

[Report of the Medical Officer of Health for Wandsworth District, The Board of Works (Clapham, Putney, Streatham, Tooting & Wandsworth)].

Contributors

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THE
Board of Works for the Wandsworth District.

SANITARY DEPARTMENT.

REPORT

ON THE

SANITARY CONDITION

OF THE SEVERAL PARISHES COMPRISED IN THE

Wandsworth District,

DURING THE YEAR 1887.

BY THE

MEDICAL OFFICERS OF HEALTH.

TO WHICH IS APPENDED THE REPORT OF THE ANALYST.

London :
ASHFIELD, STEAM PRINTER, BRIDGE ROAD WEST, BATTERSEA.
1888.

Report of the Surgeon-General of the Army

1887

ANNUAL REPORT

REPORT

ANNUAL REPORT

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To the Board of Works for the Wandsworth District.

GENTLEMEN,

We have the honour to present our Report for the year 1887, on the vital statistics and sanitary condition of the Wandsworth District.

The details given in the Introductory and the various Local Reports shew that a higher standard of health is being gradually attained, while the Sanitary work of the District is being carried out on an increasingly large scale and with greater efficiency and completeness.

As this is the last year in which Battersea will form an integral part of the District, the following table is given, as shewing very strikingly the enormous increase in the rateable value and population of this District since the year 1856 (when the Metropolis Local Management Act came into operation), and at the same time the decrease in mortality, especially from zymotic diseases, which are most immediately under the control of sanitary measures.

	Rateable Value.		Population.		Death-rate from all Diseases.		Zymotic Death-rate.	
	1856.	1887.	1856.	1887.	1856.	1887.	1856.	1887.
Battersea - - -	£79,100	£661,196	12,530	142,763	25.5	17.1	3.59	3.45
Clapham - - -	82,500	256,486	18,200	43,045	15.7	13.9	2.14	2.3
Putney - - -	35,000	137,463	5,800	15,590	16.4	12.5	2.33	0.44
Streatham & Tooting -	58,519	315,395	9,700	38,225	11.5	11.7	1.54	2.2
Wandsworth - -	43,900	227,657	10,871	33,141	21.3	17.3	4.04	1.4
Whole District - -	£299,019	£1,598,197	56,881	272,764	19.7	15.7	2.74	2.72

It has been laid down by Dr. Farr as a general law that assuming the local conditions remain the same, an increase in density of population is accompanied

pari passu by an increased mortality. We have to congratulate you however, on the fact that as the density of the population in this District has increased, its mortality has steadily diminished. This may be ascribed in part to the complete system of drainage now universally adopted, to the purer drinking water, and to the generally improved conditions under which people now live as compared with 21 years ago.

Much remains to be done, and at the present time, we are especially anxious to witness the adoption of some system of Compulsory Notification of Infectious Diseases in this District, which we have reason to believe will enable us to cope more successfully with epidemics, and in many instances to stifle them in their birth.

We have the honour to remain,

Gentlemen,

Your obedient Servants,

*The Associated Medical Officers of Health
of the Wandsworth District.*

Year	1871	1872	1873	1874	1875	1876	1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	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REPORT,
ON THE
HEALTH AND SANITARY CONDITION OF THE
ENTIRE DISTRICT.
1887.

VITAL STATISTICS.

Population. The official population of the Wandsworth District at the middle of the year 1887, was 272,764, being an increase of 15,022 on the previous year's population. This estimate is formed on the assumption that the rate of increase of the population was the same as during the decade 1871—81; and in the absence of a more frequent census enumeration, this seems to be the plan which is least open to objection. There is strong reason to think however, that in nearly all the sub-districts, the true population is considerably higher than the estimated population.

Births. The total births registered during the year numbered 9,194—4,667 of males and 4,527 of females. The number of births and the birth-rates in the several sub-districts are compared in the following table:—

TABLE I.

BIRTHS.				RATES.	
SUB-DISTRICTS.	Males.	Females.	Total.	Birth-rate.	Rate of Natural Increase.
Battersea { East ..	1278	1210	2488	34·2	19·0
West ..	1398	1310	2698	38·4	17·9
Clapham	539	597	1136	26·3	12·4
Putney	156	193	349	22·3	9·8
Streatham	623	562	1185	31·1	19·3
Wandsworth	673	665	1338	41·9	24·5
Whole District ..	4667	4527	9194	33·7	17·9

The *birth-rate* per thousand persons living was 33·7 as compared with 34·5 in the previous year. The birth-rate for the whole of London during the same period was 31·7 per 1,000. The *natural increase* of the population, or excess of births over deaths was 4,902, and the rate of natural increase 17·9 per 1,000.

Deaths. The total deaths registered during the year numbered 4,302,—2,120 of males and 2,182 of females. The number of deaths and the death-rates of the several sub-districts are compared in the following table :—

TABLE II.

DEATHS.				Death-rate.
SUB-DISTRICTS.	Males.	Females.	Total.	
Battersea { East	506	510	1016	14·0
West	712	723	1435	16·5*
Clapham	293	307	600	13·9
Putney	97	99	196	12·5
Streatham	217	228	445	11·6
Wandsworth	295	315	610	15·5*
Whole District	2120	2182	4302	15·77

* Excluding the deaths in institutions.

The *death-rate* for the whole district was 15·77 per 1,000 persons, which is considerably lower than that recorded in any previous report. The following table shews this fact more accurately:—

TABLE III.

Birth-rates, Death-rates, and rates of Natural Increase in the entire district during the ten years 1877—86, compared with those of the year 1887.

YEARS.	Births.	Birth-rate per 1000.	Deaths.	Death-rate per 1000.	Natural Increase.	Rate of Natural Increase per 1000.
1877	6159	38·6	2991	18·7	3168	20·0
1878	6508	39·4	3275	19·8	3233	19·8
1879	6833	39·7	3526	20·5	3307	19·2
1880	7038	34·2	3593	17·5	3445	16·8
1881	7582	35·6	3647	17·1	3935	18·5
1882	7889	35·6	3851	17·4	4038	18·2
1883	8079	35·1	4083	17·7	3996	17·3
1884	8979	37·5	4266	17·8	4713	19·7
1885	8606	34·6	4192	16·8	4414	17·9
1886	8896	34·6	4398	17·0	4489	17·4
Mean of Ten Years 1876—85 }	7646	36·4	3732	18·0	3873	18·4
1887.	9194	33·7	4292	15·7	4902	17·9

It will be seen from this table that the death-rate is 0·5 per 1,000 less than the decennial average. It is also 5·1 per 1,000 less than the rate for the 28 great towns of England and Wales, and 2·8 per 1,000 less than that for the whole of the Metropolis.

A glance at the following table shews the striking diminution in the mortality of this District since the year 1851, notwithstanding the tendency to raise the mortality which an increasing density of population always exerts.

DEATH-RATE IN DISTRICT PER 1,000 OF THE POPULATION.

During 10 years, 1851-60	..	..	20·40
„ „ 1861-70	..	..	19·34
„ „ 1871-80	..	..	18·06
During the year 1881	..	..	17·16
„ „ 1882	..	..	17·42
„ „ 1883	..	..	17·49
„ „ 1884	..	..	17·85
„ „ 1885	..	..	16·87
„ „ 1886	..	..	17·06
„ „ 1887	..	..	15·77

Deaths in
Outlying
Institutions.

The deaths already enumerated do not include those of inhabitants of this District who have died in various hospitals and other institutions outside the District. To a great extent the absence of these deaths from our tables of mortality is doubtless counterbalanced by the death in the Wandsworth District of temporary immigrants from the country, vagrants in lodging houses, &c., and by the mortality in the public institutions of West Battersea and Wandsworth. In the following table the deaths occurring in Outlying Institutions have been arranged according to the character of the Institution in which they occurred and the sub-district to which they properly belong.

TABLE IV.

Deaths in Outlying Institutions.

CAUSES OF DEATH.	Number in Entire District.	East Battersea.	West Battersea.	Clapham.	Putney.	Streatham.	Wandsworth.	Union Infirmary.	General and Special Hospitals.	Asylums Board Hospitals.
Small Pox	39	15	14	2	..	3	5	..	1	38
Scarlet Fever	7	3	3	1	..	..	..	2	5	..
Diphtheria	6	1	3	1	..	..	1	..	4	2
Enteric Fever	5	2	..	3	..	..	..	5	..	..
Whooping Cough .. ..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	..	..	..	..	..	..	..	..	..
Other Zymotic Diseases	12	4	3	..	1	3	1	2	9	1
Tubercular Diseases...	90	31	15	20	1	8	15	42	42	6
Cancer	35	15	9	6	..	4	1	8	27	..
Rheumatism	2	1	..	..	..	1	..	1	1	..
Respiratory Diseases	59	13	10	14	8	6	8	33	23	3
Circulatory Diseases .	49	20	3	10	3	6	7	30	19	..
Nervous Diseases	69	21	8	18	9	8	5	32	25	12
Other Diseases	109	35	22	13	4	11	24	40	66	3
Violence	44	21	10	5	1	5	2	4	40	..
Total	526	182	100	93	27	55	69	199	262	65
Corresponding Totals in preceding year..	462	178	63	76	19	48	78	197	250	15

It will be seen that 526 deaths occurred in outlying institutions, of which 199 were in the Union Infirmary, 262 in the general and special hospitals of the metropolis, and 65 in the Asylums Board Hospitals. In this table the deaths of West Battersea inhabitants occurring in the Union Infirmary (68 in number), are not included. As the total deaths occurring in the Union Infirmary (268

in number) have been already included in the 4,302 deaths occurring within the district, there remain 327 to add in order to obtain the complete mortality of this District. This gives a death-rate of 16·97 per 1,000 as compared with 18·09 in the previous year.

Use of Outlying
Institutions by
each
Sub-district.

The number of deaths in outlying institutions enables us to form an approximate idea of the relative use of such institutions by each sub-district.

Thus for every 1,000 of the population there died in outlying institutions including the Union Infirmary :—

		1886.		1887.	
For East Battersea	..	2·5	..	2·4	per 1,000
„ West Battersea	..	2·4	..	1·8	„
„ Clapham	..	1·8	..	1·7	„
„ Putney	..	1·9	..	1·2	„
„ Streatham	..	1·5	..	1·2	„
„ Wandsworth	..	2·4	..	2·0	„

Table V. gives some very important vital statistics of the Wandsworth District. The death-rates of the several sub-districts, inclusive and exclusive of outlying institutions are given, as well as the amount and density of population and the proportionate mortality among the industrial classes.

In table VI. the deaths occurring in the entire District during 1887, are classified according to Sex, Age, and Social Position, the relative numbers occurring in each sub-district being also given.

TABLE V.

SUB-DISTRICTS.	Population in the middle of 1887.	Percentage of Total Population.	Density of Population— Number of Persons to an Acre.	Relative Mortality per cent. of Industrial and other Classes.		Death-rate per 1,000 excluding deaths in Public Institu- tions, within and without the Sub- district.	Death-rate per 1,000 including deaths in Outlying In- stitutions, exclud- ing deaths and in- mates in Public In- stitutions within the Sub-district.
				Industrial Classes.	Other Classes.		
East Battersea ..	72,550	26·6	76	86·8	13·2	14·0	16·6
West Battersea ..	70,213	25·7	50	86·3	13·7	16·5	18·9
Clapham	43,045	15·7	34	57·0	43·0	13·9	16·5
Putney	15,590	5·7	7	60·7	39·3	12·5	14·3
Streatham ..	38,225	14·0	11	39·6	60·4	11·6	13·0
Wandsworth ..	33,141	12·3	13	6·4	36·6	15·3	17·5

TABLE VI.

SUMMARY of Deaths and their Causes, registered in the entire District during 1887, classified according to Sex, Age, and Social Position, and showing also the relative numbers in each Sub-district.

POPULATION of entire District, (Census) 1881, 272,764, — Official Population in middle of 1887, 257,742, Area in Statute Acres, 11,695.		Total Deaths from each class of Disease in the entire District.	Sub-Districts.							Sex.		Age.								Social Position				
			East Battersea—Population, 72,550. Area in acres, 947.	West Battersea—Population, 70,213. Area in acres, 1,396	Clapham—Population, 43,045. Area in acres, 1,233.	Putney—Population, 15,590. Area in acres, 2,176.	Streatham, Tooting and Balham—Popula- tion, 38,225. Area in acres, 3,465.	Wandsworth—Population, 33,141. Area in acres, 2,478.	Males.	Females.	Under 1 year.	From 1 to 5 years.	From 5 to 10 years.	From 10 to 20 years.	At 20 and under 40 years of age.	At 40 and under 60 years of age.	At 60 and under 80 years of age.	80 years and upwards.	Nobility and Gentry.	Professional Class, Merchants, Bankers, &c	Middle & Trading Class, Shopmen, Clerks, &c	Industrial and Laboring Class.		
I. Zymotic.	Small Pox .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Measles	147	33	46	25	2	21	20	81	66	39	93	13	1	1	..	..	..	..	4	17	126
	Scarlet Fever	60	18	30	6	1	4	1	33	27	2	35	14	6	2	1	..	..	..	2	6	52
	Typhus Fever	1	..	..	..	..	1	..	..	1	..	..	..	..	1	..	..	..	..	..	1	
	Enteric Fever	29	3	14	4	..	6	13	16	..	1	6	4	9	7	2	..	..	..	42	6	21
	Puerperal Fever...	18	7	9	..	..	..	2	..	18	..	..	..	2	16	..	..	..	..	..	4	14
	Diphtheria	43	8	15	10	1	7	2	17	26	4	20	14	5	..	..	..	..	2	3	5	33
	Whooping Cough	153	58	54	25	2	6	8	58	95	59	87	7	..	..	..	..	..	..	6	14	133
	Erysipelas	30	7	12	6	1	3	1	9	21	8	1	..	1	5	5	6	4	2	4	5	19		
	Diarrhoea, Dysen- tery, & Cholera	245	99	76	24	..	16	30	125	120	185	37	3	1	1	5	12	1	2	6	30	207		
Other Zymotic Diseases	18	13	..	..	..	4	1	12	6	6	5	3	..	3	..	1	..	..	2	3	13	
Totals of Zymotic Class		744	246	256	100	7	64	71	348	396	303	278	60	20	38	18	21	5	6	31	90	619		
II. Constitutional.	Gout, and Rheu- matism	44	2	16	9	..	6	11	22	22	..	1	5	3	13	9	12	1	3	6	13	22		
	Cancer and other Tumours	125	14	33	30	11	21	16	40	85	..	..	1	1	8	53	58	4	12	17	32	64
	Other Constitu- tional Diseases	44	5	21	7	..	6	5	19	25	18	1	1	1	7	6	10	..	4	4	7	29		
	Phthisis	379	75	126	43	20	36	79	205	174	5	11	4	40	163	123	33	..	2	31	74	272		
	Tabes Meserica	181	73	53	12	2	11	30	93	88	131	34	5	6	7	4	..	..	3	2	12	164
	Hydrocephalus	54	14	15	13	1	10	1	34	20	18	28	4	3	1	..	..	..	..	4	8	42
III. Local.	Scrofula	21	..	11	7	1	1	1	12	9	11	3	1	2	1	3	..	..	..	1	6	14
	Nervous	572	121	159	81	36	60	115	307	265	155	82	18	13	39	105	138	22	25	45	103	399		
	Circulatory	270	37	91	52	23	35	32	128	142	6	3	4	4	39	94	107	13	19	26	45	180		
	Respiratory	852	226	302	110	34	76	110	396	456	195	215	34	11	50	114	193	40	20	45	131	656		
	Digestive	205	20	66	46	20	23	30	94	111	57	6	4	9	28	43	51	7	9	23	43	130		
	Urinary	105	17	36	14	8	13	17	67	38	..	7	2	4	19	36	32	5	5	14	28	58		
IV. Develop- mental.	Generative	23	5	14	2	..	..	2	1	22	..	..	..	17	5	1	..	..	..	2	5	16
	Locomotor	25	1	23	..	..	..	1	13	12	3	6	1	4	2	3	6	..	1	1	..	23
	Integumentary ..	7	..	6	1	..	..	..	5	2	1	1	..	1	1	2	1	..	..	..	1	6
	Premature Birth, Low Vitality and Congenital Defects	346	102	100	46	14	46	38	193	153	337	7	2	..	..	..	..	2	22	46	276	
	Old Age	185	21	67	18	12	31	36	69	116	..	..	..	..	1	94	90	24	16	41	104	
	VI. Violence	102	37	26	9	7	10	13	65	37	31	12	6	7	19	20	7	..	1	3	22	76		
VII. Undefined & not specified		18	..	14	..	..	2	2	9	9	6	3	..	1	3	4	1	..	..	..	2	16
TOTALS		4302	1016	1435	600	196	445	610	2120	2182	1277	698	152	130	455	638	765	187	136	291	709	3166		

Infantile
Mortality.

The deaths of children under one year of age amounted to 29·7 per cent of the total number of deaths. The true infantile mortality expressed by the proportion of deaths under one year to births is shewn in the following statement:—

Deaths under 1 year per 1,000 births—

In East Battersea	162
„ West „	151
„ Clapham	122
„ Putney	151
„ Streatham	101
„ Wandsworth	114

Social Position
of Deceased.

In the following table the relative proportion per cent of the mortality borne by the several classes of inhabitants of the District during the years 1880—86 is compared with that of last year.

TABLE VII

Social Status.	1880	1881	1882	1883	1884	1885	1886	1887
Nobility & Gentry	3·40	2·71	3·43	2·48	4·41	2·76	2·79	3·16
Professional Class	5·50	5·12	4·44	5·66	6·25	4·67	75	6·78
Middle Class ..	16·91	19·00	20·85	19·59	25·66	19·10	18·94	16·43
Industrial Class	74·20	73·17	71·28	72·37	63·68	73·47	71·52	73·63
	100·0	100·00	100·00	100·00	100·00	100·00	100·0	100·00

Causes of
Mortality.

The relative number of deaths from the various diseases, are stated in Table VI. zymotic diseases being given in greater detail. In the following table, a comparison is made with the corresponding deaths of the ten previous years.

TABLE VIII.

Showing the total number of deaths and their causes registered in the entire District, during the eleven years 1877-87, with the relative numbers of each class of disease.

DISEASES, And other causes of Death		1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887
Class :												
1 Zymotic	Small Pox ..	57	19	4	3	37	1	..	9	5	..	..
	Measles	64	84	125	59	134	115	133	182	140	124	147
	Scarlatina ..	58	39	134	173	100	119	65	47	11	21	60
	Diphtheria ..	7	19	17	19	18	51	63	43	29	22	43
	Whooping Cough ..	73	149	148	123	105	163	133	145	178	213	153
	Typhus and other fevers }	64	39	62	44	37	49	52	58	41	39	32
	Diarrhoea & Choleraic Disease.. }	114	182	94	213	149	117	158	239	193	230	245
	Erysipelas ..	13	5	13	10	15	18	10	28	17	24	30
	Metria, Childbirth }	20	7	28	23	29	19	25	24	23	13	18
	Carbuncle ..	..	..	..	..	..	3	..	..	..	..	..
	Influenza	1	..	..	..	..	..	..	..	..	..	..
	Quinsy .....	..	1	..	1	..	1	..	..	..	..	..
	Croup	20	39	40	19	18	31	60	38	..	..	..
Other Zymotic Diseases..		..	..	..	..	..	..	..	..	1	5	18
Totals of Zymotic Class..		491	583	665	687	642	687	699	817	638	701	744
2. Gout and Rheumatism		13	15	8	15	25	25	25	24	32	28	44
3. Cancer & other Tumors		101	106	91	110	118	144	114	148	105	117	125
4. Other Constitutional Diseases .....		..	..	..	..	..	..	..	..	23	26	44
5. Tubercular Diseases..		514	501	513	625	557	521	654	715	664	662	655
6. Nervous		450	503	474	464	540	539	574	602	594	627	572
7. Circulatory		204	212	203	193	245	251	255	269	278	298	270
8. Respiratory		519	694	891	657	695	850	829	758	982	952	852
9. Digestive		155	150	117	155	208	195	234	227	186	215	205
10. Urinary		63	42	74	66	70	89	99	80	81	97	105
11. Generative.....		29	19	25	20	35	32	30	35	42	33	23
12. Locomotory .....		..	..	..	..	..	..	..	..	11	23	25
13. Integumentary		6	1	3	8	3	9	10	3	9	6	7
14. Premature Birth, Low Vitality, Malformation, &c. .. }		212	177	170	266	232	234	241	304	259	299	346
15. Old Age.....		126	141	141	136	120	153	185	154	171	192	185
16. Violence.....		82	75	83	96	113	104	94	111	97	100	102
17. Ill Defined and Not Specified		26	56	68	95	44	18	40	19	21	22	18
TOTALS		2991	3275	3526	3593	3647	3851	4083	4266	4193	4398	4302

Zymotic diseases caused 17·2 per cent of the total deaths as compared with 15·9 per cent in the previous year. The zymotic death-rate was 2·72 per 1,000 of the population, as compared with 2·71 in the previous year. The largest number of deaths from zymotic diseases were caused by the seven chief epidemic diseases enumerated in the following table :—

TABLE IX.

	Whole District.	East Battersea.	West Battersea.	Clapham.	Putney.	Streatham.	Wandsworth.
Small-pox ..	..	..	..	..	..	..	..
Measles ..	147	33	46	25	2	21	20
Scarlet Fever ..	60	18	30	6	1	4	1
Diphtheria ..	43	8	15	10	1	7	2
Enteric Fever ..	30	3	14	4	..	3	6
Whooping-cough	153	58	54	25	2	6	8
Epidemic							
Diarrhoea ..	245	99	76	24	..	16	30
Other Zymotic							
Diseases ..	66	27	21	6	1	7	4
Total Deaths from							
Zymotic Diseases	744	246	256	100	7	64	71
Zymotic Death-							
rate ..	2·72	3·3	3·6	2·3	0·44	1·6	1·4
Death-rate from							
all Diseases ..	15·77	14·0		13·9	12·5	11·7	17·3

If to the 744 deaths from zymotic diseases be added the 69 deaths from the same diseases in outlying institutions of inhabitants of this district (see table IV.), the zymotic death-rate becomes 2·98 per 1,000 of population, as compared with 2·84 in the previous year.

