

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

Contributors

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The
Urban District Council of Barnes.

THE
ANNUAL REPORT

FOR 1908

OF THE

Medical Officer of Health,
F. G. CROOKSHANK,

M.D. Lond.

Barnes, S.W.

R. W. SIMPSON & Co., LTD., PRINTERS, 15 HIGH STREET,

1909



THE COUNCIL HOUSE,

MORTLAKE, S.W

January, 1909.

MR. CHAIRMAN AND GENTLEMEN—

I beg to submit my eighth Annual Report.

I am glad to be able state that, although each year the district becomes less rural, and more urban, still the public health continues to improve not only absolutely, but relatively to that of other districts in our County.

The arrangement of this report differs somewhat from that of former years in order that the points referred to in the recent Memorandum of the Medical Officer to the Local Government Board obtain their proper prominence.

I am, Gentlemen,

Obediently yours,

F. G. CROOKSHANK.

THE CHAIRMAN AND MEMBERS OF THE
URBAN DISTRICT COUNCIL OF BARNES.



THE
URBAN DISTRICT COUNCIL OF BARNES.

Sanitary Committee, 1908-9.

Chairman: COUNCILLOR W. H. MOONAN.

The Chairman of the Council: COUNCILLOR S. W. LAMBERT, J.P.

The Vice-Chairman of the Council:
COUNCILLOR J. D. FIRMSTON.

COUNCILLORS BATES, DAVENPORT, HAMPTON, JONES,
KITLEY, LANGDON, MEDUS, MERRICK, NEW,
PALMER, RANDALL, SHEARMAN, SMITH, SPENCER,
WAKEFIELD, WATERMAN, AND WATSON.

Hospital Sub-Committee: COUNCILLOR WATSON (*Chairman*),

COUNCILLORS BATES, HAMPTON, MEDUS, MOONAN,
RANDALL, AND WAKEFIELD.

Medical Officer of Health and Medical Superintendent of Hospital:
F. G. CROOKSHANK, M.D., Lond.

Inspector of Nuisances: MR. T. GRYLLS.

Assistant Inspector of Nuisances: MR. C. H. ROBINSON.

Matron of the Isolation Hospital: Miss BELLINGER.



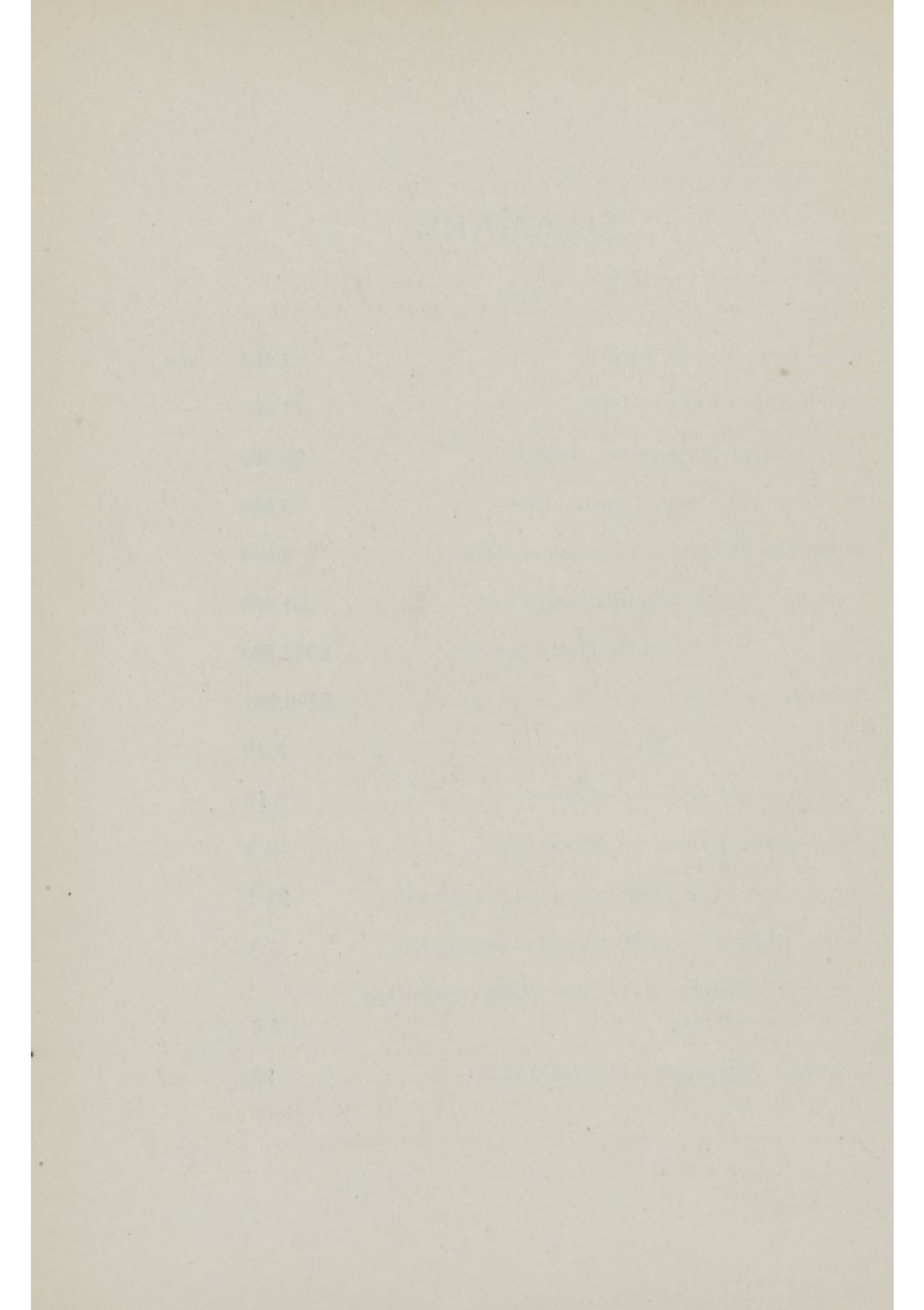
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SUMMARY.

