

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

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*ANNUAL REPORT*

OF

Medical Officer of Health,

OF THE

EDMONTON URBAN SANITARY DISTRICT

**FOR THE YEAR 1898.**

# ANNUAL REPORT

OF THE

COMMISSIONER OF THE GENERAL LAND OFFICE

FOR THE YEAR 1898.

# ❖ REPORT. ❖

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TOWN HALL,

EDMONTON,

*March 13th, 1899.*

*To the Chairman & 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 ended December 31st, 1898, being my Eighth Report as Medical Officer of Health.

## Vital Statistics.

Statistical tables according to the forms prescribed by the Local Government Board, "A" of deaths, and "B" of population, births, and new cases of sickness," have been prepared and are attached to the Report.

## 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. The population in June, 1898, would, if the same rate of increase hold good, be 35,836.

This calculation has been made in the same manner as in my former Reports. I should say that when the next census comes to be taken, it will be found that the rate of increase of population of the district will exceed rather than be less than that of the last inter-censal period.

The building of new houses proceeds with great rapidity, and during the year 1898 462 houses were occupied for the first time.

The calculations in the succeeding paragraphs have been made from the data afforded by the tables.



## Deaths.

The total number of deaths that occurred in the district during 1898 was 783.

Of these 82 occurred in the two Institutions belonging to the Guardians of the Poor for the Strand Union, and do not properly belong to the vital statistics of this district, from which they have therefore been excluded in making the subsequent calculations.

In the Edmonton Workhouse there occurred 190 deaths, of which 51 belong to the statistics of this district.

The following table, prepared from information kindly supplied by the Registrar of Births and Deaths and by the Master of the Edmonton Workhouse, gives a classification of the population of and of the births and deaths occurring in, the Edmonton Workhouse, according to the parishes to which they severally belong :—

	Population.		Deaths.	Births.
Edmonton	158	...	51	9
Tottenham	205	...	66	10
Hornsey	42	...	20	3
South Hornsey	26	...	15	0
Enfield	64	...	16	3
Wood Green	25	...	8	1
Southgate	12	...	2	4
Cheshunt	22	...	4	1
Waltham	25	...	8	1
Total	579		190	32

I have information respecting 44 deaths of Edmonton residents occurring without the district, which I have included in the table of deaths.

## Death Rate of District.

The number of deaths occurring in the district of persons belonging thereto was 511, to which should be added for the purpose of calculating the death rate, the 51 deaths of Edmonton residents which took place in the Edmonton Workhouse, and the 44 deaths of Edmonton residents which occurred without the district, making a total of 606.

This with the estimated population of the district (35,836) plus the proportion of inmates of Edmonton Workhouse belonging to the district (158), total 35,994, gives a crude death rate of 16·81 per 1000.

## A.

TABLE OF DEATHS during the Year 1898, in the Edmonton Urban Sanitary District, classified according to Diseases, Ages, and Localities.

[illegible]

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 ...	44	8	3	3	3	23	4	Under 5 5 upw'ds	000	000	1	000	000	000	000	000	000	2	000	000	000	1	000	000	7	11	
									000	000	000	000	000	000	000	000	000	000	000	000	1	1	3	2	25	33	
Deaths occurring within the district among persons not belonging thereto	221	11	5	1	4	96	104	Under 5 5 upw'ds	000	000	000	000	000	000	00	000	000	000	000	4	000	000	000	1	11	16	
									000	000	000	000	000	000	000	000	000	000	000	000	1	24	29	19	1	94	205

