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

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Edmonton Urban District.

Public Health Department.

With the Compliments

of the

Medical Officer of Health.

Edmonton Urban District.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1905,

BY

A. W. J. MacFadden,

M.B., C.M., D.P.H.,

TOGETHER WITH THE

REPORT

OF THE

INSPECTOR OF NUISANCES

BY

Richard John Butland,

M.R.SAN.I., &c.

EDMONTON.

Tom Jolly, Trade Union Printer, 238, Fore Street.

Edmonton Urban District.

SANITARY COMMITTEE, 1905-6.

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Vice-Chairman—C. SORRELL, Esq.

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Assistant Inspectors:

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A. J. FURNIVAL „ „ „
Miss A. K. C. HARRIS „ „ „
R. F. GRAVES (Clerical Assistant).
W. EDMONDSON „ „
JOSEPH MADLE (Disinfector).

Inspector of Nuisances and Canal Boats:

R. J. BUTLAND, M.R.San.I.

Medical Officer of Health.

A. W. J. MacFADDEN, M.B., D.P.H.

Edmonton Urban District.

SUMMARY OF ANNUAL REPORT.

Area	3890 acres.
Population—Census 1901	46899
Estimated population, 1905	54606
Number of inhabited houses	9441
Average number of inhabitants per house ...	5·76
Density of population	14·6
Rateable Value	£204,215
General District Rate	2s. 5d. in £
Poor Rate	Average 2s. 6d. in £

VITAL STATISTICS.

Birth Rate per 1000 living	35·6
Recorded Death Rate per 1000 living	13·3
Corrected Death Rate per 1000 living	13·5
Infantile Mortality per 1000 births	1·28
Zymotic Death Rate per 1000 living	2·36

Hospital Accommodation—

For Fever cases ...	Enfield Isolation Hospital.
For Small-Pox ...	South Mimms Small-Pox Hospital.

Water Supply	Metropolitan Water Board.
Sewerage	Separate System.
Sewage Disposal	Broad Irrigation.

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PUBLIC HEALTH DEPARTMENT,

TOWN HALL,

EDMONTON,

17th April, 1906.

To the Chairman and Members of the
Edmonton Urban District Council.

GENTLEMEN,

In fulfilment of my statutory duty I have the honour to present my third annual report on the health and sanitary circumstances of Edmonton.

The vital statistics show that during the past year the health of the district was, on the whole, very satisfactory and is, in more than one respect, a marked improvement on the experience of previous years. The most noticeable feature is the drop in the general death rate, which reached the lowest figure (13·3) of which I can find any record. This has been accompanied by a reduction in the death rate from nearly all the important diseases, but more especially from epidemic diarrhœa and phthisis.

The infantile mortality rate for the year is one of the lowest recorded in the district. This is all the more gratifying because of the attention which the Council have given to this very important subject in recent years.

In the report I have devoted considerable space to the infectious diseases, and especially to scarlet and enteric fevers, both of which were more prevalent than usual during the year. I have also drawn attention to the relations existing between school attendance in very young children and the spread of measles and whooping cough.

It affords me much pleasure once more to express my thanks to the Sanitary Committee and the Council for the support they have always given to the work of my department; to Mr. Butland also, and the staff of the Public Health Department, I am much indebted for their loyal assistance throughout the year.

I am, Gentlemen,

Your obedient servant,

A. W. J. MacFADDEN,

Medical Officer of Health

Edmonton Urban District.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1905.

GENERAL DESCRIPTION OF DISTRICT.

The Urban District of Edmonton, area 3,890 acres, seven miles distant from Liverpool Street terminus, on the Enfield branch of the Great Eastern Railway, is situated in the County of Middlesex, on the west bank of the River Lea.

It is bounded by Enfield Urban District on the north, and by the urban districts of Southgate and Tottenham on the west and south respectively. Chingford Urban District lies on the east, on the opposite bank of the river. The district is for the most part flat, rising slightly from the river marshes on the east, to the higher ground to the westward. Geologically, Edmonton is situated in the London chalk basin. The subsoil consists, for the most part, of valley drift (sand and ballast), beneath which, at varying depths, lies the London clay. The surface loam is not deep, and, in the northern part of the district especially, there is a rich and extensive deposit of brick earth.

The population is almost entirely industrial and a large proportion of the workers travel daily by train and tram to their employment

in the City and other parts of London. The building and brick trades form the chief local industry, but there are in addition several large works, notably the cartridge factory of Messrs. Eley Brothers, Messrs. Ridley Whitley's Linoleum Works, and the Gothic Gas Meter Works, whose employees are, for the most part, residents of Edmonton. In the first-mentioned factory, however, where most of the workers (about 1,100) are women, nearly one quarter of their number reside in London, and come daily to their work by tram or rail.

Two large union work-houses are situated in Fore Street Ward; that belonging to the Strand Union, to which is attached the Strand Union Schools, receives its inmates from the Strand district alone. Its population does not, therefore, enter into our statistics, except in the matter of births, which, however, are few in number. The institution belonging to the Edmonton Board of Guardians receives a certain proportion of its inmates from this district, and these are treated as part of our population for statistical purposes. The large bulk of the inmates are, however, derived from Tottenham, Southgate, Wood Green, Hornsey, Enfield, and other districts that go to make up the large Poor-law Union of Edmonton, and these, of course, do not enter into our statistics. A table showing the number of inmates in both institutions, and the births and deaths that have taken place amongst them will be found on page 50 (Table II.).

Pymmes Park, the property of the Council, is a large and centrally situated public park, 53 acres in extent. The artificial lake, completed earlier in the year, has since been extended, and a considerable area of water will shortly be available for boating. The making of the lake is part of an improvement scheme on which numbers of the unemployed workmen of the district have been engaged throughout the winter. The scheme also comprises the planting of new shrubberies, &c., and the laying out of an old English garden in one of the walled enclosures adjoining the old mansion. As in the course of time Edmonton becomes more densely populated, Pymmes Park will be an increasingly valuable asset to the district.

The Council also possess a handsome and well-equipped free library and reading rooms, in which are preserved some of the links, both archæological and literary, connecting the district with the Edmonton of Cowper and Charles Lamb.

A very marked improvement in the general appearance of the district has been effected by the repaving of the main road with wood. This work was completed early in the year, and in July the new electric tramway service was established up to the terminus at Tramway Avenue. Some widening operations at certain points in the road remain to be carried out before the whole scheme can be said to be complete. In the meantime the inhabitants are benefiting immensely by the improved means of transit, and the greater cleanliness of the new road adds materially to their comfort, and plays, I am convinced, an important part in the conservation of their health.

VITAL STATISTICS.

Population. The following table shows the population of the district, exclusive of the two union workhouses, for the last three Census years :—

Year.	Population.
1881	13,065
1891	23,437
1901	44,911

The estimated population for the year is arrived at by multiplying the number of inhabited houses at the middle of the year, by the number of inhabitants per house, as given in the last Census Report. This figure for Edmonton in 1901 was 5.76. The number of inhabited houses in the district in the middle of 1905 was 9,441. To the figure thus obtained (54,380), is added the average number of Edmonton residents in the Edmonton Union Workhouse, which for the year was found to be 226.

The nett estimated population of the district, and that on which the various rates that follow are calculated, is therefore **54,606.**

The populations of the three Wards estimated in the same way are :—

Bury Street	...	...	19,014
Church Street	...	...	16,468
Fore Street	...	...	19,124

The Area of the district is 3,890 acres and the density of population, or the average number of persons per acre, is 14·6. This figure is calculated on the gross population, which includes the average populations of the Strand and Edmonton Union Workhouses, and amounts to 56,758.

The natural increase of the population by the excess of births over deaths during the year was 1,219.

BIRTHS.

The number of births registered was 1,947, which includes 76 births that took place in the union workhouses, 18 of which were among parents belonging to Edmonton.

The birth rate per 1,000 inhabitants is therefore **35·6.**

Of the total births, 94 or 4·8 per cent., were illegitimate, an increase of about 1 per cent. on the figures for last year.

The district still maintains its high birth rate, notwithstanding the steady downward tendency in this direction shown by the country generally, and by many of the large towns. A high recorded birth rate in a community indicates the presence of a high proportion of persons in it who are at the most vigorous age periods of life, age periods, that is to say, in which the death rate is lowest. Such a community should, therefore, under normal conditions, have

a low general death rate, and when this is not the case, it is owing to some abnormal influence affecting unduly the health of one or other age group of the population.

The birth rates for the preceding 10 years will be found in Col. 4 of Table I, page 49.

The births were distributed in the Wards as follows :—

Ward.		Births.	Birth Rate.
Bury Street	...	660	34·7
Church Street	...	621	37·7
Fore Street	...	666	34·8

DEATHS.

The deaths registered during the year were 868. Of these, 41 occurring in the Strand Union Workhouse and 207 among non-residents of the district at the Edmonton Union Workhouse, are excluded, while 56 deaths of Edmonton residents taking place in the Edmonton Workhouse are included in our total deaths. An arrangement exists with Somerset House and with the District Registrars of Tottenham and Enfield, whereby the deaths of all residents of Edmonton occurring in London, Tottenham and Enfield are returned to me for inclusion in our statistics; 108 deaths were returned in this way during the year, making the nett total of deaths at all ages for the district proper, 728.

The recorded death rate is therefore **13·3.**

Corrected Death Rate. When the factor for correction is applied to the recorded death rate, we get the figure that would represent the death rate in Edmonton if its inhabitants were distributed in the same proportion as regards age and sex as are the inhabitants of the country generally. This factor for Edmonton is 1·01785 and the corrected death rate is therefore (13·3 x 1·01785) **= 13·5.**

The recorded death rates for the preceding 10 years will be found in Col. 13, Table 1, Page 49.

It is gratifying to note that the death rate for 1905 in Edmonton is the lowest of which I can find any record and is 2·5 per 1,000 below the average of the 10 preceding years.

Notwithstanding the fact that the age and sex distribution of our population is favourable to a low death rate, it must be borne in mind that, in a community of the size and social constitution of Edmonton, specific circumstances influencing the health of the inhabitants are likely to produce a more marked variation in the death rate than would be the case in a larger and more mixed population. This is exemplified in the death rate (15·8) recorded in 1904 which was unfavourably affected in this way by the large number of infant deaths, caused chiefly by summer diarrhœa, and the great increase in the mortality from pulmonary diseases which characterised that year. The meteorological conditions of 1904 were, doubtless, favourable to these illnesses, but the general ignorance and lack of care in the matter of infant rearing that characterise the class to which the vast majority of our inhabitants belong, accounted mainly for this undue prevalence of infantile sickness, whilst the poverty and want that prevailed throughout the severe winter of 1904 undoubtedly helped to swell the mortality from chest troubles in that year.

During 1905 the conditions have been much more favourable. The winter was one of the mildest that have been experienced for many years, unemployment existed to a much less extent than was the case in 1904 and better means for meeting it were available. In the summer months, too, the weather was favourable to a diminished mortality from diarrhœal diseases, but much credit is, I think, also due for the marked improvement under this head, to the unremitting efforts that have been made during the past two years to guide the mothers of newly born children to the knowledge that is necessary for the protection of their infants from this and other dangers to which they are peculiarly liable.

Ward Deaths. The following are the deaths and death rates in the three wards. Deaths occuring amongst residents in the institutions and of residents dying outside the district have been debited to the wards in which they lately resided. Institution deaths amongst residents, that could not be allocated, are entered in a separate column on Table IV.

Ward.		Death.	Death Rate.
Bury Street	...	240	12·6
Church Street	...	262	15·9
Fore Street	...	219	11·4

Death Certification. All deaths were certified either by the medical attendant or by the coroner.

Inquests were held on 82 cases, or 11 per cent. of the total deaths The causes of these deaths will be found on Tables IV. and IVA, pages 52–59.

The ages at, and causes of, death are set out on Tables IV and IVA, the latter being an extended list of the various causes.

Infantile Mortality. The infantile mortality is a special death rate referring to the first age period (0 to 1 year), and is expressed as the number of deaths that take place amongst children under 1 year of age per 1,000 births registered. The number of such deaths in the district during the year was 250, and the births numbering 1,947, the infantile mortality is therefore **128** per 1,000 births.

This is the lowest infantile mortality rate recorded during the past 10 years, with the single exception of 1895, and is 33 per 1,000 below the rate of last year (161), which is also the average rate for the 10 previous years.

The infantile mortality rates for the year were, in England and Wales, 128; in London, 131; and in the 76 great towns, 140.

The figures for the Wards are as follows:—

Ward.	Deaths under 1 year.	Infantile mortality.
Bury Street	99 ...	150
Church Street	76 ...	122
Fore Street	74 ...	111

A new table (Table V., p. 60) has been issued this year by the Local Government Board, which enables the deaths among infants under one year old, from certain causes, to be recorded in weeks and months of age. The information collected by this means for the whole country will prove of great value in indicating the true significance that should be attached to the mortality in the various age groups.

The table shows that in the first month the bulk of the deaths were due to what are termed "wasting diseases." These are conditions that, for the most part manifest themselves at the birth of the infant, and depend on ante-natal circumstances associated with the health of the mother, rather than on any external influence to which the child becomes subject after birth, such, for example, as improper feeding, clothing, &c. Although adverse external influences may begin to operate from the moment of birth, it is not, as shown by the table, until the second month of life that they begin to give rise to deaths in any significant numbers.

The system instituted in 1904, whereby each household where a birth has taken place is visited by the Woman Inspector immediately on the receipt of the weekly notifications from the District Registrar, has been continued throughout the year.

In all, 1,277 births were visited in this way and at the same time the pamphlet on infant feeding, a copy of which will be found in the appendix, was given to the mother and the chief points to be observed explained to her. A second visit was made when the

child had reached the age of six months in the case of 367 of the infants who survived until that age.

The following table sets out the method of feeding adopted and its results in three groups of infants under 6 months of age, viz.:— 367 survivors at that age, 27 who died from diarrhœal diseases before reaching the six months, and 161 who died from all causes before that age. For convenience of comparison, the results are shown in percentages:—

Form of Food.	Percentage of Survivors visited at 6th month.	Percentage of Diarrhœa deaths under 6 months.	Percentage of deaths from all causes under six months.
Breast fed alone ...	76·3	11·1	47·2
Other forms of Food ...	23·7	88·9	52·8

The enormous advantage in the struggle for existence possessed by a breast fed infant over one artificially fed, is clearly shown in this table. The advantage is, of course, most apparent where diarrhœal diseases have to be encountered, and nearly nine-tenths of the victims from these food-borne maladies were found to have been artificially fed.

Zymotic Death Rate. This rate is a statement of the number of deaths from the seven principal zymotic diseases per 1,000 of the population. There were 129 deaths from these diseases in the district during the year, and the zymotic death rate is therefore **2·36,** as compared with 3·87 in the previous year. This reduction is due almost entirely to the great decrease in the number of deaths from diarrhœa. The zymotic death rate in London was 1·71, in the 76 great towns 1·88, and in England and Wales 1·94.

The following table shows the deaths from these diseases distributed amongst the three wards:—

Disease.	Whole District.	Bury Street.	Church Street.	Fore Street.
Measles ...	27	3	22	2
Scarlet fever ...	6	3	1	2
Whooping cough	30	10	7	13
Diphtheria ...	4	1	0	3
Enteric fever ...	6	2	1	3
Diarrhœa ...	56	19	22	15
Total ...	129	38	53	38
Rates ...	2·36	1·99	3·21	1·98

The relatively large number of deaths from measles credited to Church Street ward in the above table marks the first stage of a severe epidemic of this disease, which began in the late autumn in this ward and had not spread extensively in the remaining wards until after the close of the year.

In the following table is set out the death rate, infantile mortality and zymotic death rate for the past 10 years:—

Year.	Death Rate.	Infantile Mortality.	Zymotic Death Rate.
1896	15·6	153·6	3·8
1897	15·9	157·8	3·8
1898	16·8	195·8	5·08
1899	17·4	161·8	4·6
1900	16·0	168·1	2·6
1901	14·3	139·0	2·4
1902	17·8	143·6	4·7
1903	13·7	*140·3	1·9
1904	15·8	161.8	3·87
1905	13·3	128·0	2·36

* In calculating the infantile mortality for 1903, deaths due to premature birth were included for the first time.

The following table of vital statistics for 1905, showing the various rates for the whole country and for several of the large towns is given for purposes of comparison.

	Estimated Population 1905.	Annual Rate per 1000 living.			Infantile Mortality per 1000 births.
		Births.	Deaths.	Zymotic Deaths.	
England and Wales ...	34,152,977	27·2	15·2	1·52	128
76 Great Towns	15,609,377	28·2	15·7	1·88	140
141 Smaller Towns	4,750,000	26·9	14·4	1·50	132
England and Wales less the 217 towns... ...	13,793,600	26·3	14·9	1·09	113
London	4,684,794	27·1	15·6	1·71	131
Willesden	138,080	30·0	11·6	1.72	112
Hornsey	84,070	18·5	7·6	0·46	66
Tottenham	116,232	30·9	12·8	1·31	115
Edmonton	54,606	35·6	13·3	2·36	128
West Ham	294,997	30·7	14·8	2·98	153
East Ham	123,381	29·8	11·7	2·27	125
Birmingham	542,959	29·3	16·2	1·90	154
Leicester	228,132	25·9	13·3	1·62	148
Huddersfield...	94,888	23·8	17·0	1·10	119
Halifax	108,419	19·2	14·6	0·98	131
Merthyr Tydfil	73,848	38·3	22·1	4·04	193

INFECTIOUS AND OTHER DISEASES.

The Infectious Diseases Notification and Prevention Acts have been in force in this district since March 1st, 1891.

Table VI., page 61, shows the number of cases notified and the deaths from the notifiable diseases for 1905 and 10 preceding years. The same table also shows the deaths that have occurred from the non-notifiable infectious diseases for this period.

The coloured chart sets out diagramatically the number of cases of infectious disease notified during each month of the year.

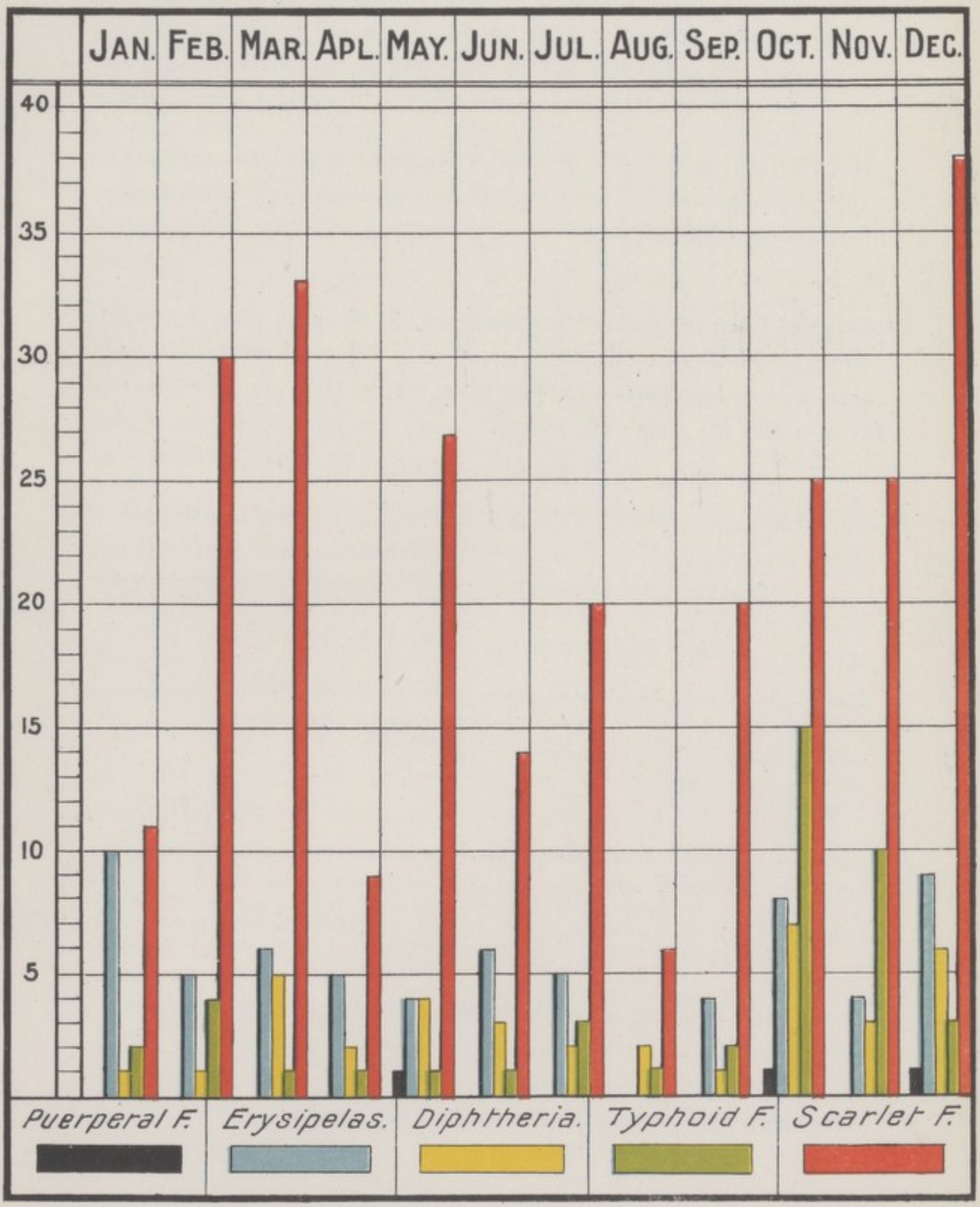
On Table III., page 51, will be found details as to age distribution and locality of the notified cases, and the number of cases removed to hospital from each ward.

