

[Report of the Medical Officer of Health for Edmonton].

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ANNUAL REPORT
OF
Medical Officer of Health,
FOR THE
EDMONTON URBAN SANITARY DISTRICT,
FOR THE YEAR 1895.

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ANNUAL REPORT

OF THE

COMMISSIONER OF THE GENERAL LAND OFFICE

FOR THE YEAR 1881

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ANNUAL REPORT

OF THE

UNITED STATES DEPARTMENT OF THE INTERIOR

FOR THE YEAR 1904

REPORT.

ADDISON HOUSE,

UPPER EDMONTON.

March 10th, 1896.

To the Members of the Edmonton Urban District Council.

GENTLEMEN,

I have the honour to present you with the report on the Vital Statistics and Sanitary Work of your district for the year 1895, being my fifth annual report as Medical Officer of Health.

Vital Statistics.

I append to my report the two tables:—"A" of deaths, and "B" of population, births, and new cases of sickness, prescribed by the Local Government Board, duly filled up.

Population.

The population of the district, exclusive of that of the two Union Workhouses situated therein, was by census 1881, 13,065, and by census 1891, 23,473; assuming that the same rate of increase holds good, the population in June, 1895, would be 30,080, the calculation being made by means of the formula $P = p(1 + r)^n$, where P = population required, p = population at last census, n = number of years (in this case = 4.25) since the last census was taken, and r = rate of increase per unit per annum (in this case .060; so that $1 + r = 1.060$, a result obtained by applying the formula above given to the two last census returns.

The details of the calculation are as follows :—

First to find the value of $1 + r$.

$P = p(1 + r)^{nth}$, here $P = 23,473$, $p = 13,065$,
and $n = 10$. Let $(1 + r) = R$.

$\log. 23,473 = \log. 13,065 + 10, \log. R$.

$10 \log. R = \log. 23,473 - \log. 13,065 = 4.3705686$
 $- 4.1161094$.

$10 \log. R = 0.2534592$.

$\log. R = 0.02534592$. $R = (1 + r) = 1.060$ by
table of logs.

Having found the value of $1 + r (= R)$ to find the
population in June, 1895, from census taken in
April, 1891, that is to find P in the formula.

$P = pR^{nth}$ where $p = 23,473$, $R = 1.060$, and $n =$
 4.25 .

$\log. P = \log. 23,473 + 4.25 \log. 1.060 = 4.3705686$
 $+ (4.25 \times 0.02534592)$.

$\log P. = 4.478288$, whence $P = 30,080$.

I do not know of any more accurate way of estimating the
population, as I have previously remarked the same rate of
increase may or may not hold good, the greatest factor in the
increase is undoubtedly immigration, as shewn by the extensive
building operations, this, however, was certainly also the case
during the last inter-censal period.

The number of houses occupied for the first time during
1895 was 207.

From the data in the tables the following calculations have
been made.

Deaths.

The total number of deaths included in the table is 608 ;
of these 98 occurred in the Strand Union Workhouse and Schools
and do not properly belong to the vital statistics of this district
and 145 occurred in the Edmonton Union Workhouse.

Owing to the kindness of Mr. Graham, the Master of the
Workhouse, and of Mr. Judd, the Registrar of Deaths, in fur-
nishing me with the information, I am able to deal with the
deaths in the Edmonton Workhouse in greater detail than in

former years. The following table exhibits an analysis of the population and deaths in the Edmonton Workhouse :—

		Population.	Deaths.
Edmonton	... ..	226	47
Tottenham	... ..	285	53
Enfield	... ..	77	8
Hornsey	... ..	67	21
Waltham Abbey	... ..	26	4
Cheshunt	... ..	19	12
Total	... ..	700	145

Resident officers and servants are included as belonging to Edmonton.

In this analysis there are, however, as Mr. Graham points out, two sources of error. One is that "Edmonton" means Edmonton parish, and includes a small portion of the Southgate Local Government District, as well as that of Edmonton; and the other is the fact that many paupers originally admitted to the Workhouse from other districts go out and reside temporarily in Tottenham or Edmonton seeking work, and when re-admitted, often after only a short time, are classed as belonging to one or other of these districts.

