

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

Contributors

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Edmonton Urban District.

ANNUAL REPORTS

on the

Public Health and

Education of Edmonton.

FOR THE YEAR 1912,

by

SIDNEY C. LAWRENCE,

Medical Officer of Health and School Medical Officer

M.B., Ch.B., D.P.H. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.),
Fellow of the Society of Medical Officers of Health, and Member of its Council.

FRANK E. ROCK,

M.D. (Lond.), D.P.H.,

Assistant and Deputy Medical Officer;
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Also the Report of the Inspector of Nuisances by

Richard J. Butland,

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Edmonton Urban District Council.

1912-13.

Chairman—S. H. PLATTEN, Esq., J.P.

Vice-Chairman—H. P. LEMARE, Esq.

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J. SIMKIN, Esq.

C. F. WYMAN, Esq.

Heads of Departments.

Clerk—W. F. PAYNE, F.C.I.S.

Engineer and Surveyor—CUTHBERT BROWN, A.M.I.C.E.

Architect—H. W. DOBB, M.S.A.

Accountant—G. W. FRANCIS, A.L.A.A.

Secretary (Educational)—A. HEAP, B.A., LL.B. (Lond.)

Representatives of the Council.

Enfield and Edmonton Joint Hospital Board—

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S. H. PLATTEN, Esq., J.P.

C. SORRELL, Esq.

REV. T. WARREN.

Middlesex Districts Joint Small-pox Hospital Board—

W. A. CULL, Esq.

S. H. PLATTEN, Esq., J.P.

Metropolitan Water Board—

COUNCILLOR SANDERS (of Enfield).

The Lea Conservancy Board—

W. D. CORNISH, Esq., J.P., C.C.

Middlesex Districts Councils' Association.

REV. PREB. E. A. B. SANDERS, M.A.,

December 31st, 1912.

I. THE REPORT

ON

THE PUBLIC HEALTH

OF

EDMONTON

During 1912.

PUBLIC HEALTH DEPARTMENT,

December 31st, 1912.

- 1.—**Medical Officer of Health :**
SIDNEY C. LAWRENCE, M.B., Ch.B., D.P.H.†
- 2.—**Assistant and Deputy Medical Officer of Health :**
F. E. ROCK, M.D. Lond., D.P.H.
- 3.—**Chief Sanitary Inspector and Inspector of Canal Boats :**
R. J. BUTLAND, M.R.San.I.*‡
- 4.—**Second Male Inspector :** J. E. WINTER.*†
- 5.—**Woman Sanitary Inspector :** JENNIE HUDSON*
(Certified Midwife).
- 6.—**Third Male Inspector :** A. E. DAY
(appointed fourth inspector, May 1st, 1912.)*‡
- 7.—**Junior Woman Inspector :** C. JOHNSTON
(appointed June 1st, 1912).
- 8.—**Fourth Male Inspector :** W. O. COATES (since 8th July, 1912.)*
- 9.—**Senior Clerk :** ARTHUR J. KIRKMAN.
- 10.—**Junior Clerk :** HAROLD DYER.
- 11.—**Disinfector, Sanitary Stores and Ambulance Attendant :**
J. MADLE.
- 12.—**Mortuary Attendant and Laboratory Attendant :**
C. HICKFORD.
- 13.—**Caretaker of Emergency Hospital and Disinfection Station :**
A. METTAM.
- 14.—**Driver of Ambulance and Bedding Vans :**
C. MORLEY.
- 15.—**Opener up of Old Drains, Urinal Cleanser and General Sanitary Workman :** A. PASHALL.
- 16.—**Opener up of Old Drains (part time) :**
A man from Engineer's Department as required.
- 17—20.—**Attendants at Sanitary Convenience at Angel Road :**
Two male and two females.

* Officers marked thus hold the Certificate of the Royal Sanitary Institute.

† These Officers have the Certificate of Meat and Foods Inspector.

‡ These Officers were appointed as Inspectors under the Shops' Act, on July 9th, 1912.

SUMMARY.

Area ...	3,894 acres, including 31 of water
Census Population, April, 1911 (revised) ...	64,797
Estimated Nett Population, June 30th, 1912 ...	65,084
Number of Inhabited Houses and (or) Tenements (Census, 1911) ...	12,491
Average Number of Inhabitants per house or tenement (Census, 1911) ... (excluding institutions)	5.00
Density of Population per Acre of Land, 1912 ...	17.4
Rateable Value, October, 1912 ...	£226,662
Assessable Value, October, 1912 ...	£211,274
General District Rate, for year ending September, 1912 ...	4s. 8d. in the £
Poor Rate, for year ending September, 1912 ...	5s. 4d. in the £
A Penny Rate produces ...	... about £836

VITAL STATISTICS.

Birth-rate per 1,000 living ...	27.12
Gross or Registered Death-rate per 1,000 living ...	16.76
Nett Death-rate per 1,000 living ...	10.23
Corrected Nett Death-rate per 1,000 living ...	10.96
Infantile Mortality per 1,000 births registered ...	84.42
Zymotic Death-rate per 1,000 living ...	1.08

HOSPITAL ACCOMMODATION.

For Fever Cases ...	Enfield and Edmonton Joint Isolation Hospital.
For Smallpox ...	South Mimms Smallpox Hospital.
For contingencies ...	Claverings Farm, Edmonton.

Electricity ...	North Metropolitan Electric Power Supply Co., Ltd.
Water Supply ...	New River District, Metropolitan Water Board.
Gas Supply ...	Tottenham and Edmonton Gaslight and Coke Co.
Sewerage ...	Separate System.
Sewage Disposal ...	Broad Irrigation

"The past and present call on you to advance. Let what you have gained be an impulse to something higher." *W. E. Channing.*

PUBLIC HEALTH DEPARTMENT,

TOWN HALL, EDMONTON,

LONDON N.

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

I have the pleasure of presenting you with my *seventh* Annual Report on the health and sanitary circumstances of Edmonton. It refers to the year 1912.

The following changes have taken place in my staff: Mr. A. E. Day was appointed to the new post of Housing Inspector on May 4th and was promoted from Fourth to Third on the resignation of Mr. R. F. Graves, on June 28th; Mr. W. O. Coates has been Fourth Inspector since July 8th; Dr. Rock (S.M.O.) and Miss Johnston (School Nurse) were transferred from the Education Committee on April 30th and June 1st, respectively.

The death-rates of 1912 are most favourable and only stand above those of 1910, which were the lowest on record.

Section III (Education) of my former reports has been transferred to my (first) report as School Medical Officer.

The duties of your Public Health Department and your Medical Officer of Health have increased at least 50 per cent. since I took office in 1906. This is partly due to the increase of the gross population from 56,578 in 1905 to 67,167 at the middle of 1912, a difference of **10,589** persons; but more to the numerous Acts of Parliament and the large output of Orders and Regulations from the Government offices during the seven years I have been head of this Department. During 1912 Miss Hudson and myself have been particularly busy with work arising from the National Insurance Act, 1911, and the Public Health (Tuberculosis) Regulations, 1912.

I accept this annual opportunity of recording my high appreciation of the good work done for Edmonton by the Inspectors and other members of my staff (indoor and outdoor). They have done their utmost to uphold the reputation of the Department and to maintain and improve the health of the public.

The cordial co-operation of my colleagues, the Heads of the other Departments, and the courtesy of all the Council's Officials are in the grateful remembrance of

Your obedient Servant,

SIDNEY C. LAWRENCE,

Medical Officer of Health.

June 30th, 1913.

REPORT OF M.O.H.

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Edmonton Urban District.

REPORT

OF THE

Medical Officer of Health

For the YEAR 1912.

PHYSICAL FEATURES OF THE DISTRICT.

The Urban District of Edmonton has an area of 3,894 acres, including 31 of water. It is situate in the County of Middlesex, on the west bank of the River Lea. The chief watercourses are Salmon's Brook, which takes a south-easterly course across the northern part of the district to the sewage farm, but there turns due south and joins Pymmes Brook on the extreme south-east corner of the district. Pymmes Brook flows through the southern part of Edmonton and Pymmes Park in an easterly direction as far as Angel Road Station, but a little further on it takes a southern course and is joined by Salmon's Brook; the combined waters ultimately fall into the River Lea below Tottenham Lock. The New River lies on the western boundary.

The soil is loam and the subsoil consists of brick-earth and gravel of varying depth overlying the London clay.

This Urban District is bounded by Enfield Urban District on the north, and the Urban Districts of Southgate and Tottenham on the west and south respectively. Chingford Urban District of the County of Essex lies on the east, on the opposite bank of the River Lea. The district is for the most part flat, rising slightly from the river marshes on the east, to the higher ground to the westward.

PAST HISTORY.

Edmonton is an ancient town mentioned in the Domesday Book as "Adelmeton" (or the town of Aldhelm). On some existing milestones the name is spelt "Edmondton." It is seven miles from London, in the Enfield Division of the County, Hundred, Petty Sessional Division, Union and County Court District of Edmonton, Rural Deanery of Enfield, and Archdeaconery and Diocese of London, in the Northern Metropolitan Postal District, and was added to the Metropolitan Police District on the 13th October, 1840. The parish adopted the Public Health Act of 1848 on the 21st June, 1859, but by the operation of the Edmonton Local Board (Division of District) Act, 1881, it was divided into two Urban Sanitary Districts, Edmonton and Southgate.

Historic Buildings.—In response to an enquiry in January (per the County Council) from His Majesty's Secretary of Works, our Clerk replied that the historic buildings existing in the district included:—

(1) The cottage, No. 11, Church Street, in which Charles and Mary Lamb spent the latter part of their lives, before they were laid to rest in the churchyard of All Saints', near by.

(2) Bury Hall, once the residence of Bradshaw, who signed the death warrant of Charles I. This mansion, standing in grounds of about eight acres, is still in a good state of preservation.

(3) The doctor's house, 7, Church Street, has been a medical man's house for more than a century, and to Dr. Hammond, the village doctor of his time, John Keats, the famous poet, was apprenticed, in accordance with the usual practice of entering the medical profession in those days.

(4) The Elizabethan "Squire's house," in Pymmes Park, now the Council's property.

(5) Salisbury House, in Bury Street, is said to have been the residence of the infamous Judge Jefferies, of the time of James II.

The mansion, "Halliwick," built by Sir Hugh Myddleton, the constructor of the New River, which runs through the grounds was enlarged and refitted, in 1911, as "The Cripples' Home," an institution established in Paddington since 1851. Many large houses have within recent years been dismantled, and their grounds occupied by rows of smaller ones. "The diverting history of John Gilpin," by Cowper, with its reference to Edmonton as the best place for a pleasant picnic outside London, must be well-known to all my readers.

RECENT HISTORY.

The district was divided into three Wards—Church Street, Fore Street and Bury Street—by an order of the Middlesex County Council in 1903, and is controlled by an Urban District Council of 27 members,

nine of whom retire annually. It is represented on the Middlesex County Council by three members, Councillors Cornish, Green and Barrass.

The population is now 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. There are, however, several large works in Edmonton, notably the cartridge factory of Messrs. Eley Bros., Messrs. Ridley Whitleys' linoleum works, the Gothic gas-meter works, the New Pegamoid Company, Aerators Ltd., and the Tottenham and Edmonton Gas Company, 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.

THE DISTRESS COMMITTEE.

The Distress Committee has been busy in finding useful work for the unemployed, and putting to good use the monies supplied by the Government. Unemployment has been less acute this year than last; from October to December, 1912, there were 422 names entered on the Committee's register, compared with 540 for the same period of 1911.

In June the Distress Committee issued a printed report of the work from 1905, the date of the "Unemployed Workmen Act," to March 31st, 1912, compiled by their Clerk, Mr. A. C. Church. The Act was to be in operation for three years only, but has been renewed yearly since 1908. Each man is given three weeks' work at 6d. an hour for 44 hours per week.

The Committee commenced emigration work in August, 1908, and up to March, 31st, 1912, had enabled 195 persons to emigrate at a cost of £1878 13s. 4d., paid partly out of rates and partly out of parliamentary grant; of this, £64 12s. 11d. had been repaid by the emigrants. The past experience of Mr. Church in shipping business has in this connection been most useful. During the period under review, 56 persons, with 139 dependents, were enabled to emigrate. Of these, 84 went to Canada; 78, Australia; 26, New Zealand; 7, the United States; Total, 195.

The Chairmen of this Committee have been the Rev. E. A. B. Sanders, Mr. F. W. Mason, and Councillor F. Vincent, who is the present occupant of this responsible position.

POOR LAW INSTITUTIONS.

The workhouses of two large Unions are situated in Fore Street Ward.

The one belonging to the Strand Union, London, to which is attached the Strand Union Schools, receives its inmates from the Strand and other Central London Districts; its population, therefore, does not enter into our statistics. The Institution belonging to the Edmonton Board of Guardians receives a certain proportion of its inmates from this district, and such proportion is treated as part of our population for statistical purposes. The large bulk of the inmates, however, is derived from Tottenham, Southgate, Wood Green, Hornsey, Enfield, Cheshunt (Herts), and Waltham Abbey (Essex), which places make up the large Poor-Law Union of Edmonton, and these inmates, of course, do not enter into our vital statistics. In March, 1912, the estimated population of Edmonton Union was 452,754; rateable value, £2,397,429. The estimate of a population of 482,539, in March, 1911, was incorrect, owing to the over-estimation of several districts, which has been corrected by the census of April, 1911. Amongst a total of forty Guardians, Edmonton District proper has only four representatives.

A table showing the number of inmates of both the Strand and Edmonton Institutions, and the births and deaths that have taken place there, will be found in Table 11A.

At the Edmonton Infirmary and Workhouse the general death rate is over 460 per thousand inmates, and the infantile mortality rate is over 462 per thousand births taking place there. The similar rates for the district generally (excluding foreigners) are slightly over 10 per thousand inhabitants and 84 per thousand births. A new agreement was settled on 11th December with Edmonton Guardians with reference to infectious diseases amongst outdoor paupers. (See Section 11A Communicable Diseases.)

THE PREVENTION OF DESTITUTION.

I attended this series of meetings, not as a delegate of Edmonton, but in response to an invitation from the organisers, prominent amongst whom were Mr. and Mrs. Sidney Webb. Representatives of Edmonton Council, Education Committee, Distress Committee, and Guardians were also present. The meetings took place during the 11th to 14th June, and all this time five sections, viz., those for (1) Public Health, (2) Education, (3) Housing, (4) Unemployment, (5) Crime and Inebriety, were in active session, and dealt with all the interesting aspects of these important questions, important especially to working-class districts. Councillor Vincent shortly afterwards reported thereon to the Council, Councillor H. Barras to the Education Committee, and Mr. A. Grove to the Distress Committee. I read a paper on "Health Conditions in Factories and Workplaces" to a joint meeting of the Public Health and Unemployed Sections," and took a share in the discussion at a joint meeting of the Public Health and Housing Sections on "The Health Value of Good Housing."

OPEN SPACES.

Pymmes Park (53 acres) was purchased in 1899 for £36,000, towards which the Middlesex County Council contributed £9,000. A garden has been laid out after the old English style within one of the walled enclosures adjoining the old Elizabethan mansion. The technical classes formerly held here by the Middlesex County Council were transferred after the summer vacation to a new building on the site of Upper Latymer School, adjoining the Parish Church; the plans of the County Council Architect for this building were approved in January, 1911, by our Council, and the complete building was opened for use on September 28th, 1912. (See Annual Report on Education.) The artificial lake provides scope for boating or skating. As, in the course of time, Edmonton becomes more densely populated, Pymmes Park will be an increasingly valuable factor in the good health of the people.

In October, the Architect submitted a plan showing possible re-arrangement of this house as a local museum. In June, the Library Committee suggested a branch reading-room there. But a decision in both cases is deferred until the Education Committee have decided on the establishment of a School Clinic.

A scheme came under consideration for emptying the old lake on the south-west side of the house, and laying out this bed as a sunk geometrical garden, but want of funds prevented the work being carried out. Works of improvement at the Park and Recreation Ground might have been carried out by the unemployed during the year, but, as no help was forthcoming from the Government, nothing could be done.

The Recreation Ground in Church Street (20 acres) was presented to the Council by the Ecclesiastical Commissioners in December, 1901, and affords room for cricket pitches and football grounds of the rising generation.

Other spaces of service in their special way are the Sewage Farm of 235 acres, and the General Cemetery of 30 acres (which cost £20,590, and was consecrated in 1884). The Hebrews' Cemetery, in Montagu Road, was extended from 10 to 15 acres in 1910. It was opened in 1884, and approved by the Home Secretary for the burial of persons of the Jewish faith only. This restriction has now been withdrawn as regards a portion of the land which has been sold to a private company.

New Cemetery, Montagu Road.—The plan of this was submitted in August to the Plans Committee. In September, the Council entered a protest to the Local Government Board, Lea Conservancy, and the Middlesex County Council, emphasising their Medical Officer's opinion that burials close to the northern boundary might lead to the pollution of Salmon's Brook, a tributary of the River Lea. In October, our M.P.

was asked to put a question in the House of Commons to the President of the Local Government Board; this evoked no satisfactory reply. On October 14th, the County replied that if any pollution takes place, the County Council would take such steps, as they may be able, to put a stop to it!

Waste lands and possible building sites are not mentioned in detail, but they contain area enough for 100,000 more inhabitants. Some of them are at present utilized as brickfields or market gardens, but others are ranged over by the so-called "gipsy," or vagrant.

ALLOTMENTS.

An extra three acres of the Barrowfield Estate have been laid out into 18 allotments, held on temporary tenancy, so that Edmonton has now:—

The Barrowfield Estate	of	21	acres	with	126	plots.
The Brookfield	„	„	20	„	97	„
The Houndsfield	„	„	30	„	144	„
The Weir Hall	„	„	14	„	97*	„

*Of these plots, Nos. 76, 77, 78, 79, 93, 94, 95, 96, and 97, being unsuitable for gardening, are let, or to be let, for piggeries, etc. There is a total of 464 plots, which generally consist of 20 poles each, and have good sound approach-roads, 10 feet wide, and pathways 3 feet wide between each plot. Water is obtained on the spot by using Abyssinian pumps.

There can be few districts in the United Kingdom more adequately provided with allotments than Edmonton. The Council have taken much trouble in this respect, and are to be congratulated on the result. My colleague, the Architect, with his department, has devoted much time to the development of the new estates into allotments.

RAILWAY FACILITIES.

The railway connection with London starts from the Liverpool Street terminus of the Great Eastern Railway Company, and there are five stations in the district, viz.:—Silver Street, Lower Edmonton, and Bush Hill Park on the branch to Enfield, and Lower Edmonton on a low level connecting link between the main line and the Enfield line, which link branches off from the former at Angel Road station. The Bleak Hall Bridge over the Lea Navigation is a narrow and out-of-date structure. A few yards further, at Cook's Ferry, another narrow bridge spans the River Lea.

The Tube Railway from Finsbury Park to Hammersmith provides a quick and easy transit from north to west of London. I hope to see it extended to Enfield—viâ Edmonton.

TRAMWAY FACILITIES.

There are electrical connections with Enfield Town, Waltham Cross, Ponders End, Stamford Hill and Finsbury Park, whence connection can be made with trains, trams, or omnibuses to all parts of London and suburbs. Halfpenny fares, after the initial penny stage, have been now introduced, and a rate for parcels.

ROADS.

The main roads have a total length of 4 miles 112 yards, and the subsidised roads "A" 2 miles, 2 furlongs, and 158 yards.

During 1912 the main road widenings consequent upon the installation of electric tramcars have made progress, but even at the end of the year some few had not been completed. However, the waste land at the front of The Crescent, Hertford Road, has been reclaimed, and, after a reconstitution of a good footway, the remainder has been handed over to the tenants as front gardens. I should like to have seen a public garden there. The widening of Fore Street, near the Tottenham Boundary, is completed on both sides, and the Congregational Sunday School is now in open view of the passer-by.

SANITARY CONVENIENCES.

There is a modern one at the important junction of Angel Road and Fore Street. By-laws with reference to these buildings were approved by the Local Government Board on 23rd January, 1909.

Sanitary Convenience on the Green.—In October the Engineer presented to the Works Committee a plan for this building, showing on the women's side four closets and an attendant's room, and on the men's side four closets and nine urinals. The Local Government Board had already sanctioned a loan of £1,300 for a building intended to be placed on the Green, facing Balham Road, but as the site now chosen was different, it was found necessary to hold another Local Government Board Enquiry. The Engineer pointed out that it was not possible to place the convenience underground.

On the 6th, November, 1912, I brought the subject of the accommodation and fittings of the convenience before my Sanitary Committee, as they had dealt with these matters in connection with the convenience at Angel Road, but on this occasion the Committee declined to consider the subject.

BATHS.

These were opened in 1903, the cost being £28,245. (This amount included the cost of the new Council Chamber, Mortuary, Stores, and Offices.) There are no public wash-houses in connection with the baths.

THE TOWN HALL.

During 1912 improvements were made additional to those effected during 1911, and as early as March the Architect presented an estimate of £250 for redecoration of the Great Hall ceiling, walls, dressing-rooms, and corridors, improvement to the inlet ventilation, and the provision of a proscenium curtain.

The heating of the municipal offices has not given much satisfaction during the year, and in June the Architect and Engineer made enquiry thereon; this resulted in choked flues being cleared of obstruction, the boiler coated in asbestos, and the Clerk's and Engineer's offices were fitted with four radiators each, in September, at a cost of £38.

The roof attic and the outlet ventilators were thoroughly cleaned out. The Tobin inlet tubes were removed, and a direct stream of fresh air is now admitted behind the hot-water pipes, which is thus warmed before entrance. It was found that the Tobin tubes have been used by the audiences as depositories for orange peel, nutshells, programmes, and hymn books, and they had become entirely blocked in this way.

The provision of wings to the drop-in windows now provides additional fresh air without draught. The attention given this year and last to the redecoration and cleansing of this public hall has rendered it a place creditable to the Council, and one to which the ratepayer need not be now afraid to take himself and family.

On 14th October, 1912, a full length portrait in oils of Mr. G. Eedes Eachus (the late Engineer of Edmonton) was placed in our Council Chamber. This is a unique distinction for an official, but was well merited.

FREE LIBRARY.

This library was opened in 1897. The cost was £5,000, which was chiefly borne by Mr. Passmore Edwards. Mr. Farmborough is the Librarian; and the Management Committee, elected annually, consists of ten Councillors and ten gentlemen chosen by the Council. There are no ladies on the Committee.

THE CENSUS OF 1911.

The enumerated population of the United Kingdom was found to be 45,211,888, distributed as follows:—

England	34,045,290	Ireland.....	4,381,951
Scotland	4,759,445	Wales.....	2,025,202

The preliminary report of the Registrar-General on the Census taken on the night of April 2nd, 1911, was issued on the 10th June following. The detailed reports are being issued at frequent intervals. Volume I deals with the population with regard to administrative areas; this portly volume of 649 pages contains a great deal of information, and the following interesting details refer to Edmonton Urban District:—

Name of District.	Area in acres.	Families or separate occupiers.	Total population	Males.	Females.	Excess.
Edmonton	3,894	12,491	64,797	32,432	32,365	67 Males
Enfield ...	12,601	12,023	56,338	27,499	28,839	1,340 Females
Southgate	3,597	7,792	33,612	14,827	18,785	3,958 „
Tottenham	3,014	30,474	137,418	66,526	70,892	4,366 „

Increase in 10 years (percentage):—Edmonton, 38.2; Enfield, 31.8; Southgate, 124.0; and Tottenham, 33.8.

The following local figures (finally revised) will be of interest to my readers:—

EDMONTON URBAN DISTRICT.

Ward.	Families or separate occupiers.	Population.			Excess.
		Males.	Females.	Total.	
Bury Street ...	4,166	10,982	10,721	21,703	261 Males
Church Street ...	4,051	9,754	10,288	20,042	534 Females
Fore Street ...	4,274	11,696	11,356	23,052	340 Males
Totals ...	12,491	32,432	32,365	64,797	67 Males

Edmonton Urban District had a gross population in 1901 of 46,899, and in 1911 of 64,797, being an increase of 38.2 per cent., in the ten years, compared with an increase of 84.8 per cent. between 1891 and 1901.

Edmonton Petty Sessional Division, with an area of 24,731 acres, is only the third largest in Middlesex, but its population of 341,534 inhabitants is by far the largest.

Edmonton County Court Circuit (No. 38) was found to contain 1,053,256 inhabitants. It is interesting to see it recorded that 29 males and 28 females, making a total of 57 vagrants, were enumerated in our District as existing in movable buildings on waste or unfenced lands.

Volume II, which is not quite so large, contains revised figures with reference to population in Poor-Law Registration Areas.

The population of England and Wales on Sunday, April 2nd, 1911, is now returned as 36,070,492.

The population of London County (4,521,685) had decreased 0.3 per cent. during the past ten years, whilst the population of the suburbs or "Outer Ring" had increased 33.5 per cent. "Greater London" consists of the Administrative County of London, plus the "Outer Ring" (2,729,673). This area corresponds with the City of London and Metropolitan Police Districts, and is dealt with as a definite area in the Registrar General's returns. Its census population was found to be 7,251,358.

Census, 1911. In February, the Registrar General sent to Local Authorities a circular letter, dated January 31st, stating that "The Registrar General may, if, and at such time as he thinks fit, at the request and cost of any Local Authority, or any person, cause abstracts to be prepared containing statistical information which can be derived from the Census returns, but is not supplied by the Census report, and which, in his opinion, the Authority, or person, may reasonably require." To this our reply, in March, was that, "As our Council will be unaware until the official report of the Census is published what details will be absent therefrom, they are not prepared at present to say whether they require any further information or not."

VITAL STATISTICS.

Edmonton, since the census of April, 1911, has been promoted to the first class, i.e., in the weekly returns of the Registrar General Edmonton appears as one of the 95 largest towns in England and Wales, and therefore enjoys the privilege of having her vital statistics published with the other 94 towns every week.

The 95 towns in the first class are towns whose population at the Census of 1911 was found to be over 50,000 persons. Carlisle will join this Class I of 96 towns for 1913, as the suburbs have been incorporated in the old town.

In the 95 largest English towns the lowest death rates for the week ending March 4th, were Edmonton and Southend, 6.2 per thousand living, compared with the highest—Oldham, 25.2 per thousand living. The lowest death rates for the week ending 11th March were Edmonton and Southend, 3.7 per thousand living, compared with the highest—Dewsbury, 25.3 per thousand living. For the week ending March 11th, only one death, that of an infant in Bush Hill Park, was registered

in the Edmonton Urban District. For the week ending June 22nd Edmonton had the lowest death rate (4.7 per thousand living) of all the 95 largest towns in England and Wales. This was the third time it occupied this favoured position during 1912.

To Mr. Harman Judd, the local Registrar, I owe thanks for the care and promptness exercised in the returns to me, on which foundation the whole fabric of my statistics is raised.

Population. The following table shows the population of the District, exclusive of the two Union Workhouses and Strand Schools, at the last four Census enumerations:—

Year.	Population.
1881	13,065
1891	23,437
1901	44,911
1911	62,289

For District Rate made April 9th, 1912, there were found to be 12,296 houses in assessment, of which no less than 8,456 houses were under the rateable value of £10 per annum.

I estimate the nett population at the middle of 1912 as **65,084** persons, including 302 Edmonton people in our public institutions. This population has been allocated to the three Wards as follows:—

Bury Street	21,500
Church Street	22,166
Fore Street	21,418
	<hr/>
	65,084

In the Strand Union and School and the Edmonton Workhouse and Infirmary there were estimated to be 2385 persons, of whom 302 were Edmonton residents.

The area of the district is 3,894 acres (less 31 of water), and the density of the population, or the average number of persons per acre of land, is 17.4. This figure is calculated on the *gross* population, which includes the average populations of the Strand Union and Edmonton Union Workhouses, the Edmonton Infirmary and Nurses' Home, and Strand Union School, and amounts to 67,167.

The natural increase of the population, that is, the excess of the nett total of births over the nett total of deaths, in 1912 was 1765 minus 666, equals **1,099**.

BIRTHS.

The number of births registered by the Edmonton Registrar, Mr. Judd, was 1,844 (952 boys and 892 girls), which includes 23 births that took place in the Edmonton Workhouse, born of mothers belonging to Edmonton. The figures for 1911, 1910, and 1909 were:—1,921, 1,961, and 1,871. One birth which occurred at the Strand Workhouse, and 83 which occurred at Edmonton Workhouse, born of mothers who are not Edmonton residents, are excluded from our statistics, just as foreign deaths are. The Registrar-General reported 5 births (3 males and 2 females) which had taken place when Edmonton mothers were residing temporarily out of their district; all of these infants were stated to be born in wedlock. Thus the nett total of births was 1,765. Of these births 40 (or 2.27 per cent.) were illegitimate. The birth rate per thousand inhabitants is therefore 27.12, compared with 29.25 last year.

Still Births. The Council of the Obstetrical Society of the Royal Society of Medicine has issued the following definition:—“A stillborn child means a child which measures more than thirteen (13) inches in length from the top of the head to the heel, and which, when completely extruded from the body of the mother (head, body, and limbs, but not necessarily the afterbirth), exhibits no sign of life by crying, or breathing, or by pulsation in the cord at its attachment to the body of the child, or by beating of the heart.”

Notification of Births' Act, 1907. This came into force here on April 28th, 1908. During this year 1,897 births were entered in our register; of these 975 were males and 918 females; in 4 cases the sex was not declared; 99 (or 5.22 per cent.) of the whole number were born out of wedlock, and 7 more were of doubtful legitimacy. Sixty-five children were declared “still-born.” It will be interesting to note the future effect of this Act on the number of “still-born” burials at our Cemetery. Mr. Clement Bugg, Superintendent there, informs me that there were 69 children styled “still-born” buried during 1912, and for 1911-10-9 the figures were 83, 80, 70. For work done in visiting infants and their mothers, see section, “The Woman Inspector and her Work.” In a previous paragraph it is noted that 1,844 births were *registered* during 1912. The figures of notification and registration will, of course, never coincide, but they show that few, if any, births escape notification in accordance with the Act. Twenty-four pairs of twins arrived, but no triplets.

The birth-rate (27.12) for 1912 is 2.13 lower than last year, and is *the lowest on record* for Edmonton, but it is much higher than 23.8, the birth-rate of England and Wales for 1912. The birth-rate for the preceding six years will be found in Column 5 of Table I.

The births were distributed in the Wards as follows :

Ward.					Births.	Birth Rates per 1,000 living in the Ward.
Bury Street	...	...	...	...	578	26.88
Church Street	...	...	...	...	612	27.61
Fore Street	...	...	...	...	570	26.61

Five births transferred to Edmonton by the Registrar-General could not be allocated, as the names and addresses of the parents were not given.

DEATHS.

The deaths registered in the district during the year were 1,126; of these 38 occurring in the Strand Union Workhouse and School, and 507 among non-residents at Edmonton Union Workhouse and Infirmary, and 18 "foreigners," outside institutions, are excluded; while 140 deaths of Edmonton residents taking place in the Edmonton Workhouse and Infirmary, are included in our nett deaths. Thus the number of deaths amongst Edmonton residents registered in the district amounted to 563.

The gross death-rate is based upon the total number of deaths registered in the district, and is 16.76 per 1,000 living. This rate is calculated on the estimated gross population of 67,167.

The nett death-rate is based upon the total number of deaths of Edmonton residents occurring inside or outside the district, and is 10.23. This rate is calculated on the estimated nett population of 65,084. I receive quarterly from the Registrar-General, through the County Medical Officer, particulars concerning Edmonton residents whose decease has taken place whilst they are away from their usual home. One hundred and three deaths were returned in this way during the year, making the nett total of deaths at all ages for the district proper 666.

The corrected nett death-rate is only an ideal or standardised figure. When the factor for correction is applied to the nett 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 1.0716, and the corrected nett death-rate is 10.96.

The nett death-rates for the preceding six years will be found on Table I., column 13.

The nett death-rate for Edmonton is, as I have said, 10·23 per 1,000 living; it was 13·14 last year. It is 1·6 lower than the average of the five previous years. The rate for 1912 is only beaten by the lowest on record, i.e., for 1910, when it was 9·51.

Ward Deaths. The following are the deaths and death-rates in the three Wards. Deaths occurring amongst residents in the Institutions and of residents dying outside the district have been debited to the Wards in which they lately resided. One Institution death amongst residents, that could not be allocated, is entered in Column 15 on Table IIIA.

Ward.					Deaths.	Death Rates per 1,000 living in the Ward.
Bury Street	...	...	...	...	264	12·28
Church Street	...	...	...	...	218	9·83
Fore Street	...	...	...	...	183	8·54

Death Certification. All deaths were certified either by the Medical Attendant or by the Coroner; there were none uncertified.

Inquests were held on 91 residents, or over 16 per cent. of the total deaths amongst residents registered in the district. This percentage is a higher one, and compares unfavourably with over 12 of last year. The causes of these deaths will be found on Table IIIA. Four deaths were the result of a sad tragedy in March, when a distracted mother killed herself and three children with "weed-killer," a preparation of arsenic. The enquiry as to one of these deaths was held in Enfield.

Four inquests were held on the bodies of illegitimate children, or 30·77 per cent. of the total illegitimate deaths.

The ages at and causes of deaths are set out in detail in Table IIIA.

Zymotic Death-rate. This rate is a statement of the number of deaths from the seven principal zymotic diseases per thousand of the population. There were 70 deaths from these diseases during the year, and the zymotic death-rate is therefore 1·08 as compared with 3·17 for the previous year. This figure is 2·09 less than last year, when the increased rate was mainly due to diarrhoea or measles. The zymotic death-rate for 1912 in London was 1·08. In the 95 great towns of England and Wales, which include Edmonton, and in the 146 small towns, the zymotic death-rate was not recorded by the Registrar-General this year or last (1911).

The following table shows the deaths from these diseases distributed amongst the three Wards and Edmonton residents in the Workhouse.

DISEASE.	Whole District.	Bury Street.	Church Street.	Fore Street.	Edmonton Union Residents.
Small Pox	—	—	—	—	—
Measles	15	9	6	—	—
Scarlet Fever	1	—	1	—	—
Whooping Cough	23	8	9	6	2
Diphtheria	13	6	4	3	—
Enteric Fever	1	—	—	1	—
Diarrhoea	17	11	2	4	4
Total	70	34	22	14	6
Rates	1.08	1.58	0.99	0.65	19.87

The Average Zymotic Death-rate for the previous ten years was 2.52. In the following table are set out the Nett General Death-rate, Infantile and Zymotic Death-rates for 1912 and the previous ten years :—

	Nett Death-rate.	Infantile Mortality.	Zymotic Death-rate.
1902	17.8	143.6	4.7
1903	13.7	*140.3	1.91
1904	15.8	161.8	3.87
1905	13.3	128.0	2.36
1906	13.7	131.8	3.03
1907	13.3	121.1	2.08
1908	12.1	117.4	1.99
1909	11.0	100.39	1.29
1910	9.5	74.55	0.79
1911	13.1	143.48	3.17
1912	10.2	84.42	1.08

* In calculating the Infantile Mortality for the year 1903, deaths due to premature birth were included for the first time.

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 one year of age *per thousand births registered*.

The number of such deaths occurring amongst Edmonton children, and registered within (or without) the district within the year, was 149, and the births registered within (or without) the district, born of

Edmonton mothers, numbered 1,765, therefore, the infantile death-rate, based on these figures, is **84.42** per thousand births. Thirteen of the 149 infantile deaths were those of illegitimate infants—that is 8.72 per cent. of the infantile deaths. Inquests were held on 4 of the 13. Inquests were also held on 23 of the other infants, making a total of 27. This is the lowest record but one infantile death-rate on record for Edmonton. The record is 74.55 in 1910.

The Infantile Mortality Rate at Edmonton Workhouse and Infirmary was 462.26 per 1,000 births there—a very high figure. A high general death-rate is expected in Workhouse Infirmarys, because they are the last resort of those without money and without hope of recovery; but the same explanation cannot be accepted for a heavy death-rate amongst children.

The Infantile Mortality Rate for the year in England and Wales was 95; in London, 96; in the 95 great towns (which include Edmonton), 101; and in the 146 smaller towns, 99 per thousand births registered.

The figures for the Wards are as follows:—

Ward.	Deaths under one year.	Infantile Mortality Rate.
Bury Street	63	109 per nett 1,000 births in the ward
Church Street	55	90 " " "
Fore Street	31	54 " " "

Table IV. was first issued by the Local Government Board in 1905. It enables the deaths among infants under one year of age 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.

This Table shows that over 37 per cent. of the infantile deaths occurred within the first month of life, and that 38 per cent. were due to what are termed "wasting diseases," viz., premature birth, atrophy, debility, congenital defects, and marasmus. Last year the figures were over 26 and under 24 per cent. Wasting diseases are conditions that for the most part manifest themselves at the birth of the infant, and depend on bad ante-natal circumstances associated with the health of the mother, such as factory work, drink, venereal disease, and the use of abortifacients, rather than on any external influence to which the child becomes subject after birth, such as improper feeding, clothing, or exposure. Although adverse external influences may begin to operate from the moment of birth

it is not, as shown by the Table, until the later months of life that they begin to give rise to deaths in any significant numbers. I must also notice that the premature births for 1912-11-10 were 30, 27, and 30 respectively.

"Advice to Mothers on the General Health and Feeding of Infants." The second edition of ten thousand copies of this useful pamphlet, which I had revised thoroughly, was published in February.

Infant Mortality. On 4th June I attended as Edmonton's delegate, a National Conference on this subject at Caxton Hall. The proceedings were opened by the Right. Hon. John Burns, M.P., President of the Local Government Board, with an interesting speech. The object of this afternoon's meeting was to concentrate by fusion of several Societies, whose energies are now somewhat overlapping, the efforts of all those interested in the welfare of the child from birth up to school age, say 5 years.