AREA—exclusive of water	2,400	ACRES
POPULATION—Census, 1901	17,821	
POPULATION—Midsummer, 1908	...	...	...	28,500	
INHABITED HOUSES—Census, 1901	...	...	...	3,403	
INHABITED HOUSES—Midsummer, 1908	...	...	...	5,554	
RATEABLE VALUE—Agricultural Land	...	...	...	£1,889	
Other Hereditaments	...	...	...	£242,580	
ASSESSABLE VALUE	..	...	...	£220,591	
GENERAL DISTRICT RATE	...	...	...	3/10	
POOR RATE—PARISH OF BARNES	...	...	...	2/10	
POOR RATE—PARISH OF MORTLAKE	...	...	...	3/2	
BIRTH RATE—Per 1,000 estimated population	...	...	...	23·7	
DEATH RATE—Per 1,000 estimated population	...	...	...	7·4	
CORRECTED DEATH RATE—Per 1,000 estimated population	...	...	...	8·6	
INFANTILE MORTALITY—Per 1,000 births	...	...	...	93	



Barnes and Mortlake are two riverside parishes, situated on the south bank of the river Thames. The whole of Barnes is low lying, and while some parts are actually below flood level, none is more than a few feet above it. Mortlake proper is of the same elevation, but that portion of Mortlake known as Sheen or East Sheen occupies part of the water-shed which slopes down to the miniature valley of the Beverley Brook on the one hand, and runs up to Richmond Hill on the other. The subsoil of Barnes and Mortlake is everywhere gravel, though, of course, at varying depths the London clay is met with.

In the relatively elevated district of East Sheen the clay crops out nearer to the surface as Richmond Hill and the higher parts of Richmond Park are approached.

The Beverley Brook, which in part of its extent is the boundary between Mortlake and Roehampton (a part of Wandsworth), and runs the rest of its course through Barnes, is the only uncovered stream in the district.

The two civil parishes of Barnes and Mortlake, formerly two villages, now form one suburban area, which however maintains, by reason of its proximity to the river, Barnes, Putney and Wimbledon Commons, and Richmond Park, a relatively isolated position, and a semi-rural character.

During the last few years the character of the population has altered greatly, but there may still be distinguished a residential section in easy circumstances; an increasingly numerous group, absent during the day; a diminishing group of "villagers"; and a fairly steady number of persons employed in local industries and trades. There are still field workers, but the orchards and market gardens are vanishing, and the Mortlake Brewery is the largest single source of employment.

I estimate the population, which at the census of 1901 was 17,821, to have been at Midsummer, 1908, 28,500.

This estimate is arrived at by a computation of the number of inhabited houses (see table, page 48) checked by careful consideration of various factors.