However, taking the figures as they stand, I should estimate the death rate of the district as follows :—

Deaths in district	... ..	365
Deaths in Edmonton Workhouse be- longing to district	... ..	47
Deaths occurring outside district, but belonging thereto	... ..	12
Total	... ..	424
Estimated population of district	... ..	30080
Portion of population of Workhouse belonging to district	... ..	226
Total	... ..	30,306

Death rate = 13·958 per 1000.

For comparison with report for 1894 I have also calculated the death rate in the manner therein adopted.

Death rate excluding both population and deaths in Workhouse	=	12·134
Death rate including both population and deaths in Workhouse	=	16·569
Mean of these two	=	14·351.

I regard the method adopted in the present report as more accurate, and should consider that the method adopted in former years (from want of the necessary data) as rather over-estimating the death rate.

Infantile Mortality.

The number of deaths of children under 1 year was in Edmonton district 133, and in Edmonton Workhouse belonging to district, 1, total 134; from these should be deducted 18, attributed to premature birth, leaving 116; this, using the mean of registered births in 1894 and 1895 = 917 as the basis of calculation, gives an infantile mortality of 122·65 per 1000 births, a decidedly lower rate than that of last year calculated in the same way, = 132·24 per 1000.

All the deaths were certified by registered medical practitioners, or after coroner's inquests, of which 46 were held during the year, in 10 of these the death was attributed to other than natural causes, viz., suffocation in bed of infants 5, scalds 1, injuries from falls 2, run over by train at level crossing 1, drowning 1; all these were returned as accidental death, and no case occurred of death resulting from any breach of the law. Of the 36 natural deaths, 17 were children under 2 years of age.

Zymotic Death Rate.

The deaths from the principal zymotic diseases were:—

Scarlet Fever	...	...	4
Diphtheria	...	...	8
Membranous Croup	...	...	4
Enteric Fever	...	...	5
Measles ...	...	...	5
Whooping Cough	...	...	8
Diarrhoea	...	...	38
Total	...	...	<hr/>72 <hr/>

One death from diarrhoea in an elderly man is excluded.

Zymotic death rate, taking estimated population plus Edmonton residents in Workhouse, as basis of calculation = 2·375 per 1000.

Births.

The number of births registered in the district during the year was 968, and as regards 9 of the births occurring in the Edmonton Workhouse the mothers belonged to this district, total 977, a very considerable increase over the total for 1894 (857). This, with estimated population as basis of calculation, gives a birth rate of 32.237 per 1000.

The number of births registered in the two Workhouses is given in Table "B."

Infectious Diseases.

The Notification Act is in force in the district. The following table gives the number of cases of the different diseases that were notified, a few cases were notified more than once, owing to their having come under the care of more than one medical practitioner, these are counted each as one case.

Scarlet Fever	...	...	162
Enteric Fever	...	...	30
Erysipelas	...	...	41
Puerperal Fever	...	...	4
Diphtheria	...	...	31
Smallpox	...	...	1
Total	...	...	<hr/>269 <hr/>

Prosecutions under the Infectious Diseases (Notification) Act.

On my advice the Council undertook two prosecutions under this Act. The first was a case in which the prosecution was instituted with a view to calling public attention to the obligation of householders to notify under the Act, an obligation of special importance when, as in this case, no medical practitioner is in attendance, the great difficulty in these cases is to furnish legal proof that the defendant was aware of the nature of the disease, in this particular instance this was met by the fact that a written communication had been made by the mother to the Edmonton School Board inspector that the children were unable to attend school because they were suffering from scarlet fever.

The summons was taken out against the father as head of the household, and was heard at the Edmonton Petty Sessions. The Bench held that there was no legal proof that the father was aware of the nature of the disease. A summons was then taken out against the mother, and, by consent, made returnable forthwith, when the Bench held that if the charge were pressed a conviction must undoubtedly follow. The Bench having intimated that it appeared desirable that this should satisfy the object of the prosecution, the Council's solicitor acted accordingly and the charge was not further pressed. The Act however as regards householders notifying remains a dead letter.

