

Much consideration was given to the draft of the new Bye-laws of the London County Council relating to the above-mentioned premises.

During 1926, every effort will be made to add to such houses already on our Register, and to see if the latter which are registerable under the new Bye-laws, fully comply with them.

SCAVENGING.

The streets and yards are well scavenged.

While the regular removal of household refuse is performed in a satisfactory manner, the same cannot be said with regard to the mode of conveyance of the refuse through the streets. I am informed that all the carts are provided with tarpaulins and that the men are frequently cautioned against any failure to keep the refuse covered as much as possible during the filling of the cart, and completely so after the cart is filled and is on its way to the destructor or rail; yet as one moves about the Borough it is the

exception rather than the rule to see a dust-cart reasonably well covered during the operation of filling it, and very often it is not covered at all when full.

Our old, overfilled and uncovered, dust-carts are a nuisance and a bad object-lesson.

RATS AND MICE (DESTRUCTION), ACT, 1919.

The Rats and Mice Destruction Act, 1919, came into operation on 1st January, 1920. The Council appointed two of your Inspectors, Messrs. D. W. Matthews and A. P. Piggott, as Rat Officers to administer the Act in the Borough. This has entailed an amount of work considerably more than would be implied by a bare statement of complaints received and dealt with.

The following table shows the number of complaints received since the Administration of the Act commenced:—

Complaints.			
1920	...	...	25
1921	...	...	29
1922	...	...	45
1923	...	...	32
1924	...	...	54
1925	...	...	41
Total			<u>226</u>

In the majority of cases the infestation was traced to defective drains, the remaining cases being due in nearly every instance to stray rats having gained access to the premises and breeding there. It has been found that very frequent points of access are defective air-bricks and step-risers. One great difficulty in dealing with the stray rat is the large number of improvised chicken-runs and sheds in the gardens of the houses in the southern end of the Borough. Poison has been supplied in a number of cases, but it is difficult to gauge the efficiency or otherwise of any particular preparation. However, the absence of further complaints leads us to continue the use of the preparation which has been in use for the past two years. On two occasions a ratcatcher was engaged.

FACTORIES, WORKSHOPS, AND WORK-PLACES.

The usual inspections of these premises were made during the year, and they are maintained in a fairly satisfactory condition.

There are at present 86 out-workers who work for places of business situated within the Borough, and 328 out-workers dwelling in Stoke Newington working for businesses outside of the Borough.

FOOD AND DRUGS

TABLE V.

ANALYSES PERFORMED UNDER THE SALE OF FOOD AND DRUGS ACTS DURING THE YEAR 1925.

Article submitted for Analysis. (178)	No. of Genuine Samples (170)	No. of Adul- terated Samples (8)	Remarks as to Adulteration.
Apples	2	—	
Baking Powder ...	2	—	
Beef Sausage ...	3	—	
Beef Sausage Meat	1	—	
Black Currant	1	—	
Cordial			
Bitter Ale ...	2	—	
Bloater Paste ...	1	—	
Boracic Acid	1	—	
Powder			
Butter	21	—	
Castor Oil ...	1	—	
Cheese	2	—	
Chicken and Ham	1	—	
Paste			
Cocoa	1	—	
Coffee	5	—	
Cream	1	—	
Cream (Preserved)	5	—	
Demerara Sugar ...	1	—	
Fish Paste ...	2	—	
Flour	4	—	
Gin	—	1	43·8 % below proof. Dilution de- clared.
Ginger Beer ...	1	—	
Glauber Salts	1	—	
Green Peas(Bottled)	1	—	
Green Peas(Tinned)	—	1	1·6 grs. of sulphate of copper.
Ground Ginger ...	1	—	
Jam	4	—	
Lard	1	—	
Liquorice Powder	2	—	
Lobster Paste ...	1	—	
Margarine ...	13	—	

TABLE V.—*continued.*

Article submitted for Analysis. (178)	No. of Genuine Samples (170)	No. of Adul- terated Samples (8)	Remarks as to Adulteration.
Milk	62	4	(1) Contained 6% less than the legal limit for fat. Summons dismissed on warranty. (2) 3½% of added water. Vendor cautioned. (3) 3% deficiency in fat. Vendor cautioned. (4) 15% deficiency in fat. Case dismissed under the Probation of Offenders' Act upon payment of 12s. 6d. costs.
Milk (Dried) ...	1	—	
Milk (Tinned) ...	2	—	
Minced Beef ...	1	—	
Olive Oil	1	—	
Pork Pie	1	—	
Pork Sausage ...	1	—	
Porter	1	—	
Powdered Borax...	1	—	
Rum	—	1	40% below proof. Dilution declared.
Rum and Coffee ...	1	—	
Salmon and Shrimp Paste	3	—	
Seidlitz Powders ..	2	—	
Sponge Cake ...	1	—	
Sweet Spirit of Nitre	1	1	Nitrous ether slightly deficient
Sweets	2	—	
Tripe	1	—	
Vinegar	2	—	
Whisky	4	—	

Only eight of the samples purchased in the Borough in 1925 were adulterated; and, therefore, the percentage of non-genuine samples amounted to 4·5 per cent., which is slightly above the figure for the preceding year.

6 per cent. of the 66 Milk samples were unsatisfactory in quality or sold contrary to the law, as against 5·7 per cent. during the preceding year.

In London as a whole, the percentage of Milk samples reported against was above that in Stoke Newington.

It should be added that many of the other samples purchased were below the *average* quality of Milk although they were a trifle above the low legal limits which have been fixed.

During the year two vendors of Milk were fined—one 10s. and the other 20s., for the sale of Milk from receptacles not bearing their names and addresses, in contravention of the requirements of the Sale of Food and Drugs Acts.

All the samples of Milk, Butter and Margarine were tested for antiseptics, with the result that no sample of Milk, 18 of Butter, and 12 of the samples of Margarine were found to contain boric acid. In no case was the amount sufficient to warrant a prosecution ; but in one instance the vendor was cautioned. Antiseptics were also found in 3 samples of Salmon and Shrimp Paste (boric acid), 6 of Cream (boric acid), 2 of Sausages (boric acid), 2 of Jam (salicylic acid), 2 of Meat Pastes (boric acid), 1 of Black Currant Cordial (salicylic acid) and 1 of Cheese (boric acid). Therefore, 47, or 27 per cent. of the total samples purchased contained chemical preservatives.

Twenty informal samples were taken during the year, and 8 Sunday samples.

Section 8 in conjunction with Section 14 of the Milk and Dairies (Consolidation) Act of 1915, which came into operation on the 1st September, 1925, enlarges the power of the officers of the local authority to take samples of Milk, and such samples may under the Act be taken at any time before the Milk is delivered to the consumer.

Section 9 amends the provisions of the Sale of Food and Drugs Acts with regard to the Warranty defence. This will not be available where the sample in respect of which the proceedings are taken is a mixture of Milk obtained from more than one seller or consignor. Power is also given to the local authority of the district in which the first sample was taken, instead of or in addition to taking proceedings against the purveyor, to take proceedings against the seller or consignor.