By comparing tables IV. and IX. the relative local incidence of the various epidemic diseases will be best

understood. It will be seen that no death from Small Pox occurred; that Scarlet Fever caused 60 deaths at patients' own homes and 39 at the Asylums Board Hospitals; Enteric Fever, 30 deaths at home and 6 in hospital; Diphtheria, 43 deaths at home and 7 in hospital. Diarrhoea, Measles and Whooping Cough were as usual the most fatal of the zymotic Diseases, causing five-sevenths of the total mortality from these diseases.

The preceding figures only give the *mortality* from the various epidemic diseases. In the absence of compulsory notification of all cases of the chief epidemic diseases, the following table of patients admitted into the Asylums Board Hospitals during the past year, with the Table of Sickness and Mortality current among the parochial poor, (Table XIII.) gives the only further available indication of the number of cases of infectious disease in this district.

TABLE X.

Number of cases of Infectious Diseases admitted into the Metropolitan Asylums Board Hospitals during 1887.

	Small Pox.	Scarlet Fever.	Enteric Fever.	Typhus Fever
Battersea .. ..	..	302	32	..
Clapham .. ..	..	55	3	..
Putney .. ..	..	3	..	..
Streatham	1	27	1	..
Wandsworth .. ..	..	18	6	..
Entire Wandsworth District	1	405	42	..
Corresponding totals in 1886	4	76	34	..

The number of Scarlet Fever admissions to the Asylums' Board Hospitals was 412, as compared with 76 in the previous year. The total deaths from Scarlet Fever belonging to this district was 99, as compared with 23 in the previous year. It follows therefore that either a large proportion of the cases were removed to hospital, or Scarlet Fever was of a less fatal type than in the previous year. Probably both of these suppositions are correct. In the whole of London, 1,447 deaths from Scarlet Fever occurred, which gives a lower death-rate from this disease than in any except the two immediately preceding years. The number of cases admitted into the Asylums' Board Hospitals, which had been 1,399 in 1885, and 1,789 in 1886, rose to 5,933 in 1887. Thus the deaths from Scarlet Fever were, during 1887, twice as many as during 1886; but the number of cases admitted was more than three times as many.

In 1887, of the 1,447 deaths from Scarlet Fever in London, 500 occurred in the Asylums' Board Hospitals, and 27 in the London Fever Hospital, equal to 36·5 per cent. of the total deaths, as compared with 22·6 per cent. in the previous year.

The Compulsory Notification of Infectious Diseases has formed the subject of a special report, which we have the honour to append. The time seems ripe for its adoption in the Metropolis, and we hope that next year we shall be able to state that steps have been taken in this direction.

COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES.

To the Sanitary Committee.

29th December, 1887.

GENTLEMEN :

The extreme desirability of registration of all cases of the more serious infectious diseases is now generally acknowledged, and has on various occasions been advocated by us. At present we are dependent for information chiefly on the death-returns and poor-law returns, which represent only a minority of the cases, and only reach us after sufficient time has elapsed to allow of free spread of the infection.

The *Voluntary* notification of cases by medical practitioners on payment of a fee, which has been tried in a few places, is at best imperfect, and nothing short of compulsory notification seems fully to meet the requirements of the case.

The chief advantages of compulsory notification are—

(1.) The early isolation and separation of infectious cases. Perhaps no better instances of the great value of compulsory notification in this respect can be found than by a comparison of Metropolitan with Provincial mortality from Small Pox. According to Dr. Seaton the average mortality in London from Small Pox during the last 6 years, is 26 per 100,000 of the population, while in Leicester it is only about 1 in 100,000. Leicester forms a very striking example of the advantages of notification combined with an admirable sanitary organization.

(2.) Early notification limits the centres of infection by enabling the sanitary officials to prevent the mixing of 'suspects' who have been exposed to infection with others; and in case of Small Pox by enabling vaccination (at Leicester) to be performed on all who have been exposed.

(3.) Certain collateral advantages are secured. When cases of Diphtheria or Enteric Fever are notified, the sanitary condition of the house is examined, and the milk and water supplies are investigated. The influence of the inspector in impressing on Householders the importance and necessity of long continued isolation requires also to be mentioned.

It should be clearly understood that notification is but a means to an end. Unless information of cases is followed by efficient isolation, it can do but little good. Hence the necessity for further powers enabling the Sanitary Authority to compulsorily remove the infectious patients to hospital, where there are no means of isolation at home. It would appear that Sec. 26 of the Sanitary Act, 1866, does not give this power.

The appended table (see end of report) represents the experience of 44 towns in which compulsory notification is in force, representing altogether more than one-eighth of the whole extra-metropolitan population. It will be seen (*a*) that in but one instance (Greenock) is it made compulsory on the householder *only* to notify the existence of infectious disease, when a practitioner is in attendance: (*b*) that in 9 towns (Aberdeen, Ashton-under-Lyne, Dewsbury, Edinburgh, Hartlepool, Manchester, Norwich, Preston, Rotherham) it is compulsory on the practitioner in attendance only; though in some of these, if no practitioner is in attendance, the compulsory duty falls on the householder; (*c*) while in 34 towns what is known as the Dual System is adopted, the duty of notification being compulsory on both householder and practitioner.

The remarks made by Medical Officers of Health for these 44 towns on the relative merits of the various systems of notification, (in answer to a special circular sent round by us, which contained the queries at the head of the appended table), are suggestive and useful; but we do not think it necessary in this stage of the discussion to recommend any one system of notification, only emphasising our unanimous opinion that the entire onus of notification shall not fall on the practitioner, but rather on the head of the household. We may add that the Local Government

Board is collecting information on the subject (especially as to the relative working of the different plans), and there seems every reason to think that with sufficient pressure from Local Authorities, compulsory notification may at no distant date come into force in the Metropolis and render our sanitary work much more efficient and complete that it can possibly be with our present imperfect information.

We are Gentlemen,

Yours obediently,

W. H. KEMPSTER.
G. E. NICHOLAS.
J. OAKMAN.

F. F. SUTTON.
A. NEWSHOLME.
W. Y. ORR.

Medical Officers of Health.

The following table gives the Vaccinations performed in this district during 1886.

TABLE XI.

SUB-DISTRICTS.	Number of Births Returned from 1st January to 31st December, 1886.	Successfully Vaccinated.	Insusceptible of Vaccination.	Had Small-pox.	Dead Unvaccinated.	Postponed by Medical Certificate.	Removed to Districts Vaccination Officer of which has been duly apprised.	Removed to places unknown, or which cannot be reached; and cases not having been found.
East Battersea	2526	2015	15	..	262	52	7	174
West Battersea	2626	2104	11	..	228	66	2	213
Clapham ..	1092	871	4	..	104	28	8	73
Putney ..	353	289	2	..	39	7	5	11
Streatham ..	1091	871	3	..	98	36	23	56
Wandsworth	1260	1042	5	..	120	21	2	70
Totals ..	8948	6192	40	..	851	210	47	597

It will be seen that during the year, all the births were accounted for, except 6·6 per cent., who in all probability remained unvaccinated.

Inquests. The inquests held last year were 208, as compared with 221 in the previous year, and formed 4·8 per cent. of the total number of deaths.
Deaths by Violence.

The whole of the deaths which formed the subject of Coroner's inquiry in the several sub-districts are classified according to their verdicts in Table XII.

It will be seen that of the total number, 104 were due to natural causes, and 104 to violence. Of the latter, 76 were accidental, 12 were suicidal, 9 were homicidal, and in 5, open verdicts were returned,

TABLE XII.

Verdicts.	Sub-Districts.						
	Total.	Battersea		Clapham	Putney	Streatham	Wandsworth
		East	West				
<i>Deaths from Natural Causes:</i> ..	104	15	30	14	1	9	36
<i>Deaths from Violence:</i> ..	..	..	..	..	..	..	..
<i>Accidental:</i>							
Drowning ..	15	8	3	..	2	..	2
Suffocation ..	26	14	8	..	..	1	3
Railway Injuries ..	5	2	1	..	..	2	..
Scalds and Burns ..	5	..	1	1	..	1	2
Poisoning ..	2	..	..	1	..	1	..
Concussion, Fracture, &c. ..	10	..	1	1	1	3	4
Injuries from Fall ..	7	3	4	..	..	..	..
Hydrophobia ..	..	..	..	..	..	..	..
Other Injuries ..	6	3	3	..	..	..	1
<i>Suicidal:</i>							
Poisoning ..	2	..	..	1	..	..	1
Hanging ..	1	..	..	1	..	..	..
Shooting ..	1	..	1	..	..	..	..
Drowning ..	4	..	0	1	3	..	..
Cut-Throat ..	4	..	2	2	..	..	..
<i>Homicidal:</i>							
Neglect at Birth ..	3	1	2	..	..	..	..
Manslaughter ..	6	..	..	..	..	..	..
Poisoning ..	..	6	..	..	..	..	..
<i>Open Verdicts:</i>							
Found Drowned ..	2	..	2	..	..	..	..
Found Dead ..	2	..	1	..	..	..	1
Newly Born ..	1	..	1	..	..	..	..
Totals ..	208	52	60	22	7	17	50

Uncertified
Deaths.

The number of deaths in which the cause was not certified by medical testimony, but in which the Coroner did not think an inquest necessary, was 52, as compared with 70 in the previous year. Of the 52, 14 occurred in East Battersea, 16 in West Battersea, 5 in Clapham, 5 in Putney, 6 in Streatham, and 6 in Wandsworth.

TABLE XIII.

Cases of Sickness amongst the Poor under the treatment of the Union Medical Officers, with the Deaths from each class of Disease, during the year ended 31st December, 1886. Compiled from the District Medical Relief Books.

SUB - DISTRICTS.		Total Cases of Sickness treated in each Sub-District.	Total Deaths in each Sub-District.		1—Small Pox.		2—Measles.		3—Scarlatina.		4—Diphtheria.		5—Whooping Cough.		6—Diarrhoea and Dysentery.		7—Cholera.		8—Fever.		9—Erysipelas.		10—Puerperal Fever.		11—Lung Disease except Phthisis.		12—Phthisis.		13—Hydrocephalus, Atrophy, Scrofula and Infantile Convulsions.		14—Violence, Privation, and Premature Birth.		16—Other Diseases.	
			Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths		
Battersea	East ..	1364	33	19	2	54	..	2	..	16	2	49	4	20	..	7	201	4	25	7	10	1	16	..	945	13			
	West ..	671	28	18	2	34	18	2	18	4	..	7	124	12	2	2	10	4	13	..	423	6			
Clapham	.. ..	738	35	.. ..	31	4	10	.. ..	..	..	17	4	46	5	.. ..	14	1	6	.. 26	..	165	6	16	2	3	.. 35	3	373	10
Putney and Roehampton	..	86	..	.. ..	2	..	1	.. ..	..	..	..	..	8	.. ..	..	..	..	.. ..	..	..	19	..	1	.. ..	..	5	..	50	.
Streatham, including Tooting and Balham	..	395	19	2 ..	30	1	17	.. ..	..	..	10	1	20	1	.. ..	1	..	.. ..	2	..	50	3	3	.. ..	..	2	2	260	11
Wandsworth	683	31	15	2	2	..	1	..	1	..	25	5	..	6	207	10	13	2	8	5	37	1	363	11				
Totals	3937	146	2	115	11	18	..	3	..	62	9	116	10	44	1	26	.. 28	..	766	3	50	13	31	10	108	6	2414	51				

Sickness and
Mortality
among Par-
ochial Poor.

The nature, amount and fatality of the sickness that occurred among the parochial poor in the several sub-districts are set forth in Table XIII., which forms a valuable index of the sickness occurring in the district generally.

The total number of cases coming under treatment was 3,937, as compared with 3,364 in the previous year. The proportion of deaths to cases treated was 3·6 per cent., as compared with 3·1 per cent. in the previous year.

Sanitary
Operations
of the year.

A study of Table XIV. will shew the detailed sanitary work carried out in each sub-district during the past year, and the results obtained. This table embodies the measures which are being steadily and persistently taken by your Sanitary Officers to prevent the spread of disease, and remove the local unsanitary conditions to which disease is so frequently due.

TABLE XIV.

SUMMARY of Sanitary Operations in the entire District during the year 1887.

	East Battersea.	West Battersea.	Clapham.	Putney.	Streatham and Tooting.	Wandsworth.	TOTAL.
Number of Houses & Premises inspected	9864	8679	3531	3841	3841	4449	31205
1st Notices served	926	857	940	642	445	740	4550
2nd Notices served	203	236	121	108	17	60	625
Number of houses disinfected after infectious diseases ..	290	322	78	14	53	192	949
Number of houses in which infectious disease recurred after disinfection .....	..	..	..	..	..	..	..
Number of houses from which bedding, &c., was burnt ..	2	3	19		3	1	28
Disinfecting apparatus at Putney, number of times used ..	..	..	..	12	..	..	12
Overcrowding abated	17	5	3	4	2	1	32
Rooms cleansed and repaired..	65	78	212	6	82	53	496
Staircases & passages cleansed and repaired	16	20	45	..	17	13	111
New drains and drains relaid..			255	170	161	84	
Number of feet of new sewers and branch drains				6256	3791	7476	
Drains cleansed and repaired..	332	454	229	82	158	96	1351
Syphon traps fixed to drains..	244	205	474	5	272	..	1200
Sinks altered to discharge outside over gullies	222	45	161	7	77	3	515
Bath and lavatory wastes altered to discharge outside over gullies .....	..	1	39	..	23	..	63
Rain water pipes disconnected from drains	25	21	63	5	97	..	211
Water-closets cleansed and repaired	62	43	410	276	99	86	976
Water-closets, supply of water laid on to	522	397	21	..	86	259	1285
Urinals cleansed, repaired or water laid on	7	2	2	5	57	..	73
Accumulation of manure, &c., removed	27	23	58	14	87	6	215
Cesspools abolished	4	1	10	..	31	1	47
Dust-bins provided	181	129	113	58	26	117	604
Stables drained or paved and cleansed	13	1	8	10	17	2	51
Yards drained and paved	26	25	62	23	33	11	180
Unwholesome or dilapidated houses cleansed & repaired ..	328	320	7	6	70	7	738
Leaky house-roofs and gutters repaired	65	62	79	6	11	55	278
Houses supplied with water ..	25	22	20	23	46	23	157
Water-cisterns covered and repaired	409	249	397	65	113	180	1413
Cistern overflow pipes disconnected from drains .....	..	..	37	..	57	..	94
Wells closed .....	..	1	..	..	3	..	4
Pig nuisances removed	3	6	..	3	13	4	29
Unclassified nuisances	9	11	261	48	73	22	424
Cases investigated by Magistrates	5	5	2	2	..	2	16
Compulsory Orders obtained..	..	..	2	..	..	2	4
Compulsory works executed ..	..	..	..	..	..	..	..



LOCAL SUMMARIES.

BATTERSEA.

The official estimate of the population of the whole parish for the year 1887 was 142,763, being an increase of 5,896 persons during the twelve months.

The *natural increase*, being the excess of births over deaths was 2,735, and at the rate of 19 per thousand for the year.

The births of 2,676 males and 2,510 females, together 5,186 were registered during 1887, and the birth-rate for the year would consequently be 36·32 per thousand, that for London generally being 31·7 per thousand.

The deaths were—of males, 1,218; and of females, 1,243, the total being 2,451, and the rate 17·16 per thousand. Of these, however, 132 were non-parishioners who died in the Union Infirmary, and if these are deducted, the death-rate would be 16·2 per thousand. The Metropolitan death-rate was 19·6 for the year under consideration.

EAST BATTERSEA.

The official mean population of the sub-district of East Battersea, calculated in accordance with the method formulated by the Registrar-General to the middle day of the year 1887, was 72,550. This calculation is on the assumption that an equal number of persons was added to the population during the year, as was found to have been the case during each of the ten years, 1871-81.

The number thus added, 2,948 annually, is probably not far from the actual number, as nearly one-half, viz: 1,472 was the *natural increase* of the population in 1887, the births exceeding the deaths to that extent, which was at the rate of 20·28 per thousand, in 1886 the rate being 20 per thousand.

The subjoined table shews the relative proportions of the birth and death-rates, with the actual natural increase of the population, for the ten years preceeding.

TABLE I.

Birth and Death Rates.

YEARS.		Births.	Birth-rate.	Deaths from all Causes.	Death-rate.	Natural Increase.
1877	..	1,972	42·0	905	19 2	1,067
1878	..	2,183	42·0	895	17·8	1,290
1879	..	2,344	42·0	978	17·5	1,366
1880	..	2,257	41·5	1,030	18 9	1,127
1881	..	2,349	41 1	966	16·8	1,383
1882	..	2,352	39·1	992	16·4	1,360
1883	..	2,383	39·2	1,003	16·5	1,380
1884	..	2,621	41·1	1,184	18·5	1,437
1885	..	2,496	41·1	1,071	16·0	1,425
1886	..	2,523	36·2	1,129	16·2	1,394
1887	..	2,488	34·2	1,016	14·0	1,472

Births. The births registered during the 52 weeks included in the registration year 1887, were 1,278 of males and 1,210 of females. The total number was 2,488 and the consequent birth-rate was 34·2 per thousand inhabitants. This is the lowest birth-rate by two per thousand that it has been my province to record. The birth-rate for the Metropolis during the year was 31·7 per thousand persons.

In the last annual report, the decreased birth-rate of the sub-district was the subject of a special paragraph. The rate for 1885 was 41·1, for 1886 it was 36·2, whilst in 1887 a further diminution of the number of births took place, which reduced the rate for the year to 34·2. This to a considerable extent will favourably affect the death-rate, as the deaths under one year of age are 39·8 per cent of the total deaths, while from one to five years there was a mortality of 21·1 of the deaths during the year under report. The total under five years of age was 60·9 of the deaths at all ages. As the death-rate among young children is excessive as compared with the later years of life, a lowered birth-rate or what is the same thing, fewer births in relation to the population, consequently tends to a decreased death-rate.

Mortality. The deaths registered as occurring in the sub-district during 1887 were, of males 506, of females 510, the consequent total mortality being 1,016. This gives the remarkably small death-rate of 14 per thousand persons, a low rate of mortality which has never been previously recorded in these reports.

Table II. illustrates the numbers, causes, ages at death and social position of the deceased.

TABLE II.
Statistics of Mortality.

EAST BATTERSEA.			Total Deaths from each class of Disease, &c., in the Sub-district.	SEX.		AGE.								SOCIAL POSITION.				
Population (Census) 1881 54,675 Official Population in middle of 1887, 72,550				Males.	Females.	Under 1 year.	From 1 to 5 years.	From 5 to 10 years.	From 10 to 20 years.	At 20 and under 40 years of age.	At 40 and under 60 years of age.	At 60 and under 80 years of age.	80 years and upwards.	Nobility and Gentry.	Professional Class, Merchants, Bankers, &c.	Middle and Trading Class, Shopmen, Clerks, &c.	Industrial and Laboring Classes.	
CAUSES OF DEATH.																		
I. Zymotic.	Small-pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Measles	33	20	13	15	15	3	..	..	..	..	..	..	..	..	2	31
	Scarlet Fever	18	13	5	2	12	1	2	1	..	..	..	..	..	..	2	16
	Simple Continued Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Enteric Fever	3	1	2	..	..	..	..	2	1	..	..	..	..	..	1	2
	Puerperal Fever	7	..	7	..	..	..	..	7	..	..	..	..	..	..	1	6
	Diphtheria	8	3	5	2	6	..	..	..	..	..	..	..	..	..	1	7
	Whooping Cough	58	24	34	23	31	4	..	..	..	..	..	..	..	..	6	52
	Erysipelas	7	1	6	3	..	..	..	1	1	1	1	1	..	3	1	3
	Diarrhoea & Dysentery	99	54	45	70	18	3	..	..	..	8	..	..	..	1	3	95
	Infantile Cholera .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Zymotic Diseases	13	10	3	6	2	3	..	1	..	1	..	..	..	..	2	11	
Totals of Zymotic Class		246	126	120	121	84	14	2	12	2	10	1	..	4	19	223		
II. Constitutional.	Gout and Rheumatism	2	2	..	..	..	1	..	1	..	..	..	..	..	1	1	1
	Cancer & other Tumours	14	5	9	..	..	..	..	1	7	6	..	..	1	1	12	..
	Other Constitutional Diseases	5	2	3	5	..	..	..	..	..	..	..	..	..	1	4	..
	Tubercular {	Phthisis	75	31	44	..	3	1	8	36	23	4	2	7	66	..
		Tabes Mena	73	32	41	55	16	..	2	1	3	69	..
		Hydrocephalus	14	10	4	6	6	1	1	2	12	..
		Scrofula
III. Local.	Nervous	121	69	52	32	28	12	2	8	13	22	4	..	3	19	99	..	
	Circulatory	37	18	19	..	..	1	..	9	13	14	..	1	1	5	30	..
	Respiratory	226	105	121	69	70	11	3	12	22	35	4	..	3	32	191	..	
	Digestive	20	8	12	3	..	..	1	2	6	6	2	..	4	3	13	..
	Urinary	17	10	7	..	1	..	..	2	7	7	..	..	1	5	11	..
	Generative (Parturition)	5	1	4	..	..	..	..	4	1	..	..	..	..	..	..	5
	Locomotor	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	1
IV. Develop- mental.	Integumentary .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	{ Premature Birth, Low Vitality & Congenital Defects.	102	49	53	100	1	1	..	..	..	..	..	..	1	2	99	..
V. Violence	Old Age	21	9	12	..	..	..	..	..	1	10	10	1	2	5	13	..
	.. ..	37	28	9	13	5	5	4	2	6	2	..	..	..	5	32	..
VI. Illdefined and Not Specified	.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	{ Illdefined .. Not Specified ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..		1016	506	510	404	215	47	23	89	101	116	21	2	23	110	881	..	