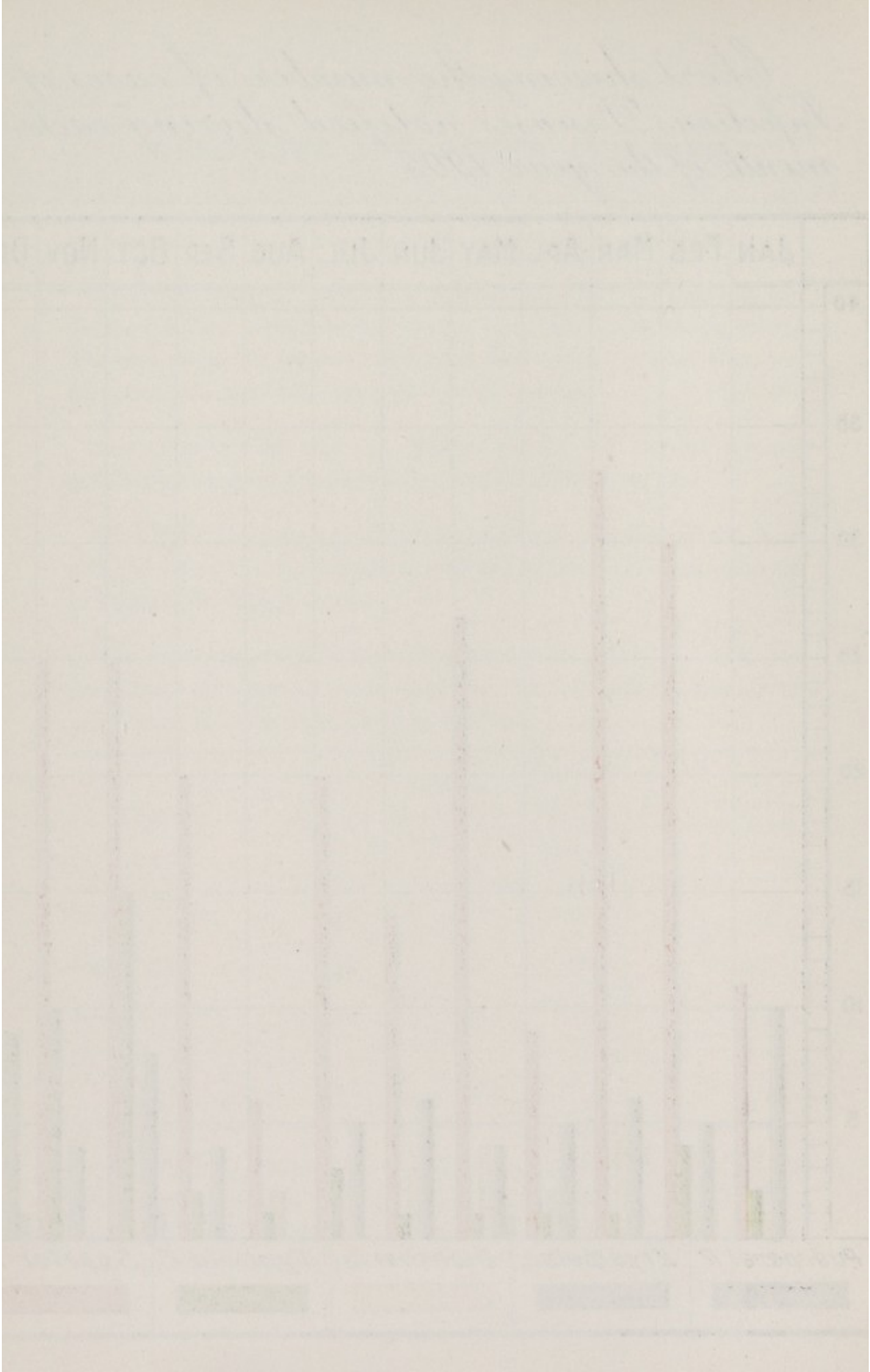
The following table shows the number of cases isolated, the percentage of these to cases notified, and the fatality, that is, the percentage of cases dying to those notified :—

Disease.	Cases Notified.	Number Isolated in Hospital.	Percentage of Isolations.	Total deaths.	Fatality per Cent.
Scarlet Fever ...	259	209	80·7	6	2·3
Diphtheria ...	37	20	54·0	4	10·8
Enteric Fever ...	44	30	68·0	6	13·6
Totals ...	340	259	76·1	16	4·7

A satisfactory feature in the infectious diseases returns for the year is the absence of small-pox from amongst them. It is the first year since 1900 during which the district has enjoyed complete immunity from this disease.

Chart shewing the number of cases of Infectious Diseases notified during each month of the year 1905





The figures for the year show an increase in the number of cases of infectious disease notified over those for 1904, an increase which is due almost entirely to the greater prevalence of scarlet fever. Notwithstanding a slightly increased fatality in this disease, however, the total deaths attributable to the notifiable diseases as a whole show a considerable reduction on those for last year.

An increase in the number of enteric fever cases notified was accompanied by a considerable decrease in the fatality from this disease, and diphtheria shows a reduction in both cases and fatality.

We can only judge of the prevalence of the non-notifiable diseases by the death returns, and here there has been a very considerable improvement on last year, for, with the single exception of whooping cough, the deaths from all these diseases are fewer, in some cases very markedly so, than in 1904.

Vaccination. The following table of vaccination returns for the year 1904 has been kindly supplied by the Vaccination Officer. The returns for 1905 will not be available for some months.

VACCINATION RETURN FOR 1904.

Births.	Successful vaccinations.	Conscientious certificates.	Deaths under one year unvaccinated.	*Remov'd and untraced.	Still unvaccinated but addresses known.	Postponed owing to illness.	Certified insusceptible.
1895 ...	1282	20	207	*365	7	8	6

* Some of the cases removed are known to have been vaccinated, but as the certificates were not received they could not be included in the return. It should be noted that omitting to forward the certificate is as much an offence against the Vaccination Acts as neglecting to have the child vaccinated.

Scarlet Fever. 259 notifications were received during the year, giving an attack rate of 5·1 per 1,000 of the population. The cases were distributed among 164 houses and 77 streets. One case occurred in 110 houses, two cases in 30 houses, three cases in 13

houses, 4 cases in 7 houses, 5 cases in 3 houses and 7 cases in 1 house. The removals to hospital numbered 209—an isolation percentage of 80·7. There were 6 deaths, giving a fatality of 2·3 per cent. of cases notified and a death rate of 0·11 per 1,000 of the population.

The experience of 1904 regarding the extent to which missed cases gave rise to an increased incidence of scarlet fever, has been repeated in the past year. The histories of the cases show that there has been nothing to connect any of them with milk infection or other source likely to spread the disease broadcast. A few cases arose from time to time where the infection was traced to an undetected case attending school, but these were fortunately discovered and removed before much mischief was done, and nothing approaching a school epidemic has to be recorded. The majority of the cases notified were traced to a previous case in the same family or in that of a neighbour in which the disease occurred in so mild a form that it was overlooked by the child's parents and was not discovered until a doctor was called in to see another child, infected by the first, in which the illness had assumed a more definite aspect. In this way several of the remaining children in the family had every opportunity of becoming infected before the occurrence of the disease came to the notice of my department, and it is to this circumstance chiefly that the unusual number of cases per house noted above is to be ascribed.

The following series of 10 cases in one street, reported in the month of August, may be quoted to illustrate the mischief resulting from an overlooked attack. Three houses, Nos. 39, 41 and 45, were involved, and the first case was notified from No. 39 on July 7th. On July 22nd a case was reported from No. 41, and on visiting this house to make enquiries, another child in this family was found to be peeling. This child was a playmate of the child at No. 39 and had been unwell about three weeks before this date, so that there is little doubt as to her being the common source of infection of both these cases. The children at No. 45 were also accustomed to play with those at No. 41 and immediately after

the removal of the latter to hospital the children at No. 45 began to fail, and within the next few days no fewer than seven of them were attacked with scarlet fever. Everything that was possible in the way of speedy removal to hospital, disinfection of rooms and clothing and the giving of instructions regarding the isolation of children showing signs of becoming ill, was carried out in these cases, but most of the children were already infected before the opportunity occurred for putting these measures into operation.

In February 5 cases were reported from one house and 4 from another, and in both instances on visiting the families after the receipt of the first notification, a previous unrecognised case was found.

It is unreasonable to expect any mother to say definitely whether a given case is one of scarlet fever or not, but it is not an unreasonable requirement, indeed it is one of her first duties as a mother, that she should be able to recognise the common warning signs of the ordinary infectious diseases and take them as the signal for separating the affected child from other members of the family. In the pamphlet recently issued by the Council, a copy of which will be found appended, I made a special note of these elementary signs, and the slightest acquaintance with them should have been sufficient to warn the mothers of most of these overlooked patients, of the real nature of their illness; for a history of sore throat, vomiting and general feverishness was obtainable in the majority of them. But even in those cases that were recognized by the mother there was too often a want of care shown in keeping the affected child apart from others until the doctor arrived and arrangements had been made for its isolation. Owing to this neglect many secondary cases occurred that a little intelligence and foresight might have prevented. It is hoped that the efforts now being made to instruct the mothers of families in these matters may in course of time effect a great improvement in domestic knowledge of this kind.

Nine of the cases notified were associated with the return of a

previous case from hospital. The following table gives some details concerning the discharged patient and the return case.

Discharged Patient.				Return Case.		
Reg. No.	Date of Discharge	Days in hospital.	Conditions noted shortly after onset of return case.	Reg. No.	Onset.	Interval between discharge of patient and onset of return case.
						Days.
13	12/4/05	89	7 to 14 days after discharge, developed running ears. Severe nasal discharge on 4/6/05.	171	6/6/05	55
61	20/4/05	51	Purulent nasal discharge and old unhealed wound on forehead.	123	22/4/05	2
66	19/4/05	49	Profuse nasal discharge.	125	24/4/05	5
257	17/11/05	45	Sores on lip and nostril broke out 14 days after discharge from hospital.	395	8/12/05	21
260	19/12/04	57	Nothing significant noted.	28 30	28/1/05 28/1/05	40 40
291	21/1/05	67	Numerous sores on body ? chicken pox.	25	29/1/05	8
333	6/2/05	51	Discharge from ear appeared a few days after return home.	57	20/2/05	14
295	6/2/05	82	Purulent nasal discharge.	38	9/2/05	3

In the majority of the above cases the length of time that elapsed between the discharged patient's home coming and the onset of the return case was greatly in excess of the incubation period of scarlet fever. This fact suggests that a recrudescence of infectivity must have taken place in these cases at varying periods after their discharge from hospital, and this view is borne out by the occurrence in most of them of some indication of constitutional disturbance having taken place within a few days of the return case's failure.

Diphtheria and Membranous Croup. I received notification of 37 cases during the year, as compared with 46 in 1904. The cases occurred in 30 streets and 35 houses, and represent an attack rate of 0·69 per 1,000 of the population. The cases removed to hospital numbered 20, being 54 per cent. of those notified. There were 3 deaths, giving a death rate of 0·05 per 1,000, and a fatality of 8·1 per cent.

It is satisfactory to note that the district maintains its good record in regard to the incidence of diphtheria. The fatality from the disease, too, shows a marked improvement on that reported in the previous year, and now that the Public Health Department is equipped with a laboratory in which bacterioscopic examinations can be made of specimens sent by the medical practitioners, an earlier decision as to the nature of doubtful cases can be arrived at than would be possible without this valuable aid to diagnosis. It is hoped that the time saved in this way will enable many patients to be put under the special treatment that is so necessary in this disease, at an earlier stage than would otherwise be the case and that a still lower diphtheria fatality will be the result.

A supply of diphtheria anti-toxin is kept at the Town Hall for the use of medical practitioners.

Puerperal Fever. Three cases of this disease were notified during the year, two of them terminating fatally. On the receipt of a notification of puerperal fever the case is immediately investigated and the facts communicated to the County Medical Officer, who, if

a midwife has been in attendance, visits her for the purpose of making further enquiries and of giving instructions as to the disinfection of her clothes, instruments, etc. The midwife is not permitted to attend other cases until the County Medical Officer decides that she can do so without danger.

The following is the history of one of the fatal cases. Mrs. X was attended by a midwife in her confinement on Oct. 6th and, owing to her becoming seriously ill, a doctor was called in on Oct. 9th, who had the patient removed without delay to the Union Infirmary, where she died on the day following. The case was subsequently notified to me as one of puerperal fever. The day following Mrs. X's removal to hospital three of her children were reported to be suffering from scarlet fever and on enquiry it was found that these children had been ill for some time before their mother's confinement, a rash having been noticed on one of them on Oct. 3rd. Had the nature of these children's illness been recognised sufficiently early to secure their removal to hospital and the disinfection of the house before their mother's confinement took place, there would, in all probability, have been no complication in connection with it and no fatality to record.

Erysipelas. Sixty-six cases were notified, compared with 74 in the previous year. Two of the cases occurred in the Edmonton Union Infirmary. Two cases occurred in one house and the remaining 62 cases were in separate houses. There was one death in a female aged 68 years.

Enteric Fever. Forty-four cases were notified, as against 38, 40, and 58 in the three preceding years. This is equal to an attack rate of 0·86 per 1,000 of the population. The cases occurred in 39 houses and 31 streets, and one case was reported from Edmonton Union Infirmary. The removals to hospital numbered 30, an isolation percentage of 68. There were six deaths, giving a fatality of 13·6 per cent., and a death rate of 0·11 per 1,000. The incidence

was greatest in the months of October and November, when 24, or more than one-half of the total cases were notified.

Careful enquiries were made into every case reported, with a view to ascertaining the source of infection. In many cases this was quite obscure, in some the evidence obtained has been sufficient to justify a strong conjecture as to the probable cause, and in a few there has been little room for doubt as to the origin of the disease.

Owing to the fact that enteric fever infection is invariably conveyed by the mouth, and in most cases through the agency of contaminated food and drink, special enquiries were made as to those articles of diet, such as shell fish, fried fish, watercress, &c., that are most liable to contamination by the organism of this disease It was found that among the 44 cases reported, 10 had been more or less habitual shell fish eaters, and had partaken of this food in some form at a date that admitted of its being reasonably entertained as a possible source of infection. Eight others had eaten fried fish under similar circumstances, and in one case only was there a history of the patient having eaten watercress.

The following is an account of a series of cases that occurred in October and November, in which the facts point to the consumption of shell fish as the probable source of infection. Three cases, W.N., X.N., and S.N., were notified from the same house in Upper Edmonton on October 10th, October 13th, and November 1st respectively. Close enquiries as to the consumption of shell fish were made in each case, but all denied having eaten any. On Nov. 2nd a boy, R.N., belonging to another family in the same neighbourhood was notified and, on being questioned, he admitted having eaten mussels, and stated that he had obtained them at a stall kept by a boy who was a member of the very family from which the three cases above-mentioned were notified. On being questioned, this boy informed me that he had kept a shell-fish stall for some months at a particular place in the district, where he carried on the business every Saturday night. His custom was to buy his stock,

composed of cockles, mussels and whelks every Saturday morning from various dealers in the haddock market at Billingsgate; he then brought the shell fish home and washed them in the yard of his house before exposing them for sale. Any of his stock left over on Saturday night were, he said, thrown into a receptacle in the yard. He admitted that his father, X.N, ate his shell fish frequently, but denied ever having given any to his sisters, W.N. and S.N. I am of opinion, however, that it is more than likely that they also partook of them. The family's reason for denying, in the first instance, that they had anything to do with shell fish, appears to have been their fear lest this lad's business might be injured.

I endeavoured to ascertain the names of the wholesale dealers from whom the shell fish had been purchased and several names that were given me were communicated to Dr. Collingridge, Medical Officer of Health of the City, together with the facts of the case, but Dr. Collingridge's reply was that these dealers could not be traced in Billingsgate, and I have little doubt but that the fear of making further trouble prevented this lad from informing me correctly on this point.

Two other cases occurred in November, X.T. and F.X., lads living in different parts of the district who had these points in common, namely, that the onset of their illness was on the same day (Nov. 6th), and that they were both intimate with the N family and had been in their house a good deal during the time that members of this family were failing with the disease. They were on particularly intimate terms with the shell fish seller, but would not admit having eaten any of his fish.

In view of the cases detailed above, and considering the large proportion of shell fish eaters found among the enteric fever cases for the year, I think we have strong grounds for placing this article of diet under the gravest suspicion. This suspicion is strengthened when we consider the conditions under which these shell fish grow, how they are collected and sent to market, and, finally, the manner

in which they are prepared for sale and exposed on the vendor's stall. More satisfactory results would be obtained from enquiries into outbreaks of enteric fever in which shell fish have come under suspicion, if the wholesale source from which the fish were obtained could be readily traced. Similar outbreaks occurring in different districts at the same time might in this way be rapidly traced to a common gathering ground or other centre of contamination, and the necessary measures taken, without loss of time, to stop the mischief at its source. I feel confident that if the powers at present being sought by the County Council of Middlesex for compelling ice cream vendors to place on their barrows the wholesale source from which their milk is obtained, were made to apply in a similar way to vendors of shell fish, the public would benefit by the increased facilities that would be available for bringing home to its source the contaminating factor in this very common article of diet.

As regards fried fish no definite evidence, beyond the number of patients who were fried fish eaters, could be obtained, and as I believe that this form of food is consumed by a very large proportion of our population, it would not be safe to attach too much weight to these figures. It was remarked, however, that several of the patients volunteered the information that they had eaten fried fish on a date that fitted in, as regards incubation period, with the onset of their illness. Others definitely ascribed the onset of their illness to a certain meal of fried fish that had disagreed with them.

There is no doubt that the conditions under which many fried fish businesses are carried on are insanitary and unwholesome. The quality of fish employed is often poor, and being of small size they are in many cases not properly cleaned. In and around London fried fish is becoming more and more the food of the people, and is, in this way, an annually increasing factor in their bodily welfare and general health. It is time, therefore, that steps should be taken by public health authorities to see that this trade is carried on under hygienic conditions.

Two of the cases notified received their infection directly from a previous case of enteric fever. One was that of a nurse who was in attendance on the case, and the other that of a boy who had slept with his brother during part of the latter's illness before its nature was suspected.

Measles. There were 27 deaths from this disease compared with 28, 15 and 19 in the three preceding years. This is equal to a death rate from measles of 0·49.

So far as could be judged from the incomplete information available, the district was practically free from measles until the last quarter of the year. Towards the end of October, however, the disease set in with great suddenness and in November nine deaths due to it were registered, followed by 16 deaths in December. Church Street Ward was the first to suffer severely, and it was here that the greater number of the early deaths occurred, but before the end of the year the epidemic had assumed considerable proportions among the schools in other parts of the district.

The usual entertainments for school children that are held during the Christmas holidays were, at my request, postponed with a view to preventing the admixture of children from different localities. Owing to the suddeness with which the epidemic set in, however, many of the schools were already infected by the time such information as was available reached me. School closure was not, therefore, resorted to, as I am convinced that little good in the way of prevention can be expected from this measure in an urban area, unless it is put into force in the very early stages of a measles outbreak.

Arrangements have now been made by the Education Committee for establishing a system of notification by the teachers and attendance officers, of all cases of infectious disease coming to their notice among the scholars. An account of this system will be found in an appendix to this report and I have every reason to hope

that its adoption will give greater facilities for dealing with this and the other non-notifiable diseases in the future.

As in previous years the greatest mortality from measles occurred in the second age period (1 to 5 yrs.) and in this group it accounted for over 17 per cent. of the deaths. It is during this age period that school attendance in the baby classes is first commenced, and owing to the high susceptibility of these children to measles, and to the favourable conditions which school attendance offers for its spread amongst them, it is not to be wondered at that in epidemic times these infants not only suffer heavily themselves, but also form the chief channel through which infection is carried, often with fatal results, to the still younger babies at home.

The following table, which deals with all the measles' deaths for the year, brings out rather strikingly the relation between school attendance under school age and the mortality from measles.

DEATHS FROM MEASLES DURING THE YEAR 1905.