THE PUBLIC HEALTH (MILK AND CREAM) REGULATIONS.

During the year 1925 six samples of Cream were taken under these Regulations. The samples were sold strictly under the conditions of the Regulations, and on analysis it was found that Boric Acid was present in five cases of Cream sold as preserved, but not in excess of the amount permissible. On one occasion preserved Cream was sold from an unlabelled receptacle in the shop, although it was labelled when delivered to the purchaser. The vendor was cautioned.

The 66 samples of Milk taken during 1925 were tested for chemical preservatives, and thickening agents, and the result was negative in every case.

REPORT OF CHIEF SANITARY INSPECTOR FOR THE
YEAR 1925.

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

LADIES AND GENTLEMEN,—

I beg to present my Annual Report for the year ending 31st December, 1925 :—

HOUSES AND PREMISES INSPECTED.

After Notification of Infectious Diseases	...	...	...	179
By house-to-house inspection	...	...	...	129
Upon complaint, under Sec. 107 (3), Public Health (London)				
Act, 1891	...	...	...	615
After Notices from Builders, under Bye-law 14 (London				
County Council)	...	...	...	134
Food premises	...	...	...	580
Slaughter houses	...	...	...	52
Milkshops, dairies and cowsheds	...	...	...	33
Smoke observations	...	...	...	73
Factories and workshops	...	...	...	134
Other premises inspected	...	...	...	467
Premises inspected on application under Rent Restriction Act				36
Re-inspections made to examine and test work, etc.	...	...	...	2,933
Total Inspections				5,365

NUISANCES ABATED AND SANITARY DEFECTS REMEDIED.

Dirty premises, cleansed and whitewashed	...	...	...	133
Dampness in dwellings remedied	...	...	...	101
Dilapidated ceilings, stairs, etc., repaired	...	...	...	95
Defective drain inlets remedied	...	...	...	3
Foul traps and pans of w.c.'s cleansed	...	...	...	6
Public-house urinals cleansed (after intimation)	...	...	...	1
Flushing cisterns to w.c.'s provided or repaired, and w.c.'s with insufficient water supply made satisfactory	...	...	...	26
Defective w.c: basins and traps removed and replaced by approved patterns	...	...	...	71
Stopped or choked w.c. traps cleared	...	...	...	5
External ventilation to w.c.'s improved	...	...	...	8
W.C.'s removed to more sanitary positions	...	...	...	4
Separate flushing cisterns fixed to w.c.'s which were pre- viously flushed directly from dietary cisterns	...	...	...	—
Additional w.c.'s provided in case of insufficient w.c. accom- modation	...	...	...	17
Defective soil-pipes reconstructed	...	...	...	18
Unventilated soil-pipes ventilated and	...	...	}	18
Soil-pipes improperly ventilated, improved	...	...
Dirty yards cleansed	...	...	...	—
Yards paved or re-paved with impervious material	...	...	...	12
Yards drained	...	...	...	—
Gully and other traps inside houses removed	...	...	...	1
Sink waste-pipes directly connected to drain, made to dis- charge in open-air over proper syphon gullies	...	...	...	1
Long lengths of sink, bath, and lavatory waste-pipes trapped, and made to discharge in open-air over gullies	...	...	...	58
Defective waste-pipes repaired	...	...	...	—
Foul water-cisterns cleansed	...	...	...	6
Carried forward	...	...	...	584

Brought forward	...	...	584
Water-cisterns without close-fitting covers provided with proper coverings	...	...	16
Defects in water-cisterns remedied	...	...	5
Cisterns removed to more sanitary position	...	...	—
New portable dust-bins provided	...	...	188
Defective drainage reconstructed in accordance with bye laws of County Council	...	...	103
Choked or stopped drains cleared and repaired	...	...	104
Drains ventilated or defective ventilating pipes renewed	...	...	1
Rain water pipes disconnected from drains or soil-pipes and made to discharge over gully-traps	...	...	2
Proper water-supply provided to houses or tenements	...	...	10
Defective roofs repaired	...	...	106
Defective guttering and rain water pipes repaired or renewed	...	...	67
Defective paving to floors of wash-houses repaired or renewed	...	...	6
Dirty walls of work-rooms cleansed	...	...	9
Ventilation under floors improved	...	...	3
Proper manure receptacles provided (London County Council bye-laws)	...	...	—
Cases of over-crowding abated	...	...	4
Accumulation of refuse, etc., removed	...	...	21
Areas re-paved and drained	...	...	—
Underground dwellings improved	...	...	—
Nuisances from animals abated	...	...	4
Smoke nuisance abated	...	...	3
Miscellaneous nuisances abated	...	...	4
Total	...	...	1,240

The above list refers only to work carried out on Intimation and Statutory Notices. In addition, a large number of improvements have been made on advice to owners and occupiers.

INTIMATION NOTICES SERVED.

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

House to house inspection	...	...	...	...	...	33
After inspection on account of complaint	...	...	...	...	...	434
After infectious illness	...	...	...	...	...	18
With reference to stables and mews	...	...	...	...	...	2
„ „ milkshops, dairies and cowsheds	...	...	...	...	...	—
„ „ bakehouses	...	...	...	...	...	—
„ „ factories and workshops	...	...	...	...	...	26
„ „ slaughter houses	...	...	...	...	...	1
After sundry other inspections	...	...	...	...	...	39
						<hr/> 553 <hr/>

STATUTORY NOTICES.

Eighty-one statutory notices were served by direction of your Committee under Sec. 4, Public Health (London) Act, 1891.

DRAINAGE PLANS AND APPLICATIONS.

Sixteen plans and applications were considered and approved by your Committee for alterations to and reconstruction of drains.

I am, Ladies and Gentlemen,

Your obedient Servant,

(D. W. MATTHEWS,

Chief Sanitary Inspector.

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

(For the Guidance of Medical Practitioners, Midwives, Etc.)

