[Report of the Medical Officer of Health for Stoke Newington].

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Metropolitan Borough of Stoke Newington

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1921—1925

A Quinquennial Health Survey

(Being a Supplement to the Annual Report for the year 1925.)

BY

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To the Mayor, Aldermen and Councillors of the Metropolitan Borough of Stoke Newington.

LADIES AND GENTLEMEN,

The Minister of Health's object in calling for this survey is to secure that each Medical Officer of Health shall review the progress made in the Public Health circumstances of his district at the end of each five-yearly period, with the object of making suggestions upon any further developments or readjustments of the administrative work of public health which seem to the Medical Officer of Health to be indicated as desirable.

It is obvious that in the small Borough of Stoke Newington and for a period during which the strictest economy has had to be practised, but little progress in the development of public health activities has to be recorded; but a critical review of that work during the past five years serves the useful purpose of indicating certain directions in which progress could and should be made as soon as circumstances permit. It is more especially in this last-mentioned respect that the brief report which I now present may claim your interest.

I am, Ladies and Gentlemen,

Your obedient servant,

HENRY KENWOOD.

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1921—1925.

VITAL STATISTICS.

Stoke Newington, with its small population, is but a portion of one large community, therefore a study of the vital statistics of the Borough cannot be expected to reveal any facts, in reference to the causation and behaviour of disease, which do not apply in great measure to London as a whole. A record of the changes in the prevalence and mortality from disease in the Borough itself is, however, both interesting and suggestive. During the five years in question the population has continued to justify its reputation for being one of the most healthy of the Metropolitan Boroughs. The facts set out in Tables I and II (pp. 8 and 9), more particularly those relating to 1921-25, justify this reputation.

It will be seen from these tables that the greatest decreases relate to those diseases upon which most preventive effort has been spent, and the local sanitary authority may fairly claim that a considerable part of the decreases has resulted from the work for which they are responsible. Great benefits have thus been conferred upon the community—more particularly by the work undertaken in connection with Infant Welfare, and the control of communicable diseases, including Tuberculosis; and these results may be regarded as the returns from the investments of the health authorities.

While briefly reviewing the prevalence and fatality of disease during the most recent five yearly period some reference may be

TABLE I.

DEATH RATES PER 1,000 OF POPULATION.

Year.	General Death Rate.	Measles.	Scarlet Fever.	Whooping Cough.	Enteric Fever.	Diphtheria.	Phthisis.	Cancer.
1901	13·1	·17	·08	·04	·08	·27	1·30	—
1902	13·3	·08	·09	·27	·08	·09	1·24	—
1903	12·6	·39	·00	·36	·09	·13	1·30	—
1904	13·4	·13	·03	·25	·11	·19	1·70	—
1905	13·0	·21	·06	·17	·00	·09	1·31	—
Means	13·1	·20	·05	·22	·07	·15	1·37	0·96
1906	12·0	·19	·02	·32	·00	·08	·90	—
1907	11·8	·13	·13	·36	·06	·11	·88	—
1908	12·9	·19	·09	·13	·08	·02	1·04	—
1909	11·7	·17	·04	·24	·02	·02	·80	—
1910	11·8	·22	·02	·13	·04	·04	·92	—
Means	12·0	·18	·06	·24	·04	·05	·91	1·13
1911	12·5	·53	·06	·37	·02	·06	1·02	—
1912	11·6	·12	·02	·04	·00	·00	·91	—
1913	13·1	·22	·02	·12	·04	·12	·93	—
1914	12·3	·02	·06	·12	·00	·06	1·11	—
1915	14·6	.47	·14	·14	·04	·20	1·01	—
Means	12·8	·27	·06	·16	·02	·09	·99	1·23
1916	12·6	·02	·08	·02	·00	·12	1·36	—
1917	14·1	·36	·00	·12	·00	·20	1·06	—
1918	15·7	·15	·00	·10	·06	·36	1·14	—
1919	12·2	·02	·04	·08	·00	·27	·84	—
1920	12·4	·10	·08	·17	·00	·36	·70	—
Means	13·4	·13	·04	·10	·01	·26	1·02	1·27
1921	11·5	·00	·00	·06	·04	·42	·72	—
1922	12·9	·06	·06	·02	·00	·15	·76	—
1923	10·2	·00	·00	·04	·02	·10	·76	—
1924	11·3	·08	·02	·06	·00	·10	·64	—
1925	11·2	·00	·00	·11	·02	·08	·92	—
Means	11·4	·03	·02	·06	·02	·17	·76	1·52

TABLE II.

DEATH RATES PER 1,000 REGISTERED BIRTHS.