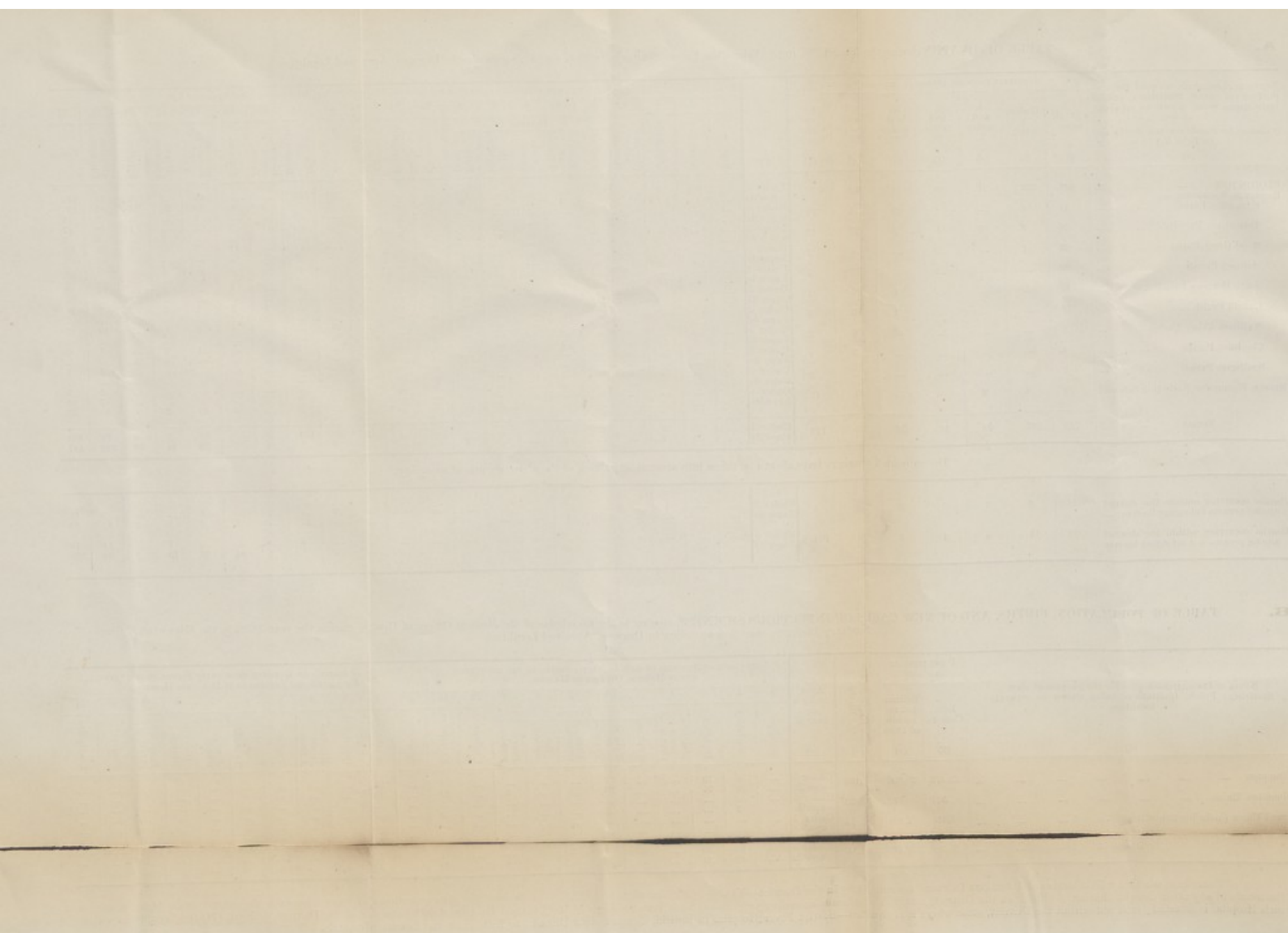
## B.

TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1898, in the Edmonton Urban Sanitary District; classified according to Diseases, Ages and Localities.

[illegible]

State here whether "Notification of Infectious Disease" is compulsory in the District—Yes. the names of any other diseases that are notifiable in the District, and fill the columns accordingly. such Hospital is situated; or if not within the District, state where it is situated—Scarlet Fever Hospital

Since when?—1890. Besides the above-mentioned Diseases, insert in the columns with blank headings state here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which





### Infantile Mortality.

This, as in my previous Reports, I have estimated by taking the total number of deaths of infants under 1 year of age, including deaths of infants belonging to the district which took place without it, but exclusive of those attributed to premature birth, and using as a basis for the calculation the mean of the number of births registered during 1897 and 1898.

The figures for 1898 are, total infantile deaths 217, mean of number of registered births 1108.