Infant Mortality Table											
Year	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903	1902
Total	41	7	6	1	58	20	21	21	23	140	10
Other causes	1	1	1	1	2	2	2	2	2	2	2
Atrophic, Diphtheria and Measles	2	2	2	2	2	2	2	2	2	2	2
Premature birth	27	2	1	1	27	1	1	1	1	1	1
Conjunctival Abnormalities	1	1	1	1	1	1	1	1	1	1	1
Atrophic	1	1	1	1	1	1	1	1	1	1	1
Injury at birth	1	1	1	1	1	1	1	1	1	1	1
Suffocation, overfeeding	1	1	1	1	1	1	1	1	1	1	1
Diarrhoea	1	1	1	1	1	1	1	1	1	1	1
Syphilis	1	1	1	1	1	1	1	1	1	1	1
Cancer	1	1	1	1	1	1	1	1	1	1	1
Disturbance of Lactation	1	1	1	1	1	1	1	1	1	1	1
Enteritis (All forms)	1	1	1	1	1	1	1	1	1	1	1
Thrombosis	1	1	1	1	1	1	1	1	1	1	1
Laryngitis	1	1	1	1	1	1	1	1	1	1	1
Convulsions	1	1	1	1	1	1	1	1	1	1	1
Measles (see Tuberculosis)	1	1	1	1	1	1	1	1	1	1	1
Other Tuberculosis Diseases	1	1	1	1	1	1	1	1	1	1	1
Abdominal Tuberculosis	1	1	1	1	1	1	1	1	1	1	1
Tuberculosis Meningitis	1	1	1	1	1	1	1	1	1	1	1
Erysipelas	1	1	1	1	1	1	1	1	1	1	1
Diphtheria and Croup	1	1	1	1	1	1	1	1	1	1	1
Whooping Cough	1	1	1	1	1	1	1	1	1	1	1
Scarlet Fever	1	1	1	1	1	1	1	1	1	1	1
Measles	1	1	1	1	1	1	1	1	1	1	1
Chicken-pox	1	1	1	1	1	1	1	1	1	1	1
Small-pox	1	1	1	1	1	1	1	1	1	1	1

TABLE IV.

Infant Mortality during the Year 1912.

Nett deaths from stated causes at various Ages under one 1 Year of Age.

CAUSE OF DEATH.					Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total deaths under 1 year.
All causes	{ Certified ...	...	...	...	41	7	6	1	55	26	24	21	23	149
	{ Uncertified ...	...	...	...	...	...	...	...	...	...	...	...	...	None.
Small-pox ...					...	...	...	...	...	...	...	...	...	...
Chicken-pox...					...	...	...	...	...	...	...	...	...	...
Measles ...					...	...	...	...	...	...	1	1	2	...
Scarlet Fever ...					...	...	...	...	...	...	...	1	1	...
Whooping Cough ...					...	...	...	...	...	2	5	3	3	13
Diphtheria and Croup ...					...	...	...	...	...	...	...	1	1	...
Erysipelas ...					...	...	...	...	...	...	1	...	1	...
Tuberculous Meningitis ...					...	...	...	...	...	...	1	1	2	...
Abdominal Tuberculosis ...					...	...	...	...	...	1	...	1	1	3
Other Tuberculous Diseases					...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous)					...	...	...	...	...	...	...	...	...	...
Convulsions ...					1	...	...	...	1	...	2	1	...	4
Laryngitis ...					...	...	...	...	...	...	...	...	...	...
Bronchitis ...					...	1	1	...	2	3	2	...	2	9
Pneumonia (all forms) ...					...	...	1	...	1	4	3	4	8	20
Diarrhœa or Enteritis ...					...	...	1	...	1	2	6	3	2	14
Gastritis ...					...	...	...	...	...	...	...	...	...	...
Syphilis ...					...	...	...	...	...	...	...	1	...	1
Rickets ...					...	...	...	...	...	...	...	...	...	...
Suffocation, overlying ...					...	...	...	...	...	1	...	...	...	1
Injury at Birth ...					...	...	...	...	...	...	...	...	...	...
Atelectasis ...					9	1	1	...	11	...	...	...	...	11
Congenital Malformations ...					1	...	...	1	2	1	1	1	...	5
Premature Birth ...					25	2	1	...	28	1	1	...	...	30
Atrophy, Debility and Marasmus ...					5	2	...	...	7	9	1	4	...	21
Other Causes ...					...	1	1	...	2	2	3	...	3	10
Totals	...	...	...	...	41	7	6	1	55	26	24	21	23	149

Nett births in the year ... legitimate, 1,725 ; illegitimate, 40.

Nett deaths in the year ... legitimate infants, 137 ; illegitimate infants, 12.

THE WOMAN INSPECTOR AND HER WORK.

I give below an analysis of the number and nature of the visits paid by Miss Hudson, during 1912. The bulk of her work falls into three correspondingly large divisions, viz. :—

1. The crusade against preventible infantile mortality;
2. The work done in factories, workshops, etc., where women and girls are employed, and amongst home-workers of her own sex.
3. The visitation of consumptives and other tubercular persons.

INFANTILE MORTALITY.

Month.	After Births.	Re-visits.	After 6 months.	Neglected Infants.	After Deaths.	Diarrhoeal Diseases.
January ...	19	1	10	1	—	—
February ...	18	3	12	1	2	—
March ...	15	1	6	—	4	—
April ...	56	—	5	—	8	—
May ...	7	1	5	1	2	1
June ...	89	1	7	—	3	1
July ...	64	3	6	—	1	1
August ...	153*	3	1	—	1	2
September ...	44	12	11	—	2	—
October ...	29	5	12	—	1	—
November ...	49	6	19	1	1	—
December ...	88	2	32	—	—	—
Totals ...	631	38	126	4	25	5

*Schools closed and Miss Johnston assisting.

INSPECTIONS UNDER FACTORY AND WORKSHOP ACTS.

	Factories.	Workshops.	Laundries.	Outworkers.
January ...	—	4	1	3
February ...	1	3	—	12
March ...	1	1	—	6
April ...	—	1	—	15
May ...	—	31	12	131
June ...	—	5	—	12
July ...	—	—	—	2
August ...	—	—	10	4
September ...	3	8	—	52
October ...	—	2	—	51
November ...	—	—	—	5
December ...	—	3	10	2
Totals ...	5	58	33	295

Workrooms measured up.....7. Laundries measured up.....0.

NOTIFIABLE DISEASES.

Visits and revisits to Erysipelas cases	...	...	...	93
Visits <i>re</i> Erysipelas Disinfection	...	...	...	10
Visits <i>re</i> Puerperal Fever Cases	...	...	...	0
Visits <i>re</i> Phthisis voluntarily notified	...	...	...	3
Visits <i>re</i> Phthisis compulsorily notified	...	...	...	256
Visits <i>re</i> Phthisis disinfection (after death or removal)	...	...	...	92
Visits <i>re</i> Chickenpox	...	...	...	113

NON - NOTIFIABLE DISEASES.

		Measles.	Mumps.	Whooping Cough.	Chicken Pox.	Doubtful Cases.
January	...	4	1	69	--	1
February	...	2	1	95	--	3
March	...	7	3	92	--	9
April	...	2	—	36	--	4
May	...	1	2	22	--	—
June	...	1	2	7	23	2
July	...	8	3	10	8	2
August*	...	—	—	—	1	—
September	...	6	1	9	10	2
October	...	65	1	5	31	10
November	...	131	2	7	37	22
December	...	340	12	9	34	17
		567	28	361	144	72

* Schools closed for holidays.

Visits and re-visits *re* School Notifications concerning non-notifiable diseases, such as measles, whooping cough, chicken pox (notification for one year ceased on June 2nd), etc., 1,172 to 1,684 children at 1,213 homes. This is an increase compared with last year, when the figures were 1,034, 1,748, and 1,138 respectively. (For further information see Annual Report of School Medical Officer) There were more visits to less children in more homes than in 1911.

GENERAL WORK.

Visits to Private Schools	...	...	...	1
Enquiries <i>re</i> complaints...	..	...	...	33
Miscellaneous visits (compared with 371 last year)	...			125
Visits paid to inspect work done after informal notice				451
Visits <i>re</i> overcrowding	6\			
Rooms measured <i>re</i> overcrowding	4\	...	...	10

WOMAN INSPECTOR (TEMPORARY).

In November Miss Evelyn Warren, who had helped us for three months in the summer of 1911, resumed work for a few weeks until her appointment at Bradford, then Miss Freda Hall was appointed for 3 months' duty from December 9th, as measles was so prevalent.

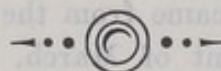
COMPARATIVE STATISTICS.

The table of vital statistics for 1912, showing the various rates for the whole country and for several of the Urban Districts of Middlesex, is given for the purpose of comparison.

	Estimated Population, middle of 1912.	Annual rates per 1,000 of the population.			Infantile Mortality per 1,000 births registered.
		Nett Births	Nett deaths (corrected)	Zymotic deaths	
England and Wales ...	36,539,636	23·8	13·3	—	95
The 95 great towns in- cluding London and Edmonton ...	17,639,881	24·9	14·6	—	101
The 146 smaller towns...	4,641,174	23·8	13·0	—	99
England and Wales, less the 241 towns as above	14,258,581	22·6	12·1	—	86
London (including City)	4,519,752	24·7	14·3	1·08	96
Acton ...	59,000	25·7	11·3	0·9	70
Wood Green ...	50,000	24·8	10·11	0·56	50
Enfield ...	57,267	24·5	10·39	0·75	76
Edmonton ...	65,084	27·12	10·96	1·08	84

During 1912, as in 1911, the aggregate death-rates from the principal epidemic diseases have not been recorded by the Registrar-General; the zymotic death-rate is therefore not obtainable in all cases.

The birth-rate of England and Wales is 0·6 lower than last year, and is the lowest on record; the death-rate is 1·3 lower than 1911, and is the lowest on record. The infantile death-rate is 35 integers less than last year, and is the lowest on record, but the figure of 95 is no less than 30 per thousand births below the average of the ten years 1902-1911. The natural increase in the population of England and Wales, or the excess of births over deaths, is 385,818 or 9,644 less than the average of the preceding five years.



SECTION II A.

COMMUNICABLE DISEASES.—NOTIFIABLE.

The Infectious Diseases Notification and Prevention Acts have been in force in this District since March 31st, 1891.

Table V. shows the number of cases notified and the deaths from the notifiable diseases for 1912, and the ten preceding years. The same Table also shows the deaths that have occurred from non-notifiable diseases for this period. This is *not* a Local Government Board Table.

Table II shows details as to age-distribution and locality of the notified cases, and the number of cases removed to hospital.

The following Table shows the number of cases notified and the number isolated, the percentage of these to the cases notified, and the fatality, *i.e.*, the percentage of cases dying to those notified.

Disease.	Cases Notified.	No. isolated in Hospital.	Isolations per cent.	Total Deaths.	Fatality per cent.
Scarlet Fever	212	196	92·45	1	0·47
Diphtheria and Mem. Croup	136	123	90·44	13	9·56
Enteric Fever... ..	12	2	16·66	7	58·33
Totals	360	321	—	21	—

Foreigners. There were notified from Edmonton Union Infirmary 2 scarlet fever, 9 enteric fever, 9 erysipelas, and 4 puerperal fever cases. Of these, 6 enteric fever and 3 erysipelas cases died. They were all, except one each of scarlet fever, erysipelas, and puerperal fever, connected with other districts of the Union, and were not sent to our Hospital, except the scarlet fever cases.

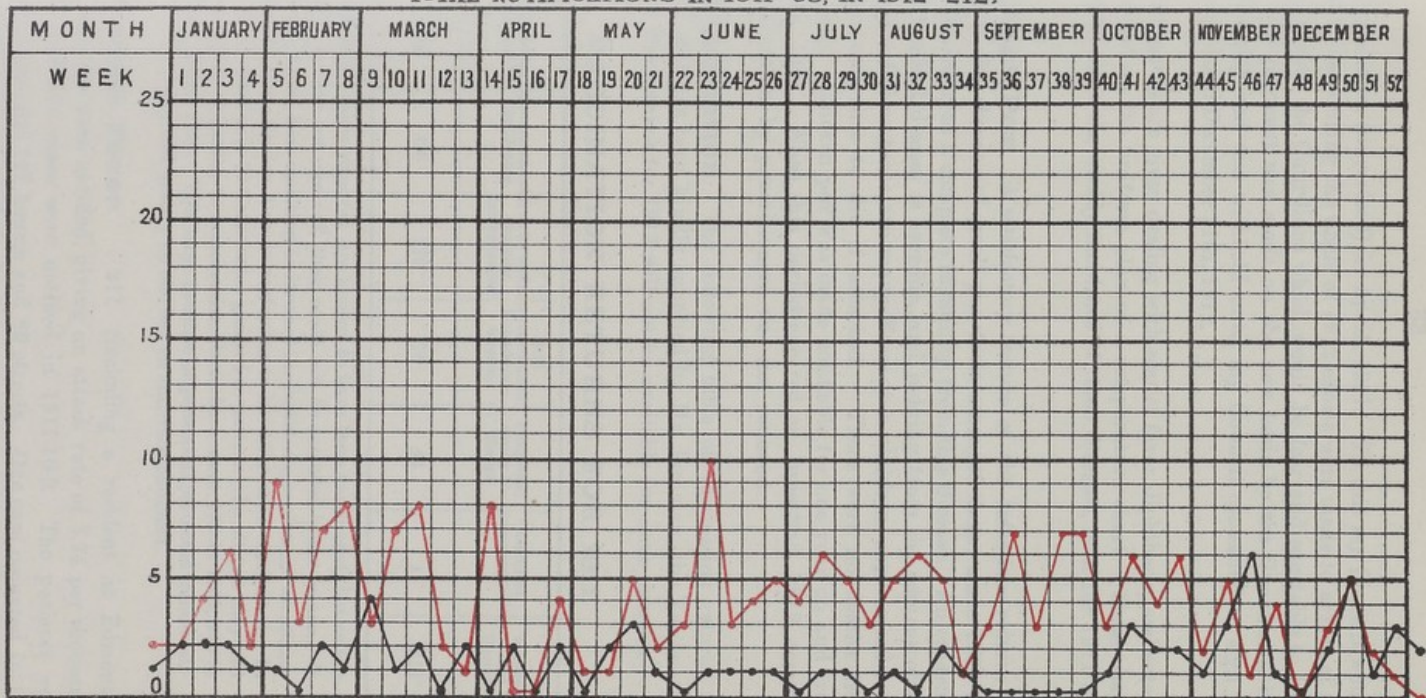
Compared with last year, the table above shows 144 more notifications of scarlet fever, but only one fatal case. There were 92 more notifications of diphtheria, but only half the percentage of fatal cases; the notifications of enteric fever were 3 less, but the fatality was treble that of 1911.

Guardians and Infectious Disease. As far back as October, 1911, a proposition came from the Guardians that my Council should continue the agreement of March, 1902, with an endorsement thereon that the payment be raised from £195 8s. 3d. per year to £270 1s. 8d., the latter figure representing a penny rate per head of the

NOTIFICATIONS OF SCARLET FEVER.

IN 1911 AND 1912

TOTAL NOTIFICATIONS IN 1911-68, IN 1912-212.

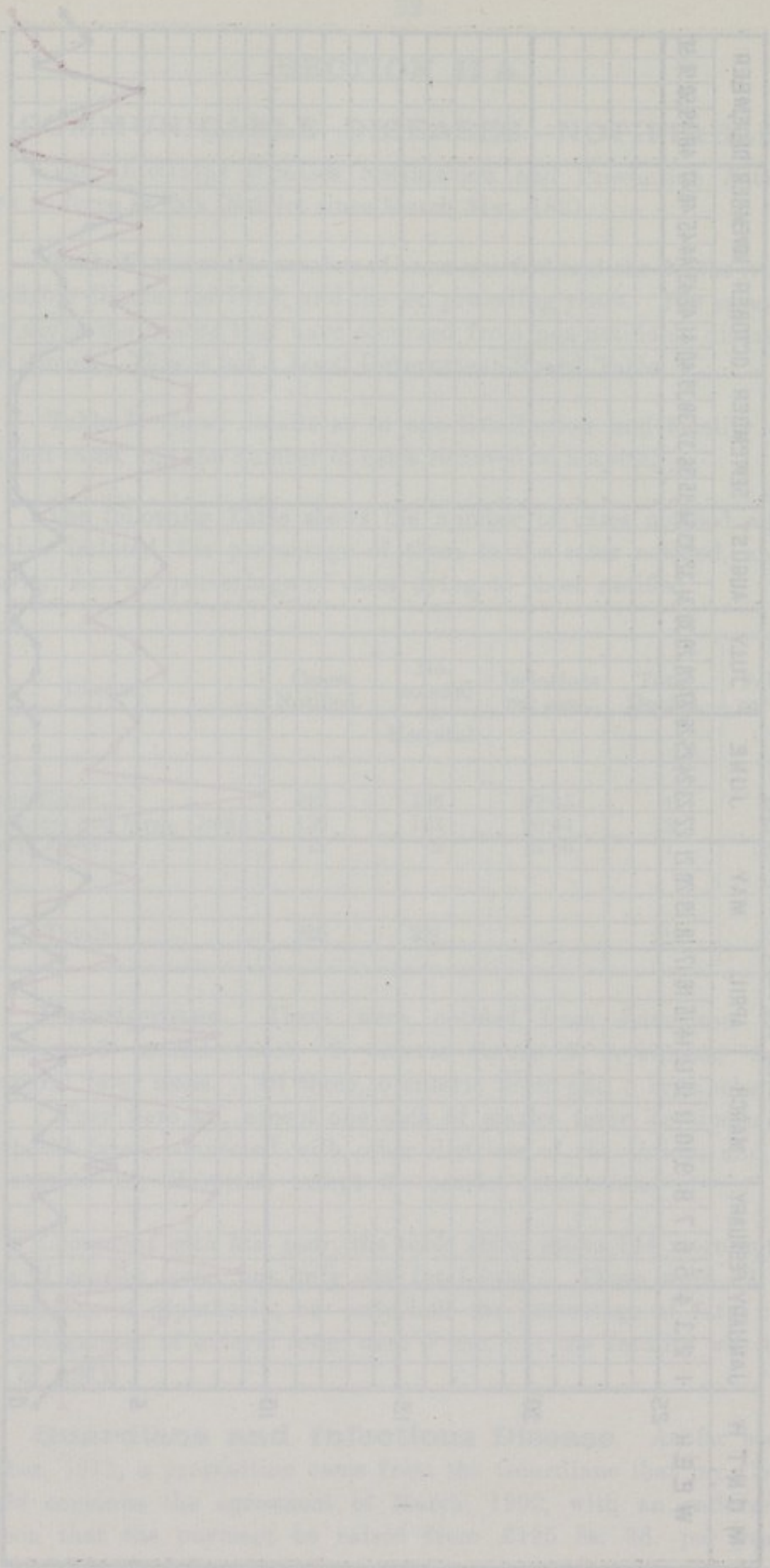


1911 _____ 1912 _____

The Black tracing denotes the rise and fall in 1911; the Red tracing shows the same for 1912.

SEP 10 11 21 AM

SIX-SIET IN 84-1101 IN PROTRACTOR RATER



SIX-SIET IN 84-1101 IN PROTRACTOR RATER

census population (unrevised) in April, 1911. To this my Council would not assent, and during the whole of 1912 efforts were made to arrive at an agreement with the Gaurdians which would be fair and equitable to both sides. One payment was made on the new basis by the Guardians, but thereafter payment was withheld until my Council consented to sign an agreement dated December 11th, 1912.

Charts are given dealing with scarlet fever, diphtheria, and enteric fever, based on the uniform plan of a temperature chart. These charts graphically show the weekly incidence of these diseases, both for 1911 and 1912.

Small Pox. A satisfactory feature of the infectious returns for the year is the absence of small pox from amongst them; since 1904 the district has enjoyed a complete immunity from this disease. An epidemic of this dreadful disease is overdue, and judging from the returns of the Vaccination Officer there are many Edmonton children unprotected from infection, and sure to die if attacked. There were no deaths from chicken pox. Chicken pox was made notifiable for one year on and from June 3rd, 1911. When this period expired on June 2nd, 1912, compulsory notification by practitioners was not renewed.

Vaccination. The following table of vaccination returns for the year 1911 has been kindly supplied by Mr. Lowman, the Vaccination Officer. The returns for 1912 will not be available for some months.

VACCINATION RETURNS FOR 1911.

Births.	Successful Vaccinations	Conscientious Certificates.	Deaths under one year unvaccinated	Still unvaccinated but address known.	Postponed owing to illness.	Certified unsusceptible	Removed and Untraced.
1922	908	396	179	76	43	1	319*

* 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. In 1907 there were only 72 Certificates granted to parents who alleged they had conscientious objection to vaccination, but there were 174 in 1908, 240 in 1909 and 340 in 1910. This large increase of persons unprotected from small-pox will gratify no one but an anti-vaccinationist.

Scarlet Fever. 211 (including a resident at Edmonton Infirmary) cases were notified, giving an attack rate of 3.24 per thousand. 68, 155, and 283 cases were notified in 1911-10-9. The patients were distributed amongst 147 houses and 89 streets. One case occurred in 114 houses; two cases occurred in 20 houses; three cases in 10 houses; four

in one house; five cases in one house; eighteen cases in one institution. The removals to hospital numbered 195, an isolation *percentage* of 92.42. There was one death, giving a fatality of 0.47 per cent. of cases notified, and a death-rate of 0.15 per 1,000 of the population. Besides, one case was notified from the Edmonton Infirmary, who was not an Edmonton resident, and was treated in our Hospital. There were no duplicated notifications, but one for re-admission.

Secondary cases numbered 25 out of 193 (excluding 18 cases from Halliwick.)

Return Cases.—See section on "Hospitals."

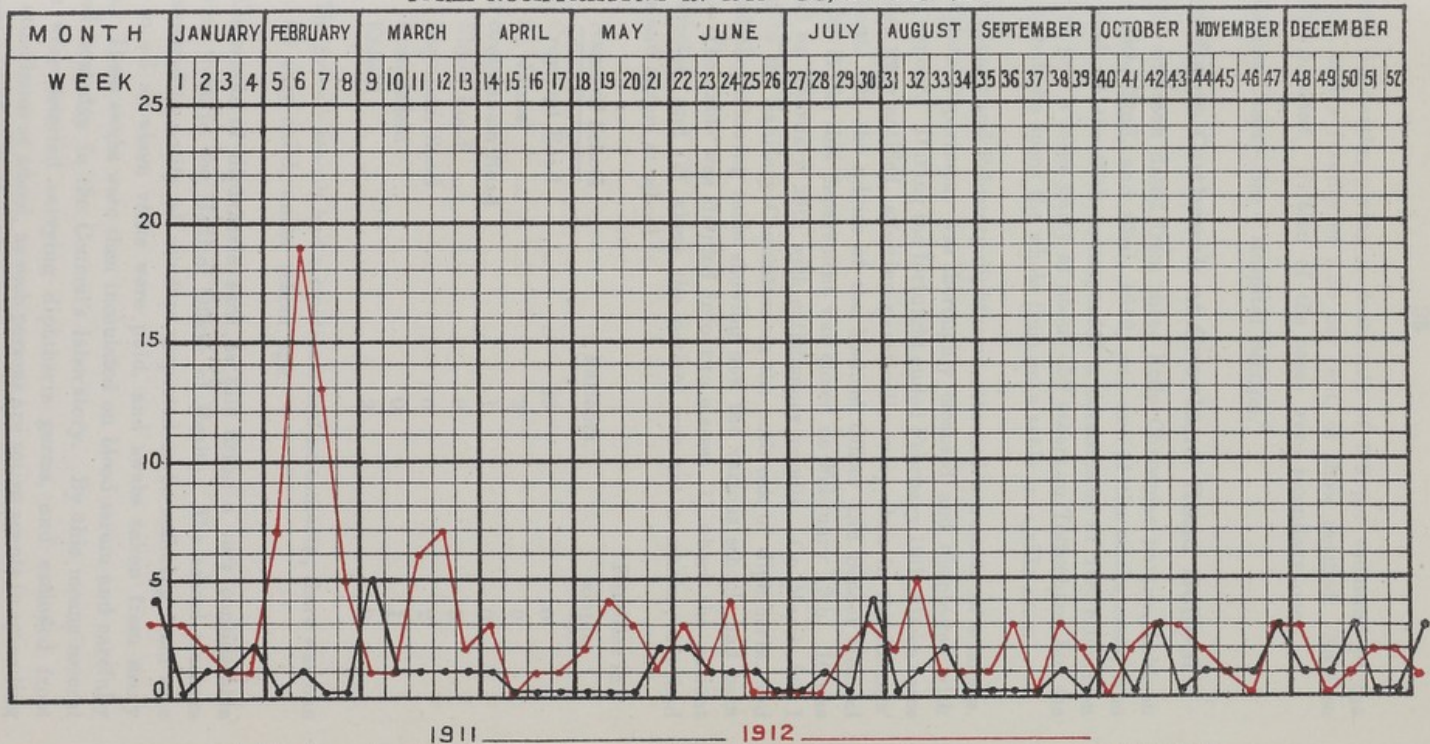
On October 31st, a parent was summoned under Section 126 of the Public Health Act, 1875, for wilfully exposing a child in a public elementary school whilst the child was still in an infectious condition, and fined 10s. and costs by the Magistrates. This punishment for disregard of the public health had a salutary effect throughout the district.

Scarlet Fever at "Halliwick." At the Sanitary Committee meeting, on 6th March, I reported that twenty cases of scarlet fever had occurred in the large institution for crippled girls on the north-western boundary of the district, and that in conjunction with Dr. Sears, the Medical Officer of the institution, I had taken all the necessary steps to prevent the spread of the disease.

At the same meeting, the Inspector of Nuisances stated that the drainage of this institution had been examined and found to be in good condition, but the Lodge attached had a cesspool, about which he was in communication with the Secretary. During March, seven further cases occurred in the house, and the Inspector reported that the work of drainage of the Lodge was in hand. In May, the Inspector reported that the reconstruction of the drainage of the Lodge had been carried out satisfactorily, the cesspool emptied and filled in, and the rainwater gutters repaired. The milk supply was found blameless, and investigations made it appear probable that the disease had been imported by some clothing sent in by an inmate's friends.

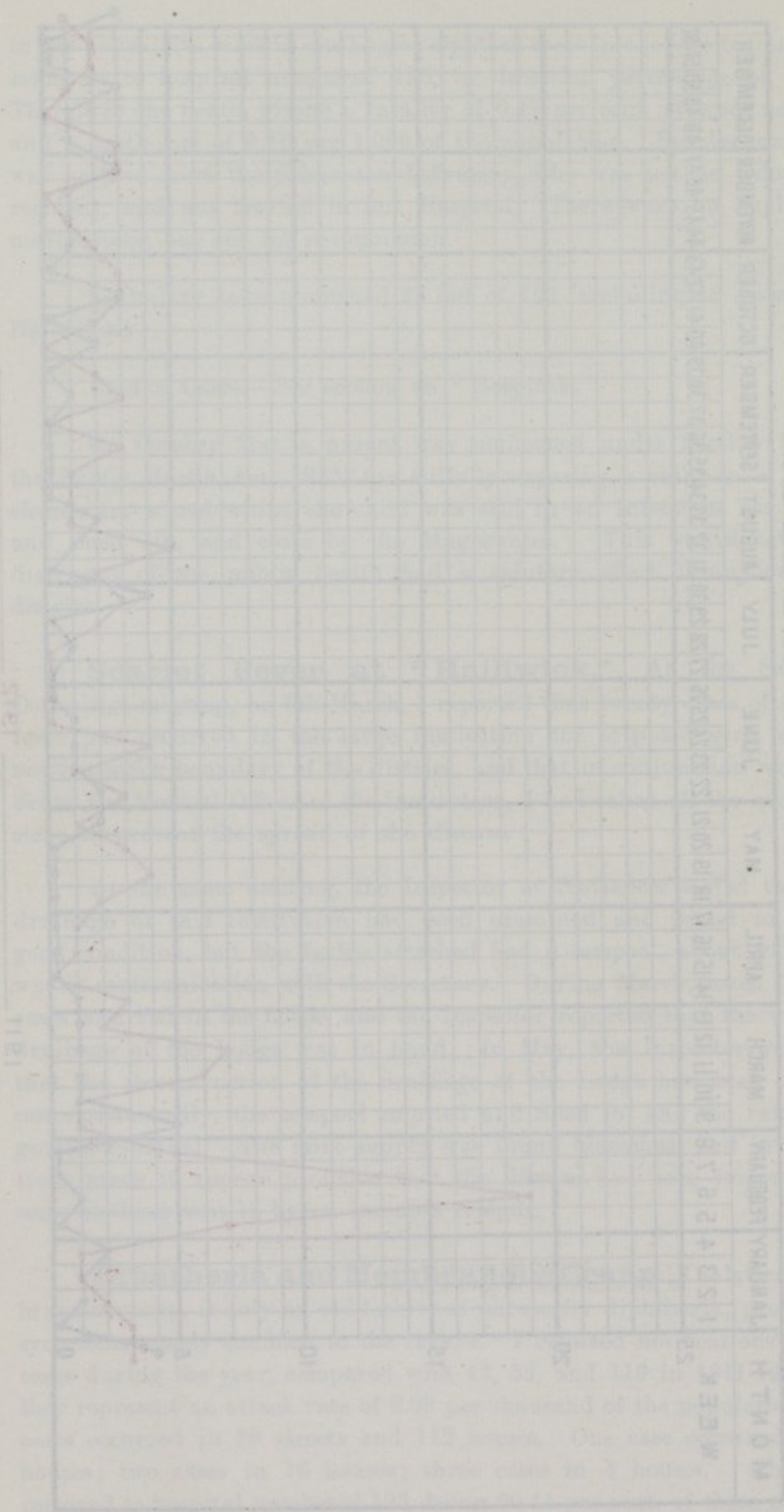
Diphtheria and Membranous Croup. The latter, Membranous croup, is only an old-fashioned phrase for diphtheria, presenting symptoms mostly confined to the larynx. I received notifications of 136 cases during the year, compared with 43, 52, and 110 in 1911-10-9, and they represent an attack rate of 2.09 per thousand of the population. The cases occurred in 70 streets and 112 houses. One case occurred in 92 houses; two cases in 16 houses; three cases in 4 houses. The cases removed to hospital numbered 123, being 90.44 per cent. of those notified.

NOTIFICATIONS OF DIPHTHERIA.
IN 1911 AND 1912
TOTAL NOTIFICATIONS IN 1911-44, IN 1912-136.



1911 ————— 1912 —————
 The Black tracing denotes the rise and fall in 1911; the Red tracing shows the same for 1912.

The graph shows the variation of the magnetic field strength with distance from the wire. The field strength is highest near the wire and decreases as the distance increases. The field strength is zero at a distance of 10 cm from the wire.



The graph shows the variation of the magnetic field strength with distance from the wire. The field strength is highest near the wire and decreases as the distance increases. The field strength is zero at a distance of 10 cm from the wire.

There were 13 deaths, giving a death-rate of 0.2 per thousand of the population, and a fatality of 9.56 per cent. of those notified. No case was doubly notified. Fifteen of the cases were secondary ones.

Return Cases.—See "Hospital Section."

Diphtheria Outbreak at Croyland Road School.

The outbreak dated from three little Christmas parties, held on January 20th, 22nd, and 23rd, 1912, and one of the severe cases, who shortly died, on the 27th accompanied a detachment of 198 Edmonton children to join a large party of about 450 others in Tottenham, but she felt so ill that she spent the whole time on a table in a side room.

In January and February diphtheria attacked a number of scholars, so the Infants' Department was thoroughly cleansed and disinfected with formalin vapour. During the fortnight ended February 10th, fifteen cases of scholars were notified, affecting practically every class in the Infants' Department. On the advice of the Medical Officer and School Medical Officer (Dr. Rock) this department was closed on February 12th. It was re-opened on February 26th with satisfactory results. On March 6th I reported to the Sanitary Committee on the outbreak of diphtheria, and submitted the following table showing how the various schools had been affected. The table was divided into two classes (1) where the patient was a scholar, and (2) where the patient was not a scholar, but had brothers and sisters at school:—

Name of School		Patients.		Families in contact.	
Croyland Road	...	23	...	10	...
St. James'	...	2	...	0	...
Brettenham Road	...	1	...	0	...
Eldon Road	...	0	...	3	...
Raynham Road	...	0	...	2	...
Houndsfield	...	0	...	1	...
Enfield	...	2	...	0	...

The private schools had six patients and no contacts; there was one patient, an only child, under school age.

Outbreaks of diphtheria such as this bring a very considerable amount of work to the Medical Officer of Health. The school teachers were requested to notify all scholars suspected to be suffering from sore throat, to all of whom visits were paid, and swabs taken from many of them. These swabs were then inoculated on blood serum and carefully examined next day in the Council's laboratory. By this means several scholars were detected carrying diphtheria germs, and excluded from further attendance at school, as such persons are active agents in spreading the infection, although they themselves do not feel ill.

I was therefore glad to receive some assistance in this work from Dr. Rock and Dr. Moss.

I pointed out that the unusual amount of infectious disease during February had given my inspectors and transport officers an amount of work considerably above the average. I also reported that the drainage of Croyland Road School was undergoing a detailed test and examination.

In April I reported that seventeen notifications of diphtheria had been received during March, and submitted the following table, showing the various schools affected and the families in contact.

<u>Name of School.</u>	<u>Patients.</u>	<u>Families in contact.</u>
Croyland Road	5	0
Eldon Road	2	1
Silver Street	2	1
Lower Latymer	1	0
Roman Catholic	0	1
Brettenham Road	1	0
Montagu Road	0	1

During March many swabs were cultivated and examined from suspicious throats, but there were not so many as taken in February.

At their meeting in April the Sanitary Committee instructed the Medical Officer of Health and Inspector of Nuisances to confer at once with the Architect of the Education Committee, in order that the necessary steps may be taken to put the drains in proper order.

At their next meeting, in May, I reported to them that, as instructed, the Inspector of Nuisances and myself had conferred together and met twice on the ground; that the Architect had put the work in hand at once, and that on May 6th I visited the school and found that a good deal of the work necessary had been done, and I expressed the belief that the rest of the work would be done in a week or ten days.

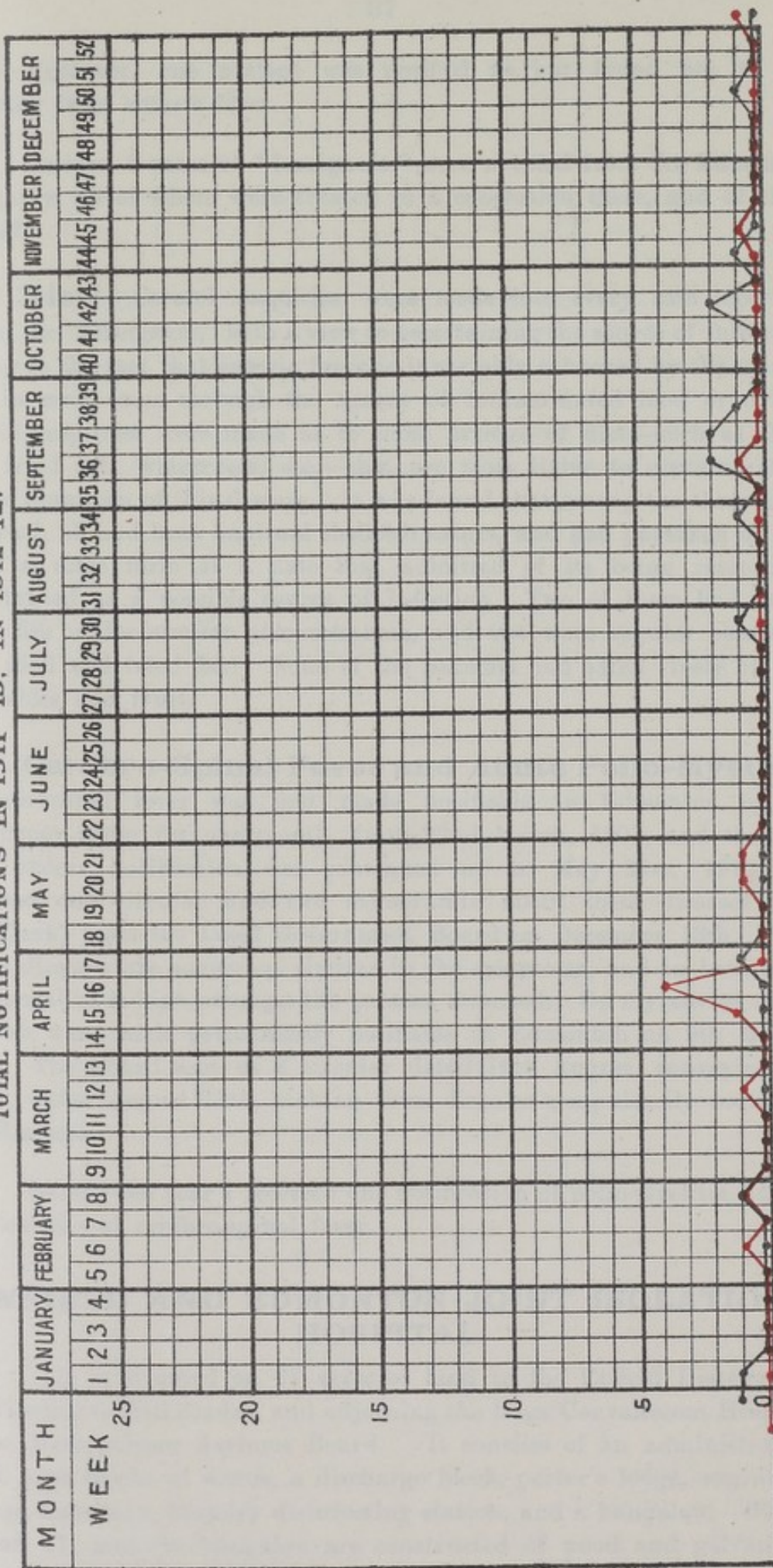
Enteric Fever. Three cases were notified, as against 12, 34 and 30 in 1911-10-09. This is equal to an attack rate of 0.05 per thousand of the population. These cases occurred in 3 houses and 3 streets. All cases occurred in separate houses. The removals to our hospital numbered two—an isolation percentage of 66.66. There was one death, giving a fatality of 33.33 per cent. of the cases notified, and a death-rate of .03 per thousand of the population.

There were no secondary cases.

NOTIFICATIONS OF ENTERIC FEVER.

IN 1911 AND 1912

TOTAL NOTIFICATIONS IN 1911-15, IN 1912-12.



1911 1912

The Black tracing denotes the rise and fall in 1911; the Red tracing shows the same for 1912.

Moreover, one patient was notified as, but found not to be, suffering from enteric fever.

Besides, 9 cases of "foreigners" were notified from the Edmonton Infirmary, all of whom were treated to a conclusion there, and of them 6 died.

Diet. Careful enquiries were made into every case reported, except the "foreigners," with a view to ascertaining the source of infection. Owing to the fact that enteric fever is invariably conveyed by the mouth, and in most cases through the agency of contaminated food or drink, special enquiries were made as to those articles of diet—such as shell-fish, fried fish, watercress, etc.—that are most liable to contamination by the organism of this disease. It was found that among the three cases reported, all had been 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. Two of them had eaten fried fish under similar circumstances, and two were regular eaters of both shell and fried fish. None of the patients had eaten freely of raw vegetables and fruit.