Table showing ages at death of the fatal cases and the ages of the *first cases* in those families in which the deaths occurred, together with the school attendance history of each :—

Name.	Age and Sex.	School.	Age and sex of first case in House.	School.
T.V.	M., 13 months	none	This child	none
C.Q.	F., 1½ years	none	F., 6 years	Raynham Infants
G.I.	M., 1½ years	none	M., 7 years	National Infants
N.C.	F., 11 months	none	F., 4 years	Montagu Infants
B.X.	M., 3 years	Montagu Infants	This child	Montagu Infants
U.X.	M., 2 years	none	M., 4 years	Montagu Infants
K.C.	F., 5 years	none	F., 4 years	Montagu Infants
N.T.	F., 2 years	none	F., 2 years	None
J.H.	F., 1¾ years	none	M., 4 years	Montagu Infants
I.C.	F., 1¾ years	none	F., 4½ years	Montagu Infants
I.S.	M., 1¼ years	none	F., 4½ years	Montagu Infants
M.N.	M., 11 months	none	M., 6 years	Montagu Infants
B.E.	F., 4¾ years	Montagu Infants	This child	Montagu Infants
G.Q.	F., 2 years	none	M., 5 years	National Infants
K.G.	M., 1 year	none	F., 5 years	National Infants
J.G.	F., 1¾ years	none	M., 2½ years	none
I.E.	M., 1¾ years	none	M., 5 years	National Infants
D.H.	F., 12 days	none	M., 5 years	none
K.N.	M., 3½ months	none	M., 4 years	Montagu Infants
P.G.	M., 1¼ years	none	F., 5 years	National Infants
X.B.	M., 2 years	none	F., 6 years	National Infants
X.K.	M., 11 months	none	F., 4 years	Eldon Rd.Infants
B.N.	F., 2 years	none	This child	none
D.S.	M., 2 years	none	This child	none
I.S.	M., 7 months	none	M., 2 years	none
F.G.	F., 2 years	none	M., 3½ years	National Infants
W.Q.	F., 1½ years	none	F., 4½ years	Eldon Rd.Infants

It will be seen from the above table that 20 out of the 27 fatal cases, or over 74 per cent of the deaths, owed their infection to children who were attending infant schools when they themselves developed the disease. Out of these 20 deaths no less than 12, or 44 per cent of the total measles' deaths, were infected by children attending school who were under school age. In none of the fatal cases was the infection imported into the house by a scholar attend-

ing a higher class than the infants. In 6 of the deaths (22 per cent) the first case in the family was not attending school. These facts illustrate with considerable clearness one of the dangers resulting from the admission of very young children to the risks inseparable from school attendance.

But these risks, in the case of measles, are not confined solely to a possible fatal issue from the disease; they also include many distressing sequels among the survivors that have seldom come under the notice of public health departments in the past, but which are now beginning to receive from education committees more of that attention which has been so long necessary. Such conditions as deafness, defective vision, underdevelopment, both physical and mental, are too often traceable to a neglected or severe attack of measles, and a disease capable of affecting so banefully the health of children and their future usefulness is certainly one that demands every care and attention on the part of parents and educational authorities alike.

Whooping Cough was the cause of 30 deaths, as compared with 7, 3 and 20 in the three preceding years. This is equal to a death rate from the disease of 0·54 per 1,000. All the deaths occurred in children under 5 years of age, but unlike what has been experienced in the case of measles, the greatest mortality occurred in the first age period (0 to 1 year) in which 16 deaths took place, the remaining 14 having fallen in the second age group (1 to 5 years).

This incidence of mortality is in accordance with the general experience in whooping cough, and in so far as mortality may be taken as an indication of general incidence, it would seem to place the prevalence of this disease in a somewhat less close relation to school influence than is the case with measles. The following table shows that this relation is, nevertheless, a very definite one :—

DEATHS FROM WHOOPING COUGH DURING THE YEAR 1905.

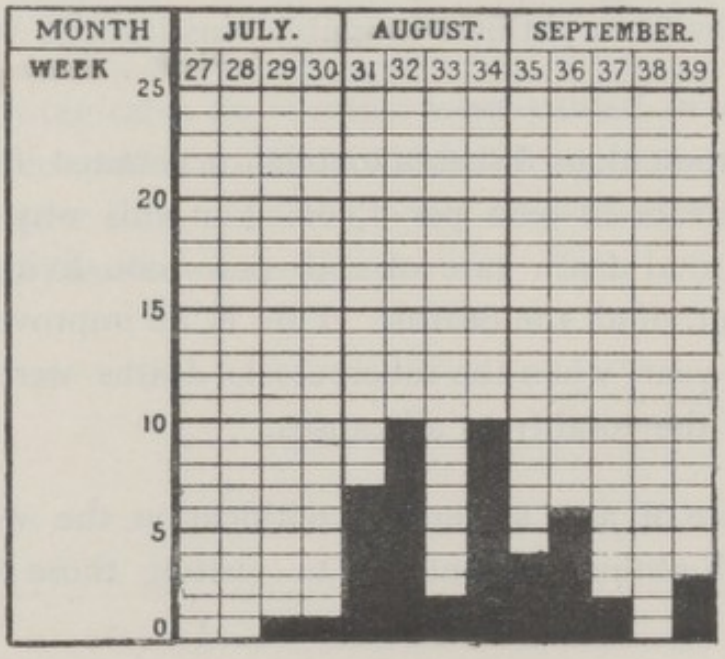
Table showing ages at death of the fatal cases and the ages of the *first cases* in those families in which the deaths occurred, together with the school attendance history of each, where these facts could be ascertained.

Name.	Age and Sex.	School.	Age and Sex of first case in house.	School.
G.K.	F., 1 year	none	(?)	(?)
F.K.	F., 2 years	none	(?)	(?)
N.E.	F., 11 months	none	F., 4 years	none
W.Q.	F., 1 year	none	This child	none
G.T.	M., 7 months	none	F., 2 years	none
D.H.	M., 3 months	none	F., 5 years	Eldon Rd. Infants
B.X.	M., 9 weeks	none	This child	none
B.T.	M., 2 years	none	(?)	(?)
H.E.	F., 8 months	none	This child	none
C.D.	F., 10 months	none	F., 6 years	St. James' Infants
S.Q.	M., 3 months	none	M., 6 years	National Infants
I.I.	M., 3 months	none	F., 5 years	St. James' Infants
X.B.	M., 6 weeks	none	M., 4 years	Eldon Rd. Infants
F.M.	F., 1¾ years	none	F., 5 years	Raynham Infants
L.B.	F., 3 months	none	M., 6 years	Raynham Infants
G.B.	F., 2 years	none	M., 6 years	Raynham Infants
H.M.	M., 6 months	none	This child	none
E.E.	F., 7 months	none	This child	none
T.E.	M., 9 months	none	M., 5 years	Croyland Infants
U.M.	M., 1¾ years	none	(?)	(?)
G.D.	F., 4 years	none	This child	none
G.W.	F., 3 years	none	This child	none
T.M.	F., 1¼ years	none	This child	none
F.H.	M., 13 months	none	(?)	Montagu Infants
G.G.	M., 8 months	none	M., 5 years	Croyland Infants
H.X.	M., 4 months	none	F., 4 years	St. James' Infants
G.G.	M., 6 months	none	This child	none
E.M.	F., 14 months	none	M., 4 years	Houndsfield Infts.
F.X.	F., 4 years	none	This child	none
F.N.	F., 2 years	none	This child	none

Of the 30 fatal cases detailed above complete information as to school attendance was obtained in 26 instances. In one of these F.H., the identity of the 1st case in the hosue was doubtful and the age and sex have, therefore, been omitted. Among the 26 fatal cases investigated it will be seen that 13, or 50 per cent, received their infection from children who contracted the disease whilst attending infant schools, and in three of these, or 11·5 per cent of all cases investigated, the infection was carried by children under school age. In the 13 remaining deaths, or 50 per cent of the cases enquired into, the first case in the family was not attending school.

Diarrhœa. 56 deaths occurred from diarrhœa and epidemic enteritis as compared with 71, 61 and 151 in the three preceding years. The death rate from the disease is 1·02 per 1,000 of the population. Of these deaths 49 occurred in children under 1 year of age giving an infantile mortality rate for the year from this cause of 25 per 1,000 births, or about $\frac{1}{5}$ of the general infantile mortality. This is a great improvement on the figures for last year, and it is to be hoped that the work now being carried out, by means of the Woman Inspector, to mitigate the conditions which give rise to this very fatal disease, will have the effect of reducing considerably the mortality from it in the future.

The chart sets out in diagrammatic form the weekly deaths from diarrhœal diseases during the 3rd quarter of the year.



Appended to this report will be found a copy of the pamphlet entitled, "Advice to Mothers on General Health and Feeding of Infants" which was printed by order of the Council and distributed in the month of June among close on 1,000 families in those localities where the disease has hitherto been most prevalent. Since then a copy has been given to the mother of every newly born child in the district and the chief points in the management of her infant have, at the same time, been explained to her by the Woman Inspector. Great stress has been laid on the all-important fact that breast feeding is the only method by which a child can be fed without the gravest risks to life or the impairment of its future development and health. A scheme of artificial feeding is set out in the pamphlet, only for the guidance of those to whom breast feeding is a physical impossibility.

Influenza. Nine deaths were registered from this cause, compared with 8, 2, and 10 in the three preceding years. The death rate from the disease is 0·16 per 1,000.

Phthisis and other Tuberculous Diseases. The deaths from phthisis numbered 42, as compared with 44, 58, and 71 in the three preceding years. The death rate from the disease is therefore 0·76 per 1,000, which is little over one-half the average rate of the phthisis mortality for the preceding 10 years. Of these deaths 9 occurred among residents of the district in Edmonton Workhouse. The total deaths from phthisis in public institutions in the district numbered 38.

The other tuberculous diseases together accounted for 34 deaths, giving a death rate of 0·62 per 1,000. In this way tuberculosis contributed a total death rate of 1·38 per 1,000 living, or a little over 10 per cent. of all the deaths. This is an improvement on the figures for last year, when the tuberculosis deaths were as much as 13 per cent. of the total from all causes.

In the absence of any system of notification the work done in connection with phthisis is confined to visiting those houses where

deaths from the disease have taken place, and giving advice as to the precautions that should be taken to prevent further mischief in the family. A card of printed instructions is left at the house and disinfection of the room lately occupied by the patient is offered. Some good is undoubtedly effected in this way, but until provision can be made for the isolation of a good proportion of advanced cases and for the treatment of some, at least, of those recently infected, much progress in the direction of a large reduction in the mortality from phthisis cannot be expected.

Respiratory Diseases, including bronchitis, pneumonia, pleurisy, and other non-tuberculous diseases of the respiratory system, gave rise to fewer deaths than in 1904. The figures are 123, giving a death rate of 2·2 per 1,000, compared with 135 and a death rate of 2·5 for the latter year.

Syphilis. One death only was returned under this head; nothing, however, is more misleading than the death returns from this disease.

Alcoholism. Ten deaths from this cause were recorded.

Cancer. Thirty-one deaths of persons belonging to the district were registered as being due to cancer, and this is equivalent to a death rate of 0·56. The deaths in the three preceding years were 19, 40, and 30.

In the following table the deaths from cancer in the two work-houses have been added to those which belong to the district proper, and the 57 deaths thus collected have been analysed according to the nature and position of the disease :—

Seat of Disease.	Carcinoma.		Sarcoma.		Cancer or Malignant Disease.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.
Liver and Gall Bladder...	4	6	...	...	1	1	5	7
Uterus	...	8	...	...	...	...	...	8
Stomach and Pylorus ...	4	2	...	...	...	1	4	3
Rectum	4	1	...	...	...	...	4	1
Breast	...	4	...	...	...	...	...	4
Œsophagus	3	...	...	...	...	1	3	1
Mouth and Tongue ...	4	...	...	...	...	...	4	...
Neck	3	1	...	...	...	...	3	1
Intestines	2	1	...	...	...	...	2	1
Peritoneum & Mesentery	...	1	...	1	...	...	...	2
Kidney and Bladder ...	1	...	1	...	...	...	2	...
Ovary	...	1	...	...	...	...	...	1
Upper Jaw	...	...	...	1	...	...	...	1
Totals	25	25	1	2	1	3	27	30

BACTERIOLOGICAL LABORATORY.

The Laboratory provided by the Council for the examination of specimens from doubtful cases of infectious disease was completed on November 5th, and notice was sent to the medical practitioners of the district informing them of the fact, and giving them a detailed account of the arrangements adopted for providing them with the earliest possible information on the result of these examinations. "Outfits" for collecting specimens, and printed forms for entering particulars concerning the patient, and containing directions as to the collection and delivery of the specimen were also sent.

Up to the end of December the following specimens were examined and reported upon :—

Disease.	Result Positive.	Result Negative.	Total.
Diphtheria	2	8	10
Enteric Fever ...	2	1	3
Totals	4	9	13

Several examinations of specimens from cases of supposed phthisis have since been made, and the readiness with which a very early diagnosis of consumption can frequently be made by this method, makes it one of very great importance both to the practitioner and to the patient.

INFECTIOUS DISEASES HOSPITAL ACCOMMODATION.

Ordinary Infectious Diseases. The scheme for uniting this district with Enfield Urban District for the purpose of providing isolation hospital accommodation in common for both localities, has been successfully carried through, and a joint board, elected from amongst the members of the two district councils, is now the controlling body of the Winchmore Hill Isolation Hospital.

The purchase and maintenance charges have been divided between the two districts on the basis of population, Enfield bearing $\frac{497}{1050}$ parts and Edmonton $\frac{553}{1050}$ parts of the total amount. A contribution of 30s. per case admitted is, however, made in the first instance, by the district from which the patient is sent in.

The following is the accommodation at present available in the hospital:—

Scarlet Fever ... ... 80 beds
Enteric Fever ... ... 18 beds
Diphtheria ... ... 13 beds

There is a considerable area of land available for future extension of the hospital should this be found necessary, so that the district is now in a very advantageous position in regard to means for isolating cases of the common infectious diseases.

The Enfield and Edmonton Joint Hospital comes into operation as such at the beginning of 1906, and during the past year the isolation of our infectious cases has been carried out under the old arrangement with the Enfield Council.

The following table gives the percentages of hospital isolations to cases notified for the past five years :—

	1901	1902.	1903.	1904.	1905.
Scarlet Fever ...	46·1	38	47·9	72·9	80·7
Diphtheria... ...	40·0	31	26·3	50·0	54·0
Enteric Fever ...	53·8	36	53·5	57·9	68·0
Totals ...	47·1	35·5	46·6	67·2	74·7

The large percentage of isolation now carried out, as indicated in the above table, and the general willingness shown by parents to have their children removed to hospital, speaks highly for the esteem in which the Winchmore Hill institution is held.

Smallpox Hospital Accommodation. A joint board has been formed by a number of the public health authorities in Middlesex, of which this Council is one, for the purpose of providing hospital isolation for small-pox. Negotiations are in progress for the purchase of Clare Hall Small-pox Hospital by the Board, and when this is accomplished, and the necessary alterations have been made, the contributing districts in the county will be in a much improved position for dealing with the outbreaks of this disease.

In the meantime this Council have retained nine beds at South Mimms, and in addition have made certain alterations in the old temporary small-pox hospital at Claverings Farm whereby, at the shortest notice, accommodation of a satisfactory kind to meet an emergency, could be arranged for 10 male and 6 female patients. The possession of this conveniently situated building is of great value to the Council, as it should enable them to deal effectively, for the time being, with any sudden outbreak that might occur. Even after the Clare Hall scheme has been established, it would be to the Council's advantage to retain the building in its present condition. Its usefulness in times of epidemic, as an emergency building or for the purpose of dealing with contacts, would be very great, and the cost of its upkeep, so long as it continues to form part of the disinfecting station, is trifling.

Ambulance Arrangements. The Council undertake the removal of all cases of infectious disease to hospital, free of charge, in their own ambulance. Separate vehicles are kept for small-pox and for other infectious diseases. A closed conveyance has also been provided for bringing patients home again after their discharge from hospital—an arrangement that is very valuable in protecting the health of children, whose parents are unable to afford a suitable conveyance, when discharged from hospital during cold and wet weather. Particulars as to the work done will be found in the report of the Sanitary Inspector.

Disinfection. Rooms are disinfected, after the removal of the patient, by spraying with a 1 in 20 solution of formalin. Linen and cotton articles are steeped in a solution of Jeyes' Fluid in the room previous to being washed, and articles of clothing, bedding, etc., are removed in a van provided for the purpose by the Council, to the disinfecting station where they are treated in a Washington-Lyon steam disinfector of the latest pattern. After treatment the bedding, etc., are returned in a separate van used only for conveying disinfected articles. Details under this head are given in the Sanitary Inspector's report.

HOUSES AND HOUSING ACCOMMODATION.

Houses of the Working Classes. Building operations were continued, but with somewhat less activity, throughout the year.

The Council's bye-laws are carried out under the supervision of the building inspectors, by whom the drains are water-tested.

Bye-law 113 of the Council's bye-laws relating to new streets and buildings (1904) reads as follows :—

> "A person shall not let or occupy any new dwelling house until the drainage thereof shall have been made and completed, nor until such dwelling house shall, after examination, have been certified by an officer of the Council so authorised to be in his opinion in every respect fit for human habitation."

By resolution of the Council dated 12th April, 1905, it was decided that the Medical Officer of Health should be the officer authorised to grant the certificate of fitness for habitation referred to in the bye-law.

I have therefore visited all newly-built houses on the receipt of the completion notices, and when satisfied as to their dryness and fitness in other respects for habitation I have forwarded a certificate to that effect to the owner. If, on the other hand, the house has shown dampness or other defect likely to prove dangerous to health, the certificate has been witheld until, at a subsequent inspection, its condition has been found to be remedied

One conviction, accompanied by a penalty, has been obtained for contravention of this bye-law in the case of an owner who occupied his houses previous to the receipt of my certificate.

The following is a tabulated account of the work done under this bye-law :—

Certificates given after 1st inspection	...	...	234
Certificates given after 2nd inspection	...	...	30

Where a second inspection was found necessary—	
Minimum interval between visits	3 days
Maximum interval between visits	62 days
Average interval between 1st inspection and date on which house was considered fit ...	23 days

In the case of three houses in Walbrook Road closing orders were obtained under section 32 of the Housing of the Working Classes Act.

These houses subsequently became dangerous and were pulled down under section 75 of the Towns' Improvement Clauses Act, together with eight others that had fallen into a like state in Walbrook Road and the adjoining Goodwin Road.

Notices were also served under section 32 of the Housing of the Working Classes Act on Nos. 1 and 2 Nursery Cottages, two old houses that had been allowed to fall into a dilapidated condition.

Houses Let in Lodgings.—The question of adoptiug bye-laws for the regulation of houses of this description has been before the Council, and a draft copy was sent to the Local Government Board for approval. This copy has been commented upon and returned for further consideration.

When these bye-laws have been finally approved and adopted, it will be found that an extremely large proportion of the houses in the district will come within their scope. This will entail a great increase in the work of the Sanitary Department, and will necessitate the appointment of at least one additional assistant inspector to carry it out satisfactorily.

Water Supply. The district is supplied by the Metropolitan Water Board. There are still a few shallow wells in the neighbourhood, but their numbers are being reduced each year. Owing to the increasing probability of such wells becoming polluted as the population increases in density, it is necessary that they should be

kept under close observation and analyses made of their water from time to time.

Sewerage and Sewage Disposal. The sewerage is constructed on the separate system, the surface water being carried into the Pymmes and Salmon's Brooks, while the sewage proper, together with that of the neighbouring district of Southgate, is led to the Council's Sewage Farm of 235 acres, where it is treated by broad irrigation. The effluent enters Salmon's Brook near Angel Road, and reaches the Lea below Tottenham Lock, two miles further down and well below the intake of any water supply.

In consequence of the growth of our population and that of Southgate it is recognised by the Council that some supplementary scheme will have to be introduced to provide in future for the increasing amount of sewage to be dealt with.

Cow Sheds, Dairies and Milk Shops.

Inspections have been carried out every month and also at irregular intervals, of all cow sheds, dairies and milk shops in the district. The dairy farms within our area are becoming fewer as the land is taken up for building purposes. Most of those remaining are well situated as regards space and are kept by the owners in a satisfactory condition. Much of the milk supply of the district is, however, derived from wholesale sources over which we have no control.

Factory and Workshops Act.

The premises coming under this Act have been periodically inspected and a record of the work done will be found set out on the form supplied by the Home Office on pages 46, 47.

During the year several earth closets were removed from Messrs. Eley's Cartridge Factory and new water closets substituted.

A case of diphtheria having occurred at the house of an outworker, a number of pairs of trousers that were being made for a

wholesale firm, were removed for disinfection and retained until the patient had been taken to hospital and the house thoroughly disinfected.

It is the duty of employers to notify the Local Authority twice a year of the names and addresses of their outworkers. These outworkers are visited and particulars kept in the register provided for that purpose.

The work carried out during the year is set out in the following list.

Bakehouses—

Limewashed	45
Ceilings rendered impervious	2
W.C.'s made efficient	2
Ventilation improved	1
Ceiling repaired	1
Yard repaired	1
Oven repaired	1
Stable paving repaired	1
Fowls removed from yard	1
Bread stored in bad position	1

Laundries.

Ironing stoves put in suitable positions ...	3
Overcrowding abated	1
Ceiling repaired, per notice from H.M. Inspector	1

Other Factories and Workshops.

Flush pipe repaired	2
W.C. apparatus improved	3
W.C. floor cleansed...	1

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.

1.—Inspection.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of Inspections.	Number of Written Notices.
Factories ... ... (including Factory Laundries)	46	—
Workshops ... ... (including Workshop Laundries)	101	8
Workplaces	22	1
Homeworkers' Premises	130	1
Total	299	10

2.—Defects Found.

Particulars.	Number of Defects.	
	Found.	Remedied.
Nuisances under the Public Health Acts:—*		
Want of cleanliness	4	4
Want of ventilation	6	6
Overcrowding	5	5
Want of drainage of floors	2	2
†Sanitary accommodation— Unsuitable or defective	3	3
Total	20	20

*Including those specified in Sections 2, 3, 7, and 8 of the Factory Act as remediable under the Public Health Acts.