Deaths in
Outlying
Institutions.

A large number of inhabitants die in the course of each year in various institutions external to the parish. The whole of these persons returned in 1887, numbered 182; including deaths in Union Infirmary, General and Special Hospitals, Hospitals of the Metropolitan Asylums Board, and the County and other Lunatic Asylums, and one case of the body of an East Battersea inhabitant found in the Thames, near Woolwich.

If the whole of these deaths be added to those dying within the boundaries of the East Battersea sub-district, a total mortality of 1,198 during 1887 will be deducted. This would give a death-rate equal to 16·6 per thousand for the year. This is the most severe test, as many of these persons were but nominally inhabitants, being employed and domiciled elsewhere, but when admitted into public institutions, giving, as is usually done, the residence of their parents or families. This, however, exhibits a death-rate three per thousand less than that of the Metropolis for the year, that being by the Registrar-General's return 19·6 per thousand.

Table III. gives full details of the numbers, ages, and causes of death in Outlying Institutions. It will be observed that but 25 deaths occurred from diseases of the zymotic type. Of these, 15 were from Scarlet Fever, great numbers of persons (in all 167) having been removed to the Metropolitan Asylum Board Hospitals, 14 deaths taking place therein; the other death from this disease being in a general hospital.

In all, 69 deaths took place in the Union Infirmary, 88 in General and Special Hospitals, 16 in Metropolitan Asylum Board Hospitals, and 9 in the County Lunatic Asylum.

TABLE III.

Deaths in Outlying Institutions.

EAST BATTERSEA.	SEX.			AGE.			INSTITUTIONS.			
	Total.	Male.	Female.	Under 1.	1 to 60.	60 and upwards.	Union Infirmary	General & Special Hospitals.	Asylums Board Hospitals.	Lunatic County Asylum.
DISEASE.										
Small-pox .. ..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	15	8	7	..	15	..	..	1	14	..
Diphtheria	3	1	2	..	3	..	2	1	..	..
Enteric Fever	1	..	1	..	1	..	..	1	..	..
Whooping Cough	2	1	1	..	2	..	2	..	..	..
Measles .. ..	..	..	..	..	..	..	..	..	..	..
Other Zymotic Diseases	4	3	1	1	2	1	1	3	..	..
Tubercular Diseases	31	16	15	1	8	2	15	14	1	1
Cancer	15	5	10	..	13	2	4	11	..	..
Rheumatism	1	1	..	..	1	..	..	1	..	..
Respiratory Diseases	13	4	9	1	9	3	7	6	..	..
Circulatory Diseases	20	13	7	..	12	8	9	11	..	..
Nervous Diseases	21	11	10	1	13	7	9	5	1	6
Other Diseases	35	16	19	3	25	7	16	17	..	2
Violence	21	15	6	..	14	7	4	17	..	..
TOTALS	182	94	88	7	138	37	69	88	16	9

Ages at Death. Under one year of age 404 deaths, equal to 39·8 of the total mortality at all ages took place. From one to five years 215 deaths occurred, comprising 21·1 of the total mortality—together 60·9 of the deaths for the year was recorded in persons under five years of age.

The majority of deaths from zymotic diseases, 205, were included in these ages, altogether 619 deaths were recorded within these earlier years of childhood.

Above 80 years of age 21 persons died, which is precisely the number certified as dying from old age.

TABLE IV.

Zymotic Mortality in the East Battersea Sub-district.

	1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887
Small-pox	28	5	1	1	17	..	..	3	1	..	..
Measles	47	6	47	22	60	33	25	92	49	44	33
Scarlet Fever	18	19	44	63	20	36	17	17	3	9	18
Diphtheria	1	4	6	2	3	7	6	7	8	6	8
Simple Continued Fever } ..	17	12	13	15	17	14	14	{ 2	1	..	..
Enteric Fever .. ..	..	..	..	..	..	..	..	{ 23	8	10	3
Whooping Cough	26	63	39	43	37	56	53	60	47	62	58
Epidemic Diarrhœa	47	71	43	78	45	37	51	93	63	82	99
Other Zymotic Diseases	22	20	25	13	18	11	19	20	9	19	27
Total Deaths from Zymotic Diseases	206	194	218	237	217	194	185	317	198	232	246
Zymotic Death-rate	4.3	3.7	3.9	4.3	3.7	3.2	3.0	4.9	2.8	3.3	3.3
Death-rate from all Diseases	19.2	17.3	17.5	18.9	16.8	16.4	16.5	18.5	16.0	16.2	14.0

Zymotic Diseases.—Table IV. illustrates at a glance the deaths from diseases of this class during the past decade as contrasted with those of 1887. The population of the latter year may be computed at twice that of 1877 when the table commences, a fact to be borne in mind when comparing the relative numbers, for which due allowance is made in the zymotic death-rate, which was for 1887, the same as that for the preceding year, 3.3 per thousand.

Small-pox.—No death resulted from this disease during the year, and no cases were sent into the Hospital.

Epidemic Diarrhœa.—This was the most fatal of the zymotic diseases during the year, the number being 99, being the greatest number during the decade. The death-rate for the year from this disease was 1.3 per thousand.

The mortality from this disease was great in London and the country generally, and was coincident with excessive temperature and deficient rainfall, the m-

variable factors of the disease. It has also been shewn that the frequency and fatality of this disease increases with a high temperature of the source of the water supply, in this case the River Thames, and as long as this is the chief source of supply so long will these conditions induce outbreaks of bowel disorder.

As usual the victims were chiefly young children, the majority fed by hand. Seventy died under one year, and eighteen between one and five years. All water and milk should be boiled before being given to young children, especially during an epidemic of diarrhœa.

Whooping Cough.—This was a very fatal form of disease, 58 deaths having arisen therefrom, in the majority of cases pneumonia or convulsions are certified as the proximate cause of death.

Measles.—Thirty-three deaths were registered from this disease. Many other cases, however, were included in the deaths from Whooping Cough, a close alliance appearing to prevail between the two diseases.

The two diseases combined caused 91 deaths, and unfortunately, Sanitary Authorities have at the present but the very slightest control over their spreading, there being no hospital provision for such cases, where sufficient isolation cannot be obtained; and if this existed there is no power of removal. The same control that exists over Small-pox, Scarlet Fever, and Enteric Fever, all of which formerly caused an immense amount of illness, suffering and death, and which an efficient system of isolation or removal has sufficed to check, were at one time an equally hopeless task to the Sanitarian. Public opinion, which resisted removal to hospital at first even for Small-pox, has recently become more amenable to

the desirability of preventing diseases of the infectious class by early removal, where efficient isolation cannot be secured, and it may be anticipated that it will before long acquiesce in the extension of like measures of prevention to all infectious diseases.

Scarlet Fever.—Many hundreds of cases of Scarlet Fever have occurred during the year in the sub-district, 167 of these were removed to hospital.

The number of fatal cases was 18, being very small compared with former epidemics. It may be here mentioned that 15 other persons belonging to the sub-district died in hospital from the disease.

The type of disease has been generally of the mildest character, accompanied by few complications, and in this respect exhibiting a striking contrast to other epidemics of Scarlet Fever. The sanitation of the sub-district improving year by year, as well as that of the Metropolis generally, may be fairly credited with the less malignant type of the disease, as other zymotic diseases have during the last few years exhibited the same characteristic non-malignancy compared with the outbreaks of twenty years since, when there was a much larger proportion of deaths to recoveries.

Diphtheria.—Eight deaths arose from this disease, to which the above remarks as to lessened malignancy during later years especially apply.

Puerperal Fever and *Erysipelas* each caused seven deaths. From Enteric Fever but three deaths were recorded, a distinct proof of greatly improved sanitation. Fourteen cases were removed to the Metropolitan Asylums Board Hospitals, of whom one died.

TABLE V.

*Comparative Table of Deaths from Non-Zymotic Diseases
for 11 years, 1877-87.*

DISEASES.	1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887
Tubercular	193	116	167	248	173	192	175	213	181	202	162
Nervous System, Brain, &c. ..	32	110	97	110	128	112	119	128	104	120	121
Circulatory (Heart, &c.) ..	38	52	38	28	53	47	44	53	51	55	37
Respiratory	203	217	271	190	188	258	248	241	303	268	226
Digestive	32	33	32	41	39	23	42	22	36	27	20
Urinary	9	9	11	18	12	20	16	15	16	10	17
Generative, including Pen- turbation	1	3	2	4	7	3	9	4	7	3	5
Locomotory, Bones, &c. ..	..	..	3	1	..	2	..	4	3	2	1
Integumentary .. ..	..	1	..	5	1	1	..	..	1	..	..
Premature Birth.. ..	67	45	55	69	67	63	74	116	82	114	102
Uncertain Seat (Cancer, Syphilis, Dropsy, &c.) ..	23	18	21	12	27	15	22	25	36	38	21
Old Age	16	9	20	22	14	18	21	19	22	25	21
Violence	26	25	26	33	24	30	24	18	32	28	37
Not Specified	9	13	17	12	11	14	24	9	4	5	0
TOTALS	649	651	760	793	744	798	818	867	878	897	770

Diseases of the Non-Zymotic Class.—The Table appended shews the comparatively slight variation in the annual number of deaths from these diseases. If it be noted that the deaths for 1887 represent the mortality in a population at least twice as great as in 1877, a real diminution will be found to have occurred, and although these diseases are not classed among the directly infectious, still many of them are more or less prevalent and fatal in different localities, shewing that they can to a certain extent be influenced, and all sanitary measures tend to improve the general health and the power of resistance to disease. As an illustration of the influence of certain sanitary measures on some of the constitutional diseases, it may be stated that whenever the sub-soil of a locality has been thoroughly drained, the death-rate from Consumption has greatly diminished, in some instances by one half. This was a wholly unexpected

result, but has been the result of thorough and efficient drainage in so many, in other respects, diverse localities, that Sanitary Authorities have long since accepted the facts.

Deaths not Certified. Fourteen deaths were uncertified during the year, a decrease compared with former years. In eight instances the Coroner deemed an inquest unnecessary, the cause of death being apparent and there being no reason to suspect any wrong in either case. There can be no objection to such cases as have been submitted to such an experienced judicial officer, being registered, but it is otherwise in cases where neither Coroner, nor any medical man, has had cognizance of the circumstances.

In six cases midwives had been in attendance, all the deceased were infants not exceeding two days old, and the particulars are subjoined :—

Sex.	Age assigned.	Cause of Death.
Male ..	22 hours ..	Fall of Mother before birth.
Male ..	14 hours ..	Convulsions.
Female..	36 hours ..	do.
Female..	30 minutes..	Atalectasis.
Male ..	3 hours ..	Non irable.
Male ..	2 days ..	Convulsions.

It would be much more satisfactory if all cases without medical certificate of the cause of death were submitted to the Coroner.

Inquests. The Coroner held fifty-two inquests in addition to investigation of eight cases not certified. The results were as follows :—

From Natural causes 15

From Accidental causes:—

Asphixia (Infants in bed 10) 14

Drowned 8

Falls 3

Swallowing a pin, Scald, Blow with
Cricket Bat, on Railway, Tram
Car, each one 5 — 30

Homicidal:—

Suicide, Hanging, Shooting, Drowning,
Cut Throat, each one 5

Want of attention at birth 1

Wilful Murder, by exposure 1 — 7

52

The proportion of inquests to total deaths is 5·1 per cent, which is very satisfactory, as shewing the thoroughly efficient manner in which the high and important duties of his office are carried out in this district by the coroner.

Vaccination. The number of cases successfully vaccinated by the Public Vaccinator during 1887 as shewn by the official register is subjoined:—

Primary Vaccinations	1,224
Re-Vaccinations	20
Total	<hr/> 1,244 <hr/>

Social Position. The usual table of the social condition of the persons whose deaths have been registered during the year is interesting, as affording in some measure a test of the relative proportions living in the sub-district. It must, however, be remembered, that the deaths are more numerous in proportion to numbers in the industrial classes as the result of a higher birth-

rate, the effect probably of earlier marriages. In 1887 the numbers were :—

Nobility and Gentry	..	..	2 =	·2
Professional Classes	..	..	23 =	2·2
Middle and Trading Classes	..	..	109 =	10·7
Industrial and Labouring Classes	..	..	882 =	86·0
Totals	..	..	<u>1,016</u>	<u>100·0</u>

Sanitary
Operation.

The sanitary work done by the Inspectors during 1887 exceeds that of any former year. The large number of 9,864 inspections has taken place in the Sub-district with the result that 926 first notices were served to remedy 2,599 defects. It became necessary to serve second notices in 203 instances, with the result that such orders required magisterial aid in but five cases, in each of which compulsory orders were obtained and the works executed.

Although about the same proportion of notices to abate nuisances to premises inspected has been served during the last few years, yet the nuisances themselves are of a less serious character, and are chiefly defects arising from wear and tear of sanitary apparatus or due to destructive, careless or mischievous habits of the inhabitants in some localities.

Houses have been disinfected after infectious disease in 290 instances, a great increase in the number for 1886, when but 73 were so treated, and the result of the prevalence of Scarlet Fever during the whole of the year under report. No cases have come to knowledge where disease has recurred from failure of such disinfection and time but confirms the thoroughness of the disinfecting process by the method employed, sulphur fumigation. In two instances it was found necessary to destroy bed-

ding after fever. Rooms were cleansed and repaired in 65 instances, and staircases and passages in 16 others, in many cases after the recurrence of infectious disease. Drains were cleansed and repaired in 332 instances, syphons were fixed to 244, and 222 sinks altered to discharge over gullies, thus getting rid of direct communication with the sewer. Water closets were cleansed, and a water supply to closets provided in the large number of 522 instances. Four cesspools were abolished, their existence though unused being a fertile source of disease, often of a fatal type. In 328 houses requiring repair and cleansing the necessary works have been carried out by the owners; sixty-five leaky roofs and gutters have been repaired; twenty-five houses supplied with water; 409 cisterns covered and repaired; affording strong presumptive evidence that their abolition, with a constant water supply would be of great benefit, both as saving expense and by preventing damp and therefore unwholesome houses.

One hundred and eighty-one dust bins have been provided. It is to be hoped that the collection and disposal of household refuse by the parish authorities will shortly render these unsightly and evil smelling receptacles superfluous, and that a frequent collection will render a small metal pail or bin sufficient in capacity for each house. Both from an aesthetic and a sanitary aspect the gain would be great.

Three cases in which pigs were kept were promptly dealt with. The population is far too dense in Battersea to allow pigs to be kept in its midst.

Accumulations of manure have been removed in 27 cases and stables drained and paved in 13 others, while yards have been drained and paved in 26 instances.

The discovery and removal of these sanitary defects represent an enormous amount of labour by the sanitary inspectors, who have now their respective districts well in hand. It is found that continuous house to house inspection is an absolute necessity if a good sanitary state of the sub-district is to be maintained, as inspection will in very numerous cases reveal serious defects which did not exist on the occasion of a previous visit a few months earlier.

I have to express my satisfaction at the manner in which Assistant Inspectors Freeman and Poole have performed their duties during the past year.

The method of ventilating sewers by upcast shafts reaching above the highest points of the houses to which they are affixed but terminating at a lower level than the chimney tops, has been extended considerably during the past year in the parish generally. When complaint is made of offensive surface street ventilation, the removal of the grating and the adoption of the above plan has in every case removed the noxious emanations complained of. In the case of the Bridge Road Sewer constant complaints of the offensive odours emitted from the gullies and ventilators, which forced their way through the traps of the house drains, had for many years prevailed. The adoption of upcast shafts by the Metropolitan Board of Works has remedied this and not a single complaint has since been received.

It is desirable that the system should be extended to all cases in which efficient ventilation of the sewers does not now exist, more especially in the case of the low level main sewer running from East to West through the whole length of the parish, the condition of which has elicited numerous complaints.

A complaint was made of noxious emanations from the Cremator at the Dogs' Home in the Battersea Park Road, some time after it had been in use. The original plans were submitted to me for inspection and I had frequently visited the premises but always failed to discover the slightest disagreeable effluvium, greatly to my satisfaction and I must say somewhat to my surprise.

The Committee of view visited the premises and found no offensive odour, and enquiry revealed the fact that the effluvium complained of had only been noticed at an early hour in the morning and but for a short time.

Comparison of these times with the books of the Home shewed that the Cremator was being filled with the carcasses of dogs that had been asphyxiated, and the smell having been likened to that of burnt hair, it was evident that the Cremator had been left open after the animals had been placed therein. This was merely a detail, and greater care having since been taken, no further complaints have been received.

Complaints were also received of reported escape of nitrous fumes from a wharf at Nine Elms where nitric and other acids are manufactured. This comes within the Noxious Vapours Act 1881, and the Local Government Board was informed of the facts, with the result that improved apparatus has greatly modified the evil.

Many houses erected but a few years since, are becoming ruinous and unfit for habitation; not so much from age, as from the habits of the class of persons who now inhabit them. In Currie Street and Ponton Road, Nine Elms, several houses were found to have had windows, doors and most of the woodwork destroyed and burnt by tramps and others who took possession of them at night in

great numbers, no one being found therein during the day. The pipes were cut away, removed, and the water supply had been cut off. Many of the closets and drains were stopped up. Upon a report by the Surveyor and myself to this effect being presented, an order was made to close the houses, as being unfit for human habitation, which was carried out, and they were subsequently put in a fit state for occupation.

Many cases of defects in combined drainage have been dealt with during the year and orders made and carried out for separate drains. In Woodgate Street ten houses were drained by a single pipe which became blocked, in Gladstone Terrace eight houses with only one drain were found in a similar condition, as also four houses in Henley Street; prompt removal of the cause by the provision of separate and distinct drains was enforced.

Very few cases of food unfit for human consumption have come to notice during the year. The constant supervision by the Sanitary Inspectors render the street dealers very careful in this respect. Mackerel to the number of 70, two bags of mussels, a trunk of haddocks and two bags of onions were destroyed owing to their decomposed condition.

Cow & Slaughter-houses. The few premises now licensed in the sub-district have been regularly inspected, have been found to be in a proper and cleanly condition and the renewal of their respective licenses has not therefore been opposed.

Bake-houses. The bake-houses have been cleansed in accordance with the regulations, and there is no insanitary condition known to exist in them, all necessary works having been promptly executed.

I have again to thank Mr. Pilditch, the Surveyor, for the ready and valuable assistance he has always rendered me.

Mr. Richards, the Chief Sanitary Inspector has again merited the highest praise for the energetic yet careful manner in which he has carried out the numerous and important duties entrusted to him.

In conclusion, I have to express a hope that the foregoing report will be satisfactory to the Local Sanitary Authorities by whose firm and unvarying support it is alone possible to obtain such results.

W. H. KEMPSTER, M.D.,

Medical Officer of Health for East Battersea.

WEST BATTERSEA.

The year under report has been characterised by an unusual prevalence of certain diseases, viz:—Scarlet Fever, Diphtheria, and Throat Affections, the like severity of which has not existed for some years past, these being of the epidemic class, the death-rate from this class of ailment has considerably increased as compared with 1886. The total number of deaths was 256, being 90 more than those of the previous year. It was evident in the first quarter of the year that we were about to be visited by one of those periodical epidemics of Scarlet Fever, which no method of precaution has been able to prevent, these suspicions were unhappily verified by the large number of cases which subsequently appeared, yet, although, the known numbers were large, there is no doubt the actual cases were far in excess of those which came under notice. In the absence of compulsory notification of the occurrence of infectious disease, the returns relied on are principally those of the Asylum Board, which refer to admissions only, there is therefore no safe basis on which to estimate the actual extent of the disease, though from one's actual knowledge there is no reason to doubt that it was pretty generally and plentifully spread over the whole of the district.

What the cause of this disease may be one cannot say. There can be no question but that it is always more or less amongst us, but what the conditions may be which should cause it to suddenly become epidemic, as during the past year, it is impossible to tell. All we can do is to try and discover the circumstances which are favourable to its spread, and by removing them, to stamp out the epidemic before it gets much sway; to do this, it is absolutely necessary to know where the cases occur

in order that the Sanitary Authorities may see that the person is properly isolated, or where that is not possible, that they are removed to hospital, for whilst parents will hide the fact of the disease existing in their children and they are allowed to associate with others and to return to school before the infectious period has passed, so will the disease spread; it is in such cases as these that the compulsory notification would be most valuable the latter subject having so recently been under the consideration of the Board, it is unnecessary, except to again advocate its adoption, to refer further to it.

The disease was for the most part of a very mild character, hence, the mortality in comparison to number, was low; and there is no doubt the prompt action in many cases of removing the first patient to hospital has saved many from taking the disease. I may state that every facility is afforded by the Asylum's Board for removal of patients without delay, and further, that all possible care is taken of the patient in transit and otherwise.

As so many removals are now taking place, it may be interesting to the Board to know the various steps taken to place a patient in the hospital. The following is from an exhaustive report written by W. M. Ackworth, Esq., our representative at the Asylum's Board, dated October, 1887, and kindly lent me by R. M. Henley, Esq.