A DEN Grove

Aden Terrace
Adolphus Road
Albion Grove
" Road
Aldham Place (High Street)
Allen Road
Allerton Road
Alexandra Road
Alexandra Villas (Seven Sisters
Road)
Amhurst Park (90-100 even
Nos. and 93)
Arthur Road
Ayrsome Road

BARN Street

Barrett's Grove
Beaulieu Villas (Seven Sisters
Belgrade Road [Road)
Bethune Road (1 to 145)
" " (2 to 106)
Blackstock Road (5 to 175)
Boleyn Road (94 to 192)
Bouverie Road
Brighton Road
Brodia Road
Broughton Road
Brownswood Road
Burma Road

CARYSFORT Road

Chalmers Terrace (Victoria
Road)
Chapel Place (High Street)
Chesholm Road

Church Street

" Walk
Clissold Road
Clonbrock Road
Coronation Avenue
Cowper Road
Cressington Road
Crossway (late Castle St.)
(2 to 50) N. Side
Cumberland Terrace (Seven
Sisters 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

Glebe Place (Church St.)
Gloucester Road
Goldsmith Square
Gordon Road
Grange Court Road
Grayling Road
Grazebrook Road
Green Lanes

" " (from 2 to 388)
" " (" 81 " 147)
" " (" 205 " 327)

HAMILTON Place (Victoria Grove)

Harcombe Road

Hawksley Road

Hayling Road

Heathland Road

Henry Road

Hermitage Road, 1 to 25a, 2 to 14

Hewling Street (Howard Road)

High Street (17 to 217)

Hornsey Place (Matthias Road)

Howard Road

IMPERIAL Avenue

KERSLEY Road

King's Road

Knebworth Road

Kynaston Avenue

„ Road

LANCELL Street

„ Lavell Street

Laver's Road

Leconfield Road (1-23a)

Leonard Place (Allen Road)

Lidfield Road

Lilian Street

Listria Park

Londesborough Road

Lordship Grove

„ Park

„ Road

„ Terrace

Lordship Park Mews (Allerton Road)

MANOR Road

Martaban Road

Marton Road

Mason's Court (High Street)

„ Place „ „

Matthias Road (2-122)

Millard Road

Milton Road

Mountgrove Road (2-98)

NEVILL Road

Newington Green (33-42)

Newington Hall Villas (Church Street)

Newton Villas (Seven Sisters Road)

OLDFIELD Road

Osterley Road

PAGET Road

Painsthorpe Road

Palatine Road

Paradise Row (Church Street)

Park Crescent „ „

„ Lane

„ Street

Pellerin Road

Petherton Road (106 to 138)

Portland Road

Prince George Road

Princess Road

„ May Road

QUEEN Elizabeth's Walk

Queen's Road

REEDHOLM Villas (Winston Road)

Reservoir Cottages (Green Lanes Waterworks)

Riversdale Road (92-104)

Rochester Place (High Street)

ST. ANDREW'S Road
 „ Mews
 (Dunsmore Road)
 St. Andrew's Pavement, S. Side
 (11 to 20) (Dunsmore Road)
 St. Kilda's Road
 Sandbrook Road
 Salcombe Road
 Selsea Place (Crossway)
 Seven Sisters Road :
 (273-333, 286-296, 430-486)
 Shakespeare Road
 Shelgrove Road
 Shipway Terrace (Victoria
 Road)
 Somerfield Road
 Spenser Road
 Springdale Road
 Stamford Hill (1-39)
 Statham Grove

Stoke Newington Road (1-155)
 Summerhouse Road

TOWN HALL Approach
 Truman's Road

VICTORIA Grove
 Victoria Grove West
 Victoria Road

WALFORD Road
 Warwickshire Road

Watson Street
 White Hart Court (High Street)
 Wilberforce Road
 Winston Road
 Woodberry Down
 „ Grove
 Woodland Road
 Woodlea Road
 Wordsworth Road

. . . THE . . .

Metropolitan Borough of Stoke Newington



1921—1925

A Quinquennial Health Survey

(Being a Supplement to the Annual Report for the year 1925.)

BY

HENRY R. KENWOOD, C.M.G., M.B., F.R.S.E., D.P.H., F.C.S.

*Emeritus Professor of Public Health, University of London,
Medical Officer of Health and Public Analyst.*



LONDON :

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

LADIES AND GENTLEMEN,

The Minister of Health's object in calling for this survey is to secure that each Medical Officer of Health shall review the progress made in the Public Health circumstances of his district at the end of each five-yearly period, with the object of making suggestions upon any further developments or readjustments of the administrative work of public health which seem to the Medical Officer of Health to be indicated as desirable.

It is obvious that in the small Borough of Stoke Newington and for a period during which the strictest economy has had to be practised, but little progress in the development of public health activities has to be recorded ; but a critical review of that work during the past five years serves the useful purpose of indicating certain directions in which progress could and should be made as soon as circumstances permit. It is more especially in this last-mentioned respect that the brief report which I now present may claim your interest.

I am, Ladies and Gentlemen,

Your obedient servant,

HENRY KENWOOD.

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Quinquennial Health Survey.

1921—1925.

VITAL STATISTICS.

Stoke Newington, with its small population, is but a portion of one large community, therefore a study of the vital statistics of the Borough cannot be expected to reveal any facts, in reference to the causation and behaviour of disease, which do not apply in great measure to London as a whole. A record of the changes in the prevalence and mortality from disease in the Borough itself is, however, both interesting and suggestive. During the five years in question the population has continued to justify its reputation for being one of the most healthy of the Metropolitan Boroughs. The facts set out in Tables I and II (pp. 8 and 9), more particularly those relating to 1921-25, justify this reputation.

It will be seen from these tables that the greatest decreases relate to those diseases upon which most preventive effort has been spent, and the local sanitary authority may fairly claim that a considerable part of the decreases has resulted from the work for which they are responsible. Great benefits have thus been conferred upon the community—more particularly by the work undertaken in connection with Infant Welfare, and the control of communicable diseases, including Tuberculosis; and these results may be regarded as the returns from the investments of the health authorities.

While briefly reviewing the prevalence and fatality of disease during the most recent five yearly period some reference may be

TABLE I.
DEATH RATES PER 1,000 OF POPULATION.

Year.				General Death Rate.	Measles.	Scarlet Fever.	Whooping Cough.	Enteric Fever.	Diphtheria.	Phthisis.	Cancer.
1901	...	...	...	13.1	.17	.08	.04	.08	.27	1.30	—
1902	...	...	...	13.3	.08	.09	.27	.08	.09	1.24	—
1903	...	...	...	12.6	.39	.00	.36	.09	.13	1.30	—
1904	...	...	...	13.4	.13	.03	.25	.11	.19	1.70	—
1905	...	...	...	13.0	.21	.06	.17	.00	.09	1.31	—
Means	...	...	...	13.1	.20	.05	.22	.07	.15	1.37	0.96
1906	...	...	...	12.0	.19	.02	.32	.00	.08	.90	—
1907	...	...	...	11.8	.13	.13	.36	.06	.11	.88	—
1908	...	...	...	12.9	.19	.09	.13	.08	.02	1.04	—
1909	...	...	...	11.7	.17	.04	.24	.02	.02	.80	—
1910	...	...	...	11.8	.22	.02	.13	.04	.04	.92	—
Means	...	...	...	12.0	.18	.06	.24	.04	.05	.91	1.13
1911	...	...	...	12.5	.53	.06	.37	.02	.06	1.02	—
1912	...	...	...	11.6	.12	.02	.04	.00	.00	.91	—
1913	...	...	...	13.1	.22	.02	.12	.04	.12	.93	—
1914	...	...	...	12.3	.02	.06	.12	.00	.06	1.11	—
1915	...	...	...	14.6	.47	.14	.14	.04	.20	1.01	—
Means	...	...	...	12.8	.27	.06	.16	.02	.09	.99	1.23
1916	...	...	...	12.6	.02	.08	.02	.00	.12	1.36	—
1917	...	...	...	14.1	.36	.00	.12	.00	.20	1.06	—
1918	...	...	...	15.7	.15	.00	.10	.06	.36	1.14	—
1919	...	...	...	12.2	.02	.04	.08	.00	.27	.84	—
1920	...	...	...	12.4	.10	.08	.17	.00	.36	.70	—
Means	...	...	...	13.4	.13	.04	.10	.01	.26	1.02	1.27
1921	...	...	...	11.5	.00	.00	.06	.04	.42	.72	—
1922	...	...	...	12.9	.06	.06	.02	.00	.15	.76	—
1923	...	...	...	10.2	.00	.00	.04	.02	.10	.76	—
1924	...	...	...	11.3	.08	.02	.06	.00	.10	.64	—
1925	...	...	...	11.2	.00	.00	.11	.02	.08	.92	—
Means	...	...	...	11.4	.03	.02	.06	.02	.17	.76	1.52

TABLE II.
DEATH RATES PER 1,000 REGISTERED BIRTHS.

