

[Report of the Medical Officer of Health for Stoke Newington, The Parish of St. Mary].

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THE
Parish of St. Mary, Stoke Newington.

REPORT
OF THE
Medical Officer of Health and
Public Analyst,
FOR THE
YEAR 1898.

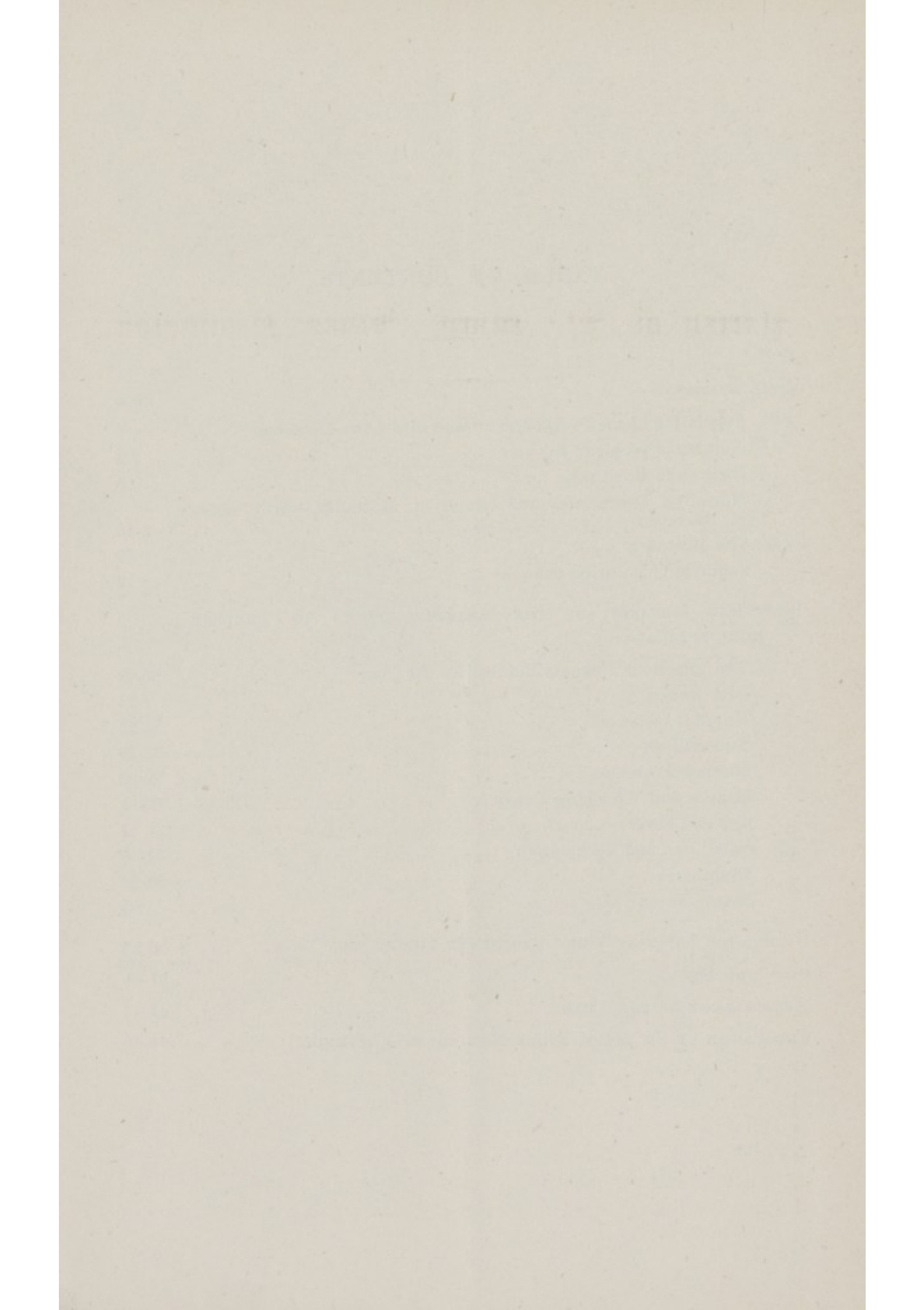
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Parish of St. Mary, Stoke Newington.

REPORT OF MEDICAL OFFICER.

VESTRY OFFICES,

CHURCH STREET,

STOKE NEWINGTON, N.

March, 1899.

*To the Members of the Vestry of the Parish of St. Mary, Stoke
Newington*

GENTLEMEN,

Although the death-rates for London and the whole country for the year 1898 were slightly in excess of those for 1897, the rate for Stoke Newington (13·6) was below that of the preceding year (14·0).

From a public health standpoint the year 1898 was somewhat uneventful, for the country was happily free from any widespread epidemics. The one noteworthy feature was the large number of deaths during the third quarter from Summer Diarrhoea—a disease which is essentially infantile in its incidence; and were it not for the excess in these deaths the general mortality rates would be so low as to almost constitute a record. The great determining factor in these deaths is a high summer temperature with a diminished rainfall, and it will be remembered that a hot dry season set in on August 11th, and that in September was experienced some of the hottest weather which has prevailed for over half a century.

The corrected death-rate of Stoke Newington bears the usual testimony to the healthiness of the Parish. Of the 43 London sanitary areas there are only two others (Hampstead and St. George's, Hanover Square) with lower rates, and the rate of Infantile Mortality for Stoke Newington is the lowest of all.

There was slightly more infectious sickness recorded in Stoke Newington, although the mortality resulting therefrom was less than that of the preceding year.

A noteworthy circumstance of the year—and one the importance of which it would be difficult to over-estimate—was the inauguration of the so-called “Crusade against Tuberculosis,” which has met with such general support and encouragement. The reduction of the preventable mortality from Consumption is a matter to which Medical Officers of Health have for many years sought to awake public interest and concern, and the educational force of the “Crusade” has already made it possible to adopt certain measures. The action which the Vestry proposes to take in this Parish will doubtless prove of value, and will probably pave the way to the adoption of further preventive measures in the future.

The Report of the Sanitary Inspector, which is appended to this Report, constitutes, in my opinion, a satisfactory record of sanitary work performed during the year.

I am, Gentlemen,

Your obedient servant,

HENRY KENWOOD.

POPULATION.

The population of the Parish in 1881 was 22,781, and in 1891 it had grown to 30,936. According to the result of the Poll-census of the Metropolis, which was taken at the end of the first quarter of 1896 for the purpose of the Equalisation of Rates Act, the population of the Parish was then 33,485. The population, calculated logarithmically, from the increase between the years 1891 and 1896, amounts to 34,699 for the middle of the year 1898.

The number of occupied houses in the Parish in the middle of 1898 amounted to about 5,625, and the number of occupants to each house in the Parish averages a little over six; allowing one individual for each of the 115 empty houses (on account of caretakers and their families) the population, estimated in this way, would be about 34,200. This latter computation is likely to be the more correct, and it is, therefore, the one selected in this Report for the purpose of drawing out the mortality-rates of the Parish.

The estimated *population for each of the Sub-Districts* is as follows:—

In the Northern Division (North of Church Street), it is approximately 12,580, and in the Southern Division 21,620.

I believe this estimation, which I have taken some trouble to arrive at, is sufficiently close to serve as a just basis for computing the death-rates of the two Divisions.

The natural increase of population by excess of births over deaths during the year amounted to 373, as against 362 in the preceding year, and 410 in 1896.

Number of People to the acre.—The area of the Parish amounts to 639 acres, and this, divided among the parishioners, represents 53·5 people to the acre, as against 59·8 in London generally.

The area of the Northern Division amounts to 440 acres, and the estimate is only 28·6 people to the acre.

The area of the Southern Division amounts to 199 acres, and the estimate is 108·6 people to the acre.

It will be noted that owing to the large open spaces in the Northern Division the number of people to the acre is only about one-fourth that of the Southern Division.

Births—Birth-rate—During the year 1898 there were 839 births registered in the Parish; of these 439 were males, and 400 were females. The birth-rate per 1,000 per annum was therefore 24·5, as against 24·7 for the preceding year, and 24·6 for 1896. The rate for England and Wales was 29·4, that for London generally was 29·5, and that for the 33 great towns was 30·3.

The part which the rather low birth-rate plays in favouring the low general death-rate of the Parish is duly accounted for in arriving at the *corrected death-rate*.

MORTALITY.

General Mortality.—There were 381 deaths registered of parishioners who were resident in the Parish, and 85 of parishioners who died in Public Institutions without the Parish, making a total of 466 deaths of parishioners. Of these deaths 242 were of females, and 224 were of males.

The recorded general death-rate is therefore 13·6, as against 14·0 in the preceding year, and 12·4 in 1896. This ordinary death-rate, however, cannot be taken as a true index of the healthiness of the Parish, nor can it be justly compared with the rates of other Sanitary areas, unless some allowance is made for the relative proportions of males and females at different ages in the districts compared.