“The responsibility of the Asylums Board for a case of infectious disease begins from the moment that application for its removal is made by a Relieving Officer or Medical Officer of Health to the chief office of the Board, in Norfolk Street. Norfolk Street is in telephone communication with the different ambulance stations. If the application gives (as it only too frequently does not) all the needful particulars of sex, age, nature of disease, and address of patient, it is immediately telephoned on to the ambulance station in whose district the patient's place of abode is situated, there a Clerk receives and records it, the Superintendent of the station steps out into the yard and blows his whistle; helpers run out and put to the horse, the driver buttons up his coat and gets on to his box; meanwhile, a message has been

sent through the telephone to the adjoining hospital that a nurse, and if necessary, a second attendant is to get ready, and a ticket has been made out for the delivery to the driver. Seventy-five seconds after the message has been received the station gates swing open and the ambulance trots round the hospital; the nurse gets in taking with her brandy, and if the journey is at all a long one, beef tea and milk as well, and a moment later is on her way to fetch her patient. Arrived at the patient's house, the nurse must first obtain an order signed by a doctor or relieving officer, and then persuade the patient to leave behind everything, money, outside clothing, and belongings of all kinds. Dressed only in underclothing, but wrapped in blankets that have come in the ambulance, he is placed in the ambulance and conveyed to the hospital receiving ward."

The following will also be read with interest in reference to visits of friends to patients.

"Now-a-days, and in ordinary cases no visits whatever are allowed, if a patient is seriously ill information of his condition is sent every day to his friends, only if the case is dangerous are the nearest relatives permitted to enter the hospital. They are wrapped from head to foot in a linen wrapper provided for the purpose, so that their clothes may not be exposed to infection, and they are not allowed to come into personal contact with the patient. When they leave the wards they must wash their face and hands with carbolic soap, they are urged for their own sakes not to increase their own risk by entering the hospital on an empty stomach, and for the sake of others not to enter any omnibus or other public conveyance immediately after leaving the hospital."

From the above extracts it will be seen how extremely careful of communicating infection the managers are. The report in full can be seen in the October number of Murray's Magazine.

Other diseases of the Zymotic class which have been more prevalent than usual were Whooping Cough, Diphtheria, and Quinsy, the latter more so than I have ever before known it.

Population. The population estimated on the Registrar General's method for the middle of the year would be 70,213. This I think is too low, as it gives a birth rate of 38·4 per 1,000, being 6·7 more than that of London, which was 31·7 per 1,000.

Mortality. The total number of deaths returned by the Registrar as having taken place in this sub-district was 1,435—of which 712 were males and 723 females. In 1886, 1,348 were returned; there is therefore an increase of 87 on that year. In addition to the above, 100 took place in public institutions outside the district, making a total of 1,535 persons who died in and connected with this division of the parish.

Of the 1,435, 274 occurred in institutions within the sub-district, viz:—268 in the Infirmary and 6 in the Bolingbroke Hospital; these are two above those of the previous year, when 272 were returned.

Of the deaths which took place in the Infirmary, 68 belonged to West Battersea, the remainder to other divisions of the Union.

Deducting the 274 deaths in public institutions, 1,161 will be the correct number for this out-door district.*

* Out-door with reference to Infirmary.

The number of deaths registered in each quarter of the year was as follows:—

First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.
356	304	385	390

Total deaths from all causes, including all deaths in the Infirmary in the respective years were:—

1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887
820	908	1002	1010	1195	1222	1341	1319	1395	1348	1435

The deaths in the Infirmary were 268—males, 136; females, 132.

The death rates per 1,000, including Infirmary deaths belonging to this sub-district and outlying Institutions:—

1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887
17·1	18·5	20·0	16·6	19·0	18·0	18·6	18·8	19·8	18·1	18·9

The deaths during the past year, not including those occurring in its Institutions, nor those in outlying Institutions, numbered 1,161; these give a death rate of 16·5 per 1,000.

Birth rate. The number of births registered were 2,698; of which 1,398 were males and 1,300 females, being a difference of 98 in favor of the males, and total increase of 81 above those of the previous year.

The rate is 38·4 per 1,000, being 1·4 per 1,000 more than that of the census year, at the same time the same increase of population as in the preceding decennial period has been allowed.

The return for each quarter was as follows;—

First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.
637	671	659	701

Natural Increase. The above number of births are 1,469 in excess of the deaths, and constitute the year's natural increase.

The following table shows the cause of all deaths classified according to age, sex, and social position, which have taken place in this sub-district during the year:—

TABLE I.

WEST BATTERSEA			Total Deaths from each Class of Disease, &c., in the Sub-District.	SEX.		AGE.								SOCIAL POSITION.			
Population (Census) 1881 52,587 Official Population in middle of June, 1887 70,213				Males,	Females,	Under 1 year.	From 1 to 5 years,	From 5 to 10 years.	From 10 to 20 years,	At 20 and under 40 years of age,	At 40 and under 60 years of age,	At 60 and under 80 years of age.	80 years and upwards.	Nobility and Gentry	Professional Class, Merchants, Bankers, &c.	Middle & Trading Class, Shopmen, Clerks, &c.	Industrial and Labouring Classes.
CAUSES OF DEATH.																	
I. Zymotic.	Small-pox	1	1
	Measles	46	27	19	6	33	5	1	1	3	43
	Scarlet Fever	30	16	14	..	17	10	3	2	28
	Typhus Fever
	Enteric Fever	14	7	7	..	2	3	3	2	4	2	1	11
	Puerperal Fever	9	..	9	2	7	3	6
	Diphtheria	15	8	7	1	5	7	2	1	..	2	12
	Whooping Cough	54	19	35	20	32	2	1	2	51
	Erysipelas	12	4	8	2	1	1	3	3	2	1	11
	Diarrhoea, Dysentery, and Cholera	76	41	35	64	10	1	..	1	1	8	67
Other Zymotic Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals of Zymotic Class		256	122	134	93	99	27	12	11	8	3	3	2	3	22	229	
II Constitutional.	Gout and Rheumatism.	16	8	8	..	1	2	1	3	4	5	..	..	..	6	10
	Cancer & other Tumours	33	9	24	..	..	..	..	2	17	14	..	2	1	7	23
	Other Constitutional Diseases	21	6	15	8	..	1	1	4	1	6	..	3	1	2	15	
	Tubercular { Phthisis	126	84	42	1	2	..	6	54	48	15	..	..	5	11	110
	{ Tabes Mesæ	53	32	21	33	10	3	3	3	1	..	..	2	..	..	51
	{ Hydrocephalus	15	11	4	6	8	1	..	..	..	..	..	..	..	1	14
	{ Scrofula	11	5	6	8	..	1	1	1	..	..	..	..	..	3	8
III. Local.	Nervous	159	76	83	47	21	1	7	9	28	40	6	3	1	12	143	
	Circulatory	91	36	55	2	1	1	2	15	29	36	5	2	3	9	77	
	Respiratory	302	144	158	65	70	17	4	21	41	65	19	6	5	27	264	
	Digestive	66	36	30	23	5	3	2	7	14	10	2	1	2	7	56	
	Urinary	36	21	15	..	2	1	1	10	18	4	..	2	1	7	26	
	Generative	14	..	14	..	..	..	..	9	4	1	..	..	..	4	10
	Locomotory	23	12	11	3	5	1	4	2	2	6	..	1	1	..	21	
	Integumentary	6	4	2	1	..	..	1	1	2	1	..	..	..	..	6
IV. Develop- mental.	Premature Birth and Low Vitality	100	61	39	99	1	..	..	..	..	..	..	..	2	10	88
	Congenital Defects .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Old Age	67	19	48	..	..	..	..	..	..	40	27	9	..	7	51
V. Violence	26	17	9	13	..	..	2	6	4	1	..	..	..	..	2	24
VI. Ildefined and Not Specified	Ildefined	14	9	5	6	3	..	1	2	2	..	..	..	..	1	13
Not Specified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS		* 1435	712	723	408	228	59	48	160	223	247	62	33	25	138	1239	

* Including the deaths in the Workhouse Infirmary for the whole of the Wandsworth District.

Zymotic Mortality. The deaths from this class of disease were 256, of which 122 were males and 134 females, and are 90 more than those of the previous year. The greatest fatality was from Whooping-cough, Diarrhœa, Scarlet Fever, Diphtheria and Measles, which collectively gave 231 of the total number.

From Fevers other than Scarlet and Measles there were 23 deaths, classified as follows;—

Typhoid or Enteric	..	..	..	14
Puerperal	..	..	..	9
				<hr/> 23 <hr/>

Of the total number 93 were under 1, 99 from 1 to 5 years of age, 39 from 5 to 25, and 24 from 20 upwards. No less than 192 of the total 256 were under 5 years of age, again showing the ages most susceptible to this class of disease.

The following table contrasts all deaths from zymotic causes during the past 10 years; also the death rate:—

TABLE II.
Zymotic Mortality in the West Battersea Sub-district.

	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887
Small Pox.....	2	2	..	4	1	..	2	1	..	..
Measles.....	34	43	8	50	30	52	42	63	26	46
Scarlet Fever.....	4	55	30	25	35	26	14	5	5	20
Diphtheria.....	4	7	3	9	4	2	11	2	3	15
Enteric Fever.....	15	27	10	10	14	12	20	9	13	14
Whooping-Cough.....	36	11	23	31	47	46	46	74	42	54
Epidemic Diarrhœa.....	41	17	61	53	39	64	82	63	70	76
Other Zymotic Disease.....	14	12	11	16	24	16	34	17	7	21
Total Deaths from Zymotic Diseases.....	159	174	146	198	194	218	251	234	166	256
Zymotic Death rate.....	3.8	4.2	2.9	3.8	3.6	3.6	4.0	3.6	2.4	3.6
Death rate from all Diseases	18.5	20.0	16.8	19.0	18.0	18.6	18.8	19.8	18.1	18.9

Other causes
of Death
than Zymotic.

From these classes 1,179 deaths were returned, being 3 less than those of last year. There were 160 from Bronchitis, Pneumonia, 96. Other Lung Diseases, 46; from Circulatory Disease, 91; Brain and Nerves, 159; Digestive Organs, 66; Premature Birth, Low Vitality, 100; Old Age, 67; Cancer, 33; Violence, &c., 26

Premature Birth, and Disease of Digestive Organs, show an increase as compared with last year, while those of the Respiratory Organs, Old Age, Brain and Nerves, a decrease.

From the Tubercular Class, 205 were returned, viz:—Phthisis, 126; Tabes Mesenterica, 53; Scrofula, 15; and Hydrocephalus, 11. Of those from Phthisis, 9 were under 20; and 117 from 20 to 60 years of age.

The deaths from Old Age were 67, against 74 of last year, the eldest being females—95, 90, 90, 90, 90, 90, 90, whilst one male reached the great age of 95 years. Reverting now to the opposite extremes of the duration of life, we find that in 12 instances it was a few minutes; 27, a few hours, and in 83 a few days.

The following table contrasts all deaths from non-zymotic causes during the past 10 years.

	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887
Tubercular, including Phthisis..	143	163	196	210	198	255	266	239	237	205
Of Brain, Nerves, &c	137	136	117	147	173	168	170	178	169	159
Of the Heart, &c.	53	56	72	94	83	85	95	108	104	91
Of the Respiratory Organs, excluding Phthisis	204	260	215	266	272	318	248	327	315	302
Of Digestive Organs	27	27	47	59	59	68	63	52	69	66
Of Urinary Organs	10	20	15	26	21	32	19	30	21	36
Of Organs of Generation	3	9	9	14	14	11	12	16	11	14
Of Joints, Bones, &c.	2	2	3	15	12	19	12	5	18	29
Of Cancer	23	14	22	21	25	33	17	31	33	33
Premature Birth, Low Vitality, Malformation, &c.	31	36	70	37	78	30	33	55	61	100
Of Uncertain Seat and other diseases	29	17	36	27	27	13	39	29	24	30
Age	58	57	35	31	37	64	45	54	74	67
Violence	28	13	23	40	30	20	39	29	35	26
Constitutional	11	16	4	10	6	7	10	8	11	21
TOTALS	751	828	864	997	1028	1123	1068	1161	1182	1179

Of the 1,179 deaths, 590 were those of males and 589 of females.

Of persons dying in Institutions without this sub-district, though belonging to it, were 100; the cause of death was as follows :—

TABLE IV.
Deaths in Outlying Institutions.

WEST BATTERSEA.				SEX.			AGE.			INSTITUTIONS.		
DISEASE.				Total.	Male.	Female.	Under 1.	1 to 60.	60 and upwards.	Union Infirmary	General & Special Hospitals.	Asylums Board Hospitals.
Small Pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever .. ..	..	..	..	14	5	9	..	14	..	..	..	14
Typhus Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever .. ..	..	..	..	3	1	2	..	3	..	..	2	1
Diphtheria .. ..	..	..	..	3	1	2	1	2	..	..	3	1
Whooping Cough .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Other Zymotic Diseases .. ..	..	..	..	3	2	1	1	2	..	..	3	..
Tubercular Diseases .. ..	..	..	..	15	7	8	1	13	1	..	13	2
Cancer .. ..	..	..	..	9	4	5	..	9	..	..	9	..
Rheumatism .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Respiratory Diseases .. ..	..	..	..	10	4	6	3	6	1	..	10	..
Circulatory Diseases .. ..	..	..	..	3	2	1	..	3	..	..	3	..
Nervous Diseases .. ..	..	..	..	8	5	3	..	8	..	..	8	..
Other Diseases .. ..	..	..	..	22	15	7	6	13	3	..	22	..
Violence .. ..	..	..	..	10	19	1	..	7	3	..	10	..
TOTALS .. ..	..	..	..	100	55	45	12	80	8	..	93	17

Inquests. Enquiries were made on the bodies of 34 males and 26 females, in all 60; this being 4 less than those of the previous year. The verdicts were as follows:—

From Natural Causes	30
„ Accidental	21
Found Drowned	2
„ Dead	1
Suicides	3
Murder	2
Open Verdict	1
	<hr/>
	60
	<hr/>

Of the Accidental causes—4 was by falls, 1 burn, 3 drowned, 8 suffocated, 1 run over, 1 killed on railway, 3 want of attention at birth.

The suicides were—cut throats 2, 1 shooting himself, all of unsound mind.

The verdicts of wilful murder against some person unknown were of newly born infants, both were found in Gorst Road. The open verdict was on the girl burnt to death in Battersea Park Road.

September 23rd.

Found at 55, Gorst Road.—Strangulation by putting a cord round her neck. Wilful murder against some person or persons unknown.

November 3rd.

Found in a blank cellar at 23, Gorst Road.—Fracture of skull by violence, Wilful murder, not sufficient evidence to show by whom caused.

In addition to the above inquests, 12 cases of sudden death were submitted to the Coroner, who after due investigation, did not deem an inquest necessary.

Of infants suffocated in bed with their parents there were 5, as follows :—

Saturday, January 22nd.
Monday, June 13th.
Sunday, September 25th.
Saturday, November 19th.
Sunday, December 18th,

There were 3 other cases of suffocation of infants—1 at its mother's breast, 1 whilst lying on its face, and 1 by being delivered in a pail containing water.

Deaths not Certified. It is most gratifying to observe that the number of persons who die without qualified medical attendance is reduced to as low a standard as it can well be; a very few years ago it was the regular yearly duty to record upwards of a hundred such deaths, this year they are but 4, and those the bodies of infants who survived their birth only a few moments, whose mothers had been attended by mid-wives.

Social Position. The per-centage of deaths in relation to social position was as follows :—

Nobility and Gentry	..	33	=	2.30
Professional	..	25	=	1.74
Middle and Trading Class	..	130	=	9.62
Labouring	..	1239	=	86.34
		<hr/>		<hr/>
		1435	=	100.00
		<hr/>		<hr/>

Sanitary Matters. Perusal of the summary of Sanitary operations page 23 will show the amount of work carried out in this sub-district. The large number of 8,679 houses have been inspected, resulting in a considerable number of defects being discovered, to remedy which 857 first notices were served. In 236 cases it was

necessary to serve a second notice, after which all but 5 were complied with, in the latter cases the magistrate was applied to, who issued his compulsory order, which had the desired effect. The occupiers of houses are glad to see the Inspector, knowing his duties are such as tend to the promotion of their own comfort and welfare; there are not more than six instances in which they have been refused admission. Owing principally to the epidemic of Scarlet Fever which has prevailed during the greater part of the year 322 houses have been disinfected after infectious disease, this is a considerable increase on the previous year when 54 were so treated. I may remark that the result of these disinfections still further confirms my confidence in the method we use. To 397 closets, water was laid on, 249 cisterns were covered and repaired, 454 drains cleansed, 320 unwholesome houses cleansed and 129 dust-bins provided, &c., &c. The whole forming an immense amount of work, the value of which it is scarcely possible to conceive.

Explosion in Sewer in Church Road. On April 25th an explosion took place in the above sewer, causing a considerable amount of damage, and attended with serious danger to any person who might be in the sewer or passing at the time of the explosion. An investigation was made by the Surveyor and myself and the following observations submitted to the Local Committee.

GENTLEMEN,

With reference to the request of the Board of Works for the Wandsworth District, to report to the Battersea Local Committee on an explosion which occurred on Monday April the 25th, in the sewer in Church Road, Battersea, at 3 p.m. We have to observe that the effects of the explosion was to blow off and break the side entrance cover to the man-hole opposite Frances Street, and lifting the cover and stonework to the side entrance opposite Messrs. Morgan's premises; it was also found that the other side entrances had been blown open and the gratings in the centre of the road

blown out of their casings by the force of the explosion. So far as the sewer proper is concerned, there does not appear to have been any damage, to cause the explosion there must have been some inflammable explosive gas existing in a free state in the sewer, the origin of which is somewhat difficult to ascertain. On inspecting the sewer to-day it was found to contain a large quantity of the vapour of naphtha. If this same gas was present on the day of the explosion it is quite sufficient to account for what occurred. Again there might be some leakage from the numerous gas pipes as in the case at Putney some few years ago, which might have found its way into the sewer, but there is no smell of ordinary burning gas in the sewer at the present time.

Sewer gas is in itself explosive and more so if mixed with coal gas, but in the absence of any coal gas smell, and the sewer being quite clean, having been recently flushed, we do not think this could have been the matters exploded.

In the absence of any positive evidence as to what kind of gas was present in the sewer at the time of the explosion it would be simply conjecture to hazard an opinion as to its nature, at the same time if naphtha vapour is to be permitted to prevade this sewer or any other sewer to the extent it does on various occasions then an explosion may be anticipated at any moment. What the immediate cause of the explosion was, it is difficult to say. A light such as a workman lamp, a lighted match thrown down the sewer, or any inflammable oil floating down in a burning condition would of course be quite sufficient to fire the gas, but in the absence of any direct evidence that any of these existed it is impossible to say in what way the gas was fired.

As previously stated all the covering to the man-holes was blown open with the exception of the one at Francis Street, which was shattered, this having been complained of, has not been open for some time since, thus forming with the man-hole a closed receptacle in which the explosive gas must have accumulated as it evidently received the greater force of the explosion—This we should recommend to be entirely done away with or more frequently used—with respect to the others being the weaker part of the sewer, they suffered accordingly.

Seeing then that the sewer does at certain times contain the vapour of naphtha—the question arises—whence does it come—we believe it is from the well pumping at the new Battersea Bridge—and for this reason—that when the water from the well is directed into the river, the sewer in Church Road and Bridge Road, is free from naphtha smell, but so long as the water is pumped into the sewer in Bridge Road, on account of the high tide, there it, as well as the Church Road sewer is charged with naphtha vapour. We have examined the well or sump at the Bridge, and found it contains a considerable quantity of naphtha.

We would recommend that the company be requested to discontinue the pumping from the swamp into the sewer—not only for the reason mentioned above, but also on account of the odour which is given off when passed into that channel. On ceasing to pump into the sewer all vapour of naphtha ceased, and there has been no further complaint of nuisance—there is therefore presumptive evidence that therein laid the source of the explosion.

Water supply. Dead Ends again, complaint was received of offensive smell proceeding from the water delivered into the cisterns in Winstanley Road near the Station End. On examination, the water was found to be tur-

bid and gave off an offensive odour, and illness in several families was attributed to it. The water company was communicated with the plug at dead end of the main situate close by was opened, the people advised to empty their cisterns, and Mr. Richards visiting next-day he found all of the complaints had been removed, clearly pointing to the accumulations of organic matter in the neglected dead end as the cause, though not altogether admitted by the company

Overcrowding. But five instances of overcrowding were discovered, the two following are examples

A front room upstairs in M Street, was found to contain 1,500 cubic feet of space, in it were living and sleeping—

Father.

Mother.

Two grown up daughters.

Two grown up sons.

Five younger children.

eleven in all, giving 140 cubic feet of space for each person.

In the back room of same floor containing 890 cubic feet, were found living and sleeping—

A widow, her daughter and child.

A man about 20 years.

A girl aged 15 „

„ 11 „

equal to 150 cubic feet each person. Notice was served and the overcrowding at once abated.

The following will show how difficult it is at times to discover the cause of complaint of objectionable smells and from what unexpected source they may arise.

An offensive smell was alleged to prevail at uncertain times in the drawing room of Culmvale, St. James' Road,

but seldom noticeable when the Inspector called. The drains were first thought to be the cause, and upon notice being served they were opened up and examined, but no defect was found. Several letters of complaint were again received, the occupier notifying his intention to leave the house on account of it. The Inspector at last happened to call when the smell was on, and came to the conclusion, that it was sulphuretted hydrogen, and probably produced by water dropping on to red hot bricks. Upon the kitchen in the next room being removed this was found to have been the case, upon re-setting no further cause of complaint was made, this discovery reflects much to the credit of Mr. Richards.

Bakehouses. All the bakehouses were inspected and found to be in proper order. Two new ones were opened during the year, neither of which were in accordance with the Bake-house Act, 1883. Notice was served to carry out the necessary alterations, which was complied with.

Cow and Slaughter-houses were all inspected, and found to be in a satisfactory condition.

Mortuary. The mortuary has again been in considerable requisition, 118 bodies having been placed in it, 4 of which were for sanitary purposes, it is now generally known that it is open for the use of all medical men. and most post-mortem examinations are made in the room fitted up for that purpose.