The second case was one in which a medical practitioner was prosecuted for delay in notification.

The facts which led up to this prosecution are briefly as follows: Several cases had occurred in the practice of the defendant in which notification had been unduly delayed, and as to which letters of caution had been written to the defendant by the clerk to the Council. The defendant replied to the last of these letters in terms verging very closely on the impertinent, and he was then formally warned that on the next complaint legal proceedings would be taken.

The occasion for complaint shortly afterwards arose, a case of scarlet fever occurred at an Industrial School of which the defendant is medical officer, and a certificate to that effect was signed by him on June 8th. for the purpose of sending the case to hospital. The case came to my knowledge in an indirect manner, and no notification certificate was received by me from the defendant until June 14th, after I had reported the fact of non-notification to the Council.

A summons was issued and was heard at the Edmonton Petty Sessions on July 4th.

The prosecution was conducted by the clerk to the Council but the defendant was represented by a special pleader.

An initial objection was taken to the wording of the summons, in that the words "immediately on becoming aware" were used instead of "forthwith on becoming aware." This quibble was, however, over-ruled by the Bench, and the prosecution was proceeded with. Some points of no general interest were raised in cross-examination, and the defendant was convicted and fined 10s. and costs.

Letters were written to two other medical practitioners respecting delayed notification. The explanation offered was in each instance accepted, and no proceedings taken.

I am of opinion that the certificate of the medical attendant should be the first intimation of the existence of a case of infectious disease to be received by the medical officer of health, and that in by far the majority of instances there is no reason why he should not receive the said certificate within 24 hours of the practitioner becoming aware of the existence of the disease.

Scarlet Fever.

The total number of cases notified during the year was 162.

There was no great epidemic during the year, but rather a series of small outbursts, mainly school and house-to-house infections, with a considerable proportion of secondary cases in infected houses.

There were 20 cases in the two public institutions in the district, viz., 6 cases in the Strand Union Schools, and 14 in the Edmonton Union Workhouse.

53 were secondary cases in infected houses, 2 of them occurred in a house already infected at the commencement of the year.

There were 3 houses where 4 secondary cases, 3 where 3, 8 where 2, and fourteen where 1 secondary case besides the primary case occurred.

Deducting the 53 secondary cases, and the 20 which occurred in the two public institutions, there remain 89 primary cases which were notified during the year.

The year opened with two houses only which were known to be infected with scarlet fever; from neither of these could infection be definitely traced to have spread elsewhere.

On January 18th a child named Robinson, age 4 years, developed the disease, and, through family intercourse, communicated it to another child, who, through attendance at a Sunday School, communicated it to at least two others. One of these children, a girl, initiated a large series of cases under the following circumstances: She failed on or about January 24th, she

was kept in bed for about ten days, no medical advice was sought until three other members of the family had become affected, the other children, though having free intercourse with the patient, continuing to attend school (the Brettenham Road Board School) until they themselves became ill. The existence of the disease in this family was discovered on February 14th (the day following the onset of the disease in the first two secondary cases in this family.) On February 13th two other children (both girls) attending the same school developed symptoms, and within the week following two other primary cases occurred among the children attending this school.

Early in March, in consequence of a communication made to me by the School Board's attendance officer, I was led to visit a family, and found two cases of scarlet fever in the desquamating stage, the first of which failed on January 30th. As this child also attended the same school the case may fairly be referred to this group.

In March no less than nine other primary cases occurred among the children attending this school, besides a group of cases which in the first instance was probably an offshoot from it, and which may be named the Langhedge group. It consisted of four primary cases and of seven secondary infections in the houses in which they arose. The removal of the first of this series would in all probability have prevented the occurrence of the remainder, but there was no vacancy at Enfield at the time.

During April and May some further cases occurred among the children attending this Brettenham Road School, and in July, August, and September the series was continued by a succession of house-to-house infections in the Brettenham Road and roads immediately adjacent thereto, which was continued down to November, while in December a recrudescence of school cases took place at this same school, which at the close of the year did not appear to have entirely ceased. I should regard it as extremely probable that one or more unnotified cases occurred in the Brettenham Road district in June, as in one of the instances occurring in July the disease was not discovered till it had been in the house some weeks.