Births.				Under 1 year.	Under 1 month	Diarrhoea and Enteritis.	Puerperal Fever.	Pregnancy and Parturition.
1901	...	...	...	117.9	23.4	21.60	—	—
1902	...	...	...	114.7	30.2	17.77	—	—
1903	...	...	...	120.3	33.7	19.14	—	—
1904	...	...	...	115.6	26.3	21.88	—	—
1905	...	...	...	124.7	46.0	31.90	—	—
Means. Birth-rate: 21.7				118.6	31.9	22.46	1.3	—
1906	...	...	...	108	42.5	21.26	—	—
1907	...	...	...	97.8	43.2	6.71	—	—
1908	...	...	...	98.3	29.2	14.60	—	—
1909	...	...	...	84.9	26.3	4.04	—	—
1910	...	...	...	66.1	25.2	11.54	—	—
Means. Birth-rate: 20.0				91.0	33.3	11.63	1.4	—
1911	...	...	...	106.2	29.6	27.70	—	—
1912	...	...	...	70.7	37.8	1.93	—	—
1913	...	...	...	82.7	33.3	11.69	—	—
1914	...	...	...	78.7	36.0	11.66	—	—
1915	...	...	...	99.8	35.4	6.44	—	—
3 Means. Birth-rate: 20.4				87.6	34.3	11.88	1.2	1.7
1916	...	...	...	59.8	28.9	5.99	—	—
1917	...	...	...	85.6	35.0	11.67	—	—
1918	...	...	...	87.2	36.1	9.02	—	—
1919	...	...	...	62.6	40.3	7.83	—	—
1920	...	...	...	80.0	33.5	8.18	—	—
Means. Birth-rate: 17.9				75.0	34.5	8.54	1.5	3.9
1921	...	...	...	53.1	23.3	11.18	—	—
1922	...	...	...	67.1	32.0	2.13	—	—
1923	...	...	...	46	22.9	2.08	—	—
1924	...	...	...	58	27.4	2.28	—	—
1925	...	...	...	61	28.5	7.13	—	—
Means. Birth-rate: 17.8				57	26.8	4.96	1.1	2.8

made to the corresponding records of the Borough since its formation in 1901, as set out in Tables I and II; and in this connection it is of interest to make a comparison between the mean figures for 1921-25 and those for 1901-5—twenty years previously.

The Mean General Death-rate for 1921-25 was 11·4. This is 13 per cent. below that for 1901-5; and it is the lowest for any five yearly period on record.

The Mean Death-rates from Scarlet Fever, Measles and Whooping Cough were the lowest on record during 1921-25, and each shows, like Enteric Fever, a very great reduction when compared with the mean rates for 1901-5.

The Mean Phthisis Death-rate for 1921-25 was also the lowest on record, and it is 44 per cent. below the mean rate for 1901-5.

The Mean Death-rate of Infants under one year of age for 1921-5 was the lowest on record, and was only one-half that for 1901-5; but the mean Death-rate of Infants under one month of age (also the lowest on record) was only 16 per cent. below the mean for 1901-5.

The Mean Death-rate among infants under two years of age from Diarrhœa and Enteritis, which formerly caused many deaths, has been reduced nearly 80 per cent. since 1901-5; and for 1921-5 it was the lowest on record.

The Mean Puerperal Fever rate for 1921-5 was also a low record.

The above facts are most satisfactory; but it will be observed that there are one or two other records which are otherwise. I refer to the mortality from Diphtheria, Diseases of Parturition and Pregnancy, and Cancer. These diseases show Mean Death-rates in excess of those for 1901-5—the increase of Cancer amounting to over 50 per cent.

It should be recorded also that diseases of the Respiratory Organs, the Kidneys and the Heart, and deaths from Premature

Birth, have undergone no defined increase or reduction in Stoke Newington during the five years 1921-5. In England and Wales for the same period there has been an increase in the deaths from Heart Disease and a reduction in the deaths from Premature Birth.

The very marked rise in the Birth-rate in 1920 was probably an incident due to the return home of the bulk of the troops who had been engaged in the Great War, and it was only a temporary check to the decline in the Birth-rate which had set in many years previously. This decline has continued throughout the five years 1921-25, and it can be explained only by the increasing knowledge and application of methods of birth control among the general population. It is inevitable that a still further growth of this knowledge and practice, in view of the difficult times of unemployment and housing deficiency which are destined to continue for many years, will lead to a further reduction in the Birth-rate in the future, without any assistance from the propaganda which some advocate to that end.

CANCER.

In the population of Stoke Newington those in the late age periods of life are somewhat more numerous than in most large communities, and this circumstance tends to favour a high Cancer rate. If allowance is made for this fact, the increased mortality from this disease during the past five years has been practically the same as that for England and Wales as a whole.

It is calculated that in this disease there is an average loss of about one year before submitting to skilled treatment, and that not one person in ten comes sufficiently early for effective treatment.

The problem is to get the case into the hands of a competent medical adviser while it is still in the early and curable stage, or even more fortunately, while the patient exhibits merely those conditions which are recognised as danger signals of cancer. If people will only pay attention to these danger signals and early seek medical advice, thousands of premature deaths can be prevented.

Popular education as to these matters is a serious need, and for this and other reasons it is a question whether Cancer Clinics in large towns would not fulfil a very useful purpose.

The public needs to be warned against quacks who, as experts in pretence and promise, encourage patients to expect relief till either their money is exhausted or the disease too far advanced for cure by operation or other recognised methods. Bottles of medicine, and the application of ointments and paste, cannot cure Cancer.

DIARRHŒA AND ENTERITIS.

These conditions in young children are mainly due to an infection of the digestive tracts. Since 1906, with the exception of the Diarrhœa year of 1911, there has been a very remarkable decline in the prevalence of these conditions, notwithstanding the fact that the hot, dry summer of 1921 was entirely favourable to a high case-rate. This great reduction must be ascribed to our maternity and child welfare activities—and more especially to the great reduction to the risk of infection in the milk supply to infants.