As this under present arrangements is the last report I shall have the honor to submit to the entire Wandsworth District, I cannot close it without expressing my very grateful thanks for the assistance I have always received, not only from the members of the Battersea Division, but also from those who constitute the Board generally,

now extending for a period of nearly twenty years in carrying out my duties, and though separated as a district, shall always be pleased to render any assistance should such be required. In taking a retrospect of the past 20 years, the board and its officers may congratulate themselves on the excellent sanitary state the parish now enjoys, time was when, except the main thoroughfares, the bye ones were but a series of dirty lanes, with vehicles, scarcely passable. Now we have fine open streets well made up, paved, drained and lighted. Of course we have a much larger population, and mostly of the labouring class, whose occupations render them perhaps susceptible to illness, yet notwithstanding this, and the crowded state in which we live, the Board may congratulate themselves on the beneficial effects of their labours, and fairly lay claim to a substantial reduction of the death rate, and to have given each person a prospect of five years extra longevity of life as compared with 20 years ago. I trust we may continue to improve, and I feel sure that all officers will continue to put forth their efforts to that end.

I have to express my satisfaction at the way in which the Assistant Inspectors do their work, and also to Mr. Richards, whose knowledge of most intricate sanitary matters, and the tact he displays in carrying them out is invaluable.

J. OAKMAN

Medical Officer of Health for West Battersea.

CLAPHAM.

Population. The population of Clapham, as estimated by the plan adopted by the Registrar-General was 43,045 in the middle of 1887, being an increase of 1,100 for the year. There is every reason to think, however, that the increase of the population of Clapham has been greater than is shewn by this estimate, and that the following death-rates, &c., are more unfavourable to Clapham than the real facts (if known) would justify.

Birth and Birth-rate. The number of births registered was 1,136, 539 of boys, 597 of girls. The annual birth-rate was 26·3 per thousand of the estimated population, which with the exception of the two previous years, was the lowest for eleven years (Table I.).

TABLE I.

Birth and Death rates.

YEARS.	Births.	Birth rate.	Deaths from all Causes.	Death rate.	Rate of Natural Increase.
1877 ..	1,029	32·4	467	14·8	18·5
1878 ..	1,019	34·2	580	18·1	15·9
1879 ..	1,125	34·1	561	17·0	17·0
1880 ..	1,082	29·7	544	14·9	15·1
1881 ..	1,059	28·9	499	13·5	15·3
1882 ..	1,081	28·8	544	14·5	14·3
1883 ..	10,85	28·2	580	15·1	13·1
1884 ..	1,123	28·3	543	13·7	14·6
1885 ..	1,030	25·2	508	12·44	12·7
1886 ..	1,071	25·5	545	12·99	12·5
1887 ..	1,136	26·3	600	13·93	12·4

Deaths and Death-rate. During the year 1887, 600 deaths, 293 of males and 307 of females were registered in the sub-district. These are equivalent to a death-rate of 13·93 per thousand as compared with 12·99 in the previous year. The death-rate for the whole of London during the same period was 19·6 per thousand inhabitants.

Deaths in Outlying Institutions. The deaths already enumerated do not include those of inhabitants of this sub-district who have died in out-lying institutions. In the following table, these additional deaths, 93 in number, are arranged so as to shew the causes of death, age and sex of patients, and character of the institution in which they died.

TABLE II.

Deaths in Outlying Institutions.

DISEASE.	SEX.			AGE.			INSTITUTIONS.		
	Total.	Male.	Female.	Under 1.	1 to 60.	60 and upwards.	Union Infirmary.	General & Special Hospitals.	Asylums Board Hospitals.
Small-pox .. ..	..	..	..	..	..	..	..	..	..
Scarlet Fever	2	1	1	..	2	..	..	..	2
Diphtheria	1	1	..	..	1	..	..	1	..
Enteric Fever	1	1	..	..	1	..	..	1	..
Whooping Cough	3	1	2	..	3	..	3	..	..
Measles .. ..	..	..	..	..	..	..	..	..	..
Other Zymotic Diseases .. ..	..	..	..	..	..	..	..	..	..
Tubercular Diseases	20	11	9	..	18	2	13	5	2
Cancer	6	1	5	..	5	1	2	4	..
Rheumatism .. ..	..	..	..	..	..	..	..	..	..
Respiratory Diseases	14	9	5	1	9	4	8	3	3
Circulatory Diseases	10	5	5	..	6	4	8	2	..
Nervous Diseases	18	10	8	1	13	4	8	6	4
Other Diseases	13	6	7	..	8	5	5	7	1
Violence	5	3	2	1	3	1	..	5	..
TOTALS	93	49	44	3	69	21	47	34	12
Corresponding Totals for 1886	77	44	38	4	45	28	35	37	5

It will be seen that 47 of the external deaths occurred in the Wandsworth and Clapham Union Infirmary, 34 in various general and special hospitals, and 12 in the Asylums' Board Hospitals. If these 93 deaths be added to the 600 occurring in Clapham, the death-rate becomes 16·5 per thousand as compared with 14·8 in the preceding year.

Deaths
occurring in
Clapham.

The following table gives a summary of all the deaths registered as occurring in this sub-district during the past year, classified according to cause, sex, and social position; and a more detailed list of the deaths from zymotic diseases,

STATISTICS OF MORTALITY.

CLAPHAM.				Total deaths from each Class of Disease, &c., in the Sub-District.	SEX.		AGE.								SOCIAL POSITION.			
CAUSES OF DEATH.					Males.	Females.	Under 1 year.	From 1 to 5 years.	From 5 to 10 years.	From 10 to 20 years.	At 20 and under 40 years of age.	At 40 and under 60 years of age.	At 60 and under 80 years of age.	80 years and upwards.	Nobility and Gentry.	Professional Class, Merchants, Bankers, &c.	Middle and Trading Class, Shopmen, Clerks, &c.	Industrial and Labouring Class.
Population Census) 1881				36,380														
Official population in middle of 1887				43,045														
CAUSES OF DEATH.																		
I. Zymotic.	Small Pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Measles	..	..	25	13	12	10	14	1	..	..	..	..	..	..	2	4	19
	Scarlet Fever	..	..	3	2	4	..	4	1	1	..	..	..	..	..	..	1	5
	Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Enteric Fever	..	..	4	2	2	..	..	1	..	1	..	2	..	..	..	1	3
	Puerperal Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Diphtheria	..	..	10	1	9	..	6	2	2	..	..	..	..	1	1	1	7
	Whooping Cough	..	..	25	8	17	6	18	1	..	..	..	..	..	..	1	4	20
	Erysipelas	..	..	6	2	4	1	..	..	..	2	1	1	1	1	1	2	2
	Diarrhoea, Dysentery, and Cholera	..	..	24	10	14	18	4	..	..	..	1	1	..	1	2	4	17
Other Zymotic Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals of Zymotic Class				100	38	62	35	46	6	3	3	2	4	1	3	7	17	73
II. Constitutional.	Gout and Rheumatism	..	..	9	3	6	..	..	..	1	3	2	2	1	2	2	..	5
	Cancer & other Tumours	..	..	30	11	19	..	..	..	..	2	11	15	2	4	9	8	9
	Other Constitutional Diseases	..	..	7	6	1	1	..	..	..	2	3	1	..	..	3	1	3
	Phthisis	..	..	43	25	18	1	1	..	4	16	17	4	..	..	14	12	17
	Tabes Mesæ	..	..	12	5	7	7	3	1	1	..	..	..	..	..	..	1	11
	Hydrocephalus	..	..	13	6	7	1	7	2	2	..	1	..	..	..	1	1	11
	Scrofula	..	..	7	6	1	2	3	..	1	1	..	..	..	..	1	..	6
III. Local.	Nervous	..	..	81	47	34	15	10	..	1	2	23	26	4	10	17	8	46
	Circulatory	..	..	52	28	24	1	..	1	1	4	22	19	4	7	11	10	24
	Respiratory	..	..	110	42	68	17	34	..	2	5	12	31	9	10	17	16	67
	Digestive	..	..	46	25	21	15	..	1	4	8	8	10	..	1	8	12	25
	Urinary	..	..	14	10	4	..	..	1	1	1	2	5	4	3	1	3	7
	Generative	..	..	2	..	2	..	..	..	..	2	..	..	..	..	2	..	..
	Locomotory	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Integumentary	..	..	1	1	..	..	1	..	..	..	..	..	..	..	..	1	..
IV. Developmental.	Premature Birth and Low Vitality	..	..	46	28	18	44	2	..	..	..	..	..	..	1	8	8	29
	Congenital Defects	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Old Age	..	..	18	6	12	..	..	..	..	..	..	4	14	9	3	2	4
V. Violence				9	6	3	..	2	..	..	3	3	1	..	1	1	2	5
VI. Illdefined and Not Specified				..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals				600	293	307	139	109	12	21	52	106	122	39	51	105	102	342

Ages at Death. Of the total deaths 46·8 per cent occurred at various ages below 20 years; 41·3 per cent of which were under the age of 5 years.

The deaths of persons over 60 years formed 26·8 per cent of the total deaths as compared with 28 per cent in the previous year.

The proportion of deaths under 1 year to the population under that age (i.e. the number of births for the last and the preceding year divided by two) represents the true infantile death-rate. This was 126 per thousand births as compared with 142 per thousand in the previous year.

Social Position of Deceased. The relative number of deaths in the several social grades were as follows:—

Nobility and Gentry ..	51 = 8·5 per cent.
Professional Class ..	105 = 17·5 „
Middle and Trading Class ..	102 = 17·0 „
Industrial & Labouring Class	342 = 57·0 „

As is usually the case, the labouring classes suffered greatly in excess of their relative numbers from zymotic diseases. as indicated by their mortality.

Zymotic Diseases. The following table gives the number of deaths from specific fevers, as compared with previous years, and a similar comparison of zymotic and

general death-rates. The zymotic death-rate was 2·32 per thousand, or including the 7 deaths in external institutions, 2·53 per thousand of the estimated population.

TABLE IV.

Zymotic Mortality in Clapham.

	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887
Small-pox ..	3	..	2	7	1	..	2	..	..	..
Measles ..	23	17	19	10	15	33	33	3	11	25
Scarlet Fever ..	12	12	21	15	26	8	3	..	1	6
Diphtheria ..	3	1	3	3	4	7	8	4	6	10
Enteric Fever ..	5	9	4	3	7	3	4	8	3	4
Whooping-Cough ..	29	25	25	13	17	16	15	25	34	25
Epidemic Diarrhœa ..	26	17	36	20	4	19	18	16	25	24
Other Zymotic Diseases ..	9	21	9	7	7	26	12	5	4	6
Total deaths from Zymotic Diseases	110	102	119	78	81	112	95	61	84	100
Zymotic Death-rate ..	3·4	3·1	3·4	2·1	2·1	2·9	2·3	1·49	2·00	2·32
Death-rate from all Disease ..	18·1	17·0	14·9	13·5	14·5	15·1	13·7	12·4	12·9	13·93

During the year 1887, 10 deaths from Diphtheria have occurred in Clapham, and 1 of a Clapham inhabitant in an outlying institution. Altogether 20 cases have come to our knowledge in 13 houses. The date, locality, and other particulars of these 20 cases are given in the following table :—

DATE OF ONSET.	ADDRESS.	NO. OF CASES.	SCHOOL ATTENDED.	DRAINS.	HISTORY OF INFECTION.	RESULT OF CASE.	REMARKS.
Feb. 15	Great Acre Court, close to Park Road	1	—	Defective	None	Recovered	Defective hopper-closet: sewer gas escaping in w.c.
Aug. 29	Chale Road	1	Lyham Road Board	Obstructed	None	Died	Drain being completely obstructed, was opened a few days before the case broke out.
,, 31	Chale Road	1	Lyham Road Board	Obstructed	None	Recovered	This house drained with the last & same obstruction
Sept. 1	Clapham Common	3	—	Obstructed	None	,,	House drain completely filled with filrils of tree roots and wall of house sodden with sewage.
,, 17	Chale Road	4	New Park Road Board	No defect discoverable	None	1 Died	Child came home ill from school and complained of smell in school closet. Inspector on visiting the school a few days later, found it closed and men at work relaying the drains.
Oct. 12	Lyham Road	1	—	No defect apparent	None	Died	
,, 24	Lyham Road	1	—	No defect discoverable	None	Died	
,, 30	King's Road	1	At same address	Defective	None	Died	Two sinks opened directly into house drain: 1 in kitchen, and 1 on staircase near bedroom. No further cases in the school.
Nov. 10	Kingswood Road	1	Private School at Streatham	No defect proved	None	Died	
,, 28	Thornbury Road	3	Lyham Road Board	No defect proved	None	2 Died	First case in the house started Nov. 28th, second on Dec. 9th, third on 23rd.
Dec. 23	Thornbury Road	1	Lyham Road Board	No defect proved	None	Died	Several other children in house, but only one took Diphtheria.
,, 23	Endlesham Road	1	Aldridge Road Board	No defect proved	None	Died	
,, 31	Pickett Street	1	Do.	—	—	Died	This case was certified by Coroner, and may have been Diphtheria.
1888. Jan. 18	Thorncliffe Road	1	None	Defective	None	Died	Defective bath drain, which is separate from w.c. drain. On the evening when the child was taken ill 15 other children were at a party at the house.
,, 29	Thorncliffe Road	1	None	No defect proved	None	—	

It will be seen that there was a close aggregation of cases in Thorncliffe, Kingswood and Chale Roads. All the houses in these roads (68 in number) have been within the last few weeks re-inspected. In 6 of the 68 houses Diphtheria has occurred, 4 cases being fatal. The houses in question are occupied by 260 adults and 171 children, and the duration of occupation by the present 68 tenants is as follows:—over 4 years 1, over 3 years 12, over 2 years 34, over 1 year 11, under 1 year 10. No Diphtheria occurred in these houses from January 1885 to August 1887. At the latter date the first of the present crop of cases in this locality occurred.

In 3 of the 6 infected houses, the drains were or had been defective, in another case the school attended by a child who died of Diphtheria had been shut up for drain repairs. Thornbury Road has not yet been specially re-inspected, but in the houses in that road where the cases of Diphtheria occurred, no special defects have been discovered.

The origin of the milk supply has been carefully examined in each case: it is so varied, as to preclude any possibility of its being a common source of infection.

The main sewers in these roads have been inspected and found to be in a good sanitary condition, well flushed and efficiently ventilated.

The fact that an old slop-shoot existed behind the present site of Chale Road deserves note, but it is impossible to explain the immunity from Diphtheria for the 4 or 5 years since these houses were built until August 1887, on the supposition that this was the cause.

It should be remembered that Diphtheria has been prevalent in some excess throughout London during the

past few months, but there must be some local cause to account for its special incidence on this part of Clapham. Local obstruction of several house-drains seems in a few cases to have been the exciting cause: and it is highly probable that direct infection accounts for others.

Scarlet Fever was the cause of 6 deaths in the sub-district, and 2 in out-lying institutions. This is equal to a death-rate of 0.18 per 1,000 of the estimated population, as compared with 0.34 per 1,000 for the whole of London, and 0.43 in the 27 chief provincial towns. 55 cases of Scarlet Fever were admitted from Clapham into the Asylums' Board Hospitals, as compared with 22 in the previous year. The Scarlet Fever epidemic which has prevailed throughout London during the latter half of the past year has been of a peculiarly mild type. The death-rate for the whole Metropolis from Scarlet Fever, although showing a considerable increase on the corresponding rates for 1885 and 1886, was lower than in any previous year of which record exists, and was very little more than half the mean annual rate during the years 1871-80, which again was little more than half the mean rate in 1861-70. It will be seen also that although there has been a considerable amount of Scarlet Fever in Clapham, its death-rate from that disease was only half that of the whole Metropolis from the same disease. The continued spread of this disease is due to two causes which are in some measure complementary; the carelessness and apathy of poorer people in regard to the spread of infection: and the lack of compulsory notification of infectious diseases, which prevents the sanitary officials dealing with an epidemic in its earliest stages, thus obliging them to stand in the position of the man who closes the stable-door after the horse is stolen.

I have in various fortnightly reports given instances of the extreme carelessness as to spread of infection which prevails. In one case we were able to obtain the conviction of a woman who sold the bedding on which her daughter had died from Scarlet Fever, without any previous disinfection. In another case a boy was found to be attending school within a week from the commencement of a slight attack of Scarlet Fever. There can be little doubt that in other cases the too early return of children to school after infectious diseases is an occasional cause of their spread, and that the system of sending scholars to visit absentees is most objectionable for similar reasons. It may be hoped that the spread of education, particularly the teaching of elementary Physiology and Hygiene will gradually lead to wider knowledge and greater conscientiousness in these matters.

The table on page 66, shews that Measles, Whooping Cough and Diarrhoea were the most fatal of the zymotic diseases, and it is in the prevention and treatment of these so-called mild diseases that the working classes are preeminently ignorant. Children scarcely convalescent from Measles or Whooping Cough are exposed to bleak winds, and consequently die from chest affection; while Diarrhoea carries off numerous infants, who with greater care in artificial feeding might have been saved.

Inquests. Twenty-two inquests were held during the year, and the following verdicts returned:—

1.	<i>From Natural Causes</i>	..	..	..	..	14
2.	<i>Accidental</i> —Burn	..	..	..	1	
	Injury to Brain	..	..	1		
	Overdose of Chloroform	..	1	—	3	
3.	<i>Suicidal</i> ,—Drowning	..	..	..	1	
	Cut-throat	..	..	..	1	
	Cut veins of arm	..	..	1		
	Hanging	..	..	..	1	
	Carbolic acid Poisoning	..	1	—	5	
Total						22

Five uncertified deaths occurred durring the year, two of these being registered on a letter being received from medical men who saw the case after death; and three on the authority of a letter received from the coroner. One of the latter cases was stated to be Diphtheria, but it is difficult to understand how the coroner could make such a diagnosis, as he did not see the patient either before or after death.

Sanitary
Proceedings
of the year.

The number of houses inspected during the year was 3,531, as compared with 3,919 in the previous year. The table on page 23, gives a statement of the nuisances dealt with, which can be conveniently tabulated. In addition to the 3,531 ordinary inspections made during the year, 2,047 special inspections were also made to ascertain the amount of house refuse requiring removal, prior to the expiration of Mr. W. Boyce's contract.

The total number of nuisances dealt with amounted to 2,767; of these 2,367 were abated under notice and 398 under promise.

The number of unclassified nuisances were 261 viz:—
46 new ventilating pipes, 17 ventilating pipes repaired, 21 soilpipes repaired, 65 closet valve airpipes removed from inside drinking water cisterns, 50 leaky water fittings repaired, 2 cases of water in basements, 2 water closets rebuilt and ventilated, 4 new sinks, 2 piggeries cleaned and limewashed, leaky gas-fitting, privy removed, smoke nuisance, carpet beating, foul bedding, animals kept in dwelling houses, 2 horses and 1 donkey, animals kept in an unsanitary condition, 3 cases of goats, 1 case of ducks, rabbits and pigeons, 41 dirty bake-houses.

The Cow-sheds and Slaughter-houses were inspected during September, and their sanitary condition found satisfactory.

The Bake-houses were inspected twice during the year. In April 12 required cleansing and limewhiting, and in October 29 required cleansing and limewhiting, and in 2 cases the water supply was defective.

The sanitary inspections of the sub-district have been carried out in a most systematic and thorough manner by Inspectors Fairchild and Dee, and I can speak very highly of the zeal and intelligence which they have bestowed on their work.

ARTHUR NEWSHOLME, M.D.,

Medical Officer of Health for Clapham.

PUTNEY & ROEHAMPTON.

I have the honour to submit the following report of the sanitary condition of the Parish of Putney and Roehampton during the year 1887, and I do so with the greatest satisfaction in as much as the condition of things therein revealed quite maintains the high standard obtained during the last three years.

The most prominent fact in the mortality table is the wonderful immunity from zymotic disease which we have enjoyed during a time when London generally suffered severely from epidemics of an infectious nature. No doubt such a result is to a large extent due to the continued and careful sanitary supervision of the district and to the rapid removal to hospital of those cases where isolation cannot be satisfactorily carried out.

Population. The population of Putney in the middle of 1887 is calculated at 15,590. This figure is, I should say, certainly very much below the true one. The increase in the population in this district has made very rapid strides during the last two or three years.

Births and
Birth-rate. The birth-rate remains about the same as it has been for the last two years. During the year 349 births were registered, which makes the birth

rate 22·3 per 1,000. During the last ten years the birth-rate in this district has shown a gradual diminution, commencing in the year 1878 with 29·1 per 1,000, and ending at the present year at 22·3 per 1,000. Of the 349 births, 156 were males and 193 females.

TABLE I.
Birth and Death Rates.

YEARS.	Births.	Birth-rate.	Deaths from all Causes.	Death-rate.	Rate of Natural Increase.
1877					
1878	338	29·1	186	16·0	13·1
1879	327	27·4	179	15	12·2
1880	347	27·3	177	13·6	13·2
1881	340	25·5	167	12·5	12·9
1882	361	26·3	208	15·1	11·1
1883	349	24·7	24	17·1	7·6
1884	377	25·3	199	13·7	11·6
1885	322	21·7	167	11·2	10·4
1886	352	23·1	179	11·8	11·2
1887	349	22·3	196	12·5	9·8

Deaths and
Death-rate.

During the year 196 deaths were registered, of these 97 were males and 99 females. This is equivalent to a death-rate of 12·5 per 1,000. There is therefore a slight increase on the death-rate of the two previous years, but a considerable diminution as compared with the death-rate of the former year of the last decade.

The natural increase of the population or the excess of the number of births over deaths was 153, giving the rate of increase at 9·8 per 1,000.

Deaths in
Outlying
Institutions.

During the year there were 27 deaths registered of inhabitants of this district who died in outlying institutions. Of these 22

died in the Union Infirmary. If these 27 be added to the total number of 196 deaths registered within the district, we get an average death-rate of 14·3 per 1,000.

Deaths occurring
in Putney
and Roehampton.