Death-rates vary very much in different districts according to the natures of the populations of these districts; for instance, in a district containing a large number of very young or very old people, the rate would be considerably higher than in a district consisting almost entirely of people of middle age.

It will thus be seen that the death-rates of different districts cannot be compared with one another or with the country at large, unless they are reduced to a common standard. There is, therefore, calculated by the Registrar General from the Government Census returns, a corrective factor for each district in the County of London, according to the sex and age distribution of the population of that district; the multiplication of the recorded death-rate of the district by this factor gives the death-rate which would obtain in that district if the sex and age distribution of the population of the district were in the same proportions as it is in the country as a whole; thus eliminating the accidental differences due to sex and age and affording a fair means of comparison, and a truer test of the healthiness of the district. The death-rate so ascertained is known as *the corrected death-rate*.

The so-called "factor for correction" for the Parish of Stoke Newington is 1.07283, and *the death-rate corrected for age and sex distribution is 14.6 per 1,000 per annum*.

In arriving at this corrected death-rate, the deaths (35) of non-parishioners who have died in Public Institutions within the Parish have, of course, been excluded.

The corrected death-rate of the Parish for the year in question is, therefore, below that of the preceding year (1897), when it was 15.0. In 1896 it was 13.3.

The rate is a very satisfactory one, even for Stoke Newington, when it is borne in mind that over practically the whole of England and Wales the death-rates for the year 1898 are higher than those of the preceding year.

District Mortality.—The deaths among parishioners of the Northern Division of the Parish numbered 128, and furnished a recorded death-rate of 10.1 per 1,000 per annum.

The deaths among parishioners of the Southern Division of the Parish numbered 338, and furnished a rate of 15.6 per 1,000 per annum.

The higher rate in the Southern Division is mainly due to the three following circumstances :—(1) There is more crowding upon area in this Division, (2) the birth-rate is higher, and (3) the large bulk of the poorer class parishioners are housed in this Division.

Infantile Mortality.—There were 89 deaths registered of infants under 1 year of age, as against 839 births; the proportion which the deaths under 1 year of age bear to the 1,000 births is, therefore, 106·0—as against 122·1 in the preceding year.

The corresponding rate in England and Wales was 161, that in London generally 167, and that in the 33 great towns 178.

The deaths under 1 year of age form 19·1 per cent. of the total deaths at all ages, whereas for the preceding year they formed 21·5 per cent.; the rate for England and Wales was 25·8 per cent.; for London generally 26·2 per cent.; and for the 33 Great Towns 28·4 per cent.

Senile Mortality.—Of the 466 deaths 136 were of persons over 65 years of age. The proportion of deaths occurring among those of over 65 years of age to the total deaths is therefore about 29·1 per cent. There were 94 deaths of persons over 70 years of age, and 24 of persons over 80. These figures denote an exceptionally high proportion of senile mortality.

The Causes of Death.—These are fully set forth in Table A, in which it will be noted that the deaths are also apportioned to different age-periods. Table A 1 is supplementary to Table A, and sets forth the causes of death in each of the two Divisions of the Parish a little more fully. Table A 2 shows the deaths during each of the four quarters of the year.

It will be seen from Table A 1 that, as in previous years, there is a disproportionately high number of deaths in the Southern Division, after making allowance for the difference in the populations of the two Divisions. This is chiefly due to the fact that the birth-rate for the Southern Division, is, and has been for years, considerably in excess of that for the Northern Division, and since the population includes more of the poorer classes and is more crowded on area, the rate of infantile mortality will always exceed

(A) Table of DEATHS during the year 1898, in the two Divisions of the Parish of St. Mary, Stoke Newington, classified according to Diseases and Localities.

NAMES OF LOCALITIES ADOPTED.	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.							MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																			
	At all ages,	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 60.	60 and upwards,	Small-pox.	Scarlatina.	Diphtheria.	Membranous Croup.	Enteric or Typhoid Fevers.	Puerperal Fever.	Influenza.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Erysipelas,	Phthisis.	Bronchitis, Pneumonia, and Pleurisy.	Heart Disease.	Injuries.	All other Diseases.	TOTAL.		
(1) Northern Division.	128	17	8	3	8	36	56	Under 5 5 upwds.	..	..	..	..	..	2	6	1	..	4	1	..	..	2	1	1	15	25	
(2) Southern Division.	338	72	39	16	8	104	99	Under 5 5 upwds.	..	1	2	..	..	1	8	9	21	..	..	..	14	..	4	50	110		
TOTALS ..	466	89	47	19	16	140	155			2	4	..	3	3	11	10	9	28	2	2	33	79	42	15	223	466	
Of the subjoined numbers those relating to (3) are included, but those relating to (4) are excluded in judging of the above records of mortality.																											
(3) Deaths occurring outside the division or district among persons belonging thereto ..	85	3	9	5	6	35	27	Under 5 5 upwds.	..	1	1	..	..	..	..	..	..	1	..	..	3	..	2	4	12		
(4) Deaths occurring within the division or district among persons not belonging thereto	36	1	..	..	..	12	23	Under 5 5 upwds.	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1		
								5 upwds.	1	..	..	..	..	4	..	..	..	1	..	1	4	5	1	18	35		

TABLE A 1.

Showing the Causes of Death among parishioners in the Northern and Southern Divisions of the Parish, respectively, during 1898.

CAUSES OF DEATH.	Northern Division.	Southern Division.
Scarlet Fever	..	2
Diphtheria	..	4
Membranous Croup	..	..
Typhoid Fever	..	3
Puerperal Fever	2	1
Measles	1	9
Whooping Cough	..	9
Diarrhoea and Dysentery	4	24
Rheumatic Fever	1	1
Erysipelas	..	2
Influenza	6	5
Phthisis (Consumption)	10	23
Other Tubercular Diseases	3	7
Diseases of Respiratory Organs other than Phthisis	19	60
Diseases of Circulatory Organs	21	28
Diseases of Digestive Organs	12	25
Diseases of Urinary Organs	4	15
Diseases of Reproductive Organs	..	4
Diseases of Nervous System (including Apoplexy and Convulsions)	11	33
Cancer	14	19
Rheumatism	..	2
Premature Birth	5	16
Senility	2	11
Wasting and Debility and Developmental defects	4	16
Accidents (including Overlying)	2	11
Suicides	..	2
Pyæmia and Septicæmia (Blood-poisoning) ..	2	2
Alcoholism	3	1
Gout	1	2
Dengue	1	1
TOTALS	128	338
	466	

TABLE A 2.

Showing the Causes of Death among parishioners in Stoke Newington during each of the four quarters of the year 1898.

CAUSES OF DEATH.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	TOTALS.	1897
Scarlet Fever.....	..	2	..	..	2	1
Diphtheria	3	..	..	1	4	19
Membranous Croup	..	..	..	..	..	2
Typhoid Fever	1	..	1	1	3	10
Puerperal Fever.....	1	1	..	1	3	1
Measles	9	1	..	..	10	8
Whooping Cough	4	5	..	..	9	13
Diarrhœa and Dysentery ..	2	2	21	3	28	19
Rheumatic Fever	..	1	..	1	2	4
Erysipelas	..	..	1	1	2	1
Influenza	6	2	..	3	11	4
Phthisis (Consumption)	8	6	10	9	33	39
Other Tubercular Diseases...	1	5	2	2	10	18
Diseases of Respiratory Organs other than Phthisis	33	19	7	20	79	62
Diseases of Circulatory Organs	8	13	16	12	49	55
Diseases of Digestive Organs.	5	6	17	9	37	24
Diseases of Urinary Organs .	2	8	4	5	19	17
Diseases of Reproductive Organs	..	1	3	..	4	3
Diseases of Nervous System (including Apoplexy and Convulsions)	8	15	14	7	44	53
Cancer	5	10	11	7	33	28
Rheumatism	1	1	..	..	2	4
Premature Birth	3	6	5	7	21	16
Senility	7	..	4	2	13	31
Wasting and Debility and Developmental Defects ..	6	3	8	3	20	20
Accidents (including Over- lying)	3	5	1	4	13	12
Suicides	..	..	2	..	2	2
Pyæmia and Septicæmia (Blood-poisoning)	2	..	2	..	4	2
Alcoholism	1	1	..	2	4	2
Gout.....	..	1	1	1	3	1
Dengue	2	..	..	..	2	..
TOTALS.....	121	114	130	101	466	473

that in the Northern Division. It will be noted that the mortality of the Southern Division exceeds that of the Northern mainly in respect of the deaths from Diarrhœa, Diseases of Respiratory Organs, Diseases of Urinary Organs, Diseases of Nervous System (including Apoplexy and Convulsions), Premature Birth, Senility, Wasting and Debility, Accidents (including "overlying"); and if these deaths were grouped according to the ages at which death occurred, it would be found that by far the largest number would be allotted to the first five years of life.