Cerebro-Spinal Fever and Acute Polio-Myelitis.

Cerebro-spinal fever was first made notifiable in Edmonton by an emergency order for one month, from 22nd March, 1907, and then by four orders notification was continued up to May 21st, 1912. I received one circular and two memoranda about these diseases (per our Clerk) from the Local Government Board on December 13th, 1911. These diseases are somewhat similar in the symptoms, and in both cases the mortality is high amongst the persons attacked. On my advice, these diseases were made permanently notifiable in Edmonton on 9th March, 1912. The Board sent us a circular dated 16th August, conveying an order, dated August 15th, making these diseases compulsorily notifiable in all areas.

During the year I received one notification of polio-myelitis, but no notifications of cerebro-spinal fever.

ENFIELD AND EDMONTON JOINT ISOLATION HOSPITAL.

This is situated on 27 acres of land in the Enfield District, on its Winchmore Hill border, and adjoining the large Convalescent Hospital of the Metropolitan Asylums Board. It consists of an administrative block, nine blocks of wards, a discharge block, porter's lodge, engineer's cottage, mortuary, laundry disinfecting station, and a bungalow. Blocks V. and VI. and the bungalow are constructed of wood and galvanised iron; all the other buildings are of a permanent character. The bungalow

which was formerly used as sleeping quarters for the staff, has since the addition of 16 beds to the administrative block, been used as a store-house and sewing-room. It has been moved from west of the administrative block to north of the cubicle block. In 1910 a well-equipped bacteriological laboratory was fitted up in the mortuary building. A Joint Body, consisting of four members from each Council, has been the controlling body since January 1st, 1906. It was mutually arranged in June, 1907, that the share of the precept payable by each Council should be, in future, based on the estimated population, calculated on the number of houses found inhabited by the Vestry Clerks in May of each year. Besides, a contribution of 30s. per case admitted is made by the district from which the patient is sent in. The contribution of Edmonton towards the Hospital for year ending 31st March, 1913, was £4,770.

The Accommodation available on December 31st, 1912, was :—

For Scarlet Fever, Blocks II., III., IV., and V. ...	96 beds.
For Enteric Fever, Block VIII. ...	14 beds.
For Diphtheria, Blocks VI. and VII. ...	39 beds.
For Observation, Block IX. ...	12 cubicles.
For Observation, Block I. ...	2 beds.
	<hr/> 163 beds. <hr/>

During 1912, the demand of Enfield and Edmonton for beds was fully met.

Neither district has preference over the other when beds are vacant, but during the year 1911-12 from other districts 5 cases of scarlet fever and one case of enteric fever were admitted out of 399 cases admitted, a total of 6 cases, that is, 1.5 per cent., compared with less than one per cent. during 1910-11.

The following table gives the percentage of hospital isolation to cases notified, for the past five years :—

	1908.	1909.	1910.	1911.	1912.
Scarlet Fever ...	89.28	90.81	96.15	88.24	92.45
Diphtheria ...	78.48	90.00	84.62	86.36	90.44
Enteric Fever ...	69.44	83.33	81.08	73.33	16.66

Officers. Dr. Haldane Cook (of Enfield) is the Visiting Superintendent. Since Dr. Hauxwell resigned in September, 1911, Dr. Cook has been the sole Medical Officer, and he will become Resident when the house now being built for him is completed.

The Clerk and Surveyor of the Enfield Council still act as Clerk and Architect of the Hospital. Miss Eardley is the matron.

Fire. The Hospital is in telephonic communication with Edmonton Fire Station.

Sewage. This is disposed of by a private system, the effluent passing into the watercourse known as Hounsden Gutter, a tributary of Salmon's Brook.

Antitoxin. During 1911-12, Dr. Cook used it in all cases where none, or an insufficient quantity had been administered to the diphtheria case before admission.

In most cases 4,000 units were given, and some were given as much as 28,000 units. Drugs were only given for the treatment of complications. He urges medical men to give antitoxin at once to cases of diphtheria or suspected diphtheria, and not to let them wait until hospital is reached.

Return Cases. In his Report for 1910-11, Dr. Cook defines a "return case" to be "any person admitted from the same house to which we have discharged a scarlet fever patient within a period of six months." During the year 1912 there have been ten families in which return cases have occurred. Dr. Cook estimates the percentage of return cases during 1911-12 as 2.63. One case (M.P.) is believed to have affected not only her own family but two other families, when without my knowledge and consent she went visiting relatives. There were two diphtheria return cases affecting three persons, but it is fair to say that in neither instance did cultivation show diphtheria bacilli in the nasal discharge of the person who had returned from hospital. In one family a case of scarlet fever occurred four days after the return of a patient who had been treated for enteric fever, and exhibited a scabby sore behind left ear.

One case of scarlet fever (S.M.H.) was re-admitted on a second notification because it developed secondary rash, and in another (J.A.) re-admission was offered but refused by the parents.

SMALL POX HOSPITAL ACCOMMODATION.

Since January 31st, 1907, the Middlesex Districts Joint Small-pox Hospital has been in existence at South Mimms. We must rejoice that, although precepts have been made from time to time on the Edmonton treasury, no patients from the district have been sent there yet with small-pox. The money (£315 6s. 0d. for 1912-13) is a premium for an advantageous insurance.

No cases of small-pox were treated during 1912 from any district.

The Local Government Board issued an Order, dated 18th August, 1911, authorising the use of the hospital as a Sanatorium for phthisical persons.

Dr. Ta'Bois, the Resident Medical Superintendent, informs me that there are 70 beds in the permanent buildings, and 128 more can be put in the buildings of wood and corrugated iron. The beds in the permanent building are supposed to be reserved for cases of small-pox. The 128 beds in the temporary buildings are now being used as a sanatorium for tuberculosis cases. The first cases from constituent authorities were admitted on July 20th, 1912, and on August 10th, 1912, the first cases were received from the Middlesex Insurance Committee, on whose behalf the Public Health Committee of the County Council had secured certain accommodation. The number of tuberculosis cases in the institution on December 31st, 1912, was 71, four of whom were residents in Edmonton Urban District.

In addition, my Council still has the administrative block of the Small-pox Hospital at Clavering's Farm, erected in 1902, where (at the shortest notice) accommodation of a satisfactory kind to meet an emergency could be arranged for ten male and six female patients.

The following sixteen urban districts are now shareholders in the Joint Hospital:—

Acton	Enfield	Hampton Wick	Staines
Brentford	Feltham	Hanwell	Tottenham
Chiswick	Friern Barnet	Harrow	Wealdstone
Edmonton	Greenford	Southgate	Wood Green

TRANSPORT ARRANGEMENTS.

The Council at present undertakes the removal to our hospital, free of charge, in our own ambulance, of all cases of infectious disease which require it. Separate vehicles are kept for small-pox and for other infectious diseases. A closed conveyance is also provided for bringing patients home again after their discharge from hospital. This arrangement 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. These conveyances are disinfected each time after use.

Unavoidable, but regrettable, delay occurs in the present system of transport to Winchmore Hill Hospital. The transfers should be undertaken by the Hospital Board, as advised by the Government years ago.

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 disinfecting solution in the room previous to being washed, and articles of clothing, bedding, etc., are removed in a van provided for that purpose by the Council to the disinfecting station, where they are treated in a Washington-Lyon steam disinfector. After treatment, the bedding, etc., are returned in a separate van used only for conveying disinfected articles.

Disinfectants. These continue to be supplied to callers on the same lavish scale as heretofore.

The following should be added to the forms of tender for disinfectants sent out by the Medical Officer of Health, to firms desiring to tender for the Council's requirements. The "carbolic acid coefficient" should be also asked for in connection with disinfectant powder tendered for.

Description of Article.	Cost per gallon.	Carbolic acid † co-efficient.
Disinfectant Fluid (in 40 gallon casks), miscible with water in all proportions to form a homogeneous solution.		

† State conditions under which the test was made, and bactericidal efficiency tested against a vigorous culture of the *Bacillus Typhosus*.

Disinfecting Station. The transfer of this from Pickett's Lock Lane to the Town Hall has been decided upon. (See report upon Education.)

BACTERIOLOGICAL LABORATORY.

During the year the following specimens were examined and reported upon:—

Disease.	Result Positive.	Result Negative.	Doubtful.	Total.
Diphtheria	48*	64	2	114
Enteric Fever	1	3	—	4
Totals... ..	49	67	2	118

*Hoffman's bacillus, 2.

Since April 30th, Dr. Rock has been in charge of this work.

The numbers are much greater than last year, as also those of sputum.

PUERPERAL FEVER.

One case of this disease was notified during the year (a resident in Edmonton Infirmary), so the death-rate is 0.57 *per thousand nett births*. (See Section "Births.") Three cases, two from Tottenham and one Wood Green woman were notified from the Edmonton Infirmary; two ended fatally. Four cases also died in the Infirmary who were not notified in this district, but in the Urban Districts of Tottenham (2), Enfield and Hornsey.

On the receipt of a notification of Puerperal Fever, the case is immediately investigated, and the facts communicated to the County Medical Officer of Health, who has the administration of the Midwives' Act, 1902. At the end of 1911 there were 19 registered midwives residing and carrying on their work in our district, compared with 23 for the previous year.

ERYSIPELAS.

Forty-nine cases were notified, compared with 55 in the previous year, besides 9 "foreigners" occurring in the Edmonton Union Infirmary, none in the Strand Union, and of our 49 cases all were in separate houses. There were two deaths from this cause, and three of the "foreigners" died.

Sixteen cases occurred amongst people who were living in our district outside the Union Infirmary, and yet unable to provide proper attention for themselves. Under the Council's agreement with the Edmonton Union Guardians, nursing had to be provided for them, as such cases are not admitted into the isolation hospitals.

The cases were most numerous in February and October.

PHTHISIS & OTHER TUBERCULOUS DISEASES.

The deaths from phthisis numbered 60, as compared with 45, 50, and 43, during 1911-10-9. The death rate from the disease is therefore 0.92 *per thousand*. Of these deaths, 24 occurred among residents of the district in Edmonton Workhouse. The total deaths from phthisis in the Strand and Edmonton Workhouses in the district numbered 111, or 33 more than last year.

The other tubercular diseases together accounted for 20 deaths, giving a death rate of 0.31 *per thousand*. In this way tuberculosis contributed a total death rate of 1.23 *per thousand*, or 12.0 *per cent.* of all the deaths; this compares with 7.2 *per cent.* the previous year.

The Woman Inspector visits the houses not only where deaths have occurred, but where cases of phthisis have been notified, and she leaves a card of printed instructions, after giving such advice as she thinks may be useful. She paid on this account 348 visits and re-visits during the year, compared with 174 the year before. The disinfection of the room lately occupied by the patient, and of his clothes and bedding, is offered, and usually accepted by the friends.

Tuberculous Meat and Milk. See Section VI. of this Report.

Institutional Accommodation. I have received the following information with reference to this:

(1) EDMONTON WORKHOUSE. Medical Officer, Dr. Mort, states that there is no special accommodation.

(2) EDMONTON INFIRMARY. Superintendent, Dr. Mort, reports that there is a total of 128 beds reserved for consumptive patients, and that the advanced cases are treated in the side wards; the patients are not selected, but are simply admitted as they apply; that there is no fixed charge, but relatives of patients are assessed according to their means, if any.

(3) STRAND UNION INFIRMARY. Dr. Bebb, Medical Officer (visiting) reports that there is no special accommodation provided; should cases be diagnosed, they are sent to the Central London Sick Asylum as soon as there is a vacancy.

(4) STRAND UNION SCHOOLS. Dr. J. K. Brownlees, Medical Officer (visiting). Children are received from the Strand, Islington, Wandsworth, and St. Giles's Guardians. Dr. Brownlees states that there is no special accommodation provided, but that if any case of phthisis is discovered the patient is at once sent back to his (or her) own Guardians.

I received three voluntary notifications.

NOTIFICATIONS RECEIVED UNDER PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1908.

These Regulations came into force on January 1st, 1909, throughout England and Wales.

Form A.	First notification from M.O., Edmonton Infirmary	...	52
"	" Re-notifications " " "	...	2
"	" First notifications by M.O.'s. of outside Institutions	...	3
"	" Re-notifications " "	...	0
"	B. First notifications from D.M.O. of Edmonton	...	32
"	" Re-notifications " " "	...	0
"	C. First notifications by Superintendent Officer Edmonton Infirmary	...	17
"	" Re-notifications " " "	...	0
"	" Notifications or re-notifications from Superintendent Officer (Master) of Edmonton Workhouse	...	0
"	" First notifications by Superintendents of outside Institutions	...	6
"	" Re-notifications " " "	...	0
"	D. Notifications by R.O., Edmonton District	...	0
Total notifications			112

The total number of persons notified under the regulations was 80—54 males and 26 females. For 1910 the figures were 69—45 and 24; and for 1911 they were 60—41 and 19.

Patients notified once	...	...	...	54
„ „ twice	...	...	...	20
„ „ thrice	...	...	...	6
				—
				80
				—

NOTIFICATIONS RECEIVED UNDER PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS MARCH, 1911.

These Regulations came into force on May 1st, 1911.

Patients notified once	...	...	...	71
„ „ twice	...	...	...	10
				—
				81
				—

The total number of patients notified under these (hospitals) regulations was 81—48 males and 33 females. The number of notifications was 91.

NOTIFICATIONS RECEIVED UNDER PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS NOVEMBER, 1911.

These regulations came into force on January 1st, 1912.

Patients notified once	...	...	...	123
„ „ twice	...	...	...	9
				—
Total	...			132
				—

The total number of patients notified under these regulations was 132—69 males and 63 females. The number of notifications was 141.

During 1912 we had three different sets of regulations, each affecting a different kind of person, or perhaps the same person in different aspects, depending upon whether at the moment he was being treated by a poor law medical officer, the medical staff of a hospital, or by a private doctor. These complications increased our difficulties of administering the regulations with success, but my staff and I did the best we could in the circumstances.

The great work thus involved may be judged best in the light of the following notes:—

- 10 persons were notified under 1908 and 1911 (hospital) regulations.
- 2 persons were notified under 1908, 1911 (hospitals) and 1911 (November) regulations.
- 17 persons were notified under the 1908 and 1911 (November) regulations.
- 30 persons were notified under 1911 (hospital) and 1911 (November) regulations.
- 1 person was notified under 1911 (November) regulations and voluntarily.
- 1 person was notified under 1911 (November) (school) and 1908 regulations.
- 1 person was notified voluntarily, under 1911 (hospitals) and 1911 (November) regulations.
- 1 person was notified under 1908, 1911 (hospitals), 1911 (November) regulations, and by School Medical Inspector.
- 4 children were notified by the School Medical Inspector as suffering from pulmonary tuberculosis.

THE SANITORIUM BENEFITS.

The "Sanatorium benefits" provided by the National Insurance Act, 1911, came into force on July 15th, 1912, when the contributions from employers and employed commenced to be taken by the Government. The term "Sanatorium benefits," as regards the treatment of tuberculosis, has a wide scope, because it includes treatment as out-patients at the local dispensary, treatment (domiciliary) at their homes, or of advanced cases in a hospital, as well as of the cases in an early stage of the disease in a sanatorium. In many counties it has been found advisable to provide a few beds at the chief dispensary for the observation of doubtful cases. During 1912 every local Medical Officer of Health in England has been inundated with work relating to tuberculosis and its treatment under the Act, and the scheme or schemes propounded by his County Council, although some County Councils have assumed that district authorities and their officers would know little about, or have little to do with, the subject. It has apparently been forgotten that many District Councils have nothing much to learn as to the care of phthisical persons, and the improvement of their home conditions. In our own case, Edmonton has been dealing with such matters through its Medical Officer of Health and his Woman Inspector since 1904.

County Councils did not come into existence before 1888, and the duties of their Medical Officers were defined in a circular of the Local Government Board dated July 29th, 1910.

During the past fifty years there has been a marked decline in the mortality from tuberculosis in England due to the active administration of district sanitary authorities and their officers, whereby overcrowding has been diminished and the hygiene of the dwelling-house vastly improved, and great advances made in the construction of houses, improved drainage, better roads, purer water and milk supply, etc., etc. In the future, as in the past, the further diminution of deaths from tuberculosis will depend on the thoroughness and efficiency with which District Authorities carry out their duties under Acts of Parliament *other than* the National Insurance Act. It is the Council of the District—not that of the County—which possesses most of the statutory powers to deal with the bad conditions which may be around the house or place of work of the individual. It was with a full knowledge of these facts that the Society of Medical Officers of Health in a memorandum published on April 12th, 1912, stated their definite opinion that the district Medical Officer of Health, to whom all cases of tubercle are now notified, should be the executive head of the administrative system for controlling the spread of this "white man's plague," both amongst insured and non-insured persons.

The County of Middlesex accepted from the County Insurance Committee the onerous task of finding institutional accommodation, as the latter is forbidden by law to do so itself; so during the year the County Public Health Committee, under the Chairmanship of Mr. Kelland, has had a busy time. Fortunately, in August, beds were placed at their disposal for sanatorium treatment of insured persons at the Middlesex Districts' Joint Hospital at South Mimms, of which Board Edmonton is one of the sixteen constituent authorities, but it has not yet been found possible to secure special hospitals for advanced cases, who go, as before the Act was passed, to the out-patient or in-patient departments of the old-established general or special hospitals, or into Poor Law Infirmaries. One, of course, recognises that some time must be allowed to elapse before "sanatorium benefits" in their fullest definition can be open to all who require it, or think they require it.

From the Local Government Board we received a circular letter, dated 14th May, entitled "Parliamentary grant for sanatorium purposes. Finance Act, 1911, and National Insurance Act, 1911," also a copy of the Interim Report of the Departmental Committee on Tuberculosis (no date). The consideration of these documents was deferred until the County Council had formulated their scheme.

On June 28th I received the report of the 27th of that month from the County Public Health Committee which contained a "Scheme for dealing with Tuberculosis in the County of Middlesex." A report thereon was presented on July 9th to my Council by Councillor Preb. Sanders and the Medical Officer of Health. The scheme proposed the

division of Middlesex into 5 dispensary areas—area No. 1 to include Enfield, Edmonton, and Tottenham Urban Districts, to which will be appointed 1 Tuberculosis Officer, 1 Assistant Tuberculosis Officer, and 3 Tuberculosis Nurses; treatment to be given to both insured and non-insured persons.

On July 11th the Chairman of the Sanitary Committee (Rev. Preb. Sanders) and the Medical Officer of Health attended a conference of the Local Sanitary Authorities of Area No. 1 at Caxton Hall, with the County Public Health Sub-Committee, to consider the provisional scheme, at which it was resolved that "Whilst this Conference is in favour of the principle of the County Council being the organizing authority for the provision of sanatorium benefit, it requests the County Council, before adopting any permanent scheme as outlined in the Public Health, Housing and General Purposes Committee's report, to give the Local Authorities the opportunity of further consideration of such a scheme."

The delegates of the other areas met also the same week, and the resolutions passed thereat were shortly afterwards sent to each Council, who were asked to offer any suggestions for the improvement of the County scheme to the County Public Health Committee.

On 27th August my Council received a letter from the County Insurance Committee stating that the County would be divided into 24 local sub-committees for the purposes of dealing with sanatorium benefits. This Committee is apparently the one suggested in the County Public Health Committee's report as "a local advisory and care committee." Edmonton is No. 2 District of Dispensary Area No. 1. Councillors Cull, Platten, and Sanders were then selected to represent the Council on this Sub-Committee; the Chairman of the Council (Mr. S. H. Platten) stated that he was of opinion that the Medical Officer of Health should be a co-opted member of the Local Sub-Committee to assist in carrying out the provisions of the Act with regard to sanatorium benefits, as every notifiable case comes before him, and that the services of such an officer would be invaluable to the Local Committee in dealing with the business to be transacted by them.

During the vacation (August) the following documents were received by the Medical Officer of Health, and he reported thereon as follows, on September 4th, 1912, to the Sanitary Committee and Council:—

(1). Circular of the Local Government Board, dated 6th July, 1912, re provisional and permanent arrangements for the treatment of tuberculosis.

(2). Memorandum from the National Health Insurance Commission of England on the administration of sanatorium benefits, dated 6th July, 1912.

(3). Letters from the Middlesex District Councils' Association of the 11th July and 12th August.

(4). Middlesex District Councils' Conference of the 8th July, 1912. Report of resolutions passed thereat.

(5). Letter from the Clerk, Middlesex County Council, of 24th July, with resolutions passed at Conference of 11th July, and asking for suggestions.

(6). Circular of the Local Government Board of the 27th July and Order of 26th July re "Domiciliary treatment of tuberculosis," which came at once into operation.

No. 1 is addressed only to County and County Borough Councils, and No. 2 to County Insurance Committees and not to Local Councils. However, it is well for us to know about them. In No. 1 the Local Government Board say that County schemes should cover all tuberculous persons whether insured or not, and that (generally) the unit area of administration should be a County or County Borough; further, that each County Council should confer with the Local Councils in order to obtain their full co-operation in the working of the County scheme. The Board also state that they and the Insurance Commissioners are agreed that domiciliary treatment should be carried out as far as possible by general practitioners.

In No. 2 the Commissioners state that at first it will be desirable to confine the benefit to insured persons, and they warn all that everyone who applies for sanatorium benefit will only get it at the discretion of the County Insurance Committee, and that County Committees are not empowered by the Act to provide institutions themselves.

No. 6 is remarkable in that no statement is made as to what payment, if any, is to be made to the medical practitioners who do the important work they are asked to do.

In a letter dated 14th November the County Council asked our opinion of the best site for the Head Dispensary, and were informed (in December) that any site would be suitable along the main road to Hertford between Lower Edmonton and Silver Street Stations.

On November 30th I received a copy of a report of the County Public Health Committee, dated 31st October, 1912. This report is an amended form of their June report, and the scheme, as amended, is summarised in Appendix C. Edmonton Council, it is stated, sent in the following suggestions for the improvement of the County scheme of June, 1912:—

"We consent to the principle of the County Council undertaking the duty of the organization of sanatorium benefit, but reserve our opinion on matters of detail, such as the use of our Small Pox and Fever Hospitals for the purpose.

"We consider that all Medical Officers of Health should be co-opted on the Local Committees appointed for their respective districts."

Also in Appendix C it is stated that the Tuberculosis nurses could be appointed in conjunction with the District Councils, and that arrangements *will* be made, where possible, to utilize the services of existing officers.

The Middlesex Districts' Councils' Association, at a conference on 28th November, 1912, passed the following resolutions:—

(1) That in their opinion (a) The County Council should be the Organising Authority generally; (b) The Tuberculosis Officers appointed by the County Council should be consultants only, and not undertake treatment or any administrative work; and (c) That the Local Public Health Service in each District should be used to the fullest extent in order to prevent friction and overlapping and unnecessary expense, and avoid what would be a separate and distinct Health Authority for one disease only.

(2) That the scheme submitted by the Middlesex County Council contravenes the principles set forth in the above resolution, and that the County Council be asked not to proceed further therewith; that they be requested to formulate an amended scheme in detail, on the lines of the above resolution, and that each Local Authority be given ample time for offering observations thereon, with a view to making a scheme which should be satisfactory both to the County Council and the Local Authorities.

(3) That the Local Government Board be asked not to approve the scheme submitted by the Middlesex County Council.

Our Sanitary Committee deferred consideration thereon to January 8th, 1913, and then asked the Council to formally adopt the first one, which was done.

In December, our Accountant reported on the finance of the County Scheme to the Sanitary Committee and Council.

Dated 6th December, 1912, the Local Government Board issued a circular entitled "Schemes for Institutional Treatment of Tuberculosis." This circular, although only addressed to County Councils and County Boroughs was apparently sent to us as a matter of courtesy by the Board.

The advice given in this circular was on almost similar lines to the terms of the resolutions of the Middlesex Districts Councils' Association mentioned above. The Board suggest that one or more of the dispensary medical officers may undertake, under the direction of the Medical Officers of Health *of the district*, the investigations necessary after notification for preventing the spread of infection and for removing conditions favourable to infection. The circular states that an arrangement should be entered into by County and District Councils by which such officer or officers of the dispensary should act for the purpose of these tuberculosis regulations as an officer of the District Council under the instruction of their Medical Officer of Health. Therein the Board state: "It has now been decided that the Exchequer will definitely pay one half of the deficiency in all cases where the Local Authority has accepted a like responsibility," i.e., for non-insured as well as insured persons.

I prepared a special report on "The Administrative Control of Tuberculosis," and presented it to my Sanitary Committee and Council, and copies were forwarded (as required) to the County Council of Middlesex and the Local Government Board. This appears as an Appendix to this Annual Report.



SECTION II B.

COMMUNICABLE DISEASES—NON-NOTIFIABLE.

We can partly judge of the prevalence of these diseases by the death returns. The deaths from measles have been 16 less than last year, and the deaths from whooping cough have been 8 more. The deaths from diarrhoea have been 126 less than last year; from influenza, 4, one more than last year.

A better knowledge of the prevalence of these diseases is gained from the notifications received from the head teachers, now they are sent in fully and regularly to the Medical Officer of Health. (See Annual Report on Education.)

DIARRHŒA.

Nineteen deaths occurred from diarrhoea and epidemic enteritis, as compared with 145, 22, and 37, for 1911-10-09. The death-rate from the disease is 0·29 per thousand of the population, as compared with 2.29 last year. Of these deaths, 14 occurred in children under one year of age, giving an infantile mortality rate for the year from this cause of just under 8 *per thousand nett births*; the figures in 1911-10-9 were 61, 9, and 17 per 1,000 nett births. Only six of the deaths occurred in the third quarter.

Deaths from diarrhoeal diseases occur mainly between one month and nine months of age—a period when the infant, who could be breast-fed with entire safety, is tested with unclean cows' milk, and samples of grown-up persons' diet. The advice on diet personally given by the Woman Inspector is very useful.

In July 100 posters were published all over the district, and general instructions given to the Engineer and myself to take such steps as may be necessary to check the spread of infantile diarrhoea.

"It is assumed that an epidemic of diarrhoea has been established, when the death-rate per 1,000 living for the whole year reaches 0.50. Epidemic diarrhoea is always associated with a high temperature, dry air, and polluted soil. The disease is predominantly one affecting the poorer classes." (Ipswich Annual Report for 1911.)

Weather. This is best referred to here, as our figures show the favourable effect on infantile diarrhoea of the rainy and cold summer of 1912 contrasted with that of the previous year.

MEASLES.

There were 15 deaths noted, compared with 31, 3, and 8, in 1911-10-9. This number of deaths is equal to a death-rate from measles of 0·23 per 1,000 living. Two occurred in the first-age period (under one year), 8

in the second-age (one and under two years), 4 in the third-age (two and under five), and one over five years of age. All occurred in the last two months (November and December) of the year. An outbreak began at the end of September at Eldon Road Schools, and gradually worked its way south. On December 18th I addressed a circular letter to all the managers of Sunday Schools, asking them to co-operate in the prevention of the disease. Several hundreds of special leaflets re measles were distributed by the Woman Inspectors, who visited the families attacked.

WHOOPING COUGH.

There were 23 deaths from this cause, as compared with 15, 9, and 13, in 1911-10-9. This is equal to a death-rate from the disease of 0.35 per 1,000 living. All the deaths occurred amongst children under 5 years of age—13 in the first-age period, 7 in the second, and 3 in the third. Eighteen occurred in the first four months of the year.

INFLUENZA.

Four deaths were registered from this cause, compared with 3, 3, and 17 for 1911-10-9. Two persons were over 65 years of age, and the others were between 25 and 65 years old. Three were females.

VENEREAL DISEASES.

Syphilis. Two deaths were recorded as due to this disease; one of these was an infant under one year of age.

Gonorrhoea. No deaths from this disease are recorded.

As I observed in previous Annual Reports, nothing is more misleading than the death returns of these diseases, and it will be so until arrangement is made for medical practitioners to send their certificates of death direct to the Registrar. Meanwhile, the deaths really due to these causes are to be sought under such headings as "locomotor ataxy," "stricture of urethra," "general paralysis of the insane," etc.

OTHER DISEASES.

Alcoholism. One death from this cause was recorded—a female in Fore Street ward. The death returns of this disease, as in the instance of venereal diseases, are most deceptive. The number (male and female) can be considerably added to by looking back into the life-history of some of the cases certified as dying from cirrhosis of the liver, ascites, neuritis, etc., etc.

Respiratory Diseases, including bronchitis, pneumonia, pleurisy, and other non-tuberculous diseases of the respiratory system, gave rise to 22 less deaths than in 1911. The figures are 114, giving a death-rate of 1.75 per 1,000, compared with 136 and a death-rate of 2.15 for the latter year. Pneumonia, especially of the lobar

variety, would be more correctly placed amongst the specific infectious diseases. In the Registrar General's manual such causes of death as "fibroid phthisis," "grinder's phthisis," are now classed amongst "other respiratory diseases."

Table III (old table IV) for 1912 is in the form according with the "Manual of Causes of Death," adopted by the Registrar General for use in England and Wales from the International List. I received the Manual on January 20th, 1912. In response to an enquiry from me in June it was stated that deaths from bronchitis should be included under the double heading 89 and 90B, as in the adaptation, the headings of 89, Acute Bronchitis, and 90, Chronic Bronchitis, had been combined.

Cancer. Fifty-one deaths of persons belonging to the district were registered as being due to cancer, and this is equivalent to a death-rate of 0.78. The deaths during 1911-10-9 were 55, 33, and 54; up to 1905 non-residents were included. In the table below, the deaths from cancer among residents only have been included, and the 51 deaths thus collected have been analysed according to the nature and position of the disease:—

CANCER, 1912.

Seat of Disease.	Carcinoma.		Sarcoma.		Cancer or Malignant.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.
Tongue	1	—	—	—	—	—	1	—
Antrum	—	—	—	1	—	—	—	1
Gullet	3	—	—	—	1	—	4	—
Larynx	1	—	—	—	—	—	1	—
Stomach and Pylorus ...	3	2	—	—	—	—	3	2
Neck	—	—	—	1	—	—	—	1
Liver	4	1	—	—	3a	—	7	1
Pancreas	—	2d	—	—	—	—	—	2
Intestine	1	1e	—	—	1	1	2	2
Prostate	1c	—	—	—	—	—	1	—
Rectum	—	1b	—	—	—	—	—	1
Abdominal	—	1	—	—	—	—	—	1
Breast	—	8bf	—	—	—	—	—	8
Uterus... ..	—	6	—	—	—	—	—	6
Parotid	1	—	—	—	—	—	1	—
Brain	—	—	—	1	—	—	—	1
Lung	—	—	—	—	—	1	—	1
Cervical Glands	1	—	—	—	—	—	1	—
Bone (Humerus)	—	—	—	1	—	—	—	1
Hand	1	—	—	—	—	—	1	—
Bladder	—	—	—	—	1	—	1	—
Total	17	22	—	4	6	2	23	28

a Cancer of Liver and Stomach.

b Secondary in Lungs.

c Prostatectomy 7 months before death.

d Carcinoma of Liver and Pancreas.

e Carcinoma of sigmoid, colotomy 5 hours before death.

f Secondary in liver.

Note.—A better classification might be made if my medical brethren would be more definite in the terms of their death certificates, and avoid the use of "Cancer" or "Malignant." If the disease were recurrent, the original seat of the disease should also be given first. If there had been an operation, the date of it would be of great interest.

Prevention of Cancer.

In a letter addressed to the *British Medical Journal*, of August, 1912, the Medical Officer of Health of Harrow, published the following remarks, which I think well worthy of extended publication:—

Medical observers are agreed that the chief pre-disposing causes of this disease are chronic irritation and injury. Therefore, if the following rules were observed there should follow considerable diminution in the mortality from cancer, which, in the Harrow district, has caused more deaths than tuberculosis during the last five years.

Rules.

1. When warts, moles (especially dark coloured), and other skin growths are exposed to constant irritation, they should be immediately removed.

2. Workers who use tar or paraffin are especially liable to hard, warty growths on the hands, forearms, and other exposed parts of skin. Treatment should be sought early for such growths, as they may readily go on to cancer. Sweeps should take daily baths to remove the soot. Workers with x-rays should be effectually protected.

3. Avoid excessive smoking, as it predisposes to cancer of the lips, tongue, cheeks, etc. Inhaling cigarette smoke tends to cause cancer of the vocal cords.

4. Avoid irritation of the tongue and cheek by broken, jagged teeth, and of the lips by certain kinds of inferior clay pipes.

5. Avoid excessively hot food and drink, which induce cancer of the throat. Fluids and solids should not exceed 100 degrees Fahrenheit. Many people take food and drink at 120 degrees to 150 degrees Fahrenheit.

- 5A. Avoid taking large quantities of iced drinks and ices, as digestion ceases when the temperature of the stomach is reduced below normal, which is 98 degrees Fahrenheit.

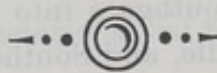
6. Masticate all food thoroughly, as food imperfectly chewed causes chronic irritation of the alimentary canal, involving the gullet, the entrance and outlet of the stomach, as well as that organ itself, and various parts of the large and small bowels, especially the termination of the former. Cancer of the food tract spreads to the liver, gall bladder, pancreas, etc.

7. Take great care of the back teeth or grinders, and see that all of them are present and in perfect order. Dentists should be employed to make good any deficiencies. Money spent on the teeth will bring a greater return than any other investment.

8. Avoid bolting imperfectly masticated food. This bad habit can be cured by not drinking during a meal. Liquids may be drunk in small quantities at the end of a meal, or in larger quantities between meals.

9. Do not delay when cancer is suspected. Early recognition and prompt removal deprives cancer of its terrors. The mutual assistance of the public and the medical profession is essential to early diagnosis, and a grave responsibility rests on both. Thousands of lives of women suffering from cancer of the womb and of the breast could be saved by early diagnosis and operation.

10. Avoid constipation. This is to be done by judicious diet and exercise; and should these fail, by physical and medicinal treatment.



SECTION III.

SEWERAGE AND DRAINAGE.

I am much indebted to our Engineer and Surveyor, Mr. Cuthbert Brown, for his kind help with this section.

There are 3 earth closets in the district, 1 pail closet at a cottage and 16 pail closets at a factory. Otherwise the whole of the district is provided with water closets.

The district is sewered on the separate system. The surface water is conveyed into the Pymmes and Salmons Brooks, whilst the sewage proper, together with that of the neighbouring district of Southgate, passes to the Council's sewage farm of 235 acres, where it is treated by broad irrigation. Mr. Frank Rackham is the farm bailiff. The population whose sewage is treated on this farm, consists of 98,409 persons according to the last census; that is 64,797 persons in Edmonton and 33,612 in Southgate Urban District.

The Sewage Farm. The whole of the land rests on the blue clay at a depth below the surface varying from about 14 feet to about 40 feet; above the blue clay is a bed of gravel, supposed to have been washed down from the Southgate Hills and deposited in the valley. The sewage which comes from the district of Southgate is brought by three main sewers from the Southgate District to the Edmonton Boundary, and at the points where these sewers cross the boundary there was in each case a provision for measuring the flow of sewage from the Southgate District into the Edmonton sewers. But one of these gauging chambers has now been done away with, and for the present the two Councils have agreed on terms which do away with the necessity of any monthly gaugings of the flow of sewage from Southgate into Edmonton. The three sewers are called the Northern, Middle, and Southern sewers. The Middle joins the Southern in Edmonton, and all the mains meet at the west end of Town Road, passing down Town Road in a common outfall sewer to the pumping station. This outfall sewer, which is a brick, egg-shaped sewer, is joined at the pumping station by a low-level iron pipe sewer, which does not extend as far as the Southgate district, but takes the houses built on the low-lying ground west of Cambridge Main Line of the Great Eastern Railway and those in the district adjoining Tottenham. The sewage is delivered at the farm into an underground reservoir of a capacity of 2,000,000 gallons, and is lifted into three subsiding tanks of a total capacity of 600,000 gallons. The sludge from this reservoir and the tanks is periodically pumped out on to the land, where (after drying) it is ploughed in. The sewage then flows by gravitation over the northern portion of the farm for preliminary treatment, and it is afterwards taken

by carriers to a gravel pit of an area of $3\frac{1}{2}$ acres for further purification before being allowed to pass down the effluent channel into the River Lea. In addition to the works which I have enumerated, there is a low-level pumping station at Angel Road, which receives the sewage from the factories and the few cottages which have been built on the east side of the railway, also from a new estate lying between Dyson's Road and the railway. The effluent is examined by the analysts of the Lea Conservancy Board and the Middlesex County Council at frequent but irregular intervals.

During the past year further improvements have been made at the sewage works for the disposal of the sewage of Edmonton and Southgate. A bacteria bed is being constructed of an area of one acre which will treat a further million gallons per 24 hours.

A new centrifugal pump and 20 H.P. electric motor has also been fixed, for pumping purified sewage into the effluent channel.

During the past year no complaints have been received with regard to the quality of the effluent. It has been analysed on twelve occasions by the Lea Conservancy Board and the Middlesex County Council and found to be satisfactory, and in some cases good enough for passing into the River Lea above the intake of the reservoirs. It has also been analysed by the Council's analyst on each occasion.

The system of surface water drainage has been extended in connection with new buildings in various parts of the district and also new sewers laid where necessary.

The sewage farm of the Enfield Urban District extends over 109 acres, and is entirely situate in Edmonton, lying to the north of our own farm. There are five bacteriological filters.

House Refuse Removal. Edmonton does not possess a dust destructor. An arrangement with the same contractor for removal of the house refuse was settled for twelve months, ending 30th September, 1913, at a price of £1,188.

The Engineer reported to the Sanitary Committee on January 3rd, 1912, that at this time the whole of the refuse was being deposited on the land of the sewage farm at the rate of 25 tons daily; the system adopted was to lay it out to a depth of two feet and after a few years put sewage over it; that this led to difficulty in applying sewage, and that now as the land available was scarce the refuse pile was ten feet high; that the gravel pit would take eight years as a shoot to fill up. The Engineer concluded by recommending the construction of two temporary furnaces

at £500, and by stating that owing to the probability of the sewage of Edmonton being taken into the London County Council system in the near future, the question of establishing a permanent refuse destructor was not ripe for discussion. This was referred by the Council to a Special Committee of the Council on January 22nd, but no report was received from this Committee. A fortnight later three acres more were allotted for refuse at the farm.

In May a wire fencing (£7) was fixed round the heap in order to keep the waste paper from being blown into the sewage carriers, and a new sleeper-road made (£20). A contract has been entered into with a brick-maker to take the refuse into his yard from October to March, at 1s. 3d. a load to the Council.

RATS.—Virus is used to reduce the number of these vermin about the Park and the refuse heaps on the sewage farm.

SEWAGE DISPOSAL IN THE LEA VALLEY.