†Section 22 of the Public Health Acts Amendment Act, 1890, has been adopted by the District Council. The standard of sufficiency and suitability of sanitary accommodation for persons employed in factories and workshops, recommended by the Home Secretary, have been enforced.

3.—Other Matters.

Class.	Number.
Matters notified to H.M. Inspectors of Factories:—	
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (S. 5)—	
Reports (of action taken) sent to H.M. Inspectors	1
Underground Bakehouses (S. 101):—	
In use at the end of the year	1
Homework:—	
Lists of Outworkers (S. 107)—	
Lists received	35
Of outworkers	86
Addresses of outworkers forwarded to other authorities	1
Addresses of outworkers received from other authorities	86
Workshops on the Register (S. 131) at the end of the year:—	
Bakehouses (183 inspections)	32
Laundries...	32
Workshops	114
Total number of workshops on Register	178

Vital Statistics of Whole District during 1905 and 10 previous years.

Year.	Population estimated to Middle of each Year.	Births. Number.	Births. Rate.*	Deaths under One Year of Age. Number.	Deaths under One Year of Age. Rate per 1,000 Births registered.	Deaths at all Ages. Total. Number.	Deaths at all Ages. Total. Rate.*	Deaths in Public Institutions.	Deaths of Non-residents registered in the District.	Deaths of Residents registered beyond District.	Deaths at all Ages. Nett. Number.	Deaths at all Ages. Nett. Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1895	30,080	1024	32.25	116	122.65	608	20.2	243	196	17	424	13.95
1896	31,888	1020	30.57	169	153.68	691	21.6	253	208	17	500	15.6
1897	33,804	1139	32.5	163	157.18	704	20.8	291	201	39	542	15.95
1898	35,836	1148	31.03	217	195.84	783	21.8	272	221	44	606	16.81
1899	39,523	1146	34.9	242	161.87	831	21.0	207	175	32	688	17.4
1900	47,166	1606	34.0	301	168.1	983	20.8	307	268	42	757	16.0
1901	44,911	1640	36.5	271	139.0	787	15.2	233	183	70	674	15.0
1902	50,388	1747	34.67	251	143.67	1006	19.9	270	161	56	901	17.88
1903	52,139	1846	35.4	259	140.3	844	15.6	248	194	74	724	13.7
1904	53,358	1891	35.4	306	161.8	1050	18.9	361	298	93	845	15.8
Averages 1895–1904	41,909	1420	33.8	229	161.2	828	19.7	268	210	48	666	15.8
1905	54,606 (a)	1947 (b)	35.6	250 (c)	128.0	868	15.2 (d)	304	248	108	728	13.3

* Rates in columns 4, 8 and 13 calculated per 1,000 of estimated corrected population. (See Note d).

The deaths included in column 7 of this table are the whole of those registered during the year as having actually occurred within the district. The deaths included in column 12 are the number in column 7, corrected by the subtraction of the number in column 10 and the addition of the number in column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere. Returns under this head are obtained by the Medical Officer by arrangement with the Registrars of the London District and of the districts of Tottenham and Enfield.

Notes.—(*a*) The estimated population of the district corrected by excluding non-residents in the two workhouses.
(*b*) Births registered in the district uncorrected for Institutions.
(*c*) Corrected for Institutions, and including residents dying outside the distrtct.
(*d*) Calculated on the gross population (inclusive of Institutions) 56,758.

Area of District in acres (exclusive of area covered by water) 3,890.
Total population at all ages, excluding Union Workhouses—44,911
Number of inhabited houses—7,795 .. ..
Average number of persons per house—5.76. .. .. .. } At Census of 1901.

I.—Institutions within the District receiving sick and infirm persons from outside the District.	II.—Institutions outside the District receiving sick and infirm persons from the District.	III.—Other Institutions, the deaths in which have been distributed among the several localities in the District.
Edmonton Union Workhouse Infirmary. Strand Union Workhouse Infirmary.	Enfield Fever Hospital. South Mimms Small Pox Hospital. Middlesex County Asylum	Tottenham Hospital. Metropolitan General Hospitals, &c.

TABLE II.—Vital Statistics of separate Localities and of the Edmonton and Strand Union Workhouses in 1905 and previous year.

Names of Localities.	1. Whole District.				2. Bury Street,				3. Church Street.				4. Fore Street.				5. Undis-tributed.		6. Edmonton Union.				7. Strand Union and Schools.			
Year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Deaths at all Ages.	Deaths under 1 year.	Average Population for the year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Average Population for the year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
	a.	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*
1904 ..	53358	1891	845	306	18468	632	287	114	16593	596	295	106	18297	663	257	86	6	—	831	50	311	15	1339	5	50	—
1905 ..	54606	1947	728	250	19014	660	240	99	16468	621	262	76	19124	*666	219	74	7	1	897	70	263	4	1481	6	41	1

NOTES.—(*b*) Deaths of residents occurring in public institutions beyond the district are included in sub-columns *c* of this table, and those of non-residents registered in public institutions in the district excluded.

(*c*) Deaths of residents occurring in public institutions, whether within or without the district, are allotted to the respective localities according to the addresses of the deceased.

* The births registered in Fore Street Ward include children born in the Edmonton and Strand Union Workhouses.

TABLE III. CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1905.

Notifiable Disease.	Cases Notified in Whole District.							Total Cases Notified in Each Locality.			No. of Cases Removed to Hospital from each Locality.			
	At all Ages.	At Ages—Years.						Bury Street Ward.	Church Street Ward.	Fore Street Ward. W (2)	All Ages.	Bury Street Ward.	Church Street Ward.	Fore Street, Ward. W (2)
		Under 1	1 to 5	5 to 15.	15 to 25.	25 to 65.	65 and upwards.							
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	35	1	10	17	2	5	—	12	12	11	19	6	9	4
Membranous croup	2	—	2	—	—	—	—	—	—	2	1	—	—	1
Erysipelas	66	1	3	7	9	41	5	25	17	24	—	—	—	—
Scarlet fever	259	2	71	165	15	6	—	105	104	50	209	92	85	32
Typhus fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric fever	44	—	3	16	11	14	—	14	16	14	30	11	12	7
Relapsing fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal fever	3	—	—	—	2	1	—	—	2	1	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	409	4	89	205	39	67	5	156	151	102	259	109	106	44

Isolation Hospitals—Clarehall Smallpox Hospital, South Mimms R.D.; Enfield Urban District Council's Isolation Hospital, Enfield, U.D.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all Ages of "Residents" belonging to Localities, whether occurring in or beyond the District.						Institution Deaths, Residents and Non-Residents.			Inquests.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Bury Street Ward.	Church Street Ward.	Fore Street Ward.	Undistributed Deaths.	Residents beyond District.	Residents in Edmonton Union.	Edmonton Union.	Strand Union.	Total.	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	27	7	19	1	...	...	...	3	22	2	...	...	...	...	...	...	2
Scarlet fever	6	...	2	3	...	1	...	3	1	2	...	4	...	...	...	...	1
Whooping-cough	30	16	14	...	...	...	...	10	7	13	...	...	...	...	...	...	...
Diphtheria and membranous croup	4	...	3	1	...	...	...	1	...	3	...	1	...	...	...	...	...
Croup	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Fever – Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fever – Enteric	6	...	...	1	1	4	...	2	1	3	...	4	...	1	...	1	...
Fever – Other cont.	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Epidemic influenza	9	...	...	...	...	5	4	6	2	1	...	1	...	...	3	3	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa	56	49	4	...	...	...	3	19	22	15	...	4	...	...	...	...	2
Enteritis	10	6	2	1	...	1	...	5	3	2	...	1	...	...	...	...	2
Puerperal Fever	2	...	...	...	1	1	...	...	2	...	...	...	2	2	...	2	1
Erysipelas	1	...	...	...	...	...	1	1	...	...	...	...	..	...	...	...	...
Other septic diseases	5	...	2	...	1	1	1	3	1	1	...	2	...	2	...	2	...
Phthisis (Pulmonary Tuberculosis)	42	...	1	2	5	32	2	19	11	12	...	5	9	37	1	38	2
Other tubercular diseases	34	17	5	7	3	1	1	17	11	5	1	6	2	4	1	5	3
Cancer, malignant disease	31	...	1	...	...	15	15	6	8	16	1	7	3	29	...	29	...
Bronchitis	35	13	4	...	...	4	14	6	18	11	...	1	3	18	5	23	4
Pneumonia	79	26	22	2	5	16	8	29	27	23	...	9	3	13	2	15	10
Pleurisy	5	...	1	1	1	2	...	2	2	1	...	...	...	...	...	...	3
Other diseases of Respiratory organs	4	...	1	...	...	2	1	1	2	1	...	1	...	...	...	...	...
Alcoholism / Cirrhosis of liver	10	...	...	...	...	9	1	5	2	3	...	3	...	2	2	4	2
Venereal diseases	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Premature birth	37	37	...	...	...	...	...	7	17	12	1	1	2	3	...	3	2
Diseases and accidents of parturition	3	...	...	...	...	3	...	1	1	1	...	...	...	...	...	...	...
Heart diseases	40	...	...	2	5	24	9	14	17	9	...	6	6	25	1	26	6
Accidents	22	6	7	...	1	8	...	8	6	8	...	13	...	1	1	2	13
Suicides	5	...	...	...	...	5	...	1	2	1	1	1	1	2	...	2	5
All other causes	222	71	20	12	7	60	52	69	77	73	3	38	25	124	25	149	24
All causes	728	250	109	33	30	194	112	240	262	219	7	108	56	263	41	304	82

TABLE IVA.

Causes of, and Ages at, Deaths during Year 1905.

No.	Causes of Death.	Deaths at the subjoined Ages of "Residents" whether occurring in or beyond the District.									Deaths at all Ages of "Residents" belonging to Localities, whether occurring in or beyond the District.						Institution Deaths. Residents and Non-Residents.			Inquest Cases in District.
		All Ages.			Under 1 Year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and Upwards.	Bury Street.	Church Street.	Fore Street.	Institution and Street Deaths that could not be distributed.	Hospitals, &c., beyond the District.	Edmonton Union Residents.	Edmonton Union.	Strand Union and Schools.	Total.	
		M.	F.	T.																
2	Measles	14	13	27	7	19	1	...	...	...	3	22	2	...	...	...	...	...	...	2
3	Scarlet Fever ...	2	4	6	...	2	3	...	1	...	3	1	2	...	4	...	...	...	...	1
5	Epidemic Influenza...	5	4	9	...	...	...	...	5	4	6	2	1	...	1	...	...	3	3	...
6	Whooping Cough ...	14	16	30	16	14	...	...	...	...	10	7	13	...	...	...	...	...	...	...
7	Diphtheria (Mem. Cp.)	2	2	4	...	3	1	...	...	...	1	...	3	...	1	...	...	...	...	...
8	Enteric Fever ...	2	4	6	...	...	1	1	4	...	2	1	3	...	4	...	1	...	1	...
10	Diarrhœa, Dysentery	23	21	44	38	3	...	...	...	3	17	18	9	...	4	...	...	...	...	2
11	Epidemic Enteritis ...	5	7	12	11	1	...	...	...	...	2	4	6	...	...	...	...	.	...	...
12	Varicella	...	1	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
15	Tetanus	3	...	3	2	...	1	...	...	...	...	1	2	...	1	...	1	...	1	1
18	Syphilis	1	...	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
21	Erysipelas	...	1	1	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
22	Puerperal Fever ...	...	2	2	...	...	...	1	1	...	...	2	...	...	...	2	2	...	2	1
23	Pyœmia (Septicaemia)	2	2	4	...	1	...	1	1	1	3	...	1	...	2	...	1	...	1	...
25	Stomatitis	1	...	1	...	1	...	...	...	...	...	1	...	...	...	...	1	...	1	...
27	Rheumatic Fever ...	1	...	1	...	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...
29	Tuberculosis of Brain	8	3	11	5	1	5	...	...	...	8	3	...	...	4	...	...	...	...	2
31	Phthisis	25	17	42	...	1	2	5	32	2	19	11	12	...	5	9	37	1	38	2
32	Abdominal Tuber. ...	4	5	9	6	1	...	...	1	1	5	1	3	...	1	...	1	1	2	...
33	General Tuberculosis	9	5	14	6	3	2	3	...	...	4	7	2	1	1	2	3	...	3	1
34	Others forms ,,	2	2	4	1	1	...	1	1	...	1	2	1	...	2	...	1	...	1	...
42	Chronic Alcoholism...	2	..	2	...	...	...	...	2	...	1	...	1	...	2	...	...	...	...	1
45	Osteo-Arthritis ...	2	1	3	...	..	...	...	2	1	2	1	...	...	1	1	1	...	1	...
47	Cancer	13	18	31	...	1	...	...	15	15	6	8	16	1	7	3	29	...	29	...
48	Diabetes Mellitus ...	3	1	4	...	...	...	1	3	...	...	3	1	...	...	1	2	...	2	...
51	Anæmia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...
52	Lymphadenoma ...	...	1	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
53	Premature Birth ...	19	18	37	37	...	...	...	...	..	7	17	12	1	1	2	3	...	3	2
54	Injury at Birth ...	...	2	2	2	...	...	...	...	...	2	...	...	...	1	...	...	...	...	1
55	Debility at Birth ...	5	2	7	7	...	...	...	...	.	3	1	3	...	...	...	...	...	...	1
56	Atelectasis	2	1	3	3	...	...	...	...	...	1	...	2	...	...	...	...	...	...	1
57	Congenital Defects ...	4	4	8	8	...	...	...	...	...	3	2	3	...	...	...	...	...	...	...
58	Want of Breast Milk	1	...	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
59	Atrophy, Debility, Marasmus	11	5	16	11	5	...	...	...	...	8	5	3	...	1	...	1	...	1	1

Causes of, and Ages at, Deaths during Year 1905.

No.	Causes of Death.	Deaths at the subjoined Ages of "Residents" whether occurring in or beyond the District.									Deaths at all Ages of "Residents" belonging to Localities, whether occurring in or beyond the District.						Institution Deaths. Residents and Non-Residents.			Inquest Cases in District.
		All Ages.			Under 1 Year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and Upwards.	Bury Street.	Church Street.	Fore Street.	Institution and Street Deaths that could not be distributed.	Hospitals, &c., beyond the District.	Edmonton Union Residents.	Edmonton Union.	Strand Union and Schools.	Total.	
		M.	F.	T.																
60	Dentition	2	...	2	2	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1
61	Rickets	1	...	1	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...
62	Old Age, senile decay	7	16	23	...	...	...	...	...	23	5	5	12	1	2	7	30	14	44	...
63	Convulsions	5	5	10	9	1	...	...	...	...	4	5	1	...	...	...	...	...	...	2
64	Meningitis	14	7	21	7	9	4	...	1	...	9	6	6	...	3	1	2	...	2	3
66	Apoplexy	4	9	13	...	...	...	...	7	6	3	6	4	...	...	...	...	1	1	5
67	Softening of Brain ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3	...
68	Hemiphlegia ...	2	2	4	...	...	...	...	1	3	...	...	4	...	...	...	1	4	5	...
69	General Paralysis of Insane	3	...	3	...	...	...	...	3	...	2	1	...	...	3	...	1	...	1	...
70	Other forms of Insanity	2	1	3	...	...	...	...	...	3	...	1	1	1	...	2	12	2	14	...
72	Cerebral Tumour ...	1	...	1	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...
73	Epilepsy	..	1	1	...	...	...	...	1	...	...	1	...	...	...	...	2	1	3	...
74	Laryngismus Strid. ...	...	2	2	1	1	...	...	...	...	...	1	1	...	...	...	...	...	...	...
76	Paraphlegia	1	1	2	...	...	...	...	1	1	1	...	1	...	...	1	5	...	5	...
77	Other diseases of brain and nervous system	3	2	5	2	1	1	...	...	1	3	2	...	...	1	...	...	...	...	1
78	Otitis	1	2	3	...	...	...	1	2	...	2	1	...	...	1	...	...	...	...	...
82	Endocarditis	19	21	40	...	...	2	5	24	9	14	17	9	...	6	6	25	1	26	6
84	Angina Pectoris ...	...	1	1	...	...	...	...	...	1	...	1	...	...	..	...	...	...	...	...
85	Aneurism	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...
86	Senile Gangrene ...	1	...	1	...	...	...	...	...	1	...	1	...	...	...	..	4	...	4	...
87	Embolism Thrombosis	...	3	3	...	...	1	...	...	2	2	...	1	...	...	1	2	...	2	...
90	Other diseases, heart and vessels	13	6	19	2	...	...	...	12	5	5	9	4	1	3	5	30	2	32	2
91	Laryngitis	2	...	2	...	1	...	...	1	...	...	1	1	...	1	...	...	...	...	...
92	Croup...	1	...	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...
94	Acute Bronchitis ...	8	11	19	13	4	...	...	1	1	3	10	6	...	1	...	...	...	...	1
95	Chronic Bronchitis ...	7	9	16	...	...	...	...	3	13	3	8	5	...	...	3	18	5	23	3
96	Lobar Pneumonia ...	4	2	6	1	...	...	1	3	1	1	3	2	...	1	...	...	...	...	...
97	Lobular Pneumonia...	22	14	36	14	16	1	1	3	1	19	9	8	...	5	...	5	1	6	1
98	Pneumonia	25	12	37	11	6	1	3	10	6	9	15	13	...	3	3	8	1	9	9
99	Emphysema, Asthma	2	...	2	...		...		1	1	1	1	...	...	...	...	...	...	...	...
100	Pleurisy	2	3	5	...	1	1	1	2	...	2	2	1	...	...	...	...	...	...	3
104	Diseases of Œsoph'gus	1	...	1	...	...	...	...	1	...	1	...	...	...	1	...	...	...	...	...
105	Ulcer of Stomach and Duodenum	2	1	3	1	...	...	...	2	...	1	...	2	...	1	...	...	...	...	2
106	Gastritis	6	6	12	9	1	...	...	2	...	1	3	8	...	...	...	...	...	...	1

No.	Cause of Death.	Deaths at the subjoined Ages of "Residents" whether occurring in or beyond the District.									Deaths at all Ages of "Residents" belonging to Localities, whether occurring in or beyond the District.				Hospitals, &c., beyond the District.	Edmonton Union Residents.	Institution Deaths. Residents and Non-Residents.			Inquest Cases in District.
		All Ages.			Under 1 Year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and Upwards.	Bury Street.	Church Street.	Fore Street.	Institution and Street Deaths that could not be distributed.			Edmonton Union.	Strand Union and Schools.	Total.	
		M.	F.	T.																
107	Enteritis	6	4	10	6	2	1	...	1	...	5	3	2	...	1	...	...	...	...	2
108	Appendicitis	2	3	5	...	...	2	1	2	...	...	1	4	...	5	...	...	...	...	...
109	Obstruction, Intestine	4	3	7	1	...	1	...	3	2	2	3	2	...	4	1	3	...	3	...
111	Cirrhosis of Liver ...	...	8	8	...	...	...	...	7	1	4	2	2	...	1	...	2	2	4	1
112	Other diseases of Liver	1	1	2	...	...	1	...	...	1	1	1	...	...	...	...	1	...	1	1
113	Peritonitis	1	2	3	...	...	...	...	3	...	...	2	1	...	1	...	...	...	...	...
115	Exophthalmic Goitre	1	1	2	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...
116	Acute Nephritis ...	...	1	1	...	1	...	...	...	...	...	1	...	...	...	...	1	...	1	...
117	Bright's disease ...	4	5	9	...	...	...	...	8	1	3	5	1	...	1	3	12	1	13	1
119	Diseases of Bladder and Prostate ...	1	1	2	...	...	...	1	...	1	...	1	1	...	1	1	4	...	4	...
120	Other and ill-defined diseases of urinary system	1	...	1	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	...
122	Diseases of ovaries ...	...	1	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
125	Diseases of breast ...	...	1	1	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	...
126	Atortion, Miscarriage	...	1	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
131	Other diseases of pregnancy & child-birth	...	2	2	...	...	...	...	2	...	1	1	...	...	...	...	...	...	...	...
136	Pemphigus	1	...	1	1	...	...	...	...	...	1	...	...	...	...	1	2	...	2	...
139	Accidents in vehicular traffic	2	...	2	...	...	...	...	2	...	...	...	2	...	2	...	...	...	...	2
140	Accidents on railways	3	...	3	...	...	...	...	3	...	...	2	1	...	2	...	...	...	...	1
142	Accidents on building operations	2	...	2	...	...	...	1	1	...	1	1	...	...	2	...	...	...	...	2
144	Accidents by weapons and implements ...	1	...	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	1
145	Accidents by burns and scalds	...	5	5	...	5	...	...	...	...	2	1	2	...	5	...	...	...	...	...
150	Accidents, drowning	1	2	3	1	...	...	...	2	...	2	1	...	...	2	...	...	...	...	2
151	Suffocation: overlaid in bed	1	1	2	2	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2
152	Suffocation: otherwise	...	1	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
154	Weather agencies ...	1	...	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
155	Accidents not stated	1	1	2	2	...	...	...	...	...	1	1	...	...	...	...	1	1	2	2
157	Suicides by poison ...	...	1	1	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	1
159	Suicides by hanging and strangulation ...	2	...	2	...	...	...	...	2	...	1	...	1	...	...	...	...	...	...	2
160	Suicides by drowning	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...
163	Suicides by precipitation from elevated places	1	1	2	...	...	...	...	2	...	...	1	...	1	...	1	1	...	1	2
	Totals	383	345	728	250	109	33	30	194	112	240	262	219	7	108	56	263	41	304	82

TABLE V.