Births.	Under 1 year.	Under 1 month	Diarrhœa and Enteritis.	Puerperal Fever.	Pregnancy and Parturition.
1901	117·9	23·4	21·60	—	—
1902	114·7	30·2	17·77	—	—
1903	120·3	33·7	19·14	—	—
1904	115·6	26·3	21·88	—	—
1905	124·7	46·0	31·90	—	—
Means. Birth-rate: 21·7	118·6	31·9	22·46	1·3	—
1906	108	42·5	21·26	—	—
1907	97·8	43·2	6·71	—	—
1908	98·3	29·2	14·60	—	—
1909	84·9	26·3	4·04	—	—
1910	66·1	25·2	11·54	—	—
Means. Birth-rate: 20·0	91·0	33·3	11·63	1·4	—
1911	106·2	29·6	27·70	—	—
1912	70·7	37·8	1·93	—	—
1913	82·7	33·3	11·69	—	—
1914	78·7	36·0	11·66	—	—
1915	99·8	35·4	6·44	—	—
3 Means. Birth-rate: 20·4	87·6	34·3	11·88	1·2	1·7
1916	59·8	28·9	5·99	—	—
1917	85·6	35·0	11·67	—	—
1918	87·2	36·1	9·02	—	—
1919	62·6	40·3	7·83	—	—
1920	80·0	33·5	8·18	—	—
Means. Birth-rate: 17·9	75·0	34·5	8·54	1·5	3·9
1921	53·1	23·3	11·18	—	—
1922	67·1	32·0	2·13	—	—
1923	46	22·9	2·08	—	—
1924	58	27·4	2·28	—	—
1925	61	28·5	7·13	—	—
Means. Birth-rate: 17·8	57	26·8	4·96	1·1	2·8

made to the corresponding records of the Borough since its formation in 1901, as set out in Tables I and II; and in this connection it is of interest to make a comparison between the mean figures for 1921-25 and those for 1901-5—twenty years previously.

The Mean General Death-rate for 1921-25 was 11·4. This is 13 per cent. below that for 1901-5; and it is the lowest for any five yearly period on record.

The Mean Death-rates from Scarlet Fever, Measles and Whooping Cough were the lowest on record during 1921-25, and each shows, like Enteric Fever, a very great reduction when compared with the mean rates for 1901-5.

The Mean Phthisis Death-rate for 1921-25 was also the lowest on record, and it is 44 per cent. below the mean rate for 1901-5.

The Mean Death-rate of Infants under one year of age for 1921-5 was the lowest on record, and was only one-half that for 1901-5; but the mean Death-rate of Infants under one month of age (also the lowest on record) was only 16 per cent. below the mean for 1901-5.

The Mean Death-rate among infants under two years of age from Diarrhœa and Enteritis, which formerly caused many deaths, has been reduced nearly 80 per cent. since 1901-5; and for 1921-5 it was the lowest on record.

The Mean Puerperal Fever rate for 1921-5 was also a low record.

The above facts are most satisfactory; but it will be observed that there are one or two other records which are otherwise. I refer to the mortality from Diphtheria, Diseases of Parturition and Pregnancy, and Cancer. These diseases show Mean Death-rates in excess of those for 1901-5—the increase of Cancer amounting to over 50 per cent.

It should be recorded also that diseases of the Respiratory Organs, the Kidneys and the Heart, and deaths from Premature

Birth, have undergone no defined increase or reduction in Stoke Newington during the five years 1921-5. In England and Wales for the same period there has been an increase in the deaths from Heart Disease and a reduction in the deaths from Premature Birth.

The very marked rise in the Birth-rate in 1920 was probably an incident due to the return home of the bulk of the troops who had been engaged in the Great War, and it was only a temporary check to the decline in the Birth-rate which had set in many years previously. This decline has continued throughout the five years 1921-25, and it can be explained only by the increasing knowledge and application of methods of birth control among the general population. It is inevitable that a still further growth of this knowledge and practice, in view of the difficult times of unemployment and housing deficiency which are destined to continue for many years, will lead to a further reduction in the Birth-rate in the future, without any assistance from the propaganda which some advocate to that end.

CANCER.

In the population of Stoke Newington those in the late age periods of life are somewhat more numerous than in most large communities, and this circumstance tends to favour a high Cancer rate. If allowance is made for this fact, the increased mortality from this disease during the past five years has been practically the same as that for England and Wales as a whole.

It is calculated that in this disease there is an average loss of about one year before submitting to skilled treatment, and that not one person in ten comes sufficiently early for effective treatment.

The problem is to get the case into the hands of a competent medical adviser while it is still in the early and curable stage, or even more fortunately, while the patient exhibits merely those conditions which are recognised as danger signals of cancer. If people will only pay attention to these danger signals and early seek medical advice, thousands of premature deaths can be prevented.

Popular education as to these matters is a serious need, and for this and other reasons it is a question whether Cancer Clinics in large towns would not fulfil a very useful purpose.