In examining the death record of the year there are several facts which are very apparent and striking. The total number of deaths from zymotic diseases was very low indeed. Only seven deaths from these causes were registered. On the other hand there has been a remarkable increase in the number of deaths due to cancer and nervous diseases. Of the eleven deaths from cancer, seven occurred among females and four among males and eight of the eleven occurred among individuals above 60 years of age. Of the 36 cases of nervous disease the majority occurred among children below 5 years of age, and were chiefly convulsions due to teething and other causes.

Ages at
Death.

Of the total number of deaths 36·7 per cent. occurred among children under 5 years, and 34·1 per cent. among those above 60 years of age. This leaves only the small per centage of 29·2 among all ages between 5 and 60 years.

Social Position
of Diseases.

There were 119 deaths registered of persons classed under the industrial and labouring population, which is equivalent to 60·6 per cent. of the total number of deaths. Among the zymotic class of diseases however, 85 per cent. of the total number of deaths occurred among the working classes. This clearly shows the much greater danger to which the working classes are exposed owing to the conditions of life under which they live, and shows the great necessity of constant sanitary supervision to counteract as much as possible the injurious influence of their surroundings.

TABLE II.

PUTNEY			Total Deaths from each Class of Disease.	SEX.		AGE.								SOCIAL POSITION.			
CAUSES OF DEATH.				Males.	Females.	Under 1 year.	From 1 to 5 years.	From 5 to 10 years.	From 10 to 20 years.	At 20 and under 40 years.	At 40 and under 60 years.	At 60 and under 80 years.	80 years and upwards.	Nobility and Gentry.	Professional, Merchants, Bankers, &c.	Middle and Trading Class, Shopmen, &c.	Industrial & Labouring Classes.
Population (Census) } 1881 ... } 13,221																	
Official Population in } middle of 1887 ... } 15,590.																	
I. Zymotic.																	
Small-pox			2	1	1	2	1	1	1	1	1	1	1	1	1	1	1
Measles			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diphtheria			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Scarlet Fever			2	1	1	2	1	1	1	1	1	1	1	1	1	1	1
Whooping Cough			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Erysipelas			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diarrhoea			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dysentery & Cholera ..			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other Zymotic Diseases			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Totals of Zymotic Class			7	3	4	2	4	1	1	1	1	1	1	1	1	1	6
II. Constitutional.																	
Gout & Rheumatism ..			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Cancer & other Tumours			11	4	7	1	1	1	1	1	1	1	1	1	1	1	3
Tubercular			20	12	8	2	1	4	9	4	1	1	1	1	1	1	12
Phthisis			2	1	1	2	1	1	1	1	1	1	1	1	1	1	2
Tabes Mesæ			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hydrocephalus			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Scrofula			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
III. Local.																	
Nervous			36	16	20	15	8	1	2	2	6	2	1	7	1	1	28
Circulatory			23	12	11	1	1	1	1	9	10	1	1	4	4	4	15
Respiratory			34	17	17	5	5	1	2	8	12	2	1	2	12	12	19
Digestive			20	7	13	11	1	1	1	1	7	1	1	2	5	5	13
Urinary			9	4	4	1	1	1	1	1	5	1	1	4	2	2	2
Generative			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Locomotor			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Integumentary			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
IV. Developmental.																	
Premature Birth :			14	10	4	13	1	1	1	1	1	1	1	1	1	1	12
Atrophy			12	5	7	1	1	1	1	1	1	1	1	2	3	7	7
Old Age			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Cause Unknown			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
V. Violence			7	4	3	1	1	1	4	3	1	1	1	1	6	1	1
TOTALS			196	97	99	53	19	2	7	19	29	55	12	1	31	45	119

TABLE III.

Deaths at Outlying Institutions.

DISEASE.	SEX.			AGE.			INSTITUTIONS.		
	Total.	Male.	Female.	Under 1.	1 to 60.	60 and upwards.	Union Infirmary.	General & Special Hospitals.	Asylums Board Hospitals.
Small-pox - - -	..	..	..	..	..	..	..	..	..
Scarlet Fever - - -	..	..	..	..	..	..	..	..	..
Typhus Fever - - -	..	..	..	..	..	..	..	..	..
Enteric Fever - - -	..	..	..	..	..	..	..	..	..
Whooping-cough - -	..	..	..	..	..	..	..	..	..
Measles - - -	..	..	..	..	..	..	..	..	..
Other Zymotic Diseases -	1	1	..	..	1	..	..	1	..
Tubercular Diseases -	1	1	..	..	..	1	1	..	..
Cancer - - -	..	..	..	..	..	..	..	..	..
Rheumatism - - -	..	..	..	..	..	..	..	..	..
Respiratory Diseases -	8	4	4	..	3	5	8	..	..
Circulatory Diseases -	3	1	2	..	2	1	2	1	..
Nervous Diseases - -	9	6	3	..	8	1	8	..	1
Other Diseases - - -	4	..	4	..	2	2	3	1	..
Violence - - -	1	1	..	..	1	..	..	1	..
Totals - - -	27	14	13	..	17	10	22	4	1

Zymotic
Diseases.

Table IV. reveals a highly satisfactory condition as regards the prevalence of infectious diseases. We have had no deaths recorded from Small Pox, Enteric Fever, or Epidemic Diarrhoea. Measles and Whooping Cough have each proved fatal in two cases, while from Scarlet Fever and Diphtheria there has only been one fatal case. This death-rate from zymotic diseases altogether was only .44 per 1,000. This very low death-rate is all the more extraordinary considering the prevalence of the Scarlet Fever epidemic throughout the year. It is only, however, right to add that the type of fever during this last epidemic has been

of a very mild character. The number of fatal cases therefore was very small relatively to the number of people affected.

TABLE IV.

Zymotic Mortality in the Putney & Roehampton Sub-district.

ZYMOTIC MORTALITY.	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887
Small-pox	1	..	..	..	..	..	1	..	..	..
Measles	7	..	..	6	13	2	1	4	4	2
Scarlet Fever ..	..	3	1	8	4	7	..	..	1	1
Enteric Fever ..	1	2	4	1	4	2	10	3	1	..
Diphtheria .. ..	..	..	..	1	29	24	..	5	1	1
Whooping-cough ..	4	8	9	3	8	2	8	1	18	2
Epidemic Diarrhœa ..	10	7	10	3	5	5	8	4	9	..
Other Zymotic Diseases	12	7	1	5	6	2	..	1	4	1
Total Deaths from										
Zymotic Diseases ..	36	27	25	27	69	44	28	18	38	7
Zymotic Death-rate ..	2.9	2.1	1.3	2.0	5.0	31	1.9	1.2	2.49	0.44
Death-rate for all Disease	16.0	15.0	13.6	12.5	15.1	17.1	13.7	11.2	11.8	12.5

Inquests and
Uncertified
Deaths.

Seven inquests have been held throughout the year in this Parish, as seen from the following table. Of these five were due to drowning, which seems to be in this quarter a favourite method of committing or attempting to commit suicide. This of course is doubtless due to the proximity of such a long stretch of the River Thames.

Inquests.

Natural Causes	{ Spasm of Glottis ..	1
	{ Fracture of Skull ..	1
Accidental	{ Drowning ..	1
	{ Drowning ..	1
Suicidal	{ Drowning ..	1
	{ Drowning ..	1
	{ Drowning ..	1

Uncertified Deaths.

Convulsions	2
Paralysis of Glottis ..	1
Convulsions and Diarrhœa ..	1
Epilepsy	1

There were also five deaths registered, uncertified by medical men, on which no inquests were held.

Sanitary
Proceedings.

In Table XIV., at the beginning, will be found an interesting summary of the sanitary operations during the year. There were 3,841 houses inspected, compared with 2,277 during the previous year. By the perusal of the table a great amount of most valuable sanitary work will be found to have been carried out. There can be no doubt that the very low death-rate from preventable diseases is to a large extent due to this valuable work being carried on from year to year.

First notices have been served to have requisite repairs or alterations carried out in 642 cases, a great increase in the number of last year, when only 268 notices were served. Water closets have been cleansed and repaired in 276 cases. In a great many of these cases the water closets were stopped up on account of not being flushed out with proper water supply. This is the usual result of water not being laid on properly.

In all cases of zymotic diseases after removal to hospital. Disinfection has been carried out immediately on the information reaching the sanitary authorities. In no case has the infectious disease recurred after disinfection has been carried out.

The usual sanitary inspections of slaughter-houses, cow-houses, &c., have been made, and in no case was it necessary to oppose a renewal of the license. There have been two new applications for private premises to be used as slaughter-houses, and both have been refused by the Metropolitan Board of Works. It is certainly by no means desirable from a sanitary point of view to in-

crease the number of private slaughter-houses. What is much needed is the erection of a public abattoir for the entire district, to take the place of these private slaughter-houses, which are year by year becoming fewer in number.

WM. Y. ORR, M.B.,

Medical Officer of Health for Putney and Roehampton.

STREATHAM,
INCLUDING
BALHAM AND TOOTING.

I have to announce that the public health in Streatham and Tooting attained a high standard in 1887.

The mortality was below that of the previous year. The death rate, exclusive of outlying deaths, was the lowest recorded during the decennium. Inclusive of the latter, it was below the decennial average.

The Zymotic mortality was below that of 1886, and the death-rate therefrom was 1·6 per 1,000.

There was a marked decline in infant mortality, and a corresponding rise in the deaths from old age.

These facts, notwithstanding, the year was not uneventful, as will be shown in detail subsequently, under heading *Zymotic Diseases*. There were outbreaks of Small Pox and Scarlet Fever, isolated cases of the latter disease occurring in various parts of the sub-district. In all probability it was only unceasing vigilance, and the prompt use of sanitary measures, which protected the threatened district from a wide-spread epidemic.

The following statistics, derived as usual from an analysis of the Registrar General's Returns, and from the local records of sickness, mortality and sanitary operations, will prove, I believe, the correctness of my deductions. The afore-named statistics, will also show in detail, many other particulars pertaining to the health of this division of the Wandsworth District.

VITAL STATISTICS.

Population. In the ten years before the last census the population increased from 14,475 to 25,553.

Assuming the same rate of increase upon the last-named figures, during the seventh year of this decennium we attain a population of 38,225. These figures very nearly coincide with an estimate I made by another method of computation. This method I have fully explained in my last annual report.

I believe the figures obtained by these estimates to be as nearly correct as anything can be short of an actual numbering of the people. The population therefore, of Streatham and Tooting in the middle of 1887, was 38,225.

Birth and Birth-rate. The number of births registered during the year was 1,185, 623 of males and 562 of females. The birth-rate, calculated from the total number of births and the foregoing estimate of the population was 31.1 per thousand persons living during the year.

Natural Increase. The rate of natural increase is represented by the excess of births over deaths. This year there was an excess of 739, giving a ratio of 19.1 per 1,000 of the population.

Deaths and Death-rate. The total number of deaths registered in 1887 was 445, a decrease of 28 on the number recorded in 1886. Of these deaths 217 were of males and 228 of females.

The death-rate, calculated from all the registered deaths, and the foregoing estimate of the population, was 11·6 per thousand persons living during the year. This is the lowest death-rate recorded during the decennium exclusive of outlying deaths. When these are added, the death-rate is raised to 13·0 per 1,000.

TABLE I.
Births and Death Rates.

YEARS.	Births.	Birth-rate.	Deaths from all Causes.	Death-rate.	Rate of Natural Increase.
1877 ..	585	34·0	244	12·5	20·0
1878 ..	609	31·4	284	16·7	18·0
1879 ..	636	34·3	290	15·6	18·7
1880 ..	703	28·1	348	13·9	14·2
1881 ..	830	32·1	313	12·1	20·0
1882 ..	891	33·0	341	12·6	20·4
1883 ..	1,027	36·9	419	14·9	21·5
1884 ..	1,138	39·2	445	15·3	23·9
1885 ..	1,078	35·6	423	13·9	23·6
1886 ..	1,078	34·3	473	15·0	19·2
1887 ..	11,85	30·0	445	11·6	19·1

Deaths in Outlying Institutions. The deaths already tabulated as occurring in this sub-district, do not include those of persons belonging to Streatham and Tooting who died in various outlying, general and special hospitals.

These additional deaths are exhibited in the following table, which shows the nature of the cause of death, the age and sex of the deceased, and the character of the institution in which they died.

DISEASE.	Total.	SEX.		AGE.			INSTITUTIONS		
		Male.	Female.	Under 1	1 to 60.	60 and upwards.	Union Infirmary	General & Special Hospitals.	Asylums Board Hospitals.
Small-pox .....	..	..	..	..	..	..	..	..	..
Scarlet Fever	3	..	3	..	3	..	..	..	3
Diphtheria .....	..	..	..	..	..	..	..	..	..
Enteric Fever .....	..	..	..	..	..	..	..	..	..
Whooping-Cough .....	..	..	..	..	..	..	..	..	..
Measles .....	..	..	..	..	..	..	..	..	..
Other Zymotic Diseases	3	2	1	1	1	1	1	2	..
Tubercular Diseases	8	4	4	..	8	..	1	7	..
Cancer	4	1	3	..	3	1	1	3	..
Rheumatism	1	1	..	..	1	..	1	..	..
Respiratory Diseases	6	4	2	..	5	1	2	4	..
Circulatory Diseases	6	1	5	..	2	4	5	1	..
Nervous Diseases	8	4	4	..	4	4	3	5	..
Other Diseases	11	5	6	1	5	5	4	7	..
Violence	5	2	3	1	3	1	..	5	..
TOTALS	55	24	31	3	35	17	18	34	3

There were 55 deaths in outlying institutions, 24 were of males and 31 of females; 18 took place in the Union Infirmary, 34 in general and special hospitals, and 3 in hospitals set apart for infectious diseases.

When these deaths are added to the 445 deaths, which occurred in the sub-district, the death-rate is raised to 15.0 per 1,000, instead of 11.6, as it is without these outlying deaths.

In comparing the death-rate of this and former years, it should be remembered that only during the last 3 years of the decennium have deaths in outlying institutions been included in the local death-rate.

STATISTICS OF MORTALITY.

STREATHAM, INCLUDING TOOTING & BALHAM.				Total deaths from each Class of Disease, &c., in the Sub-District.	SEX.		AGE.								SOCIAL POSITION.			
CAUSES OF DEATH.					Males.	Females.	Under 1 year.	From 1 to 5 years.	From 5 to 10 years.	From 10 to 20 years.	At 20 and under 40 years of age.	At 40 and under 60 years of age.	At 60 and under 80 years of age.	80 years and upwards.	Nobility and Gentry.	Professional Class, Merchants, Bankers, &c.	Middle and Trading Class, Shopmen, Clerks, &c.	Industrial and Laboring Classes.
Population (Census) 1881				25,553														
Official population in middle of 1887				38,225														

Zymotic
Diseases—
their
Prevalence
and
Fatality.

There were 64 deaths in this class, 26 were of males and 38 of females. This yields a percentage of 14·3 upon the deaths from all causes during the year, as against 14·1 per cent last year, and gives a death-rate of 1·6 per 1,000 of the population.

Nearly two-thirds of the mortality was due to measles and diarrhoea.

The subjoined table contrasts all the deaths resulting from the seven principal epidemic diseases, with the death-rate therefrom, as well as the death-rate from all diseases during the last ten years.

TABLE IV.

Zymotic Mortality in the Streatham & Tooting Sub-district.

	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887
Small-pox ..	1	..	..	..	..	..	..	..	..	..
Measles ..	11	2	1	3	5	7	8	2	11	21
Scarlet Fever ..	2	5	31	13	9	2	8	..	..	4
Diphtheria ..	3	2	7	1	4	13	3	5	6	7
Euteric Fever ..	1	3	5	2	9	8	4	6	3	2
Typhus Fever ..	..	..	..	..	..	..	..	..	..	1
Whooping-Cough ..	11	21	8	9	1	11	9	7	25	6
Epidemic Diarrhoea ..	13	3	6	9	3	9	11	12	20	16
Other Zymotic Diseases ..	..	10	10	9	13	15	11	2	1	7
Total deaths from Zymotic Diseases	42	41	68	44	41	65	53	34	67	64
Zymotic Death-rate ..	2·3	2·2	2·7	1·7	1·6	2·3	1·8	1·1	2·1	1·6
Death-rate from all Diseases ..	16·7	15·6	13·9	12·1	12·6	14·9	15·3	13·9	15	11·6

On reference to the table, it will be seen that there was no death from Small Pox, nor did any case die in hospital. There was, however, late in the year an out-

break of the disease in Barrow Road. Two children, a boy and girl, were kept at home suffering from Small Pox. These cases were not disclosed to the Authorities till the first attacked was convalescent. Two near neighbours, a Mrs. Corps, who lived two doors off, and a Mrs. Jenner, who lived opposite, were taken seriously ill at the same time, November 24th. The first-named woman was sent to the Small Pox hospital, and ultimately recovered. The last died in a few days from some very virulent disease, certified Typhus. The infected houses were thoroughly fumigated and cleansed, and the disease was arrested.

Notwithstanding my efforts to discover the origin of the outbreak, I was unable to do so.

At the request of the Streatham Local Committee, I subsequently inspected all the cottages in Barrow Road, (nineteen in number). I found them in a very fair sanitary condition.

Turning again to the table we find that there were only four deaths from Scarlet Fever.

Though cases were removed to hospital from Streatham and Tooting, this district has not, in comparisor with others, suffered severely from the epidemic which has so generally prevailed in London. Still, it has not been exempt, and more than one outbreak of the disease threatened, at one time, to become wide-spread.

One particular case called for prompt action. Its origin was traced to three children in one family who had no medical attendant, and who were allowed to run about whilst actively peeling. When the Inspector of Nuisances became aware of this state of things, he did what he could to put a stop to it, but was too late to prevent infection.

On the 10th of October, I was informed that Scarlet Fever had broken out in four or five families of this poor part of West Streatham. I at once visited the locality, saw the medical men in attendance, and invited their co-operation in removal for the future, and in the isolation of those now being treated at home.

I also visited the Board Schools, and finding there were very few absentees, concluded the outbreak was limited, I put the teachers on their guard. The Inspector visited the infected houses from time to time and distributed disinfectants. When the children recovered the houses were disinfected and purified in the usual way, and I had the satisfaction of knowing an extension of the disease was prevented by prompt and vigorous sanitary measures.

These outbreaks of Small Pox and Scarlatina supply some recent facts in support of notification of infectious diseases.

Diphtheria caused seven deaths and Typhoid Fever only two. One death was ascribed to Typhus. All these deaths occurred between May and December, and were widely separated. The premises in every case were carefully inspected for sanitary defects, and the water and milk supply inquired into.

It is to be regretted that Diphtheria should be excluded from the Asylums Board Hospitals. Its treatment requires isolation equally with that of other fevers, and its treatment could be better undertaken since operative measures are sometimes called for.

Measles was very prevalent during the first half of the year, and caused 21 deaths. It was more fatal than

in any year of the decennium. Probably the long, cold spring had to do with this result, as it favoured pulmonary congestions its generally fatal termination.

There were 16 deaths from epidemic Diarrhœa. Allowing for increase of population this did not exceed the average.

Other Diseases.] These are grouped under five heads in the Mortality table, viz :—Constitutional, Local, Developmental, Violence, and Ill-defined.

The total number of deaths from the diseases included under these various headings, was below the number recorded in 1886. Considered separately, there was a decline in the number of deaths from some diseases and an increase in others.

In the Tubercular Class the mortality was high, forming 13·2 per cent. of all deaths.

There was a marked decline in the number of deaths from Respiratory Diseases. They form 15 per cent. of all deaths as against 20·2 per cent. last year.

Diseases of the Nervous System resulted in 60 deaths, giving a per centage only of 13·4 upon all deaths.

There was a decline in the mortality from Circulatory and Digestive Diseases, and a rise in the deaths from Old Age and Violence.

The deaths from the other diseases under the various headings do not differ sufficiently from their averages to call for special remark.

Age at death
Infant Mortality.

There was a marked decline in the deaths of infants under one year of age. The numbers fell from 144 last year to 120 this year, being only 26·9 per cent of all deaths as compared with 30·4 per cent in 1886. 12·8 per cent of all deaths took place before the age of five, and upward of 45 per cent before the age of twenty.

There was an increase in the mortality from tubercular diseases in early life, and a decrease in that due to nervous, digestive and respiratory diseases.

Semile
Mortality.

Thirty-one deaths are ascribed to old age, as compared with 21 in the previous year; 15 were of males, and 16 of females. 130 deaths took place at, and over 60, the ages of 54 of these ranged from 70 to 80, and 23 from 80 to 90, two were respectively 90 and 91.

Senile deaths yield a percentage of 26 on all deaths. Of the persons who died at 70 and upwards, 34 were males, and 45 females.

Sickness and
Mortality
amongst the
out-door
Parish Poor.

The number of persons who were under treatment, together with the nature and extent of the sickness that prevailed, and the deaths that took place amongst the out-door parish poor will be found in Table 13. 395 cases came under treatment during the year. 81 of these were in the Zymotic class. They include one case of Small-pox, 30 Measles, 17 Scarlet Fever, 10 of Whooping Cough, 20 of Diarrhœa, one of Enteric Fever, and two of Puerperal Fever, with three deaths one each from Measles, Whooping Cough and Diarrhœa.

The fever cases were sent into Hospital. There were sixteen deaths in the other classes due principally to old age, low vitality and lung affections.

Social Position. The following Table shows the percentage of deaths in the various classes during the year.

Nobility and Gentry	28	=	6.29	per cent.
Professional Class, Merchants, &c. ..	72	=	16.2	„
Middle and Trading Class ..	147	=	33.01	„
Industrial and Labouring Class ..	198	=	44.5	„
Total deaths	445		100	

There was a lower rate of mortality in all classes during the year, more markedly so in the Higher, Middle, and Industrial than in the Professional Classes

Inquests. Seventeen inquests were held with the following results:—
Violent Deaths.