Infantile Mortality during the Year 1905.

Deaths from stated Causes in Weeks and Months under One Year of Age.

Cause of Death.		Under 1 Week.	1–2 Weeks.	2–3 Weeks.	3–4 Weeks.	Total under 1 Month.	1–2 Months.	2–3 Months.	3–4 Months.	4–5 Months.	5–6 Months.	6–7 Months.	7–8 Months.	8–9 Months.	9–10 Months.	10–11 Months.	11–12 Months.	Total Deaths under One Year.
All Causes.	Certified	48	10	12	4	74	24	27	22	15	9	15	13	16	13	11	11	250
	Uncertified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Common Infectious Diseases.	Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Chicken-pox	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	1
	Measles	..	1	..	..	1	..	..	1	..	..	..	1	..	..	1	3	7
	Scarlet fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Diphtheria; Croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Whooping Cough	..	..	..	..	..	1	..	4	1	..	2	2	2	2	1	1	16
Diarrhœal Diseases.	Diarrhœa, all forms	..	1	1	..	2	4	6	7	4	4	4	5	8	2	1	2	49
	Enteritis (*not Tuberculous*)	..	..	..	..	..	1	3	1	1	..	..	..	..	..	..	..	6
	Gastritis, Gasto-intestinal Catarrh	..	..	1	..	1	2	3	..	..	1	2	..	..	..	..	..	9
Wasting Diseases.	Premature Birth ..	28	1	3	1	33	4	..	..	..	..	..	..	..	..	..	..	37
	Congenital Defects ..	5	..	1	..	6	..	1	..	1	..	..	..	..	..	..	..	8
	Injury at Birth	2	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	2
	Want of Breast-Milk ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
	Atrophy, Debility Marasmus	1	2	..	..	3	3	2	1	..	1	..	..	..	..	1	..	11
Tuberculous Diseases.	Tuberculous Meningitis	..	..	1	..	1	..	..	1	..	..	1	..	..	1	..	1	5
	Tuberculous Peritonitis: Tabes Mesenterica	..	..	..	..	..	2	..	2	..	..	..	..	..	1	1	..	6
	Other Tuberculous Diseases	..	..	..	..	..	..	1	1	..	..	..	2	..	2	1	..	7
	Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Syphilis	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
	Rickets	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
	Meningitis (*not Tuberculous*)	..	..	..	..	..	..	..	..	1	..	..	..	..	2	2	2	7
	Convulsions	5	..	1	..	6	1	..	1	1	..	..	..	..	..	..	..	9
	Bronchitis	..	1	1	1	3	..	3	1	1	..	1	..	3	1	..	..	13
	Laryngitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Pneumonia	..	1	1	..	2	2	5	..	2	2	4	3	1	2	2	1	26
	Suffocation, overlaying ..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	2
	Other Causes	7	3	2	1	13	3	2	1	2	..	1	..	2	..	1	1	26
	Totals	48	10	12	4	74	24	27	22	15	9	15	13	16	13	11	11	250

TABLE VI.

Table showing the Number of Cases Notified and the Deaths from the principal Zymotic Diseases for the Year 1905 and ten preceding years.

	Disease.	1905. Pop. 54,606		1904. Pop. 53,358		1903. Pop. 52,139		1902. Pop. 50,388		1901. Pop. 44,911		1900. Pop. 47,166		1899. Pop. 39,523		1898. Pop. 35,836		1897. Pop. 33,804		1896. Pop. 31,888		1895. Pop. 30,080	
		Cases	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Notifiable.	Small Pox	.	..	4	..	1	..	701	120	13	3	..	..	..	..	..	..	..	..	3	..	1	..
	Scarlet fever	259	6	181	3	119	2	179	6	56	6	136	4	167	4	124	2	148	5	269	4	162	4
	Diphtheria and Membranous Croup	37	4	46	10	19	1	60	13	42	8	43	10	39	12	34	7	91	18	28	5	31	12
	Erysipelas	66	:	74	5	63	2	66	3	54	1	66	4	56	4	44	..	50	2	58	..	41	..
	Enteric fever	44	6	38	8	28	6	86	14	65	5	67	6	43	8	23	2	28	5	34	5	30	5
	Simple Continued fever	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
	Puerperal fever	3	2	1	..	3	1	4	2	4	..	3	..	8	3	6	2	5	2	4	4	4	1
Non-notifiable.	Diarrhœa and Epidemic Enteritis	..	56	..	151	..	61	..	46	..	71	..	68	..	126	..	125	..	73	..	61	..	39
	Enteritis	..	10	..	14	..	8	..	29	..	39	..	74	..	..	..	..	..	..	..	..	..	..
	Measles	..	27	..	28	..	10	..	19	..	15	..	7	..	16	..	16	..	20	..	36	..	5
	Whooping Cough	..	30	..	7	..	19	..	20	..	3	..	30	..	2	..	24	..	9	..	12	..	8
	Influenza	..	9	..	10	..	2	..	8	..	6	..	55	..	9	..	..	..	..	..	..	..	..
	Phthisis ..	..	42	..	71	..	58	..	45	..	38	..	64	..	48	..	38	..	46	..	47	..	32

Infectious Diseases Notification Act has been in force since March 1st, 1891.
Deaths in the Strand Union and amongst non-residents in the Edmonton Union are excluded from this table.
Deaths of Residents occurring outside the District are included.

APPENDIX.

Communicable Diseases in Schools.

EDMONTON URBAN DISTRICT COUNCIL.

Suggested alteration in the procedure at present in force for dealing with Communicable Disease in the Schools.

To the Chairman and Members of the Education Committee.

Gentlemen,

For some time past I have had under consideration the procedure for endeavouring to control communicable disease, in so far as it relates to school attendance, and I now beg to offer some suggestions on the matter for your consideration.

First as regards rule 7 in the Code of Instructions to Teachers, which reads as follows :—

> "Any child showing symptoms of an infectious disease, or returning to school too soon after being ill with such a disease, or coming from an infected abode, must be sent home at once."

I would suggest that this rule might be modified to meet the necessary requirements of the different groups of infectious diseases. All cases of infectious disease should certainly be excluded from school attendance, but the circumstances of their return to school and the exclusion of other children in the infected family will vary, in time and extent, according to the group under which the disease in question falls.

In the first group, which includes most of the notifiable diseases, viz.:—small-pox, scarlet fever (or scarlatina), typhoid fever, and diphtheria, all children from the infected household should be excluded until such time as the school authorities are informed by the Medical Officer of Health that these children may safely resume attendance. A system by which these diseases are dealt with is already in existence, and needs no further comment.

In the second group, which includes measles, German measles, whooping-cough, mumps, and chicken-pox, the majority of children who reach the age of seven years have become protected by a previous attack. It will be sufficient, therefore, to exclude from school attendance, in addition to the patient, all those children living in the same house who attend infant classes, and amongst the children attending the senior classes, those only who are not already protected by a previous attack of the disease in question. By adopting a rule based on this suggestion, a much needed definition would be given to the instruction as it relates to these diseases.

In the third group, which includes such diseases as ringworm, ophthalmia, itch and other infectious skin diseases, it will only be necessary to exclude the child who is suffering from the complaint, and exclusion should be maintained until the condition is cured.

As regards the length of time which should elapse before the re-admission to school of a patient, or of children from an infected house, this is already determined in the case of the notifiable diseases by notices sent to the schools from the Public Health Department, but in that of the non-notifiable diseases, where in many cases no medical advice is obtained, and no guidance on this point is available either for the parents or for the school authorities, the question of re-admission is at present quite uncontrolled.

In order to rectify this, I would suggest that a system of communication between the Head Teachers and Attendance Officers and myself should be established, whereby I would be informed daily of the occurrence of new cases of these diseases. I could then arrange for these to be visited and determine in each case when and by whom school attendance might safely be renewed and notify the head teachers accordingly.

I think it is advisable that a minimum time limit should be apportioned to each of the diseases of the second group within

which children who have suffered from, or have been in contact with them, should not be permitted to resume school attendance.

I would therefore suggest to the Committee the adoption of the following rules, to amplify and take the place of the present "Rule 7."

1. No scholar or teacher shall attend school while suffering from small-pox, scarlet fever (scarlatina), typhoid fever, diphtheria, measles, German measles, whooping cough, chicken-pox, mumps, ringworm, ophthalmia, itch, or other infectious skin disease.

2. No scholar or teacher shall attend school from a house where there is, or has been recently, a case of small-pox, scarlet fever, typhoid fever, or diphtheria, until notice to the effect that school attendance may be resumed is received from the Medical Officer of Health.

3. No scholar shall attend an infants' school from a house where there is a case of measles, German measles, whooping cough, chicken-pox, or mumps, but children in departments for older children, who have previously suffered from the disease in question, need not be excluded under similar circumstances.

4. Scholars suffering from the following diseases must be excluded from school for the undermentioned periods :—

   Measles or German Measles, for three weeks from first appearance of the rash.

   Whooping Cough, for as long as the whoop continues and not less than five weeks from the commencement of the whooping.

CHICKEN-POX, for at least two weeks, and until every scab has fallen off the body and scalp.

MUMPS, for at least three weeks.

5. Children living in infected houses, and excluded from school under Rule 3, must be excluded for like periods, except in the case of whooping cough, for which the period need only be four weeks.

6. A daily list of *new cases* of infectious diseases that have come under the notice of the school teachers or attendance officers shall be sent by them, either by telephone or on a form to be supplied, to the Medical Officer of Health, who will in turn notify the head teachers as to when the children affected may resume school attendance.

The scheme which I have laid before you does not pretend to be a panacea for the eradication of infectious diseases from the schools, but while it is designed as far as possible to fit in with existing educational conditions, it is at the same time based on our most recent knowledge of these diseases, and will tend to improve the position of the schools, not only in the matter of diminished prevalence of communicable disease, but also in that of increased average attendance.

I am, Gentlemen,

Your obedient Servant,

A. W. J. MACFADDEN,
Medical Officer of Health.

Public Health Department,
Town Hall.
February, 1906.

Edmonton Urban District.

REPORT

OF THE

SANITARY INSPECTOR

FOR THE YEAR 1905.

PUBLIC HEALTH DEPARTMENT,

TOWN HALL, EDMONTON.

TO THE CHAIRMAN AND MEMBERS OF THE
EDMONTON URBAN DISTRICT COUNCIL.

GENTLEMEN,

I have the honour to present to you my report on the work done by myself and the staff of the Sanitary Department for the year 1905.

During the year under review very little has been placed on the Statute Book that has much connection with Local Government or Public Health. That much needed Bill to amend and consolidate the law of Public Health has not yet arrived.

Premises in this district being generally for drainage purposes, combined, results in continual trouble and prevents work proceeding as quickly as it should do.

DRAINAGE.

The sewers and combined drains are still receiving the periodical flushing by the Council's flushers; special attention being given to them during the Summer months.

Special flushing of the channels in the main road on Sunday mornings, during the hot weather, with disinfectants and deodorants, especially where vehicles draw up, has been found by experience to be of inestimable value.

During the year the drainage of Angel Road Station and Cook's Ferry public house have been connected with the Angel Road Deep Sewer. Very little property now remains to be connected to this Sewer.

A great deal of work has been done in connection with new drainage, repairs, and improvements to old. The district having the dual system of drainage, gives rise to continual troubles. In arranging the drainage of a house, a trap is generally put in to take the surface water only, but, sooner or later, the premises are occupied for business purposes and fish washings or some other equally objectionable matters, find their way into the surface water system. When these nuisances arise, they are troublesome to trace. 45 cases were detected and remedied during the year.

78 drains have been reconstructed.
335 unstopped, repaired or cleansed.

Very few complaints of sewer manhole emanations have been received during the year.

PUBLIC AND PRIVATE URINALS.

These have received regular attention.

Several alterations and improvements have been carried out on private property during the year, viz. :—One has been better lighted,

repaved, channelled, redrained and ventilated: one redrained, channelled and repaved. One unsightly urinal was taken away and a new one constructed in a better position. The Council agreed in this latter case to cleanse and light the same and provide the water supply.

The Council's urinal at Pymmes Park has been very much abused. During the year several attempts have been made to damage the automatic flushing tank, the lead supports to which have been stolen and four padlocks broken, and this notwithstanding the Council's public notice cautioning offenders.

The Council's urinals at Grove Street, Angel Road, and Lower Edmonton Station are cleansed twice a day during the week and once on Sundays, and are also scraped and coated with hot tar as often as necessary.

I hope the year 1906 will see the proposed public convenience for both sexes in evidence on the Green, and at Angel Road, also at the north end of the district. This latter place I have had under special observation during the year, with the result that the serious nuisance caused by the want of proper urinal accommodation has been reduced to a minimum; but I found that the numerous complaints received were fully justified.

INFECTIOUS DISEASES HOSPITAL, WINCHMORE HILL.

The Joint Hospital Scheme is now practically in effect. The telephonic communication with the hospital will, I hope, be installed in a few days.

The parents and patients frequently express their gratitude for the kindness shown them, and it is particularly gratifying to see some of the poor anxious to give some token of their gratitude in the form of a donation to the treat for the little ones in hospital at Christmas.

TEMPORARY HOSPITAL BUILDING.

This building has one ward in readiness for emergency cases, but this has not, I am pleased to say, been required up to the present.

The large quantity of bedding, &c., stored in the hospital is still in good condition, and I hope will be disposed of to advantage when the small-pox joint scheme is settled.

AMBULANCES, BEDDING VANS, &c.

During the year this work has been somewhat greater than in previous years, due to the increased number of cases removed to hospital, and to the fact that the brougham which the Council purchased has been much used for bringing children home after recovery from scarlet fever, &c.

Number of journeys of ambulance to Enfield Hospital			...	190
,,	,,	brougham to ,, ,, ...	...	128
,,	,,	van to remove infected bedding	...	190
,,	,,	van to return disinfected bedding	...	156
,,	,,	ambulance to other hospitals ...	...	4
				668

The ambulances, bedding-vans, and brougham a rekept at Clavering's Farm in the barn, and although the floor where the vehicles stand has been paved, the building is not conducive to the well-being of such good vehicles. I hope when the Council take into consideration any scheme for building new stables, &c., suitable coachhouses will be arranged for these vehicles.

DISINFECTION.

During the year the following work was carried out under this heading, viz.:—

368 rooms disinfected.

166 rooms stripped and cleansed.
5,990 articles of clothing, bedding, &c., disinfected.
132 articles destroyed, and in certain cases compensation allowed, owing to the articles being of too filthy a nature to disinfect.

Should the Council at any time anticipate building a structure of a permanent nature for a disinfecting station I would suggest that a small laundry be included in the scheme, so that the blankets, sheets, bedding, &c., after disinfection, could be washed and sent home in a clean condition.

DISINFECTANTS.

The Council have generously allowed the distribution of disinfectants again during the year, and 27,163 applicants have been supplied with fluid or powder by the Sanitary Staff. This, of course, necessitates a great deal of extra labour, but it encourages cleanliness and in a degree minimises infectious disease. In every case the address of the applicant is now taken, as applicants have called from other districts, but were not of course supplied. Although the numbers seem large they are less than for the year 1904.

MORTUARY.

I inspect these premises personally almost daily and am pleased to say that they are at all times kept in a satisfactory condition.

During the year the total number of bodies received was 85. Amongst these were

5 unknown persons.
14 bodies detained after Post Mortem examination owing to decomposition having set in or insufficient accommodation being available in the homes.
1 was deposited by an undertaker for sanitary reasons.

1 deposited of an infectious nature to await burial.
1 body was received at my request by your mortuary attendant from the bedroom of the parents.

In all cases where the bodies were unidentified, or the relatives were too poor to pay for burial, Mr. Lowman, the relieving officer, was at once notified, and he speedily arranged for interment.

In my last report I mentioned that the mortuary attendant's residence was some ten minutes' walk from the mortuary. His duties call him there both by day and by night. May I, therefore, again suggest that a residence adjoining the Town Hall be provided for him, and his salary adjusted accordingly. This would facilitate his operations generally, and being on the spot he could keep a closer watch on the Council's property.

DUST COLLECTION.

The depositing of house refuse has been discontinued in the brick-fields, and the whole of the house refuse during the year has been shot on the Council's sewage farm. There is a quantity of house refuse lying idle, which, if screened, would be a small asset to the Council, being valuable to those engaged in the brick industry.

The Council agreed to allow a company to sort out and remove the waste iron and tinned ware from the house refuse, on payment to the Council of 2s. per ton. This material is only a trouble, and useless to the Council, and since the arrangement in June last has realised the sum of £4.

The number of complaints of non-removal of dust received was 36; these were all investigated. In several instances we found that the occupiers had not been at home at the time of call.

151 dustbins were supplied, and only in one case was it necessary to supply dustbins and recover the cost.

I am glad to know that my hope of seeing a destructor erected for house refuse (mentioned in my last year's report) is likely to be realised.

DAIRIES, COWSHEDS AND MILKSHOPS.

There are at present four cowkeepers. The total number of cows varies, but there are now not more than 54 kept in the district.

The keeping of the teats and udders of the animals in a cleanly condition is carefully looked after, on inspection, but the general grooming of the cows leaves much to be desired.

No doubt, in the coming year, one cowkeeper will remove his cows into another district, thus reducing the number on the register, but, as I have before remarked, too much pressure would have the effect of keeping cows out of the district, and this would mean introducing more milk from unknown sources.

Two dairies still continue to use steam apparatus for scalding and cleaning the utensils.

The number of milksellers on the register is 60. During the year 10 have discontinued the sale of milk owing to supervision. These premises are inspected regularly.

In my opinion, no milkseller should be allowed to sell milk until he has received a certificate from the Sanitary Authority that the premises are suitable. At present any person applying to be registered as a purveyor of milk must be put on the register, and the case has then to be dealt with if the regulations are not complied with.

SLAUGHTERHOUSES.

The number of slaughterhouses on the register remains the same as last year, viz., six, four being registered from year to year under the Public Health Acts Amendment Act 1890, the other two being of old registration. Two are of modern construction.

The access to one of the old registered slaughterhouses is bad, but the slaughterhouse in itself is of fair construction.

The whole of these premises are kept clean and well within the Council's bye-laws. Eight new receptacles for offal have been provided.

STABLES.

The number of stables on the register is 45, being an increase of one. Many stables are not fit to be used as such, and 5 have been discontinued, being unsuitable for the purpose.

1 has been paved and drained.
1 has had the paving repaired.
2 portable receptacles for manure have been provided.

Some considerable trouble arose in one stable yard owing to a large accumulation of manure. It was difficult to trace the person to whom the manure belonged, and after investigation it was found to belong to a number of persons. However, on my seeing the owner of the stable he brought pressure to bear on those persons responsible, and the manure has since been removed more regularly.

I should like to see it made compulsory by a bye-law, to properly pave and drain all stable yards, as owing to the nature of the work carried on it is impossible to keep the yards clean where paving is defective. Nuisances arising have to be dealt with under the Nuisance Clause, which is certainly not a good mode of procedure.

SMOKE.

The nuisances that arise from Smoke in this district are few. Observations have been taken on many occasions and I have called on offenders, drawing their attention to their liability and the nuisance has been greatly diminished. It was only necessary in one case to serve notice. The trouble generally arises from irregular and improper stoking.

I am pleased to say that very little cause for complaint has been found during the year from the Great Eastern Railway engines.

PAVING OF YARDS AND FORECOURTS AND PREVENTION OF DAMPNESS.

The paving of yards and forecourts under the Council's private Act, has had special attention, and although during the winter months very little outside paving is done owing to the effect of frost on such work, good progress has been made and a great deal has been done in connection with the prevention of dampness generally.

The following is a summary of the work done:—

103 yards paved.
15 forecourts paved.
314 roofs, gutters, and rain water pipes repaired.
21 dampnesses in basements remedied.
23 sculleries repaved.

OFFENSIVE TRADES.

We have no offensive trade in this district as laid down by the Public Health Act.

During the year two persons commenced boiling pigs' food, consisting of the waste from London kitchens, etc. The smell from the process of boiling was very offensive. Had the waste merely been boiled and given to the pigs, the offensive smell would have had to be dealt with under the nuisance clause; but I found that the boiling of the material was carried on not only for the benefit of the pigs, but that the owners extracted fat from the material, which was a valuable asset. This constituted an offensive trade, and the owners were notified accordingly.

WATER SUPPLY.

There are still a few houses supplied by water pumped from shallow wells, some having force pumps, and supplying a separate cistern for flushing the water closet. Samples of these waters are submitted for analysis from time to time.

The following works were carried out under this heading :—

143 cisterns were repaired and covered.

Owing to some of the cisterns being difficult of access for cleansing purposes, six of the water supplies were taken directly off the main supply.

FOOD DESTROYED.

During the year the following goods were destroyed :—

10 boxes kippers.
3 cases chilled rabbits.
5 boxes smoked haddocks,
1 box kidneys.
1 trunk mackerel.
2 boxes mackerel.
3 trunks mixed fish.
2 trunks whiting.
4 boxes cat-fish.
1 trunk small haddocks.