Still another year has been spent in negotiations between the districts of Enfield, Southgate and Edmonton in Middlesex, and the Essex districts of Walthamstow and Leyton, as to co-operation in forming a main sewer which will carry all the sewage from these districts by gravitation to Abbey Mills, where it will be passed on to the London system for subsequent disposal at Barking on the Essex shore of the Thames.

Proposals to deal with the sewage of towns in the Lea valley can be traced back to 1853, when the present towns were little more than villages.

In 1908, our late Engineer, Mr. Eachus, and Mr. Holmes, the Engineer of Walthamstow, issued an estimate of £212,025.

In 1911, the five Councils concerned agreed to leave the final settlement with the President of the Local Government Board, but the matter assumed quite a different aspect when my colleague, Mr. Cuthbert Brown, after going into the subject carefully and actually travelling along the proposed line of drainage, emphatically declared that the latest estimate of £240,000 would be quite inadequate to construct the line of sewer, and even then each Council would have the storm-water of their areas to dispose of.

On 17th July, 1912, the London County Council presented an estimate of £322,000, thus confirming the views of our Engineer.

Startled by the increased estimate, the Enfield Council in September withdrew their support from the scheme of 1911.

In December last, Mr. Essex, the Engineer of Leyton, gave an estimate of £244,000 for the same work, which was a figure less than the L.C.C. one, but obtained only by reducing the size and shape of the main sewer.

During the whole of 1912, as I have said on a previous page, the Edmonton effluent was analysed a number of times with a result satisfactory to the Lea Conservancy Board and the Middlesex County Council, and Mr. Cuthbert Brown stated (December 6th, 1912) that by spending an additional sum out of the rates of £1,000 per annum, the effluent can be kept in the same condition of purity. These considerations must, and rightfully so, have greatly influenced the decision of the Council on January 14th, 1913, to withdraw from the Lea Valley Joint Sewage Scheme, which, with provision for disposing of storm-water, is (at our latest estimate) thought to be £370,000, instead of the sum of £240,000, mentioned at the early part of 1911.

It would appear, even to persons who are not engineers, that a more comprehensive scheme, which would include Finchley, East Barnet Valley, Friern Barnet, and perhaps Hendon Urban District Council—all the west of us—would be worth waiting for, and would receive the cordial support of all the local authorities concerned and the Local Government Board.

ROADS.

The following private streets have been made up during the year under the 1892 Act:—Wellington Road (from Dryden Road to near Gardenia Road), Edenbridge Road (from Wellington Road to Queen Anne's Grove), and Constance Road (from Edenbridge Road to Park Avenue)—a total length of 795 yards taken over for future maintenance at the public expense.

During the past year the tar spraying of the roads has been considerably extended, which has assisted to mitigate the dust nuisance and make the houses on either side of the roads more habitable.

Several road widenings have been carried out at dangerous points, viz.:—Bury Street, the east end of Silver Street, and Montagu Road; and others are in the negotiation stage. Angel Road and Town Road have been widened by taking in the forecourts of small houses.

A new cemetery has been opened out in Montagu Road by the Tottenham Park Cemetery Company, the roadway has been widened at this point at a cost of £600, and the cemetery drained into the Council's main sewer.

In March the Engineer reported that in accordance with the Council's instruction the "village pump" on Edmonton Green had been removed, and the well sealed with York stone and a cover of concrete.

Obstructed Highways. On December 16th, the Works and Highways Committee again took into consideration the important question of how far tradesmen shall be allowed to occupy the public footpaths. As I have said in previous reports, all private obstructions to the free use of the public streets are a danger to the life and limb of the passers-by, especially secondhand wearing apparel. One busy afternoon I counted this collection of goods outside a well-known corner, viz. :— one hundred to one hundred and fifty secondhand articles of clothing, chiefly for the use of females and infants; three boxes (in the road channel) full of tools that had seen better days, and in the road itself three step-ladders of varying length, one harmonium, and one American organ of full compass.

WATER SUPPLY.

The district generally is supplied by the Metropolitan Water Board (New River area). The only house for which the public supply is not at present available is a farmhouse in Firs Lane; there is also one group of forty-five houses supplied by shallow wells about 20 feet deep. Samples of the water in these wells are taken at intervals. The water supply at Messrs. Ridley and Whitley's factory is taken from the River Lea, and purified on the premises before use. At Eley's works a water of excellent quality is obtained from an artesian well 400 feet deep.

The water which the Lea Conservancy Board controls runs from Hertford to Limehouse. The hot summer of 1911 made the Board's task of retaining a sufficient volume of water in the river and navigation a hard one; and in the latter part of that year the heavy rainfall was productive of severe floods. On the 1st September, 1912, the Board took over the River Stort.

In May, Councillor Cornish submitted to the Council an interesting report on the work of the Board for the year ending March 31st, 1912. He there states that Mr. Young, the chemist of the Board, had analysed 173 samples of river water, sewage, or sewage effluent, of which 59 were found to be very good, 25 good, 56 fair, 15 bad, and 18 very bad. During the same period 37 carcasses of animals were removed from the River Lea above the drinking water intakes, and 506 below. New by-laws for regulating the loading and unloading of petrol and other dangerous goods came into operation on November 8th, 1911.

Water Courses. During the first months of 1912 a small sluggish watercourse forming part of the boundary between the Urban Districts of Enfield and Edmonton has been covered in by a concrete culvert from First Avenue to the east end of Alberta Road.

During the winter of 1912-13 the unemployed have been busily engaged with the culverting in of Sadlers Mill Stream, from the weigh-bridge house, Montagu Road, to Exeter Road in Bounces Road. This will be a great improvement to the district and do away with the nuisance which existed in Bounces Road in the form of the old open ditch, which was a receptacle for rubbish and filth.

MARKET ON THE GREEN.

This matter has been, throughout the year, in a state of suspended animation. In July the Engineer advised the Highways Committee that all rubbish and garbage left on The Green by the costers instead of lying about until Sunday morning, should be removed by a special cart and man late on Saturday night. Entertaining costers is evidently an expensive luxury for the ratepayers.



INSPECTION OF PREMISES

Number of premises inspected on complaint	
229	
Number inspected in connection with infectious disease	
210	
Number under periodic inspection	
428	
Number inspected (a) Systematic	
336	
(b) Under H. and T. District	
91	
Total number of inspections and re-inspections made	
1,120	

SECTION IV.

HOUSING ACCOMMODATION.

"I have lived to see inherited my very wishes and the buildings of my fancy."—Coriolanus ii., I. I wish I had.

The Census returns show that on April 2nd, 1911 there were 11,023 dwellings (12,491 separate occupiers), 763 unoccupied, and 27 in course of erection in the district. During 1912 the following new public buildings were completed:—(i) A public elementary school at the corner of Hertford and Bounces Roads for Roman Catholic children, and (ii) A technical institute under the supervision of the County Education Committee on the site of the old Latymer School in Church Street.

Building Bylaws. The Council's "By-laws with respect to the New Streets and Buildings" were revised in 1904, and sealed by the Local Government Board on the 8th June, 1904.

On September 25th a letter of 29th August from the Local Government Board was submitted to the Plans Committee, which suggested the modification of existing by-laws with reference to buildings in reinforced concrete, etc., in order to make provision for the new methods of building; a copy of the model by-laws was enclosed.

Any contraventions of By-law 113 are reported to the Plans Committee by the Architect, and all correspondence and particulars connected with the contraventions are laid before them. The Committee then decide whether they shall recommend to the Council the prosecution of the offenders. During 1912 the Architect reported one contravention, but no legal action was taken thereon.

Housing Inspector. I am very pleased to record that a Housing Inspector was appointed in April, and Mr. A. E. Day began his important duties on May 1st following. As I have said in former years, there is plenty of work in this district for an industrious and conscientious Fourth Male Inspector, and the appointment of such a man must lead to a big improvement in the housing conditions of Edmonton.

INSPECTION OF PREMISES.

Number of premises inspected on complaint	...	...	229
Number inspected in connection with infectious disease			340
Number under periodical inspection	...	...	425
Houses inspected	{ (a) Systematic	...	335
	{ (b) Under H. and T. P. Act	...	61
Total number of inspections and re-inspections made	...		14,129

ACTION TAKEN (OTHER THAN UNDER H. & T. P. ACT):—

Caution or intimation notices given	3,521
Statutory orders issued	305
Summonses served	2
Convictions obtained	2

HOUSING REGULATIONS, 1910.**ARTICLE V.**

Number of dwelling houses inspected under Section 17 of the H. and T. P. Act, 1909	16
Number of them considered dangerous and injurious, so as to be unfit for human habitation	16
Number of representations made to local authority with a view to making of closing orders	21
Number of closing orders made	21
Number of houses where defects were remedied without making of closing orders	Nil.
Number of houses where defects were remedied after making closing order	Nil.
The general character of defects	See Below*
Number of premises closed voluntarily	1
Number of premises demolished voluntarily :—	
(a) Without closing order 1	} 6
(b) After closing order 5	
Illegal underground rooms vacated	Nil.
Number of premises dealt with under Section 15, H. and T. P. Act	7
Number of houses on which closing orders existed at end of year (all in St. Mary's Gardens)	16

That there is a sufficiency of houses in the district for artizans and labourers is shown by the small number of them erected during the year, and the number vacant, although "to let" at reasonable rents.

* The defects found are too varied and numerous for inclusion in any tabular statement, but they are detailed in our Register.

ANNUAL ACCOUNT UNDER THE H.W.C. ACT, 1890.**PART II., SECTION 44.**

I. which provides that the Local Authority shall present every year to the Board, in such form, D. 13 (A), as they may direct, an account of what has been done and of all monies received and paid by the Authority during the previous year ending March 31st, 1913.

II. The Local Government Board are desirous of obtaining information as to the operations of Sections 14 and 15 of the Housing and Town Planning Act, 1909, and as to the action taken by Local Authorities under Section 15 during the year ending March 31st, 1913.

Two circular letters, dated April 14th, addressed to our Clerk, of which the above details are abstract, and two forms with a number of enquiries in each. These, I suppose, are intended to be confirmatory of the Annual Report of the M.O.H.

CLOSING ORDERS.

Skilton Cottages (five houses in Barrowfield Lane). I made a detailed inspection of these five dilapidated houses in December, 1911, and in February the Council made a closing order on the owner under Section 17 of the Housing and Town Planning Act, but in June we were able to report that these houses had been demolished by the owners, thus saving further trouble.

Eaton Place. Closing orders had been served in May, 1911, under Section 17, and on March 12th, 1912, a demolition order was issued by the Council with reference to Nos. 7, 8, 9, 10, and 11, and in June our Engineer reported that they had been demolished by his Department in default of the owners doing so.

Concrete Building rear of the Crescent. Closing Order with reference to this building had been issued in May, 1911, under Section 17; this was followed by a demolition order dated 12th March, 1912, and here again in default of the owners doing so, the Engineer demolished it, and so reported in September.

St. Mary's Gardens. On November 12th, Closing Orders were issued under Section 17 of the Housing and Town Planning Act, with reference to Nos. 45, 47, 48, 49, 50, 51, 52, 53, 56, 57, 58, 59, 60, 61, 62, and 63—sixteen houses; and on the same date my Council made orders under Section 15 of the same Act requiring the repairs specified in the schedule to be completed within 28 days at the following houses, Nos. 40, 41, 42, 43, 44, 54, and 55—seven houses. It is only fair that I should record that in our operations in this road we are receiving every assistance from Mr. Martin, of Chingford, who has recently purchased the property.

THE TOWN PLANNING COMMITTEE.

The first meeting of this Committee was held on March 13th, 1911, and it was then recommended that the Engineer be instructed to have a plan of the district prepared and hung in the South Committee room, the

scale to be 25 inches to the mile and showing the roads and sewers. The map, mounted on holland and with oak case, was obtained in May, and cost £26 2s.

The second meeting was held on December 11th, 1911, and at this meeting the map was on view. The buildings erected since 1894 were depicted in red, the main sewers in thick red lines, the Council's properties green, and the reservoirs of the Metropolitan Water Board in blue. The Engineer, Architect, and Medical Officer of Health were instructed to consider and prepare a scheme to be submitted to the Committee at their next meeting.

In November, the Local Government Board issued a most useful memorandum giving particulars of the operation of the Housing and Town Planning Act, 1909, and of the results achieved under it, and the Working Classes Acts as amended by that Act.

A Town Planning Conference in London was held on April 24th and 25th, 1912, at which Councillors Platten, Cadman, Cull, and Bethell represented Edmonton.

During 1912-13 Councillor Cadman was chairman of this important Committee. A meeting was held on the 29th May, when a joint report was submitted from the Architect, Engineer, and Medical Officer of Health on the preparation of a town-planning scheme. This report stated that, since the last meeting of the Committee several Conferences had been held in different parts of the country on the subject, and there appeared to be some doubt as to the best and correct way of working and carrying out the Act, that fourteen Councils had applied to the Local Government Board for permission to prepare a plan, and four of them had got the necessary assent; further, that perhaps it would be advisable to have a scheme quietly thought out, so that your Council would, when necessary, be in a position to present a scheme to the Local Government Board. The report further referred to the two proposed new roads running North and South and East and West through this District, and it was suggested that, in designing a town plan, the basis on which the Council would have to work would be for the proposed main arteries to be on the lines of these two main roads, as no doubt if they were constructed they would be the proper basis to work upon; but the difficulty that presented itself was that there was no probability of these roads being carried out within the next few years by the Government, and the Officers therefore recommended the Committee to draw up a plan dealing with the several areas in the district with a view to limiting the number of houses per acre to be built thereon, that the lines of the proposed new roads suggested might be shown on the plan and as far as practicable, one or two main arteries might be suggested to the Local Government Board, so far as they relate to the linking up of the existing highways; and the question of linking up the existing main roads to

the proposed new Cambridge Road and the circular road from West to East be left in abeyance, until such time as the Government scheme has assumed a more definite shape.

On June 25th, at the instance of the Borough of Yeovil, my Council unanimously passed the following resolution:—"That this Council is of opinion that it is desirable that the Housing Acts should be amended so as to enable Local Authorities to borrow money from the Public Works Loan Commissioners for the construction of streets for the same period as is at present allowed for land, viz. 80 years; and that the rate of interest should be 3 per cent., and that the Government be petitioned in favour of the same at the earliest possible date."

At the meeting on November 27th, the Committee considered the joint report of the officers setting up lines upon which a town planning scheme of Edmonton might be prepared; a map of district was also presented. The further consideration of this report and map was adjourned and the Clerk instructed to prepare a town planning register for the entering therein of all particulars obtainable as to the nature and tenure of the lands not built on within the proposed town planning area, which only relates to that portion of the district west of the Enfield high-level branch of the Great Eastern Railway. Afterwards the Engineer prepared and presented a copy of this map to each member of the Committee, marking thereon particulars showing the approximate frontage and depth of each type of house from 8 to 20 per acre.

At this meeting a circular letter from the Local Government Board dated 6th September, was submitted, together with a copy of an Order making the rules for fixing the scale of costs applicable on an arbitration under the schedule of the Housing and Town Planning Act.

Overcrowding. During the investigations made by myself and staff into the origin of infectious diseases, many cases of overcrowding came to light. These I made personal inquiry into. It is usually caused by a man with a family of his own, quite numerous enough to fill the rooms intended for bedrooms, receiving a second family to assist in paying the rent. In most cases, good advice, patiently given, and in the remainder, an informal notice, proved sufficient to produce abatement. Particulars of overcrowding, unconnected with infectious diseases, are to be found in the report of the Chief Sanitary Inspector.

London County Council White Hart Lane Estate is mainly in Tottenham, but partly in Wood Green and Edmonton Urban Districts. About 35 acres of it are in Edmonton. During 1912 a London County Council Bill was presented to Parliament which, *inter alia*,

asked for further powers to develop this estate, but not as regards the portion in our area. A conference of the representatives of the Councils concerned was held in London on March 26th.

Unfenced Lands. On April 12th a Local Government Board enquiry was held under the powers of Section 31 of the Public Health Acts Amendment Act, 1907, as regards the desirability of fencing in open lands on the north of Angel Road, and intersected by Cavendish Road. It was estimated that an unclimbable fence fixed in concrete would cost £281.

MIDDLESEX COUNTY COUNCIL.

List of Persons holding Licenses of the Middlesex County Council for Music, Dancing, Stage Plays, or (and) Cinematograph Displays:—

EDMONTON PETTY SESSIONAL DIVISION.

PARISH OF EDMONTON.

M.—Music. D.—Dancing. S.P.—Stage Plays. Cin.—Cinematograph.

1. Ainsley, Allan Jacks, "The Golden Lion," Hertford Road. M.
2. Andrews, Horace Edward, "The King's Hall," Hertford Road. M. and Cin.
3. Bawn, Harry, "The Empire" Theatre. M., D., S.P., and Cin.
4. Chattey, Robert Stanley, "The Two Brewers" grounds, Silver Street, M.
5. Cheeseman, Rev. John, St. Edmund's Hall, Millbrook Road. M. and D.
6. Dubowski, A. Davis, "The Theatre Royal." M., D., S.P. and Cin.
7. Garnett, Herbert Ralph, "The Blue Anchor," Angel Road. M.
8. Heap, Arthur, Raynham Road School. M. and D.
9. Henley, D. W., Cinema Theatre, Fore Street. M. and Cin.
10. Horlock, Robert, The New Hall, Knights Lane. Cin. and M.
11. Jones, Rev. H. Brereton, St. James' Parish Hall, Gilpin Grove. M. and D.
12. Leigh, Samuel, "The Globe," Upper Fore Street. M.
13. Middleton, Wm. Fredk., "The Golden Fleece," Lower Fore Street. M. and D.
14. Payne, William Francis, The Town Hall. M., D., and S.P.
15. Pritchett, George Painter, All Saints' Parish Room. M., D., and S.P.
16. Ryan, Rev. W. S., St. John's Church Hall, Dysons Road. M. and D.
17. Sanders, Rev. E. A. B., The "Charles Lamb" Memorial Hall. M. and D.
18. Sanders, Rev. E. A. B., St. Alphege Church Hall. M., and D.
19. Skinner, Rev. Thomas Henry, St. Michael's Church Hall. M.
20. Skinner, Rev. Thomas Henry, The Bassishaw Hall, Bury Street. M. and D.
21. Yates, Rev. Selwyn, St. Peter's Church Hall. M. and D.

The Standing Orders of the Middlesex County Council, with reference to the provision of sanitary conveniences for Public Halls, are as follows:—

No. 39. Proper cloakrooms, water closets and lavatory accommodation shall be provided for both sexes, and in premises licensed for stage plays there shall be provided sufficient dressing-room and lavatory accommodation for each sex, for *the sole use* of the performers.

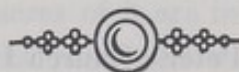
No. 40. Where grounds are licensed, the lavatory and cloak-room accommodation shall be conveniently and properly screened.

No hard and fast lines are laid down by the County Council Licensing Committee as regards cloak-room, water-closet and lavatory accommodation, but each case is dealt with on its merits on the report of the County Engineer. I have emphasised three words in Standing Order 39.

The County Council administers the following Acts of Parliament and By-laws in this district.

<i>Acts.</i>	<i>By-Laws or Regulations.</i>
The Midwives, 1902.	
Food and Drugs, 1875-1907.	
Weights and Measures, 1878-1904.	Weights and Measures (R), 1907.
	Sale of Coal (B).
Explosives, 1875.	
Margarine, 1887.	
Butter and Margarine, 1907.	
Bread Acts, 1822 and 1836.	
County of Middlesex (General Powers), 1906 (Part iv.).	Employment Agencies (B).
Fertilisers and Food Stuffs, 1906.	
Merchandise Marks (when occasion requires).	
Poisons and Pharmacy, 1908.	
Inebriates', 1879-1898.	The Public Health (Milk and Cream) Regulations, 1912.

The powers of the County Officers as regards the by-laws made under the "Employment of Children Act, 1903," and as regards the employment of children in public entertainments under the "Prevention of Cruelty to Children Act, 1904" (section 3), only extend to those parts of the County which are under the County's control in reference to elementary education. Edmonton is not.



SECTION V.

LEGISLATION, GOVERNMENT ORDERS, REGULATIONS, ETC.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

THE DATE OF OPERATION OF THE REGULATIONS is February 1st, 1913.

A copy of the Circular, but not of the Order, is to be sent (it is suggested) to each medical practitioner living or practising in the district.

The circular is addressed to all Local Sanitary Authorities, but not to County Boroughs, nor to Counties, but the Order is addressed to Administrative Counties, the City of London, Metropolitan and Municipal Boroughs and Urban Districts, and to Boards of Guardians in England and Wales, and to Asylum Managers and every District School in England and Wales, and to all Medical Practitioners. The last are defined as "any person for the time being registered under the Medical Acts." "Within 48 hours" is the limit as before, except for S.M.I. and the supplementary forms "C" and the discharge forms "D" of poor law institutions and sanatoria, which are all for weekly issue, when necessary.

This document dated 19th December was received by me on the 21st of that month from our Clerk, together with a circular from the Local Government Board dated 20th December, 1912. These latest Regulations form a consolidating Order, which revokes those issued for paupers in 1908, for hospital patients March, 1911, and for private patients November, 1911. Thus the notification of cases of pulmonary tubercle is condensed and the process simplified. Where the new regulations are inapplicable to peculiar circumstances, the Board may approve special regulations for a district or institution.

EXTENDED SCOPE. The regulations now apply to non-pulmonary as well as pulmonary tubercle, i.e., all forms of tubercle will be now legally notifiable by the practitioners to the M.O.H. But they do not confer any additional power of requiring alterations in factories, workshops and workplaces; if any alterations are thought to be necessary, H.M. Inspector should be consulted before recommendations are made in regard to such alterations.

DUTIES LAID ON THE M.O.H. OF THE LOCAL SANITARY AUTHORITY.
Article XI. of these regulations requires him :—

- (1) To send to the appropriate district all notifications erroneously addressed to him and to inform the notifying practitioner that he has done so ;

- (2) To keep a register containing the full particulars set out in each notification received by him ; and
- (3) To send to the Medical Officer of Health for the County after the end of each week, a statement of all notifications received during the week.

This last duty is entirely a new one undertaken for the benefit of the County Council only. Article XII requires the M.O.H., on receipt of a notification, to take steps to investigate the source of infection, the state of the home and the health of the other inmates (contacts) of the house, as well as of the patient ; if he thinks it necessary, he will act in consultation with the notifying practitioner. The circular advocates close co-operation between the M.O.H. and the Tuberculosis Officer of the Dispensary, but it does not explain how that can be secured beyond saying :—

“It may be desirable that this Officer or some other Officer of the Dispensary should undertake the duties, or some of the duties of the Medical Officer of Health under the Order, and for this purpose, act as an Officer of the Sanitary Authority under the direction of the Medical Officer of Health.”

RESPONSIBILITY for the enforcement and execution of this Order is entrusted to the Local Sanitary Authorities who have to meet its expense, the circular stating that :—

“The expenses of the execution of the Order are such as should be met out of the rates levied for the purposes of the Public Health Acts, and accordingly, by Article III of the Order, the responsibility for the enforcement and execution of the Order is entrusted to the Sanitary Authorities.”

Note that the term “General Order” has been applied to these regulations and those of November, 1911, but not to those of 1908 and March, 1911.

DIAGNOSIS by tuberculin injection test alone is not to be accepted.

FORM OF NOTIFICATION. There are two classes :—

- (1) Primary on form “A,” but on form “B” by School Medical Inspector.
- (2) Supplemental on forms “C” and “D”—of one previously notified.

Cases merely transferred from one poor law institution or sanatorium to another are not to be notified on form “D.”

Notification by non-medical Superintendents or Relieving Officers of Guardians is abolished.

All the forms are to be supplied by the Local Sanitary Authorities to all medical practitioners resident or practising in the District and to the Medical Officers of Institutions, poor law or otherwise and School Medical Inspectors.

ARTICLE V states that the notification is to be sent to the M.O.H. of the District (by penny post or delivered sealed) within which the residence of the person at the date of the notification is situated (carbon copy optional). Except as regards in-patients at Institutions, when it shall be sent to the M.O.H. of the patient's own locality, Hospital Officers will in future send notifications direct and not through the M.O.H. of the area in which the hospital is situate, as they did under the Hospital Regulations of March, 1911.

ARTICLE VI. states that the School Medical Inspector must notify, whether he knows the child has been previously notified or not—but only once ; but he now only notifies weekly and to the M.O.H. of the area in which the home of the child is situated.

FEES. Accounts are not expected from the practitioners, but the Local Sanitary Authority is to settle up every quarter. School Medical Inspectors and Superintendents of Sanatoria receive no fees for this work. Why not? Neither do officers of the tubercular dispensaries.

Factory Surgeons, etc., are added to those Officers of certain Institutions who are not required to notify, but Superintendents of Lunatic Asylums (not being poor-law governed) are now classed as "Hospitals" and must notify.

THE COUNTY M.O.H. Article XI (3) provides that the local M.O.H. shall send a weekly statement embodying all the information on the notifications received during that week.

EXPENSES OF LOCAL M.O.H. Article XI (4) states that any expenses incurred by him in carrying out this article shall be defrayed by his Local Sanitary Authority.

NOTE.—Why are not the expenses he incurs in other respects to be repaid him? In large rural areas, the expense incurred must be a considerable reduction of his salary which was fixed before these regulations were issued.

PENALTIES for default in complying with these regulations, are those expressed in the Public Health Act, 1896.

THE PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.

Made by the Local Government Board under the Public Health (Regulations as to Food) Act, 1907.

These regulations came into operation on 1st October, 1912. They contain important provisions, which, *inter alia* :—

(a) Prohibit entirely the sale of milk containing preservative ; (b) Regulate the sale of cream containing preservatives ; and (c) Prohibit the addition of artificial thickening to cream.

The Inspectors of the County Council have been instructed to see that the regulations are observed.

THE SHOPS ACT, 1912.

There are 16 different authorities in Middlesex administering this Act. The County wished to do so entirely, but the County Council lost the powers which they had in previous Acts over Urban Districts with a population of 20,000 or over. It came into force on 1st May, 1912.

THE RAG FLOCK ACT, 1911.

A letter was received from the Local Government Board dated January 26th, 1912, which drew attention to the provisions of this Act which came into force on July 1st, 1912. Its object is to prevent the sale and use for manufacturing purposes of unclean flock made from rags. A standard of cleanliness may be prescribed by the Board. Penalty for first offence £10 ; for subsequent offence £50. It is the duty of each Council to enforce the provisions of the Act within their area.

In July—in accordance with section 5—my Council empowered the M.O.H. and Chief Inspector to institute proceedings, or enter premises, or examine flock.

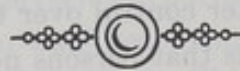
THE NATIONAL INSURANCE ACT, 1911

came into force as regards payment of contributions by employed and employers and sanatorium benefits on July 15th, 1912, but as regards medical benefits not until January, 1913. Part I is entitled "National Health Insurance" ; Part II. "Unemployment Insurance" ; Part III. contains some general provisions. Altogether there are 115 sections in this important measure, whose provisions are both complex and novel.

In May I received 17 leaflets from the National Health Insurance Commission, which gave explanations of the complicated procedure under this Act.

REPORT OF THE DEPARTMENTAL COMMITTEE ON INTERCEPTING TRAPS.

The report of this Committee, which began its enquiries by the direction of the President of the Local Government Board, in 1908, was presented in December, 1911, and made public some months later. Its conclusions support the evidence given by the late Engineer (Mr. Eachus) and myself in a report to the Local Government Board dated December 14th, 1907.



3. Houses Let in Lodgings. The by-laws were revised and sealed by the Council in September 1906. A large number of houses come within their scope. The formation of a register thereof containing all the required particulars will entail a vast amount of work at the first, and later on, owing to the constant changes taking place in this class of houses, a good deal of time must be devoted by the inspectors—both out-of-doors to supervision of the tenements, and in the office to keeping the register correct and up-to-date in its formation.

4. Slaughter-Houses. There are seven on the register. One of the registered, one who had a licence granted him in 1905, and his will licence renewed annually. The annual licence expires at the beginning of March. A licence applied for near Hill Park station last year was (on the advice of the Sanitary Committee) refused.

SECTION VI.

PLACES OVER WHICH THE COUNCIL EXERCISE SUPERVISION.

1. Factories and Workshops. The premises coming under the Acts have been inspected periodically and at irregular intervals. A record of the work done will be found in the form supplied by the Home Office. It is the duty of employers to notify the Local Sanitary Authorities twice a year of the names and addresses of their out-workers. These out-workers are visited, and particulars kept in the appropriate register.

On April 22nd, I received from the Home Office (per our Clerk) two memoranda ; (1) As to the duties of Local Authorities under the Factory and Workshop Acts, 1901—11 ; (2) Upon the structural requirements under the same Acts. They are both useful documents, as they summarise all the information on the subjects mentioned.

Fire. The factories, as well as public halls, and the Edmonton Workhouse and Infirmary are visited from time to time by Mr. Croasdell, Superintendent of our Fire Brigade, who, on request, tests the fire appliances.

2. Common Lodging Houses. There is only one in the district. It has accommodation for men only, and is an ancient structure, but I have always found it nicely kept. Sidney Charles Slater, has been registered under section 69 of the Public Health Acts Amendment Act, 1907, as keeper, and Frederick Matthews as deputy, both for one year. This Act gives the Local Authority better control over the keepers of these houses ; the most important provision is that persons newly registered as "keepers" can only be so registered for a period not exceeding one year, which registration is subject to renewal at the discretion of the Authority.

3. Houses Let in Lodgings. The By-laws were revised and sealed by the Council in September, 1906. A large number of houses come within their scope. The formation of a register thereof containing all the required particulars will entail a vast amount of work at the first, and later on, owing to the constant changes taking place in this class of house, a good deal of time must be devoted by the Inspectors—both out-of-doors to supervision of the tenements, and in the office to keeping the register correct and up-to-date in its formation.

4. Slaughter-Houses. There are seven on the register, one of old registration, one who had a seven years' license granted him in 1908, and five with licenses renewed annually. The annual licenses expire at the beginning of March. A license applied for near Bush Hill Park Station, east side, was (on the advice of the Sanitary Committee) refused.

On 10th July, I received a circular from the Local Government Board, asking for the attention of the Inspectors and myself to be given, when inspecting slaughter-houses, to possible cases of Foot and Mouth Disease.

5. Knackers. This trade was placed under new and stringent regulations by the "Protection of Animals Act, 1911," which came into force on January 1st, 1912.

6. Piggeries. During this year and last the high price of bacon appears to have stimulated Edmonton folk to establish piggeries. During the year the number of pigs and pigstyes increased further.

During 1912, six styes have been erected on plot 93 and two on plot 77 at Weir Hall Allotments, and two styes on plot 95 of Barrowfield Allotments.

7. Dairies, Cowsheds, and Milkshops. There are only two cow-keepers now in the district, the same as last year; and only 25 cows are owned by these keepers. Veterinary inspection of the cows is not undertaken in this district, either by my Council or the County Council. There were 75 purveyors of milk on our register at the end of the year.

8. Unsound Food. Inspector Winter and myself hold the certificate of the Royal Sanitary Institute as Inspector of Meat and Foods. My Inspectors regularly, and I myself at (purposely) irregular intervals, visit the coster stalls on the Green and near Angel Bridge. On July 1st a quantity of bad potatoes were seized by the Chief Inspector at a coster's stall on the Green; for this offence the seller was ultimately prosecuted by my Council and he was fined 10/- and costs.

The Officials of the Middlesex County Council frequently take samples of milk, food, and drugs from tradesmen in Edmonton, and successful prosecutions have been instituted by the County, when adulteration or substitution was revealed on analysis by the County Chemists.

TUBERCLE.—On January 2nd a butcher voluntarily surrendered a bullock which was extensively diseased in the forequarters; the tradesman concerned gave the officers of the Council every assistance for dealing with the case; it was noted that the carcass showed no signs of emaciation. In March a pig was found extensively affected with tubercle, surrendered and destroyed. In November the liver and lungs of a cow were found diseased surrendered and cremated.

9. Offensive Trades. In September an Italian was found carrying on the trade of fish skin dresser in Tile Kiln Lane. The Council gave him notice to discontinue the business, which he did in December. This is an interesting trade which provides fish skins freed from scales and dried for the brewers; the material is cut up into fine pieces and used like the more expensive isinglass for "clearing up" of beer and ale. Unless conducted in a building properly constructed and carried out in a cleanly manner, this kind of business becomes truly and intensely "offensive" to the neighbours.

About March the collection of fish offal was placed in the hands of a fish manure-making company, and the change appears economical and satisfactory.

Offensive Trade By-Laws. On May 8th, the Local Government Board confirmed the Order made by the Council on February 27th, 1912, declaring each of the following trades, businesses or manufactures, to be an offensive trade, namely:—blood drier, fat melter or fat extractor, tanner, leather dresser, glue maker, size maker, gut scraper, fish frier, fish skin dresser, fish curer, rag, bone and skin dealer, manufacturer of manure from fish offal, blood, spent hops, beans or other putrescible animal or vegetable matter. On May 28th the Clerk reported this to the Council and stated that By-Laws regulating the above trades would be framed and submitted to them and the Local Government Board in due course. In June, on the recommendation of the Sanitary Committee, the Clerk and M.O.H. were instructed to prepare draft by-laws, applicable to this district as regards Offensive Trades and also as regards Knackers under the Town Improvement Clauses Act, 1847, and to suggest amendments to the By-laws affecting slaughterhouses, so as to bring them up to modern requirements. In July, draft by-laws, *re* thirteen offensive trades, were submitted to the Sanitary Committee, as settled by the Clerk and the M.O.H. On the Committee's recommendation, the Clerk and M.O.H. and the Chairman of the Committee, were associated in the presentation of these by-laws to the Local Government Board for confirmation. We decided, that to gain experience and save time, the by-laws concerning one trade (gutscraper) should be dealt with first. During the summer vacation, a letter, dated August 6th, was received from the Local Government Board stating that they were not prepared to confirm at once any by-laws other than those of their own model. As this meant the deletion from our draft of some bylaws of extreme importance for regulating the trade and which are already in existence in London County, my Council thought that further effort should be made to obtain the consent of the Board to the by-laws as proposed. I was therefore instructed to obtain an interview with the officers of the Board, for the purpose of

explaining the Council's reasons for desiring confirmation of the by-laws, re gutscraper, as submitted. This interview, with a representative from the legal and medical side, took place on 23rd September, 1912, but the Board's confirmation was still lacking at the end of the year.



FACTORY AND WORKSHOP ACTS.

The work done during 1912 is set out in the list below.

Outworkers' Premises—

Rooms cleansed	...	...	...	...	7
Walls and ceilings repaired	...	...	...	...	1
Overcrowding abated	...	...	...	...	1
Drinking-water cisterns covered	...	...	...	...	1
W.C. flushing cisterns repaired	...	...	...	...	3
Water supplied to W.C. cisterns	...	...	...	...	1
New W.C. pans fixed	...	...	...	...	2
W.C. flush-pipe joints repaired	...	...	...	...	2
Joint between pan and trap in W.C. repaired	...	...	...	...	1
Water fittings repaired	...	...	...	...	3
Sink-waste pipe repaired	...	...	...	...	1
Roofs repaired	...	...	...	...	5
Rainwater pipes and eaves' gutters repaired	...	...	...	...	3
Dampness remedied	...	...	...	...	2
New dustbins supplied	...	...	...	...	4
Drains unstopped	...	...	...	...	1

39

Workshops—

Workrooms cleansed	...	...	...	...	6
Sufficient W.C. accommodation made	...	...	...	...	1
Water supplied to W.C. cisterns	...	...	...	...	4
W.C. flushing cisterns repaired	...	...	...	...	1
New W.C. pan fixed	...	...	...	...	1
W.C. flushpipe joint repaired	...	...	...	...	1
W.C. seats repaired	...	...	...	...	2
Movable privies cleansed	...	...	...	...	3
Floors repaired	...	...	...	...	1
Drinking water cisterns covered	...	...	...	...	3
Sink waste pipe repaired	...	...	...	...	1
Roofs repaired	...	...	...	...	1
Yard paving repaired	...	...	...	...	2
Dampness remedied	...	...	...	...	1
Drains unstopped	...	...	...	...	1
Rainwater pipes and eaves' gutters repaired	...	...	...	...	2
New dustbin supplied	...	...	...	...	1
Accumulation of refuse removed	...	...	...	...	1

33

Factories—

Sufficient W.C. accommodation provided	...	...	...	...	1
Separate accommodation for sexes	...	...	...	...	1
W.C. flushing cisterns repaired	...	...	...	...	2
Water supplied to W.C. cisterns	...	...	...	...	2
W.C.s cleansed	...	...	...	...	7

W.C. seats repaired	...	...	...	...	...	2
W.C.s unstopped	...	...	...	...	...	3
Pail closets cleansed	...	...	...	...	...	5
W.C. flush-pipe joints repaired	...	...	...	...	...	2
Urinals repaired	...	...	...	...	...	2
Fire extinguishing apparatus provided	...	...	...	...	...	1

28

Bakehouses—

Bakehouses limewashed	6
W.C. cistern repaired	...	...	...	...	...	1
Rainwater pipes and eaves' gutters repaired	...	...	...	...	...	1
Dilapidations in flour store repaired	...	...	...	...	...	1
Dampness remedied	...	...	...	...	...	1
Accumulations of refuse removed	...	...	...	...	...	1
Keeping of fowls discontinued	...	...	...	...	...	1

12

Laundries—

Rooms ventilated	...	...	...	...	...	1
Floors repaired	...	...	...	...	...	2
Water supplied to W.C. cisterns	...	...	...	...	...	1
W.C. flushing cisterns repaired	...	...	...	...	...	1
Yard paving repaired	...	...	...	...	...	1
New dustbins supplied	...	...	...	...	...	1

7

Grand Total ... 119

INSPECTION OF FACTORIES, WORKSHOPS and WORKPLACES.

Including Inspections made by the Sanitary Inspectors (Male and Female).

Premises.	No. of Inspections.	Number of Written Notices.*
Factories ... (including Factory Laundries)	40	...
Workshops ... (including Workshop Laundries)	260	...
Workplaces ... (other than Outworkers' Premises included in Part III of this Report)		
Total	300	...

* In all cases verbal notice has produced the desired result.