There can be no questioning the fact that Hospital treatment of severe cases of these diseases saves many children who would receive neither adequate medical supervision nor nursing aid in their own homes, and in 1924 the Metropolitan Asylums Board made provision for the reception and treatment of a limited number of selected cases. More recently this provision has been somewhat increased and a few selected sufferers from Marasmus or Wasting can also be accommodated.

INFANT MORTALITY AND MATERNITY AND CHILD WELFARE WORK, 1921-25.

NOTES AND COMMENTS.

Maternity and Child Welfare has taken a very prominent place in the public health work of the Borough Council, and I have pleasure in testifying to the fact that all those officials employed upon it rendered high-quality services.

The work continues to grow, and is therefore increasingly valued by the mothers. Indeed, the work at the two Centres could not be conducted on Monday and Thursday afternoons but for the much-valued assistance of the voluntary workers who attend on those days.

The mean rate of mortality among infants in Stoke Newington during the past 19 years represents a saving of some 800 infant lives, for this number of infants would have been lost if there had been no improvement in the rate of mortality since 1906, prior to which our rate of infant mortality had never fallen below 108. It is now safe to predict that the rate can never again approach to its former dimensions so long as our present-day public health efforts continue.

These excellent public health results have been obtained at a very low cost to the community ; for, when the Government grant is credited against our local expenses, the net cost of the whole of the work to the ratepayers of Stoke Newington has not amounted to a penny rate.

The mortality for the first month of life has been but little reduced, the saving of infant lives taking place mainly in the subsequent months. Approximately two-thirds of the deaths occurring in the first month of life are taking place in the first week of life from such causes as prematurity, congenital debility, and malformation. It is only by the adoption of more antenatal work that these very early deaths will be reduced substantially.

Dr. Jackson-Smith has directed attention to the fact that systematic talks on mothercraft are urgently needed. She has only been able to give occasional addresses ; but she proposes to increase the number of these collective talks as opportunity occurs.

The following tabular statement upon the maternity and child welfare work in the Borough during 1921-25 will serve to show the continued success of the work, when allowance is made for the diminishing number of children born.

	1921	1922	1923	1924	1925
Infants born	1,073	937	960	876	842
Home Visits, Primary	1,173	1,073	1,088	1,126	1,139
„ „ Secondary	2,424	3,042	3,558	4,006	4,023
Number of Children on Registers at Welfare Centres	1,059	1,032	990	955	970
Attendances of Children for Weighing and Consultation ...	9,198	7,640	8,833	8,911	9,163
Attendances of Mothers for Advice, etc.	6,344	6,429	7,008	6,338	5,462
Attendances of Mothers at Ante- Natal Consultations	177	176	178	242	256
Attendances of Mothers at Needlework Class	580	382	347	418	423

The causes contributing to a high rate of infant mortality have been discussed in certain of my Annual Reports.

The fact that there is no decrease in the deaths resulting from Premature Birth is the one discouraging circumstance which emerges from the study of the particulars of our infant mortality in Stoke Newington. It is not easy to account for this. Such deaths should, having regard to all that has been done in recent years, be on the decrease.

The developed ante-natal work that can reduce the number of deaths in the first month of life should bring about a reduction in the considerable number of premature and still-births, 50 per cent. of which are believed to be preventable. Under the Notification of Births Act, 1907, all births, even those of dead infants, which occur after 28 weeks of gestation must be notified to the Medical Officer of Health. It is realised that there are reasons for hesitating to demand notification of much earlier deaths, but it would be of material assistance to the maternity and child welfare work if the period of 28 weeks could be reduced to 20 or to even 24.

On several occasions during the past few years I have directed attention to the desirability of providing some dental treatment in connection with our scheme of Maternity and Child Welfare and Tuberculosis. I have raised the subject in Committee and to individual members of the Committee, and I have referred to the need for it in Annual Reports. There is a vast amount of handicapping and unnecessary suffering, malnutrition, and disease, resulting from the neglect of dental advice and treatment; and so, many Health Authorities are now providing for dental services in connection with all the above-mentioned branches of public health work.

Poverty and indifference lead to the neglect of the valuable services which a dentist can render, and it is not surprising that nearly 40 per cent. of the children commencing school are found to be suffering from considerable dental decay.

The establishing of a Dental Clinic would be the most costly method of providing the necessary treatment; and the most economical method would appear to be either to arrange with the Education Authority for the use of a joint clinic, or to make special arrangements with a local dentist, by which he would treat at his own consulting room those patients sent by the Medical Officers of the Welfare Centres and Tuberculosis Dispensary. The latter arrangement would save expenses of equipment and maintenance of dental instruments and appliances, and would suffice for Stoke Newington.

Many of the patients would pay the whole of the reduced fees charged by the dentist; the very large majority would pay some portion of those fees; and there would be but a few necessitous cases in which the whole of the cost would fall upon the Council. Of course, similar precautions to those taken in connection with the gratuitous provision of milk would apply to last-mentioned cases.

The services of the Invalid Children's Aid Association have been frequently obtained to get delicate children, and also those

definitely tuberculous, sent to Convalescent Homes, and marked improvement in their condition has always been observed on their discharge.

A number of grants in aid of convalescent treatment for children under five years of age have been made.

It is hoped that the Council will shortly enlarge the accommodation at the Milton Road Centre. The Centre is used to its utmost seating capacity, and more attendances would be made if increased space were provided, for the effect would be to reduce the present overcrowding, discomfort, and unpleasant heat from the Washhouse below.

The attendances of expectant mothers are increasing at the Ante-natal Clinic, where advice is given by Dr. Mabel Muncey. In 1921 the attendances were 177, and in 1925 they had grown to 256. Dr. Muncey finds that the provision of some dental treatment "is a very real need of the Borough."

On representation to the London County Council the advantages of the all-night ambulance service for Maternity cases have been secured for residents of the Borough.

The practice of sending birthday cards to children who have completed the first year of life has been approved by the Committee.

The Midwifery services for the Borough have recovered from the shortage of a year or two ago. We have now two Midwives residing in the Borough and two others who live close upon our borders.

Maternity beds, when needed, have always been found available. The large majority of these beds have been secured at the City of London Lying-in Hospital. The Borough Council has also made arrangements whereby selected cases will be admitted to the Home Hospital for Women, High Street, Stoke Newington, on agreed terms.

Artificial sunlight treatment has been adopted during the past year or two in connection with the working of many Tuberculosis and Maternity and Child Welfare schemes. Last year the Red Cross Clinic, Dalston Lane, Hackney, E. 8, made arrangements for offering the benefits of X-Ray and artificial sunlight treatment, and it is probable that in the near future this treatment will be available also to Stoke Newington children at the Metropolitan Hospital. It is certain that the treatment, if appropriately applied, is often beneficial, at least for a time ; but it is not unlikely that the high claims made as to its value will prove to have been somewhat exaggerated as our experience extends.