The public needs to be warned against quacks who, as experts in pretence and promise, encourage patients to expect relief till either their money is exhausted or the disease too far advanced for cure by operation or other recognised methods. Bottles of medicine, and the application of ointments and paste, cannot cure Cancer.

DIARRHŒA AND ENTERITIS.

These conditions in young children are mainly due to an infection of the digestive tracts. Since 1906, with the exception of the Diarrhœa year of 1911, there has been a very remarkable decline in the prevalence of these conditions, notwithstanding the fact that the hot, dry summer of 1921 was entirely favourable to a high case-rate. This great reduction must be ascribed to our maternity and child welfare activities—and more especially to the great reduction to the risk of infection in the milk supply to infants.

There can be no questioning the fact that Hospital treatment of severe cases of these diseases saves many children who would receive neither adequate medical supervision nor nursing aid in their own homes, and in 1924 the Metropolitan Asylums Board made provision for the reception and treatment of a limited number of selected cases. More recently this provision has been somewhat increased and a few selected sufferers from Marasmus or Wasting can also be accommodated.

INFANT MORTALITY AND MATERNITY AND CHILD WELFARE WORK, 1921-25.

Notes and Comments.

Maternity and Child Welfare has taken a very prominent place in the public health work of the Borough Council, and I have pleasure in testifying to the fact that all those officials employed upon it rendered high-quality services.

The work continues to grow, and is therefore increasingly valued by the mothers. Indeed, the work at the two Centres could not be conducted on Monday and Thursday afternoons but for the much-valued assistance of the voluntary workers who attend on those days.

The mean rate of mortality among infants in Stoke Newington during the past 19 years represents a saving of some 800 infant lives, for this number of infants would have been lost if there had been no improvement in the rate of mortality since 1906, prior to which our rate of infant mortality had never fallen below 108. It is now safe to predict that the rate can never again approach to its former dimensions so long as our present-day public health efforts continue.

These excellent public health results have been obtained at a very low cost to the community ; for, when the Government grant is credited against our local expenses, the net cost of the whole of the work to the ratepayers of Stoke Newington has not amounted to a penny rate.

The mortality for the first month of life has been but little reduced, the saving of infant lives taking place mainly in the subsequent months. Approximately two-thirds of the deaths occurring in the first month of life are taking place in the first week of life from such causes as prematurity, congenital debility, and malformation. It is only by the adoption of more antenatal work that these very early deaths will be reduced substantially.

Dr. Jackson-Smith has directed attention to the fact that systematic talks on mothercraft are urgently needed. She has only been able to give occasional addresses ; but she proposes to increase the number of these collective talks as opportunity occurs.

The following tabular statement upon the maternity and child welfare work in the Borough during 1921-25 will serve to show the continued success of the work, when allowance is made for the diminishing number of children born.

	1921	1922	1923	1924	1925
Infants born	1,073	937	960	876	842
Home Visits, Primary	1,173	1,073	1,088	1,126	1,139
,, ,, Secondary ...	2,424	3,042	3,558	4,006	4,023
Number of Children on Registers at Welfare Centres	1,059	1,032	990	955	970
Attendances of Children for Weighing and Consultation ...	9,198	7,640	8,833	8,911	9,163
Attendances of Mothers for Advice, etc.	6,344	6,429	7,008	6,338	5,462
Attendances of Mothers at Ante-Natal Consultations	177	176	178	242	256
Attendances of Mothers at Needlework Class	580	382	347	418	423

The causes contributing to a high rate of infant mortality have been discussed in certain of my Annual Reports.

The fact that there is no decrease in the deaths resulting from Premature Birth is the one discouraging circumstance which emerges from the study of the particulars of our infant mortality in Stoke Newington. It is not easy to account for this. Such deaths should, having regard to all that has been done in recent years, be on the decrease.

The developed ante-natal work that can reduce the number of deaths in the first month of life should bring about a reduction in the considerable number of premature and still-births, 50 per cent. of which are believed to be preventable. Under the Notification of Births Act, 1907, all births, even those of dead infants, which occur after 28 weeks of gestation must be notified to the Medical Officer of Health. It is realised that there are reasons for hesitating to demand notification of much earlier deaths, but it would be of material assistance to the maternity and child welfare work if the period of 28 weeks could be reduced to 20 or to even 24.

On several occasions during the past few years I have directed attention to the desirability of providing some dental treatment in connection with our scheme of Maternity and Child Welfare and Tuberculosis. I have raised the subject in Committee and to individual members of the Committee, and I have referred to the need for it in Annual Reports. There is a vast amount of handicapping and unnecessary suffering, malnutrition, and disease, resulting from the neglect of dental advice and treatment ; and so, many Health Authorities are now providing for dental services in connection with all the above-mentioned branches of public health work.