I. Natural ..	Natural causes ..	1
	Syncope ..	4
	Convulsions ..	3—8
II. Accidental ..	Scalds ..	1
	Poisoning ..	1
	Asphyxia by drowning ..	1
	Suffocation ..	1
	Fracture of Skull ..	3
	Run over by van ..	1
	Run over by train ..	1—9
		17

Uncertified Deaths. Six deaths were uncertified, they were all submitted to the Coroner before being registered as having probably died from the following causes:—

Heart Disease ..	1
Natural Decay ..	1
Measles Bronchitis ..	1
Convulsions ..	1
Syncope ..	1
Exhaustion ..	1
	6

Sanitary Proceedings. A summary of the usual and principal sanitary works of the year may be seen in Table 14. This does not include a large amount of work which cannot be tabulated.

The figures show that there has been no falling-off in the inspection of houses. No less than 3,841 houses were inspected, and their sanitary condition recorded. 445 first notices were served to remedy defects and abate nuisances. Only 17 second notices were needed to ensure compliance, and a large amount of sanitary improvement was effected on requisition. It was not found necessary to apply to a magistrate in any case.

Amongst the more important works of the year may be mentioned the lifting, altering, and relaying of imperfect drains, and the cleansing of foul drains. Also the syphoning off of sewer gasses, altering sinks, baths, lavatories, and rain-water pipes to discharge over gullies outside. Also cleansing and repairing of water closets, causing water to be laid on 18 closets, providing dust bins and cisterns, and repairing and covering a large number of the latter. The higher figures in respect of these improvements are shown in the table.

In addition to this, 13 pig nuisances were removed, and 87 accumulations of manure were got rid of, 70 unwholesome and dilapidated houses were repaired and cleansed, and 30 cesspools abolished. There were 76 rooms in 53 houses disinfected after infectious diseases as compared with 23 last year, 51 after Scarlet Fever, 2 after Typhoid, 6 after Diphtheria, 5 after Small-pox, there was no recurrence after disinfection. The Inspector carries out my instructions regarding these matters, to my entire satisfaction.

The bake-houses have all been regularly inspected, and are in good condition.

I personally inspected all the cow-sheds and slaughter houses, and saw no reason to oppose a renewal of the owners' licenses.

I was also instructed to make the following special reports :—

I. *The state of Larch Road.*—This road is not a parish road, and when I inspected it, had the appearance and characteristics of undedicated roads generally, was in a rough state and badly kept, though not in itself unhealthy.

In the adjoining ground on the north side and close to the end of a terrace of houses, there was a shallow pond of stagnant water, and on the ground adjacent some loads of house-refuse. As a sanitary precaution the water was drained off, and further deposit of house-refuse prevented.

II.—On the 7th of June I inspected with Mr. Barber, the Surveyor, the site of Mr. James Curtis' proposed *catgut factory* at Field View, Totterdown, Tooting. Having regard to its position within fifty yards of the High Street, Tooting, its proximity to a number of small houses and some workshops, I thought it undesirable to establish such a business, so liable to become a nuisance, in such a neighbourhood, and reported accordingly. The Board consequently objected to the proposed factory. I attended the Metropolitan Board of Works when the case came on for hearing. The application was refused.

III. *Condition of Cottages in Barrow Road.*—In consequence of the outbreak of Small-pox in October, and to determine their fitness for human habitation, I inspected these cottages. There was no nuisance in any of them, and in four only slight defects in water supply apparatus. The houses were in a very fair sanitary condition, and quite fit for human habitation.

I have to thank Mr. Barber, the Surveyor, for his ready assistance in all matters relating to the sanitary state of the district. His long experience and ripe judgment render his co-operation very valuable.

Mr. Phimister, the Inspector of Nuisances, is a very active and zealous officer. He carries out his onerous and responsible duties in a very efficient manner.

Mr. Jones, the Assistant Inspector, performs his duties in a very satisfactory manner.

F. F. SUTTON, M.D.,

Medical Officer of Health for Streatham and Tooting.

WANDSWORTH.

The health of this sub-district during the year 1887 was in a very satisfactory condition. The total mortality was unusually low, and the amount and fatality of epidemic disease with its attendant loss of infant life were greatly reduced. The only zymotic diseases which prevailed epidemically were Measles and Diarrhœa, and there was, with slight exception, immunity from the epidemic of Scarlet-fever from which the Metropolis generally suffered to so great an extent. The prevalence of a low death-rate with a high birth-rate and a low rate of infant mortality which, with other detailed statistics, will be found recorded in the following pages, may be accepted as trustworthy exponents of the high vital status of the inhabitants of this rapidly-increasing suburb during the past year.

VITAL STATISTICS.

Population. Assuming that the population has increased during the past year in the same proportion as it had done during the ten years preceding the last census, the mean number of inhabitants during 1887 amounted to 33,141.

Births—Birth-rate—Rate of Natural Increase. The total number of births registered during the past year was 1,338—673 of males, 665 of females. This number, which is greater by 83 than that of the previous year, exceeded the average number of the preceding ten years, allowing for increase of population, by 264. This excess is $24\frac{1}{2}$ per cent., and very pointedly indicates a large accession to the population by immigration. Calculated from the total births registered and the foregoing estimate of the population, the birth-rate of the past year was 41·96 per 1,000, and the rate of natural increase 24·59 per 1,000 persons living.

Mortality. The total number of deaths registered during the year was 610—295 of males and 315 of females, and is less by 112 than that of the year previous, and by 8 than the average of the preceding ten years, raised for increase of population. 127 of all deaths occurred in the following institutions, viz :—in the County Lunatic asylum 95 ; in the Hospital for Incurables 9 ; in St. Peter's Hospital 3 ; in the Prison 13 ; in the Workhouse 6 ; and in the Royal Patriotic Asylum for Girls 1.

In addition to the foregoing deaths recorded within the sub-district, 67 deaths of Wandsworth parishioners were registered as having occurred in the following out-lying institutions, viz :—in the Infirmary of the Union 44, and in the Metropolitan hospitals 25 ; these with the sex, age, and cause of death of the deceased, are exhibited in the following table :—

Deaths in Outlying Institutions.

DISEASE.	Total.	Sex.		Age.			Institutions.		
		Male.	Female	Under 1.	1 to 60.	60 and upwards	Union Infirmary.	General and Special Hospitals.	Asylums Board Hospitals.
Small Pox .. ..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	..	..	..	..	..	..	..	..
Scarlet Fever	5	5	..	..	5	..	..	..	5
Diphtheria .. ..	..	..	..	..	..	..	..	..	..
Whooping Cough .. ..	..	..	..	..	..	..	..	..	..
Typhus Fever .. ..	..	..	..	..	..	..	..	..	..
Enteric Fever	1	1	..	..	1	..	..	..	1
Diarrhœa .. ..	..	..	..	..	..	..	..	..	..
Other Zymotic Diseases ..	1	..	1	..	..	1	1	..	..
Total Zymotic Diseases	7	6	1	..	6	1	1	..	6
Tubercular Diseases ..	15	13	2	..	13	2	12	3	..
Cancer	1	1	..	..	..	1	1	..	..
Rheumatism .. ..	..	..	..	..	..	..	..	..	..
Respiratory Diseases ..	8	3	5	1	3	4	8	..	..
Circulatory Diseases ..	7	2	5	..	4	3	6	1	..
Nervous Diseases	5	1	4	1	3	1	4	1	..
Other Diseases	24	12	12	4	11	9	12	12	..
Violence	2	2	..	..	1	1	..	2	..
TOTAL	69	40	29	6	41	22	44	19	6

Death-rate. Determined from the total deaths registered and the official estimate of the population, the death-rate of the past year was 16·59 per 1,000 persons living. In this calculation, correction is made for the deaths that occurred in the Surrey County Lunatic Asylum, St Peter's Hospital, and the Hospital for Incurables, the inmates of which institutions are derived almost entirely

from without the parish, undergo no natural increase, and are subject to a high mortality, the latter averaging about one-fifth of all deaths registered—an amount which, without such correction, would simply reflect the fluctuations of the mortality of these institutions, and render the death register useless as a datum for deducing the *natural* death-rate of the sub-district. On the other hand the deaths of Wandsworth parishioners that occur in the Union Infirmary are registered in Battersea, in which sub-district that institution is situated. The correction referred to consists in withdrawing from the calculation the population and mortality of the Asylum and above-named hospitals, and adding to it the deaths of Wandsworth parishioners that occurred in the Union Infirmary. Inclusive of the deaths that took place in public hospitals and other institutions external to the sub-district (and which may be fairly assumed to be equalled by the deaths of non-parishioners within the sub-district), the death-rate was 17·37 per 1,000, or ·37 per 1,000 only above the healthiest of the rural districts.

The birth and death-rates here given have been determined from the foregoing estimate of the population according to the official method, but looking to the remarkably large number of births in excess of the decennial average and the great increase in the number of inhabitants as shewn by the parochial rate-book, there can be but little doubt that the population thus estimated is very much below the actual number, a result which it need be scarcely observed, has the effect of unduly raising the birth and death-rates. The assumption that

such is the case finds corroboration in the proportion which the annual average number of births bore to the annual average number of persons living during the preceding ten years. Calculated from this proportion the mean population of 1887 was 35,144, giving a birth-rate of 38·07, a death-rate of 15·76, and a rate of natural increase of 22·31 per 1,000.

The Birth and Death rates for the past and ten preceding years are shewn in the subjoined table.

Birth and Death Rates.

Years.	Births.	Birth-rate.	*Deaths from all causes.	Death-rate.		Rate of Natural Increase.
				Corrected.	Un-corrected.	
1877 ..	684	29·90	384	12·59	16·13	17·31
1878 ..	718	30·53	422	14·41	17·26	16·12
1879 ..	744	37·97	516	18·04	20·56	19·93
1880 ..	810	30·53	484	15·45	17·67	15·08
1881 ..	901	33·70	507	17·43	17·97	16·61
1882 ..	972	35·28	544	17·49	18·70	17·79
1883 ..	907	32·07	499	16·17	16·71	15·90
1884 ..	1,072	36·72	576	17·23	18·77	18·84
1885 ..	1,122	37·37	628	18·82	19·93	18·55
1886 ..	1,255	40·40	722	19·05	22·33	21·35
1887 ..	1,338	41·96	610	15·58	18·40	24·59

* Deaths in Outlying Institutions not included.

The following table exhibits all the causes of death classified according to the sex, age and social position of the deceased persons, the diseases of the zymotic class being severally set forth :—

STATISTICS OF MORTALITY.

WANDSWORTH.			Total Deaths from each class of Disease, &c., in the Sub-District.	SEX.		AGE.								SOCIAL POSITION.			
Population (Census) 1881 28,004				Males.	Females.	Under 1 year.	From 1 to 5 years.	From 5 to 10 years.	From 10 to 20 years.	At 20 and under 40 years of age.	At 40 and under 60 years of age.	At 60 and under 80 years of age.	80 years and upwards.	Nobility and Gentry.	Professional Class Merchants, Bankers, &c.	Middle and Trading Class, Shopmen, Clerks, &c.	Industrial and Labouring Classes.
Official Population in middle of 1887 33,141																	
CAUSES OF DEATH.																	
I. Zymotic.	Small-pox
	Measles	20	9	11	5	14	1	1	2	17
	Scarlet Fever	1	1	1	1
	Typhus Fever	6	2	4	..	..	1	1	3	1	..	..	..	..	2	4
	Enteric Fever																
	Puerperal Fever	2	..	2	2	2
	Diphtheria	2	2	..	1	..	1	2
	Whooping Cough	8	3	5	4	4	1	1	6
	Erysipelas	1	..	1	1	1
	Diarrhoea, Dysentery, and Cholera	30	15	15	23	4	..	1	..	2	1	9	20
Other Zymotic Diseases	1	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..
Totals of Zymotic Class		71	33	38	34	23	3	2	6	3	..	..	..	4	14	53
II. Constitutional.	Gout, and Rheumatism	11	6	5	..	..	2	1	3	1	4	..	1	3	3	4
	Cancer & other Tumours	16	6	10	..	..	1	..	2	6	7	..	3	..	4	9
	Other Constitutional Diseases	5	3	2	2	1	..	..	..	1	1	..	..	..	2	3
	Phthisis	79	34	45	..	5	1	11	30	26	6	..	..	4	24	51
	Tabes Mesenterica	30	16	14	24	4	1	..	1	..	..	..	..	1	5	24
	Hydrocephalus ...	1	1	..	..	1	..	..	..	..	..	..	..	..	1	..
	Sci ofula	1	..	1	..	..	..	..	..	1	..	..	..	..	1	..
III. Local.	Nervous	115	62	53	23	11	3	1	13	33	27	4	7	5	40	63	
	Circulatory	32	16	16	1	2	..	..	5	10	13	1	2	3	3	24
	Respiratory	110	56	54	27	21	4	2	5	19	28	4	2	5	24	79	
	Digestive	30	11	19	3	..	..	1	5	12	9	..	3	2	9	16
	Urinary	17	13	4	..	3	..	1	3	5	5	..	..	3	5	9
	Generative	2	..	2	..	..	..	..	2	..	..	..	..	..	1	1
	Locomotor	1	..	1	..	..	..	..	..	1	..	..	..	..	..	1
	Integumentary .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
IV. Develop- mental.	Premature Birth, Low Vitality, and Congenital Defects	38	18	20	37	..	1	..	..	..	..	..	..	2	13	23
	Old Age	36	15	21	..	..	..	..	..	..	15	21	3	3	13	17
V. Violence		13	5	8	2	1	1	1	2	3	3	..	..	1	4	8
VI. Ill-defined and Not specified { Ill-defined, Not specified		2	..	2	..	..	..	..	1	1	..	..	..	..	..	..
TOTALS		510	295	315	153	72	17	20	78	122	118	30	21	35	106	387	

Causes of
Death.

The following are the numerical proportions borne by the several classes of disease in the causation of the mortality recorded in the foregoing table. The highest number is seen to be attained by diseases of the brain and nervous system, amounting to 115; this number is 24 less than the average, the diminution being principally due to a decrease in the number of deaths in the Surrey County Lunatic Asylum, but as this class is unduly raised by the deaths in that institution, the proportion due to the sub district proper cannot be accurately determined. Exclusive of this class, the first in order of fatality was the Tubercular class contributing 111 deaths, or 32 above the average. Inclusive of other constitutional diseases formerly classed as "Gout, Rheumatism, Cancer, and of uncertain seat," the number is 143, or 42 above the average; 79 deaths in this class were due to Consumption alone, the latter being as usual the most fatal single disease. The next most fatal class was "Diseases of the Respiratory Organs," which amounted to one less only than the number of the preceding class, and were 6 above the average, Bronchitis, which caused 53 deaths, being the most fatal of the class. The Zymotic class contributed 71 deaths only being 30 less than the average. The deaths from "Premature birth, Low Vitality, Congenital defects, &c.," numbered 38 and were 4 above the average. The next in amount were from Age, 36, or 5 above the average. Diseases of the "Heart and Circulation" caused 32 deaths, or 2 above the average; "Diseases of the Digestive Organs," 30, being 2 below the average; Diseases of the Urinary Organs, 17, or 3 above the average; and Violence, 13, being 6 below the average. The remaining classes present no deviation from their average amounts which requires notice. The most noteworthy records in the table are the increase in the fatality from diseases of the Tubercular class and dis-

eases of the Respiratory Organs, but more satisfactorily, the great diminution in the number of deaths from diseases of the Zymotic class.

The variation in the numbers of the different causes of death are compared with their corresponding numbers in the preceding ten years, and with their respective averages in the two following tables, the former comprising the mortality of the non-zymotic and the latter that of the zymotic class of diseases.

Non-zymotic Mortality.—Table shewing the number of deaths in 11 years, 1877—87, with the increase or decrease of deaths in 1887, compared with the annual average deaths in 1877—86 raised in proportion to increase of population.

CAUSES OF DEATH.		1877.	1878.	1879.	1880.	1881.	1882.	1883.	1884.	1885.	1886.	1887.	1887.	
													No. above corrected average.	No. below corrected average.
Constitutional.	Tubercular ..	54	60	62	60	51	69	64	85	90	87	111	32	..
	Other Constitutional	17	14	12	17	19	19	20	18	28	30	32	10	..
Local.	Nervous	111	111	96	106	121	106	116	128	145	151	115	..	24
	Circulatory	21	19	20	23	28	28	25	22	36	46	32	2	..
	Respiratory	42	86	125	89	90	87	69	70	101	135	110	6	..
	Digestive	18	29	21	21	28	28	35	47	22	30	30	..	2
	Urinary	9	4	10	11	4	20	13	15	12	26	17	3	..
	Generative	3	4	10	1	..	4	..	3	6	4	2	..	1.5
	Locomotor .. ..	..	1	..	3	2	1	..	2	2	..	1	..	..
Developmental.	Integumentary .. ..	..	..	..	..	..	1	..	..	3	..	..	..	.5
	Premature Birth ..	19	18	18	27	37	27	23	40	37	45	38	4	..
	Malformation ..													
	Low Vitality ..													
	Age	13	14	26	23	27	27	33	42	34	32	36	5	..
Violence	11	13	11	11	20	18	32	21	15	17	13	..	6	
Ill-defined or Not specified	..	3	1	1	..	4	1	..	..	..	3	2	.5	..

Zymotic Mortality.
Epidemic Diseases,
their prevalence
and fatality.

The following table exhibits the total deaths that occurred from Zymotic diseases, particularizing those that resulted from the seven principal Epidemic diseases during the past and ten preceding years, and the relative proportion which they bore to the deaths from all causes. It also shews the increase or decrease of deaths in 1887 compared with the annual average deaths in 1877-86, raised in proportion to increase of population :—

DISEASES.	1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887	1887.	
												No. above corrected average.	No. below corrected average.
<i>Seven principal Epidemic Diseases.</i>													
Small Pox ..	..	..	1	..	9	..	..	1	3	..	..	..	1.6
Measles ..	..	4	16	9	5	18	14	6	19	28	20	6	..
Scarlet Fever ..	21	2	15	24	19	9	5	5	3	6	1	..	11
Diphtheria ..	..	4	1	4	1	3	11	4	6	10	2	..	3
Fever { Typhus }	9	3	8	6	4	9	12	4	4	8	6	..	1
{ Enteric }													
Whooping Cough ..	11	6	44	15	12	26	5	17	24	31	8	..	14
Diarrhoea ..	16	19	7	20	19	29	10	27	35	28	30	6	..
Cholera }	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Deaths from above Epidemic Diseases	57	38	92	78	69	94	57	64	94	111	67	..	21
Other Zymotic Diseases ..	6	10	12	14	7	14	20	19	3	5	4	..	8
Total Deaths from Zymotic Diseases	63	48	104	92	76	108	77	83	97	116	71	..	30
Zymotic Death- rate per 1,000 ..	2.64	1.96	4.14	3.35	2.71	3.72	2.57	2.70	3.07	3.58	2.14	..	1.42
Total Deaths from all causes	384	422	516	484	507	544	499	576	628	722	610	..	8
Per centage of Deaths from Epi- demics to Deaths from all causes ..	14.8	9.0	17.8	16.1	13.6	17.2	11.4	11.1	14.9	15.3	10.9	..	5.6

The total deaths that occurred from the above diseases during the past year are seen, on reference to the table, to have been 71; this number is 41 less than that of the previous year, and 30, or nearly one-fourth part less than the decennial average. 67 belonged to the Epidemic class: the deaths from each disease of this class are seen to have been below the average, with the exception of Measles and Diarrhœa, from both of which they exceeded the average number by 6. Measles prevailed to a considerable extent during the first eight months of the year, but mostly in the Summer and early Autumn, when Diarrhœa was also most prevalent. The deaths from these two diseases occurred almost entirely to children under five years of age, and in the case of the latter disease, with four exceptions, exclusively to infants under one year of age. Whooping-Cough resulted in 8 deaths, being 14 less than the average. Enteric Fever, in 6 deaths, or 1 below the average; and Scarlet Fever in 1 only, but 5 occurred in the Asylum Board's hospitals. Inclusive of these the number is 5 less than the average. Small-pox, as in the previous year, was entirely absent, in reference to which the following extract from the Return of Vaccination made by the Vaccination Officer to the Local Government Board may be here fitly introduced.

Vaccination. Respecting the vaccination of children whose births occurred in 1886, it appears from such return that of the 1,260 children born, 1,042 were successfully vaccinated, 120 died unvaccinated, 21 were postponed on account of sickness, 5 were certified as "insusceptible," and 2 removed to places duly notified, leaving 70 or 5.5 per cent. who had removed to places unknown or out of reach.

The following table shews the months in which the deaths from epidemic diseases occurred, with the mean temperature of each quarter. The great majority of these deaths is seen to have

resulted in the third quarter, and to have much exceeded the combined number of the other three quarters, the excess having been principally due to Diarrhœa, the result of the high temperature of the period.

DISEASE.	January	February	March	April	May	June	July	August	September	October	November	December
	Mean Temp. 37·3			Mean Temp. 51·6			Mean Temp. 61·0			Mean Temp. 41·3		
Small Pox.....	..	..	2	..	4	5	7	1	..	..	..	..
Measles .....	..	1	..	1	..	..	..	..	..	..	..	..
Scarlatina .....	..	1	..	..	..	..	..	..	..	..	1	..
Diphtheria	2	..	1	..	..	..	1	..	..	1	..	3
Whooping Cough ..	..	..	..	..	..	1	13	11	1	..	3	1
Diarrhœa	1	1	1	1	..	..	..	1	1	..	..	..
Fever .....	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS.....	3	3	4	2	4	6	21	13	2	1	4	4
	10			12			36			9		

Deaths in
relation
to Social
position.