Infantile death rate 195·84 per 1000.

An appallingly high rate not hitherto attained during my experience of the district.

### Zymotic Death Rate.

The number of deaths from the principal Zymotic Diseases, inclusive of those of persons belonging to the district whose deaths took place outside it, is given in the following table :—

Scarlet Fever ...	...	...	2
Diphtheria ...	...	...	7
Enteric Fever...	...	...	2
Measles ...	...	...	16
Whooping Cough	...	...	24
Diarrhœa ...	...	...	130
Total			181

This with the basis of calculation used in estimating the crude death rate gives a Zymotic Death Rate of 5·05 per 1000.

A rate made unusually high by the large number of deaths from Diarrhœa.

The following table shews the Death Rate, the Infantile Mortality Rate, and the Zymotic Death Rate per 1000 for eight consecutive years :—

		Death Rate.	Infantile Mortality.	Zymotic Death Rate.
1891	...	16·8	106·2	1·61
1892	...	19·9	160·1	4·0
1893	...	16·9	133·2	2·4
1894	...	15·6	132·2	3·06
1895	...	13·98	122·2	2·37
1896	...	15·6	153·6	3·8
1897	...	15·95	157·8	3·8
1898	...	16·8	195·8	5·05



It will be seen from the foregoing table that both the Infantile Mortality Rate and the Zymotic Death Rate for 1898 are the highest recorded during the eight years, the chief factor in these high rates being the severe epidemic of infantile Diarrhœa that occurred during the latter part of the summer, the infantile mortality from this cause alone reaching 95·7 per 1000.

In 1892, when these rates were also much above the average, the chief factors were Whooping Cough and Measles, which prevailed during that year with great severity.

In 1898 the deaths from Zymotic Diseases other than Diarrhœa were very few, and the general death rate, apart from this disease, would not have been above the average.

### Births.

The number of births registered as having taken place in the district during 1898 was 1,103, and of the births in the Edmonton Workhouse 9 belonged to the district; total 1,112.

This, with the estimated population as a basis of calculation, gives a birth rate of 31·03 per 1000.

### Inquests.

59 of these enquiries were held in the district during the year; 21 were on cases of infants under 1 year of age.

In 16 of the total number of cases the cause of death was found to be due to other than natural causes; 3 were suicides (2 by cut throat and 1 by drowning), in 4 the death resulted directly or indirectly through the drunkenness of the deceased, in 1 case (in which an exhumation took place) death occurred as an indirect result of a blow struck in self-defence, and the remainder were accidental. No charge was brought against any person as the result of any of the enquiries, but a fine was in one instance imposed for non-attendance.

I would remind the Council that the mortuary and inquest room are not only inadequate for the purpose, but are situated more than a mile from any public conveyance, and that much inconvenience and unnecessary loss of time is thereby caused to those who are called upon to attend them, and it should be remembered that in the majority of instances the witnesses are quite poor people, unable to provide a conveyance for themselves.

The inquest room itself is occupied to its full capacity in an ordinary case, and in one exciting any public interest is much over-crowded; for the public and for the press there is practically no

accommodation, and there is neither a waiting room for witnesses, nor a private room for the Coroner.

This matter has previously been before the Council, and they have agreed that the present accommodation is inadequate and inconvenient, and two years ago gave instructions for the preparation of plans with a view to the erection of more suitable premises in a central situation, but, so far as I am aware, nothing has yet been done.

### Infectious Diseases.

The Infectious Diseases (Notification) Act is in force in the district. The following is a tabular statement of the number of cases of each disease notified during the year, cases notified more than once being counted as one case :—

Scarlet Fever...	...	124
Enteric Fever...	...	23
Diphtheria ...	...	34
Puerperal Fever	...	6
Erysipelas ...	...	44
Total	...	231

### Scarlet Fever.

The number of cases notified (124) shews a satisfactory diminution, being with the exception of 1894 (when the number was 100) less than that for any of the eight years during which the Notification Act has been in force, and considering the increase of the population since that date, and the fact that two fresh Board Schools have subsequently been opened in the district, I think it may fairly be claimed that the number is relatively much less even than that for 1894, the preceding lowest number.