II. DEFECTS FOUND IN FACTORIES, WORKSHOPS and WORKPLACES.

Particulars.	Number of Defects.	
	Found.	Remedied.
*Nuisances under the Public Health Acts:		
Want of cleanliness... ..	15	13
Want of ventilation	2	1
Overcrowding	2	1
Want of drainage of floors ... ..	...	...
Other nuisances	64	45
†Sanitary accommodation:		
insufficient	4	2
unsuitable or defective	46	49
not separate for sexes	1	1
Offences under the Factory and Work- shop Act:		
Illegal occupation of underground bake- house (s. 101) ... ..	...	...
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	6	6
Other offences (excluding offences relating to outwork, which are included in Part III of this Report)	1	1
Total	141	119

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

III. HOME WORK.

NATURE OF WORK.*	OUTWORKERS' LISTS Sect. 107.									OUTWORK IN UNWHOLE-SOME PREMISES (Sect. 108).			OUTWORK IN INFECTED PREMISES Sects. 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists.	Prosecutions.		Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110).	Prosecutions (Sections 109, 110).
	Sending twice in the year.			Sending once in the Year.											
	Lists.†	Outworkers.†		Lists.	Outworkers.			Failing to keep or permit inspection of lists.	Failing to send lists.						
		Con-tractors.	Work-men.		Con-tractors.	Work-men.									
Wearing Apparel— (1) making, &c. (2) cleaning & washing	—	—	—	3	—	10	—	—	—	—	—	—	1	1	—
Carding, &c., of buttons, &c.	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Total ...	—	—	—	3	—	10	—	—	—	1	1	—	1	1	—

* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list should be included among those in column 2 (or 5 as the case may be) against the principal class *only*, but the outworkers should be assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote should be added to show that this has been done.

† The figures required in columns 2, 3 and 4 are the *total* number of the lists received from those employers who comply strictly with the statutory duty of sending *two* lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be *even* numbers, as there will be two lists for each employer—in some previous returns odd numbers have been inserted. The figures in columns 3 and 4 will usually be (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer the same outworker's name will often be repeated.

IV. REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.						Number.
Workshops and Workplaces	...	...	...	53	}	227
Outworkers	...	...	...	174		
Bakehouses	...	...	...	...		30
Laundries	...	...	...	...		9
Total number of Workshops on Register						266

V. OTHER MATTERS.

Class.	Number.
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Act (s. 5).	Notified by H.M. Inspector ... 2
	Reports (of action taken) sent to H.M. Inspector 2
Underground Bakehouses (s. 101) : — In use at the end of the year	1

TABLE I.—Vital Statistics of Whole District during 1912 and previous Years.

YEAR.	Nett Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS ‡		NETT DEATHS BELONGING TO THE DISTRICT.			
		Uncorrected Number.	Nett.		Number.*	Rate.	Of Non-residents registered in the District.	Of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.†	Rate.					Number.	Rate per 1,000 Nett Births	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1906	56,818	1,881	1,822	32.07	915	15.55	256	124	248	131.84	783	13.78
1907	59,434	1,923	1,857	31.24	977	15.89	309	124	225	121.16	792	13.32
1908	60,182	2,000	1,931	32.09	902	14.50	297	129	227	117.41	732	12.16
1909	61,164	1,871	1,803	29.48	890	14.09	325	110	182	100.39	675	11.03
1910	61,741	1,961	1,878	30.42	872	13.56	376	94	140	74.55	587	9.51
1911	63,146	1,921	1,847	29.25	1,219	18.68	489	100	265	143.48	830	13.14
1912	65,084	1,844	1,765	27.12	1,126	16.76	563	103	149	84.42	666	10.23

NOTES.—This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. The rates should be calculated per 1,000 of the estimated gross population, but as Edmonton is a district in which large Public Institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 are calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

* In Column 6 are included the whole of the deaths registered during the year as having actually occurred within the district.

‡ “Transferable Deaths” are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, *e.g.*, casuals, must not be included in Columns 8 or 9, except in certain instances under 3 (b) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of “non-residents” which are to be deducted, and will state in Column 9 the number of deaths of “residents” registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths :—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are to be referred (a) to the district of residence, under the general rule; (b) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (c) failing this, to the district where death occurred, if known; and (d) failing this, to the district where the body was found.

Area of District in acres (land and inland water, including 31 of water)	3,894	} At Census of 1911.
Total population at all ages	64,797	
Number of inhabited houses or tenements	12,491	
Average number of persons per house or tenement, 5.00 (including Institutions)	5.19	

TABLE IIa.—Vital Statistics of separate Localities and of the Edmonton and Strand Union Workhouses and Strand Schools in 1912 and previous years.

Names of Localities.		1 Whole District.				2 Bury Street.				3 Church Street.				4 Fore Street.				5 Undistributed.				6 Edmonton Union and Infirmary.				7 Strand Union and School.																							
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	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	...	...	...	...	...	...	...	...					
1906	...	56816	1881	783	248	18570	643	264	91	18415	575	230	64	19607	585	278	89	...	...	11	2	898	73	290	2	1350	5	47	...	...	...	...	...	...	...	...					
1907	...	59434	1924	792	225	18981	703	256	74	19522	559	257	70	20722	662	272	81	...	...	7	...	911	77	339	15	1339	3	54	...	...	...	...	...	...	...	...					
1908	...	60182	2000	732	227	19739	654	267	73	19499	621	242	65	20736	656	211	73	...	...	12	...	932	88	311	12	1280	6	63	...	...	...	...	...	...	...	...					
1909	...	61164	1871	675	182	20157	655	230	67	19677	577	219	68	21101	571	222	47	...	...	4	...	1019	87	344	19	1214	2	53	...	...	...	...	...	...	...	...					
1910	...	61741	1961	587	140	20482	655	218	49	20022	623	181	42	20920	600	184	48	...	...	4	1	1740	98	432	32	1139	5	48	...	...	...	...	...	...	...	...					
1911	...	63146	1921	830	265	21867	644	294	99	20192	632	265	87	21087	564	268	79	...	...	3	...	1342	103	579	63	1079	1	44	...	...	...	...	...	...	...	...					
1912	...	65084	1844	666	149	21500	578	264	63	22166	612	218	55	21418	570	183	31	...	...	1	...	1407	106	647	49	978	1	38	...	...	...	...	...	...	...	...					

Deaths occurring in public institutions of the district are dealt with in columns 6 and 7—a certain proportion of those in column 6 are former residents of Edmonton Urban District.

Deaths of residents occurring in public institutions, whether within or without the district, are allotted to the respective localities according to the last private addresses of the deceased.

TABLE II.—Cases of Infectious Disease notified during the Year 1912.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH WARD OR INSTITUTION.							TOTAL CASES REMOVED TO HOSPITAL.
	At all Ages.	At Ages†—Years.							1	2	3	4	5	6	7	
		Under 1	1 to 5.	5 to 15.	15 to 25	25 to 45	45 to 65	65 and upwds.	Bury Street Ward.	Ch'rch Street Ward.	Fore Street Ward.	Edm'ton Union Rsdnts.	Edm'ton Union Total.	Str'nd Union	Undis-tributed	
Small Pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera (C) Plague (P) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Mem- branous Croup)	136	3	38	84	5	5	1	...	70	48	18	...	...	...	...	123
Erysipelas	58	1	2	4	6	19	18	8	23	12	14	1	10	...	...	...
Scarlet Fever	212	1	38	144	25	4	...	...	54	93	64	1	2	...	...	196
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	12	...	1	1	...	8	2	...	...	1	2	...	9	...	...	2
Relapsing Fever (R) Contin- ued Fever (C) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	4	...	...	...	1	3	...	...	1	...	...	1	4	...	...	...
Cerebro-Spinal Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Polomyelitis	1	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...
Pulmonary Tuberculosis—																
Regulations, 1908	53	...	3	4	7	22	16	1	19	12	9	...	11	2	...	...
Do. 1911	51	...	...	7	10	30	4	...	19	11	18	1	4	...	...	...
Do. 1912	121	...	1	10	26	55	28	1	45	45	31	...	...	...	...	...
Voluntary	3	...	...	...	1	2	...	...	1	1	1	...	...	...	...	...
Chickenpox (to June 2nd) ...	74	1	28	42	2	1	...	...	19	24	31	...	...	...	...	...
Totals... ..	725	6	111	297	83	149	69	10	252	247	188	4	40	2	...	321

Isolation Hospitals or Sanatoria :—

Enfield and Edmonton Joint Isolation Hospital at World's End, Winchmore Hill, is in the Urban District of Enfield.

South Mimms Small Pox Hospital and Sanatorium for Consumptive Persons. This is situate in the South Mimms Rural District of Middlesex and belongs to sixteen Middlesex Districts.

TABLE IIIa.—Causes of, and Ages at Death, during Year 1912.

No.	Diseases.	Deaths at the subjoined Ages of "Residents" whether occurring in or beyond the District.											
		All Ages.			Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
		M.	F.	T.									
1	Enteric Fever ...	1	...	1	...	...	...	...	...	1	...	...
6	Measles ...	4	11	15	2	8	4	1	...	...	...	...
7	Scarlet Fever ...	...	1	1	1	...	...	...	...	...	...	...
8	Whooping Cough ...	10	13	23	13	7	3	...	...	...	...	...
9	Diphtheria ...	7	6	13	1	1	5	6	...	...	...	...
10	Influenza ...	3	1	4	...	...	...	...	...	1	1	2
14	Dysentery ...	...	...	...	...	...	...	...	...	...	...	...
18	Erysipelas ...	2	...	2	1	...	...	...	...	...	...	1
20	Pyæmia, Septicæmia ...	1	...	1	1	...	...	...	...	...	...	...
28	Pulmonary Tuberculosis	28	29	57	...	...	2	1	14	24	14	2
29	Acute Phthisis ...	3	...	3	...	2	...	...	...	...	1	...
30	Tuberculous Meningitis	6	7	13	2	4	4	3	...	...	...	...
31	Tuberculosis of Peritoneum and Intestines	3	2	5	3	...	...	1	...	...	1	...
32	Tuberculosis of Spinal Column	...	1	1	...	...	...	...	1	...	...	...
33	Tuberculosis of Joints	...	...	...	...	...	...	...	...	...	...	...
34	Tuberculosis of other Organs	...	1	1	...	...	...	...	...	...	...	1
36	Rickets, softening of Bones	1	...	1	...	1	...	...	...	...	...	...
37	Syphilis ...	2	...	2	1	...	...	...	...	1	...	...
39	Cancer of the Buccal Cavity	1	1	2	...	...	...	...	...	...	1	1
40	Cancer of the Stomach, Liver, etc.	14	3	17	...	...	...	...	...	2	9	6
41	Cancer of the Peritonæum, Intestines, and Rectum ...	2	3	5	...	...	...	...	...	...	3	2
42	Cancer of the Female Genital Organs	...	6	6	...	...	...	...	...	...	3	3
43	Cancer of the Breast ...	...	8	8	...	...	...	...	...	...	3	5
45	Cancer of other or unspecified Organs	6	7	13	...	...	...	...	...	1	9	3
46	Other Tumours (situation undefined)	...	1	1	...	...	...	...	...	...	1	...
47	Rheumatic Fever ...	1	...	1	...	...	...	...	...	1	...	...
48	Chronic Rheumatism, Osteo-arthritis, Gout	1	2	3	...	...	...	...	...	...	1	2
50	Diabetes ...	1	2	3	...	...	...	1	...	...	1	1
51	Exophthalmic Goitre ...	...	1	1	...	...	...	...	...	1	...	...

Deaths of "Residents" in or beyond the District according to the Locality.				Residents beyond the district.	Edmonton Union Residents.	Institution Deaths— Non-residents.				Non-residents outside Institutions.	Inquests in district on Residents.
Bury Street.	Church Street.	Fore Street.	Undistributed.			Edmonton Union.	Strand Union and School.	Other Institutions.	Totals.		
...	...	1	...	...	..	6	...	...	6	...	...
9	6	...	...	1	...	6	...	...	6	...	1
...	1	...	...	1	...	...	...	...	...	...	...
8	9	6	...	...	2	...	...	...	...	...	...
6	4	3	...	13	...	...	...	...	...	...	...
2	1	1	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	1	...	...	1	...	...
2	...	...	...	...	2	3	...	...	3	...	...
1	...	...	...	...	...	2	...	...	2	...	1
25	15	17	...	4	24	84	3	...	87	2	3
2	1	...	...	1	...	1	...	...	1	...	1
5	4	4	...	3	...	2	...	...	2	...	...
3	1	1	...	...	3	3	...	...	3	...	1
1	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	1	...	...	1	...	...
1	...	...	...	...	1	2	...	...	2	...	...
1	...	...	...	1	...	...	...	...	...	1	...
1	1	...	...	1	1	5	...	...	5	1	...
1	...	1	...	...	1	5	...	...	5	...	...
5	4	8	...	2	4	9	...	...	9	...	...
3	2	...	...	1	1	11	...	...	11	...	1
2	2	2	...	...	2	7	...	...	7	...	...
3	3	2	...	...	2	3	...	...	3	...	1
6	2	5	...	3	4	5	...	...	5	...	...
1	...	...	...	1	...	...	...	...	...	...	...
1	...	...	...	...	...	2	...	...	2	...	...
...	2	1	...	...	...	...	1	...	1	...	...
2	...	1	...	1	...	2	...	...	2	...	...
...	1	...	...	1	...	...	...	...	...	...	...

No.	Diseases.	Deaths at the subjoined Ages of "Residents" whether occurring in or beyond the District.									
		All Ages.			Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.
		M.	F.	T.							
53	Leucocythæmia	...	...	...	...	...	...	...	...	...	...
54	Lymphadenoma	...	...	...	...	...	...	...	...	...	...
56	Anæmia, Chlorosis	1	...	1	...	...	...	...	...	...	1
61	Alcoholism (acute or chronic)	...	1	1	...	...	...	...	...	1	...
62	Meningitis	1	...	1	...	...	...	...	...	1	...
63	Locomotor Ataxy	1	...	1	...	...	...	...	...	...	1
64	Other Diseases of the Spinal Cord	2	1	3	...	1	...	...	...	...	2
65	Cerebral Hemorrhage, Apoplexy	10	14	24	...	...	...	...	1	14	9
66	Softening of Brain	2	1	3	...	...	...	...	...	2	1
67	Paralysis without specified cause	...	...	...	...	...	...	...	...	...	...
68	General Paralysis of the Insane	1	1	2	...	...	...	...	2	...	...
69	Other Forms of Mental Alienation	1	...	1	...	...	...	...	...	1	...
71	Epilepsy	3	2	5	...	...	...	1	1	...	3
73	Infantile Convulsions (under 5 years of age)	3	2	5	4	1	...	...	...	...	...
74	Hysteria, Neuralgia, Neuritis	...	...	...	...	...	...	...	...	...	...
77	Other Diseases of the Nervous System	4	1	5	...	...	1	1	...	2	1
78	Pericarditis	1	...	1	1	...	...	...	...	...	...
79	Acute Endocarditis	4	8	12	...	...	...	3	4	5	...
80	Organic Disease of the Heart	36	37	73	...	...	...	2	3	4	23
81	Angina Pectoris	...	...	...	...	...	...	...	...	...	...
82	Diseases of the Arteries, Atheroma, Aneurysm, etc.	5	1	6	...	...	...	...	...	2	4
83	Embolism & Thrombosis	...	5	5	...	...	...	...	...	2	3
88	Diseases of the Veins (Varices, Hemorrhoids, Phlebitis, etc.)	...	...	...	...	...	...	...	...	...	...
89	Diseases of the Thyroid Body	...	1	1	...	...	...	...	...	1	...
90	Bronchitis	18	22	40	9	2	1	...	...	2	8

Deaths of "Residents" in or beyond the District according to the Locality.				Residents beyond the district.	Edmonton Union Residents.	Institution Deaths—Non-residents.				Non-residents outside Institutions.	Inquests in district on Residents.
Bury Street.	Church Street.	Fore Street.	Undistributed.			Edmonton Union.	Strand Union and School.	Other Institutions.	Totals.		
...	...	...	...	...	...	...	...	...	...	1	...
...	1	...	...	...	...	1	...	...	1	...	...
...	...	1	...	...	1	1	...	...	1	...	1
1	...	...	...	...	...	3	...	...	3	...	...
...	...	1	...	...	...	...	...	...	...	...	1
2	1	...	...	...	1	4	...	...	4	...	1
6	8	10	...	...	4	32	5	...	37	1	6
1	1	1	...	1	2	...	...	...	...	...	2
...	...	...	...	...	...	2	1	...	3	...	...
2	...	...	...	2	...	1	...	...	1	...	...
...	...	1	...	1	...	...	...	...	...	...	...
2	2	1	...	1	...	...	...	...	...	...	3
3	...	2	...	...	...	...	...	...	...	...	2
...	...	...	...	...	...	1	...	...	1	...	...
2	1	2	...	3	1	1	...	...	1	...	...
...	1	...	...	...	...	...	...	...	...	...	1
5	3	4	...	3	7	24	...	...	24	...	...
25	25	22	1	10	26	98	6	...	104	2	7
...	...	...	...	...	...	1	...	...	1	...	...
2	2	2	...	...	...	7	...	...	7	...	2
2	...	3	...	...	3	4	...	...	4	...	...
...	...	...	...	...	...	1	...	...	1	...	...
...	1	...	...	...	...	...	...	...	...	...	...
14	10	16	...	3	3	19	3	...	22	1	2

		Deaths at the subjoined Ages of "Residents" whether occurring in or beyond the District.										
No.	Diseases.	All Ages.			Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.
		M.	F.	T.								
91	Broncho Pneumonia ...	18	8	26	14	6	4	1	...	...	...	1
92	Pneumonia, Lobar and undefined	24	14	38	4	1	3	...	3	7	9	11
93	Pleurisy ...	1	1	2	...	1	...	...	...	1	...	...
94	Pulmonary Congestion, Pulmonary Apoplexy	...	...	...	...	...	...	...	...	...	...	...
96	Asthma ...	1	2	3	...	...	...	...	...	...	1	2
97	Pulmonary Emphysema	1	...	1	1	...	...	...	...	...	...	...
98	Other Diseases of the Respiratory System	2	1	3	1	...	...	...	...	1	...	1
100	Dis. of Pharynx, Tonsillitis	1	...	1	...	...	...	...	1	...	...	...
103	Other Dis. of the Stomach	...	7	7	2	1	...	1	...	1	...	2
104	{ Diarrhoea & Enteritis	7	12	19	14	2	...	1	...	...	1	1
105		...	...	...	...	...	...	...	...	...	...	...
108	Appendicitis ...	5	...	5	...	...	...	2	2	1	...	...
109	Hernia, Intestinal Obstruction	...	2	2	...	...	...	...	...	...	2	...
110	Other Dis. of Intestines	...	...	...	...	...	...	...	...	...	...	...
113	Cirrhosis of the Liver...	3	1	4	...	...	...	...	...	2	1	1
114	Biliary Calculi...	...	1	1	...	...	...	...	...	...	1	...
115	Other Dis. of the Liver	1	...	1	...	...	...	...	...	...	1	...
117	Peritonitis (cause unstated)	...	2	2	...	...	1	1	...	...	...	...
119	Acute Nephritis ...	...	1	1	...	...	...	...	...	1	...	...
120	Bright's Disease ...	7	7	14	...	...	...	...	...	3	9	2
122	Other Diseases of the Kidney and Annexa	...	1	1	...	...	...	...	...	1	...	...
124	Diseases of the Bladder	1	...	1	...	...	...	...	...	...	...	1
125	Diseases of the Urethra, Urinary Abscess, etc.	1	...	1	...	...	...	...	...	...	...	1
126	Diseases of the Prostate	1	...	1	...	...	...	...	...	...	...	1
134	Accidents of Pregnancy	...	1	1	...	...	...	...	...	1	...	...
135	Puerperal Hæmorrhage	...	1	1	...	...	...	...	...	1	...	...
136	Other Acc. of Childbirth	...	2	2	...	...	...	...	1	1	...	...
137	Puerperal Fever	...	1	1	...	...	...	...	...	1	...	...
138	Puerperal Albuminuria and Convulsions	...	...	...	...	...	...	...	...	...	...	...
139	Puerperal Phlegmasia Alba Dolens, Embolism and Sudden Deaths	...	1	1	...	...	...	...	...	1	...	...
142	Gangrene ...	4	2	6	...	...	...	...	...	...	1	5

Deaths of "Residents" in or beyond the District according to the Locality.				Residents beyond the district.	Edmonton Union Residents.	Institution Deaths—Non-residents.				Non-residents outside Institutions.	Inquests in district on Residents.
Bury Street.	Church Street.	Fore Street.	Undistributed.			Edmonton Union.	Strand Union and School.	Other Institutions.	Totals.		
14	8	4	...	1	2	8	...	...	8	2	3
16	14	8	...	4	4	16	...	...	16	...	11
2	...	...	...	2	...	1	...	...	1	...	...
...	...	...	...	...	...	3	...	...	3	...	...
1	...	2	...	...	...	...	...	...	...	...	...
...	1	...	...	...	...	1	...	...	1	...	...
...	3	...	...	...	1	...	...	...	...	...	1
...	...	1	...	1	...	...	...	...	...	...	...
2	1	4	...	1	...	...	1	...	1	...	3
12	2	5	...	2	4	21	...	...	21	...	4
1	2	2	...	4	...	1	...	...	1	...	...
...	2	...	...	1	1	5	...	...	5	...	...
...	...	...	...	...	...	1	...	...	1	...	...
1	...	...	...	...	...	2	...	...	2	...	...
5	6	3	...	4	7	14	...	...	14	...	1
...	1	...	...	...	1	2	...	...	2	...	...
1	...	1	...	...	...	1	...	...	1	...	...
...	1	...	...	...	...	1	...	...	1	...	...
...	1	...	...	...	...	1	...	...	1	...	...
...
...	...	...	...	...	...	2	...	...	2	...	...
...	1	...	...	...	...	...	...	...	...	...	...
...
...	1	...	...	...	...	...	...	...	...	...	1
4	2	...	...	...	5	5	...	...	5	1	...

No.	Diseases.	Deaths at the subjoined Ages of " Residents " whether occurring in or beyond the district.											
		All Ages.			Under one year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
		M.	F.	T.									
143	Carbuncle, Boil ...	1	...	1	...	...	...	...	...	...	1	...
144	Phlegmon, Acute Abscess	2	...	2	...	...	...	...	...	1	..	1
145	Diseases of the Integumentary System	...	1	1	1	...	...	...	...	...	...	...
146	Diseases of the Bones...	1	2	3	1	...	1	...	...	...	...	1
150	Cong'nit'l Malformat'ns	3	3	6	5	1	...	...	...	...	...	...
151	Premature Birth, Infantile Debility, Icterus and Sclerema ...	32	21	53	52	1	...	...	...	...	...	...
152	Other Diseases peculiar to early Infancy ...	5	7	12	11	...	...	...	...	1	...	...
154	Old Age ...	7	15	22	...	...	...	...	...	...	...	22
155	Suicide by Poison ...	...	2	2	...	...	...	...	1	1	...	...
157	Suicide by Hanging or Strangulation	3	...	3	...	...	...	...	...	...	1	2
158	Suicide by Drowning ...	...	...	...	...	...	...	...	...	...	...	...
159	Suicide by Firearms ...	...	...	...	...	...	...	...	...	...	...	...
161	Suicide by Jumping from high place	...	...	...	...	...	...	...	...	...	...	...
162	Suicide by Crushing ...	1	...	1	...	...	...	...	...	...	...	1
165	Other Acute Poisonings	...	...	...	...	...	...	...	...	...	...	...
167	Burns, c'nfl'gr'tn. excep'd	1	2	3	...	1	2	...	...	...	...	...
168	Absorpt'n of Deleterious Gases (conflagration excepted) ...	...	1	1	1	...	...	...	...	...	...	...
169	Accidental Drowning ...	2	...	2	...	...	...	...	1	1	...	...
170	Injury by Firearms ...	...	...	...	...	...	...	...	...	...	...	...
171	Injury by cutting or piercing Instruments	1	...	1	...	...	...	1	...	...	...	...
172	Injury by Fall...	...	1	1	...	...	...	...	...	...	1	...
174	Injury by Machines ...	1	1	2	...	...	...	1	...	1	...	...
175	Injury by other crushing (Vehicles, Railways, Landslides, etc.) ..	1	...	1	...	...	...	1	...	...	...	...
179	Effects of Heat ...	...	...	...	...	...	...	...	...	...	...	...
182	Homicide by Firearms	1	...	1	...	...	...	...	...	1	...	...
184	Homicide by other means	3	3	6	1	1	2	1	...	...	...	1
186	Other Violence ...	2	...	2	1	...	...	...	...	1	...	...
189	Ill defined causes ...	1	...	1	1	...	...	...	...	...	...	...
GRAND TOTALS ...		336	330	666	149	42	33	27	31	77	141	166	

Deaths of "Residents" in or beyond the District according to the Locality.				Residents beyond the district.	Edmonton Union Residents.	Institution Deaths—Non-residents.				Non-residents outside Institutions.	Inquests in district on Residents.
Bury Street.	Church Street.	Fore Street.	Undistributed			Edmonton Union.	Strand Union and Schools.	Other Institutions.	Totals.		
1	...	...	...	...	1	...	...	...	...	...	...
...	...	2	...	...	2	3	...	...	3	...	...
...	...	1	...	...	...	1	...	...	1	...	...
...	2	1	...	2	...	1	...	...	1	...	...
1	4	1	...	1	1	...	...	...	...	...	2
22	22	9	...	5	2	6	...	...	6	...	4
4	4	4	...	1	...	...	...	...	...	...	3
2	13	7	...	2	5	27	16	...	43	1	1
1	1	...	...	...	...	1	...	...	1	...	2
...	1	2	...	...	1	...	...	...	...	...	3
...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	1	...	...	1	...	...
...	1	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	2	...	...	2	...	...
...	2	1	...	3	...	...	...	...	...	...	...
...	...	1	...	...	...	...	...	...	...	...	1
1	...	1	...	1	...	...	...	...	...	2	1
...	...	...	...	...	...	1	...	...	1	...	...
...	1	...	...	...	...	3	1	...	4	...	1
...	1	...	...	1	...	...	...	...	...	...	1
...	1	...	...	1	...	4	...	...	4	...	...
...	...	...	...	...	...	1	...	...	1	...	...
...	...	...	...	...	...	...	...	...	...	...	1
1	3	2	...	1	2	...	...	...	...	...	5
...	1	...	...	1	...	...	...	...	...	...	1
1	...	...	...	...	...	...	...	...	...	...	...
264	218	183	1	103	140	507	38	...	545	18	91

TABLE V.

Table showing the Number of Cases Notified and the Deaths from the principal Zymotic Diseases for the year 1912, and ten preceding years.

DISEASE.	1912.		1911.		1910.		1909.		1908.		1907.		1906.		1905.		1904.		1903.		1902.	
	Pop.		Pop.		Pop.		Pop.		Pop.		Pop.		Pop.		Pop.		Pop.		Pop.		Pop.	
	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
+ Scarlet Fever ...	211	1	68	...	155	5	283	4	308	12	231	8	383	13	259	6	181	3	119	2	179	6
+ Diphtheria and Membranous Croup ...	36	13	43	7	52	4	110	13	158	27	95	17	93	11	37	4	46	10	19	1	60	13
+ Enteric Fever ...	3	1	12	2	34	6	30	7	35	6	29	5	25	7	44	6	38	8	28	6	86	14
Erysipelas ...	49	2	55	1	49	1	42	2	73	...	54	...	78	4	66	1	74	5	63	2	66	3
* Puerperal Fever ...	1	1	...	...	...	...	3	...	3	2	3	3	5	2	3	2	1	...	3	1	4	2
Phthisis ...	228	60	107	45	69	50	84	43	...	54	...	53	...	65	...	42	...	71	...	58	...	45
Non-notifiable.																						
+ Diarrhoea and Epidemic Enteritis ...	...	...	19	...	145	...	22	...	37	...	41	...	32	...	114	...	56	...	151	...	61	...
Enteritis ...	...	...	...	...	6	...	1	...	2	...	2	...	5	...	2	...	10	...	14	...	8	...
+ Measles ...	...	...	15	...	31	...	3	...	8	...	19	...	21	...	19	...	27	...	28	...	10	...
+ Whooping Cough...	...	...	23	...	15	...	9	...	13	...	15	...	39	...	8	...	30	...	7	...	19	...
Influenza ...	...	...	4	...	3	...	3	...	17	...	9	...	14	...	9	...	9	...	10	...	2	...
Other Tuberculous Diseases ...	...	...	20	...	25	...	31	...	26	...	35	...	34	...	38	...	34	...	...	...	...	...

† The seven principal zymotic Diseases on the deaths from which the zymotic death-rate is based.

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

Before 1906, although their notifications were included, deaths in the Strand Union and amongst non-residents in the Edmonton Union were excluded from this table.

Deaths of Residents occurring outside the District are included.

Our Isolation Hospitals are all outside the District.

* Compulsory Notification of Phthisis began on January 1st, 1909, as far as paupers are concerned, on May 1st, 1911, as far as hospital patients are concerned, and on January 1st, 1912, for private patients. The populations quoted are nett, or exclusive of "foreigners" in institutions.

Urban District of Edmonton—County of Middlesex—Sanitary Work, 1912.

Inspections.				Action taken. (Other than H. and T.P. Act).	Action as regards Dwelling Houses H. and T.P. Act, 1909.						Houses let in lodgings. (tenement houses.)	Common lodging houses.	Canal boats used as dwell- ings.	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 in- spection.	Houses inspected from house-to-house (a) systematic. (b) under H. & T.P. Act	Total number of inspections and re-inspec- tions made.	Cautionary or intimation notices given.	Statutory orders issued.	Summonses served.	Convictions obtained.	Number of houses dealt with under Sect. 15.	Number of houses found to be in a state dangerous or injurious to health (Sect. 17).	Number of representations made by M.O.H. (Sect. 17) or his Staff.	Number of houses made habitable without closing orders.	Number of closing orders made by L.A. (Sect. 17).	Number of houses closed voluntarily.	Number of closing orders determined after repairs (Sect. 17).	Number of houses demolished (a) by order of L.A. (Sect. 17), (b) voluntarily	Illegal underground rooms vacated.
229																		
340																		
425																		
(a) 335 (b) 61																		
14129																		
3521																		
305																		
2																		
2																		
7																		
21																		
21																		
6																		
21																		
1																		
Nil.																		
(a) 10 (b) 6																		
:																		
:																		
:																		
1																		
108																		
3																		
This is not a regis- tration authority.																		
3																		
146																		
146																		
146																		

	Bake-houses.	Slaughter-houses.	Cow-sheds. The cows are out at pasture during the greater part of the year.	Dairies and milkshops.	Unsound Food.	Offensive trades.
30	Number in District.					
6	Contraventions of factory acts.					
6	Number on register.					
334	Number of inspections made.					
When Slaughter- ing expected.	Frequency of inspection.					
2	Contraventions of by-laws.					
2	Number on register.					
12	Number of inspections made.					
:	Frequency of inspection.					
1	Contraventions of regulations.					
25	Number of milch cows in district.					
75	Number on register.					
213	Number of inspections made.					
:	Frequency of inspection.					
5	Contraventions of regulations.					
652lbs of butchers' meat and organs.	Meat (including organs) seized and surrendered. (Approximate weight in pounds).					
Nil.	Poultry and game seized and surrendered. (Approximate weight in pounds).					
350lbs. of mixed fish.	Fish seized and surrendered. (Approximate weight in pounds).					
293 lbs. fruit and vegetables.	Fruit and vegetables seized and surrendered. (Approximate weight in pounds).					
330 tins condensed milk.	Other articles seized and surrendered. (Approximate weight in pounds).					
Buried on Council's Sewage Farm.	Method of disposal.					
2	Number of premises in district.					
27	Number of inspections made.					
2	Contraventions of By-Laws.					

Disinfection.					Dust.					Sundry nuisances abated.								
Rooms disinfected.		Articles disinfected or destroyed.	Rooms stripped and cleansed,	Articles disinfected or destroyed.	New bins provided.	How frequently is dust removed from each house?	Number of complaints of non-removal received.	Method of disposal.			Overcrowding.	Smoke.	Accumulation of refuse.	Foul ditches, ponds, &c., and stagnant water.	Foul pigs and other animals.	Dampness.	Yards repaved or repaired.	Other nuisances.
Ordinary infectious disease.	Phthisis.							Destructor.	By Tipping.	Other, state method.								
428	81	163	5035	450	136	Weekly.	48	...	Yes.	...	38	11	17	14	26	265	111	155

APPENDIX.

Special Report of the Medical Officer of Health

SUBMITTED TO

The Sanitary Committee on January 8th, 1913.

The Council on - - - January 14th, 1913.

ON

Administrative Control of

TUBERCULOSIS.

EDMONTON URBAN DISTRICT COUNCIL.

Public Health Department,

Town Hall, Lower Edmonton, N.

9th January, 1913.

NATIONAL INSURANCE ACT, 1911—SANITORIUM BENEFIT—ADMINISTRATIVE CONTROL OF TUBERCULOSIS.

This paper is prepared as a response to the criticism from the County side that, whilst raising many objections to the details of the scheme as submitted by the County Council to the Local Government Board, the Local Authorities and their officers are not prepared with any better alternatives; and, further, in acceptance of the views expressed by the Middlesex County Council itself (see Appendix C, p. 67, of the skeleton scheme of the County issued in October last, and approved—so far as it goes—by the Local Government Board).

The County Council remarks are as follows:—

“It is proposed to secure, as far as possible, the assistance
“of the Local Medical Officers of Health, with a view to close and
“active co-operation between these officers and the staff of the
“Tuberculosis Dispensary.

“This scheme is subject to such amendment as may be found
“to be necessary after consultation and negotiation with the
“Local Authorities concerned.”

Tuberculosis Nurses.

They should be on the staff of the Local Medical Officer of Health, and therefore be appointed, paid, and dismissed by the Local Sanitary Authority. These nurses must be qualified by examination to undertake the work of School Nurse (and) or Woman Sanitary Inspector, if her time is not fully occupied by tuberculosis work. The nurse would report on all her work to the Medical Officer of Health of the district, and a duplicate report of such information as relates to her tuberculosis work would be sent to the Tuberculosis Officer of the area. The County Insurance Committee might pay towards the salary of such a nurse not less than One Pound (£1) per thousand inhabitants of the district (as estimated by the local Medical Officer of Health for midsummer of each year), or thirteen (13/-) shillings, or seven (7/-) shillings per thousand people, depending upon whether she devotes three-quarters, or half, or a quarter of her time to tuberculosis work. The payment from the County

Insurance Committee towards the salary of each Tuberculosis Nurse would have to be higher than aforesaid, if the total salary of each nurse is to be £100 (as stated in the County scheme) and not the usual one of £80—say £1 2s. 6d. for three-quarter tuberculosis work, fifteen (15/-) shillings for one-half tuberculosis work, and seven shillings and sixpence (7/6) for one-quarter tuberculosis work.

The Local M.O.H.

The local Medical Officer of Health should be a member of each local sub-committee, and act as the medical adviser thereof, and on the committee for the dispensary area (should such a committee be formed). The local Medical Officers of Health should choose from amongst themselves two or three to represent them on the County Insurance Committee.

The Tuberculosis Officer or Assistant T.O.

He should not visit patients at home, except in consultation with a general practitioner, and no patient should visit the dispensary except on the recommendation of a general medical practitioner, or the Medical Officer of Health of the district. The Tuberculosis Officer should only give special treatment with vaccines or serums at the dispensary, as his main work will consist of diagnosis or verification of the existence of consumption, consultation with the general practitioner, and selection of suitable cases for the sanatorium or hospital. In the circular of December 6th, 1912, the Local Government Board suggest that if the Tuberculosis Officers are not fully occupied in work at the Dispensary, he, or they, might, for the purpose of the Public Health (Tuberculosis) Regulations, 1912, act as an officer of the Local Sanitary Authority under the direction of the local Medical Officer of Health.

Clerical.

The Clerk of the local Sanitary Authority, or one of his staff, should be the Clerk of the Local Sub-Committee, and if a dispensary committee be appointed, the Clerk thereof should be chosen from amongst the Clerks of the local sub-committees. The municipal training and local knowledge of these gentlemen would be invaluable, and productive of efficiency.

SIDNEY C. LAWRENCE.

Medical Officer of Health.

Edmonton Urban District.

REPORT

OF THE

Chief Sanitary Inspector

For the Year 1912.

PUBLIC HEALTH DEPARTMENT,

TOWN HALL, EDMONTON.

TO THE CHAIRMAN AND MEMBERS OF THE

EDMONTON URBAN DISTRICT COUNCIL.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present to you my report on the work done in the Public Health Department for the year 1912 by your Inspectors and Staff.

The much-needed consolidation of the numerous Public Health Acts still remains to be taken in hand, and the amendment to that ever-recurring nuisance, what is or what is not a "sewer," also demands immediate attention. I am sure every Public Health Officer will greatly welcome the time when this vexatious question is settled, as under the present condition it is one continual source of worry. The effect of the law with regard to this question greatly retards the work.

The combined system of drainage, from my own experience, has taught me that where terraced streets of houses (especially small property) are built, and old streets exist, there is a distinct advantage that they should have the drainage in a combined system at the rear of the houses, and thus avoid drains beneath buildings and innumerable connections with the public sewer.

The dual system continues to give rise to troubles as we still get pollution in the surface water drains, which, I need hardly mention, takes some considerable time to trace before the cause of pollution can be found.

The usual flushing of sewers and combined drains is still carried out, and the special flushing of the channels in the main road on Sunday mornings, during the hot weather, with disinfectants and deodorants, especially where the costers' barrows stand, and where vehicles draw up, has been continued.

The following is a list of the drainage work carried out :—

Drains examined, tested, exposed, etc.	448
Drains unstopped, repaired, trapped, etc.	327
Waste pipes, rainwater pipes, disconnected, repaired, etc.	75
New soil pipes and ventilating shafts fixed	25
Existing soil pipes and ventilating shafts repaired	21
Disconnecting traps or chambers inserted	22
Drains reconstructed	18
Cesspools emptied, cleansed, etc.	10

TEMPORARY HOSPITAL, DISINFECTING STATION AND REMOVAL OF PATIENTS TO HOSPITAL.

Another year has passed and the Temporary Hospital has fortunately not been required for small-pox.

The Council's decision to remove the disinfecting-station from the temporary Hospital to a more central position in the district, will, I feel sure, be a great advantage. The old building now used for the disinfecting apparatus has done good service, but is far from a satisfactory disinfecting station.

I welcome the time when the proposed cleansing-station will be at work, and I sincerely trust it will not only be appreciated by the children, but will have a salutary effect on the parents, for we are continually visiting the homes of those parents who allow their children to get into this condition, and the result is to make some of them keep themselves and their rooms cleaner for a time, while others, move and re-move to evade inspection. To prosecute and fine this class of people is useless.