Poverty and indifference lead to the neglect of the valuable services which a dentist can render, and it is not surprising that nearly 40 per cent. of the children commencing school are found to be suffering from considerable dental decay.

The establishing of a Dental Clinic would be the most costly method of providing the necessary treatment ; and the most economical method would appear to be either to arrange with the Education Authority for the use of a joint clinic, or to make special arrangements with a local dentist, by which he would treat at his own consulting room those patients sent by the Medical Officers of the Welfare Centres and Tuberculosis Dispensary. The latter arrangement would save expenses of equipment and maintenance of dental instruments and appliances, and would suffice for Stoke Newington.

Many of the patients would pay the whole of the reduced fees charged by the dentist ; the very large majority would pay some portion of those fees ; and there would be but a few necessitous cases in which the whole of the cost would fall upon the Council. Of course, similar precautions to those taken in connection with the gratuitous provision of milk would apply to last-mentioned cases.

The services of the Invalid Children's Aid Association have been frequently obtained to get delicate children, and also those

definitely tuberculous, sent to Convalescent Homes, and marked improvement in their condition has always been observed on their discharge.

A number of grants in aid of convalescent treatment for children under five years of age have been made.

It is hoped that the Council will shortly enlarge the accommodation at the Milton Road Centre. The Centre is used to its utmost seating capacity, and more attendances would be made if increased space were provided, for the effect would be to reduce the present overcrowding, discomfort, and unpleasant heat from the Washhouse below.

The attendances of expectant mothers are increasing at the Ante-natal Clinic, where advice is given by Dr. Mabel Muncey. In 1921 the attendances were 177, and in 1925 they had grown to 256. Dr. Muncey finds that the provision of some dental treatment " is a very real need of the Borough."

On representation to the London County Council the advantages of the all-night ambulance service for Maternity cases have been secured for residents of the Borough.

The practice of sending birthday cards to children who have completed the first year of life has been approved by the Committee.

The Midwifery services for the Borough have recovered from the shortage of a year or two ago. We have now two Midwives residing in the Borough and two others who live close upon our borders.

Maternity beds, when needed, have always been found available. The large majority of these beds have been secured at the City of London Lying-in Hospital. The Borough Council has also made arrangements whereby selected cases will be admitted to the Home Hospital for Women, High Street, Stoke Newington, on agreed terms.

Artificial sunlight treatment has been adopted during the past year or two in connection with the working of many Tuberculosis and Maternity and Child Welfare schemes. Last year the Red Cross Clinic, Dalston Lane, Hackney, E. 8, made arrangements for offering the benefits of X-Ray and artificial sunlight treatment, and it is probable that in the near future this treatment will be available also to Stoke Newington children at the Metropolitan Hospital. It is certain that the treatment, if appropriately applied, is often beneficial, at least for a time ; but it is not unlikely that the high claims made as to its value will prove to have been somewhat exaggerated as our experience extends.

Recognising the need for the adoption of measures whereby every child under five years of age, and every expectant or nursing mother requiring after-care upon discharge from Hospital, shall always obtain this, I have recently taken certain action in this matter.

The Maternity and Child Welfare schemes of some County Councils, County Borough Councils and other Public Health Authorities in the Provinces are generally assisted by information from the local Hospitals as to the after-care requirements of nursing or expectant mothers and children under five who have either been in Hospital or are attending as out-patients. Within the Metropolitan area, however, where the large majority of the Hospitals attended are entirely independent institutions administering to the needs of many sanitary areas, there is little of such co-operation ; and so it is found that in many cases no warning or advice is given to parents, and when instructions *are* given, ignorance and neglect not infrequently lead to the advice being improperly followed or entirely ignored. Therefore, it is suggested that a written notification should be sent from the Hospital to the Medical Officers of Maternity and Child Welfare, if any such patients require after-care when discharged from Hospital, or special services while attending

the out-patients' department; the Local Authority meeting the cost of postage, printing and stationery.

I have already approached several Hospital Committees, and have much appreciated the readiness with which they have expressed their willingness to adopt the suggestion in its application to Stoke Newington, and I have supplied to each Hospital serving Stoke Newington residents a few notification forms, enclosed within stamped and addressed envelopes.

It is obvious that the general adoption in London of such a scheme would present the following advantages :

(1) It would be the surest, simplest and most direct method of ensuring that children do not fail to derive permanent benefit from Hospital treatment and advice by reason of the lack of necessary after-care.

(2) It would best secure the continuance of skilled advice (medical, where necessary), by specially trained workers, who often have been already in touch with the parents and who are in the closest co-operation with all local agencies, voluntary and otherwise.

(3) It would assist in promoting the continued contact with the Centres of many parents and children.

(4) It would relieve many already over-worked Hospital almoners from a branch of their work which is often very difficult for them to perform in a manner entirely satisfactory to themselves.