Only 2 deaths from the disease occurred during the year.

The disease was not prevalent in an epidemic form at any time during the year, though during the last quarter there was some indication of serious extension among children attending the Raynham Road Board Schools.

Of the 124 cases notified, 38 were secondary cases in infected houses, there being 1 instance in which 3 secondary cases, 10 in which 2, and 15 in which 1 secondary case occurred besides the primary case.

As to the probable source of infection in the 86 primary cases which remain after deducting the 38 secondary cases, it appears probable from the enquiries made, that the infection in 51 cases was



directly or indirectly derived through attendance at a day school, 17 cases being referable to the Raynham Road School, 10 to the Brettenham Road School, 10 to the Croyland Road School, and the other 14 in small numbers to other schools.

It is worthy of note that no group of cases occurred in connection with the St. Barnabas' Schools, and that for at least 4 consecutive years no group of Scarlet Fever cases has been referable to them. I learn on enquiry that the number of scholars on the school register is 185, and the average attendance 149, and that there is accommodation for 150 other scholars. It appears to be the practice to immediately send home any children shewing signs of illness. Whatever may be the explanation of an absence of a group of Scarlet Fever cases among the children attending these schools for several consecutive years, although other schools in the district did not escape, I think it must point to careful supervision and ample space accommodation, for which the management and staff deserve credit.

From the remaining 35 primary cases, certain groups can be separated according to the probable source of infection.

Six cases clearly contracted the disease without the district, and were brought to this district with the disease developed or incubating.

Two of the cases notified contracted the disease in a London Hospital, to which they had been admitted for other reasons, and were not brought to this district until they had been discharged from one of the hospitals of the Metropolitan Asylums Board.

Two cases occurred in the Edmonton Workhouse, to which they appear to have been sent while incubating the disease.

Three cases occurred in the Edmonton portion of Bush Hill Park, 1 of which appeared to have derived the infection from a school not in this district.

Three of the primary cases were what are called "return cases," that is to say, that a fresh case developed shortly after the return of a case from hospital.

Two of these cases occurred in the same family, the infection on 2 successive occasions appearing to have been renewed by the return of a case from hospital.

The third case was rather a hardship on the Council. The original case occurred in a child who had been admitted to a Children's Hospital in London for the purpose of having an operation performed; while there he contracted the disease, and was taken to one of the hospitals of the Metropolitan Asylums Board, he was discharged from thence to this district, and within a week of his return his sister developed Scarlet Fever, for whose maintenance in hospital the Council had to pay. Some correspondence with the Metropolitan Asylums Board took place, but they declined to assist the Council in the matter.

Four of the cases appeared to be instances of house-to-house infection, through the intercourse of the respective families.

In the remainder no facts were brought out by the enquiries made to enable me to classify them according to probable source of infection.

In one instance the Council took proceedings against a man who wilfully exposed himself in the public streets after having been warned of the illegality of so doing; he was convicted at the Tottenham Petty Sessions and fined £1 and costs. He had been offered accommodation in the Enfield Hospital for himself and his child, and had refused to avail himself of it.

The greatest difficulty in dealing with a case of Scarlet Fever that arose during the year was in reference to its occurrence in a family of gipsies, and the facts so well illustrate the danger to a district arising from van-dwellers, as well as the embarrassment resulting from lack of adequate hospital accommodation, that although they were brought in detail to the notice of the Council at the time of their occurrence, I will here recapitulate them. A gipsy family moved into the district from Hackney Wick, and encamped in a van and some rough tents on waste land in the Brettenham Road; within twenty-four hours of their arrival one of the children was taken with Scarlet Fever and was removed to the hospital, and the encampment was broken up; four days afterwards my attention was directed to a child in a cart outside a public house in a main throughfare, and on enquiring into the matter I found that it was another child of the same family, with the Scarlet Fever rash well out. No accommodation could be obtained in the hospital, nor in any house, for the child, and no alternative remained but the encampment of the family in a field, where they remained three days, until there was a vacancy in the hospital. A third case occurred in the family, which was also taken to the hospital. A case occurred in a house in the Brettenham Road, quite close to the place where the original encampment had been, for which there was no other apparent source of infection.