In my Report for 1897 attention was drawn to the loose manner in which the cause of death is sometimes registered and the difficulties which this fact gives rise to in compiling an accurate classification. During last year the returns showed some improvement, but in three cases during the year the cause of death was registered as from two distinct diseases, apparently co-existent, *i.e.* "Scarlet Fever and Diphtheria," "Acute Rheumatism and Heat Apoplexy," "Diabetes and Bronchitis." Doubtless the symptoms of one complaint were predominant just before death, and if this circumstance were indicated it would be far easier to decide which disease could be most justly credited with the death for the purposes of classification. Again, during the year, six deaths were ascribed solely to "old age," when the ages at death fell between 67 and 78 years. Such deaths are generally due to something more than a gradual decay of nature "Convulsions," "Exhaustion" and "Asthenia" are all further instances of loose certification, for each of these conditions is a symptom of some malady the nature of which can generally be determined and named on the certificate.

It will be noted that in Table A 2 a comparison of the number of deaths from different causes in the years 1898 and 1897 is shown, and that in 1898 a noteworthy diminution in the mortality from the following conditions is manifest:—Diphtheria, Typhoid Fever, Tuberculosis, Senility. On the other hand there was a noteworthy increase in the mortality from Diarrhœa, Influenza, Diseases of Respiratory Organs, Diseases of Urinary Organs, Cancer, Premature Birth.

The increased mortalities from Diarrhœa, Influenza and Diseases of the Respiratory Organs are due to climatic and other

conditions favouring prevalence, and the increase has been felt generally throughout the country. Much of the apparent increase in Cancer mortality of late years is doubtless due to improved diagnosis and certification and must not be regarded as a real increase. Some of it, however, appears to be due to a genuine increase in the prevalence of the disease. This is a disquieting fact, seeing that hitherto no one has been able to show in a satisfactory manner what conditions predispose to or favour the appearance of the cancer.

Deaths from Zymotic Diseases (including Influenza) in the
Year 1898.

	Scarlet Fever.	Diphtheria.	Membranous Group.	Typhoid Fever.	Puerperal Fever.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Influenza.	Erysipelas.	TOTAL.	Rate to every 1,000 persons.
First Quarter	..	3	..	1	1	9	4	2	6	..	26	..
Second „	2	..	..	..	1	1	5	2	2	..	13	..
Third „	..	..	..	1	..	..	..	21	..	1	23	..
Fourth „	..	1	..	1	1	..	..	3	3	1	10	..
	2	4	..	3	3	10	9	28	11	2	72	2.1
1897	1	19	2	10	1	8	13	19	4	1	77	2.3

Zymotic Mortality.—Included in the Zymotic mortality are the deaths from the seven principal Zymotic Diseases, viz., Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, “Fever” (including Typhoid Fever, Typhus Fever, and Simple Continued Fever), and Diarrhoea. In Table A 3 the Zymotic rate, and the rates for each of the diseases comprising it, are given, along with the corresponding rates of England and Wales, the 33 great towns, and London generally. The comparison with the rates of London generally is very favourable to Stoke Newington, in every instance.

TABLE A 3.

A comparison of the rates of Stoke Newington with those of England and Wales, the 33 great towns, and London generally, for the Year 1898.

	General Death-rate.	Diseases of Lungs (except Phthisis).	Phthisis-rate.	Rate of Infantile Morality.		Birth-rate.	Zymotic Death-rate.
				A*	B†		
England and Wales	17·6	..	..	161	25·8%	29·4	2·22
The 33 great towns	19·0	..	..	178	28·4%	30·3	2·85
London generally	18·7	..	..	167	26·2%	29·5	2·78
Stoke Newington	13·6	2·3	0·95	106·0	19·1%	24·5	1·72

	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Typhoid Fever.	Diphtheria.	Diarrhoea and Dysentery.
England and Wales	0·001	0·41	0·11	0·31	0·18	0·24	0·96
The 33 great towns	0·001	0·56	0·14	0·42	0·20	0·31	1·22
London generally	0·000	0·68	0·13	0·48	0·13	0·39	0·97
Stoke Newington	0·000	0·29	0·05	0·34	0·08	0·11	0·81

* The number of deaths under 1 year of age to every 1,000 births.

† The percentage which the number of deaths under 1 year of age form to the total number of deaths.

The General Zymotic Death-rate for the Parish was 1·7 per 1,000 per annum, as against 2·0 in the preceding year. The corresponding rate for England and Wales was 2·22, that for London generally was 2·78, and that for the 33 great towns was 2·85.

Deaths in Public Institutions within the District.—St. Anne's Home, Manor Road, 19 deaths; Northumberland House Asylum, Green

Lanes, 13 deaths ; the Invalid Asylum, 187, High Street, 1 death. Only one of these 33 deaths was of a parishioner ; the remainder were of persons who came to Stoke Newington from other parts ; they have not, therefore, been reckoned in estimating the death-rate of the Parish.

The Causes of Infantile Mortality are set forth in Table A 4. Most of these causes are greatly influenced by wholesome surroundings and the proper observance of the laws of health as they apply to infants. The lack of intelligent parental management of the infant in the matter of feeding and nursing, which is responsible for so much infant mortality, is seen reflected in the number of deaths from Wasting and Debility and from Diarrhœa.

TABLE A 4.

The causes of Infantile Mortality.

	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	TOTALS.
Wasting, Developmental Diseases and Debility	4	4	8	3	19
Premature Birth and insufficient vitality	4	6	6	7	23
Diarrhœa	2	1	14	2	19
Diseases of Lungs ..	2	2	..	2	6
Whooping Cough....	1	2	..	..	3
Convulsions	1	2	2	1	6
Gastric Catarrh and Enteritis	..	..	6	1	7
Measles	2	..	..	..	2
Overlying	1	2	..	..	3
Other causes.....	1	..	..	..	1
Totals.....	18	19	36	16	89

TABLE A 5.

A comparison of the Health Records of the several
Metropolitan Sanitary Areas, for the year 1898.

Sanitary Area.	Crude or Recorded Death-rate.	Factor for correction for age and sex distribution.	Corrected Death-rate.	Rate of In- fantile Mor- tality.	Infectious Sickness- rate from Notifiable Diseases.
London	18.3	1.0656	19.5	166	8.3
Paddington	16.1	1.08070	17.3	161	6.1
Kensington	16.4	1.10184	18.0	181	5.8
Hammersmith	18.3	1.06094	19.4	183	7.3
Fulham	17.2	1.04817	18.0	168	11.9
Chelsea	18.2	1.06685	19.4	176	7.9
St. George, Hanover Square ..	13.2	1.10438	14.5	120	5.2
Westminster	20.8	1.13046	23.5	182	6.2
St. James, Westminster	18.6	1.11597	20.7	177	4.5
Marylebone	18.3	1.07464	19.6	132	6.0
Hampstead	11.7	1.15153	13.4	125	5.9
St. Pancras	19.2	1.07043	20.5	170	8.4
Islington	16.6	1.06983	17.7	159	7.0
Stoke Newington	13.6	1.07283	14.6	106	7.2
Hackney	16.4	1.04645	17.1	152	11.1
St. Giles	20.2	1.10886	22.3	137	5.3
St. Martins-in-the-Fields	15.5	1.21665	18.8	156	3.2
Strand	22.9	1.17919	27.0	171	4.9
Holborn	24.9	1.03683	25.8	221	9.9
Clerkenwell	21.7	1.10822	24.0	196	10.8
St. Luke	25.7	1.08070	27.7	150	11.3
City of London	19.1	1.15015	21.9	128	5.7
Shoreditch	22.3	1.03794	23.1	196	7.8
Bethnal Green	22.3	1.04133	23.2	184	9.4
Whitechapel	20.2	1.07948	21.8	144	7.9
St. George in the East	24.8	1.03907	25.7	195	8.1
Limehouse	23.8	1.08869	25.9	208	7.9
Mile End	19.9	1.03068	20.5	155	8.6
Poplar	21.2	1.03569	21.9	191	8.9
St. Saviour, Southwark	23.6	1.04702	24.7	211	9.9
St. George, Southwark	24.4	1.10375	26.9	188	11.2
Newington	20.5	1.04531	21.4	173	10.9
St. Olave, Southwark	20.6	1.03963	21.4	132	9.9
Bermondsey	20.7	1.05801	21.9	157	10.2
Rotherhithe	19.0	1.03569	19.6	169	7.4
Lambeth	17.9	1.04989	18.7	154	7.6
Battersea	16.9	1.07584	18.1	166	11.1
Wandsworth	14.4	1.06804	15.3	144	8.4
Camberwell	16.4	1.05801	17.3	160	7.8
Greenwich	18.5	1.02791	19.0	176	9.0
Lewisnam	15.3	1.06864	16.3	161	6.7
Woolwich	20.4	1.12713	22.9	173	9.2
Lee	14.9	1.08376	16.1	160	9.9
Plumstead	16.3	1.03458	16.8	155	9.9

THE MORTUARY.