To assist retailers who, on arriving in the district and opening their goods find they are unsound, it has been the practice for them to bring their goods to the office for examination, and when they are found to be unfit for human food, to detain the same and get an order for their destruction from a magistrate.

A certificate is given to the owner, this enabling him to recover his money for the goods destroyed, and thus prevents a tendency which would otherwise exist to expose such food for sale. Most of the foods before mentioned are bought from samples, and not opened until they reach the owner's premises.

SALE OF FOOD AND DRUGS ACT.

For the Council's information and by the courtesy of the Clerk to the Middlesex County Council, I herewith append a statement of the work done under this Act, in this district, for the year 1905.

Nature of article.	No. of samples taken.	No. adulterated.	No. of prosecutions.	No. of convictions.	Remarks.
Milk ...	119	9	9	7	1 case dismissed, 1 case defendant absconded and 1 case defendant had to pay cost.
Butter ...	20				
Margarine...	25				
Cheese ...	15				
Lard ...	3				
Jam ...	8				
Dripping ...	3				
Pepper ...	3				
Wine ...	1				
Spirits ...	2				
Ale... ...	2				
Fine Oatmeal ...	2				
Liquorice ...	1				
Lemonade Powder ...	1				
Drugs ...	3				
	208	9	9	7	

I may add that I am empowered to take samples under this Act should it be found necessary or desirable to do so.

OVERCROWDING..

The number of cases of overcrowding that occurred during the year shows an increase of one on the previous year.

This class of nuisance is somewhat difficult to deal with, owing to the fact that there is no statutory definition of what constitutes overcrowding, excepting that any house or part of a house must not be so overcrowded as to be dangerous or injurious to the health of the inmates. Cubic space should be legally laid down. Under the "Factory and Workshop Act" and Bye-laws as to "Houses Let in Lodgings," the cubic space is definitely fixed.

HOUSING OF THE WORKING CLASSES ACT.

During the year nine notices were served under this Act in respect of the following houses, viz.:—

Shed on Allotments.
Jew's Corner Cottage.
1 and 2, Nursery Cottages.

In the first case the occupiers of the shed were turned out; in the second the owners made the premises habitable; but in the third case action is still pending.

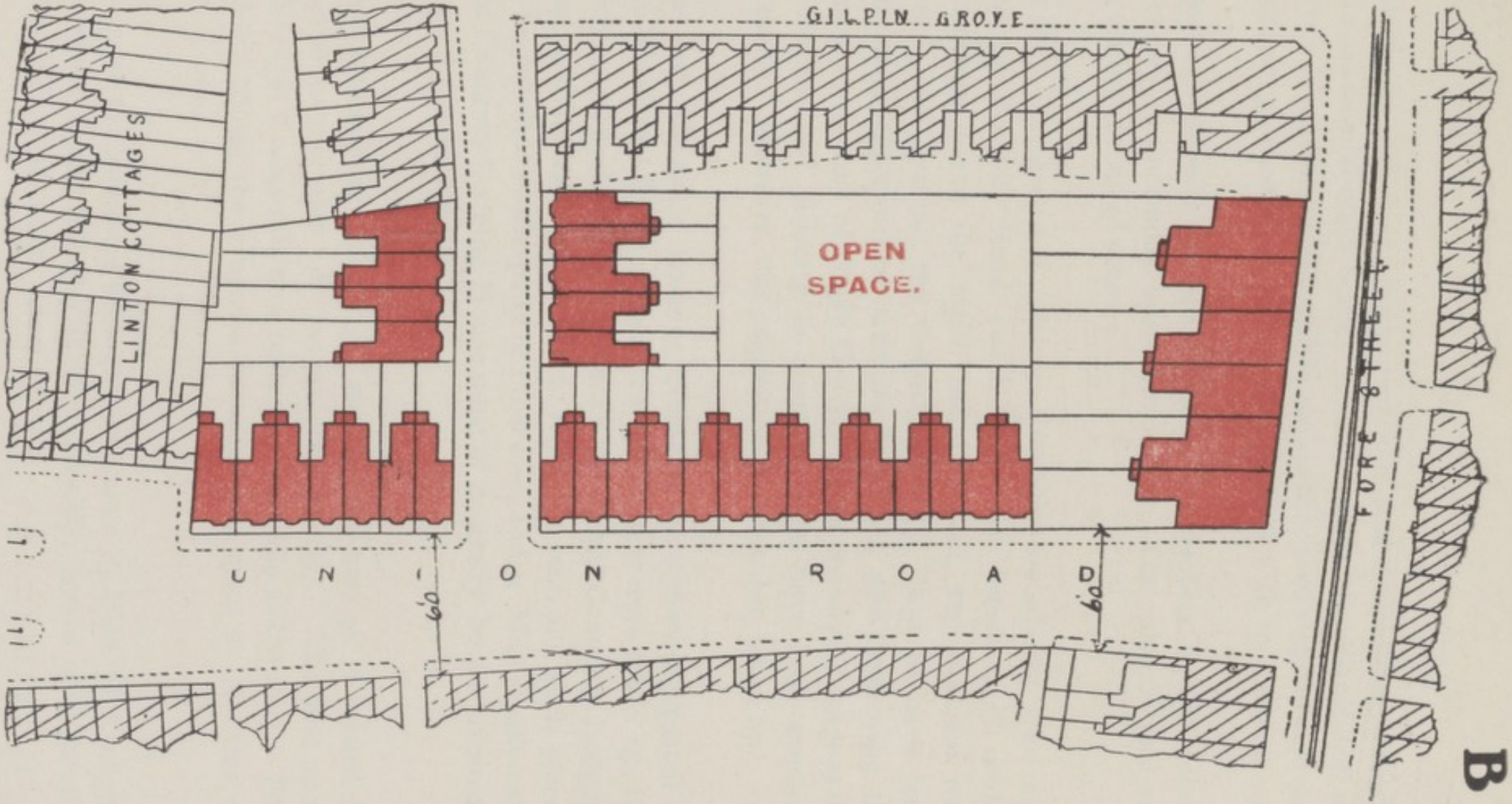
In the case of Walbrook Road, where the notices were served in 1904, closing orders were obtained on three houses in 1905, and since then the houses have been demolished.

Two houses situated in the brickfield, Bush Hill Park, which were occupied and in a very dilapidated condition, have been closed without notice, due to the action of the Sanitary Department.

I am pleased to state that we have very little so-called "slum" property in the district at the present time, with the exception of the Eaton Place area. The Council are aware that notices under the above Act have been served from time to time on the owners of the property, and convictions obtained, and owing to one owner not complying with closing orders obtained, three houses were demolished. Two other houses were also demolished without closing orders being applied for, due to the fact that, on my representation to the owner of the work necessary to make the houses

A

FORE STREET
GILPIN GROVE
EATON PLACE
NORTHUMBERLAND PLACE
UNION ROAD
LINTON COTTAGES


GILPLN. GROVE
LINTON COTTAGES
OPEN SPACE.
UNION ROAD
60'
60'
FORE STREET
B

habitable, he took down the houses and sold the building material. There are several other houses becoming generally dilapidated, and the time is not far distant, unless the owner takes steps to deal with the property, when these will have to be dealt with in a similar way.

Dealing with such property in this fragmentary way is tedious, and causes an enormous amount of work. The only effectual way is by an improvement scheme.

In 1897 I projected a scheme whereby the narrow road now known as Bridport Road could have been made much wider, The frontage line in the main road improved, and the main road widened, still leaving the Council sufficient land to have built about thirty experimental artizan's dwellings, also improving the air space at the rear of Gilpin Grove. From enquiries I made at the time the land and property in question could have been acquired reasonably. However, this suggestion was not then taken up.

The only Common Lodging House in the district is situated in Eaton Place, and if any scheme of improvement were taken up, the Council might feel disposed to erect a Municipal Common Lodging House, as these have been found to repay the cost, and such places must be provided municipally or otherwise, and a Municipally-controlled Common Lodging House must of necessity be an improvement on a private venture.

I herewith append a plan "A" showing the area as it existed in 1897, also another plan "B" as projected in 1897. The land upon which Gilpin Crescent is now built was lying idle at the time. The dotted line shows the proposed increased air space at the rear of Gilpin Grove.

Of course the suggested arrangement shown by Plan "B" might be improved upon, but the scheme generally would undoubtedly have proved a great public benefit.

SCHOOLS.

The whole of the public and private schools are visited from time to time.

There are at present fourteen schools in the district, including private schools.

The number of visits made during the year was 40. In this number are included the visits for disinfection after infectious disease, flushing and inspection of latrines, &c., and visits by your female inspector.

DITCHES AND WATERCOURSES.

These as usual are found to be the dumping ground for any filth or refuse that cannot otherwise be disposed of.

In several cases foul water drains were found to discharge into ditches and were disconnected.

The number of dead animals, old bedding, clothing, &c., removed and buried was 334.

I should much like to see the open ditches adjoining Eldon Road and Croyland Road schools culverted, as the stagnant water lying there is not conducive to the health of the children attending these schools.

PUBLIC FOOTPATHS.

The footpath leading from Church Street to Chichester Road is regularly visited, and everything done that is possible to keep it clean, by disinfection and otherwise, but I regret to say it is one continuous source of nuisance and annoyance, and I shall welcome the time when this passage is closed.

There is another footway from Hertford Road to Chiswick Road requiring similar attention. If this were paved and drained the Council's flushers could occasionally wash it down, and I feel sure the inhabitants in the vicinity would greatly appreciate it.

COLLECTION OF FISH OFFAL.

The collection of this offal continues to be much appreciated by the fish dealers and the advantage gained by minimising the nuisance inseparable from such a business justifies the Council's action in collecting the same, although the price charged for the use of the Council's airtight receptacles and collecting does not cover the cost.

This offal is still dealt with on the Council's Sewage Farm, being treated with lime and buried. When the projected Destructor is in use, a proper incinerating chamber attached to same will do away with the burying process and expedite the work of cleansing the pails.

There are no acoounts outstanding for the year.

No of fish dealers on the Register ...	20
No. of pails collected	2584
Amount collected	£42 19s. 10d.

GIPSIES.

I feel I cannot allow this report to pass without some comment upon the considerable trouble again caused by these nomads. They are continually being moved from pillar to post, but whatever is done it has but little effect.

I cannot see why these persons are still allowed privileges from which the cottager or artizan, who pays his rates and taxes and sends his children to school, is debarred. Even their water supply they steal, and if the residents in the vicinity of their camping grounds refuse to give them water they are abused and molested.

I have seen their children (in a most filthy condition) playing outside the Council's schools during school hours while the children inside are being trained to become respectable citizens.

If they bring infectious disease into the district they are treated similarly to those who have to pay rates for hospital accommodation.

Their cattle are generally turned out to graze on any available land and at times do considerable damage to crops. In fact this happened on the Council's land in the Hertford Road.

The females of the community endeavour to earn a living by peddling (practically begging).

There are still a few old-fashioned *bona fide* gipsy hawkers who visit the district and never stay more than a night or two. These give little or no trouble, as their caravans are, generally speaking, well kept.

During the year 1,072 gipsies have been seen and removed. Of course this number includes the removal of the same persons over and over again, but many under a different name.

The number of different van and tent dwellings was 215. Averaging the number of occupants at four in each van or tent (generally a man and wife and six or seven children), this shows a total of 860 persons without water supply or w.c. accommodation, and generally speaking of a filthy character.

206 notices have been served, but the procedure seems useless, as most of them either tear them up or throw them on the fire. It is useless to serve a warrant, as they have no effects, and one cannot prove that the horse that drags them from town to town belongs to them. At present 45 committal orders have been made against them, which will, of course, be put into execution should they return.

CANAL BOATS.

During the year 63 boats were inspected, and five contraventions of the Canal Boats Acts and Regulations were found as follows:—

No notice given on change of master	1
No certificate produced (stated to have been accidentally burnt)	1
Cabin top defective	1
Cabins require cleansing	2

All the contraventions were remedied.

The number of visits paid to the Canal was **60.**

CLERICAL WORK.

The following is a short summary of some of the clerical work done during the year.

No. of letters written	1460
No. of letters, &c., filed for future reference ...	1806
No. of notices sent to schools	1128
No. of notices sent to Public Library	52
Preliminary notices	1397
Final notices	665

FACTORY AND WORKSHOP ACT.

The number of inspections of bakehouses, workshops, factories, &c., is included in your Medical Officer's report, as required by the Factory and Workshop Act, 1901.

TABULATED STATEMENT.

Herewith I append the statement of work done, under its various headings, in the form required by the Medical Officer of Health for the County Council of Middlesex,

I think it well to make some passing remarks on one or two matters not mentioned specifically, and on improvements effected. All possible care has been taken to prevent discrepancies as to the numbers of visits shown in the tabulated statement as there are a great many things done which cannot well come under any definite heading, all of which take time, and come under the supervision of the department.

The gradual displacement of the old seat and riser to w.c.'s, doing away with the grave nuisances that were continually occurring through defective joints between the basin and trap and causing soakage into walls and under floors, and substituting fixed seats on bearers with open fronts or lift-up seats with pedestal w.c.'s and rendering the floors and walls in Portland cement is a great improvement, and I hope in time the old conditions will have entirely disappeared.

One other nuisance met with continually in this district is the tendency of many persons to endeavour to keep chickens, rabbits, pigeons, dogs, etc., close up to the back doors of their houses. In the cases where chickens are kept it is generally understood that the chicken run is the receptacle for all refuse. In some instances where the occupiers' attention has been called by your inspectors to the seriousness of such nuisance, they have at once removed them further from the premises. Each case is, however, dealt with on its merits. Many improvements and additions are necessary in the powers of the sanitary authority to deal with the keeping of animals about dwelling-houses. I should certainly like to see a bye-law for preventing the keeping of animals, except in yards of a sufficiently open character, and under regulated conditions as to structures and distances from dwellings. This is, I consider, a question connected with sanitary progress upon which a great number of the public require enlightenment.

The number of visits shown in the tabulated statement include inspections of the following :—

Public and private urinals,
Fish and fruit stalls,
Fish shops,
Fish shops in connection with fish offal collection,
Dustmen in district,
Contacts, infectious disease,
Waste lands, ditches, &c., as to refuse, by-ways, passages, &c., as to improper use by the public,
Town Hall on Sundays and holidays re infectious disease.

The increased office accommodation provided by the Council for myself and staff is a decided improvement and I wish to thank the Council for this consideration.

The private telephonic communication with the hospital is now almost complete and the benefit to be derived from this alone, will, I am sure, be greatly appreciated, both by the public as well as the officials.

My assistants, I am pleased to say, continue to carry out their duties, which at times require the utmost tact and courtesy, in a most satisfactory manner.

In concluding, I desire to express my thanks for the continued support I have received from my Committee and the Council.

I have the honour to be, Gentlemen,

Your obedient servant,

RICHARD JOHN BUTLAND,

Inspector of Nuisances.

Name of Sanitary District.	Inspections.					Notices.				Dwelling Houses				Houses let in separate Dwellings or Lodgings.		Common Lodging Houses.		Canal Boats used as Dwellings.		Movable Dwellings, Caravans, Tents, &c.		
	Number of Premises Inspected on Complaint	Number of Premises Inspected in connection with Infectious Diseases.	Number of Premises under Periodical Inspection.	Houses Inspected from House-to-House.	Total Number of Houses, Premises, &c., Inspected.	Cautionary Notices Given.	Statutory Orders Issued.	Summonses Served.	Convictions Obtained.	Houses, Premises, &c., Cleansed, Repaired, &c	Closed as Unfit for Habitation.	Re-opened after Repairs, Alterations, &c.	Demolished.	Illegal Underground Dwellings Vacated.	Number Registered under Bye-laws.	Number of Contraventions.	Number Registered under Bye-laws.	Number of Contraventions.	Number Registered under the Acts.	Number of Contraventions of Regulations.	Number Observed during the Year.	Number of Nuisances therefrom Abated.	Number Removed from District.
EDMONTON.	690	416	275	1036	2417	2577	665	48	48	201	9	—	8	—	—	—	1	nil.	Not a Registration Authority.	5	1072	—	—

Name of Sanitary District.	Workshops and Work-places.		Laun-dries.		Bake-houses.		Slaughter houses.		Cow-sheds.		Dairies and Milk-shops.		Unsound Food.		Adul-terated Food.	Offensive trades.
	Number in District.	Contraventions of Factory Acts.	Number in District.	Contraventions of Factory Acts.	Number in District.	Contraventions of Factory Acts.	Number on Register.	Contraventions of Bye-laws.	Number on Register.	Contraventions of Regulations.	Number on Register.	Contraventions of Regulations.	Animals seized.	Articles or parcels surrendered.	Samples taken,	Number of premises in District.
															Found adulterated.	
EDMONTON.	178	1	32	3	32	3	6	nil.	4	nil.	60	nil.	—	10 boxes kippers, 3 cases chilled rabbits, 5 boxes smoked haddocks, 1 box kidneys, 1 trunk mackerel, 2 boxes mackerel, 3 trunks mixed fish, 2 trunks whiting, 4 boxes cat fish, 1 trunk small haddocks.	—	—
															—	—
																Contraventions of Bye-laws.

Sanitary District.	Water Supply and Water Service.					Drainage and Sewerage.									
	Wells.			Cisterns.		Water Closets.			Drains.					Cesspools.	
	New Sunk.	Cleansed, Repaired, Etc.	Closed as Polluted.	Percentage of Houses Supplied from Public Water Service.	New, Provided.	Cleansed, Repaired, Covered, Etc.	Overflow Pipes Disconnected from Drains.	Draw-Taps Removed from Cisterns to Mains.	Percentage of Houses Supplied on Constant System.	New Constructed.	Water Closets substituted for Dry Receptacles.	Repaired, Supplied with Water, or otherwise Improved.	Percentage of Houses Provided with Water Closets.	Examined, Tested, Exposed, Etc.	Unstopped, Repaired, Trapped, Etc.	Waste Pipes, Rain Water Pipes, Disconnected, Repaired, Etc.	Soil Pipes and Drains Ventilated.	Disconnecting Traps or Chambers Inserted.	Reconstructed.	Rendered Impervious, Emptied, Cleansed, Etc.	Abolished, and Drain Connected to Sewers.	Percentage of Houses Draining into Sewer.
EDMONTON.	—	—	—	99.3	—	143	—	6	All houses supplied from mains are on the constant supply system.	—	—	262	99.9	462	335	35	77	86	78	—	1	99.5

Sanitary District.	Disinfection.			Dust.			Sundry Nuisances Abated.						
	Rooms disinfected.	Rooms stripped and cleansed.	Articles disinfected or destroyed.	New bins provided.	Periodical frequency of dust removal.	Number of complaints of non-removal received.	Overcrowding.	Smoke.	Accumulations of refuse.	Foul ditches, ponds, &c., and stagnant water.	Foul pigs and other animals.	Dampness.	Other nuisances.
EDMONTON.	368	166	6122	151	Weekly	36	21	4	37	5	22	453	334 animal carcases and offensive deposits, collected from ditches, waste lands, etc., and buried.

Edmonton Urban District Council.

ADVICE TO MOTHERS
ON GENERAL HEALTH AND
FEEDING OF INFANTS.

WITH SOME HINTS ON INFECTIOUS DISEASES.

Advice to Mothers on General Health and Feeding of Infants.

IN this pamphlet will be found some hints on how to preserve health in general. It also contains some advice to mothers on the care and feeding of infants, and on the precautions that should be taken to ward off sickness in general, but more especially the ailments of infants and those infectious diseases that are so common amongst young children.

Of the hundreds of infants under one year of age who die every year in Edmonton, many might be spared to grow up into useful citizens if parents knew more about the causes of such disease as Summer Diarrhœa, for instance, and how to prevent it. Many directions that will be found useful on this matter are given in the following pages.

Such diseases as Measles and Whooping-cough not only cause a large number of deaths in the year, but, because some mothers think they are not serious illnesses, many children are not properly looked after during their attacks, and the complications that often arise through this neglect, cause the constitution to be undermined and the child to grow up delicate and unfit for the battle of life.

Every sensible mother, therefore, who is anxious to preserve her little ones' health, and to give them the very best chance of growing up to be strong and healthy men and women, will do all she can to gain knowledge on these subjects, and will carry out the rules of health that she has learnt as faithfully as possible.

N.B.—The directions given in this pamphlet are not intended to apply where children are ordered special diet or treatment by a doctor.

HEALTH IN THE HOME.

THE HOUSE.

Cleanliness and fresh air are two of the most important things to have if you wish the home to be healthy.

To have your house *always* clean is not so hard after all.

It only needs a *regular* amount of cleaning being done each day, and *tidiness* and *orderly habits* being practised by yourself and taught to your children.

If one room or a passage is taken in hand each day, the floor scrubbed, the rugs or curtains well beaten, the furniture and walls dusted with a *damp* cloth, and plenty of fresh air allowed to flood it, you will always have a clean house, provided you insist on the members of your family having cleanly and tidy habits too.

Be very careful about the disposal of your **household dust and refuse**. Do not, as is often done, sweep your house dust into the street where it is blown back into your own or your neighbour's house, or is breathed into the lungs of the children who are at play. Having sprinkled the floor or passage to be swept with damp tea leaves or sawdust, *sweep towards the back of the house*, collect the dust carefully and put it in your dustbin, where it will be safe from doing any harm when you have covered it with the lid. Animal and vegetable refuse should be burnt where possible.