COMMUNICABLE DISEASE, 1921-25.

Notes and Comments.

All the usual means are employed for coping with infectious disease, and to suit the convenience of medical practitioners, Diphtheria Anti-toxin is supplied at the Town Hall.

MEASLES.

The mean death-rate from this disease in Stoke Newington was remarkably low (0·03 per thousand) during the above period, and there can be no doubt that, while we are able to do but very little indeed to reduce its prevalence, the proportion of infected children who died from the disease has been reduced in recent years. It is safe to conclude that this saving of child life has resulted, in part at least, from our Maternity and Child Welfare activities, and the extended provisions made during the past five years for nursing services. The making of hospital beds available for some of the worst cases in London may have contributed to the lowering of the case mortality to a slight extent.

The fact that in good surroundings Measles is so rarely fatal suggests that it should be possible to save most of the lives lost from this disease. It is a comparatively trivial disease when the sufferers can be properly provided for. It is a serious disease, more especially from its complications and after consequences, among the poorer people. It is with such people that nursing services and advice can be a valuable life-saving measure. Such services in connection with both Measles and Whooping Cough are given by our Ranyard nurse and Tuberculosis nurse in the time which they are able to give ; but it is desirable that these services should be supplemented by the temporary appointment of an additional nurse in times of epidemic prevalence of these diseases.

The age of a child has an important influence on mortality—the death-rate lessening as the age increases. Therefore there is a great advantage in protecting very young children from attack, even if they are to suffer a year or so afterwards. Where early isolation is impossible, as in the homes of the poor, the only practicable means of preventing other members of the family from catching Measles is by a protective vaccination, and it appears probable from recent researches that an effective vaccine will shortly

be available. A very promising method is being tested in Glasgow.

The scheme by which we are informed of children attending London Elementary Schools who are suffering from Measles, is a useful contribution to our Public Health measures for dealing with communicable disease. Under the scheme a considerable number, and generally as many as can be dealt with, of notices of children reach us quite promptly.

DIPHTHERIA.

The deaths from this disease during 1921-25 exceeded the mean of all the years since 1901, and were slightly more numerous than those registered in 1901-5. In 1901-5 408 cases were notified and the case mortality rate was 10 per cent., whereas in 1921-25 493 cases were notified and the case mortality rate was about 9 per cent. I regard these facts as reproachful; for during the past 20 years some very real advances have been made in medical knowledge upon how to prevent secondary infection from occurring in the homes of primary sufferers and of how to reduce, in great measure, the risk of death among those attacked. Were these two measures applied early whenever the disease makes its appearance, thousands of children could be protected from infection and many others saved from death yearly in Great Britain; but both forms of protection involve the use of a vaccine, and there is still much prejudice among the masses against inoculations. The anti-toxine which reduces the virulence of the attack is very generally employed, and with strikingly good results; but the toxine-anti-toxine mixture which protects against infection is seldom administered to those at risk who can be proved by tests to be susceptible to the infection.

SCARLET FEVER.

The mean death-rate from this disease during 1921-25 was 50 per cent. below that for any five-yearly period since the Borough was constituted. The present-day mildness of the disease is impressed by the fact that in 1921—a record year of prevalence—453 cases were notified but not a single death from this disease took

place. In view of this fact, there is a strong case for limiting the number of those who should receive hospital isolation and care. The considerations determining any limitations should be: (*a*) the risks to other members of the family if the sufferer is not isolated in hospital, when satisfactory home isolation is impossible; (*b*) the state of the patient and severity of attack; (*c*) the industrial and wage-earning circumstances of the family, and the possibility of work being stopped or curtailed in respect of one or other member of the family if the patient is nursed at home.

It looks as if it will be possible in the near future to protect individuals from Scarlet Fever; and if the people will allow their children to be so immunised, the result will be a considerable reduction in the prevalence of the disease.

Return cases of Diphtheria and Scarlet Fever during the period under review would be very few in number even if circumstantial evidence were always accepted as establishing the fact that the return of a patient from a Fever Hospital has led to the infection of another member of the household.

SMALL-POX.

The possibility of the introduction of this disease to Stoke Newington occasioned considerable anxiety during 1922-25, in view of the number of centres of infection which established themselves throughout England and Wales. Many false alarms had to be investigated and many contacts kept under observation. I personally undertook the re-vaccination of the Public Health Staff; and other arrangements were made to enable all necessary measures (including advice to the public with reference to vaccination and re-vaccination) to be promptly taken, whenever the disease made its appearance. Fortunately, no case occurred in Stoke Newington. It is a fact that has been conclusively proved—and notably in Germany—that Small-pox can be entirely abolished by vaccination and re-vaccination of the population.

ENCEPHALITIS LETHARGICA.