During the year 35 bodies were deposited in the Public Mortuary; 20 of these were females and 15 were males. Post-mortem examinations were performed upon 15 of these cases, and inquests upon 28.

SICK NURSING.

The importance of good nursing in the treatment of disease can scarcely be exaggerated, and a very great deal has been done in the direction of affording nursing facilities for the sick poor in most large centres of population during the past few years.

The nurse (Miss Norton), whose services were secured by the Parish in commemoration of the Jubilee of Her Majesty, has done good work, although her services have not been in great demand.

INQUESTS.

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

13	deaths from	accident, including 6 from falls, 3 from burns, 2 from "overlying," and 1 from suffocation in a cot.
8	"	" heart disease and weakness of heart.
4	"	" apoplexy.
2	"	" suicide, viz., by throat-cutting.
2	"	" convulsions from teething.
1	"	" lung disease.
1	"	" phthisis (consumption)
1	"	" ulcer of stomach.
2	"	" accidental poisoning, 1 from tinned salmon (?), and 1 from carbolic acid.
1	"	" erysipelas.
1	"	" congenital malformation of heart.
1	"	" diarrhœa.

Total 37

(B.) Table of Population, Births, and of New Cases of Infectious Sickness, coming to the knowledge of the Medical Officer of Health, during the year 1898, in the Parish of St. Mary, Stoke Newington, classified according to Diseases, Ages, and Localities.

NAMES OF LOCALITIES.	POPULATION AT ALL AGES.		Registered Births.	Aged under 5 or over 5.	New Cases of Sickness in each Locality, coming to the knowledge of the Medical Officer of Health.								Number of such Cases Removed from their Homes in the several Localities for Treatment in Isolation Hospitals.					
	Census 1891.	Estimated to middle of 1898.			Small-pox.	Scarlatina.	Diphtheria.	Membranous Croup.	FEVER.		Erysipelas.	Totals.	Small-pox.	Scarlatina.	Diphtheria.	FEVERS.		Totals.
									Enteric or Typhoid.	Puerperal.						Enteric or Typhoid.	Puerperal.	
(1) Northern Division ..	30,936	34,200	839	Under 5	..	8	1	..	..	..	1	10	..	6	1	..	..	7
				5 upwds.	..	40	6	..	3	2	9	60	..	24	4	1	..	29
(2) Southern Division ..				Under 5	..	25	14	1	..	..	1	41	..	16	6	..	..	22
				5 upwds.	..	73	31	..	15	1	17	37	..	40	7	8	1	56
TOTALS	30,936	34,200	839	..	..	146	52	1	18	3	28	248	..	86	18	9	1	114

The "Notification of Infectious Disease" has been compulsory in the district since October 30th, '889. Cases have been isolated at the Homerton Fever Hospital St. Anne's Fever Hospital (Tottenham), the London Fever Hospital (Liverpool Road N.), and the Mildmay Memorial Hospital

INFECTIOUS DISEASES AND THE MEASURES TAKEN TO PREVENT THEIR SPREAD.

It will be seen from Table B that 248 *Notification Certificates of Infectious Illness* were received from medical practitioners, as against 227 during the preceding year.

These 248 cases represent infection in 192 different houses. In 187 instances the disinfection was performed by the Sanitary Authority, and in the other cases by the householders, to the satisfaction of their medical attendant. A visit was paid to every house, and it was ascertained that cases of infectious illness occurred in 9 houses where there were "grave" sanitary defects, 10 in which the sanitary defects were "slight," and 173 in which there were no such defects.

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

Thus, apart from the measures that have been taken to prevent the spread of infectious illness, the notification of such illness was the means during the year of bringing about a sanitary inspection of 192 premises.

Table B 1 shows the number of cases, and of deaths, from the Infectious Diseases notified during the years 1892-8; and Table B 2 the cases of Infectious Diseases notified during each month of the year 1898. It will be noted that there was a marked reduction in the number of cases of sickness from Typhoid Fever, but an increase in the sickness from Scarlet Fever and Erysipelas when the years 1897 and 1898 are compared.

The Infectious Sickness Rate of the Parish was only 7·2 to each 1,000 of the population, as against 6·7 for the preceding year, and 10·5 for 1896.

TABLE B 1.

Table showing the number of Cases and Deaths from the Infectious Diseases notified from among parishioners during the years 1892-1898.

	Small-pox.		Scarlet Fever.		Diphtheria.		Continued Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1892.....	2	—	232	6	59	9	2	—
1893.....	8	—	354	4	84	5	—	—
1894.....	3	—	91	4	55	5	—	—
1895.....	—	—	129	1	57	6	—	—
1896.....	1	—	220	7	71	18	—	—
1897.....	2	—	108	1	53	19	—	—
1898.....	—	—	146	2	52	4	—	—

	Erysipelas.		Puerperal Fever.		Typhoid Fever.		Membranous Croup.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1892.....	30	4	3	2	31	2	2	—
1893.....	37	—	—	—	31	2	1	1
1894.....	25	—	2	2	12	3	2	1
1895.....	28	—	1	—	29	3	5	4
1896.....	41	—	1	3	17	5	3	3
1897.....	22	1	3	1	38	10	1	2
1898.....	28	2	3	3	18	3	1	—

TABLE B 2.

Cases of Infectious Disease notified during each month of the year 1898.

	Small-pox.	Scarlet Fever	Diphtheria	Membranous Croup	Typhoid Fever.	Puerperal Fever.	Erysipelas.	TOTALS.
January	..	5	3	..	..	..	5	13
February	..	3	6	..	1	..	2	12
March.....	..	7	1	..	..	..	2	10
April	..	11	2	..	..	2	2	17
May	..	13	5	..	..	..	1	19
June	..	16	4	..	3	..	..	23
July.....	..	12	4	..	1	..	1	18
August	..	7	3	..	..	..	1	11
September	..	23	2	..	1	..	3	29
October	..	12	3	..	4	..	4	23
November	..	21	10	1	5	1	4	42
December	..	16	9	..	3	..	3	31
TOTALS.....	..	146	52	1	18	3	28	248

The Infectious Sickness Rate for London generally was 8·3, and of the 43 Sanitary Areas situated within the Metropolis, the lowest rates were those of St. Martin's-in-the-Fields (3·2), St. James, Westminster (4·5), Strand (4·9), St. George, Hanover Square (5·2), St. Giles (5·3), and the highest were Fulham, St. Luke, St. George, Southwark, Battersea, Hackney, all of which exceeded 11·0.

114 of the cases notified were removed from their homes to Isolation Hospitals, as against 84 in the preceding year.

NOTIFICATION OF INFECTIOUS DISEASE.

As notifications are frequently received of cases of infectious diseases occurring in streets which are adjacent to the Parish, and not belonging to it, a full list of the streets in the Parish is set out in an appendix, for the benefit mainly of medical practitioners.

DISINFECTION.

The employment of formic aldehyde for the surface disinfection of rooms continues to prove satisfactory. There is no reason to believe that it has failed in its object in a single instance throughout the year. There are no greater difficulties or inconveniences attending its use than those which apply to the use of sulphurous acid, and it possesses the great advantages that it is more certain in its disinfectant action and does not injure any article of furniture or ornamentation exposed to it.

There has been a large amount of disinfectant solution given away during the year. This free distribution of disinfectant is of high value as a means of preventing the spread of infectious illness, and it is a necessary counter-move to check the use of the cheap and useless disinfectants otherwise purchased by the poorer parishioners.

HOSPITAL ISOLATION.

During the year we experienced little difficulty in getting parishioners into the hospital with promptness, and in this respect our experience was in pleasing contrast to that of the preceding year.

It cannot be said, however, that year by year the problems connected with the isolation of infectious disease get nearer solution, for this is the fifth successive year during which the Board has failed to meet *all* the demands made upon it. The population is increasing rapidly, and with this increase the conditions which facilitate the spread of infection are multiplying by reason of the overcrowding which is everywhere increasing. As the public become more educated in public health matters and the value of preventive measures, it will demand some provision for isolating measles, whooping cough and consumption. When small-pox infection gains a foot-hold in our midst, as we know it may and

can do, and, assuming epidemic virulence, it passes over our badly vaccinated community, the present Metropolitan Asylum Board provision will probably not hold out for more than a week.

Out of 39,251 cases of infectious disease notified in the metropolis during 1897, and which were eligible for admission to the hospitals, 58.5% were actually admitted, a percentage considerably in excess of that of any previous year. This growing recognition by the public of the many advantages, both to the patient and to the rest of the family, accruing from the prompt and complete isolation of infectious illness is a great gain to preventive medicine.