In order to give a better idea of the numerical importance of this group of cases I have added the following table:—

BRETtenham ROAD SCHOOL GROUP

		MAIN GROUP.		OFF SHOTS.	
		Primary Cases.	Secondary Cases in Infected houses.	Primary Cases.	Secondary Cases in Infected houses.
January	...	2	...	...	...
February	...	4	6	...	...
March	...	9	3	4	8
April	...	3	3	2	...
May	...	1	2	...	...

Continued into Brettenham Road, House-to-house Infection Group.

July	...	4	...	...	...
August	...	2	3	...	...
September	...	1	...	1	...
October	...	2	...	...	...
November	...	2	...	...	...

Recrudescence of School Group.

November	...	2	...	1	...
December	...	6	2	...	...
		—	—	—	—
		38	19	8	8
		—	—	—	—

By the term "off shoot" in the table is meant cases or groups of cases in which the contagion appeared to have spread from one of the cases in the main group through social intercourse to a house not in the immediate vicinity.

One of the cases included in this group is worthy of special mention. It was that of a child under school age who developed the disease a few days after he had been somewhat severely scalded, the other members of the family were attending this school at the time which coincided with that of the development of several other cases belonging to this group, and as it seemed to me extremely probable that the contagion was conveyed through the other members of the family, I have included the case in the group.

It is a matter of common experience that in hospitals where children are received scarlet fever frequently arises after a patient has been admitted for an accident of some severity, and especially has this been observed after burns and scalds, so much so as to

have given rise to the term "surgical scarlet fever." The explanation of the phenomenon appears to be that the patient has been exposed to the contagion of scarlet fever at or about the time of the accident, and that the resistance to disease being lessened by the accident, the development of the infectious disease is accelerated. In this instance the history of probable exposure of the patient to the contagion could only be traced through a knowledge of the circumstances attending the development of the group of cases now under consideration.

The want of hospital accommodation was much felt in dealing with this large and long-continued group of cases, as at more than one important point in its development application was made for admission of a case to the Enfield Hospital, and refused owing to lack of room.

The Brettenham Road Board School draws its scholars from a large portion of the district, viz., as far North as the Green, and all the Silver Street, and Angel Road Wards. There is considerable pressure upon its accommodation, so much so that a new Board School is shortly to be opened to relieve it. The average daily attendance at this School is given as 1496.2.

A much smaller group of cases arose in connection with the Croyland Road Board School. It consisted of twelve primary and four secondary cases, two of the primary cases may have been house-to-house infections; this group occurred in May and June.

Four cases also occurred among the scholars of this school earlier in the year.

No case was notified in any family whose children attended this school after August.

A group of three primary cases and one secondary case occurred among the children attending a small private school in the Hertford Road.

No group of cases arose in connection with either of the three Church Schools during the year.

The three groups of cases above detailed as occurring in connection with elementary schools include in the aggregate 67 out of the total 89 primary cases that arose in the district.

There remain 22. Of these 3 were certainly contracted without the district, 2 were doubtful cases, 2 were house-to-house infections other than those already mentioned.

A group of 5 primary and 8 secondary cases arose in Claremont Street and the Langhedge in September, the origin of which is difficult to exactly determine, it may have been an offshoot from the large Brettenham Road group, but appeared to me to have arisen in a large Sunday School situated at the extreme southern end of the district, as the first two cases of the group developed the disease almost on the same day, and both children had been to this school on the Sunday before the date of onset; a third possibility is worthy of mention: two members of one of the families were employed as maid-servants in one of the hospitals of the Metropolitan Asylums Board, and at this hospital one of them had contracted the disease, and had been a patient there; on her recovery, after the very complete precautions usually observed at these hospitals, she was sent home, and within a week other members of the family, one of whom had slept with her, developed the disease. The group had, however, been started prior to this, and as one of the houses (in which the disease had not been discovered until 4 cases had occurred) was in the next street, I regarded this as an instance in which the hospital might well disclaim being the source of infection. The Hospital Authorities acted with great generosity in the matter, and on the case being brought to their knowledge by their *employée*, took 2 of the cases.