The proportion per cent. of the total deaths, as well as of those from zymotic diseases in relation to the social position of the deceased, is shewn in the subjoined table:—

SOCIAL POSITION.	Total Deaths.		Deaths from Zymotic Diseases.	
	1887.	Decennial Average.	1887.	Decennial Average.
Nobility and Gentry... ..	3·44	3·41	0 00	1·27
Professional Class, Merchants, Bankers, &c. ..	5 90	4·81	5·63	4 22
Middle & Trading Classes. Clerks, &c.	27·22	22 78	19·92	20 08
Industrial and Labouring Classes	63 44	69·00	74·45	74·43
	100·00	100 00	100·00	100·00

The mortality from zymotic disease sustained by the labouring population in comparison with that of the other classes combined is seen to have corresponded with the average amount, but the proportional amount of the total mortality that occurred amongst the labouring classes underwent the unusually large reduction of more than $5\frac{1}{2}$ per cent. during the past year, a circumstance which furnishes a marked indication of sanitary progress in the direction of its greatest requirement.

Infant
Mortality.

As might be anticipated from the diminished fatality during the past year of epidemic diseases, the most destructive of infant life, a very considerable reduction is noticeable in the amount of infant mortality; thus the proportional number of deaths of infants under one year of age in relation to the number of births was 11.4 per cent., the decennial average being 13.6 per cent. Relatively to the total mortality however, infants under one year of age suffered a disproportionately greater number of deaths, as is seen on comparing the annual number with the decennial average number of deaths of children at the following ages, viz:—the deaths of children under ten years of age formed 39.6 per cent. of the total mortality, the average being 40.8 per cent., whereas the deaths of infants under one year formed 25 per cent. of all deaths, the average being 21.8 per cent. The relatively greater mortality of infants under one year was the result of the fatality of Diarrhœa having been, as already shown, almost exclusively borne by them.

Senile
Mortality.

Eighty deaths occurred at 70 years and upwards, the average number being 62, and of the former 36 were registered as due to old age, unassociated with disease. The sex and age of the deceased with the numbers at different periods are set forth in the following

tabular form. The females are seen to be one third more numerous than the males, and, as usual, to exceed them in longevity, the highest age attained, that of a female, being 96 years.

Age.	Males.	Females.	Total.
70 — 75	8	13	21
75 — 80	16	16	32
80 — 85	5	12	17
85 — 90	3	5	8
93	..	1	1
96	..	1	1
	32	48	80

Sickness and
Mortality
of the
Parochial
Poor.

The several diseases with their nature, amount and fatality, that occurred amongst the parochial poor during the year are contained in Table XIII., page 21. The total number of fresh cases coming under treatment was 683, and the total number of resultant deaths 31, or 4·5 per cent., being somewhat below the average. The largest proportion of the mortality was contributed by diseases of the breathing organs, amounting to nearly one-third of the whole, 207 cases having resulted in 10 deaths. Epidemic diseases were greatly diminished in number and intensity; they amounted to 49, the average number being 88. As in the sub-district generally, the only diseases that prevailed epidemically were Measles and Diarrhœa, 15 cases of the former and 25 of the latter. There were 5 cases of Fever, 2 of Scarlatina, and 1 of Diphtheria. They were all unattended with fatality

except Measles, from which two deaths resulted. The figures in the table are valuable as furnishing corroboration of the indications of the health of the sub-district derivable from the Statistics of Mortality on page 100. The latter show the results of disease in one direction only—that of fatality—whereas the former present the favourable as well as fatal results of a given amount of sickness, and thus furnish an index of the intensity of disease that has prevailed generally. Thus the great prevalence and fatality of diseases of the Respiratory Organs and the great diminution in the amount and intensity of epidemic diseases are prominently evidenced by the figures contained in the table above referred to.

Inquests, Violent Deaths, Uncertified Deaths.	Fifty inquests were held during the year, being 6 more than in 1886. In 36 instances verdicts of death from natural causes were returned, and in 13 from violence, or 5 less in number than in the year preceding. 12 of the violent deaths were accidental and 1 suicidal. In one instance the cause of death was not specified. In 6 cases only was the cause of death uncertified by medical testimony, and each of these was submitted to the Coroner, who, after investigation of the circumstances attending the death, considered further inquiry unnecessary.
---	---

The following is a tabulated statement of the number and sex of the persons who formed the subjects of the inquests, with the verdicts of the latter :—

			Males.	Females.	Total.
Deaths from natural causes	..	..	29	7	36
Deaths from violence, viz :—					
<i>Accidental</i> ..	{	Concussion of Brain from a Fall	—	1	12
		Scalds and Burns	1	1	
		Drowning	1	1	
		Fractures	1	2	
		Suffocation	1	2	
		Choked by a Piece of Cheese	1	—	
<i>Suicidal</i> ..		Poisoned by Swallow- ing Carbolic Acid ..	—	1	1
<i>Not specified</i> ..		Found Dead in Thames	—	1	1
			—	—	—
			34	16	50

Sanitation. The sanitary proceedings of the year are enumerated, as far as is practicable, in Table XIV. page 23, on reference to which it will be seen that a vast amount of work, as represented by the inspection of houses with the remedying their defects and the removal of nuisances generally, has been accomplished. 4,449 houses were inspected, the number being 254 more than in the year preceding. 740 notices were served to remedy defects, or 215 more, while the second notices required to be issued were 60, or 33 less than in 1886, which would seem to indicate a greater readiness on the part of owners and occupiers of houses to comply with the requirements of the sanitary law than heretofore. Irrespective of the greatly increased numbers in the table arising out of the building of new houses, as in the instance of new drains, water supply, &c., the figures relating to important details are much higher than in 1886. The disinfection and purification of houses in which infective diseases occurred were vigorously pro-

secuted. In most instances sulphur-fumigation was the agent employed, and, as in the year preceding, without the recurrence of the disease for the prevention of which its use was required, and to this preventive measure with early removal of the patient to hospital, much of the immunity of this sub-district from epidemic disease during the year is without doubt attributable.

The cow-houses, 16 in number, and the slaughter-houses, 8 in number, were examined and their condition reported on prior to a renewal of their owners' licenses. The bake-houses, 37 in number, also underwent, as usual, periodical inspection. They were all in a satisfactory condition.

The whole sanitary procedure was conducted without the intervention of the law except in two instances, in which it became necessary to obtain prohibitory orders from the sitting magistrate for the suppression of a piggery in the centre of the town in one instance, and for the prevention of the deposit of house-refuse and other noxious matters on the Osier grounds, Riverside, in the other.

The statistical and other data presented in this Report collectively furnish conclusive evidence of the attainment by this sub-district of a high standard of health during the past year, and the extensive amount of important sanitary work above referred to may be justly accepted as having conduced to such a satisfactory result.

In conclusion I beg to bear testimony to the zealous manner in which the Sanitary Inspectors have performed their important duties.

GEORGE EDWARD NICHOLAS, M.D.,

Medical Officer of Health for Wandsworth,

ANALYST'S REPORT.

South London Central Public Laboratory,
325, KENNINGTON ROAD, S.E.
LONDON.

March 6th, 1888.

TO THE WANDSWORTH DISTRICT BOARD OF WORKS.

GENTLEMEN,

In accordance with the usual custom, I beg to report that during the year 1887, I received from the Inspector and duly examined 428 samples of food and drugs, and 11 samples of water. Of these, the following articles of food were found to have fallen below the legal standards:—

6 Samples of Milk (having from 11 to 25 per cent. of Water.)					
11	„	Butter (	„	50 to 100	„ Animal Fat)
3	„	Pepper (	„	8 to 15	„ Spent Ginger.)
3	„	Coffee (	„	20 to 35	„ Chicory).
<hr/>					
Total	23	Samples condemned, or 5½ per cent.			

Nearly all the samples of water were found to be more or less contaminated, and five were absolutely condemned.

A special investigation into the state of the water and mud in the Lake at Battersea Park exhibited a most unsatisfactory state of things, and pointed to the urgent necessity of cleansing the same.

Between the date to which the above returns are made up and the present time, the Margarine Act has become law. It is too early yet to speak with confidence, but it has at all events started well, and the tradesmen of the district are honestly carrying it out so far, by duly stamping all parcels of suspicious butter.

I have the honor to be,

Gentlemen,

Your obedient Servant,

JOHN MUTER, Ph. D., F.R.S.E., F.I.C.

Public Analyst.

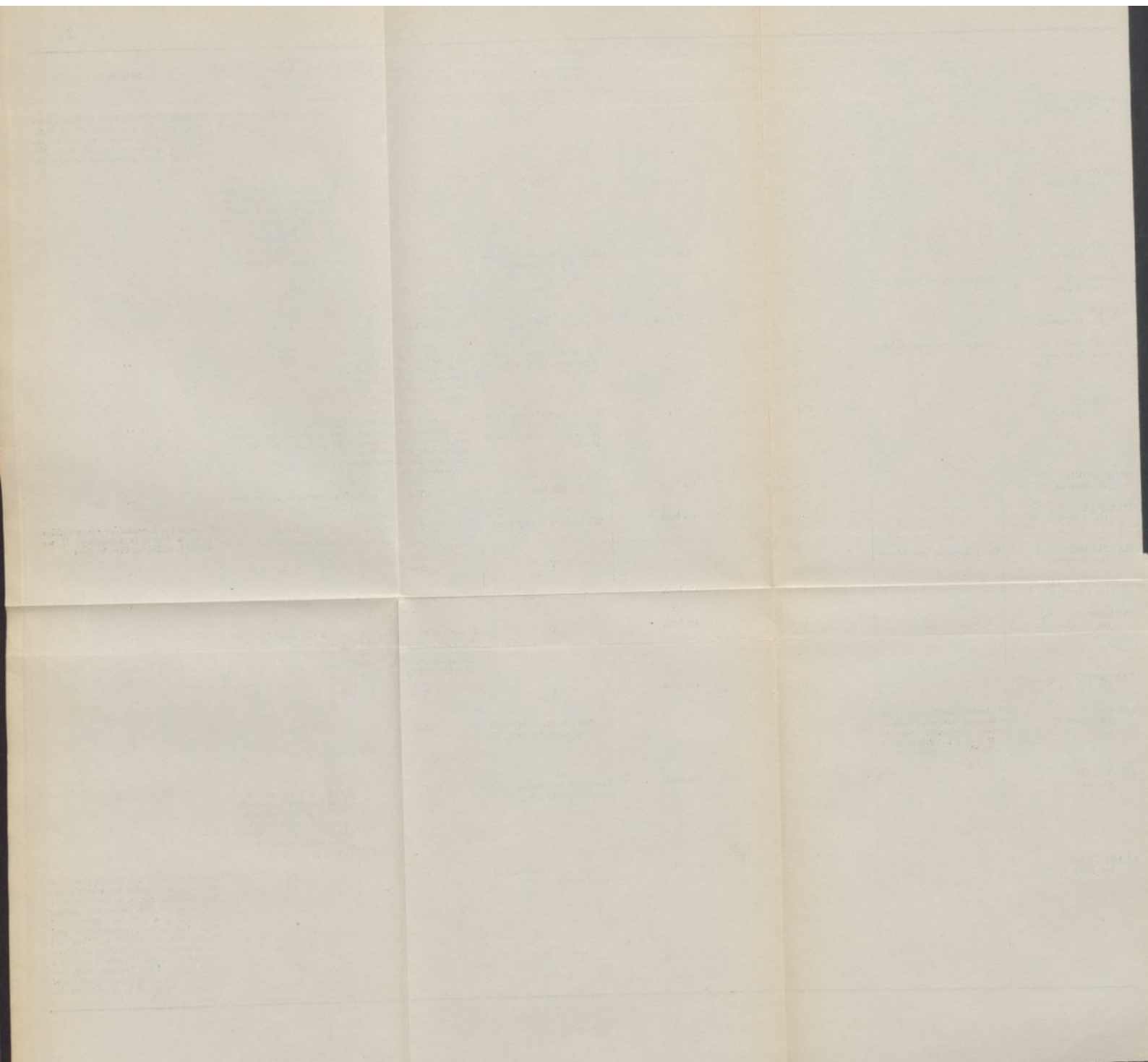
THE BOARD OF WORKS FOR THE WANDSWORTH DISTRICT.

ANSWERS TO QUESTIONS ADDRESSED BY THE MEDICAL OFFICERS OF HEALTH FOR THE WANDSWORTH DISTRICT TO THE MEDICAL OFFICERS OF HEALTH OF THE UNDERMENTIONED TOWNS.

	What plan of Notification is in force in your town?			Do you regard yours as the best system of Notification; or what other plan would you prefer?	Does the plan work without friction with Household-ers or Medical Practitioners?	Have many cases occurred in which legal penalties require to be enforced against persons refusing to notify?	REMARKS.
	a. Compulsory on Practitioner in attendance.	b. Compulsory on Household-ers.	c. Compulsory on both.				
ABERDEEN (Dr. THOMPSON).	Yes	..	..	No; I should prefer compulsory on both	There is occasional friction	No cases	We have had no trouble with the medical practitioners except in so far as they complain to me that their patients threaten to leave them if they notify infectious disease to us. I have not, however, had a case of a medical practitioner refusing to notify or wilfully neglecting to do so. I should prefer the householder to have to notify jointly with the practitioner, because then the householder will realise better than he does at present that his doctor must report the case. His having to do so would, I think, make the task easier for his doctor and remove from the weaker or more needy members of the profession the temptation (no doubt often a strong one) to conceal the case.
ACCRINGTON. (Dr. T. MELNE, M.O.H.)	..	..	On both	Yes	So far there has not been the slightest friction	No case of refusal to notify has come to the knowledge of the authority	..
ASHTON-UNDER-LYNE. (Dr. HUGHES).	Compulsory on practitioner, Fee 2/6 per case paid.	..	..	I consider this plan works well enough	It does, certainly	None	..
BARROW-IN-FURNESS .. (Dr. SETTLE).	..	..	On both	Yes	Householders never report where a medical man is in attendance, but there has been no attempt to evade the Act	None	..
BIRKENHEAD. (Dr. VACHER).	..	..	On both	Yes	Yes	The L.A. has never prosecuted anyone	..
BLACKBURN (Dr. STEPHENSON)	..	..	On both	Our system is very good	Not quite	Only one	..
BLACKPOOL (Dr. WELCH)	..	..	On both	Our plan works smoothly—chiefly, I believe, because I am not engaged in general practice. My predecessor, who was in practice, had some difficulty occasionally. Practically I receive the notification from the medical man only	..	..	For the last 5 years I have only had some 6 cases notified by householder, nevertheless I think it right that some responsibility should be thrown upon the householder who in fact is morally the only person who owes this duty to the State
BOLTON (Dr. SERJEANT).	..	..	On both	..	..	..	The medical practitioner, except in a very few cases, takes the responsibility of reporting, and further notification from the householder is rendered unnecessary
BRADFORD. (Dr. HIME).	Compulsory on practitioner to notify to parent ..	On householder to notify directly if no doctor, and if there is a doctor, to forward his notification	On both	Yes	Yes, entirely so	Not one	I think our method much the best, and it is most acceptable to medical men. They feel that they are only notifying to the parents; but as a matter of practice, 99 per cent. of the forms are posted to me direct by the doctors, who do this to oblige and save delay by the neglect of ignorant parents. Everything depends on the tact and good repute of the M.O.H., and on his not being in practice
BURNLEY. (Dr. DEAN).	Yes.	Yes	Not both, but either	Yes	Yes	None	..
BURTON-ON-TRENT. .. (Dr. PARKES).	..	..	Compulsory on both practitioners and householders, but we only enforce the former	Yes	Yes, practically	Not one	..
CHADDEVERTON. (Dr. PATTERSON).	On both	Yes	No trouble with the doctors; the cottagers are ignorant of the law and don't report. We intend to circulate a handsome almanack containing information on this point	I am not aware that any person of knowledge has refused to notify	..



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CHESTER (Dr. KENTON).	On both	Yes	Yes	None	Notification clauses have been in operation since the beginning of the year. Practically the clauses against householders operate only indirectly, the medical men almost exclusively reporting
CROYDON (Dr. PHILLIPS).	..	..	On both	Yes	Yes	No; difficulty in getting evidence such as would convict has prevented our taking proceedings against the only medical man who refuses to notify	..
DERBY (Dr. LIFFE).	..	..	On both	Certainly; no other plan can possibly be successful	Yes	Twice in 9 years	..
DEWSBURY (Dr. WATTS).	Compulsory on practitioner	..	..	Yes	Yes	No	..
DUNDEE (Dr. ANDERSON).	..	..	On both	Yes	Yes	None	..
EDINBURGH (Dr. LITTLEJOHN).	Compulsory on practitioner	..	..	I decidedly, after 9 years' experience, think our plan the best	Yes, householders are pleased with it, especially hotel-keepers and lodging-house keepers; medical men equally so	None	..
GREENOCK (Dr. WALLACE).	No	Yes	No	Would prefer compulsory notification on both medical practitioner and householder	At first there was some friction, but by moral suasion and knowledge of favourable results, this has been gradually and almost entirely overcome	Comparatively few, moral suasions having become in most cases successful	..
GUILDFORD (Dr. MORTON).	..	..	On both	The best	Yes	No; but warning has been given	..
HALIFAX (Dr. AISLEY).	..	..	On both	We consider it very good	Yes	None	Of course the householder never notifies when a doctor is attending; if no doctor is called in, then he does
HARTLEPOOL (Dr. MORISON).	Compulsory on practitioner	..	..	Yes	Yes	None	..
HUDDERSFIELD (Dr. CARNHAM).	..	..	On both	Yes, on the whole	Fairly so	Not many	..
JARROW (Dr. MUNRO).	..	..	On both	Yes	No friction except with one medical practitioner, who only notifies the existence of cases, leaving the M.O.H. to diagnose them	Only in the case of this one practitioner	..
LANCASTER (Dr. PARKER).	..	..	On both	Yes	Yes	None	..
LEEK (Dr. RITCHIE).	Voluntary notification by all medical men sent to sanitary inspector, not to M.O.H.; fee 2/6, paid by the Sanitary Authority	..	..	It answers admirably; no medical man objects	Yes	None	..
LEICESTER (Dr. TONKINS).	..	..	On both	The dual notification has worked well for 8 years	Yes	None. A few cases have been threatened, where the friends of children suffering from scarlet fever have had no doctor in attendance and have simply neglected to report	..
LLANDUDNO (Dr. REES).	On both	I believe it to be at least as good as any other	Yes	No	Llandudno being a watering place, the medical practitioners are keenly alive, from past experience, to the danger of infectious diseases, especially during the bathing season, and they notify with the utmost promptitude and willingness—so much so, that the clause compelling notification by householders has been allowed to become a dead letter. I am, however, of opinion that in other towns the co-operation of householders would be of great service



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MACCLESFIELD (Dr. BOWER).	On both	Yes	Almost	Very few	..
MANCHESTER (Dr. LEIGH).	Compulsory on practitioner	Yes	Yes	None	..
NEWCASTLE-UPON-TYNE- (Dr. ARMSTRONG).	..	The compulsory notification by householder is not insisted on when the medical attendant notifies	On both	Yes	No friction	No medical men have been known to refuse to notify. One case of concealment of Small-pox by a householder who had no medical attendant, led to infliction of a fine	..
NORWICH (Dr. CROSSE).	Compulsory on practitioner	..	..	Yes	Yes	None	..
NOTTINGHAM (Dr. WHITELEGGE).	Compulsory on practitioner to notify to householder; and upon householder to forward his notification certificate to M.O.H.	..	On both	In theory it is a little round-about; but in practice the practitioner always notifies to me himself, and no time is lost. In the early days it obviated much opposition on the ground of "breach of professional confidence"	Yes	No	..
OLDHAM (Dr. NIVEN).	..	..	On both; practitioner receives 2/6 for each case reported	No experience personally of other plans	Plan here works well as regards medical practitioner; as regards householder, not so	Cases have occurred, but no action has been taken	..
PORTSMOUTH (Dr. MURRY).	..	..	On both	I think ours is the best, as medical practitioners can tell their patients that it is their business also to notify	Householders rarely notify. No friction with medical practitioners	None; but in 3 years during which the Act has been in force, the Sanitary Authority has called the attention of doctors to the Act and stated that the Act will be enforced	..
PRESTON (Dr. PILKINGTON)	Compulsory on practitioner. Fee 2/6 paid for each certificate	If no practitioner in attendance, compulsory on householder	..	Yes	Yes	None	..
READING (Dr. ASHEY).	..	..	On both	Yes. Practically only the practitioner notifies, but making it compulsory on householders as well, tends to prevent them from neglecting to have medical attendance in cases of infectious disease	Yes	No.	..
RIPON (Dr. KIRKLEY)	..	..	On both	Yes, the best	Yes	None	..
ROTHERHAM (Dr. HARDWICK).	Yes	No	..	It answers very well	Yes	No	..
SALFORD (Dr. TATHAM).	..	..	On both	Far the best	Yes	Not one; notification is becoming more complete and satisfactory yearly	I gladly give you my evidence in favour of notification as I know it here, after 5 years' experience
STAFFORD (Dr. BLUMER).	..	..	On both	There has been no serious outbreak of infectious disease since our Local Act was passed, so that I am not in a position to give any opinion from practical experience	Yes	As a matter of fact the plan has resolved itself into the practitioner alone notifying. It has not yet been enforced on householders	..
STALYBRIDGE .. ..	..	..	On both	Yes	Yes	None	..
SUNDERLAND (Dr. HARRIS).	..	..	On both	I regard the dual system as the best	Yes	One in 2½ years	..
TORQUAY (Dr. KIRKKEG).	..	..	On both	..	I know of no difficulty	None	..
WARRINGTON (Dr. GORNALL).	..	..	On both	Prefer compulsory on practitioner; in fact the householder never does notify	Answers admirably; never the slightest irritation	None	..
YORK (Dr. NORTH).	Yes; fee 2/6	Yes; no fee	On both	This is the best plan; notification by householder is of no value	Yes	None	I believe the whole system works without difficulty, though I am a general practitioner. Notification by householders will never be of any value