TUBERCULOSIS.

The tremendous mortality from Tuberculosis amounting to some 60,000 deaths per annum in England and Wales alone, is very largely preventable, and attention has been drawn for many years by those who have studied public health matters, to the urgent necessity which exists for adopting measures that are calculated to diminish this appalling waste of health and life and the misery and expense which it entails.

The subject has come very prominently forward during the year and a National Association for the Prevention of Consumption has been started with very extensive and influential support. The functions of the Association are to disseminate a knowledge of the fact that the disease may be directly or indirectly conveyed from individual to individual unless a few simple precautions are taken; to support and encourage public authorities and others to promote all those conditions in dwellings and workshops which will ensure a sufficiency of fresh and pure air for the occupiers; and to prevent the sale of milk and meat containing the germ of the disease.

Consumption (Tuberculosis of the Lungs) slays over 40,000 individuals every year in England and Wales and a very large amount of the disease is contracted from preceding cases. The expectoration, especially in the later stages, is loaded with the germs of the disease and when allowed to dry, whether on floors or handkerchiefs, it mingles with the dust of the compartment, gets lifted up into the atmosphere by air currents and may be finally inhaled by

a susceptible individual, who in time falls a victim to the complaint. This fertile avenue of infection may be easily closed by the adoption of the simple expedient of carefully collecting all expectoration in spit bottles or handkerchiefs and never permitting it to become dry before it has been disinfected. The disinfection of the spit bottles and handkerchiefs can be readily effected by placing them in boiling water for a few minutes. This form of the disease may also be communicated by lip kissing, more especially at the later stages of the malady.

The Report of the Royal Commission on Tuberculosis also appeared during the year. Although the Commissioners conclude that meat is not a great factor in the dissemination of Tuberculosis, they urge the importance of a rigid system of inspection and of the condemnation of all meat showing any evidence of the disease. They strongly recommend the substitution of public slaughter-houses in place of the existing private slaughter-houses, in which they consider it would be difficult or impossible to carry out an efficient scheme of inspection at the time of slaughter. There is a proposal that such inspection should be entirely in the hands of those who have passed a qualifying examination before such authority as may be prescribed by the Local Government Board, in order that the trade should be duly protected against ignorant inspectors.

Compulsory notification of every disease in the cow's udder is recommended, together with powers to inspect cows at all reasonable times and increased powers to ensure healthy cowsheds, byres, etc. The Commissioners also recommend that funds be placed at the disposal of the Board of Agriculture to provide for the application of the tuberculin test to detect infected animals at an early stage of the disease. They reject the principle of compensation. Doubtless it is one subject to many abuses and very difficult to apply in a satisfactory manner to all cases, but whereas compensation should always be withheld when a cow has been used for milking purposes while presenting unquestionable symptoms of tuberculosis, it seems only a fair step, and one which by allaying opposition would thus promote the end in view, to give compensation in those cases where the animal could not have been diagnosed during life to be suffering from the disease.

Infected milk is a fertile source of Tuberculosis, and it can be clearly shown to give rise to a large mortality from the disease among infants. Sterilised milk can now be purchased, or parents can protect their offspring and themselves in a very great measure by using no milk which has not been previously well boiled. There is a great prejudice in this country in favour of unboiled milk, whereas in Italy it is quite rare for an adult to touch milk which has not been boiled. Children take to boiled milk just as kindly as they do to the unboiled article, and those adults who do not prefer it at the commencement very soon acquire the taste for it. But after all this sterilisation of milk is only a makeshift remedy and the truer aim of the prevention of tuberculosis is in the direction of preventing the germ of the disease being conveyed in raw milk and imperfectly cooked meat. Milk is the great offender; of the samples taken and examined in this country the records show that at least 10 per cent. of them contain the germ. When this fact is appreciated by the public, among whom there are but few families which have not had the experience of the disease in some form or other to serve as an object lesson, they will demand that this state of things shall not be suffered to continue. That a necessary article of food, and one on which the bulk of our infants are reared, should be allowed to disseminate disease broadcast without any effectual preventive measures being taken, is, without exception, the greatest blot upon our sanitary administration of to-day. If a human enemy were the cause of half this preventable annual slaughter from tuberculosis it is not difficult to picture the tremendous alarm which would seize upon the community, how every platform in the country would be daily occupied by politicians and others in discussing the various aspects of a theme of such dire import to one and all, and, last but not least, the large expenditure which would be eagerly voted by Parliament to secure an ultimate victory. But consumption is an insidious foe, insidious in its onslaught and slow and insidious in reaping its annual toll of deaths; it does not impress the public like the sudden onslaught of a foreign human foe; the public moreover is comparatively ignorant and careless in protecting the health of individuals, but it is well informed and always on the alert in subjects affecting the national defence; it is too occupied with the social and political schemes which, important as they are, shrink into insignificance before the immeasurably greater subject

of the nation's health and energy. The public is, however, becoming better informed each year on matters affecting its health, and the "Crusade against Tuberculosis" is more especially awakening an intelligent interest and concern.

The stamping out of tuberculosis from cattle should be carried out *on a national scheme* which will involve some considerable expense at the commencement. Cattle will have to be rigorously inspected, infected animals isolated or slaughtered and the flesh either destroyed or appropriately dealt with according to the stage of the disease. No milk must be drawn from infected animals, and if efficient inspection of carcasses at the time of slaughter cannot be carried out in private slaughter-houses, public *aattoirs* must be used *throughout the whole country* and not only in one community here and there. Among the expenses of such a scheme it is only fair to include a just and judicious degree of compensation for owners, for most owners have been put to considerable expense during the past few years to bring their slaughter-houses up to modern requirements; and if the Report of the Public Health Committee of the London County Council had embodied some recommendation under this head, it would certainly have lessened the trade opposition which was instrumental in getting the subject shelved when the Report came up before the Council at the early part of the present year. The proper inspection of the meat supply of the metropolis will, however, have to be provided for in the long run, although it may be postponed for a while; and if this cannot be effected in the existing private slaughter-houses (and in the opinion of those best qualified to speak, it cannot), these places, which number only some 400 at present, and supply less than a tenth of the meat sold in London, should not be suffered to stand in the way of a much-needed reform.

It is contended by the trade that the establishment of public slaughterhouses, requiring greater handling and carriage of recently killed meat, would "destroy the unique characteristics of home-killed meat" But the amount of handling to which the carcass is subjected in a well-ordered Continental public slaughterhouse is trifling compared with that to which it is now subjected here; the slaughtering in large, well-ventilated halls, the conveyance by well-arranged machinery into cooling rooms

where the meat is allowed to set—stored, if the butcher desires it, in his own compartment, in a cold chamber, and the subsequent conveyance to his premises in specially constructed well-ventilated vans, from the roof of which the meat hangs—are conditions unknown in this country.

The measures sanctioned by the Vestry to reduce the dangers of the spread of consumption through the infection derived from previous human sufferers, are the following :—

- (1). That all the medical practitioners in Stoke Newington be informed that the Vestry is prepared, on application, to disinfect (free of charge) all rooms which have been occupied by patients suffering from consumption immediately upon such rooms ceasing to be so occupied.
- (2). That whenever a death from tubercular disease is certified in the parish a visit shall be paid to the house in which the death occurred and an offer made to disinfect free of cost.
- (3). That handbills of information as to the nature of the disease, the ways in which it may be contracted, the necessity for the adoption of certain precautions, and the willingness of the Vestry to undertake gratuitous disinfection, be sent to ministers of religion district visitors, school teachers, medical officers, etc., of public institutions, with a request that they will circulate these as opportunities present themselves.

SUMMER DIARRHŒA.

. In common with those for the country as a whole, the Stoke Newington mortality returns show a marked increase in the number of deaths from Diarrhœa and the increase was mainly determined by the exceptional heat of the latter half of August and September.

Prior to the second week in August the weekly number of deaths from summer diarrhœa had been for a long time below the mean of the corresponding period of the preceding ten years, but subsequently, for many weeks, those deaths considerably exceeded the mean. This exceptional rise in the mortality from

diarrhœa was determined by the fact that the mean daily temperatures had been exceptionally high, for there are sufficient reasons for believing that the essential cause of the complaint resides in the soil, from which it issues under favourable meteorological conditions (more especially of temperature) to gain access to air, water and food. It is especially important, therefore, in the summer months to take every possible means of ensuring the freedom of these necessities of life from contamination. The death-rate from diarrhœa always remains at about the same figure throughout the winter and spring, when the ever-present agency of injudicious dieting is almost alone concerned in its production, but with little preliminary warning, as the mean daily temperatures rise, an extensive outbreak of the summer type of diarrhœa occurs, from which very few of those at the extremes of life—or who are enfeebled—escape. This increase in the death-rate is always mainly due to deaths among the children of the poor, and slightly over 95 per cent. of the total deaths occur during the first five years of life. Infants fed artificially for the first nine months suffer much more from the complaint than those fed naturally from the mother's breast. The chief means of reducing the mortality from summer diarrhœa is by giving nothing but well-boiled liquid food for the first nine months of life, and by keeping all milk vessels and feeding bottles scrupulously clean. For the neglect of these simple precautions, the infants of these islands alone are paying an annual toll of many thousands of deaths. Summer diarrhœa is the most fatal of all the zymotic diseases, and if the deaths certified as due to gastro-enteritis were included (and at the summer period of the year they probably all have a common origin) the loss of life from summer diarrhœa would be still further increased to the extent of some 30 per cent.