Recognising the need for the adoption of measures whereby every child under five years of age, and every expectant or nursing mother requiring after-care upon discharge from Hospital, shall always obtain this, I have recently taken certain action in this matter.

The Maternity and Child Welfare schemes of some County Councils, County Borough Councils and other Public Health Authorities in the Provinces are generally assisted by information from the local Hospitals as to the after-care requirements of nursing or expectant mothers and children under five who have either been in Hospital or are attending as out-patients. Within the Metropolitan area, however, where the large majority of the Hospitals attended are entirely independent institutions administering to the needs of many sanitary areas, there is little of such co-operation ; and so it is found that in many cases no warning or advice is given to parents, and when instructions *are* given, ignorance and neglect not infrequently lead to the advice being improperly followed or entirely ignored. Therefore, it is suggested that a written notification should be sent from the Hospital to the Medical Officers of Maternity and Child Welfare, if any such patients require after-care when discharged from Hospital, or special services while attending

the out-patients' department; the Local Authority meeting the cost of postage, printing and stationery.

I have already approached several Hospital Committees, and have much appreciated the readiness with which they have expressed their willingness to adopt the suggestion in its application to Stoke Newington, and I have supplied to each Hospital serving Stoke Newington residents a few notification forms, enclosed within stamped and addressed envelopes.

It is obvious that the general adoption in London of such a scheme would present the following advantages :

- (1) It would be the surest, simplest and most direct method of ensuring that children do not fail to derive permanent benefit from Hospital treatment and advice by reason of the lack of necessary after-care.
- (2) It would best secure the continuance of skilled advice (medical, where necessary), by specially trained workers, who often have been already in touch with the parents and who are in the closest co-operation with all local agencies, voluntary and otherwise.
- (3) It would assist in promoting the continued contact with the Centres of many parents and children.
- (4) It would relieve many already over-worked Hospital almoners from a branch of their work which is often very difficult for them to perform in a manner entirely satisfactory to themselves.

COMMUNICABLE DISEASE, 1921-25.

NOTES AND COMMENTS.

All the usual means are employed for coping with infectious disease, and to suit the convenience of medical practitioners, Diphtheria Anti-toxin is supplied at the Town Hall.

MEASLES.

The mean death-rate from this disease in Stoke Newington was remarkably low (0·03 per thousand) during the above period, and there can be no doubt that, while we are able to do but very little indeed to reduce its prevalence, the proportion of infected children who died from the disease has been reduced in recent years. It is safe to conclude that this saving of child life has resulted, in part at least, from our Maternity and Child Welfare activities, and the extended provisions made during the past five years for nursing services. The making of hospital beds available for some of the worst cases in London may have contributed to the lowering of the case mortality to a slight extent.

The fact that in good surroundings Measles is so rarely fatal suggests that it should be possible to save most of the lives lost from this disease. It is a comparatively trivial disease when the sufferers can be properly provided for. It is a serious disease, more especially from its complications and after consequences, among the poorer people. It is with such people that nursing services and advice can be a valuable life-saving measure. Such services in connection with both Measles and Whooping Cough are given by our Ranyard nurse and Tuberculosis nurse in the time which they are able to give ; but it is desirable that these services should be supplemented by the temporary appointment of an additional nurse in times of epidemic prevalence of these diseases.

The age of a child has an important influence on mortality—the death-rate lessening as the age increases. Therefore there is a great advantage in protecting very young children from attack, even if they are to suffer a year or so afterwards. Where early isolation is impossible, as in the homes of the poor, the only practicable means of preventing other members of the family from catching Measles is by a protective vaccination, and it appears probable from recent researches that an effective vaccine will shortly

be available. A very promising method is being tested in Glasgow.

The scheme by which we are informed of children attending London Elementary Schools who are suffering from Measles, is a useful contribution to our Public Health measures for dealing with communicable disease. Under the scheme a considerable number, and generally as many as can be dealt with, of notices of children reach us quite promptly.

DIPHTHERIA.

The deaths from this disease during 1921-25 exceeded the mean of all the years since 1901, and were slightly more numerous than those registered in 1901-5. In 1901-5 408 cases were notified and the case mortality rate was 10 per cent., whereas in 1921-25 493 cases were notified and the case mortality rate was about 9 per cent. I regard these facts as reproachful; for during the past 20 years some very real advances have been made in medical knowledge upon how to prevent secondary infection from occurring in the homes of primary sufferers and of how to reduce, in great measure, the risk of death among those attacked. Were these two measures applied early whenever the disease makes its appearance, thousands of children could be protected from infection and many others saved from death yearly in Great Britain; but both forms of protection involve the use of a vaccine, and there is still much prejudice among the masses against inoculations. The anti-toxine which reduces the virulence of the attack is very generally employed, and with strikingly good results; but the toxine-anti-toxine mixture which protects against infection is seldom administered to those at risk who can be proved by tests to be susceptible to the infection.

SCARLET FEVER.

The mean death-rate from this disease during 1921-25 was 50 per cent. below that for any five-yearly period since the Borough was constituted. The present-day mildness of the disease is impressed by the fact that in 1921—a record year of prevalence—453 cases were notified but not a single death from this disease took

place. In view of this fact, there is a strong case for limiting the number of those who should receive hospital isolation and care. The considerations determining any limitations should be : (a) the risks to other members of the family if the sufferer is not isolated in hospital, when satisfactory home isolation is impossible; (b) the state of the patient and severity of attack; (c) the industrial and wage-earning circumstances of the family, and the possibility of work being stopped or curtailed in respect of one or other member of the family if the patient is nursed at home.

It looks as if it will be possible in the near future to protect individuals from Scarlet Fever; and if the people will allow their children to be so immunised, the result will be a considerable reduction in the prevalence of the disease.

Return cases of Diphtheria and Scarlet Fever during the period under review would be very few in number even if circumstantial evidence were always accepted as establishing the fact that the return of a patient from a Fever Hospital has led to the infection of another member of the household.

SMALL-POX.

The possibility of the introduction of this disease to Stoke Newington occasioned considerable anxiety during 1922-25, in view of the number of centres of infection which established themselves throughout England and Wales. Many false alarms had to be investigated and many contacts kept under observation. I personally undertook the re-vaccination of the Public Health Staff; and other arrangements were made to enable all necessary measures (including advice to the public with reference to vaccination and re-vaccination) to be promptly taken, whenever the disease made its appearance. Fortunately, no case occurred in Stoke Newington. It is a fact that has been conclusively proved—and notably in Germany—that Small-pox can be entirely abolished by vaccination and re-vaccination of the population.

ENCEPHALITIS LETHARGICA.

The provision of 100 beds for cases of post-Encephalitis Lethargica, recently made by the Metropolitan Asylums Board, will help to meet a very real need.

TUBERCULOSIS.

Tuberculosis as a cause of mortality has been still further reduced during 1921-25, when the mean death-rate from Pulmonary Tuberculosis was 44 per cent. below that for 1901-5.