The cost, amounting to not less than £25, of the treatment of the three gipsy cases had to be borne by the Council—a distinct hardship, as the family not only contracted the disease elsewhere, but in all probability never contributed directly or indirectly to the funds of the district.

### Enteric Fever.

This disease occurred only to a very limited extent. 23 cases were notified, of which 1 was a secondary case in an infected house. One notification referred to a patient who had been admitted to a hospital in London with the disease, but no such person was known at the



address given, and enquiry by letter from the signatory to the notification certificate failed to elicit such information as would enable us to trace the case.

One case occurred in the Strand Union Workhouse and 3 in the Edmonton Union Workhouse.

In 2 instances it appeared certain that the disease was contracted without the district.

In 2 cases the ingestion of shell fish appeared likely to have been the mode of infection.

The other cases presented no special features calling for comment.

No definite group of cases having a common source of infection occurred during the year.

No case was notified between April 16th and August 11th.

One death occurred in the district and 1 of the cases died in the Tottenham Hospital.

### Diphtheria.

Thirty-nine cases were notified, of which 9 were secondary cases in infected houses. Beyond the total absence of any hospital accommodation for dealing with them they presented little calling for remark.

Ten of the cases attended the Croyland Road Board School, but they were spread over a considerable period of time.

There was no epidemic prevalence of the disease during the year, and no very definitely connected group of cases occurred.

Six deaths occurred in the district.

### Puerperal Fever.

Five cases were notified during the year, of which 2 were fatal.

### Small Pox.

No case occurred.

### Vaccination.

This has been practically in abeyance in the district since the provisions of the new Act were made generally known, and a suitable pabulum of unprotected persons is in consequence rapidly accumulating for the extension of Small Pox whenever a suitable opportunity for its introduction and dissemination may happen to be afforded.

### Measles.

Sixteen deaths from this disease occurred, all being of children under 5 years of age.

### Whooping Cough.

There was a considerable prevalence of this affection, and 22 deaths occurred in the district therefrom, 20 being deaths of children under 5 years of age.

### Erysipelas.

Forty-four cases were notified, of which 1 was in the Strand Workhouse and 2 were in the Edmonton Workhouse. No death was attributed to the disease during the year.

### Diarrhœa.

I have before remarked on the increasing rate of prevalence of a fatal form of this disease in the district year by year, and in my last Annual Report I ventured to recommend that the Council should at all events tentatively and over a limited area make some provision for dealing with a possible outbreak, and endeavour to study its etiology, and to check its fatality. No member of the Council, however, brought the matter forward, and at a suitable time I therefore brought the matter to the notice of the Sanitary Committee. The Committee, however, did not see their way to recommend the Council to take any action in the matter, as they were not of opinion that the Council could lawfully expend money in the way suggested, and, as in former years, nothing was done. The outbreak of the disease, though occurring somewhat later than in previous years, was of exceptional severity; 123 deaths of infants under 2 years of age occurred therefrom, of which number 98 took place during the months of August and September.

104 of the deaths were of infants under 1 year of age.

31 of the deaths took place in the Town and Bounces Roads and their bye-roads, together with the St. Mary's and St. Joseph's Roads, a part of the district that I have previously found to suffer severely from this disease.

The Langhedge group of roads, the Union Road and Gilpin Grove also contributed largely to the number of fatal cases, the last-named alone furnishing 8 deaths.

I believe I am correct in saying that on a single day in August 15 funerals of infants took place.



I would respectfully refer to the remarks I made in my last Annual Report on this subject, and would call the attention of the Council to the great importance of this disease : it is the chief cause of the high infantile mortality of the district, and certainly merits serious attention.

I do not think that anything of material benefit can be accomplished when once the outbreak has started, and under any circumstances I think the disease could only be successfully met by the supply of suitable dietetic preparations, and the provision of an infant establishment and of a nursing staff.

The principal cause of its prevalence is, I think, the defective hygienic conditions under which infants are in many instances placed, and to the want of care shewn in the selection and preparation of their food. It is unfortunate that a considerable addition is made year by year to the number of people in the district who are closely verging on pauperism, but I think it is undoubtedly the case, as in many instances I have known applications for parochial relief to come from houses in new roads which had not been three months in occupation. It is among those in such unfortunate circumstances that the defective conditions of hygiene and general management of infants which pave the way for outbreaks of this disease are prevalent, and the remedying of which presents such great, if not insuperable, obstacles.