MEASLES AND WHOOPING COUGH.

In the early part of the year I was compelled to advise the closure of the infant departments of three of the schools in the Parish on account of the great prevalence of Measles. Each school was closed for three weeks and there was reason for believing that the closure effected some good in checking the extension of the disease. At the same time handbills of advice as to precautions which should be adopted in the presence of this disease were distributed at each house in the infected streets.

The main incidence of the outbreak was upon the Church and Palatine Wards and although much sickness was occasioned there was fortunately comparatively little mortality from the disease, and it is believed that the handbills were of value in preventing the Parish from swelling the thousands of preventable deaths from Measles which are registered in London alone, each year.

Whereas I acknowledge with gratitude the willing assistance rendered me by the head teachers of the Board and other schools in ascertaining the number and addresses of the absentees from Measles and Whooping Cough, I consider it a matter for regret that the Regulation of the School Board for London, requiring that the Medical Officer of Health of the District shall be informed of a child's exclusion on account of symptoms of infectious disease, is not given effect to as a routine practice, for it would often materially assist the Medical Officer of Health in taking more prompt measures to remove further risks of school infection.

TYPHOID FEVER.

Of the 18 cases notified during the year, all occurred in different houses, in two of which there were grave insanitary conditions; in one the insanitary conditions were slight, and in the remaining 24 there were no insanitary conditions. Two of the cases doubtless contracted the disease outside London.

SMALL-POX AND VACCINATION.

The year has been a most momentous one with reference to vaccination.

The Vaccination Act of 1898 was passed in a form which differed in many important respects from the Bill as originally introduced. The change in the age limit for primary vaccination from three months to six months is on the whole advantageous, as it removes the sentimental objection to submitting an infant to the operation at a very tender age, and vaccination will not now be so generally ascribed as the cause of those congenital diseases which first show symptoms at about the third and fourth months of life. The provision for vaccination being performed in the houses of the children is also good, for doubtless the mingling of children in

public vaccination stations involves a risk of infection being communicated. The Act requires that the public vaccinator shall give to the parent or guardian at least twenty-four hours notice of his domiciliary visit, and "glycerinated calf lymph or such other lymph as may be issued by the Local Government Board." shall alone be used. Although the risk of humanised lymph was so trifling that medical men have habitually used it in their own families, this provision will do much to allay the ill-founded fears which have arisen largely as a result of the exaggeration and misrepresentation of anti-vaccinators. Lymph which has been thus treated with glycerine has its keeping powers very much improved, while at the same time the storage of the lymph with glycerine destroys extraneous organisms. Every precaution, moreover, will be taken to ensure that the original lymph is taken from calves which are quite free from disease in any form.

Section II. of the Act is popularly known as "the conscience clause," and provides for the acceptance of the plea of conscientious objection as a means of relief from the infliction of a fine upon those who refuse to allow their children to be vaccinated. With the exception of this conscience clause the rest of the act only came into operation on January 1st, 1899, and the Act remains in force for five years, when the whole subject must again come up for consideration by Parliament.

Though Parliament and the Ministry and the Royal Commission on Vaccination agree with the medical profession in believing that vaccination is essential to the prevention of Small-pox, they allow those who allege themselves to be conscientious objectors to vaccination to neglect to protect their offspring, and thus to constitute themselves a menace to the health of the community. The indifference to vaccination which is implied by the insertion of such a clause must tend to swell the list of those who attach no value to vaccination, and although the percentage of children who are already unvaccinated in England and Wales has reached the alarming figure of 25%, the number of defaulters will probably grow and with them the risks of epidemic Small-pox. It is therefore increasingly necessary for those who appreciate the great value of vaccination to protect themselves against this impending danger.

In 1895 the worst vaccinated unions in London were Bethnal

Green, Hackney, Mile End Old Town, and Shoreditch, the number of "defaulters" amounting to 73%, 63·4%, 63·1%, and 47·5% respectively of the births registered in those unions.

The absurd machinery of conscientious objection is so great a farce that there is reason to hope that it will not be suffered to last even five years. The asking for reasons is a mere waste of time; the "reasons" are always forthcoming, such as they are. The purpose of the conscience clause was to distinguish between genuine and deep-rooted objection to vaccination and parental carelessness and neglect of duty, but when no oath is administered, where no birth certificate is required, where the attendance of the father is unnecessary and where the objector has been put to no trouble or inconvenience of any sort, no sufficient test is made to distinguish between conscientious objection and mere indifference or laziness.

When, however, the danger of Small-pox immediately threatens, the great mass of every community will cry aloud for protection and Local Authorities will have to provide exceptional means of meeting the emergency.

DIPHTHERIA.

The 52 cases of Diphtheria occurred in 39 different houses; and in only 3 instances were sanitary defects of a grave nature found to exist in the home of the patient.

School attendance is either alleged by the parents or surmised by myself, on good grounds, to be the cause of 3 attacks during the year, and to be responsible for 5·7 per cent. of the cases as against 7·5 per cent. in the preceding year.

Three cases of the infection were imported into the Parish. In three cases it was very clear that a preceding tonsilitis of several weeks' duration predisposed to an attack of Diphtheria. In five cases the attack was preceded by "sore-throat" in other members of the family. Two unhealthy cats were destroyed, but a bacterial examination of their throats failed to detect the germ of Diphtheria.

In as many as 31 cases I was unable to trace the origin of the disease in any satisfactory manner; that is to say, after carefully ascertaining all the facts, the origin of the infection could only be conjectured, and it was impossible to do more.

It is discomfoting that the increase in the death-rate from

Diphtheria cannot be checked. As a matter in Preventive Medicine it is the question of the day, and its great importance demands the adoption of further measures of coping against the origin and spread of this disease.

In this disease the spread of the infection (and by consequence the mortality) are largely concerned with the unfortunate circumstance that the early diagnosis of the disease *from clinical symptoms* is frequently difficult and impossible, and it is therefore highly desirable that every Sanitary Authority should contrive to make such arrangements as would provide practitioners with the promptest possible answer to the problems—Is this a case of Diphtheria? Bacteriology alone can furnish the answer in many cases, and the *Diagnosis outfits* provided by the Vestry during the year to the medical practitioners in Stoke Newington have been appreciated. Every practitioner has been kept supplied with such an outfit and has thus had at his disposal the means of procuring a bacteriological diagnosis of both Diphtheria and Typhoid Fever. The following is a list of the applications received, together with the results of a careful examination performed at University College, London.

Suspected Disease.	Name & Age of Patient.	Result of Examination.
Diphtheria.....	R. H. Nevill	Diphtheria.
Diphtheria.....	Miss Gray	Diphtheria
Diphtheria.....	G. E. Polley	Not Diphtheria.
Diphtheria.....	Welham.....	Diphtheria.
Diphtheria.....	C. Beck	Not Diphtheria.
Enteric Fever	G. Lovell	Not Enteric.
Diphtheria.....	F. Marshall	Diphtheria.
Diphtheria.....	L. A. Waiters	Not Diphtheria.
Diphtheria.....	C. Edser.....	Diphtheria.
Enteric Fever	E. Bush	Enteric.
Diphtheria.....	E. Chambers.....	Not Diphtheria
Diphtheria.....	W. Dewey	Not Diphtheria.
Diphtheria.....	G. Barrett	Not Diphtheria.

The provision for the sale of Antitoxine at the Vestry Offices at cost price continues to be much appreciated. The opinion that the Antitoxine is a valuable curative agent of Diphtheria is gaining more and more ground each year and the fact may now be said to be generally accepted by the profession. During the year 1898, the Clinical Society of London issued a valuable report upon the subject. By comparison of a series of cases of Diphtheria treated with Antitoxine with another series not so treated it appears that the use of the serum was marked by a reduction in the fatality of Diphtheria from 29.6 % to 19.5 %; the reduction was most marked in patients under the age of five years.

The facts certainly now justify the routine employment of antitoxine. Yet hundreds of poor children in London die of Diphtheria, who have never had the benefit of this remedy. The default is sometimes due to the fact that the medical practitioner is not aware of or convinced as to the value of the agent, but it is often because of the expense of procuring it.