The circumstances which still operate against the reduction in the prevalence of this disease are : the difficulty of securing accommodation for advanced cases ; the lack of proper housing conditions, and the consequent impossibility in many cases of getting a separate bedroom for the sufferer ; the difficulties of securing a satisfactory measure of after-care.

The amount and frequency of infection are greatest in consumptive families with whom, owing to poverty and its associated circumstances, the resistance to infection is often at its lowest.

The supreme importance of protecting young children against this infection is generally recognised, and of the circumstances responsible for reducing resistance under-nourishment is the chief.

The early recognition of infection and the skilled treatment of sufferers in sanatoria and outside of them is, of course, essential from the preventive standpoint ; but I am convinced that next to improved social and industrial conditions, which will always continue to play the major part, must come the adoption of measures of dealing with those who are running special risks *in early life* ; and until this is done no scheme for the reduction of Tuberculosis can satisfy.

There is only one alternative measure to the removal of young children who are at risk in their home, and that is a preventive

vaccination, but we are by no means certain yet as to whether we have a useful and safe method of applying this means of protection. The removal of the source of infection, so very desirable when practicable, is likely to prove more difficult than the removal of a child at risk, for the sufferer is often contributing something, by light work, to the support of his family. Nevertheless, the compulsory power of removal of a sufferer who is putting others at considerable risk, which has been conferred recently by the Public Health Act, 1925, is a valuable addition to the means of reducing the spread of infection.

Dr. Young reports that the

“Scheme formulated by the London County Council for the Boarding-out, or Convalescence, of children from infected homes, was put on trial on April 1st, 1925, for a year, and in July was extended to cover ‘weakly children’ living under conditions likely to subject them to infection. An arrangement was made for the working of the scheme to be carried out in co-operation with the Invalid Children’s Aid Association, but it was encumbered with formalities, and beset with parental and financial difficulties, that so far as this area is concerned, the progress of the scheme has not, up to the present, been very satisfactory.”

It is to be hoped that every effort will be made to find and develop a really effective scheme.

The Tuberculosis Dispensary, under the able management of Dr. L. U. Young, continues to furnish a good record of work, and the Tuberculosis Nurse is also giving valuable services under the direction of Dr. Young and myself, her Home Visits during 1921-25 amounting to 4,054.

Table III sets out certain facts in respect to the work of the Tuberculosis Dispensary during the period under review. It will be seen that the “Home Visits” made by Dr. Young have been increased, although the time available for such visits over a wide area is necessarily limited. He has expressed his regret on several occasions that, owing to the lack of proper housing accommodation,

it has been impossible to secure a remedy for the bad home environment of patients visited. He has also called attention repeatedly to the fact that

“Accommodation for advanced cases is still inadequate, and there are many ‘open’ or infectious cases, whose home conditions are bad, who would be safer in an institution, if provision for their segregation could be obtained.

“Stormont House Open Air School, at Hackney Downs, has entirely justified its existence. The classes remain full, and there is still material to be found if more accommodation could be provided. The benefit derived from this form of treatment has been apparent in the children attending from this Dispensary.

A useful scheme has been evolved by the London County Council with regard to children of school age, by which a closer co-operation between the School Medical Officer and the Tuberculosis Officer has been effected.

The Regulations, 1925, providing for the discontinuance of the employment of a person engaged in the milking of cows, the treatment of milk, the handling of vessels used for containing milk, when such a person is suffering from Pulmonary Tuberculosis and is in an infectious state, represent a wise provision against a possible danger.

The milk allowances granted to a limited number of patients have been much appreciated, and might well be extended with good results.

TABLE III.
THE TUBERCULOSIS DISPENSARY WORK.

	1921	1922	1923	1924	1925
Attendances of New Patients ...	124	101	90	94	102
Attendances of Contacts ...	301	263	238	196	254
Attendances of Old Patients ...	1241	1180	1079	1140	1027
Home Visits by Tuberculosis Medical Officer ...	25	23	37	68	69

FOOD INSPECTION AND ADULTERATION, 1921-25.

* FOOD INSPECTION.

During each year systematic efforts have been made to detect the exposure or storage for sale for human consumption of unsound food, and I am glad to be able to report that seizures of such food have been rare, although a considerable amount has been voluntarily surrendered.

All premises where food is prepared and stored have been kept under supervision.

The Milk Supply of Stoke Newington is good on the whole, and is improving year by year. Some of it is excellent; and residents can obtain from local dairymen special graded milk, such as "Certified" milk and Pasteurised milk in bottles.

The Public Health Meat Regulations, 1924, came into operation in 1925. These are designed to secure more inspection of animals at the time of slaughter and improvements in the handling, transport and distribution of meat.

The Regulations contain provisions for the protection of meat against contamination by dirt, either in the handling, storing, transport, or sale of the meat.

After a Conference with representatives of the trade, the vendors of meat (including bacon) were informed that the Council had decided that all persons handling meat must wear clean, washable overalls or smocks in order to comply with these Regulations; and that on occasions when meat is conveyed from one part of shop premises to another and the possibility of contact with the head arises, every person so occupied shall wear a clean, washable head covering.

The Council has also decided that no meat shall be exposed for sale in front of the line of any shop-window or door, on any stall, bench or projection unless it is suitably protected against dust and flies. Further, the Council will require that, during the fly season of the year, all meat shall be protected from contamination

from flies, by clean white gauze muslin or other material, glass screens, fans, or other efficient means.

The butchers with slaughter-houses were also informed that, by instructions of the Public Health Committee, all notices of slaughtering must reach the Public Health Department of the Town Hall not later than 10 a.m. on the day of slaughter. As the result of these notices it has been possible to make a number of inspections prior to and shortly after slaughter, and in one instance it was necessary to condemn portions of a carcase.

Doubtless a full enforcement of these Regulations would go a long way towards securing a considerable improvement in the general conditions under which the wholesomeness and cleanliness of meat are safeguarded before it reaches the public; and in respect to cleanliness there is ample scope for similar regulations relating to other articles of food.

It is certainly desirable that more frequent inspection of meat and other food should be carried out in Stoke Newington, but the existing staff are so fully occupied that it is practically impossible to materially increase this branch of inspectorial work.

The registration of all places in which meat or other food is being prepared in any way for human consumption is also most desirable.

Having in view the fact that the employment of chemical antiseptics is to be greatly restricted in the near future, cold storage will be widely adopted and regulations as to such provisions will be necessary.

SALE OF FOOD AND DRUGS ACTS.

1921-1925.

Year.	Total Samples Taken.	Percentage of Adulteration.	Samples of Milk.	Percentage of Milk Adulteration.
1921	175	5.1	86	5.8
1922	176	5.1	86	8.1
1923	176	3.4	78	6.6
1924	176	4.0	70	5.7
1925	178	4.5	69	6.0

About 25% of the total samples examined contained preservative; but, if the addition of preservatives is excluded from consideration, the percentage of adulteration has been low.

SANITARY INSPECTIONS AND NUISANCES.

NOTES AND COMMENTS.

DWELLINGS.