Of the remaining 10 primary cases, 4 were persons above school age, who contracted the disease probably in the course of their daily avocations. One was a child under school age not referable to any group, one was in the Edmonton portion of Bush Hill Park, and the others presented no special features for comment.

Concerning the cases in the Edmonton Workhouse, the following facts seem worthy of note: In September a family named Clements sought admission to the Workhouse from Southgate; a few days after they were received one of them developed scarlet fever, and was sent to the Enfield Isolation Hospital, and on enquiry it transpired that another member of the family had also had scarlet fever, and had been sent to hospital only a few days before the family were sent to the Workhouse, the child on recovery was returned from the hospital

to the Workhouse, and within a few days of its return developed a slight sore throat, but without rash, and a series of eight cases subsequently arose among the children then resident in the Workhouse.

At the close of the year there were cases in 12 houses in the district.

Five of the cases were fatal 1 in the Strand School & four in the District.

Enteric Fever.

Thirty cases were notified during the year, with 6 deaths. 2 cases, including 1 of the fatal cases, occurred in the Edmonton Workhouse; both were admitted with the disease from Tottenham.

On January 16th a case was notified in the Croyland Road, and from the recovery of this case until July the district was practically free from this disease, for the two Workhouse cases notified in March and in May respectively, came, as above stated, from without the district. It is true that 2 other notifications were received during this period, but they both proved on further observation to be errors of diagnosis.

In the end of August and beginning of September a small group of 4 cases, 1 of which was fatal, occurred. There was, apparently, some connection between these cases, and it is noteworthy that the first of them arose in the same road in which the January case occurred, and in which some drainage defects were found. Two other cases occurred during this period in another part of the district, in 1 of which it was certain and in the other probable that the disease was contracted elsewhere.

In October and November 12 cases occurred, 1 in the Edmonton portion of Bush Hill Park, 8 in the Upper Edmonton district, and 3 in the Lower Edmonton district. In most of these instances the disease was of a severe type, and there was some prevalence of influenza at the time, some few cases occurring in which the diagnosis between these two diseases presented considerable difficulty.

In December a group of 4 cases of a virulent type occurred, two died before the close of 1895, and one early in 1896, 3 were members of one family and lived in the same house. The nature of the disease did not become evident to the practitioner attending until the third case had occurred. The fourth case was that of

a young woman, age 24 years, who had been nursing the other cases, and who died early in 1896.

Only one other instance of a secondary infection in an infected house came to my knowledge during the year.

Four of the cases were removed to a hospital through private charity, but the want of hospital accommodation at the disposal of the Sanitary Authority was in several instances much felt.

I am of opinion that the prevalence of the disease in October and November was in some way connected with the simultaneous prevalence of influenza. Serious sanitary defects were found in some instances, but I was not able to trace any considerable number of cases to a common cause.

Diphtheria.

Thirty-one cases were notified during the year, with 12 deaths. A group of 7 cases, 5 of which were in one family, and 2 of which proved fatal, occurred in evident association with the prevalence of scarlet fever, and 3 other cases occurred some two months later in another family in a different part of the district a fortnight after the children had returned from a fever hospital.

One case, that of an adult woman, was sent home from a house in an adjoining district, in a public conveyance, by her employer, with, as appeared to me, the deliberate connivance of a medical practitioner. The facts were reported to the Council concerned, the vehicle was duly traced by their officers and disinfected, but no satisfactory evidence of guilty knowledge could be obtained sufficient in the opinion of ~~this~~ Council to justify prosecution. The district from whence this case came being provided with proper hospital accommodation for their infectious cases, they consented to receive her. This was the only diphtheria case for which hospital provision could be made. This district, so far as diphtheria is concerned, being absolutely without any suitable place for the care and isolation of diphtheria cases, so that wherever they arise there they have to recover or die, however unsuitable or dangerous may be the surroundings. *shall*

One case occurred in the Edmonton Union Infirmary, to which it was inadvertently admitted from premises without this district.

The remaining cases were of a sporadic character, and call for no special comment.

Erysipelas.