There can be no gainsaying that the continued prevalence of this disease is determined to some extent by school attendance. Apart from statistics, it is a conclusion warranted both by common sense and experience that the daily aggregation of a large number of subjects at the most susceptible ages in overcrowded class-rooms, must, where a disease is concerned which often remains unrecognised, be responsible for some degree of spread, if the well known behaviour of the disease within the household continues to hold good. The Medical Officer of Health (Mr. Shirley Murphy), of the London County Council, has placed the matter upon a solid statistical foundation. He has shown that the increase in Diphtheria has mainly affected the ages 3—10, and that the relative increase of the mortality at the ages 3—10 commenced with the operations of the Elementary Education Act of 1870. The effect which the closing of the schools during vacation periods has in reducing the incidence of the disease is also susceptible of statistical demonstration.

In view of these facts, and seeing the part schools play in the dissemination of other infections, the precautions taken in the interest of the scholars are in my opinion unsatisfactory. The Medical Officer of Health should be kept promptly posted up as to

those absentees who are away from illness; he should possess the power of entering and examining any scholar or scholars at any time when he has reason to think such action desirable in the public interest; and he should also have the power of arranging for a medical inspection of all the scholars when he considers such a step advisable. Short of the adoption of these measures compulsory education will continue to be linked with some measure of compulsory disease.

SCARLET FEVER.

The 146 cases of Scarlet Fever occurred in 109 different houses, in 4 of which there were grave insanitary conditions; in 6 the insanitary conditions were slight, and in the remaining 99 there was an absence of such conditions.

School attendance was ascribed as the origin of the infection in 16 cases; and in three cases there were strong reasons for believing that the infection was communicated by a patient recently dismissed from a Fever Hospital.

NOTES UPON SANITARY WORK PERFORMED DURING THE YEAR.

It will be seen from the appended Report of the Chief Sanitary Inspector that a large amount of sanitary work has been performed during the year 1898. 1447 premises were inspected for conditions injurious or dangerous to health, and insanitary conditions varying in their nature from slight to very grave, were discovered in a large number of instances. 859 Intimation Notices, followed in 120 cases by Statutory Notices, were complied with.

Of this number only 181 inspections were made as the result of complaints by householders and others, and this circumstance will serve to accentuate the importance of prosecuting a fairly constant system of house-to-house inspection in at least the poorer parts of the Parish. It is difficult to over-estimate the value such a measure has in preventing the origin and spread of preventable sickness.

The Slaughter-houses, Bake-houses, Cowsheds and Dairies situated in the Parish were all duly inspected throughout the year.

The Factories and Workshops have all been inspected during the year, and I have kept the list of out-workers up to date.

I have repeatedly made analysis of the drinking water supplied to the Parish by the New River Company and the results have invariably been satisfactory.

NUISANCE FROM STABLE MANURE.

The increased use of peat-moss litter for horses has given rise to much complaint. This material is used from motives of economy; being of a highly absorbent nature it becomes quickly charged with urine, and since the horsekeeper generally only rakes away the soiled portions, the material removed is so saturated with excreta that when it is temporarily stored and then carried through the streets it gives rise to an intolerable nuisance. The remedies generally recommended, and in some cases adopted, are in the direction of a more liberal use of the litter and more prompt removal from the stable. To promote the latter object the refuse should be placed at once, on removal from the stable, into the vehicle in which it is to be taken away from the premises.

FOOD AND DRUGS.

Under the sale of Food and Drugs Acts, 53 samples of Food and Drugs were taken and analysed. The results are shown in Table C. If the two samples of butter submitted for analysis by the Grocers' Protection Association are included 6 of the samples were not genuine and therefore the percentage of non-genuine samples amounted to 11·3 % a figure which is lower than that of the preceding year, when it was 14·5.

16·6 % of the milk samples were adulterated. According to the last Report of the Local Government Board, 14·5 % of the milk samples taken in London are adulterated as against 10·4 % for the rest of England. When the samples are taken on Sundays the percentage of adulterated samples is always found to be very much higher; and for that reason 7 of the milk samples procured in Stoke Newington during 1898 were taken on Sundays.

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

No.	Sample Analysed.	Opinion Formed.	Action Taken.
1	Butter	Satisfactory.....	Nil.
2	Coffee	"	"
3	Oatmeal	"	"
4	Milk	"	"
5	Spirits of Nitre ...	"	"
6	Ipecacuanha Wine	"	"
7	Condensed Milk ...	"	"
8	White Pepper.....	Satisfactory.....	Nil.
9	Milk	"	"
10	*Milk	"	"
11	Milk	5% of added water	Vendor prosecuted, summons dismissed—Held to be a naturally poor sample.
12	Butter	Satisfactory.....	Nil.
13	Coffee	"	"
14	Gin	"	"
15	Tea	"	"
16	Lard	"	"
17	Milk	"	"
18	*Milk	Deficiency of 7% total fat	Vendor cautioned.
19	Milk	Satisfactory.....	Nil.
20	Gin ...	"	"
21	Coffee	"	"
22	Milk	"	"
23	Milk	"	"
24	Scotch Whisky ...	"	"
25	Wheatmeal	"	"
26	Butter	"	"
27	Milk	"	"
28	Milk	"	"
29	Coffee	"	"
30	Milk	6% Deficiency total fat...	Vendor cautioned.
31	Milk	Satisfactory.....	Nil
32	Butter	"	"
33	Ice Cream	"	"
34	Coffee	Satisfactory.....	Nil.
35	Wheat Flour	"	"
36	Milk	"	"
37	Milk	"	"
38	Butter	"	"
39	Butter	10% Margarine ..	Vendor prosecuted, summons dismissed.
40	*Milk	Satisfactory.....	Nil.
41	*Milk	"	"
42	Olive Oil	"	"
43	Gin	"	"
44	Milk	"	"
45	Milk	"	"
46	Flour	"	"
47	Milk	"	"
48	Milk	"	"
49	Olive Oil	"	"
50	Butter	"	"
51	*Milk	13% of added water	Vendor prosecuted, fined £3 and 12/6 costs.
52	*Milk	20% Deficiency total fat	Vendor prosecuted, fined £5 and 12/6 costs.
53	*Milk	Satisfactory.....	Nil,

* Sunday Samples.

During the year two samples of butter, purchased in the Parish by the Grocers' Protection Association, were submitted to me for analysis, with the result that each was found to be adulterated with about 50% of margarine; and the Vendors were prosecuted by the Association, and fined. One sample of Margarine was sold to the Inspector, not in accordance with the requirements of the Margarine Act, and the Vendor was cautioned.

From the Annual Report of the Local Government Board for 1897-98, it appears that the proportion of adulterated samples for the whole country was 9.4% of those examined. Milk was the article of which by far the greatest number of samples were taken and it is satisfactory to note that the 10.4% of condemned samples represents the lowest percentage of milk adulteration hitherto recorded.

The low limit of fat in milk adopted by the Society of Public Analysts will certainly exclude naturally poor samples, when the samples are, as in Towns, the mixed products of many animals; it is unfortunate, therefore, that the Court of Appeal when the Analyst's figures are questioned, *i.e.* the Somerset House chemists, should continue to base their opinion as to sufficiency of fat upon a limit below that established by the other analysts of this country. It is of the greatest importance that all milk sold should be made to conform to a certain standard and it should be no defence to show that it is a naturally poor sample. Healthy animals properly housed and properly fed will always yield a milk far above the low standard adopted by public analysts for a genuine milk sample.

The high percentage of adulteration in milk samples by no means represents the true proportion of the samples which have been tampered with. A large number of the samples analysed are only just over the low limits adopted for a genuine milk and there can be no doubt that many of these have been tampered with. In some cases old separated milk is added to new milk and the product in these cases is often found to be deficient in natural fat.

I have drawn attention in my last two Annual Reports to the danger of using the cheap brands of condensed milk which have been placed upon the market and which consist of milk which has

had its cream removed either by skimming or by centrifugal apparatus. During the year the Vestry approved of a step which will be taken in future to check the evil consequences which follow upon the feeding of infants with this material. The following hand-bill is now given to every individual who registers a birth in the Parish, the Registrar of Births and Deaths (Mr. Cone), having kindly consented to distribute them :—

“IMPORTANT ADVICE TO PARENTS.

“Of all the children born in England, one-quarter die before they have completed one year of life. A large number of these deaths would be prevented if parents carefully observed the following precautions dealing with the FEEDING OF INFANTS.