Never allow dirty rags, old clothes or other rubbish to lumber up the rooms and passages—you cannot keep the house sweet and tidy if you do.

Be most particular about the **storage of your food and milk.** They should only be kept in a place that is cool, well ventilated and protected from flies and dust by a wire or muslin screen over the window or air opening. This cupboard should be scrubbed out frequently with soap and water.

Wage a constant war against **flies** and other **insect vermin;** they are the cause of more ill health than most people imagine. They like dirt and will avoid a house that is clean.

Your cistern should have a tight fitting lid to keep the household dust out of the drinking water. It should be thoroughly cleaned out every month.

Keep your **scullery sink** clean and free.

Be particular about the cleanliness of the W.C. A scrubbing brush should be used to keep the pan white and free from deposit. If the flushing cistern goes wrong have it seen to at once.

It is not necessary to put disinfectants down the W.C. If it smells it is because it wants cleaning, or there is something wrong with the trap or drain that should be seen to at once. The use of disinfectants only tends to hide defects that should be put right.

Ventilation.—Do not be afraid of fresh air. The want of it is one of the chief causes of Consumption in this country, and more colds are got from sleeping and living in stuffy rooms than from any other cause.

To breathe and re-breathe the same air is as dangerous as to drink water that is contaminated with sewage.

Every bedroom window should be kept open a few inches at the top all night, winter and summer. More and more people are following this simple rule of health every year and are feeling the benefit of it. Try it this summer and keep it up all winter, when you will find the benefit too. Never stop a fire place; it acts as a ventilator.

YARDS AND GARDENS.

Give the same attention to the cleanliness of your yard and garden as to that of the house itself, for a house cannot be kept clean or healthy if its surroundings are dirty or unwholesome.

The paved yard should be kept free from all rubbish and lumber, and should be swilled frequently with water and swept down with a broom. This is especially important in the summer weather when Diarrhœa is about. See that the sink gulley and the yard are clean and free. Disinfectants are not necessary here either, for if smells arise from the gully it means that it wants cleaning and flushing with water.

Look well to your Dustbin, see that it has a properly fitting lid and is free from holes. See also that the dust is carefully put into it and not allowed to spill over on the ground. Carelessness in this matter is a very common cause of sickness, and especially of Summer Diarrhœa. Allow the dustman every opportunity to empty your dustbin when he calls, as he should do, once a week. If there is any irregularity in collecting, report the matter at once to the Sanitary Department at the Town Hall.

Your Gardens should be used for growing vegetables, flowers, etc., and not for keeping animals in. Fowls and rabbits are most unwholesome about a small town house. They give rise to much dirt and pollution of the garden soil even where they are carefully looked after, and it is almost impossible to have a clean or tidy house where they are kept.

PERSONAL CLEANLINESS.

The cleanliness of the body and clothing is a matter of the utmost importance if disease and ill-health are to be avoided.

Every member of your family should have a warm bath and clean underclothing at least once a week, and your beds and bedding should also be kept scrupulously clean.

MOTHER AND INFANT.

The Mother's Health.—You should do all in your power to keep in good health yourself, both before and after the birth of your infant. By doing so you will make a gift to your little one that is beyond all price, namely, a good constitution.

In order to keep in good health you must have a clean, well ventilated home, live regularly and temperately, eat plenty of plain, nourishing food, and have daily exercise in the open air.

BREAST FEEDING.

The best Food for the Baby is Mother's Breast Milk alone without any other Food whatever.—If you have properly looked after your health you should be able to fully suckle the baby when born and for nine months afterwards.

If the breast milk is scanty at first, do not be discouraged. The regular suckling of the baby will in itself cause the flow to increase. You can also improve the quality and quantity of your milk by eating more nourishing food and by taking a cup full or two of cow's milk half an hour before giving baby the breast.

Above all things, avoid taking beer, stout or spirits of any kind while nursing, unless specially ordered to do so by a doctor.

During the first two months you should suckle the baby every two hours during the day time, gradually decreasing it to every three hours after that. Also twice in the night during

the first month and once during the second month, after which night feeding should be gradually stopped. As the feeds become fewer, the amount given at each should, of course, be increased.

The nipples should be cleansed and dried each time after suckling, and if they become sore medical advice should be obtained.

The Baby should be Fed Regularly.—This is of great importance to the health of both mother and child. Each feed should occupy about 15 minutes, and the flow of the milk should be regulated by pressing round the nipple with the fingers to prevent the child swallowing too greedily. A time-table of the hours at which the breast is to be given should be made out according to the above directions and followed faithfully. During the first two months the following hours for giving the breast will be found suitable:—7 a.m., 9 a.m., 11 a.m., 1 p.m., 3 p.m., 5 p.m., 7 p.m. and 9 p.m. for the day and 12 midnight, and 4 a.m. for the night.

If the mother has not enough milk the child should still be suckled, but should have in addition the milk mixture described on page 6. Mother's and cow's milk given together will agree quite well with the baby if the cow's milk is properly prepared.

Weaning.—There is danger to the baby in weaning before the 7th month at the earliest. It is better not to wean until the 9th month or even a little later.

If the health of the mother or infant is failing before these dates, medical advice should be sought before deciding to wean.

In weaning you should choose a time when the baby is free from illness.

Do all in your power to put off weaning until the hot weather has come and gone, as **there is great danger of a hand-fed infant dying of Diarrhœa during the months of July, August and September.**

HAND FEEDING.

Hand feeding is never to be recommended where it is at all possible to rear the infant at the breast. You should, therefore, use every effort and make every sacrifice to enable you to suckle your infant.

If after all you find that you can only partly feed your baby at the breast or cannot feed it at all in this way, the next best substitute is cow's milk. Only milk that is perfectly fresh and of good quality should be used for the baby's food.

The cream that is contained in new milk is by far the most important part for the infant. *SKIMMED OR SEPARATED MILK, which contains all the indigestible part and little or none of the nourishing part of the milk, is therefore worse than useless as an iafant food and should never be given.*

Bring all milk to the boil as soon as you receive it from the milk man. Then keep it in a jug or can, closely covered so as to keep out dust and flies. Place the can or jug in a vessel of cold water, and store it in the coolest place you have.

Cows' Milk requires special preparation to suit infants at different ages. It should be prepared with great care and a fresh lot should be made up for each meal.

The amount to be given at each meal will depend largely on the size and vigour of the baby and on its appetite. The best test that the milk is being mixed in a suitable proportion and that enough is being given, will be the baby's steady increase in weight. If the infant does not grow heavier and is not thriving on the milk, a doctor should be consulted with a view to having the mixture altered.

The following mixtures will be found suitable for the average baby:—

For a Baby under Two Weeks Old.—Milk, 1 tablespoonful; Barley Water,* 2 tablespoonfuls; Cream, 1 teaspoonful; Sugar, 1 teaspoonful. Mix and then warm. Give this to the baby every two hours in the day and every four hours at night.

For a Baby from a Fortnight to Two Months Old.—Milk, 1½ table-spoonfuls, gradually increasing to 3. Barley Water,* 3 table-spoonfuls; Cream and Sugar as before. Mix and warm. Feed as before.

For a Baby between Two and Four Months Old.—Milk, 3 table-spoonfuls gradually increasing to 4; Barley Water,* 3 table-spoonfuls, gradually increasing to 4. Cream and Sugar as before. Mix and warm. Give this every three hours during the day and once at night. The night feed may be gradually stopped after the second month.

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* Lime Water may be used instead of Barley Water occasionally.

For a Baby between Four and Six Months Old.—Milk, 5 table-spoonfuls, gradually increasing to 8; Barley-water,* 5 table-spoonfuls, gradually decreasing to 4. Cream and Sugar as before. Mix and warm. Give this every three hours during the day.

For a Baby between Six and Nine Months Old.—Milk, 9 table-spoonfuls, gradually increasing to 11; Barley-water,* 3 tablespoonfuls. Cream and sugar as before. Mix and warm. Give this every three hours during the day.

When the baby is nine months old the milk may be given without anything being added and the number of table-spoonfuls in each meal increased from 14 to 16.

In the Summer instead of *warming* the milk for each meal after mixing with the barley-water and the cream and sugar, *boil it*; then let it cool until the baby can take it. The food must be freshly prepared for each meal and if any of the meal is left it must not be given again to the baby. It can be given to some of the older children.

Condensed Milk is not to be recommended as a substitute for fresh cow's milk, much less for breast feeding. Many mothers are content to feed their infants on the cheap brands made from machine skimmed or separated milk. *These are worthless as children's foods, and babies fed on them will starve.*

COST AND VALUE OF THE THREE MILKS

Breast Milk costs nothing, gives little or no trouble, and is far and away the best and safest.

Cow's Milk is the next best and next cheapest. Great care and trouble are required in preparing it properly. A baby will at first take about ¼ to ½ pint of milk a day, gradually increasing, until at 3 months about 1½ pints daily will be required, and at 9 months about one quart.

Condensed Milk is the most expensive of all, and cannot be recommended as food for infants.

BARLEY WATER.

Barley water is made by boiling two teaspoonfuls of patent barley in a pint of water. Always prepare fresh at least once a day.

THE BOTTLE.

Two bottles should be provided. They should not have any tube, but simply be fitted with a large india-rubber teat, which can be turned inside out for washing. After use the bottle and the teat should be rinsed and scalded and allowed to drain while the other bottle is being used.

Never use a bottle with a long tube, it is quite impossible to clean it, and remember that a badly cleansed bottle is a death trap and a frequent cause of Indigestion, Colic, and Diarrhœa.

The vessels for holding the milk, cream, barley water and sugar should be kept perfectly clean and stored in a cool place protected from flies and dust.

OTHER FOODS BESIDES MILK.

Up to the ninth month babies will thrive best on milk alone, and until this age is reached they should not be given any other food whatever.

After the ninth month the baby may begin to have a little grated rusks, or wheat flour that has been baked in the oven until it is nicely brown, added to its food at two meals (night and morning) and gradually increased in quantity.

After the twelfth month a little bread and milk, well-boiled porridge, small pieces of bread and butter, a few crumbs soaked in gravy, a little milk pudding and occasionally a lightly-boiled egg may be given.

At 18 months the child may begin to get a little finely minced meat, pounded fish or mashed potatoes with gravy at one meal in the day.

POINTS ABOUT FEEDING.

Do not put your baby to the breast nor feed it, simply because it cries; if it is trained to have its food at regular hours and is given nothing in between, the baby will rest quietly and contentedly between its meals. Patient training in this respect saves endless trouble and is the best way to keep the baby well.

Remember that a child that is overfed and does not digest its food wastes like one starved.

Fatty foods are most important for young children and after the 12th month they should have more and more butter or good margarine. Dripping is a good substitute for these as the child grows older.

Remember that children under the age of three years cannot digest the same food as grown-up persons. Never give them tea, cheese, pickles, pastry, nuts, nor uncooked vegetables of any kind. Cooked fruit is safe and wholesome, but uncooked fruit should only be given when it is perfectly fresh and ripe.

No child should ever be given sips of beer, wine or spirits of any kind.

CLOTHING.

A young infant should be lightly but warmly clad in a flannel night-gown with long sleeves.

The night-gown should reach well below the feet and should be fitted with tapes which can be tied to prevent the child from uncovering itself.

During cold weather older children should always have their arms and legs as well as their bodies warmly clothed with flannel. It is a great mistake to try to harden infants by letting them expose their arms and legs in cold weather.

CLEANLINESS.

Wash baby all over in warm water once a day before a fire. Dry very carefully. If the folds of skin are red, dust with powder.

Never let a wet napkin remain on for a moment.

All soiled napkins should be put immediately in a vessel of cold water with some disinfectant and washed as soon as possible. This is especially important in the summer weather when Diarrhœa is about, as flies may carry the infection from the soiled napkin of a child who is suffering from the disease and infect the milk or sugar that is used in making the food of some other infant, and so give it Diarrhœa too.

FRESH AIR.

Keep the windows open night and day throughout the year. The baby will not catch cold or suffer in any way if properly clad. Let the baby be in the open air every day when the weather is fine. If you cannot take it out yourself or send anyone with it, let it lie out in a cot or perambulator in the garden.

SLEEP.

Regulate the sleeping as carefully as the feeding.

A good habit in this respect will save you much trouble and anxiety.

Every infant should sleep in a cot by itself.

It is very dangerous to allow an infant to sleep in the same bed with an older person, as numberless lives are sacrificed every year from overlaying.

You can always make a good and cheap baby's cot out of an orange box.

If, owing to teething or any other cause, the child is restless or fretful, do not on any account be tempted to give it teething powders or soothing syrups. If the restlessness continues seek medical advice.

INFECTIOUS DISEASES.

SUMMER DIARRHŒA.

This is a most dangerous disease amongst young children and is especially fatal to infants under 1 year of age.

July, August and September are the months when it chiefly occurs.

In all cases medical advice should be obtained without delay.

Cause. The disease is caused by germs which exist in dirt of all kinds—the dust of rubbish heaps, ill-kept back yards and dwelling rooms. When the dust is blown into the milk and other foods, or is carried there on the feet of flies, these germs soon multiply a thousand-fold especially in the case of milk, and unless they are killed by boiling the milk before giving it to the child, they will go on multiplying in the infants' bowels and set up the inflammation which causes this very fatal form of Diarrhœa.

How to prevent it. Pay *special* attention during the summer to the directions given on pages 4–5 about ventilation and the cleanliness of your house and yard. This is the time to limewash the walls of closets, passages and cellars.

Animal and vegetable refuse should be burned in the kitchen grate instead of being put in the dustbin. See that the dustbin is regularly emptied.

Nuisances should be reported to the Sanitary Department at once.

If you are still suckling the baby when the summer sets in, don't think of weaning till after September, unless advised to do so by a doctor, as breast feeding is the best protection of all against Summer Diarrhœa.

If the baby is being hand-fed, be most careful in carrying out the directions on the handling and storing of milk, and the preparation of the baby's food given on pages 8 and 9.

See that all food intended for the children is fresh and is kept protected from flies and dust. Remember that uncooked vegetables and unripe or over-ripe fruit are particularly dangerous foods for young children during the hot months.

If you carefully follow the advice given here your child will have the best chance of escaping this very dangerous disease altogether. If it should be attacked, however, have the doctor to see it *at once*, for Diarrhœa is a disease in which much can be done if it is taken early.

MEASLES.

Measles is one of the most fatal diseases of children, especially amongst those under five years of age. It is not nearly so fatal, however, after this age has been passed. Careful mothers will therefore do all in their power to protect their children, especially those under five years, from catching this very infectious disease.

To assist recovery of patient. In every case seek medical advice. Most deaths are due to children being exposed to cold, damp and other unhealthy conditions while suffering from Measles. Measles patients should be warmly clad and kept in a *warm but well-ventilated room* until they have quite recovered. The whole body, including arms and legs, should be clothed in flannel.

Saffron tea, which is so often given to children suffering from Measles, is quite useless. A hot bath and warm bed at the onset is the best treatment.

To prevent spread. Separate the patient from all other children for at least three weeks after the appearance of the rash.

Measles usually begins with sneezing, coughing, running at the eyes and nose. Be very suspicious of all colds, therefore, when Measles is about, and keep any child so suffering apart from others for four days when, if the disease is Measles, the rash will appear. The child is very infectious for the four days before the rash comes out.

When the last case has recovered, disinfect the sick room by washing everything you can with soap and hot water containing some disinfectant; what you cannot wash should be aired in the garden. Keep the windows freely open and take care that the sick child's clothes are washed before returning to school.

WHOOPING COUGH.

Whooping cough is also an extremely fatal disease amongst young children, and every effort should be made to protect them from this highly infectious complaint during the early years of childhood, for the older they are when they catch it, the less likely are they to die from it.

Deaths may be due to the disease itself or to its after effects. In any case most deaths may be prevented by taking care that the child does not "take cold" when suffering or recovering from Whooping cough.

Whooping cough is very infectious even before the Whoop, and remains so for six weeks at least.

Whooping cough usually begins like an ordinary feverish cold. In a few days the child gets fits of severe coughing following by vomiting and whooping.

To assist Recovery of Patient.—When you suspect Whooping cough consult a medical man. Keep the patient warmly clad and in a warm well-ventilated room apart from other children for at least six weeks. Remember that the patient requires pure air and warmth. The air of a dirty, stuffy room poisons the lungs and is more dangerous than cold or even draughts.

To prevent spread. Forbid your house to all children and let none of your own go into anyone else's.

When the last case is free from infection, disinfect the sick room by washing everything you possibly can with soap and hot water containing some disinfectant. Put everything you cannot wash to air outside for a day. Also keep the windows of the room wide open for 3 days in succession. Take special care that the sick child's clothes are washed before it returns to school.

SCARLET FEVER AND DIPHTHERIA.

It is important to mothers of families that they should know the early signs of these diseases so that the doctor may be sent for and the patient isolated before other members of the family catch the infection.

SCARLET FEVER.

Early Signs. Scarlet Fever usually begins with **Sudden Vomiting, Sore Throat** and **Hotness of the Skin,** followed in a little while by a **red rash.**

After this rash has faded, the skin soon begins to peel, finely at first, and later on in larger pieces, especially on the hands and feet.

A mother who does not know the early signs, may frequently overlook mild cases of Scarlet Fever in which the child does not appear to be very ill at first. She may mistake the illness for a simple sore throat, some stomach disorder, or a feverish cold, and may think that the rash, which is sometimes very slight, is a simple heat rash. In these cases she may neglect or put off having a doctor to see the child, with the result that the patient will probably go about as usual and will infect his brothers and sisters, and perhaps his school fellows, with the disease.

It must be remembered that these mild cases are just as infectious as the more severe ones, and besides this, owing to the child being allowed to go about with the illness on him he is nearly certain to get one of the many complications that follow even the mildest cases of Scarlet Fever when neglected or mistaken for some simpler complaint. These complications are always very dangerous to the patient himself.

Every child, therefore, who is taken suddenly ill with sore throat, hot skin and a tendency to vomit, should be put in a separate room at once away from other children and kept warmly in bed till the doctor sees him.

When at any time a rash appears on a child, do not be content to make light of it and say "it is only a heat rash"—Have a doctor to see it at once.

DIPHTHERIA.

Diphtheria is a very dangerous and very infectious disease and the life of the patient may depend on the doctor seeing him and getting him under treatment in the early stage.

Early Signs. If you find a child **feverish,** with **sore throat** and **swollen glands in the neck** you should suspect **Diphtheria.** In children who are not old enough to complain of sore throat suspicion of **Diphtheria** should be aroused by the child showing a **difficulty in swallowing or in breathing,** and no time should be lost in having the child seen by a doctor.

When you suspect a child to be suffering from either Scarlet Fever or Diphtheria, you should put it to bed at once in a room apart from other children till arrangements can be made for its removal to hospital or its isolation at home. Wash your hands and arms well in a disinfectant after handling the patient before going near any of the other children. **Remove nothing from the room where the sick child has been till the Inspector arrives,** he will give directions about the disinfection of the room.

Copies of this pamphlet may be obtained free of charge by applying to the **Lady Inspector** at the Town Hall at 9 a.m. to 10.30 a.m. daily.

A. W. J. MacFADDEN, M.B., C.M.,
Medical Officer of Health.

Public Health Department,
Town Hall, Edmonton.

June, 1905.

EGREMONT URBAN DISTRICT COUNCIL.

Annual Report

— ON THE —

PUBLIC HEALTH

OF EGREMONT,

FOR THE YEAR 1905,

— BY —

GEORGE CALDERWOOD, M.D.,

MEDICAL OFFICER OF HEALTH.

Egremont:

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1906.

To the Urban District Council of Egremont.

GENTLEMEN,

I have much pleasure in presenting my Annual Report for the year 1905. In my report for the year 1904 I remarked that we had not been visited by any epidemic of a severe nature. The year 1905 has been in marked contrast in that respect, as during it, we have had a sharp epidemic of Measles. a considerable amount of Scarlatina and Whooping Cough, and infection more or less all the year round. The history of infectious disease is the history of childhood and youth, as the liability to infection is exceedingly slight after having passed these periods. The inter-communication and co-mingling of children and young people at schools, churches. and chapels, and in the daily and ordinary vocations of life are such as to render it impossible to escape infection. As soon as a generation of children spring up who are not immune by having previously had the disease. they fall a prey to one or other of the exanthemata. Not only do we see that this is so, but we can predict with great accuracy whether a certain disease on making its appearance is likely to spread and become epidemic, by noting the period of time we have been exempt from it, and whether it has been long enough to allow the production of susceptible individuals in sufficient numbers. This is specially true with regard to Measles, which is—if I may use the term—a very honest and straightforward kind of infectious disease, and rarely falsifies your predictions in regard to it. If it appears in a place and 4 or 5 years have passed in which no cases have occurred, it is sure to spread, and very few indeed will escape it. It was thus in the epidemic from which we

suffered this year. It made its appearance in April and by the end of May the bulk of the epidemic was over. As cases of Measles do not required to be reported it is impossible to give the exact number that occurred, but it must have been between three and four hundred, as 154 were in my own practice.