The following work has been carried out in connection with infectious disease :—

No. of journeys of ambulance to remove patients to Joint Hospital, Winchmore Hill	275
No. of journeys of bedding van to remove infected bedding	232
No. of journeys of bedding van to return bedding after disinfection	191
No. of patients returned to their homes from the hospital by the brougham	282
No. of journeys of brougham to fetch patients from the hospital to their homes	160
No. of rooms disinfected after infectious disease	428
No. of articles of bedding, etc., disinfected after infectious disease	4294
No. of articles of bedding, etc., destroyed after infectious disease	91
No. of books disinfected	20
No. of rooms disinfected after Phthisis	81
No. of articles of bedding, etc., disinfected after Phthisis	450

The removal of patients to hospital is still carried out by your Disinfector, who also acts as attendant. The Inspectors assist when necessary. Your Inspectors also take duty with the Disinfector on alternate Sundays.

Although the Joint Hospital Board cannot at present see their way to remove the patients to hospital, owing to the expense, I still look forward to the time when this removal of patients by the Hospital attendants and nurse will be accomplished. It is gratifying to hear the remarks from patients and parents as to the kind attention they receive while in hospital.

DISINFECTANTS.

For some years past the Council have generously allowed the free disinfectants to the inhabitants of the district, and the public continue to avail themselves of the opportunity given them. As I have before reported, the address of every applicant has been taken, and kept for reference if necessary, as we found several persons coming here from adjoining districts. Disinfectants are only supplied to persons bringing their own vessels, except in special cases where infectious disease occurs. No doubt some of the disinfectant is misapplied, but its use must, to a great extent, encourage cleanliness, and cause much more water to be used than otherwise would be. On looking through the register of callers, I find 32,667 persons applied for disinfectants during the year. It has been suggested that the supply of disinfectants might be discontinued without any detriment to the health of the district. I might

say this would be a great relief of responsibility to me, but, personally, I should be loth to recommend such a course, knowing full well that much good has been done in the past.

Instructions are given to applicants as to the proper and careful use of the disinfectants, and in many instances during the course of inspectorial work we have found the public making good use of them. Besides being distributed to the public generally, disinfectants are also supplied from the Department for disinfecting and deodorising of house refuse for the cleansing of street gullies, flushing of sewers, watering of roads in hot weather, and for all other purposes required by the Council.

PUBLIC AND PRIVATE URINALS, WATER TROUGHS, FOUNTAINS, ETC.

There are now four water-troughs and four drinking-fountains, one water-trough and one fountain having been added during the year.

I regret to say that much damage has been wilfully done to the waste-pipes, taps, etc., and I have communicated with the police with a view of endeavouring to catch the offenders.

The whole of the public urinals connected with public-houses require much attention to keep them in a cleanly condition.

The convenience for both sexes at Angel Road continues to be much patronised, although it does not yet pay the cost of maintenance. The amount collected from the W.C.s, etc., was £140 9s. 8d., being £23 13s. 1d. more than last year.

Both male and female attendants continue to carry out their duties in a most satisfactory manner, and they greatly appreciate the Council's generosity in giving them an increase of wages.

I am hoping that next year we shall see the proposed convenience for both sexes in evidence on The Green; indeed, the necessity for such accommodation is very apparent. Complaints are still received as to nuisances arising from lack of proper accommodation here, and the complaints are fully justified.

I regret that an opportunity has not yet presented itself for placing a convenience at the northern end of the district, although there is a three-place urinal belonging to the premises known as the "Cock" public-house, which is much used by the general public. A convenience here would be of great public service.

MORTUARY.

The appointment of Charles Hickford as Mortuary Attendant has been fully justified, as he has carried out his duties in a most satisfactory manner.

The number of bodies received into the mortuary during the year									
was	...	...	...	...	...	...	...	...	108
No. of inquests held	...	...	...	...	...	...	...	...	92
No. of post-mortems held	...	...	...	...	...	...	...	...	87
No. of bodies deposited by undertakers to await burial	...	...	...	...	...	...	...	...	7
No. of bodies left by relatives till day of burial	...	...	...	...	...	...	...	...	35
No. of bodies detained to await burial owing to decomposition									
having set in	...	...	...	...	...	...	...	...	1
No. notified to the Parish Authority for burial	...	...	...	...	...	...	...	...	2

One body was left after inquest for identification, but was subsequently buried unknown.

CANAL BOATS ACT.

During the year I inspected 35 canal boats, and found 3 contraventions, all of which have been remedied. The contraventions were as follows:—1 cabin required repainting, 1 cabin top and floor defective, and 1 cabin required new floor.

The canal is situated practically on the outskirts of the district, and away from any populous part, consequently the inspection takes up much more time than would otherwise be the case if the canal passed through the more thickly-populated part of the district. There is no other Canal Boat Inspector on the river between Hackney and Ware.

The canal boats on the Lea, speaking generally, are kept in good condition.

The work done in connection with canal boats is annually supervised by H.M. Inspector of Canal Boats.

FISH OFFAL.

For some years past I have been endeavouring to get a firm of artificial manure manufacturers to take over the collection of this offal, and I am now glad to say that since last March they have done so, and carried it out in a creditable manner, not only to themselves, but to the Council. This now releases the Council from any expense in the collection, as I reported last year the cost of collecting and disposing

of the fish offal was 6 $\frac{3}{4}$ d. per pail, for which we received only 4d. per pail. The Council were fully justified in collecting this offal, even at a loss, as it minimised the nuisance inseparable from the business of a fishmonger, and prevented the offal from being surreptitiously deposited by unscrupulous persons in ditches, etc.

The number of pails of fish offal collected by the Council up to March 9th was 353. The amount of money collected up to March 9th was £6 18s. 6d.

DUST COLLECTION.

The collection of dust is still carried out by contract. The refuse was deposited at the Council's Sewage Farm for nine months during the year, and for three months it was deposited in a brickfield. The owner of the brickfield agreed to take the refuse for six months from 1st October, 1912, and to pay the Council the sum of 1s. 3d. for each van load deposited. The house refuse, however, was of such a poor quality that the owner of the brickfield intimated to me that he should not want any more after the expiration of his agreed time, so that the refuse will be again deposited on to the Council's shoot when his time expires.

The land at your Sewage Farm being required for treating the sewage, the time is not far distant when I hope a dust destructor will be in evidence, as, judging from the results obtained from the working of destructors in several districts, this would be an advantage, and enable a very offensive product to be effectually disposed of.

All complaints of non-removal of dust are at once investigated, but there are so many difficulties to overcome, such as persons being out, or it is not convenient to take the dust out at the time of call, and others are absolutely indifferent as to whether it is removed or not. Although as much time is given as possible to the collection by your Inspectors, I cannot but reiterate my former remarks that the work cannot be thoroughly supervised unless a dust foreman be appointed to see the streets are regularly visited and the collection properly carried out.

Amount received for waste material, old tin and iron ware,			
up to September 30th	...	...	£24 0s. 8d.
Weight of dust deposited at the Council's Sewage Farm up			
to September 30th	...	...	3,361 tons,
			15 cwt., 2 qrs.
Number of van loads of dust deposited on the Council's			
Sewage Farm up to Sept. 30th	...	...	1,925

Number of vanloads of dust deposited on the brickfield from			
1st October to 31st December ...	...	...	936
Amount received for dust deposited on the brickfield from 1st			
October to 31st December ...	...	...	£58 10s. 7d.
Number of dustbins supplied ...	...	...	136

OFFENSIVE TRADES, PIG-KEEPING, ETC.

An Italian commenced business of a fish skin dresser in some old sheds situated on the land at the rear of the premises known as Eley's old cartridge factory. Fortunately, the Council had just got this particular offensive trade prohibited from being established without the consent of the Council. The facts were reported, and the owner was notified that he must discontinue the business. After some considerable trouble he removed, but not until proceedings were about to be taken against him.

The offensive trade that commenced operations last year in this district—viz., gutscraper—is still in existence. The premises have been visited from time to time, but the work is not carried out under the conditions it should be, but until we get the bye-laws confirmed we cannot act in the matter. However, we have not received complaint of any nuisance for some time.

From pig-keeping during the year very little nuisance has arisen, no doubt, due to the fact that pigs have been scarce, but the boiling of the waste products from London restaurants, and extracting the fat has given rise to trouble.

SLAUGHTER HOUSES AND UNSOUND FOODS.

No change has taken place during the year in occupation, and the number on the register remains the same, viz., six—five licensed under the Public Health Acts Amendment Act, 1890, and renewed yearly, and one registered that has been in existence a great number of years. This registered slaughterhouse having a bad access, the occupier has given up killing bullocks, and only kills sheep and pigs.

The advantage of slaughterhouses being licensed annually is obvious, especially so should the Council in the future provide a Public Abbatoir.

The slaughterhouses in the district are frequently inspected (especially by Mr. Winter, the Chief Assistant Sanitary Inspector, who, I am pleased to say, takes a keen interest in this work), and are kept

in a cleanly condition, and a special effort is made to visit them during the time of slaughtering. Notice should, in my opinion, be given to the Inspector in all cases when slaughtering is about to take place, as this gives a better opportunity of observing the condition of the animals before the organs and offal are taken away.

The tendency of the butchers is to facilitate the work of the Inspectors, and should any carcass be doubtful it is put on one side for inspection. One butcher has installed a new cold store during the year.

The number of animals inspected during slaughtering operations was:—Oxen, 63; cows, 18; calves, 9; sheep, 137; and pigs, 333.

The following diseased meat and offal was surrendered during inspection:—

- 2 Hind quarters of beef abdominal and thoracic visera.
- 2 Ox lungs and livers.
- 3 Sheeps' plucks
- 1 Pig's carcass.
- 1 Pig's head.

And the following work was carried out:—

Lighting improved ...	1	Walls repaired ...	1
New doors ...	1	New set of three lairs	1
Floors repaired ...	2	Humane killer provided	1
Approach to slaughter-house improved...	2		

We have given some considerable time to watching certain premises where killing at times is alleged to take place. These people, in the knacker business, no doubt carry on a trade in animals of a doubtful class. We are still keeping these people under observation.

I think some form of certificate should be shown to the Local Authorities' Officer, on request, when a dead cow is seen on a knacker's cart passing through the District, to show its destination.

During the year, the following foods were examined, surrendered, and destroyed:—

- February 13th.—2 bags cabbages.
- March 16th.—30 cauliflowers.
- March 28th.—330 tins condensed milk.
- April 30th.—1 case of herrings.
- May 10th.—1 barrel of crabs.

July 17th.—1 box of cods' roe.

September 13th.—5 baskets of plums.

December 19th.—1 trunk haddock.

December 31st.—1 trunk of herrings.

The stalls and shops where fish, fruit and foods are exposed for sale for human consumption are regularly inspected.

One person was summoned for exposing for sale potatoes unfit for human food, and was fined 10s. and costs.

Herewith I append a statement of the work done under the Sale of Food and Drugs Act by the Middlesex County Council Inspector for this district, kindly supplied by the Chief of the Weights and Measures Staff :—

				Samples taken.				Samples adulterated.
Butter	...	...	...	219	...	...	...	14
Milk	...	...	...	90	...	...	...	21
Drugs	...	...	...	14	...	...	...	—
Lard	...	...	...	9	...	...	...	—
Jam ...	...	...	...	2	...	...	...	—
Baking Powder	...	...	...	2	...	...	...	—

Prosecutions, 11; Convictions, 11; Fines. £36 6s. 6d.

DAIRIES, COWSHEDS, AND PURVEYORS OF MILK, ETC.

The number of cowkeepers on the register remains the same as last year, while the number of cows varies from time to time—in all there is not more than 25. It was **only** necessary on one occasion to give verbal notice of limewashing.

The number of milk-sellers on the register in the district is 75; 32 of these practically devoted to dairy produce. In five instances registered milk-sellers were storing other commodities in the shop, not conducive to the good keeping of milk. Two discontinued the storing of objectionable matter where the milk was kept. Two made better arrangements for storing the milk, and one was struck off the register.

The milk register requires regular revision. It was found on making the usual inspections that three were storing milk and were ignorant of registration. One at once applied to be registered, and two gave up selling milk.

All the premises in the district where ice-cream is sold were visited during the summer months, and little cause for complaint was found to exist.

PREVENTION OF DAMPNESS.

The following is a summary of the work done in connection with the remedying of nuisances from dampness :—

Roofs, rainwater pipes, and gutters repaired ...	91
Water fittings repaired	28
New sinks or existing sinks repaired	14
Washhouse floors paved or repaired	17
Ventilation under floors provided	2
Yards or forecourts paved or repaired	111
Other dampness	2
	<hr/>
	265

GIPSIES.

I feel I cannot allow this report to pass without again commenting on the continual nuisances caused by these favoured people classed as gipsies, most of which are low type vagrants.

The complaints of occupiers in the vicinity of vacant lands as to the serious nuisances caused by these people, and their filthy and disgusting habits and language continue to come in. It takes up much of the Inspectors' time, and prevents them carrying out good work in other directions. The land in Montagu and Brettenham Roads, for which an enquiry was held by the Local Government Board Inspector as to fencing, has since had trenches dug across the entrances to the land, which prevents the gipsies encamping here. However, they soon take advantage of other vacant places.

Two other pieces of land were fenced in owing to the gipsies annoying the residents in the vicinity.

We are continually moving and re-moving them, and they politely tell you : " Well, Cuv'nor, we got no land of our own, so we must live on someone's."

How much longer the serious nuisances caused by this class of people is to be tolerated I do not know. Why some legislation has not been brought about to deal effectually with them passes my comprehension.

It is a known fact throughout the country that they are a serious nuisance, and it is especially so in Middlesex. Proper registration would bring them into line, and a tax on them should be levied.

The number of gipsies removed from the district during the year was 146, and the number of visits to them was 251.

SHOPS ACT, 1912.

This Act came into force on May 1st, 1912, and an Urban District Council of an Urban District with a population of not less than 20,000 is for the first time made responsible for the administration of the law relating to shops.

All premises where any retail trade or business is carried on are regarded as "shops," but the provision of the Act does not apply to wholesale premises.

On July 9th, the Council appointed the inspectorial duties of the Act to be carried out by Mr. Day and myself. A systematic inspection of the district was made, and a number of contraventions of the Act have been satisfactorily dealt with. The initial work under the Act was somewhat heavy, and we found a number of small shopkeepers who seemed ignorant of their liability, and some were at first very stubborn, but soon fell in line. There are a few whom we are keeping under observation, as I understand they sell occasionally, but only to their known customers.

The smaller shopkeepers seem to feel the Act keenly, as they state that their customers who earn a penny or twopence in the morning buy their goods in the afternoon by the halfpennyworth and pennyworth, and at the end of the week, when they have a shilling or two, they go to the larger shops. I should certainly like to see it made compulsory to close all "mixed" shops, as the supervision of these shops is exceptionally difficult.

HOUSE-TO-HOUSE INSPECTION.

During the year the Council appointed an Assistant Inspector to devote his time to this work. The provisions of Section 17 of the Housing, Town Planning, etc., Act, 1909, and the regulations made thereunder by the Local Government Board imposes upon every Local Authority the duty of causing to be made from time to time an inspection of their district, with a view to ascertaining whether any dwelling-house therein is in such a state as to be dangerous or injurious to health as to be unfit for human habitation. The Inspector appointed commenced with a road which has already received much attention from the Department,

but the defects which existed were simply appalling. In many cases, the dirty, destructive tenant has again been in evidence. It is to be hoped that when the existing law relating to sanitary administration is consolidated and remodelled, the Local Authority will be empowered to take more effective action in regard to these dirty tenants who do not appreciate in the slightest degree the most elementary principles of domestic sanitation. However, a very large amount of the work for which notices were served has been carried out, and a great deal is still in hand. One particular owner has made a very great improvement in one block of houses by removing the old back staircases and giving increased accommodation in bedrooms and sculleries.

There was a number of houses for which notices were served, and which were dealt with under the Public Health and allied Acts and bye-laws referring to nuisances generally. We find that many of the old houses are without fireplaces in the back-addition bedrooms, and these rooms are generally very damp. A room without a fireplace, in my opinion, should not be allowed to be used for sleeping in.

Every house visited under this system is subjected to a most careful, inspection, but the work that takes time is the service of the notices, watching the work of remedying the defects from day to day, and entering up in the records the results of inspection and work carried out.

The total number of houses inspected, excluding those mentioned in your Medical Officer of Health's report and dealt with under the Housing, Town Planning, etc., Act, 1909, was 375.

FACTORY AND WORKSHOP ACT, ETC.

The number of inspections of bakehouses, workshops, factories, etc., is included in your Medical Officer of Health's Report, as required by the Factory and Workshop Act, 1901, also, the tabulated statement of work done under its various headings, in the form required by the Medical Officer of Health for the County of Middlesex.

I have curtailed this report as much as possible, most of the work done in the Department being quoted by your Medical Officer of Health in his annual report.

I sincerely hope that during the year some steps will be taken to deal with the nuisances caused by many of the stallholders on The Green; much of the nuisance is caused by the fish-washings soaking into the roadway, and lying in the channels and gullies. This necessitates the channels being washed down on Saturday mornings (and on Sundays during hot weather) by the Council's flushing men.

Since the erection of so many advertisement hoardings in the district many nuisances have arisen by the public using the back portions as a convenience, or as a dumping ground for refuse. It is a most difficult nuisance to deal with, as it cannot be well said that it is by the owner's act, cause, or sufferance. However, at present the Council's man who cleanses the urinals, watertroughs, etc., etc., makes periodical visits and deals with the nuisances.

In two instances I have got the owners to put up gates, but these only remained intact for a very little while.

A change took place in the Staff of the Department during the year, Mr. Graves, the Junior Assistant, leaving the office for Canada. Two new assistants were appointed—Mr. Coates and Mr. Day—but Mr. Day is also leaving us in the new year for Australia.

It gives me much pleasure to express my appreciation of the valuable help given by the Sanitary Staff in carrying out the work recorded in this report. I also wish to thank the Chairman and members of the Sanitary Committee for their kind consideration and support, and the officers of other Departments who are always very willing to render all possible assistance.

I have the honour to be, Gentlemen,

Your Obedient Servant,

RICHARD JOHN BUTLAND,

Chief Sanitary Inspector.

Annual Report

for 1912

II. On Education

(In its Medical and Hygienic Aspects).

in the

Urban District of Edmonton



SIDNEY C. LAWRENCE

School Medical Officer.

FRANK E. ROCK

*Deputy and Assistant School Medical Officer ;
School Medical Inspector.*

CECILIA JOHNSTON

School Nurse.

Edmonton Education Committee.

1912 - 13.

(a) REPRESENTATIVES FROM THE COUNCIL.

W. D. CORNISH, Esq., J.P., C.C. (Chairman).

W. A. CULL, Esq. (Vice-Chairman). THE REV. PREB. SANDERS, M.A.

H. BARRASS, Esq., C.C. H. E. SNELLING, Esq.

H. J. BIRD, Esq. C. SORRELL, Esq.

E. A. DALE, Esq. J. W. TAYLOR, Esq.

C. HART, Esq. F. VINCENT, Esq.

W. HATCH, Esq. THE REV. T. WARREN.

S. H. PLATTEN, Esq., J.P. H. WILLIAMS, Esq.

(b) CO-OPTED.

MRS. CULL.

MISS BARKER.

Secretary :

ARTHUR HEAP, LL.B., B.A., Lond.

Education Office, Brettenham Road,

Upper Edmonton.

Superintendent of Attendance Officers :

THOMAS YARROW.

EDMONTON EDUCATION COMMITTEE.

REPORT of the School Medical Officer for the Year ended December 31st, 1912.

"Life is our school-house. Its rooms may be bare, but they are
littered with opportunities of becoming fit for our great inheritance."—

F. B. Meyer.

TOWN HALL,
LOWER EDMONTON,

17TH JUNE, 1913.

TO THE CHAIRMAN AND MEMBERS OF THE
EDMONTON EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

I have the pleasure of submitting my first Annual Report as School Medical Officer. Although my appointment did not take effect until April 30th, 1912, the particulars refer to the whole of that year. The association of Dr. Rock, Miss Johnston, and myself, ever since I became School Medical Officer, has been happy and harmonious.

I desire on behalf of them and myself, to express our thanks to Mr. Heap, the attendance officers, and the teachers, for their hearty co-operation at all times. The good work of medical inspection can only have its best results when we are all united in promoting the welfare of the children.

The information is set out in a manner desired by the Board of Education.

I am, Ladies and Gentlemen,

Your obedient Servant,

SIDNEY C. LAWRENCE,
School Medical Officer.

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GENERAL DESCRIPTION OF ARRANGEMENTS WHICH HAVE BEEN MADE DURING 1912 FOR THE CORRELATION OF THE SCHOOL MEDICAL AND PUBLIC HEALTH SERVICES.

RE-ORGANISATION OF STAFF.—The Sanitary Committee, at their meeting in April instructed me to bring up a report on the re-organisation of my staff, necessitated by the appointment of myself as School Medical Officer, and the absorption of Dr. Rock and Miss Johnston into the Public Health Department at their present salaries. On the 8th May I presented it to the Committee. Its recommendations were accepted by the Committee, except the provision of a "School Medical Clerk," who has now materialised at date of writing (1913).

The main changes which resulted were as follows:—

Dr. Rock added the title of Deputy and Assistant Medical Officer of Health to that of Deputy and Assistant School Medical Officer; he took charge of the bacteriological laboratory of the Council; he acts as Deputy Medical Officer of Health and School Medical Officer; he conducts, as before, the routine medical inspection of the children in the public elementary schools.

Miss Johnston added the title of Junior Woman Inspector to that of School Nurse; she follows up to their homes scholars verminous or neglected; she urges mothers to seek medical treatment advised by the Medical Officers; she assists and deputises for the Senior Woman Inspector during week-ends and holidays of scholars; she ceased to wear uniform, but provides her own overalls for use in the schools; she now shares Miss Hudson's office.

It is productive of economy and more work to accommodate these two officers in the Town Hall, where they can keep in close touch with me and the public health aspect of their extended duties. Our central position here is advantageous for referring children from all the schools who require special examination. The room at Brettenham Road is still retained for the "Medical Officer," as it is used for the routine inspection of the scholars at that school, and such records of all the schools as I may require for reference at the meetings of the Education Committee—still held there—and the storing of the blank forms used by the head teachers and attendance officers.

Dr. Rock joined the Public Health Department on April 30th, 1912, and Miss Johnston on June 1st, 1912. The Finance Committee, at their meeting on May 22nd recommended that the Education Committee pay five-sixths of the salaries of Dr. Rock and Miss Johnston, and my little

salary of £50 as School Medical Officer; these sums, therefore, are provided out of the Poor Rate, and not the District Rate.

I record with gratitude that all these wise changes received your approval and support, and you now witness and appreciate their benefit to the school medical work.

THE SCHOOLS OF EDMONTON

(19 in Number).

Public Elementary Schools	...	...	...	number	11
Secondary Schools	...	...	...	"	1
Private Schools	...	...	...	"	6
Strand Union School	...	...	...	"	1

The Edmonton Union has two schools or homes for pauper children, both in the Enfield district. **The Strand Union School** has an average number of 300 children resident, belonging to the Strand and other districts of Central London.

The Private Schools are six in number and have nearly 200 scholars on their books.

TECHNICAL INSTITUTE.

The Technical Institute was opened on Saturday, September 28th, by County Alderman Colonel Bowles. It had been erected on the site of the old Latymer School in Church Street, and so far as possible a portion of the fabric was incorporated in the new building. The contract price was £6,040. The plans were prepared by, and the building was erected under the supervision of, Mr. H. G. Crothall, Architect of the Middlesex County Council. Provision for extension of the building, when necessary, has been made. The stone came from Monk's Park, the slates from Llandilo, but the bricks were of local make. The heating is by low pressure hot-water system, and the lighting by electricity. The present accommodation consists on the ground floor of 3 workshops, 2 classrooms, one lecture room, Secretary's room and sanitary conveniences and cloak-rooms, and on the first floor of two lecture rooms, an art room and a domestic-subjects room with cooking apparatus. The floors and stair-cases throughout are of fire-proof construction.

THE SECONDARY SCHOOL.

The original school in Church Street was founded in 1642, by Edward Latymer, and formed part of the "Latymer Foundation," which was administered by a body of trustees, and has an income of about £1,000

yearly. The Latymer Elementary School is administered by the same trustees. The scheme of 1901, regulating the Foundation, known as "The Latymer Foundation at Edmonton," and its endowment has been replaced by a new scheme, sealed by the Board of Education, on 9th March, 1909. An additional scheme, sealed 13th October, 1910, provides for admission of girls as well as boys. These provide, *inter alia*, that the elementary school of the Foundation, called "the Lower Latymer," and the part of the income applicable thereto, shall henceforth be administered by the Vicar and Churchwardens of the Parish of Edmonton. The Middlesex County Council undertake the administration of the trusts of the Foundation, and to maintain efficiently the school, formerly "the Upper Latymer," as a secondary school for boys and girls as day scholars. The Governing Body of the school consists of fourteen persons appointed by the Council on the recommendations of the Governors. The present Chairman of the Governors is the Rev. Prebendary Sanders, M.A., Vicar of Edmonton.

The new buildings in Hazelbury Road were opened on September 24th, 1910. The Headmaster is Mr. R. Ashworth, B.A., Lond. The site of six acres cost £1,500. A portion of the site surrounding the buildings is tar-paved for the purpose of exercise and drill, whilst the remaining portion (nearly 5 acres) is used as playing fields. A caretaker's cottage consists of ground and first floors. The school buildings themselves consist of the ground floor only, and whilst lacking the imposing air which height would give, the internal disposition provides all the essentials of an up-to-date school. The accommodation will suffice for 75 boys and 75 girls between the ages of ten and sixteen years. There were, at the end of 1912, 125 boys and girls on the rolls, and 25 pupils in a preparatory class (between 8 and 10 years of age), who are taken at the Technical Institute on the site of the old school. The lighting is by inverted incandescent gas, the ventilation "natural," and the heating by hot water radiators.

The school year is divided into three terms of about thirteen weeks each. The fees are £2 2s. 6d. per term, but special terms of £1 11s. 6d. are accepted from parents who live in the ancient parish of Edmonton. The school has a liberal supply of scholarships; besides those provided by the County Council, there are also others which are provided by the ancient endowments, which will increase in value as time goes on. Mary Bunker obtained a scholarship of £40 per annum, tenable at Kings' College, London.

Other scholarships obtained during 1911-12 were:—

Middlesex County Junior Scholarship, total value £51.—Elsie Hocking.

Latymer Foundation Scholarships; pupils of 14 years old; total value, £30, boys; £27, girls.—Edward Eames, Percy Hall, Alfred Jay, Hilda Knight, Eva Fergusson, Ethel Perry.

Bancroft Scholarship; Value, £60 per annum for school life.—Dudley Rowe.

Scholarship Dockyard School, Portsmouth; Maintenance, pay, and uniform for three years.—Edward Eames.

The school is making rapid progress in efficiency and numbers. It has been inspected during the year by the London University.

SUNDAY SCHOOLS' REPORT, 1912. CHURCH OF ENGLAND.

Name of Church.	Boys.	Girls.	Infants.	Totals.
Parish Church including St. Alphege Mission ...	733	984	642	2359
St. Martin's ...	126	171	250	547
St. Aldhelm's ...	150	160	110	420
St. James' ...	180	200	140	520
St. John's ...	78	107	91	276
St. Peter's ...	240	340	310	890
*St. Michael's ...	100	114	120	334
St. Stephen's ...	70	100	50	220
St. Mary's ...	70	105	73	248
Grand Totals ...	1747	2281	1786	5814

* These figures are unreliable.

NONCONFORMIST SUNDAY SCHOOLS.

Name of Chapel or Place.	On the Books.		
	1910	1911	1912
Congregational, Fore Street ...	392	338	318
Angel Road ...	394	418	347
People's Tabernacle ...	352	298	242
Tanner's End Mission ...	375	502	600
Wesleyan... ..	283	290	426
Congregational, Lower Edmonton ...	457	450	*400
Baptist	384	469	630
Primitive Methodist ...	129	175	176
Belmont Hall Brethren ...	243	211	*200
Totals	3009	3151	3339

*These figures are unreliable.

Roman Catholic Sunday School, Hertford Road, attendance averages 250 children—boys, 100; girls, 110; and infants, 40.

Presuming that no scholars attend more than one Sunday School, there are something like 9,403 persons attending Sunday School in Edmonton, with varied regularity.

As I have stated in previous years, Sunday School attendance may be, if not supervised, a considerable factor in the spread of contagious and infectious diseases. The scholars in Sunday Schools are often more overcrowded than in day schools, and the meetings often take place in buildings not specially adapted for that purpose. It is *urgently necessary* that the powers of Local Sanitary Authorities for dealing with these institutions should be both enlarged and strengthened.

In April it was agreed by the Education Committee that no further schools should be let for Sunday School purposes, and that notice be given to those at present using the schools to terminate such use on March 31st.

PUBLIC ELEMENTARY SCHOOLS.

Mr. Arthur Heap, B.A., LL.B. Lond., is the Secretary of the Education Committee.

The management of these schools has been delegated by my Council to an Education Committee, which consists of fifteen members of their own body, and two ladies as co-opted members, one of whom is a head-mistress. Since July, 1908, no new children under five years of age have been admitted.

On 8th October it was moved in Council that the words of a resolution passed on 26th April, 1904, "and that the Council do delegate its powers under the Education Act (except the power of raising a rate or borrowing money) to the Education Committee" be rescinded. This was lost by 10 votes to 8. Following this, on the same date, my Council resolved that they approve of a resolution which Councillor Barrass was about to bring before the County Council, and that the neighbouring District Councils be asked to request their representatives to support it. The resolution was:—That the Middlesex County Council views with regret the heavy burden placed on many of the poorer districts in the County of Middlesex by the extortionate Education Rate, and considers the time is ripe for an equalised rate; and instructs the Education Committee to move in the matter.

In February the Education Committee resolved that no more married women, other than widows, shall in future be appointed on the permanent staff, and further that any woman teacher should automatically vacate her position on her marriage.

The women assistants are not now provided by the caretakers, but are directly employed by the Committee.

GENERAL VIEW OF THE HYGIENIC CONDITIONS PREVAILING AT THE SCHOOLS.

I.—Non-Provided. Four schools: eight departments. (1) St. James's, Upper Edmonton, for boys, girls and infants; (2) The National Schools, Sweet Briar Walk, Lower Edmonton, for girls and infants; (3) The Lower Latymer School, Maldon Road, Lower Edmonton, for boys; (4) St. Edmund's Roman Catholic School, corner of Hertford Road and Bounces Road, Lower Edmonton, for infants and senior mixed.

THE NATIONAL SCHOOL.—Mr. Jifkin's lease of the orchard at the back of the National Schools expired in 1910, yet at date of writing, I find that the playground has not been enlarged. The present area is so small that only about one-half of the children can take exercise at one time. It is necessary once again to call attention to the playground at the National School. During wet weather, and for some time afterwards, it is covered with pools of water, owing to the fact that the surface is not properly drained. This not only interferes with its use as a playground, but also tends to cause the school itself to be unhealthy. The same stony, uneven surface, exists in the playgrounds of St. James's and Lower Latymer Schools. They should all be properly drained and levelled, and then either asphalted or paved.

St. Edmund's School was first used on March 1st, 1912. There is an infants' department, accommodating 88 children, and a senior mixed department, accommodating 208 boys and girls. This school is lit by electric light, and warmed by hot water pipes and radiators. There are no fireplaces to warm the scholars, if and when, the hot-water system should temporarily break down.

II.—Provided. Seven schools: twenty-six departments.

Name.	Built.	Departments.		Last Enlar- ged.
1. Brettenham Road, Upper Edmonton ...	1882	B.G.I.	...	1892
2. Croyland Road, Lower Edmonton ...	1884	B.G.J.I.	‡1 Hall	1901
3. Raynham Road, Upper Edmonton ...	1896	"	4 Halls	1902
4. Eldon Road, Lower Edmonton ...	1899	"	4 "	...
5. Silver Street, Upper Edmonton ...	1901	B.G.I.	3 "	...
6. Houndsfield Road, Lower Edmonton ...	1903	B.G.J.I.	†*1 "	...
7. Montagu Road, Upper Edmonton ...	1904	"	†*1 "	...

B.—Boys.

G.—Girls.

I.—Infants.

J.—Junior Mixed.

*Extra wide corridors in some of the Departments.

†Both these halls are in the Infants' Departments.

‡In the Junior Mixed Department.

BUSH HILL PARK. The rapid development of this northern part of the district has necessitated an agreement with the Enfield Urban District Council to provide accommodation for 81 scholars from this neighbourhood at the nearest Enfield School, but there were 296 in attendance in December. This agreement was sealed in October, 1906. No Edmonton scholars under five years of age are now admitted.

BATHS. The elder children are taken from the Schools to learn swimming once a week in the summer months. During the present winter, 1912-13, this wholesome practice has been continued as far as the boys are concerned. Classes are also held to teach the boys life-saving.

During the year the boys made 22,218, and the girls 8,576 attendances.

Building Operations. Nothing has been done beyond the ordinary repairs necessary to keep the buildings in good order. The exterior of the schools at Raynham, Croyland, and Brettenham Roads were painted during the summer vacation.

Closets are in some cases of the trough pattern, with a weir at the lower end, and a tank of sixty gallons and upwards at the upper end of the system, which the caretaker can discharge four times daily, and oftener in the summer months. Others have the same kind of tank, flushing a system of separate closet pans with syphonic action opening into a common pipe. The excreta then fall through a trapped pipe into an adjacent inspection-chamber, and so to the road sewer. In all these cases there is a man-hole chamber at the end of the main drain with a fresh-air inlet, and an intercepting trap with raking arm between the chamber and the road sewer.

Urinals. In some of the older schools, sparge pipes are still fixed; but now, in all cases, flushing three or four times daily from a length of hose is relied on to give the stalls, floors, and channels a cleansing much more thorough than can be obtained by a sparge pipe sprinkling down the front of the stalls.

Water Supply comes in all cases from the Metropolitan Water Board. In 1906, I advised the Education Committee that the drinking fountains in *all* the schools should be taken directly off the main; but this has only been done at Silver Street and St. James's Schools.

It has been difficult in the past to secure thorough cleansing of the cups attached to the drinking fountains, so that now the use of cups has been abolished altogether, and as opportunity serves the taps are all being set in an inverted position, so that the stream rises upwards into the scholar's mouth, and the back-wash, as it falls into the basin, keeps the mouth of the tap clean. One has to remember that the scholars who

are most inclined to use the drinking fountains are those who are suffering from a febrile condition, possibly a forerunner of diphtheria or some other infectious disease.

Lavatory and Cloak Room Accommodation is provided at all the schools. The washing basins are all on the intermittent-flow principle, and the waste pipes in some cases discharge under the basins into a half-channel pipe (which facilitates removal of blockage), and so over gully outside. The hooks in the cloakrooms are in two or three tiers, and twelve inches apart; so that if the clothing does not touch at the sides, yet they overlap one another considerably. Fumigation, more or less often, of the cloak-rooms, has been suggested, but scrubbing at least once a week with hot water and soap is the proper treatment.

Heating of the Schools is effected partly by a hot-water circulation, and partly by Boyd's ventilating grates.

The temperatures in some of the classrooms at Croyland Road School have not been satisfactory in the cold weather. Minor alterations have been made in order to improve this.

At Brettenham Road School a new furnace for heating purposes has been installed.

Artificial Lighting is produced from an ordinary gas installation. The lighting at several of the schools has been unsatisfactory during the months of December and January. In order to remedy this all the departments in Eldon Road and Raynham Road Schools have been provided with incandescent gas-light burners in lieu of the old fish-tail burners, two two-light inverted burners being provided in each room. This has effected a considerable improvement. The same alteration is necessary also at the Houndsfield Road, Montagu Road, and Silver Street Schools. Provision has been made for this in the estimates of the ensuing year for Houndsfield and Montagu Road Schools.

Seating. The policy of gradually substituting new desks for the old ones has been continued; three hundred new dual desks have been supplied during the year.

Ventilation is in no case maintained by a mechanical or "plenum" system, but on the "natural" plan, which is cheaper and more effective. I have never yet seen a school, or other public institution, where the "plenum" system is a success from a hygienic point of view. It is certainly expensive to establish, and a continuing heavy expense to maintain.

FIRE. The fire appliances at all the schools are tested by drill, in the presence of Mr. Croasdell, the Superintendent of our Fire Brigade. These drills serve the useful purpose of showing up the defects that require remedy.

Attendance.

Mr. Heap has kindly furnished me with the following figures for this and the next table:—

	End of June, 1911.		End of June, 1912.	
	Number on Books.	Average Attendance.	Number on Books.	Average Attendance.
Non-provided Schools	1926	1737·1	2288	2114·9
Council Schools	11021	10100·1	10909	9973·5
Totals	12947	11837·2	13197	12088·4

There were 13,197 children on the books at the middle of the year, besides 296 children attending Enfield schools; so that there is in Edmonton one child in the public elementary schools for 4·8 inhabitants (reckoned on the nett population), as compared with one child for 4·9 inhabitants last year. The accommodation at present is 14,325 places.

The number of children on the books of the elementary schools of the district on 28th June, 1912 was **13,197**, and the accommodation was **14,325**. The accommodation and number of children attending each school are given below:—

TABLE I.

School.	Infants.		J. Mixed.		Girls.		Boys.	
	Accom.	No. on Books.	Accom.	No. on Books.	Accom.	No. on Books.	Accom.	No. on Books.
Brettenham	437	322	—	—	458	425	459	440
Croyland	369	337	420	417	369	336	537	520
Raynham	576	535	600	499	540	444	660	508
Eldon	600	587	521	531	540	461	660	606
Silver Street	562	571	—	—	562	545	592	548
Houndsfield	460	291	300	300	300	268	300	285
Montagu	460	336	300	244	300	265	300	288
All Saints	447	493	—	—	455	479	—	—
Latymer	—	—	—	—	—	—	300	300
St. James'	220	243	—	—	207	220	218	245
St. Edmund's	88	93	—	—	(208	215	Senior Mixed) These figures are not included in the totals	
Totals	4219	3808	2141	1991	3731	3443	4026	3740

There is a total increase of 250 children attending school over last year.

The average number of children of the Edmonton district attending Enfield Council schools during the year was 269.

The average attendance during the last week of June 1912 was 12088.4, the percentage of attendance to number on books being 90'9.

There are no partial-exemption scholars.

The number of children who left school at an earlier age than 14—on obtaining a labour certificate—was 19 boys and 19 girls.