“For the first seven months of life no solid food should be given. Mother’s milk is the natural food, and therefore the best, during this period. If Cows’ MILK is used, it should be given FRESH, sweetened with a little sugar and diluted with water. It is a most wise precaution to first boil all such milk which is given to infants, for it guards against disease which is sometimes spread through milk

“CONDENSED MILK is never so good for infants as fresh milk, but if it is used at all it must be CONDENSED WHOLE-MILK. **Never give condensed milk to an infant from a tin which has the words “skimmed” or “separated” upon the label, for such milk has been robbed of nutriment, and a child cannot thrive on it, however much is taken.**

“FEEDING BOTTLES must be kept rigorously clean. Two bottles should be used alternately, and they should be frequently placed in boiling water, along with any tubes attached to them. Neglect of this precaution is responsible for hundreds of deaths each year from Diarrhœa.”

The next most adulterated article of food sold in England and

Wales is butter, of which 10·3% of the samples analysed were condemned during the year 1897—98; and a large number of the samples of margarine were sold contrary to the provisions of the Margarine Act, 1887.

Coffee and Sugar come next upon the list: of the former 9·6% of the samples taken were condemned, and of the latter 7·5% 10·5% of the samples of Drugs examined were condemned.

It is confidently expected that a Bill will be shortly introduced which will strengthen the present Act so as to reduce the practice of fraud in the sale of Food and Drugs to as low a figure as legislation can be hoped to accomplish. There is considerable evidence of the power of the present Acts to deal with offences so long as authorities carry out the provisions with a due amount of vigilance, but most of the fines imposed are utterly incommensurate with the extent of the fraud committed, and the offence is too often overlooked altogether—as instance the fact that in 1897-98 of the 4,383 samples reported by the analysts as adulterated, prosecutions were instituted in respect of 2,777 only.

METEOROLOGY IN AND AROUND LONDON FOR THE YEAR 1898.

January.—The weather was generally dry, mild and dull, with very little sunshine. The mean daily temperature of the air was generally above its average throughout the month. The fall of rain was small and somewhat below its average.

February.—The weather was generally mild and dull, with frequent rain. The mean daily temperature of the air was above its average. The fall of rain was a little below its average.

March.—The weather was cold, the mean daily temperature of the air being below its average. The rain-fall was small and below its average.

April.—The weather was generally fine but dull, with little sunshine. The mean daily temperature of the air was generally below its average. The fall of rain was small and below its average.

May.—The weather was for the most part dull and cold, with frequent rain. The mean daily temperature of the air was below the average and the rain-fall was somewhat above its average.

June.—The weather was generally fine but dull and cold, with very little sunshine. The mean daily temperature of the air was below its average, as was also the rain-fall. Vegetation was backward at the end of the month.

July.—The weather was for the most part dry and dull, with little sunshine. The mean daily temperature was below its average, and the rain-fall was also below its average.

August.—The weather was fine and bright, with a remarkably hot period extending from the 11th to the 23rd. The mean daily temperature of the air was generally above its average. The fall of rain was small and below its average.

September.—The weather was remarkable for its small rain-fall, unusual amount of sunshine and for the exceedingly hot period from the 2nd to the 17th. The mean daily temperature of the air was above its average, and the fall of rain was remarkably small and greatly below its average.

October.—The weather was generally mild and dull, with frequent rain from the 15th. The mean daily temperature of the air was above its average, and the fall of rain was somewhat above its average.

November.—The weather was generally mild and dull, with frequent rain from the 20th. The mean daily temperature of the air and the rain-fall were a little above their averages.

December.—The weather was for the most part remarkably mild and dull, with very little sunshine. The mean daily temperature of the air was above its average, as was also the rain-fall.

METEOROLOGICAL OBSERVATIONS TAKEN DURING THE YEAR 1898, AT
CAMDEN SQUARE (BY G. J. SYMONS, ESQ., F.R.S.).

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

Month.	Temperature of Air.				Mean Tem- p'rature of Air.	Rain.		Rela- tive Humid- ity. Satura- tion. 100.
	Highest	Lowest.	Mean.			No. of Days it fell.	Amnt. Collected.	
			O all Highest	Of all Lowest.				
January	55.0	29.2	47.5	39.8	44.0	9	0.73	86
February.....	56.2	24.3	46.9	35.6	41.2	14	1.08	82
March	59.1	25.1	47.9	33.8	40.1	10	1.46	82
April	66.5	28.9	58.0	39.9	47.8	12	1.01	74
May	75.2	34.6	61.1	45.4	52.1	21	2.27	74
June	77.4	40.1	68.2	50.4	57.8	15	1.11	71
July	82.9	43.9	73.8	53.5	61.9	7	1.08	69
August	87.9	45.9	76.1	55.9	64.4	10	1.19	71
September	91.2	36.8	74.2	51.6	61.4	4	0.33	70
October	71.1	40.2	60.6	49.0	53.9	13	2.96	86
November	60.6	27.3	51.0	41.	46.0	13	1.94	89
December	57.1	27.1	49.8	40.8	45.8	12	2.54	84

The Parish of St. Mary, Stoke Newington

MEMBER OF PARLIAMENT FOR THE DIVISION.

W. R. Bousfield, Q.C., M.P., Crown Office Row.

PAROCHIAL OFFICERS.

RECTOR AND CHAIRMAN OF VESTRY.—Rev. Prebendary Shelford, M.A., J.P., The Rectory, Stoke Newington.

CHURCHWARDENS.—Runtz, J. J., J.P., 131, Lordship Road.
Eve, W., 195, Albion Road.

OVERSEERS.—Davies, A. C., 11, Brodia Road.
Savery, W. H. 22, Woodberry Down.
Richardson, H. H., 48, Carysfort Road.
White, S., B.A., LL.D., 133, Lordship Road.

CLERK.—Webb, G., Vestry Offices, 126, Church Street.

MEDICAL OFFICER OF HEALTH AND PUBLIC ANALYST.—Kenwood, H., M.B., D.P.H., F.C.S., Vestry Offices, 126, Church Street.

SURVEYOR AND CHIEF SANITARY INSPECTOR.—Brown, R. A.M.I.C.E., Vestry Offices, 126, Church Street.

RATE COLLECTORS.—

Northern Division: Cone, H. K., 171, Church Street.

Southern Division: Hankey, J. D., 130, Green Lanes.

REGISTRAR OF BIRTHS, DEATHS AND MARRIAGES.—Cone, H. K., 171, Church Street.

Hours: Every Morning 8—10 a.m., and on Tuesdays and Fridays, 6—8 p.m.

RELIEVING OFFICER.—Blunt, W., 126, Nevill Road.

PUBLIC VACCINATOR.—Lewis, D. T., M.R.C.S., 150, Stoke Newington Road.

GUARDIANS —Miss Farquharson.

Mrs. M. E. Sadd-Brown, 68, Fairholt Road.

Allardyce, N. L., 43, Allerton Road.

McDonnell, A., M.D., Stamford Hill.

Rev. J. Johnson, 80, Rectory Road.

Lambert, S. W., 29, Park Street.

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

A DEN Grove
Aden Terrace
Allerton Road
Albion Road
Albion Grove
Amhurst Park
Ayrsome Road

BARN Street
Barrett's Grove
Bethune Road
Bouverie Road
Boleyn Road
Brodia Road
Broughton Road
Burma Road

CASTLE Street
Carysfort Road
Chapel Place
Church Street
Chesholm Road
Church Path
Clonbrook Road
Clissold Road
Cressington Road
Church Road

DEFOE Road
Dumont Road
Dynevor Road

EADE Road
Edward's Lane

FAIRHOLT Road
Falcon Court
Fleetwood Street

GRANGE Court Road
Grazebrook Road
Grayling Road
Green Lanes (from 22 to 378)
(„ 11 „ 107)

HAWKSLEY Road
Harcombe Road
Hayling Road
Heathland Road
Hermitage Road
High Street
Howard Road

KERSLEY Road
Knebworth Road
Kynaston Road
Kynaston Avenue

L ONDESBOROUGH Road
Lordship Road
Lordship Grove
„ Park
„ Terrace
Lancell Street
Lavell Street
Laver's Road
Lidfield Road
Lillian Street
Listria Park

MANOR Road
Martaban Road
Mason's Court
Marton Road
Matthias Road
Meadow Street
Millard Road
Milton Road

NEVILL Road
Newington Green

OLDFIELD Road
Osterley Road

PAGET Road
Painsthorpe Road
Park Street
Park Lane

Park Lane Terrace
 Paradise Row
 Park Crescent
 Palatine Road
 Pellerin Road
 Prince George Road
 Princess May Road

QUEEN Elizabeth's Walk

REEDHOLM Road
 Rochester Court

SANDBROOK Road
 Salcombe Road
 Seven Sisters' Road
 Shellgrove Road
 Shakespeare Road
 Summerhouse Road

Springdale Road
 St. Kilda's Road
 St. Andrew's Road
 St. John's Place
 Stamford Hill
 Stoke Newington Road
 Statham Grove

TRUMAN'S Road

WHITE Hart Yard
 Winston Road

Wiesbaden Road
 Wordsworth Road
 Woodland Road
 Woodlea Road
 Woodberry Down
 Woodberry Grove