The last epidemic of Measles from which we suffered occurred in 1900, and that accounts for the fact that the bulk of the cases in this one were in children under 5 years of age. In my own cases the figures were 109 under 5 years and 45 over that age. Measles is one of the most fatal of infantile infectious disorders, but the fatality is modified or intensified according to the conditions under which it appears. If it occurs in warm weather chest complications, the chief danger, are not so apt to arise, and it is much less fatal. Such I am glad to say, was the case in the present epidemic, and only 5 deaths arose from it, not much more than one per cent. During the epidemic of Measles the Public Schools were closed on my recommendation for a period of six weeks.

Scarlatina has been present more or less during the year. In February we had 2 cases, in April one case, in May one case, in June one case, in July 6 cases, in August none, in September 7 cases in October 17 cases, in November 6 cases in December 4 cases. In all we had 45 cases during the year. This kind of behaviour is characteristic of Scarlatina. It shows that Scarlatina is very much slower in its methods, and that the vitality of the morbid material causing it is very great. Measles on the other hand is much quicker, intensely infective, and the vitality of the morbid material causing it less tenacious. On this account School closing is effective in Measles, but of little use in Scarlatina.

About the month of June Whooping-cough, which had been present in a neighbouring district, began to show itself. This complaint like Measles, is one of the most fatal of infantile infectious disorders, and like it, is modified or intensified by the conditions under which it appears. In the summer it is a complaint of little importance, but in the winter and early spring a most fatal disease. Appearing in

the month of June everything was favourable as far as temperature was concerned, but a few of the later cases of Measles became complicated by it, and as a consequence 2 deaths arose. It was very fortunate that the Whooping-cough did not precede the Measles or the mortality would have been much greater, as this complication is one of the most dangerous that can arise,

Nothing else occurred worth noting except a few cases of Influenza in the early part of the year. Since the year of the great epidemic of this disease in 1891 we are seldom without a few cases of it, though it seems to be gradually becoming less severe in its character.

During the year 112 deaths arose from all causes, giving a general death-rate of 17.77 per 1000 per annum. The general death-rate for 1904 was 14.26.

The births registered during the year number 184—98 boys and 86 girls—giving a birth-rate of 29.2 per 1000 per annum. The birth-rate for 1904 was 29.02.

Under 5 years of age 54 deaths arose in the whole district, giving an infantile death-rate of 8.57 per 1000 per annum. The corresponding death-rate for 1904 was 5.73.

The deaths in infants under one year amount to 33, giving a purely infantile death-rate of 5.23. For 1904 the corresponding death-rate was 4.42. At 65 years and upwards 20 deaths took place giving a senile death-rate of 3.17 per 1000 per annum. The senile death-rate for 1904 was 2.78.

In looking into these figures it will be seen that the chief cause of the increase in the year's death-rate is the greater number of deaths under 5 years of age, and that this is due to the epidemics from which we have suffered. There are 10 deaths this year from Measles, Scarlatina, and Whooping-cough, against none last year. Chest complaints also in children were this year more fatal than last year in the proportion of 14 to 8. This too is part and parcel of the heritage belonging to an epidemic of this kind. In the senile deaths there were this year also 3 more deaths than last year.

During the year 10 deaths arose from diseases of an infectious character, viz : 5 from Measles, 3 from Scarlatina, and 2 from Whooping-cough. giving a zymotic death-rate of 1.58 per 1000 per annum. The corresponding rate for last year was 0 32. Four of the 5 deaths from Measles occurred at Egremont, and one at Bigrigg. The 3 deaths from Scarlatina and the 2 from Whooping-cough also occurred at Egremont.

Under Table III., "Cases of Infectious Diseases notified during the year" 54 such cases have been notified. Of these 45 were Scarlatina, 7 Erysipelas, one Croup, and one Diphtheria Of the 45 cases of Scarlatina 43 occurred at Egremont, and 2 at Moor row and Scalegill. Four of the cases of Erysipelas occurred at Egremont, one at Moor Row and Scalegill, and 2 at Bigrigg. The case of Croup occurred at Egremont, and the case of Diphtheria at Bigrigg. Besides these figures there are the 154 cases of Measles in my own practice, which means actually between 3 and 4 hundred cases but which were not notified. Of my own cases 139 occurred at Egremont and 15 at Bigrigg.

From these figures it will be seen that the town of Egremont has suffered most severely from the epidemics during the year.

I now proceed to give the vital statistics of the various localities into which the district is divided.

EGREMONT.

Of the 112 deaths 80 occurred in the town of Egremont, giving to this place a death-rate of 19.04 per 1000 per annum. Last year the corresponding death-rate was 14.0.

Of the 80 deaths 25 occurred in children under 1 year, 13 in children 1 and under 5 years, 5 between 5 and 15 years, 5 between 15 and 25 years, 18 between 25 and 65 years, and 14 at 65 years and upwards.

In children under 5 years of age 38 deaths took place, giving an infantile death-rate of 9.04 per 1000 per annum. Last year the infantile death-rate was 5.25.

The 14 deaths at 65 years and upwards, give a senile death-rate of 3.33 per 1000 per annum. The senile death-rate last year was 2 5.

MOOR ROW AND SCALEGILL.

Twenty-five of the 112 deaths occurred at Moor Row and Scalegill, giving to it a death-rate of 16.84 per 1000 per annum. Last year the death-rate was 13.01.

Of the 25 deaths 6 occurred in children under 1 year, 7 between 1 and 5 years, none between 5 and 15 years, none between 15 and 25 years, 8 between 25 and 65 years, and 4 at 65 years and upwards.

Under 5 years of age 13 deaths took place, giving an infantile death-rate of 8.9 per 1000 per annum Last year the corresponding death-rate was 4.7. The 4 deaths at 65 years and upwards give a senile death rate of 2.7. In the previous year the senile death-rate was similar.

BIGRIGG.

Of the 112 deaths 7 occurred at Bigrigg, giving to it a death-rate of 10.93 per 1000 per annum. Last year the corresponding death-rate was 18.75.

Of the 7 deaths 2 occurred in children under 1 year, one between 1 and 5 years, none between 5 and 15 years, none between 15 and 25 years, 2 between 25 and 65 years, and 2 at 65 years and upwards.

Under 5 years of age 3 deaths took place, giving an infantile death-rate of 4.68 per 1000 per annum. The corresponding rate for last year was 10.9. The 2 deaths at 65 years and upwards give a senile death-rate of 3.12. Last year the senile death-rate was 4.6.

In viewing the vital statistics as a whole, that which stands out most clearly, and rivits the attention most, is the fact that practically one half of the annual deaths occurs in children under 5 years, and that rather more than one-third occurs in children under one year. I have pointed out before that if a child gets over the first year of life, its chances of living to manhood and womanhood are good, and if it gets over 5 years its chances are still better. The first year, however, is the most critical and important. It is very needful that these facts should be borne in mind, and that everything should be done that can be done, to reduce the present infantile mortality. If the County Council would give a course of lectures on the dietetics, clothing, and general hygiene applicable to infants, it would be the means of giving information to mothers, enabling them to bring up their children in a more sensible way and thus prevent many deaths.

FACTORY AND WORKSHOP ACT.

This Act came into force in January, 1902. It requires the Medical Officer to report specifically on its administration in regard to Factories, Workshops and Workplaces. The Inspector of Nuisances and I have visited these places in our house to house inspection, and have ascertained that all requirements in connection with them have been carried out. There has been no addition to the number of such places since my last report. The sanitary condition, lighting and ventilation of the Workshops and Workplaces—about the only thing in our district—has been attended to and is entirely satisfactory.

During the year I have presented 12 reports to the Council dealing with vital statistics and other matters coming under my notice. The Inspector of Nuisances has sent out 3 printed notices, 5 written ones, and has also given 30 verbal ones. These have all been attended to. With the Nuisance Inspector I have made a house to house inspection of the district and am glad to find that its sanitary condition steadily improves Where privies have been converted into Water Closets this improvement is most marked. The Smithfield of to-day is a wonderfully improved place to the Smithfield of a few years ago through these conversions. In East Road and Brisco Road there are a considerable number of water closets, but there are also a great number of privies. Everyone knows that these privies are apt to smell and leak however careful you may be, and when there are numbers of them together the nuisance is greater. It is disheartening to those who have removed the smell from their own premises by putting in a water closet, to be made to suffer the smell from their neighbour who has not done so. I consider the time has come when these houses in East Road and Brisco Road having still privies should have them converted into water closets There are also a number of houses on the East side of Dalzell Street, Moor Row, that ought to have their privies made into water closets. Most of the houses on this side are already water closets or are being made so.

I am,

Gentlemen,

Yours, &c.,

GEORGE CALDERWOOD,

Medical Officer of Health.

The following Tables are compiled to enable the Council to see at a glance important matters.

BIRTHS.

184 or 29 2 per 1000 per annum.

DEATHS.

112 or 17.77 per 1000 per annum.

Deaths under Five Years of Age.

54 or 8.57 per 1000 per annum.

Showing the per centage of Infant and Senile Deaths.

Deaths under One year, 33 or 5.23 per 1000 per annum.
Deaths at 65 years and upwards, 20 or 3.17 per 1000 per annum.

Showing the Deaths from the Ten Principle Zymotic Diseases.

10 or 1.58 per 1000 per annum.

Smallpox	0
Scarlatina	3
Diphtheria and Membranous Croup	0
Typhus Fever	0
Typhoid Fever	0
Whooping Cough	2
Measles	5
Diarrhœa and Dysentry	0
Erysipelas	0
Puerperal Fever	0
	10

Showing the Death-rate in the Separate Localities.

Egremont ..	80 or 19.04 per 1000 per annum.
Moor and Scalegill ...	25 or 16.84 per 1000 per annum.
Bigrigg	7 or 10.93 per 1000 per annum.

Showing the Zymotic Death-rate in the Separate Localities.

Egremont	9 or 2 14 per 1000 per annum.
Moor row and Scalegill .	0 or nil.
Bigrigg	1 or 1.56 per 1000 per annum.

Showing the Death, Birth, and Zymotic rate since the year 1880.

	Deaths.		Births.		Zymotic.	
1880	165 or 27.5	per 1000 per annum.	230 or 38.3	per 1000 per annum.	12 or 2.0	per 1000 per annum.
1881	97 or 16.1	,,	241 or 40.0	,,	6 or 1.0	,,
1882	99 or 16.5	,,	269 or 44.83	,,	7 or 1.16	,,
1883	I have not been able to procure the returns for this year.					
1884*	97 or 16.1	per 1000 per annum.	231 or 38.5	per 1000 per annum.	11 or 1.8	per 1000 per annum.
1885	89 or 13.53	,,	226 or 36.3	,,	8 or 1.2	,,
1886	89 or 13 69	,,	229 or 35.2	,,	8 or 1.2	,,
1887	123 or 18.9	,,	199 or 13 15	,,	25 or 3.8	,,
1888	79 or 12.15	,,	234 or 36.0	,,	8 or 1.23	,,
1889	87 or 12.46	,,	250 or 38.46	,,	2 or 0.307	,,
1890	85 or 12.78	,,	210 or 31.57	,,	8 or 1.20	,,
1891	88 or 13.96	,,	228 or 36 19	,,	5 or 0.79	,,
1892	103 or 16 34	,,	200 or 31.74	,,	13 or 2·06	,,
1893	102 or 16.19	,,	205 or 32.55	,,	5 or 0.79	,,
1894	68 or 10.79	,,	208 or 33,01	,,	5 or 0.95	,,
1895	97 or 15.35	,,	202 or 32.06	,,	10 or 1.58	,,
1896	100 or 15.87	,,	204 or 32.38	,,	8 or 1.26	,,
1897	62 or 9.841	,,	168 or 26.66	,,	6 or 0.952	,,
1898	98 or 15.55	,,	174 or 27.61	,,	9 or 1.42	,,
1899	63 or 10.0	,,	155 or 24.6	,,	4 or 0.63	,,
1900	107 or 16 98	,,	165 or 26.19	,,	15 or 2.38	,,
1901	68 or 11.72	,,	171 or 29.48	,,	3 or 0.51	,,
1902	86 or 14.82	,,	179 or 30.86	,,	6 or 1.03	,,
1903	97 or 15.9	,,	178 or 29.5	,,	5 or 0.83	,,
1904	87 or 14.26	,,	177 or 29.02	,,	2 or 0.32	,,
1905	112 or 17.77	,,	184 or 29.2	,,	10 or 1.58	,,

(*)—The first year of the Water Supply and Sewerage.

EGREMONT URBAN DISTRICT COUNCIL.

TABLE I.—Vital Statistics of whole District during 1905 and previous years.

Year.	Population Estimated to middle of each year	Births.		Total Deaths Registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of non-residents registered in public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	Nett Deaths at all Ages belonging to the District.	
				Under 1 year of age		At all Ages.						
		Number	Rate *	Number	Rate per 1000 Births register'd	Number	Rate *				Number	Rate *
1	2	3	4	5	6	7	8	9	10	11	12	13
1895	6300	202	32.06	34	168							
1896	6300	204	32.38	41	200							
1897	6300	168	26.66	14	83.3							
1898	6300	174	27.61	22	126							
1899	6300	155	24.6	14	90.3							
1900	6300	165	26.19	26	145							
1901	6300	171	29.48	16	93.5							
1902	5800	179	29.5	8	44.6							
1903	5800	178	29.8	25	140.4							
1904	6100	177	30.0	21.9	152.6							
Averages for years 1895-1904		177.3	28.76	22	1244							
1905	6300	184	29.2	33	179							

* Rates in Columns 4, 8, and 13 calculated per 1000 of estimated population.

Note.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in column 12 are the number in Column 7, corrected by subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public Institutions" to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres (exclusive of area covered by water) 2770 .

At Census of 1901.

Total Population at all ages	6300
Number of inhabited houses	1230
Average number of persons per house ...	5.12

TABLE II.—Vital Statistics of separate Localities in 1905 and previous years.

NAMES OF LOCALITIES.	1.—Egremont.				2.—Moor Row & Scalegill				3.—Bigrigg.				4.....				5.....				6.....				7.....			
YEAR.	Population estimated to middle of each year	Births Registered	Deaths at all ages	Deaths under 1 year	Population estimated to middle of each year	Births Registered	Deaths at all ages	Deaths under 1 year	Population estimated to middle of each year	Births Registered	Deaths at all ages	Deaths under 1 year.	Population estimated to middle of each year	Births Registered	Deaths at all ages	Deaths under 1 year	Population estimated to middle of each year	Births Registered	Deaths at all ages	Deaths under 1 year	Population estimated to middle of each year	Births Registered	Deaths at all ages	Deaths under 1 year	Population estimated to middle of each year	Births Registered.	Deaths at all ages	Deaths under 1 year.
	a	*b*	*c*	*d*	*a*	*b*	*c*	*d*	*a*	*b*	*c*	*d*	*a*	*b*	*c*	*d*	*a*	*b*	*c*	*d*	*a*	*b*	*c*	*d*	*a*	*b*	*c*	*d*
1895 ...	4200		55	21	1460		26	6	640		16	7																
1896 ...	4200		54	22	1460		32	13	640		14	6																
1897 ...	4200		39	7	1460		18	6	640		5	1																
1898 ...	4200		69	17	1460		21	4	640		8	1																
1899 ...	4200		43	10	1460		14	3	640		6	1																
1900 ...	4200		69	15	1460		25	5	640		13	3																
1901 ...	3800		52	10	1460		11	4	640		5	2																
1902 ...	3800		59	5	1460		17	3	640		10	0																
1903 ...	4000		63	17	1460		26	5	640		8	3																
1904 ...	4000		56	16	1460		19	5	640		12	6																
Averages of Years 1895 to 1904.			55.9	14			20.9	5.4			9.7	3																
1905 ...	4200		80	25	1460		25	6	640		7	2																

NOTES.—(*a*) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district; and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(*b*) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *c* of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I. as to meaning of terms "resident" and "non-resident.")

(*c*) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(*d*) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.; thus, the totals of sub-columns *a*, *b*, and *c*, should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I.; the gross total of the sub-columns *c* should agree with the total of column 2 in Table IV., and the gross total of sub-columns *d* with the total of column 3 in Table IV.

EGREMONT URBAN DISTRICT COUNCIL.

TABLE III.—Cases of Infectious Disease notified during the year 1905.

Notifiable Disease.	Cases Notified in Whole District.							Total Cases Notified in each Locality.							No. of Cases Removed to Hospital from each Locality.						
	At all Ages.	At Ages ¥—Years.						Egremont	Moor Row and Scalegill.	Bigrigg											
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and up'rds	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Small-pox ...																					
Cholera																					
Diphtheria	1			1						1											
Membranous croup	1	1						1													
Erysipelas	7	1		1	1	4		4	1	2											
Scarlet fever ...	45	1	13	30	1			43	2												
Typhus fever ...																					
Enteric fever ..																					
Relapsing fever ..																					
Continued fever ..																					
Puerperal fever ...																					
Plague																					
* Measles... . .	154		109	45				139		15											
Totals	208	3	122	77	2	4		187	3	18											

NOTES.—The Localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the Isolation Hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district.

* This space may be used for record of other diseases the notification (compulsory or voluntary) of which is in force in the district.

¥ These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

Isolation Hospital—Galemire Hospital, near Moor Row.

EGREMONT URBAN DISTRICT COUNCIL.

TABLE IV.—Causes of, and Ages at, Death during year, 1905.

Causes of Death.	Deaths in or belonging to whole District at Subjoined Ages.							Deaths in or belonging to Localities (at all Ages).							Total Deaths in Public Institutions in the District
	All ages.	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	Egremont	Moor Row and Scalegill.	Bigrigg.					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Small-pox															
Measles	5	1	3	1				4		1					
Scarlet fever	3	1	1	1				3							
Whooping-cough	2	1	1					2							
Diphtheria and membranous croup															
Croup															
Fever (Thypus)															
Fever (Enteric)															
Fever (Other continued)															
Epidemic influenza	2		2					2							
Cholera															
Plague															
Diarrhœa (*See* notes)															
Enteritis (*See* notes)															
Puerperal fever (*See* notes)															
Erysipelas															
Other septic diseases															
Phthisis (*See* notes)	8			1		7		5	3						
Other tubercular diseases															
Cancer, malignant disease (*See* notes)	4					4		3	1						
Bronchitis	15	11	2	1			1	11	4						
Pneumonia	7		1			4	2	4	3						
Pleurisy															
Other diseases of Respiratory organs															
Alchoism															
Cirrhosis of Liver															
Venereal diseases															
Premature birth															
Diseases and accidents of parturition	2					2		1		1					
Heart diseases	7			1		4	2	6		1					
Accidents	4		1			2	1	1	2	1					
Suicides															
All other causes	53	19	10		5	5	14	38	12	3					
All causes	112	33	21	5	5	28	20	80	25	7					

Notes.—(*a*) In this Table all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be included with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be included among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be excluded from columns 2-8 and 9-15 of this Table.

(*b*) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" should be the same as those in Tables II. and III.

(*c*) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents," are, in addition to be dealt with as in note (*a*), to be entered in the last column of this Table. The total number in this column should equal the figures for the year in column 9, Table I.

(*d*) The total deaths in the several "Localities" in columns 9-15 of this Table should equal those for the year in the same localities in Table II., sub-columns *c*. The total deaths at all ages in column 2 of this Table should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.

(*e*) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths as certified from

Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrhœa;
Dysentery and dysenteric diarrhœa
Choleraic diarrhœa, cholera, cholera nostras, (in the absence of Asiatic cholera).

Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis, and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, The Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term "Diarrhœa." Under the headings of "Cancer," Phthisis," and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms.

Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

In recording the facts under the various headings of Tables I., II., III. and IV., attention has been given to the notes on the Tables.

EGREMONT URBAN DISTRICT.

TABLE V.—Infantile Mortality during the Year 1905. Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month.	1-2 Months	2-3 Months	3-4 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	8-9 Months	9-10 Months	10-11 Months	11-12 Months	Total Deaths under One Year.
All Causes { Certified																	
All Causes { Uncertified																	
Small-pox																	
Common Infectious Diseases { Chicken-pox																	
Common Infectious Diseases { Measles				1	1												1
Common Infectious Diseases { Scarlet Fever																1	1
Common Infectious Diseases { Diphtheria: Croup																	
Common Infectious Diseases { Whooping Cough													1				1
Diarrhœal Diseases { Diarrhœa, all forms																	
Diarrhœal Diseases { Enteritis (*not Tuberculous*)																	
Diarrhœal Diseases { Gastritis, Gastrointestinal Catarrh																	
Premature Birth	3		3		6												6
Wasting Diseases. { Congenital Defects																	
Wasting Diseases. { Injury at Birth																	
Wasting Diseases. { Want of Breast-Milk																	
Wasting Diseases. { Atrophy, Debility, Marasmus	1	1		1	3				2			1	2				8
Tuberculous Diseases. { Tuberculous Meningitis								1				1					2
Tuberculous Diseases. { Tuberculous Peritonitis: Tabes Mesenterica												1	1				2
Tuberculous Diseases. { Other Tuberculous Diseases																	
Erysipelas																	
Spyhilis																	
Rickets																	
Meningitis (*not Tuberculous*)																	
Convulsions								2						1			3
Bronchitis		1		2	3					2		2		1		1	9
Laryngitis																	
Pneumonia																	
Suffocation, overlaying																	
Other Causes																	
	4	2	3	4	13			3	2	2		5	4	2		2	33

District (or sub-division) of

Births in the year { legitimate / illegitimate

Population estimated to middle of 1905—6300.

Deaths from all Causes at all Ages—112.