The admissions and withdrawals during the year, excluding transfers from one department to another, were:—

	CIVIL YEAR, 1912.			
	No. of Admissions.	No. of Withdrawals	No. of Admissions to the Lowest Class of Infants.	No. left on account of Age Limit.
Non-provided Schools	914	603	290	174
Council Schools	2932	3106	1302	955
Totals	3846	3709	1592	1129

Expenses. Four precepts on the Overseers, together amounting to £23,432, were issued to meet the requirements of the Education Committee for the year March, 1912 to March 1913. Besides, a large necessitous grant has been received from a sympathetic Government, amounting to £9,406, or nearly an elevenpenny rate.

ARRANGEMENTS FOR AND SCOPE OF MEDICAL INSPECTION.

The arrangements made have been the same as in former years. All the new entries and children in their last year at school have been inspected, and also at every school (except one) the children of ten years of age.

The following are the number and ages of children inspected :—

TABLE II.

Ages	5	6	7	8	9	10	11	12	13	Over 14	Total
Boys	750	180	48	—	13	618	22	8	636	8	2283
Girls	646	214	41	2	19	426	6	8	488	—	1850
Total	1396	394	89	2	32	1044	28	16	1124	8	4133

The parents were present at 2,372 inspections—at 53.4 per cent. of the boys' and 62.6 per cent of the girls' inspections. At the inspections of the infants of five years of age, they were present at 65.8 per cent. of the boys' and 67.5 per cent. of the girls' inspections.

There were objections to medical inspection on the part of the parents of 12 children—6 boys and 6 girls.

The number of re-inspections was 1,539, and the number of children absent from school owing to disease seen by the School Medical Inspector was 847.

Arrangements made for following up Children with Defects.

As I have said, at 2,372 of the inspections, one of the parents, in almost all cases the mother, was present. In these cases, where any defect was found, the mother was urged to have it remedied. Apart from the presence of any defect the few minutes' chat with so many parents is probably one of the most valuable features of medical inspection. One is able to give the mother advice, not only as to the remedying of any defects that are present, but as to the general care of her children, and as to the essentials of a healthy life. Advice is very often sought by parents as to the future occupation of the children. Whether the parent is present or not, instructions as to the remedying of defects are written on a card, together with the height and weight of the child, and given to her, or sent home by the child. The cards of children with defects are marked with a thick line in the left hand top corner, so that these cards can be easily picked out of the box. A list of the children with defects that require treatment is given to the Head Teacher, who is asked to use his, or her, influence to obtain treatment. A duplicate list is kept by the Medical Inspector for reference at a subsequent visit.

At the next visit to the same school, the cards are gone through, the special cards taken out, and the children seen. If no treatment has been obtained, a further notice is sent to the parents, or (in special cases) the School Nurse calls on the parent. The number of children re-inspected during the year was 760 boys and 769 girls.

In all cases of children excluded for their verminous condition, the School Nurse visits the home for the purpose of giving advice and warning. Where necessary, her visit is followed by the visit of the Sanitary Inspector, and—where thought desirable—cases are referred to the Society for Prevention of Cruelty to Children. The local Inspector of this Society is always most willing and prompt to visit cases of neglect, and his influence is most salutary.

Cases who are absent owing to such diseases as ringworm, scabies, impetigo, etc., are seen by the School Medical Inspector at frequent intervals, with a view to ascertaining their fitness, or otherwise, to return to school, and also to find out whether they are having treatment. In these cases a certificate of exclusion is sent to the Head Teacher after each visit. The longest interval between the visits should not be more than three weeks in the case of ringworm; in other diseases much less, so that a Head Teacher should get a certificate of exclusion at least every three weeks. In the case of the teacher not getting one, an Attendance Officer visits the child to obtain its attendance for examination. The number of these cases examined during the year was 847.

The following table shows the number of cases in which notices were sent to parents advising them to have medical treatment for their children, with the defects for which such treatment was required:—

TABLE III.

	Boys.		Girls.		Total.
	Routine Inspection.	Re-inspection and Special Cases.	Routine Inspection.	Re-inspection and Special Cases.	
Vision	128	106	101	112	447
Eye Disease	4	5	4	10	23
Enlarged Tonsils and Adenoids	35	49	30	20	134
Ear Disease and Bad Hearing	28	19	24	17	88
Bronchial Catarrh and Bronchitis	12	3	6	—	21
Enlarged Glands	3	2	1	—	6
Anæmia	—	—	2	—	2
Pulmonary Tuberculosis	—	—	1	—	1
Other Tuberculosis	1	—	—	—	1
Skin Disease	1	—	3	1	5
Ringworm	—	6	—	2	8
Deformities	1	1	1	1	4
Hernia	6	2	1	—	9
Chorea	1	—	—	—	1
Total	220	193	174	163	750

GENERAL REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

Family History of Consumption.

The number of children in respect of whom an enquiry as to family history could be made was 2,372.

The result of the enquiry is given in this four-fold table:—

TABLE IV.

Father's side.	Mother's side.		Total.
	No History of C.	History of C.	
No History of C.	1851	287	2138
History of C.	176	58	234
Total	2027	345	2372

From these figures we see that 14.5 per cent. of the children had consumption on their mother's side, 9.8 had consumption on their father's side, and 2.4 per cent. on both parents' side. The total percentage of children with a family history of consumption was 22.0 per cent.

It may be noted that the number of children with a family history of this disease on both the mother's and father's side, is much larger than would be expected by the ordinary rules of probability. Thus the chance of consumption in the mother's family is 345 divided by 2,372, equals .145; similarly, the chance of consumption in the father's family is .098; therefore, the chance of a child having consumption on both its mother's and father's side should be .145 multiplied by .098, equals .0142. Therefore, the number of children that we should expect to have a history of consumption on both mother's and father's side, according to the rules of probability, would be .0142 multiplied by 2372, equals 34. As we see, the real number is very much larger than this, or there is a correlation between a history of consumption on the mother's and father's side. If worked out, this correlation is found to be 0.22, which is a substantial one. In these cases a history of consumption was recorded when a grand-parent had died, a parent had died or was suffering from the disease, or when either parents' brother or sister had died of consumption.

If the history be taken in the direct line only, that is, including those cases in which either grand-parents or parents had died of consumption, or either of the parents were suffering from consumption, we get the following figures:—

TABLE V.

Father's Side.	Mother's side.		Total.
	No History of C.	History of C.	
No History of C.	2075	174	2249
History of C.	106	17	123
Total	2181	191	2372

This table gives 8 per cent. of the children as having a distinct history of consumption on their mother's side, and 5 per cent. on their father's side, and .7 per cent. on both mother's and father's side. Here again, if there were no correlation we should expect the number of cases with a consumptive history on both sides of the family to be 9.9, instead of 17, the actual number. Thus, there seems to be a tendency for persons with a consumptive family history to intermarry.

The figures for boys and girls separately give practically the same proportions. They are:—

TABLE VI.

	History of C. on Mother's side.	History of C. on Father's side.	History of C. on both sides.
Boys	14.1%	9.4%	2.4%
Girls	15.6%	10.4%	2.5%

The number of children with a history of consumption on their mother's side is fifty per cent. more than the number with consumption on their father's side. This, however, is no doubt due to the fact that information is usually obtained from the mother, who naturally knows more of the history of her own family than that of her husband.

History of Previous Illnesses.

Details of previous illness were obtained for 2,372 children.

The incidence of previous illness for the commoner diseases of children are given for the four ages of 5-6, 6-7, 10-11, 13-14, and for all ages.

TABLE VII.

PERCENTAGE OF CHILDREN WHO HAVE HAD THE
UNDERMENTIONED ILLNESSES.

Age.	No. included	Measles	Whoop- ing Cough	Chicken Pox	Scarlet Fever	Diph- theria.	Pneu- monia.
BOYS—							
5- 6 ...	493	62.0	49.0	34.6	4.9	3.4	5.9
6- 7 ...	100	75	53	34	7	10	9
10-11 ...	291	92.4	62.0	54.6	11.3	4.1	4.8
13-14 ...	283	91.2	55.8	51.6	17.7	6.0	6.6
All ages ...	1216	78.3	55.0	44.2	10.1	4.9	5.9
GIRLS—							
5- 6 ...	436	66.0	54.3	36.2	4.1	2.1	4.4
6- 7 ...	124	70.0	61.3	34.7	8.1	2.4	7.2
10-11 ...	273	89.7	64.1	52.7	16.9	6.6	4.4
13-14 ...	277	93.0	59.2	55.4	20.6	4.7	1.8
All ages ...	1156	79.5	58.8	45.0	11.9	3.8	3.9

Over 60 per cent. of the children have had measles before their first inspection at five years old, and the percentage gradually increases until at thirteen years old well over 90 per cent. of the children have had the disease.

Whooping cough is not so prevalent as measles. About half the children have it before their first inspection, but only an extra ten per cent. have it during their school life. Scarlet Fever is mainly a disease of children of school age. Between four and five per cent. only have had it before their first inspection, while at thirteen years of age, the percentage has increased to 17.7 for boys and 20.6 for girls. There is rather a marked difference in the two sexes at the latter age, but, taking all ages together, there is no significant difference between boys and girls. In whooping cough only, in this year, as in former years, there is a slight but significant difference between the two sexes, girls being more liable to the disease than boys.

As regards other previous illnesses, eight boys and one girl had had small pox. All of these were over ten years of age, and contracted the disease in the epidemic about ten years ago. Reckoned on the number of children for whom a previous history could be obtained for this age and over, the percentage who had had small pox was 0.77. Only four children had had enteric fever, two boys and two girls, the percentage being 0.17. Twenty children, ten boys and ten girls, had had chorea, the percentage being 0.84. Five boys and eleven girls had had rheumatic fever or rheumatism, the percentage for boys being 0.41, and for girls 0.98. These percentages are based, not on the number of children examined, but on the number respecting whom a family history was obtained.

Five children had scars on the throat, the result of a tracheotomy operation.

Nutrition.

The state of nutrition was recorded in five classes:—(1) worst possible, (2) badly nourished, (3) nutrition fair, (4) nutrition good, (5) exceptionally well-nourished children.

The numbers are given for the three ages of five, ten, and thirteen and for all the children, including the intermediate ages.

TABLE VIII.
STATE OF NUTRITION.

	Boys.					Girls.					Per cent. all children
	5	10	13	All ages.	Per cent.	5	10	13	All ages.	Per cent.	
1. Very bad ...	—	—	—	—	—	—	—	1	1	0·05	0·02
2. Poor ...	7	12	7	33	1·4	9	5	2	21	1·1	1·3
3. Fairly good ...	333	289	289	1043	45·7	295	173	155	752	40·6	43·4
4. Very good ...	406	316	336	1198	52·5	338	246	324	1064	57·5	54·7
5. Exceptional ...	4	1	4	9	0·4	4	2	6	12	·65	·5

In 98·7 per cent. of the children, therefore, the state of nutrition was satisfactory. It may be mentioned in this connection that the school dinners have been given all the year round, during summer as well as during the winter. Every child whose parents have been able to show to the Canteen Committee that they have not the means to feed their children has had the school dinners.

Provision of Meals.

The Education Authority have adopted Section III of the Education (Provision of Meals) Act, 1906. The two resolutions required by this Act were passed on March 23rd, 1912. As a matter of fact, ever since 1895 dinners have been supplied to under-fed scholars through the agency of a Canteen Committee and with the voluntary assistance of Mr. Pickrell and many teachers, the cost of the victuals being met by philanthropists. The Act allows the cost of food to be obtained to the limit of a halfpenny rate. In former years, dinners were provided during the winter months only; during 1912 they were provided during the whole year with the exception of the School holidays. During the summer months the number of children requiring meals was relatively small, so that it was deemed more economical to arrange for the meals to be served at various eating-houses throughout the district. During the winter months the meals have been served at the usual centres, and prepared by the Canteen Committee. The cost per head of meals served

at the eating-houses was 3.5d., and of those at the centres was 2.7d., the cost including both cost of food and cost of preparation. The cost of food only was 1.7d. at the dinner centres, and 2.5d. at the eating-houses. The arrangements for meals and the menus provided were supervised both at the centres and at the eating-houses, by the Menu Committee.

The number of meals given from April 1st, 1912, to April 1st, 1913, was as follows:—

Served at centres, April 1st to May 23rd, 1912	6332
Served at eating houses, June 3rd, 1912, to Jan. 7th, 1913	6193
Served at centres, Jan. 8th, 1913, to March 19th, 1913...	9774
	<hr/>
	22,299

The number of children requiring meals has been less than in former years.

From November 28th, 1912, to March 31st, 1913, 11,800 meals were served as compared with 33,000 during the same period the year before.

Intelligence.

The intelligence of the child was recorded by the Head Teacher, usually in consultation with the class teacher. The scale used was the same as last year.

A. *Mentally Defective*.—Capable of holding in the mind only the simplest facts, and incapable of perceiving or reasoning about the relationship between facts.

B. *Slow, dull*.—Capable of perceiving relationship between facts in some few fields with long and continuous effort; but not generally, nor without much assistance.

C. *Slow*.—Very slow in thought generally, but, with time, understanding is reached.

D. *Slow, intelligent*.—Slow generally, though possibly more rapid in certain fields; quite sure of knowledge when once acquired.

E. *Fairly intelligent*.—Ready to grasp and capable of perceiving facts in most fields; capable of understanding without much effort.

F. *Distinctly capable*.—A mind quick in perception and in reasoning rightly about the perceived.

G. *Very able*.—Quite exceptionally able intellectually, as evidenced by school record and opinion of teachers.

This scale was not used for children in the Infant Schools and also was not used in one school for older children.

The numbers in each class for the ages of ten and thirteen, and for all children from nine to fourteen were as follows:—

TABLE IX.

Age.	Class A.	Class B.	Class C.	Class D.	Class E.	Class F.	Class G.
BOYS—							
10-11 ...	5	15	92	251	202	33	1
13-14 ...	1	14	85	163	203	45	4
All ages—9-14 ...	6	36	187	427	413	80	5
GIRLS—							
10-11 ...	3	20	55	119	171	28	1
13-14 ...	4	11	50	92	257	15	5
All ages—9-14 ...	8	33	114	220	438	44	6

The percentages in each class for boys and girls are :—

TABLE X.

	A.	B.	C.	D.	E.	F.	G.
Boys ...	0.5	3.1	16.2	37.0	35.8	6.9	0.4
Girls ...	0.9	3.8	13.2	25.5	50.8	5.1	0.7

There were thus about 0.7 per cent. of the children inspected, who were considered by the teachers to be mentally defective, and about 3.4 percentage were very backward children. With regard to the mentally-defective children, there is no doubt that they gain benefit from being at school, some to a considerable extent, and some to a very slight extent. It is not, however, possible to get the best out of them in a class of between 50 and 60 normal children. They cannot but be neglected and as they grow older they remain in a class with children many years younger than themselves. Very often they are a nuisance in the class, and a source of worry to the teacher. To get the best results, these children should be taught in small special classes by specially-trained teachers.

Clothing and Footgear.

The condition of the clothing and footgear was recorded by the teacher on the Medical Inspection card. The record made was based on the condition in which the child generally comes to school. This is much more satisfactory than recording the condition of the clothing at the time of medical inspection, as at this time the children, as a rule, have their best clothes and boots on, and are specially cleansed for the occasion. On the Infants' cards three classes were made :—Poor, Fair, and Good.

The percentages coming in each class were as follows :—

TABLE XI.
CONDITION OF CLOTHING AND BOOTS.

	Boys.		Girls.	
	Ages, 5-6.	Ages, 5-8.	Ages, 5-6.	Ages, 5-8.
Poor	7.2	8.6	6.1	8.0
Fair	62.7	62.7	60.3	58.5
Good	30.1	28.7	33.6	33.5

By poor clothing is meant dilapidated, but not insufficient clothing. It is the rarest thing to find children with an insufficient amount of clothing. The common fault is to crowd too much clothing on the children, not only in cold weather, but even in the hottest part of the summer.

A more extended classification was made in the case of the older children.

The classification was as follows :—

- A. Very well clad.
- B. Well clad, stuff suit, good boots; always sufficient, even if worn and poor.
- C. Clothing poor but passable; old, perhaps ragged; some attempt at proper repair.
- D. Clothing insufficient; boots bad.
- E. Clothing worst possible; no boots nor makeshifts.

The condition of the children's clothing from ten upwards, classified in this manner, was as follows :—

TABLE XII.

Age.	A.	B.	C.	D.	E.
BOYS—					
10-11	66	261	247	24	9
Per cent. ...	10.9	43.0	40.7	3.9	1.5
13-14	130	209	151	34	1
Per cent. ...	24.9	39.8	28.8	6.5	0.2
GIRLS—					
10-11	113	202	93	11	1
Per cent. ...	26.9	48.0	22.2	2.6	0.2
13-14	122	230	70	11	—
Per cent. ...	28.2	53.1	16.2	2.5	—
All boys 10 and above—					
Per cent. ...	17.4	41.1	35.4	5.2	0.9
All girls 10 and above—					
Per cent. ...	23.6	50.7	19.1	2.5	0.1

Thus 58.5 per cent. of the boys, and 74.3 per cent. of the girls were satisfactorily clothed, and 6.1 per cent. of boys and 2.6 per cent. of girls were badly clothed, while 35.4 per cent. of the boys and 19.1 per cent. of the girls come under the poor but passable section.

The condition of the boys' clothing is thus worse than that of the girls', and the boys of ten years of age are the worst clothed and worst shod of all the children.

Cleanliness.

The usual condition of the child as regards cleanliness is recorded by the teacher in the medical inspection schedule.

The children are grouped into three classes—excellent, fairly clean, and dirty.

The percentages coming under each heading are given:—

TABLE XIII.

	Boys.				Girls.			
	5-6.	10-11.	13-14.	All boys.	5-6.	10-11.	13-14.	All girls.
Excellent	33.0	17.6	28.0	26.9	35.2	43.2	34.0	38.4
Fairly clean	57.8	77.1	66.5	65.8	56.6	48.8	53.8	52.6
Dirty... ..	9.2	5.3	5.5	7.3	8.2	8.0	8.2	9.0

There are thus 7.3 per cent. of the boys and 9 per cent. of the girls classed as dirty. This percentage among the girls has been about the same during each year of medical inspection. I am convinced, however, that, taken as a whole, the children are much cleaner than they were in the first years of medical inspection, and as the children get cleaner, the standard of cleanliness adopted by the teachers is raised also. The boys have a much lower percentage of dirty children this year than in any previous year. This improvement is not shown in the infants, but among the elder children. In 1910, the percentage of children of ten years of age, classed as dirty was 18.4, and in 1911 it was 9.4 compared with 5.3 for the year just passed. Among the boys of 13-14 the percentage of dirty children in 1910 was 7.8, and in 1911 it was 8.2, compared with 5.5 for last year.

The number of children extensively flea-bitten was 18 boys and 19 girls, or 0.8 and 1.0 per cent., respectively of the children examined.

Vermin.

BODY.—The number of children found at medical inspection to be infected with body lice was 91, including 44 boys and 47 girls. The percentage for boys was 1.9, and for girls, 2.5.

There has been a gradual improvement in this matter in the last four years, as will be seen by the following table.

TABLE XIV.
PERCENTAGES OF CHILDREN INFECTED WITH BODY LICE.

	1909	1910	1911	1912
Boys	3.6	3.6	2.3	1.9
Girls	4.7	5.7	3.4	2.5

Children found with body lice are excluded from school at once under Article 53 (b) of the Code. These children are discovered and excluded at medical inspection, by periodical visits of the School Nurse to the schools, or by the teachers. Children who are frequently excluded for this cause are dealt with under Attendance By-laws.

The number of cases dealt with, and the result of action taken during the past year was as follows:—

TABLE XV.

Number of Summons.	First.	Second.	Third.	Fourth.	Fifth.	Sixth.	Seventh.
No. of Cases ...	28	13	12	6	3	2	1
Attendance order made ...	8	—	—	—	—	—	—
Fines under 5/- ...	17	3	—	—	—	—	—
Fines of 5/- and over ...	3	9	9	5	3	1	—
Sent to Truant School ...	—	1	—	—	—	—	—
Withdrawn or adjourned ...	—	—	3	1	—	1	1*

*This child was removed to Poor Law School owing to mother being in prison.

HEAD LICE.—The number of children found to have head lice was 16, including one boy and fifteen girls, the percentage for boys being negligible, and for girls, .08. This proportion is very small, and, no doubt, understates the real position, as, unless the infection is gross, head lice are not at all easy to find in girls' heads. Parents who look on the presence of a few nits in the children's heads with equanimity have a horror of anything alive.

HEAD NITS.—The percentage of children with head nits in the different schools is given for the year, and for 1910 and 1908, the first year of medical inspection.

TABLE XVI.
BOYS.

INFANTS' SCHOOLS.					BOYS' SCHOOLS.		
	1908	1910	1912		1908	1910	1912
Brettenham Road	15.5	14.5	5.3		10.4	17.1	4.6
Croyland Road	20.0	15.5	7.1		45.7	13.5	6.8
Raynham Road	31.1	15.6	9.5		8.0	22.0	7.9
Eldon Road	41.6	24.5	13.4		7.9	8.8	3.8
Silver Street	12.1	7.9	2.6		26.8	8.7	3.0
Houndsfield Road	33.9	31.6	9.5		6.8	9.8	8.6
Montagu Road	31.8	29.4	23.4		15.0	20.9	17.4
All Saints'	10.0	11.2	13.8		—	—	—
St. James'	25.0	5.0	—		3.3	2.5	3.8
Latymer Elementary	—	—	—		0.0	6.3	4.2
St. Edmunds'	—	—	5.0		—	—	9.5
ALL SCHOOLS	21.0	16.7	9.8		14	15.5	6.8

GIRLS.

INFANTS' SCHOOLS.					GIRLS' SCHOOLS.		
	1908	1910	1912		1908	1910	1912
Brettenham Road	51.4	48.5	45.4		55.8	61.0	44.3
Croyland Road	68.0	28.6	30.2		77.3	51.5	40.3
Raynham Road	69.4	56.7	36.6		78.4	65.4	50.0
Eldon Road	57.5	54.5	57.7		74.4	62.7	51.1
Silver Street	50.0	28.4	18.4		70.0	54.3	41.8
Houndsfield Road	70.5	43.4	42.6		86.7	49.7	38.8
Montagu Road	76.4	79.1	69.1		100.0	75.9	66.7
All Saints'	35.3	41.7	47.5		75.0	75.4	35.8
St. James'	36.3	42.6	12.8		61.5	26.6	9.6
St. Edmunds'	—	—	63.0		—	—	76.5
ALL SCHOOLS	58.0	46.8	41.8		74.0	58.4	44.0

The Junior Mixed Departments are not included in the table, as the number of children examined at the routine inspections in these departments was very small.

The figures in the table show that considerable improvement has been made since the beginning of medical inspection. The improvement is general, but in some schools it has been remarkable. Thus, in 1908, in St. James' Girls' School 61.5 per cent. of the children had head nits, and in 1912 this had come down to 9.6 per cent.; in Houndsfield Road Girls' School the percentage has come down from 86.7 to 38.8, and All Saints' Girls' School have reduced their percentage from 75.0 to 35.8. Every other Girls' School has also improved, and we have now got to well under 50 per cent. The reduction of the number of dirty heads is a testimony to the unremitting efforts which the teachers have made in this direction.

The children in the Boys' Schools have improved to a corresponding extent. The improvement is least among the Infant Girls.

The next table gives the percentages of children with head nits at the ages of five, ten and thirteen, and for all including the intermediate ages for 1912 and 1911. They are divided into three classes:—Slight, in which the nits are so few in number as to be noticeable only on very careful examination; Marked, in which the condition is more marked; and Severe, in which the children are grossly verminous.

TABLE XVII.

Age	Boys.								Girls.							
	5		10		13		All ages.		5		10		13		All ages.	
	1911	1912	1911	1912	1911	1912	1911	1912	1911	1912	1911	1912	1911	1912	1911	1912
Slight	5.1	5.2	6.5	5.0	3.8	5.2	5.7	5.4	18.8	16.6	29.1	19.0	27.3	23.8	24.0	18.5
Marked	4.6	4.0	2.7	2.9	4.6	1.8	3.9	3.0	22.7	24.4	23.7	28.0	25.1	20.9	24.6	24.3
Severe	0.2	0.0	0.0	0.0	0.2	0.2	0.2	0.04	1.9	1.9	2.8	2.1	2.2	0.8	2.9	1.6
Total	9.9	9.2	9.2	7.9	8.6	7.2	9.8	8.4	43.4	42.9	55.6	49.1	54.6	45.5	51.5	44.4

The school nurse makes special visits to the schools at intervals and makes a rapid examination of all the children in the school, with a view of ascertaining their condition as to cleanliness. Children with nits are given cards to take home; verminous children are excluded. The number of children seen in this way by the nurse during the year was 5,137.

When Miss Johnston, on June 1st, was transferred to the Public Health Department as School Nurse and Junior Woman Inspector, she soon after began visiting the homes of the scholars whom she, of her own knowledge, or by notification from the Head Teachers or Attendance Officers, became aware that they were verminous or neglected, or both. Good results soon followed.

Cleansing Station.

In September, the Engineer submitted to the Sanitary Committee a rough plan of a vermin station, and he also reported that the boiler at the disinfecting station should be repaired, so as to last a considerable time without the addition of a superheater. It was then decided that the Chairman of the Committee, the Engineer, the Inspector of Nuisances, and the Medical Officer of Health, should visit vermin stations already in operation in Greater London, and report thereon.

In November, these gentlemen presented their report to the Sanitary Committee, upon whose recommendation it was adopted by the Council. This report gave the summary of their observations in visiting the cleansing stations of Woolwich, St. Pancras, and Whitechapel. The Committee, after considering the observations of their Chairman and their officers, unanimously came to the conclusion that it would be both economical and convenient to have the disinfecting station and cleansing station in conjunction with each other and in close proximity to the Public

Health Department at the Town Hall. The Engineer at this meeting presented a detailed plan of the vermin station, with an "equifex" steriliser, and the Council agreed to the recommendation that an application be made to the Local Government Board for sanction of a loan of £600, for a period of 30 years, for the erection and equipment of the disinfecting and cleansing stations in the Town Hall yard.

At their next meeting, the Baths Committee agreed to provide the hot water and steam that may be required for the cleansing and disinfecting stations, the question for any allowance for the same to stand over until the stations are in working order.

Measurements.

The data given are the average heights and weights, together with the probable error, standard deviation, and co-efficient of variation. The mean chest measurements are also given, (a) with chest fully expanded, (b) with chest contracted, for the ages of five, six, ten, and thirteen. At the other ages the probable errors are so high owing to the small number of children examined, that the averages have little value as a record.

The mean weight of the boys of five is 17.43 kilogrammes, as compared with 17.14 last year, an increase of 0.29 kilogrammes. The probable error of the difference between the two years is only .07 kilogrammes, so that there is a significant increase in the weight this year. There is also an increase in the weight of the girls of five this year. At the other ages there is no significant difference.

The smallest child for its age was a boy, aged seven, whose weight was 19.4 lbs, and height 31.2 inches. This boy has a sister at school whose age is nine years, and weight 29.1 lbs., and height 37.2 inches.

The chest measurements are, with the exception of the boys of six, considerably higher than those of last year, as the following table will show, which gives the measurements of the expanded chest with the differences in the two years to be expected from probable error. The measurements were all taken by the same person, so that difference of personal equation does not enter.

Average chest measurements (chest expanded) for the last two years in centimetres :—

TABLE XVIII.

Age.	Boys.			Girls.		
	1911.	1912.	Probable difference.	1911.	1912.	Probable difference.
5	56.56	56.94	+	55.84	56.27	+
6	58.50	58.28	.08	57.31	57.60	.10
10	66.25	66.87	.21	64.38	64.87	.17
13	71.75	72.33	.12	72.90	73.58	.14
			.13			.20

In the case of the boys of five and ten, the difference is about five times the probable difference, and at all the ages, except the age of six, there is a significant increase in this year's chest measurements. It is perhaps better to point out the differences without attempting to explain them, except in so far as to say that they probably point to a better physical condition of the children.

TABLE XIX.
MEAN WEIGHT IN KILOGRAMMES.

Boys.						Girls.					
Age.	No. Weighed.	Mean Weight.	Probable error.	Standard Deviation.	Co-efficient of Variation.	Age.	No. Weighed.	Mean Weight.	Probable error.	Standard Deviation.	Co-efficient of Variation.
			+ —						+ —		
5	750	17·43	·05	1·88	10·8	5	645	17·01	·06	1·88	11·0
6	179	18·65	·11	2·23	11·9	6	214	18·21	·12	2·57	14·1
7	47	19·87	·24	2·48	12·4	7	41	19·13	·23	2·17	11·3
9	13	21·52	·48	2·58	12·0	8	2	25·4	1·0	—	—
10	618	27·26	·09	3·36	12·3	9	19	25·85	·61	3·97	15·4
11	22	28·99	·28	2·94	10·1	10	426	26·34	·12	3·55	13·5
12	8	33·40	1·05	—	—	11	6	30·9	·62	—	—
13	636	35·55	·14	5·35	15·1	12	8	34·40	·9	—	—
14	7	40·6	—	—	—	13	488	36·91	·18	5·90	16·0
15	1	34·6	—	—	—						

TABLE XX.
MEAN HEIGHT IN CENTIMETRES.

Boys.						Girls.					
Age.	No. Measured.	Mean Height.	Probable error.	Standard Deviation.	Co-efficient of Variation.	Age.	No. Measured.	Mean Height.	Probable error.	Standard Deviation.	Co-efficient of Variation.
			+ —						+ —		
5	750	103·06	·12	5·06	4·9	5	645	102·45	·12	4·68	4·7
6	179	108·08	·29	5·80	5·4	6	214	106·37	·23	4·98	4·7
7	47	110·62	·59	6·00	5·4	7	41	110·70	·52	4·96	4·5
8	—	—	—	—	—	8	2	123·7	2·4	—	—
9	13	121·06	·95	6·04	5·0	9	19	126·64	·89	5·76	4·6
10	618	128·17	·17	6·13	4·8	10	426	127·77	·21	6·54	5·1
11	22	131·11	·92	6·29	4·8	11	6	137·8	2·1	7·56	5·5
12	8	135·7	1·3	5·64	4·2	12	8	139·5	·9	3·8	2·7
13	636	142·26	·21	7·76	5·5	13	488	145·75	·23	7·48	5·1
14	7	150·47	—	—	—						
15	1	148·0	—	—	—						

TABLE XXI.
CHEST MEASUREMENTS IN CENTIMETRES.

Chest Expanded.				Chest Contracted.		
Age.	Mean.	Probable error.	Standard Deviation.	Mean.	Probable error.	Standard Deviation.
Boys—		+			+	
5	56·94	·06	2·35	52·03	·06	2·02
6	58·28	·14	2·82	52·72	·11	2·26
10	66·87	·08	2·87	59·13	·07	2·58
13	72·33	·09	3·53	64·04	·09	3·30
Girls—						
5	56·27	·07	2·50	50·94	·06	2·18
6	57·60	·12	2·70	51·83	·11	2·47
10	64·87	·11	3·33	57·13	·10	3·10
13	73·58	·14	4·70	65·42	·14	4·62

TABLE XXII.
AVERAGE WEIGHT, HEIGHT AND CHEST MEASUREMENTS
IN ENGLISH MEASURES.

Age.	Boys.				Girls.			
	Weight lbs.	Height in.	Chest Measurement.		Weight lbs.	Height in.	Chest Measurement.	
			Expanded in.	Contracted in.			Expanded in.	Contracted in.
5	38·2	40·6	22·4	20·4	37·6	40·4	22·1	20·0
6	41·2	42·6	23·3	20·7	40·3	41·8	22·7	20·4
7	43·9	43·6	—	—	42·3	43·6	—	—
8	—	—	—	—	56·1	48·7	—	—
9	47·5	47·7	—	—	57·1	49·7	—	—
10	60·3	50·5	26·3	23·2	58·2	50·3	25·5	22·4
11	64·0	51·6	—	—	68·3	54·2	—	—
12	73·8	53·8	—	—	76·0	54·9	—	—
13	78·5	56·0	28·4	25·2	81·6	57·4	28·9	25·6

Skin and Scalp.

RINGWORM.—Of the children inspected, 17 had ringworm of the scalp, 12 boys and 5 girls, being 0.5 and 0.3 per cent. respectively. Three of these children, however, were absent from school, but were brought by their parents for medical inspection. The others were attending school. Four children had ringworm of the skin, one being absent from school.

The total number of children excluded during the year for this cause was 110. The period of absence for this disease, when affecting the scalp, is very prolonged, always several months, sometimes as much as two years. This prolonged absence is very deplorable from the child's point of view, often being at a time when education is most important,

and often causing an industrious child to degenerate into a loafer. It is very desirable that these cases should be treated in a School Clinic, for not only would every case be treated, but arrangements could be made to see that the treatment ordered would be carried out. At the present time these children are seen periodically by the School Medical Officers, but there is no means of ensuring that the child is treated by a medical man; or, if it is, of ensuring that the treatment ordered is energetically carried out.

Alopecia areata was present in 3 children; one child, a boy aged twelve, was completely bald, the hair starting to come out at the age of seven. Another child, a girl of thirteen, had the greater part of her hair grey, this having come on very suddenly without apparent cause. Other affections found were:—Scabies, 2 cases; Impetigo, 2 cases; Eczema, 11 cases; Children with congenitally rough skins, 14 cases; Ichthyosis, 1 case; Psoriasis, 6 cases; Lichen, 1 case; Herpes Zoster, 1 case; Seborrhoea of skin, 1 case; "Port-wine" stain of skin, 2 cases.

Teeth.

The next table gives the number of children with decayed teeth, divided into two classes—(a) those with three decayed teeth or less, and (b) those with four decayed teeth or more. The figures are given for the ages of five, six, ten and thirteen, and for all ages, including the intermediate ages. The percentage of children with decayed teeth is given in italics.

TABLE XXIII.
BOYS.

Age ...	5	6	10	14	All ages.
Three decayed teeth or less ...	248 (33·1)	66 (36·6)	316 (51·1)	319 (50·2)	990 (43·4)
Four decayed teeth or more...	128 (17·1)	34 (18·9)	71 (11·5)	34 (5·3)	279 (12·2)
Total percentage with decayed teeth ...	50·2	55·5	62·6	53·5	55·6

GIRLS.

Age ...	5	6	10	13	All ages.
Three decayed teeth or less ...	201 (31·1)	85 (39·8)	205 (48·2)	249 (51·0)	773 (41·8)
Four decayed teeth or more...	91 (14·1)	35 (16·3)	58 (13·6)	31 (6·4)	224 (12·1)
Total percentage with decayed teeth ...	45·2	56·1	61·8	57·4	53·9

The percentage of children with sound teeth was 44.4 for boys, and 46.1 for girls. This is slightly better than previous years. Last year, the percentage of boys with sound teeth was 39.8, and of girls, 43.5. Each year it has been noticed that the teeth of the girls are slightly better than those of the boys.

Nose and Throat.

ENLARGED TONSILS.—In the table below the children with enlarged tonsils are divided into three classes:—(a) Tonsils slightly enlarged; (b) Tonsils markedly enlarged; (c) Tonsils so enlarged that an operation is urgent.

TABLE XXIV.

NUMBERS OF CHILDREN WITH ENLARGED TONSILS.

Age.	5	6	7	8	9	10	11	12	13	14	All Ages.
Boys—											
Slightly enlarged ...	129	28	8	—	1	84	7	2	88	1	348
Enlarged ...	32	11	1	—	1	29	1	0	20	—	95
Very enlarged ...	2	—	—	—	—	1	—	—	—	—	3
Girls—											
Slightly enlarged ...	97	29	6	—	2	50	—	2	75		261
Enlarged ...	26	17	3	—	2	28	—	—	31		107
Very enlarged ...	2	—	—	—	—	2	—	—	2		6

All children with enlarged tonsils have adenoids, but to these figures must be added 10 boys and 7 girls who had symptoms of adenoids without enlarged tonsils. No attempt is made at the medical inspection to diagnose the presence of adenoids by passing the finger behind the palate. This is a very painful proceeding, and only justifiable when immediate treatment is in question.

The percentages of children with enlarged tonsils, at the ages of five, ten, and thirteen, were:—

TABLE XXV.

PERCENTAGE OF CHILDREN WITH ENLARGED TONSILS.

Age ...	Boys.				Girls.			
	5	10	13	All Ages	5	10	13	All Ages
(a) Slight ...	17.2	13.6	13.8	15.2	15.0	11.7	15.0	14.1
(b) Marked ...	4.3	4.7	3.1	4.2	4.0	6.6	6.3	5.8
(c) Severe ...	0.2	0.2	0.0	0.1	0.3	0.5	0.4	0.3

To these must be added 0.4 per cent. boys, and 0.4 per cent. girls, with adenoids and no enlarged tonsils.

It is noticed that while the percentage of boys with enlarged tonsils decreases with age, that of girls is slightly increased. This tendency of enlarged tonsils to be less prevalent in the elder boys and more prevalent in the elder girls was also found in the previous two years' medical inspection.

The number of children who had had an operation for the removal of enlarged tonsils and adenoids previous to medical inspection was 161. That is, 6.9 per cent. of the children have had operations on the throat previous to medical inspection, basing the percentage on the number of cases at which the parent was present, for it is only in these cases that one is able to obtain a history. Among the infants of five, 6.1 per cent. of the boys and 4.6 of the girls had been operated on before inspection. This operation may be looked upon as a popular one, and the parents are generally very satisfied with the result of it. One mother told us that she "always had her children's throats done" when they were three years old. In a few cases, however, the operation does no good whatever, and the adenoids speedily recur; there is no evidence to show that in these special cases the recurrence is due to want of after treatment. Two of the children examined, both boys, had had two operations.

The following table gives the defects found in the children who *had been* operated on:—

TABLE XXVI.

	Boys.	Girls.
Number operated on	88	73
Mouth breathers	5	4
Tonsils slightly enlarged	9	10
Tonsils markedly enlarged	3	1
Adenoids	1	2
Enlarged glands... ..	2	3
With ear discharge	1	2

The percentage with enlarged tonsils and adenoids is a good deal below that of all the children, and the percentage with ear discharge is about the same. The number of mouth-breathers is small among these children, when we consider that probably all of them were mouth-breathers before they were operated on. The worst result is shown in the hearing. Of the children operated on whose hearing was tested, 7.9 per cent. had fair hearing; 23.9 per cent. bad hearing, and 1.1 per cent. very bad hearing, and only 67.1 per cent. had normal hearing.

Correlation between Decayed Teeth and Enlarged Tonsils.

Decayed teeth are sometimes held to be responsible for unhealthy conditions of the throat, and among other things for the presence of enlarged tonsils and adenoids. In the 1909 and 1910 reports tables were given showing the correlation between these conditions to vary between 0.0 and 0.7, a correlation which is extremely slight and indicates but very faint relationship between them.