It probably underestimates the actual number of persons resident at Midsummer last, but still there is no doubt that the average number of persons per house tends to fall. The population of Mortlake is, undoubtedly, now considerably greater than that of Barnes proper, and the population of one, if not two of the Barnes Wards, has lately actually diminished.

Building operations are less active than a year or two ago, in part, no doubt, because of general economic conditions, but in part, no doubt, because the general population is increasing less rapidly than formerly, and the two distinct social currents around London, one centripetal, the other centrifugal, are tending to deplete, or at any rate to check the repletion, of the suburbs immediately outside the Metropolis. Although, as has been said, building operations are in this district less active than was the case a few years ago, there is a certain number of empty houses, and the inevitable process of "house degradation" has, in one or two portions of the district, set in.

Houses which a few years ago, when first erected, were let at moderate yearly rentals to clerks, agents, and so forth, are now let to two or more families of mechanics, labourers, and others. Under these circumstances some difficulty arises as to closet accommodation at times, but this is being gradually overcome. It may be at once said that there is very little (if any) actual overcrowding in the district, and the practical difficulties of the Sanitary

Department are more related to the structure and environment of the older houses—once “rural cottages”—and the cleanliness of the newer ones.

There is less difficulty, as a rule, in dealing with the cleanliness of the older houses, for they are let at a rental which, though low, is remunerative to the owners.

But the internal repairs necessary in the case of newer houses, with frequent changes of tenancy, are a considerable tax on landlords, who do not always secure their rents.

For some years past I have drawn attention to the structural condition and surroundings of some of the older cottages and groups of houses, and pointed out that, speaking generally, demolition is the only possible remedy.

The Malthouse Area and Lifford's Place have, in particular, been the object of repeated investigation and report, but so far the Council has felt that considerations of finance prevent anything being done on the lines suggested by me.

In the autumn a visit was made to these places by an Inspector of the Local Government Board, and it having been decided that a report made by me in 1907, representing the need for action under the Housing of the Working Classes Act, had been received as a report to the Sanitary Committee and not by the Council, I in December last, renewed my suggestions in the form of a formal representation under the Act, to the Council.

It must not however be thought that this Malthouse Area is the only one which, in my opinion, calls for definite action. I am of opinion, from my knowledge of the district, that the acquisition of certain properties by the Council, with the destruction of some

and the improvement of others, would be an action which, though perhaps shewing on paper an immediate annual loss of a few pounds at most, would, nevertheless be of real economic value in the influence it would have on the district generally and on the status of surrounding properties particularly.

It is patent for instance that the condition of the Malthouse Area is in great part responsible for the unlet condition of business premises in the immediate vicinity, and consequent loss to the rates. There is no doubt, moreover, that delay in dealing with the matter will only mean, in the future, greater expenditure and less good results.

Great improvement has taken place in the condition of the houses in the Westfields of late years.

It has been possible to deal with these houses under the Public Health Acts, and the work of flag-paving and channelling the roads, together with the incidental removal of grave defects in the old surface water gullies and sewers, has been of the greatest practical good.

This area, ten years ago the least healthy, is now, considering the character of the population, the most healthy part of the district, and has been during 1908 almost entirely free from the diphtheria and sore throat formerly endemic there.

Similar attention is absolutely necessary however to the street condition of White Hart Lane and other parts of the district.

The supervision of the erection of new houses is, in this district, entirely in the hands of the Surveyor's Department.

For some years past the drains of newly-erected houses have been tested under water on the completion of the house, as well as on the first laying of the drains, and this practice has given excellent results.

The Water Supply of the district, from the mains (Southwark and Vauxhall) of the Metropolitan Water Board has been, for several years past, constant. A few shallow wells remain in different parts of the district, but these are only used for stable purposes, etc., and every dwelling-house is now I believe supplied by the Water Board.

The old Pale Well on Palewell Common still exists, though in a lamentable condition, and lately I ascertained that nomadic gipsies occasionally fill their tanks from its by no means pellucid basin.

The only other natural sources of water known to me (apart of course from the Thames) as existing in the district are (1) the old spring on Barnes Common, once celebrated for its healing virtues, and (2) the Beverley Brook, its tributaries and backwaters, to which reference will again be made.

Neither of these sources are ever now used for drinking purposes.

Milk Supply.

As will be seen by referring to the table on page 57, there are now twenty-five "dairies and milkshops" on the register, and seventeen "other places where milk is sold."