The provision of 100 beds for cases of post-Encephalitis Lethargica, recently made by the Metropolitan Asylums Board, will help to meet a very real need.

TUBERCULOSIS.

Tuberculosis as a cause of mortality has been still further reduced during 1921-25, when the mean death-rate from Pulmonary Tuberculosis was 44 per cent. below that for 1901-5.

The circumstances which still operate against the reduction in the prevalence of this disease are : the difficulty of securing accommodation for advanced cases ; the lack of proper housing conditions, and the consequent impossibility in many cases of getting a separate bedroom for the sufferer ; the difficulties of securing a satisfactory measure of after-care.

The amount and frequency of infection are greatest in consumptive families with whom, owing to poverty and its associated circumstances, the resistance to infection is often at its lowest.

The supreme importance of protecting young children against this infection is generally recognised, and of the circumstances responsible for reducing resistance under-nourishment is the chief.

The early recognition of infection and the skilled treatment of sufferers in sanatoria and outside of them is, of course, essential from the preventive standpoint ; but I am convinced that next to improved social and industrial conditions, which will always continue to play the major part, must come the adoption of measures of dealing with those who are running special risks *in early life ;* and until this is done no scheme for the reduction of Tuberculosis can satisfy.

There is only one alternative measure to the removal of young children who are at risk in their home, and that is a preventive

vaccination, but we are by no means certain yet as to whether we have a useful and safe method of applying this means of protection. The removal of the source of infection, so very desirable when practicable, is likely to prove more difficult than the removal of a child at risk, for the sufferer is often contributing something, by light work, to the support of his family. Nevertheless, the compulsory power of removal of a sufferer who is putting others at considerable risk, which has been conferred recently by the Public Health Act, 1925, is a valuable addition to the means of reducing the spread of infection.

Dr. Young reports that the

"Scheme formulated by the London County Council for the Boarding-out, or Convalescence, of children from infected homes, was put on trial on April 1st, 1925, for a year, and in July was extended to cover 'weakly children' living under conditions likely to subject them to infection. An arrangement was made for the working of the scheme to be carried out in co-operation with the Invalid Children's Aid Association, but it was encumbered with formalities, and beset with parental and financial difficulties, that so far as this area is concerned, the progress of the scheme has not, up to the present, been very satisfactory."

It is to be hoped that every effort will be made to find and develop a really effective scheme.

The Tuberculosis Dispensary, under the able management of Dr. L. U. Young, continues to furnish a good record of work, and the Tuberculosis Nurse is also giving valuable services under the direction of Dr. Young and myself, her Home Visits during 1921-25 amounting to 4,054.

Table III sets out certain facts in respect to the work of the Tuberculosis Dispensary during the period under review. It will be seen that the "Home Visits" made by Dr. Young have been increased, although the time available for such visits over a wide area is necessarily limited. He has expressed his regret on several occasions that, owing to the lack of proper housing accommodation,

it has been impossible to secure a remedy for the bad home environment of patients visited. He has also called attention repeatedly to the fact that

"Accommodation for advanced cases is still inadequate, and there are many 'open' or infectious cases, whose home conditions are bad, who would be safer in an institution, if provision for their segregation could be obtained.

"Stormont House Open Air School, at Hackney Downs, has entirely justified its existence. The classes remain full, and there is still material to be found if more accommodation could be provided. The benefit derived from this form of treatment has been apparent in the children attending from this Dispensary.

A useful scheme has been evolved by the London County Council with regard to children of school age, by which a closer co-operation between the School Medical Officer and the Tuberculosis Officer has been effected.

The Regulations, 1925, providing for the discontinuance of the employment of a person engaged in the milking of cows, the treatment of milk, the handling of vessels used for containing milk, when such a person is suffering from Pulmonary Tuberculosis and is in an infectious state, represent a wise provision against a possible danger.

The milk allowances granted to a limited number of patients have been much appreciated, and might well be extended with good results.

TABLE III.

THE TUBERCULOSIS DISPENSARY WORK.

	1921	1922	1923	1924	1925
Attendances of New Patients ...	124	101	90	94	102
Attendances of Contacts ...	301	263	238	196	254
Attendances of Old Patients ...	1241	1180	1079	1140	1027
Home Visits by Tuberculosis Medical Officer	25	23	37	68	69

FOOD INSPECTION AND ADULTERATION, 1921-25.

Food Inspection.

During each year systematic efforts have been made to detect the exposure or storage for sale for human consumption of unsound food, and I am glad to be able to report that seizures of such food have been rare, although a considerable amount has been voluntarily surrendered.

All premises where food is prepared and stored have been kept under supervision.

The Milk Supply of Stoke Newington is good on the whole, and is improving year by year. Some of it is excellent; and residents can obtain from local dairymen special graded milk, such as "Certified" milk and Pasteurised milk in bottles.