The great and increasing prevalence of the disease year by year is certainly a matter for regret, and one which cannot be regarded with equanimity by those to whom the sanitary administration of the district is entrusted.

### Hospital Accommodation for Infectious Diseases.

It is with great regret that I again have to report that nothing has been accomplished during the year to meet the difficulties that from time to time arise owing to the absence of any suitable provision for the isolation and treatment of cases of infectious disease, a duty that the legislature seems definitely to have assigned to the Local Administrative Authorities, nor has any definite plan, so far as I am aware, been agreed to by the Council for dealing with the matter, although it is true that some correspondence has taken place on the subject, and that your Engineer and myself attended at the Local Government Board's office, and had the advantage of hearing the views and advice of an eminent member of the Board's medical staff on certain points connected with the matter.

The solution of the difficulty cannot, however, in the absence of a definite plan for dealing with it, be said to have been materially advanced, except in so far as it may have been brought nearer being accomplished by the mere evolution of time.

I am quite aware of, indeed I have previously dwelt upon, the fact that several difficulties present themselves to a Council who have the administration of a district whose rateable value is small in proportion to its population, and whose population increases much faster than the rateable value, in making provision for the separate isolation and treatment, according to modern requirements, of more than one class of infectious disease ; and I have expressed the opinion, to which I still adhere, that this duty would be more economically and efficiently discharged by an administrative body dealing with a much larger area, but it seems to be the general feeling, as it certainly is the tendency of the powers conferred by the legislature in relation to this matter, that each district should provide for, or in any case pay for, its own needs.

The Council has at different times gone in some detail into various combination schemes and arrangements for sending cases to hospitals provided and administered by other local authorities, and it has seemed to be fairly clear that apart from the disadvantage of neither the Council nor its officers having any voice in the management of the institution, the cost would in the end be little, if at all, less than that of separate provision, and I think that the majority of the Council were of that opinion.

I cannot but think that the cost and difficulty of providing hospital accommodation in a permanent and efficient manner will only increase with delay. And I feel sure that the "Micawber-like" policy of "waiting for something to turn up," will not commend itself to the Council.

The same arrangement for the removal of Scarlet Fever cases to the Enfield Isolation Hospital, when there has happened to be room for them, has prevailed as in former years, and has been of much benefit, but it is not at all commensurate with the needs of the district, and under no circumstances can a case be promptly removed, the consent of the Enfield officials having in each specific instance to be obtained, which, as I have before remarked, often causes considerable delay.

Our applications this year were, however, generally successful, and 44 cases were taken to the hospital. In several important instances, however, no bed was available.

As regards Enteric Fever and Diphtheria, however, there remains absolutely no accommodation at the disposal of the Council's officers, and no assistance can be officially given in the isolation and treatment of these diseases, other than the use of the ambulance if a hospital bed can be obtained for the case from private sources, and this is a state of helplessness in an important matter which I respectfully submit ought to be remedied with the least possible delay.

Especially is hardship felt in cases of Diphtheria, for which it is



extremely difficult to obtain hospital accommodation through unofficial sources, many of the public hospitals considering that this should be provided by the local authorities, the urgency of the cases, moreover, frequently forbids their removal to a distant hospital, and the very considerable care and attention necessary to bring many of these cases to a successful issue cannot in many instances be obtained.

Fortunately during the year under consideration no great prevalence of the disease occurred, but in several cases the need of hospital accommodation was acutely felt.

### Disinfection Apparatus.

In my Report for 1894 I remarked on the obsolete type of disinfection apparatus possessed by the Council, and in my Report for 1895 I suggested that the question of the provision of a more suitable apparatus should be considered when the provision of hospital accommodation was settled, but as this is not yet decided, and the difficulty of carrying out the necessary disinfections with the apparatus at present in use increases every year, a new steam disinfecting apparatus has become an urgent necessity.