No cows are now kept in the district except a few in private ownership.

Of the milk actually consumed in the district a large proportion, perhaps so much as a third, is brought into the district and distributed by retailers who either have no business premises in the district, or else but a lock-up shop of an ornamental character where orders are taken and a few quarts of milk kept on the counter as "properties."

In the first case we have of course very little power of practical worth other than that given by the Food and Drugs Act.

In the second case the lock-up shop is of course registered, but as the delivery carts and prams are filled up outside our boundaries, we have very little real control over what I, as an Urban Medical Officer of Health, consider almost the most important stage in the vicissitudes of milk between the cow and the consumer—the stage during which the milk is received by the retailer and stored, or distributed by him.

But whether the distributing centre be in or outside the district, the great bulk of the milk sold in Barnes and Mortlake is obtained by the retailers from one or other of the great collecting firms, a small portion only being obtained from dairy farms at Twickenham and other neighbouring places.

The condition of the local distributing shops has been greatly improved of late years, but there is no doubt that the local authority should have power to refuse registration if proper arrangements be not made, *ab initio*, for storage of milk, cleaning of cans, churns, and prams, etc., by the construction of suitable yards and offices.

It should not be possible for a milkseller to take a small shop, to register his premises, and for it then to be found that there is actually not space in the back yard for proper arrangements to be made without infringement of the building bye-laws.

Still, the local retailers are, much more than formerly, eager to comply with suggestions made to them, and as I have said, things are improving.

For the last five years the model regulations of the Local Government Board have been in operation, and these bye-laws we seek to administer with proper stringency.

Action taken under the Food & Drugs Act during 1908 is detailed in the report kindly furnished by Mr. Houghton, the County Inspector, (see page 51).

The Sanitary condition of **premises where food other than milk is prepared, stored, or exposed for sale**, together with the condition of the foods themselves has been, as usual, the object of particular attention.

There are only three slaughterhouses in the district now ever used, and these are kept in excellent condition.

The great bulk of the meat sold in Barnes and Mortlake comes from the Central Meat Market, and is generally of good quality.

The smaller butcher's shops are frequently visited and inspected. Though no formal action under Section 117 of the Public Health Act, 1875, has been necessary during the year, food of at all questionable soundness has been at once destroyed on request.

There are two places in the district where ice cream is specially made, and these places have been carefully watched.

Nineteen restaurants, or eating-houses, are now on the list, and these have been visited by the Inspectors thirty-eight times and by myself on other occasions.

Such action as has been taken under the Sale of Food and Drugs Act is set out by Mr. Houghton in the table on page 51.

The administrative county of Surrey is a large one, and increasingly populous. Mr. Houghton is indefatigable, but I am sure he could usefully employ more assistants than he has under his direction.

The Sewerage of the district is now, except in the older parts of the district, dealt with on the separate system.

The sewage of the district as a whole is disposed of, together with that of Richmond, at the joint Sewerage Works in Kew Lane, Mortlake, under the able direction of Mr. Fairley, the Engineer.

The chemical methods in use for so many years are, I understand, likely to be gradually superseded by biological systems which have been tentatively employed, for some years now, to a certain extent.

Messrs. Watney, Combe & Reid have, at Mortlake, adjoining the works of the Joint Main Sewerage Board, a private septic tank installation of their own, at which a considerable volume of liquid from the Mortlake Brewery is efficiently dealt with.

There has been no recurrence during the last year or two of the flooding with storm water which formerly occurred in some parts of Barnes, and the development of the Barnes and Mortlake Sewerage system, under the advice and supervision of Mr. Tomes, Surveyor and Engineer to the District Council, has more than kept pace with the development of the district. (See report for 1905).

A sewer will be shortly needed, and then of course provided, to deal with the extension of buildings in the direction of Palewell Common, and this sewer, when laid, will, without doubt, be utilized to take the sewage from certain houses in East Sheen that at present depend on cesspools or small private irrigation systems.

The condition of a good many of the old house drains is not satisfactory. But in the last six years house drains have been reconstructed or amended, at the instance of the Sanitary Department, in over five hundred cases, and the task is being gradually overtaken,

When the present system of sewerage was installed some years ago, and cesspools were generally abolished, the old and imperfect house drains were, in many cases, connected up with the sewers without reconstruction or the provision of inspection chambers. Hence many of the present difficulties.