The Public Health Meat Regulations, 1924, came into operation in 1925. These are designed to secure more inspection of animals at the time of slaughter and improvements in the handling, transport and distribution of meat.

The Regulations contain provisions for the protection of meat against contamination by dirt, either in the handling, storing, transport, or sale of the meat.

After a Conference with representatives of the trade, the vendors of meat (including bacon) were informed that the Council had decided that all persons handling meat must wear clean, washable overalls or smocks in order to comply with these Regulations; and that on occasions when meat is conveyed from one part of shop premises to another and the possibility of contact with the head arises, every person so occupied shall wear a clean, washable head covering.

The Council has also decided that no meat shall be exposed for sale in front of the line of any shop-window or door, on any stall, bench or projection unless it is suitably protected against dust and flies. Further, the Council will require that, during the fly season of the year, all meat shall be protected from contamination

from flies, by clean white gauze muslin or other material, glass screens, fans, or other efficient means.

The butchers with slaughter-houses were also informed that, by instructions of the Public Health Committee, all notices of slaughtering must reach the Public Health Department of the Town Hall not later than 10 a.m. on the day of slaughter. As the result of these notices it has been possible to make a number of inspections prior to and shortly after slaughter, and in one instance it was necessary to condemn portions of a carcase.

Doubtless a full enforcement of these Regulations would go a long way towards securing a considerable improvement in the general conditions under which the wholesomeness and cleanliness of meat are safeguarded before it reaches the public ; and in respect to cleanliness there is ample scope for similar regulations relating to other articles of food.

It is certainly desirable that more frequent inspection of meat and other food should be carried out in Stoke Newington, but the existing staff are so fully occupied that it is practically impossible to materially increase this branch of inspectorial work.

The registration of all places in which meat or other food is being prepared in any way for human consumption is also most desirable.

Having in view the fact that the employment of chemical antiseptics is to be greatly restricted in the near future, cold storage will be widely adopted and regulations as to such provisions will be necessary.

SALE OF FOOD AND DRUGS ACTS.

1921–1925.

Year.	Total Samples Taken.	Percentage of Adulteration.	Samples of Milk.	Percentage of Milk Adulteration.
1921	175	5·1	86	5·8
1922	176	5·1	86	8·1
1923	176	3·4	78	6·6
1924	176	4·0	70	5·7
1925	178	4·5	69	6·0

About 25% of the total samples examined contained preservative; but, if the addition of preservatives is excluded from consideration, the percentage of adulteration has been low.

SANITARY INSPECTIONS AND NUISANCES.

Notes and Comments.

DWELLINGS.

Many of the residents in Stoke Newington still stand in need of more and better housing accommodation. The excessive occupation of many houses still remains a serious detriment to the public health.

During the past five years we have succeeded in obtaining homes outside of the Borough for 18 families previously resident in Stoke Newington. Sixteen of these families have been accommodated in houses provided by the London County Council.

Of the dwelling-houses in the Borough, some 6,600 are of a working-class rental and type. Although the average annual increase of population for the five years before the war was about eight per thousand, no new working-class dwellings have been erected for some 10 years prior to the war. About 6,000 of the houses are at present tenemented, and especially in the South Hornsey Ward there are many tenements with more than two occupants per room.

During 1921 the Borough Council Flats (18 Tenements) were completed and occupied, but no other suitable site for building by the Local Authority now remains. Each year every effort within the powers of the existing staff of Inspectors has been made to inspect the least satisfactory dwellings within the Borough, and most of these have been dealt with annually.

The difficulties in securing a reasonably prompt abatement of nuisances under Intimation Notices and even Final Notices have led to great delays, for which we receive many complaints, and

these delays are responsible for considerably reducing the number of inspections which otherwise it would be possible to make.

TABLE IV.

Year.	Premises Inspected. Primary Visits.	Re-Inspections.	Intimation Notices Served.	Final Notices.	Number of Nuisances abated after receipt of Notices.	Complaints.
1921	2,603	3,021	564	43	2,000	496
1922	2,519	2,697	593	46	1,538	530
1923	2,275	2,433	500	34	1,486	520
1924	2,310	3,200	635	65	1,638	609
1925	2,432	2,933	553	81	1,240	615

It is claimed that the record of work shown in Table IV is a fairly good one, in the face of many difficulties, amongst which must be included those relating to our own Establishment arrangements.

Recently the Borough has not been as well supplied with Sanitary Inspecting staff as was once the case. In the days of the Parish of Stoke Newington (population about 35,000) two whole-time Sanitary Inspectors were engaged. When the Borough of Stoke Newington (population about 51,000) was formed we had the advantage of three whole-time Sanitary Inspectors for nine years. In more recent years (population about 53,000), during which the need for sanitary inspection work has greatly increased and further duties have been imposed by legislation, only two whole-time Sanitary Inspectors have been engaged, although another official (Mr. Rogers) mainly occupied in clerical work, gives part-time services. Furthermore, in the early days of the Borough the clerical work of the Department did not demand more than half of the time which has now to be devoted to it; and the Medical Officer of Health was not then so tied to his office as he is nowadays.