The labour of transport of articles requiring disinfection has been lightened by the provision of a new bedding van.

### Bakehouses, Cowsheds and Slaughter Houses.

These have been regularly inspected, no additions to their number and no important alterations were made during the year.

### Edmonton Urban District Council Act.

The Council succeeded during the year in passing through a special Act of Parliament giving among many other things special powers of entry and inspection of drains and removing some difficulties respecting combined drainage, and also conferring important powers in dealing with gipsy encampments which will be found of great use in preventing certain nuisances arising therefrom, and in prohibiting encampments on certain lands where they have previously given rise to many complaints which could not hitherto be effectively dealt with. A conviction was obtained against a person for encamping contrary to the provisions of this new act after due notice had been given and a penalty imposed. The views of the sanitary department were not asked for until the Bill had been drafted.

### Housing of the Working Classes' Act.

A group of seven houses were closed as unfit for human habitation under the provisions of this Act, but were re-opened after repairs, it remains to be seen whether the repairs will prove effectual for any considerable time.

### Gipsies.

As in former years many complaints were received and much nuisance arose in reference to these encampments, but during 1898 the nuisances arising were specially severe and dangerous. In addition to the scarlet fever incident mentioned in another part of this report, a case occurred in which families infected with measles encamped in two distinct portions of the district well within the period of infectivity of the disease.

The encampments were, I think, more numerous than in any previous year, while a special nuisance arose from the addition to an ordinary gipsy encampment of a number of apparently destitute aliens, accompanied by performing bears who perambulated the streets for several days in succession, causing much annoyance by obstructing traffic.

In the future these nuisances will be more easily dealt with by means of the powers conferred by the Council's Bill.

### Sewer Ventilators.

Several complaints were received but they were not so numerous as in previous years.

### House Refuse.

Several complaints were received during the year in reference to the deposition in certain parts of the district of large quantities of house refuse for the purpose of brickmaking—an important industry in the district—the nuisance principally arises from vegetable matter not being separated before the deposit is made, or during the burning of the same, it seems that a certain degree of nuisance is inseparable from these deposits.

### Bye-roads.

Much useful work has been done during the year in making up these, thus adding considerably to the comfort and convenience of those who use them.



### General Sanitary Work.

The tables suggested by the County Medical Officer for the comparison of the work of the various districts in the County have been filled up and forwarded to him, the following table gives a summary of the more important items :—

Specific complaints received	- - -	89
Inspections made, including re-inspections	- - -	3200
Letters written	- - -	946
Notices served, including statutory notices	- - -	577
Summonses served	- - -	11
Convictions obtained	- - -	9
Inspections of common lodging house	- - -	77
Removals of Gipsies	- - -	437
Seizures of unsound food (number of consignments)	- - -	3
Removal of bodies of persons dying of infectious disease to mortuary	- - -	1
Wells closed	- - -	4
Water laid on to houses	- - -	10
New cisterns provided	- - -	3
Draw taps removed to mains	- - -	62
Cisterns cleansed	- - -	45
Closets newly constructed	- - -	13
New apparatus provided	- - -	88
Closets repaired, cleansed and ventilated	- - -	91
Closets supplied with water or water supply improved	- - -	68
Repairs to drains	- - -	651
Cesspools cleansed	- - -	9
Cesspools abolished	- - -	4
Houses closed as unfit for habitation	- - -	7
Rooms disinfected	- - -	161
Articles disinfected or destroyed	- - -	1568
Sundry nuisances abated	- - -	91
Various repairs to houses	- - -	161
		—
Total	- - -	8346
		—

The foregoing table is exclusive of work done in connection with new buildings, and of work done pursuant to the provisions of the Canal Boats Acts.

### Canal Boats.

78 inspections were made and 3 contraventions of the regulations dealt with.

I have the honour to be, Gentlemen,

Your obedient Servant,

CHARLES D. GREEN, M.D., F.R.C.S.,  
*Late Medical Officer of Health.*





Canal Boats.

75 inspections were made and 3 contraventions of the regulations dealt with.

I have the honor to be, Gentlemen,

Your obedient servant,

CHARLES D. GREEN, M.D., F.R.C.S.

San Medical Officer of Health.