Forty-one notifications were received, one referred to a house without the district, two were cases in the Strand Union Workhouse, two notifications referred to the same patient, leaving 37 cases that occurred within the district for comment, the following table shews the varieties of the disease:—

Facial erysipelas, non-traumatic	...	...	20 cases
" " attributed to the stings of insects			2 "
Erysipelas of leg, non-traumatic	...	...	1 case
" of new-born infant, followed by extensive sloughing, but which recovered		...	1 "
" of face, secondary to ear disease		...	1 "
" after surgical operation	...	...	1 "
" after accidental injuries	...	...	7 cases
" of foot and leg, following sores produced by ill-fitting boots	...	...	4 "
Total			37

It is worthy of remark that six cases occurred in East-bournia Terrace and roads abutting thereon, and that of these three occurred in contiguous houses.

I am not of opinion that any information of real value to the Sanitary Authority is derived from the notification of this disease as a rule, but it may occasionally give rise to the discovery of useful information.

Smallpox.

Only one case was notified during the year, it was that of an old woman from this district who developed the disease 18 days after her admission to the Workhouse, she had been under observation immediately prior to her admission to the Union, and had shewn no signs of this affection, it is probable that the contagion was conveyed to her after her admission, as the full period of incubation of Smallpox intervened between her admission and the date of onset, fortunately no other cases occurred; the source of contagion could not be traced.

Puerperal Fever.

Four cases were notified during the year with one death, they presented no special features for comment.

Measles and Whooping Cough.

No extensive prevalence of either of these diseases came to my knowledge during the year. Five deaths were attributed to the former and eight to the latter disease. I regard it as probable however that some of the deaths of young children attributed to bronchitis were in reality due to whooping cough.

Hospital Accommodation for Infectious Diseases.

The arrangement under which cases of Scarlet Fever are sent to the Enfield Isolation Hospital, provided that there are beds not wanted for other purposes, has continued as during 1894, and nineteen cases have been sent under it, exclusive of thirteen cases sent by the Board of Guardians, who seem to have a sort of "most favoured nation" clause in the matter, the arrangement does not however suffice for the needs of the District for the application for admission was refused in eighteen instances. I trust that ^{the} time is not far distant when this important question will be definitively solved, and the Officers of this Council will no longer have (figuratively speaking) to grovel before those of a neighbouring Council whenever a case of Scarlet Fever arises, which it is desirable to send to Hospital.

As regards Diphtheria the District remains as before totally without Hospital provision, and as regards Enteric Fever, except for some slight assistance from private charity, the same remark applies.

A report appeared in the Local Press to the effect that it was proposed to erect an Isolation Hospital close to the boundary of this District, and the Council wrote asking on what terms they might be allowed to participate in the scheme, a letter was received in reply stating that the Council concerned was not yet in a position to treat with this Council on the subject.

I quite admit that a good combination scheme would present material advantages to the several Districts who might participate therein, but if the Council take this method of settling the question the scheme should be one in which the Hospital would be designed to meet the requirements of all the participating districts, and would be maintained by them jointly ; a mere arrangement under which cases from this district are admitted to Hospital, provided there is no other use for the beds not being sufficient to meet the requirements of the District.

The matter has received some consideration from the Sanitary Committee, at whose request I prepared two preliminary reports, one as to the extent to which the existing buildings at Clavering's Farm could be utilised for Hospital purposes, and the other as to the minimum Hospital requirements of the District, and the probable annual cost thereof.

The matter however did not proceed further. My views were adverse to the suggestion to utilise the existing buildings at Clavering's Farm for Hospital purposes.

The matter is still one demanding the careful consideration of the Council.

The Ambulance question has received due consideration, and at the time of drafting this report adequate provision is about to be made, temporary difficulties have been met by hiring from the Metropolitan Asylums' Board.

The Council's Disinfecter is of an obsolete type, and is wasteful of time, fuel and labour, but I think it would be wise to postpone the provision of a new one until after the Hospital question is settled, as a disinfecting chamber would be an essential adjunct to an Isolation Hospital.

House to House Inspection of the District.