I cannot refrain from mentioning here the handicapping circumstances of the extreme inadequacy of our office accommodation. It is such as would be considered hardly sufficient for a Rural District Council. Its available floor space is a little over 200 square feet, and the existing arrangements are anything but conducive to good office work.

It will be noted in Table IV that the number of complaints received of nuisances is an increasing one. This fact may be attributed to the fact of the increase of rents under the Rent and Mortgage Interest Restrictions Acts, 1920 and 1923, and the growing education of the public upon the importance of domestic sanitation.

It will also be observed that more Final Notices are being issued. This is necessitated by the growing disposition of owners to ignore Intimation Notices.

FACTORIES, WORKSHOPS AND WORKPLACES.

As there is no special industry carried on in the Borough, the Factories and Workshops are for the most part small and the work engaged upon is of various kinds.

All the Workshops and Workplaces have been regularly inspected, and, generally speaking, they are maintained in a satisfactory condition. The employment of women, in addition to men, has necessitated the provision of separate water-closet accommodation in a number of cases.

It has been found possible to inspect most of the homes of the Out-workers resident in Stoke Newington. The lighting of some "Domestic Workshops" in basement rooms often has been found unsatisfactory.

SMOKE ABATEMENT.

Smoke nuisances are infrequent in Stoke Newington. During the past five years they have numbered only nine, and these were all in respect of four premises. The smoke nuisances were abated in each instance.

HOUSES LET IN LODGINGS.

The inspection of the Registered Houses Let in Lodgings has not been complete during the past year or two. The new By-laws of the London County Council have necessitated the making of a fresh Register, and this is in progress at the time of writing.

RAT REPRESSION.

Much advice and assistance has been given in response to complaints made of the presence of rats. These complaints amounted to 201 during 1921-25. Poison-baits and traps, although of value, were not an unqualified success ; the repair of defective drains and the stopping of rat runs have been of assistance ; but the employment of a rat-catcher has been necessary on one or two occasions, and has proved to be the most effective measure of repression. It should be further stated that we have good grounds for believing that with sewers maintained in a better state of repair the rat nuisance could be materially reduced.

MISCELLANEOUS.

Notes and Comments.

THE SHELTER.

The Shelter is a provision which enables those who are in occupation of one or two rooms only to obtain temporary accommodation while those rooms are being disinfected after the occurrence of infectious disease in the home ; it also serves for the temporary isolation of an occasional individual who has come in contact with dangerous infectious disease and who is very likely to spread infection if he develops the disease.

The Shelter in Stoke Newington had been for many years of a very unsatisfactory nature, and, having regard to the grave risks from Small-pox, the Council recognised that better arrangements had become urgently necessary. Accordingly, two small shelter flats were provided in a sufficiently isolated position, and these

now constitute quite a model provision of its kind for a small population.

It is regrettable that there is a very general public prejudice against entering such shelters, except in the circumstance of a grave epidemic, for there are many cases each year in which it would be our duty to take action to *compel* the use of the Shelter if we possessed the necessary legal powers.

HOUSEHOLD REFUSE.

We are always impressing the householders of the necessity for confining domestic refuse within a well-covered dustbin, and yet in our " Model Borough " the same householders can daily witness our failure to practice what we preach. Our old, over-filled and uncovered dust-carts of Stoke Newington are a reproach, and there should be no delay in securing a prompt remedy of the nuisance and bad object-lesson which result.

VERMINOUS CHILDREN.

During 1921-25 the Borough Council continued its agreement with the Education Department of the London County Council to afford facilities for the bathing and cleansing of verminous school children, and many hundreds of such children have been dealt with. The facilities for cleansing proving increasingly unsatisfactory, a new Station has been provided, and this is now meeting the needs very well indeed.

NURSING SERVICES IN THE BOROUGH.

Stoke Newington is fairly well provided with Nursing assistance. The Victoria Memorial Nurse has been maintained by voluntary contributions collected in the Borough since the death of Queen Victoria. These services for the past few years have been supplied by Nurse Ross, a Ranyard Nurse, in a manner which has given the greatest satisfaction to all concerned.

MORTUARY.

During the period under review the usefulness of the Mortuary has been restricted, for it is now about three years since any post-mortem examination has been performed in the room provided for that purpose. For the past three years the post-mortems, like the inquests, have been conducted at the Hackney Mortuary. The Stoke Newington provision, however, continues to serve a very useful purpose by giving accommodation pending burial for a number of bodies which for various reasons could not be retained in the homes.