Many of the residents in Stoke Newington still stand in need of more and better housing accommodation. The excessive occupation of many houses still remains a serious detriment to the public health.

During the past five years we have succeeded in obtaining homes outside of the Borough for 18 families previously resident in Stoke Newington. Sixteen of these families have been accommodated in houses provided by the London County Council.

Of the dwelling-houses in the Borough, some 6,600 are of a working-class rental and type. Although the average annual increase of population for the five years before the war was about eight per thousand, no new working-class dwellings have been erected for some 10 years prior to the war. About 6,000 of the houses are at present tenemented, and especially in the South Hornsey Ward there are many tenements with more than two occupants per room.

During 1921 the Borough Council Flats (18 Tenements) were completed and occupied, but no other suitable site for building by the Local Authority now remains. Each year every effort within the powers of the existing staff of Inspectors has been made to inspect the least satisfactory dwellings within the Borough, and most of these have been dealt with annually.

The difficulties in securing a reasonably prompt abatement of nuisances under Intimation Notices and even Final Notices have led to great delays, for which we receive many complaints, and

these delays are responsible for considerably reducing the number of inspections which otherwise it would be possible to make.

TABLE IV.

Year.	Premises Inspected. Primary Visits.	Re-Inspections.	Intimation Notices Served.	Final Notices.	Number of Nuisances abated after receipt of Notices.	Complaints.
1921	2,603	3,021	564	43	2,000	496
1922	2,519	2,697	593	46	1,538	530
1923	2,275	2,433	500	34	1,486	520
1924	2,310	3,200	635	65	1,638	609
1925	2,432	2,933	553	81	1,240	615

It is claimed that the record of work shown in Table IV is a fairly good one, in the face of many difficulties, amongst which must be included those relating to our own Establishment arrangements.

Recently the Borough has not been as well supplied with Sanitary Inspecting staff as was once the case. In the days of the Parish of Stoke Newington (population about 35,000) two whole-time Sanitary Inspectors were engaged. When the Borough of Stoke Newington (population about 51,000) was formed we had the advantage of three whole-time Sanitary Inspectors for nine years. In more recent years (population about 53,000), during which the need for sanitary inspection work has greatly increased and further duties have been imposed by legislation, only two whole-time Sanitary Inspectors have been engaged, although another official (Mr. Rogers) mainly occupied in clerical work, gives part-time services. Furthermore, in the early days of the Borough the clerical work of the Department did not demand more than half of the time which has now to be devoted to it; and the Medical Officer of Health was not then so tied to his office as he is nowadays.

I cannot refrain from mentioning here the handicapping circumstances of the extreme inadequacy of our office accommodation. It is such as would be considered hardly sufficient for a Rural District Council. Its available floor space is a little over 200 square feet, and the existing arrangements are anything but conducive to good office work.

It will be noted in Table IV that the number of complaints received of nuisances is an increasing one. This fact may be attributed to the fact of the increase of rents under the Rent and Mortgage Interest Restrictions Acts, 1920 and 1923, and the growing education of the public upon the importance of domestic sanitation.

It will also be observed that more Final Notices are being issued. This is necessitated by the growing disposition of owners to ignore Intimation Notices.

FACTORIES, WORKSHOPS AND WORKPLACES.

As there is no special industry carried on in the Borough, the Factories and Workshops are for the most part small and the work engaged upon is of various kinds.

All the Workshops and Workplaces have been regularly inspected, and, generally speaking, they are maintained in a satisfactory condition. The employment of women, in addition to men, has necessitated the provision of separate water-closet accommodation in a number of cases.

It has been found possible to inspect most of the homes of the Out-workers resident in Stoke Newington. The lighting of some "Domestic Workshops" in basement rooms often has been found unsatisfactory.

SMOKE ABATEMENT.

Smoke nuisances are infrequent in Stoke Newington. During the past five years they have numbered only nine, and these were all in respect of four premises. The smoke nuisances were abated in each instance.

HOUSES LET IN LODGINGS.

The inspection of the Registered Houses Let in Lodgings has not been complete during the past year or two. The new By-laws of the London County Council have necessitated the making of a fresh Register, and this is in progress at the time of writing.

RAT REPRESSION.

Much advice and assistance has been given in response to complaints made of the presence of rats. These complaints amounted to 201 during 1921-25. Poison-baits and traps, although of value, were not an unqualified success; the repair of defective drains and the stopping of rat runs have been of assistance; but the employment of a rat-catcher has been necessary on one or two occasions, and has proved to be the most effective measure of repression. It should be further stated that we have good grounds for believing that with sewers maintained in a better state of repair the rat nuisance could be materially reduced.

MISCELLANEOUS.

NOTES AND COMMENTS.

THE SHELTER.

The Shelter is a provision which enables those who are in occupation of one or two rooms only to obtain temporary accommodation while those rooms are being disinfected after the occurrence of infectious disease in the home; it also serves for the temporary isolation of an occasional individual who has come in contact with dangerous infectious disease and who is very likely to spread infection if he develops the disease.

The Shelter in Stoke Newington had been for many years of a very unsatisfactory nature, and, having regard to the grave risks from Small-pox, the Council recognised that better arrangements had become urgently necessary. Accordingly, two small shelter flats were provided in a sufficiently isolated position, and these

now constitute quite a model provision of its kind for a small population.

It is regrettable that there is a very general public prejudice against entering such shelters, except in the circumstance of a grave epidemic, for there are many cases each year in which it would be our duty to take action to *compel* the use of the Shelter if we possessed the necessary legal powers.

HOUSEHOLD REFUSE.

We are always impressing the householders of the necessity for confining domestic refuse within a well-covered dustbin, and yet in our "Model Borough" the same householders can daily witness our failure to practice what we preach. Our old, over-filled and uncovered dust-carts of Stoke Newington are a reproach, and there should be no delay in securing a prompt remedy of the nuisance and bad object-lesson which result.

VERMINOUS CHILDREN.

During 1921-25 the Borough Council continued its agreement with the Education Department of the London County Council to afford facilities for the bathing and cleansing of verminous school children, and many hundreds of such children have been dealt with. The facilities for cleansing proving increasingly unsatisfactory, a new Station has been provided, and this is now meeting the needs very well indeed.

NURSING SERVICES IN THE BOROUGH.

Stoke Newington is fairly well provided with Nursing assistance. The Victoria Memorial Nurse has been maintained by voluntary contributions collected in the Borough since the death of Queen Victoria. These services for the past few years have been supplied by Nurse Ross, a Ranyard Nurse, in a manner which has given the greatest satisfaction to all concerned.

MORTUARY.

During the period under review the usefulness of the Mortuary has been restricted, for it is now about three years since any post-mortem examination has been performed in the room provided for that purpose. For the past three years the post-mortems, like the inquests, have been conducted at the Hackney Mortuary. The Stoke Newington provision, however, continues to serve a very useful purpose by giving accommodation pending burial for a number of bodies which for various reasons could not be retained in the homes.