This has been in progress during the greater part of the year, and 731 houses have been inspected in connection therewith : in carrying out this house to house inspection, endeavour has been made to deal with the defects found in each group of houses as they were discovered, and to follow up the notices served as soon as the time allowed by them for executing the

prescribed works had expired, rather than to adopt the plan of inspecting a very large number of houses without waiting to follow up the defects found. The clerical work that has arisen in connection with these inspections has occupied much of your Inspector's time, and is necessarily considerable.

Cowsheds.

The condition of these remains for the most part very unsatisfactory, indeed there is only one cowshed in the District which I consider an entirely satisfactory structure.

I am preparing a special report on this subject, which I hope shortly to lay before the Council.

Bye-Laws.

I would again suggest to the Council the desirability of making bye-laws under the Public Health Amendment Act, particularly as to water supply to closets, and as to paving of yards.

Housing of the Working Classes Act.

Eighteen houses were closed as unfit for human habitation, of these six were re-opened after repairs, and one was demolished, the remainder are still under consideration.

Factory and Workshops Act, 1895.

This Act came into force on January 1st, 1896, and a considerable addition to the duties of the Sanitary Department may be expected therefrom.

Bake-houses.

One new bake-house has been opened during the year, it is satisfactory as regards structure and arrangement, and is well

kept, as regards the others, one of which is at present closed, some much needed alterations have been satisfactorily carried out under the supervision of the Sanitary Inspector, which may be summarised as follows :—

Lime-whiting and general cleansing in response to special notices	8
Bell traps removed and syphon gully outside bake-house substituted	4
Sink waste disconnected from sewer and made to discharge over outside gully	2
Stable opening into bake-house done away with, and drainage generally reconstructed with new connection to Council's sewer	1
New River water laid on	1
In one instance alterations are suspended pending new water supply.	

Slaughter-houses.

These have been regularly inspected, no new ones have been licensed during the year, and no alterations have been made. They are for the most part as well kept as circumstances will permit.

Gipsy encampments and moveable dwellings.

Many complaints have been received respecting gipsies, chiefly from residents in the Town Road, and roads abutting thereon, the complaints relate for the most part to fowl stealing and petty depredations.

Great difficulty is felt in dealing with these gipsy encampments, quite 200 removals have been effected during the year, but it is found that the removal is made only to a short distance, and that the same, or a similar, lot are found encamped on the same spot in the course of the following day ; there are certain plots of land in the district which the fear of the rate collector appears to prevent the owners from enclosing, which seem to offer special attractions to van-dwellers, viz., those situated, at the end of Granville Avenue, between the Town Road and the Bounce's Road, and at the end of St. Joseph's Road ; when moved

from one of these plots it is often found that the removal is only on to one of the others or to a small strip of land bordering the road on Bush Hill, or to a similar strip at the junction of Hedge Lane with Firs Lane, two spots which also seem special favourites, here however the encampments do not seem to give rise to so many complaints.

Increased powers for dealing with this matter are much needed.

The following table gives a summary of general Sanitary work done during the year by the Sanitary Inspector and his Assistants :—

Complaints received	...	...	...	97
„ as to dust collection	...	...	...	35
Inspections made including re-inspections after notices	...	...	...	3353
Letters written	...	...	...	578
Notices served	...	...	...	350
Statutory orders issued	...	...	...	85
Convictions obtained	...	...	...	13
Inspections of common lodging house (one in District)	...	...	...	77
Gipsies removed	...	...	...	200
Seizures of unsound food	...	...	...	58
Removals of bodies to mortuary by Inspector	...	...	...	5
Wells closed as polluted	...	...	...	12
Water laid on to houses	...	...	...	23
New closets provided	...	...	...	10
Cisterns cleansed	...	...	...	23
Draw taps removed from cisterns to mains	...	...	...	22
New closet apparatus provided	...	...	...	52
Closets repaired, cleansed, ventilated	...	...	...	32
Closets supplied with water or supply rendered efficient	...	...	...	58
Drains examined, repaired, &c.	...	...	...	587
Disinfections of rooms	...	...	...	179
„ articles	...	...	...	843
New Dust-bins provided	...	...	...	251
Roofs and rain water guttering repaired	...	...	...	82
Areas drained and yards paved	...	...	...	40
Dry areas and ventilation below floors provided	...	...	...	9
Sundry nuisances abated	...	...	...	279
				<hr/> 7353 <hr/>

The above table is exclusive of work done in connection with new buildings, and of work done in accordance with the Canal Boats Acts.