Below are similar tables for the children inspected in 1912, for boys and girls separately. The children with adenoids only are included in the last column.

Correlation between Decayed Teeth and Enlarged Tonsils :—

TABLE XXVII.

	BOYS.			GIRLS.		
	Tonsils Normal.	Tonsils slightly enlarged.	Tonsils very enlarged.	Tonsils Normal.	Tonsils slightly enlarged.	Tonsils very enlarged.
Teeth sound ...	832	139	42	680	128	45
1—3 decayed teeth ...	786	152	52	624	95	54
Over 4 decayed teeth ...	208	57	14	165	38	21

The correlation between decayed teeth and enlarged tonsils is found from this table to be for boys, .08; and for girls, .09; in each case positive. Taking the correlation for one age only—that of thirteen—it is found to be .085 for boys, and .076 for girls. We find, therefore, that there is generally a very slight positive correlation.

To show the relationship, a percentage table is given :—

TABLE XXVIII.

	BOYS.			GIRLS.		
	Teeth Sound.	1—3 Decayed Teeth.	Over 3 Decayed Teeth.	Teeth Sound.	1—3 Decayed Teeth.	Over 3 Decayed Teeth.
Tonsils normal...	82.2	79.4	74.5	79.7	80.7	73.6
Tonsils slightly enlarged ...	13.7	15.4	20.5	15.0	12.3	17.0
Tonsils markedly enlarged ...	4.1	5.2	5.0	5.3	7.0	9.4
	100.0	100.0	100.0	100.0	100.0	100.0

MOUTH-BREATHING.—This was noted in the case of 66 children, or 1.6 per cent.; in 48 cases it was associated with adenoids, and in 18 cases the mouth-breathing was not considered to be due to adenoids.

CLEFT PALATE.—Five children, three boys and two girls, were afflicted with cleft palate.

Enlarged Cervical and Submaxillary Glands.

The number of children with enlarged glands was as follows :—

TABLE XXIX.

Age	5	6	7	8	9	10	11	12	13	All ages.	Percent.
Boys—											
Slightly enlarged	30	11	3	—	—	19	1	—	14	78	3.4
Enlarged	4	5	—	—	1	2	—	—	3	15	0.7
Girls—											
Slightly enlarged	14	4	—	—	—	5	—	—	3	26	1.4
Enlarged	3	—	—	—	1	2	—	—	1	7	0.4

The percentages at the ages of five, ten and thirteen are :—

TABLE XXX.

Age	Boys.			Girls.		
	5	10	13	5	10	13
Slightly enlarged	4.0	1.8	2.2	2.2	1.2	0.6
Enlarged	0.5	0.8	0.5	0.5	0.5	0.2

In the case of three children, one boy and two girls, the enlarged glands were considered to be tubercular. There is a considerable reduction in the proportion of children with enlarged glands as compared with last year.

External Eye Disease.

SQUINT.—This was present in 34 boys (1.49 per cent.), and 25 girls (1.35 per cent). The squint was convergent in all cases, except one boy, in whom it was divergent.

NYSTAGMUS was present in five children—two boys and three girls. In one of the cases the condition was considered to be due to ophthalmia neonatorum in infancy, and arrangements have been made to send the child to a blind school. Another case, a girl of five years of age, is an albino, and in a third case the nystagmus was associated with congenital cataract.

Other eye defects found were:—Blepharitis, 21 cases; Corneal ulcer, 2 cases; Corneal nebulæ, 16 cases; Ptosis, 4 cases; Congenital cataract, one case.

Four boys were completely blind in one eye, and two boys had lost an eye.

Vision.

The numbers of children with good and defective vision are given below. The vision of each eye is tested separately by means of test types. On the test cards are a number of types, the smallest of which should be read by a child with normal eyesight at a distance of 5 metres, or $16\frac{1}{2}$ feet; the next at a distance of 6 metres, or $19\frac{3}{4}$ feet; and the largest should be read at a distance of 60 metres. The child is placed at a distance of 6 metres. If he can read the smallest type his sight is 6/5; if he can read the next one only, it is 6/6, i.e., normal sight; if he can only read the largest type, it is 6/60.

The vision of the children was:—

TABLE XXXI.

RIGHT EYE.

Age.	Keen Vision	Normal Vision	Fair.		Bad.		Very Bad.		
			6/9	6/12	6/18	6/24	6/36	6/60	Worse than 6/60
Boys—									
9—10 ...	5	8	—	—	—	—	—	—	—
10—11 ...	246	229	64	15	15	15	16	4	4
11—13 ...	11	9	5	1	1	2	—	—	—
13 and over ...	351	146	61	14	27	17	19	3	5
Total ...	613	392	130	30	43	34	35	7	9
Per cent ...	47.4	30.3	10.0	2.3	3.3	2.6	2.7	.5	.7
GIRLS—									
9—10 ...	3	10	3	1	1	1	—	—	—
10—11 ...	108	198	59	11	17	14	10	4	5
11—13 ...	6	4	4	—	—	—	—	—	—
13—14 ...	195	165	56	12	11	12	17	6	12
All ages ...	312	377	112	24	29	27	27	10	17
Per cent ...	33.0	39.9	11.8	2.5	3.0	2.8	2.8	1.0	1.8

LEFT EYE.

Age.	Keen Vision. 6/5	Normal Vision. 6/6	Fair.		Bad.		Very Bad.		
			6/9	6/12	6/18	6/24	6/36	6/60	Worse than 6/60
Boys—									
9—10 ...	4	9	—	—	—	—	—	—	—
10—11 ...	227	248	59	16	12	18	19	4	5
11—13 ...	10	10	4	—	2	3	—	—	—
13 and over ...	339	151	60	17	20	21	20	9	6
Total ...	580	418	123	33	34	42	39	13	11
Per cent. ...	44·8	32·4	9·5	2·5	2·6	3·3	3·0	1·0	0·8
GIRLS—									
9—10 ...	3	10	4	—	1	1	—	—	—
10—11 ...	100	199	60	9	14	17	6	3	8
11—13 ...	5	6	3	—	—	—	—	—	—
13—14 ...	183	163	58	16	12	18	19	8	8
Total ...	291	378	125	25	27	36	35	11	16
Per cent. ...	30·8	40·0	13·2	2·6	2·8	3·8	3·7	1·2	1·7

In order that the vision at the two ages of ten and thirteen, and that of the boys' and girls' may be compared, the following percentage table is given. The vision is divided into four classes.

TABLE XXXII.

RIGHT EYE.					LEFT EYE.				
Vision ...	Good.	Fair.	Bad.	Very bad.	Good.	Fair.	Bad.	Very bad.	
Age.	6/5 6/6	6/8 6/12	6/18 6/24	6/36/-	6/5 6/6	6/9 6/12	6/18 6/24	6/36/-	
Boys—									
10—11...	78·2	12·9	5·0	4·0	78·1	12·3	5·0	4·6	
13—14...	77·4	11·6	6·8	4·3	76·3	12·2	6·2	5·4	
GIRLS—									
10—11...	71·9	16·4	7·3	4·4	70·1	16·1	7·3	6·4	
13—14...	74·0	14·0	4·8	7·2	71·1	15·2	6·2	7·1	

We see that the eyesight of the boys is better than that of the girls, and referring to the first table, we see that the proportion of boys with keen vision is very much larger than that of the girls. The sight of the right eye is a little better than that of the left, but there is not very much to choose between the two eyes. As regards the influence of age, the sight of the boys of 13 is a little worse than that of the boys of 10, while, on the other hand, the girls of 13 have better vision than the girls of 10. These figures give no support to the supposition that school influences are responsible for defective eyesight. Needlework is often held responsible for bad eyesight in girls, and it is true that girls have not such good

eyesight as boys; but girls do more needlework and finer work after the age of 11 than before, and yet the eyesight of girls is better at the age of 13 than at the age of 10, whereas if needlework were injurious it should be much worse. The difference in eyesight between boys and girls is, no doubt, like other differences, such as height and weight, a sex-difference.

The relative vision for both eyes is given in the next table for boys and girls separately:—

TABLE XXXIII.

EYESIGHT—BOYS.

	RIGHT EYE.										Total.
	6/5	6/6	6/9	6/12	6/18	6/24	6/36	6/60	—60	Blind or missing	
LEFT EYE.											
6/5	561	9	2	1	1	2	2	—	—	2	580
6/6	28	338	35	5	4	2	2	2	—	2	418
6/9	11	25	67	10	5	3	1	1	—	—	123
6/12	3	7	6	8	5	3	—	—	1	—	33
6/18	3	2	5	3	14	3	3	—	1	—	34
6/24	3	4	5	2	7	18	3	—	—	—	42
6/36	1	4	5	1	3	1	22	1	1	—	39
6/60	2	1	1	—	2	2	2	3	—	—	13
—60	1	1	4	—	1	—	—	—	2	—	9
Blind or missing	—	1	—	—	1	—	—	—	—	—	2
Total ...	613	392	130	30	43	34	35	7	5	4	1285

GIRLS.

		RIGHT EYE.								Total.	
		6/5	6/6	6/9	6/12	6/18	6/24	6/36	6/60		—60
LEFT EYE.	6/5	281	4	3	1	1	—	1	—	—	291
	6/6	19	331	19	1	1	2	1	1	3	378
	6/9	4	21	75	6	10	6	1	1	1	125
	6/12	1	1	6	12	4	1	—	—	—	25
	6/18	2	6	5	1	9	1	2	1	—	27
	6/24	2	5	4	2	1	15	6	1	—	36
	6/36	1	5	6	—	2	1	16	4	—	35
	6/60	—	2	1	1	—	1	—	3	3	11
	—60	1	2	3	—	1	—	—	—	9	16
Blind or missing	1	—	—	—	—	—	—	—	—	1	
Total ...		312	377	122	24	29	27	27	11	16	945

The number of children wearing glasses was 36 boys and 44 girls, or 19 per cent. of boys and 27.5 per cent. of girls with a vision of 6/18, or worse, in one or both eyes.

Ear Disease.

The number of children with ear discharge are given in the table. They are grouped according to age, and as to whether they have adenoids or not.

TABLE XXXIV.

Age.	Boys.				Girls.			
	With Adenoids.	Adenoids removed	Without Adenoids.	Total.	With Adenoids.	Adenoids removed	Without Adenoids.	Total.
5—6 ...	2	—	2	4	1	—	1	2
6—10 ...	—	1	4	5	2	1	3	6
10—11 ...	—	—	8	8	—	1	6	7
11—13 ...	—	—	—	—	—	—	—	—
13—14 ...	2	—	6	8	1	—	3	4
Total ...	4	1	20	25	4	2	13	19

There were thus 44 children, or about 1.1 per cent. with ear discharge. There were in addition 41 children with a history of occasional discharge. Some of these cases were associated with adenoids, some have followed scarlet fever, and some have dated from an attack of measles. Most of the cases are of very old standing, and, as a rule, have had treatment from time to time at a hospital.

Seven children had scars resulting from a former mastoid operation.

The hearing was interfered with by wax in the ears in the case of 37 children. One child had an aural polypus..

Hearing.

The hearing in the case of the elder children was tested by means of a stop watch, which could be heard by a child of good hearing at 24 inches distance. Children who could hear the tick at 15 inches distance or over were classed as having good hearing, between 15 inches and 8 inches as fair hearing, between 8 and 3 as bad, and below 3 as very bad.

The table gives the numbers of children over nine years old whose hearing was not good:—

TABLE XXXV.

Age	10	13	Other ages	Total	Per cent.
Boys—					
Hearing fair—one ear ...	24	25	4	53	4.1
Both ears ...	26	26	10	62	4.8
Hearing bad—one ear ...	28	31	5	62	4.8
Both ears ...	14	14	1	29	2.2
Hearing very bad—one ear	10	5	1	16	1.2
Both ears ...	4	5	—	9	0.7
			Total	per cent.	17.8
Girls—					
Hearing fair—one ear ...	16	20	8	44	4.7
Both ears ...	17	21	3	40	4.2
Hearing bad—one ear ...	27	25	1	50	5.3
Both ears ...	17	21	—	38	4.0
Hearing very bad—one ear	8	13	3	24	3.5
Both ears ...	1	3	—	4	0.6
			Total	per cent.	23.2

In this table a child is only counted once. Thus, if the hearing was very bad in one ear and bad in the other, it would be classified under very bad in one ear only. The hearing of the boys is distinctly better than that of the girls, and this was also noticed last year.

To show the influence of enlarged tonsils and adenoids the following percentage table is given. Under each condition, with respect to tonsils is given the percentage of children with good, fair, bad and very bad hearing. Boys with normal tonsils have 84.6 per cent. of the number with good hearing, those with tonsils slightly enlarged have 81 per cent. with good hearing, while those with markedly enlarged tonsils and those who have had operations of the tonsils have only 70.9 per cent. with good hearing.

TABLE XXXVI.

Hearing.	BOYS.				GIRLS.			
	Good	Fair	Bad	Very Bad	Good	Fair	Bad	Very Bad
Tonsils normal	84.6	7.5	6.4	2.0	80.1	7.9	8.6	3.4
Tonsils slightly enlarged ...	81.0	10.0	7.3	1.7	75.2	12.8	12.0	—
Tonsils markedly enlarged ...	70.9	16.6	8.3	4.2	77.1	13.1	4.9	4.9
Children who have operation for tonsils and adenoids	70.9	10.4	18.7	—	72.1	7.0	18.6	2.3

Speech.

Defective articulation was noted in 7 children only, excluding the children with cleft palate. All, except one girl of ten, were infants. Twelve children were stammerers, eleven boys and one girl.

Heart and Circulation.

ANÆMIA.—Eight children were considered to be anæmic, three boys and five girls.

HEART DISEASE.—A mitral systolic murmur, not considered to be due to organic heart disease, was heard in nine children, three boys and six girls.

The number of children with organic heart disease was 18 (0.44 per cent.). Two of these cases, one a boy and the other a girl of five years of age, were suffering from congenital heart disease; the others were all cases of mitral regurgitation. The percentages of children with heart disease at different ages were :—

TABLE XXXVII.

Age. 	5	10	13	All ages.
Boys 	0.27	—	0.31	0.22
Girls 	0.16	0.70	1.23	1.16

Organic heart disease was thus more frequent among girls.

In one child, a boy of ten years of age, the heart was on the right side, the apex beat being in the fifth right intercostal space, and cardiac dulness extending from there to the sternum. This is the third case of the kind found during the course of about eighteen thousand inspections.

RHEUMATISM AND HEART DISEASE.—Excluding the two cases of congenital heart disease, we found that of the 16 other children with organic heart disease, two had a history of a previous attack of rheumatic fever or rheumatism. There was a history of rheumatic fever or rheumatism with 28 other children, who showed no evidence of organic disease of the heart.

As these figures do not seem at first sight to establish a very close connection between rheumatism and heart disease, the figures of the last three years, dealing with these conditions were collected. They are as follows, counting the figures of those years, 1910, 1911, and 1912, together :—

TABLE XXXVIII

	No. examined.	Ht. Disease with history of Rh. fever.	Ht. disease without his- tory of Rh. fever.	History of Rh. fever without Ht. disease.
Boys	6500	4	18	27
Girls	5799	9	22	28

The percentage of boys with heart disease was 0.339, and the percentage of girls 0.535. Of the boys with a previous history of rheumatic fever, 12.9 per cent. had heart disease; and of the girls, 24.4 per cent. So that heart disease is more prevalent in girls, and is much more likely to follow rheumatic fever in girls than boys.

The above figures may be arranged in a four-fold table, including both boys and girls:—

TABLE XXXIX.
HISTORY OF RHEUMATISM.

	Absent.	Present.	Total.
Heart Disease { Absent... ..	12181	55	12236
{ Present	50	13	63
Total	12231	68	12299

As, however, the parents were not present at 43 per cent. of the inspections of these children, and, as in these cases a history of rheumatism could not be obtained even if they had had it, we must remove them from the table, and, of course, they must be removed from the first column only. So that the table which includes only those children whose parents were present at the medical inspection becomes:—

TABLE XL.
HISTORY OF RHEUMATISM.

	Absent.	Present.	Total.
Heart Disease { Absent... ..	6920	55	6975
{ Present	23	13	36
Total	6943	68	7011

From this table we find that 0.33 per cent. of children who have not had rheumatic fever get heart disease, as compared with 13 per cent. of those who have had rheumatic fever, and the correlation coefficient between rheumatic fever and heart disease is .73.

Chorea and Heart Disease.

Ten boys and ten girls had a previous history of Chorea or St. Vitus's Dance. Of the ten boys, three had a history of rheumatic fever also, and two were found to have heart disease, one of the two having had both chorea and rheumatism. Of the ten girls with a previous history of chorea, two were found to have heart disease.

Lungs.

Bronchial catarrh was present in 41 children (1.0 per cent.); 27 boys (1.2 per cent.) and 14 girls (.76 per cent.). Of these 41 children, 9 had also enlarged tonsils and adenoids. Six children, three boys and three girls, were afflicted with winter cough every year.

Four children were liable to attacks of spasmodic asthma. One, a boy of five years of age, had his first attack when ten months old. The others were two boys and a girl of thirteen years of age.

Two children, a boy of seven and a girl of thirteen, were suffering from Pulmonary Tuberculosis.

Tuberculosis.

There were two cases of pulmonary tuberculosis, referred to in the last paragraph, among the children inspected or .048 per cent. Five cases were referred for subsequent examination as being suspicious cases. Of four cases thus referred in the previous year's inspection not one was found to be pulmonary tuberculosis at subsequent examinations.

Other cases of tubercular disease were three cases of tubercular neck glands (two girls aged 13, and one boy aged 13), and one case of tuberculous hip. The latter case had been under treatment for a considerable time, and was wearing a splint.

Of cases of old tuberculosis, there were eight children, four boys and four girls, who had had tuberculous glands removed from the neck; two cases with a history of tubercular disease of the knee joint, one boy and one girl; two cases, in addition to the one mentioned above, with past hip disease, both girls; and one case of old tubercular disease of first metacarpal bone of hand, a girl.

Nervous System.

There was a history of epileptic fits among nine children (2.2 per cent.), seven boys (3.1 per cent.) and two girls (1.1 per cent.). The date of the last fit varied from two months before inspection to six years.

Frequent headaches were complained of by eleven children, five boys and six girls. In seven of these cases the headaches were associated with defective vision, and in three cases with enlarged tonsils. Three children in addition, all boys, were subject to attacks of migraine, or sick headache.

Night terrors were complained of by four children, three boys and one girl, all infants, except the girl of ten. Two of these cases were associated with the presence of adenoids.

Rickets.

There was a history of rickets with 18 children, evidence of rickets with 3 children, and both history and evidence with 2 children, making a total of 23 children with past rickets. The percentage was 0.6 per cent. for boys and 0.5 per cent. for girls.

Other Defects.

SPINE.—Lateral curvature to a slight extent was present in nine children, two boys and seven girls. The two boys were aged 10 and 13 respectively. One of the girls was 8 years of age, four were 10 years of age, one was 11, and one was 13. There was in addition a boy of 13 with very marked lateral curvature of the spine and kyphosis.

Talipes varus was present in two children, girls of five. Six children, three boys and three girls, had knock-knee, and two boys were bow-legged.

Four children, all boys, were afflicted with deformities, the result of infantile paralysis.

One child, a boy, who had had a mastoid operation, had facial paralysis. In another boy the pectoralis major muscle of one side was atrophied.

Hernia.

There was a history of past inguinal hernia with eleven children, all boys. Of these, three had been cured by a truss, and eight by operation.

The number of children found at medical inspection to be suffering from inguinal hernia was seven, six boys and one girl. Of these seven cases, four were right inguinal, two left inguinal, and one double inguinal hernia.

One boy of five had an umbilical hernia.

Other defects or curiosities found were:—One girl with congenital dislocation of the hip on the right side; a boy, aged 13, with exostoses on almost every bone in his body; a girl with a cervical rib; and a child with six toes on each foot. The latter case was one of two separate fifth toes; the second and third toes were united; this child had a brother and sister with a similar deformity, but no other case could be traced among the child's parents, or grandparents, or aunts or uncles.

A case of albinism has been mentioned before. In this case no previous case could be traced in the family history.

Mentally Defective Children.

No special provision is made for dealing with mentally defective or epileptic children. As has been mentioned in a previous part of this report 0.5 per cent. of the boys, and 0.9 per cent. of the girls inspected were considered to be mentally defective. If this proportion held throughout the schools, there would be about 92 mentally defective children. The question of the special education of these children requires the serious consideration of the Education Committee. They do not gain in the ordinary elementary school the benefit they are capable of gaining, and they are a nuisance to the class in which they are situated.

The Education Authority are not under a legal obligation to deal specially with these children, but they may provide facilities for their examination and certification, in which case parents of such children must present their children for examination.

The Education Authority may make provision for the education of such children by all or any of the following means:—

- (a) By classes in public elementary schools certified as special classes.
- (b) By boarding out such children in a house conveniently near to a certified special class or school.
- (c) By establishing schools, certified by the Board of Education for defective children.

Epileptics.

Several children that are liable to occasional epileptic fits are in attendance at the schools, and if the fits are not at frequent intervals, and are not severe, probably do not interfere seriously with the instruction. In the case of the fits becoming severe or frequent, of course, they have to be excluded. But at present there is no option but to allow them to attend the ordinary school when possible, or to deprive them of education altogether. A special school or class for epileptic children is desirable.

Deaf.

The deaf children are educated at the Tottenham Council School for the deaf. They are conducted there in the morning, and brought back after afternoon school. There were eleven of these children at the beginning of the year. One child has been admitted, and one discharged during the year.

Blind.

The blind children are educated at the East London School for the Blind, where they are boarded during the school term at the expense of the Education Committee. Two children were attending this school at the beginning of the year, and two children have been admitted during the year.

Temperatures of School Children.

As far as time permitted, the temperatures of all children of ten and thirteen years of age were taken during the medical inspection. The temperature was taken with a Kew-tested half-minute thermometer in the mouth, at the usual time of medical inspection, between 9 a.m. and 4.30 p.m. It was left in from three to five minutes. The temperature recorded was the nearest mark on the clinical thermometer. Thus, a temperature recorded of 98.4 might be anything between 98.3 and 98.5.

The following table gives the distributions of the temperatures for the 1,862 children, on the Fahrenheit scale:—

TABLE XLI.

	Boys of Ten.	Boys of Thirteen.	All Boys.	Girls of Ten.	Girls of Thirteen.	All Girls.	All Children.
96.8	—	1	1	—	—	—	1
97.0	11	10	21	1	2	3	24
.2	7	13	20	4	2	6	26
.4	18	16	34	7	3	10	44
.6	30	32	62	7	7	14	76
.8	26	19	45	25	4	29	74
98.0	47	60	107	18	28	46	153
.2	36	49	85	33	18	51	136
.4	61	53	114	26	43	69	183
.6	40	57	97	23	39	62	159
.8	41	51	92	45	26	71	163
99.0	67	68	135	37	43	80	215
.2	62	49	111	28	46	74	185
.4	25	34	59	28	52	80	139
.6	31	23	54	11	53	64	118
.8	6	21	27	21	24	45	72
100.0	15	17	32	3	27	30	62
.2	3	5	8	3	9	12	20
.4	—	4	4	1	3	4	8
.6	2	—	2	—	1	1	3
.8	—	—	—	—	—	—	—
101.0	1	—	1	—	—	—	1
Total ...	529	582	1111	321	430	751	1862

The mean temperatures and the standard deviations were as follows :—

TABLE XLII.

	Boys of ten.	Boys of thirteen.	Girls of ten.	Girls of thirteen.	All Children.
Mean	98.62	98.63	98.92	99.02	98.76
Standard Deviation...	0.75	0.73	0.67	0.68	0.73

The girls thus have a higher mean temperature than the boys, and the variability of their temperatures is not so great.

The following table gives the percentage of children coming within intervals of one degree of temperature :—

TABLE XLIII.

	Boys of ten.	Boys of thirteen.	Girls of ten.	Girls of thirteen.	All Children.
Under 98.0	21.83	20.79	9.81	7.44	16.11
From 98.0—99.0	44.42	47.08	42.06	37.56	43.26
From 99.0—100.0	31.19	29.12	42.68	48.84	36.60
Over 100.0	2.55	3.01	5.45	6.16	4.03

All these children were apparently in quite perfect health. Two temperatures were excluded; one was that of a girl of thirteen, whose temperature was 101.6, and was suffering from pulmonary tuberculosis, and the other was a boy, aged ten, whose temperature was 101.2, who had inflamed tonsils.

The children were brought out of their classrooms to the medical inspection room, and, as a rule, were in there some time before the temperatures were taken. When the temperatures are higher than would be expected, this cannot therefore be put down to exercise.

We see that the temperatures of children are very far from what is considered the normal temperature, namely 98.4. The case of those children with temperatures under 98.0 presents a difficulty. In order that a correct temperature may be recorded in the mouth in a reasonable time, it is essential that the bulb of the thermometer be in contact with mucous membrane. Some persons, however, hold the thermometer in such a manner that the bulb is in a small hollow surrounded by air, which is a very bad conductor of heat. In these cases it takes at least a quarter of an hour or twenty minutes, even with the most sensitive thermometer, to get the correct temperature. In some of the cases recorded above, when a temperature of 97.0 was found in the usual three to five minutes, the thermometer was placed in the mouth again, and left in for a quarter

of an hour. When this was done the temperature always went up considerably. It was not, however, possible to do this in many cases with the time at our disposal. If it were possible to have verified in this way all the temperatures under 98.0, these would, no doubt, have been considerably reduced, and the average temperatures would have been higher.

We note that barely 10 per cent of the children have a temperature of 98.4; that over 40 per cent of the children have a temperature above 99.0; and that about 4 per cent. have a temperature over 100.0; and that the largest groups are those with temperatures of 99.0 and 99.2, and after these is the group of those having a temperature of 98.4.

There is no substantial difference in mean temperature between the two ages of ten and thirteen, but there is a substantial difference between the two sexes. There is a much larger relative proportion of boys with temperatures under 98.0, and the girls have a much larger relative proportion with temperatures above 99.0 and 100.0.

If we exclude all temperatures under 98.0, the higher relative temperature of the girls still persists, as will be seen in the table below:—

TABLE XLIV.

	Boys of 10. %	Boys of 13. %	Girls of 10. %	Girls of 13. %	All children. %
98.0°—99.0° ...	56.83	59.44	46.63	40.57	51.57
99.9°—100.0° ...	39.90	36.77	47.32	52.75	43.63
Over 100.0° ...	3.26	3.79	6.04	6.66	4.80

There is no doubt, then, that the temperature of children is variable, ranges up to about 100.6 in children with perfect health, and is higher in girls than in boys.

At first the time at which the temperature was taken was not recorded, but for the following 988 children the time was noted.

The mean of the temperatures taken in the morning and afternoon is given:—

TABLE XLV.

	BOYS.		GIRLS.	
	Temperatures taken in—		Temperatures taken in—	
	Morning.	Afternoon.	Morning.	Afternoon.
Average ...	98.54	98.81	98.84	99.18
Difference ...	0.27		0.34	

The mean of the temperatures is thus considerably higher in both sexes in the afternoon than in the morning.

The question naturally arises as to whether the temperatures varying so much from the supposed normal are in any way correlated with any of the commoner defects found in children, and, the two most common defects being enlarged tonsils and decayed teeth, the correlation between these conditions and the temperature was worked out.

Taking the teeth first, the mean temperature of the children with four decayed teeth or more was found to be 98.74; that of children with three decayed teeth or less was 98.78, as compared with that of 98.76 for all children. The differences thus are trifling, and the correlation was found to be .02, which, allowing for probable error, is nil.

With regard to the influence of enlarged tonsils on the temperature, the mean temperature of the children with tonsils enlarged to any degree was 98.75, that of the children with marked enlargement only was 98.66, both of which are lower than that of all children, and there is a negative correlation of .06. The fact that the children with enlarged tonsils have a slightly lower temperature might possibly be put down to the fact that a large proportion of them have a certain amount of nasal obstruction, which interferes with a correct temperature being recorded by the thermometer in the mouth. The percentage of children, however, with temperatures below 98.0 was for children with any degree of enlargement of tonsils, 17.2; and with marked enlargement, 16.7; which is not very different from 16.1, the percentage with temperatures under 98.0 for all the children.

The mean temperature of the children with a family history of consumption was 98.61, compared with 98.76 for all children. It is not likely, therefore, that the high temperatures found in some of the children is due to concealed tuberculosis, for we should expect those with a family history of consumption to be more likely to have hidden tuberculosis, and therefore to have a higher mean temperature.

In order to find out whether there is any permanency in the temperatures of children, the temperatures of 400 children were taken a second time at an interval of between three and four months. The relations between the two temperatures are shown in the following table, where the groupings are in 0.4 degrees F., and the temperature is the central temperature of the group. One case is omitted, having a temperature at the first taking of 97.8, and at the second of 102.0, which latter was due to a sore throat, for which the child was excluded from school.

TABLE XLVI.

SECOND TEMPERATURE.

FIRST TEMPERATURE.		97.1	97.5	97.9	98.3	98.7	99.1	99.5	99.9	100.3	100.7	101.0	Total
97.1	2	...	6	1	1	2	...	...	...	...	...	...	12
97.5	1	...	13	7	2	5	3	...	...	...	...	1	32
97.9	1	2	10	15	5	10	...	...	...	1	...	...	44
98.3	...	3	16	15	11	16	3	...	2	...	...	...	66
98.7	2	2	11	12	12	15	3	1	...	1	...	...	59
99.1	...	2	11	18	24	28	6	2	...	2	...	...	93
99.5	1	1	5	12	11	17	8	...	...	...	...	...	55
99.9	2	...	3	6	3	9	7	1	...	...	...	...	31
100.3	...	...	2	1	1	...	1	...	...	...	...	...	5
100.7	...	...	...	...	...	1	...	...	...	...	...	...	1
101.0	1	...	...	...	...	...	...	...	...	...	...	...	1
Total		10	10	77	87	70	103	31	4	2	4	1	399

In this table we see that the largest group on each occasion was that with a central temperature of 99.1. The mean temperature on the first occasion was 98.73, and on the second 98.60, and the correlation between the temperatures on the two occasions was .22. There is thus a substantial correspondence between two temperatures of a child taken at periods distant as long as three or four months.

SCHOOL CLINICS.

On July 9th a deputation presented a petition to my Council of over 1,500 signatures urging them to take the necessary steps to establish in Edmonton the medical treatment of school children. Thereupon, the Council unanimously resolved that the Education Committee be informed that the Council is of opinion that something should be done towards establishing school clinics in the district. This resolution was forwarded to the Education Committee, and on July 17th their reply, as follows, was presented to the Council:—"That a reply be sent to the Edmonton Urban District Council stating that this Committee are in favour of the resolution of the District Council, and that steps had already been taken to convene a conference of Local Education Authorities in Middlesex to consider this question."

A Sub-Committee of the Education Committee has been formed to obtain information as to the management of school clinics already in operation elsewhere. The Sub-Committee consists of the Chairman and five members of the Education Committee, the Secretary, and the two Medical Officers. The first meeting was held on Tuesday, November 19th, 1912, and another on Tuesday, December, 17th, 1912. Every effort is

being made to obtain accurate information about the management of medical treatment centres, whether of the rate-aided type, or those maintained wholly or partially by philanthropic support.

In October our Education Committee convened a conference of similar committees in Middlesex with the object of framing a county scheme of school clinics, but the idea met with no support from the richer authorities.

INFECTIOUS DISEASE.

Closure of Schools and Exclusion of Scholars.

The number of children excluded at the routine medical inspection was 115, the reason for exclusion being:—

Scarlet Fever	...	2	Ringworm	...	17
Chicken Pox...	...	2	Vermin	...	79
Whooping Cough	...	3	Eye Disease	...	2
Sore Throat	...	2	Impetigo	...	2
Chorea	...	1	Bronchial Catarrh	...	1
Hernia	...	1	Ulcer of Foot	...	1
Pulmonary Tuberculosis	2				

The total number of children excluded for contagious and other diseases during the year was 434, the reasons for exclusion being:—

Ringworm	...	110	Pulmonary Tuberculosis	2
Vermin	...	233	Tubercular Glands	1
Scabies	...	13	Tubercular Joint Disease	1
Impetigo	...	16	Sore Throat	7
Other Skin Diseases	...	20	Chorea	4
Eye Disease	...	18	Other causes	6
Inflamed Glands	...	2		
				434

Closure.

The Infants' Department of Croyland-road School was closed from Friday, February 9th, and re-opened on Monday, February 26th, to prevent the spread of diphtheria. (See Annual Report of Medical Officer of Health, Section II.A.)

Exclusion of Contacts.

The rules adopted for the exclusion of contacts are as follows. All children living in a house where there is a case of scarlet fever or diphtheria are excluded from school until the Medical Officer of Health certifies that they may attend. The same rule applies to contacts (i.e., children living in the same house) of measles, whooping-cough, chicken pox, and mumps, in the case of children attending the Infants' Schools. In the case of children attending the schools for older children, however, the

child is not excluded, if he or she has already had the disease in question. The danger is not altogether that he may in some way carry the disease about him and spread it, but that he may attend school while suffering from measles or such like in the incipient stage, and so spread it; if he had already had the disease this danger may be said to be much less.

Teachers' Notifications. Insufficient knowledge of the existence of infectious diseases leads to their uncontrolled spread and to regrettable effects on the average attendance, which I wish to see as high as possible—consistent with the health of the scholars and the younger relations at home. I am glad to be able to report again that our further experience of the system of notification advised by the Medical Officers in December, 1909, has been very satisfactory. The teachers and attendance officers generally have spared no pains to do the work thoroughly, and therefore well.

It is interesting to note the great variation in the number of children excluded from the schools during 1912. Total number, 1684; previous year, 1,748.

1. Eldon Road...	298	7. Raynham Road	138
2. Croyland Road	240	8. Houndsfield	78
3. National	213	9. St. James's	54
4. Montagu Road	195	10. St. Edmund's	25
5. Silver Street	181	11. Lower Latymer	19
6. Brettenham Road	173		

Besides the following :—Enfield Council Schools, 49; Private Schools, 15* ; and 5 children not attending (at the time) any school.

*Tottenham School, 1.

Exclusion Notices. In connection with the notifiable infectious diseases, viz., diphtheria, scarlet and enteric fevers, 621 notices were issued excluding contacts from attendance for definite periods. Notices were issued in 1911-10-9 to the number of 396, 778, and 1,776 respectively. These notices are now made out for the individual children, patients, and contacts, as they are for non-notifiable diseases, and not for infected houses.

On account of the non-notifiable infectious diseases, notices excluding 1,684 children as patients or contacts were issued by me, after enquiries had been made as to the real nature of the illness. The numbers excluded in 1911-10-9 were 1,748, 1,929 and 355 respectively.

The Head Teachers have kindly collected the figures for about twelve months of the children excluded on account of being contacts with whooping cough, in order to find out what proportion really do contract the disease. They are as follows:—

Cases excluded for whooping-cough during a period of about twelve months.

TABLE XLVII.

Schools.	Actual cases excluded.	Contacts excluded.	Contacts who	
			Contracted the disease during exclusion.	Did not contract the disease during exclusion.
Boys	7	67	2	65
Girls	15	70	3	67
Junior Mixed ...	14	22	3	19
Infants	241	122	33	89
Total	277	281	41	240

Thus we see that among the contacts excluded for whooping cough 97 per cent. of the boys and 96 per cent. of the girls among the children attending the school for elder children did not contract the disease, although they had not had it before, and although they were in more prolonged contact than they would have been if they were attending school.

Under these circumstances, your medical officers felt justified in recommending that all contacts with whooping cough might be allowed to attend the departments for boys and girls whether they had had the disease before or not.

Inheritance of Predisposition towards Scarlet Fever.

Scarlet fever is caused by contact with a previous case of scarlet fever, but all do not contract the disease who are exposed to it. In order to ascertain whether the fact that the mother had had scarlet fever rendered her child more liable to acquire it, enquiries were made of the parents who attended medical inspection whether they themselves had had scarlet fever or not, and thus the incidence of scarlet fever in the mother and children could be compared. Particulars were obtained in respect of 968 mothers and children, and the results were as follows, boys and girls being given separately. The ages of the children were from ten to fourteen years.

TABLE XLVIII.

	MOTHER—		Total		MOTHER—		Total
	Not had Scarlet Fever.	Had Scarlet Fever.			Not had Scarlet Fever.	Had Scarlet Fever.	
SONS—				DAUGHTER—			
Not had Scar- let Fever ...	347	125	472	Not had Scar- let Fever ...	267	88	355
Had Scarlet Fever ...	41	32	73	Had Scarlet Fever ...	40	28	68
Total ...	388	157	545	Total ...	307	116	423

Taking the boys first, 28.8 per cent. of the parents and 13.4 per cent. of the children had had scarlet fever. On the basis of no correlation, we should expect a history of scarlet fever in both mother and son in 21 cases, instead of the 32 that we find. The percentage of girls who had had scarlet fever was 16.0, and that of the mothers who had had scarlet fever was 27.4. On the basis of no correlation we should expect in the 423 cases a history of scarlet fever in both mother and daughter in 19 cases, instead of the 28 that we have.

The correlation between scarlet fever in mother and child was found to be, both for boys and girls, .25. The tendency, therefore, is for the predisposition to scarlet fever to be inherited.



TABLE XLVIII.

MOTHERS— Not had Scarlet Fever	Had Scarlet Fever	Total	DAUGHTERS— Not had Scarlet Fever	Had Scarlet Fever	Total
347	137	484	207	83	290
41	32	73	40	28	68
388	169	557	247	111	358

Taking the boys first, 38.8 per cent. of the parents and 13.4 per cent. of the children had had scarlet fever. On the basis of no correlation, we should expect a history of scarlet fever in both mother and son in 31 cases, instead of the 32 that we find. The percentage of girls who had had scarlet fever was 16.0, and that of the mothers who had had scarlet fever was 27.1. On the basis of no correlation we should expect in the 133 cases a history of scarlet fever in both mother and daughter in 19 cases, instead of the 28 that we have.

The correlation between scarlet fever in mother and child was found to be both for boys and girls, 35. The tendency, therefore, is for the predisposition to scarlet fever to be inherited.

As indicated in the preceding table, the correlation between scarlet fever in mother and child was found to be both for boys and girls, 35. The tendency, therefore, is for the predisposition to scarlet fever to be inherited.

Correlation of scarlet fever in mother and child

As indicated in the preceding table, the correlation between scarlet fever in mother and child was found to be both for boys and girls, 35. The tendency, therefore, is for the predisposition to scarlet fever to be inherited.