Canal Boats.

Sixty-four inspections of Canal Boats were made, and nine contraventions of the regulations detected.

The Annual Summary of the Sanitary Inspector is embodied in this report.

I have the honour to be, Gentlemen,

Your obedient Servant,

CHARLES D. GREEN,

M.D. (Lond.), F.R.C.S. (Eng.), D.P.H.

MEDICAL OFFICER OF HEALTH.



A.

TABLE OF DEATHS during the Year 1895, in the Edmonton Urban Sanitary District, classified according to Diseases, Ages, and Localities.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; public institutions being shown as separate localities. (Columns for Population and Births are in Table B.) (a.)	MORTALITY FROM ALL CAUSES, AT SURJOINED AGES.							MORTALITY FROM SURJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																					
	At all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Smallpox.	Scarlatina.	Diphtheria.	Membranous Group.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puer-peral.	Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Croup, and Whooping Cough.	Heart Disease.	Injuries.	All other Diseases.	TOTAL.									
(b.)	(c.)	(d.)	(e.)	(f.)	(g.)	(h.)	(i.)																						
Edmonton...	365	133	65	10	13	94	50	Under 5 5 upwds.	...	4	6	4	...	...	...	...	...	...	...	5	8	37	...	1	38	3	4	88	198
Edmonton Union	...	...	...	...	...	...	...	Under 5 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	Under 5 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Strand Union (including Schools) ...	98	7	4	2	2	34	49	Under 5 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	608	147	71	12	17	190	171	Under 5 5 upwds.	...	4	6	4	...	...	...	...	...	...	...	5	8	41	...	1	40	3	6	100	218

The subjoined numbers have also to be taken into account in judging of the above records of mortality.

Deaths occurring outside the district among persons belonging thereto ...	17	1	1	1	3	9	2	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	2	2
								5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	10	
Deaths occurring within the district among persons not belonging thereto	196	13	4	2	3	73	101	Under 5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	17
								5 upwds.	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	10	179
								

B.

TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1895, in the Edmonton Urban Sanitary District; classified according to Diseases, Ages and Localities.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities.	POPULATION AT ALL AGES.		Registered Births.	Aged under 5 or over 5.	NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.											NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITAL.										
	Census 1891.	Estimated to middle of 1895.			1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11
(a.)	(b.)	(c.)	(d.)	(e.)	Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric Typhoid.	Continued.	Re-lapsing.	Puer-peral.	Cholera.	Erysipelas.	Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric Typhoid.	Continued.	Re-lapsing.	Puer-peral.	Cholera.	Erysipelas.
Edmonton	23,473	30,080	968	Under 5	...	36	12	...	...	...	...	...	...	...	4	...	8	1	...	...	...	...	...	...	...	...
Edmonton Union { Edmonton Parish } { Other Parishes }	561	{ 226 474 }	{ 91 40 }	Under 5	...	7	1	...	...	...	2	...	...	4	...	34	1	10	...	...	...	3	...	...	...	...
Strand Union (including Schools)	1,346	1,057	7	Under 5	...	...	...	...	...	...	...	...	4	...	2	...	...	...	...	...	...	...	...	...	...	...
TOTALS	25,380	31,837	1,024	Under 5	...	43	13	...	...	...	30	...	...	...	4	...	14	1	...	...	...	3	...	...	...	...

State here whether "Notification of Infectious Disease" is compulsory in the District:—Yes.

blank headings the names of any that are notifiable in the District, and fill the columns accordingly.

State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which such Hospital is situated; and if not within the District, state where it is situated:—Scarlet Fever to Enfield Isolation Hospital (without District), except 2 taken to Tottenham by Metropolitan Asylums Board. The case of Diphtheria taken by Tottenham District Council. The cases of Typhoid admitted in Tottenham Hospital through private charity. The case of Small Pox in Highgate.