Particular reference should be made to the great improvements in connection with both surface water and other drainage effected by Mr. Tomes in the Lillian Road and Westfields districts, and to the consequent great improvement in the health of the residents in these two localities.

During 1908 it was discovered that the Beverley Brook was being polluted by the turning of cesspool contents into surface drains from certain houses in a part of East Sheen.

This has been promptly remedied.

But the need for a sewer in this part of the locality has been already alluded to, and I hope to be able, in the near future, to report that all the remaining cesspools have been done away with.

There are one or two cottages, or lodges, in which earth closets are used, but everywhere else water carriage has been adopted.

Of course in isolated houses the earth system is as a rule preferable to cesspools. But it is not popular, although inexpensive and easily worked.

No nuisance should ever arise in connection with an earth system, and there is no sanitary objection except when there is a water supply from shallow wells in the neighbourhood of the land covered with the "earth."

The House Refuse is efficiently and quickly removed by the Council's Scavengers under the direction of the Surveyor and is, at present, disposed of by being barged away, under contract, from Small Profit Dock. Many residential villas and a larger Council School are being built in the near vicinity of the Dock, and I cannot too emphatically reiterate the opinion which I have expressed in every former annual report that this system should be done away with.

It cannot but be, under present circumstances, a nuisance and injurious to health.

Everything possible to mitigate annoyance or danger has been done by the Surveyor, who has, however, for some years past, advised the erection of a dust destructor.

The question of site for such a dust destructor appears to be the great, if not the only difficulty.

The plan advised is that of the utilization of the space now provided by the extension of the Council's Depôt, in High Street, Mortlake, but an alternative scheme is one of co-operation with the Borough of Richmond in a joint installation adjoining the Sewage Works.

The most cogent argument against the first plan seems to be the æsthetic one, and that against the second plan the economic consideration.

It is to be hoped, however, that a practical advance may be made during the current year : delay will certainly not render the solution easier, and will probably make it more expensive.

The work undertaken with regard to **Nuisances** is summarized in the table on page 58, and has been, as in past years, ably organized by Mr. Grylls.

610 nuisances were dealt with, and 486 request notices were served.

61 statutory notices were ultimately required, and Police Court proceedings were called for in 8 instances.

At the end of the year there was no outstanding nuisance that required abatement.

Considerable trouble was given during 1908 by bands of nomadic gipsies who encamped on lands in a part of Mortlake, adjoining Richmond.

Police Court proceedings were instituted in many cases against gipsies whose names could be obtained, for contravention of the bye-laws respecting water supply to dwellings. But, almost always, before the summonses could be served the camp was struck, or if the summonses were served, a move was made before the hearing came on.

As a matter of fact, objectionable as the presence of these nomads no doubt is to dwellers in the vicinity of the encampments, no nuisance in a sanitary sense is caused by them in this district as a rule.

It was suggested that the proper means of dealing with the annoyance was for the owners of the property to fence in their lands, and after correspondence, this was decided on by them. Bye-laws specifically dealing with these encampments might perhaps be framed, for application to urban districts.

With respect to **bye-laws** in general, without doubt provision is needed for the proper construction or planning of "back additions" to small houses and double tenements.

I have repeatedly referred to this need.

We have now a number of rows of double tenements with the back additions carried out to inordinate lengths with quite insufficient space between the opposed walls of these back additions. The result is that back rooms of the main buildings are quite insufficiently provided with light and air.

The provision of proper means of dealing with house refuse in flats is another matter that requires attention. In cases where dustbins have to be kept in kitchens and sculleries I invariably refuse to sign the certificates asked for in order that remission or abatement of income-tax be obtained. These certificates are usually claimed as a kind of right, landlords seeming to think that no discretion is allowed the Medical Officer of Health so long as the building bye-laws are complied with.

This is of course a totally erroneous notion, and quite opposed to the intentions of the legislature.

At the same time it would no doubt avoid the appearance of hardship were the building bye-laws so strengthened that it should not be possible for flats, etc., to be erected that do not "provide proper sanitary accommodation, etc., for the families dwelling therein."

Again, bye-laws are required to deal with the provision of water closets, etc., in houses, designed for one family but sublet to two or more.

There is no **offensive trade** now carried on in Barnes or Mortlake.

There are in Mortlake three **public elementary schools** or groups of schools, each of which calls for some reference.

- 1—In the Lower Richmond Road there are the new County buildings which at present comprise a Boys' and Girls' School, and to which an Infants' School will shortly be added.

These buildings are modern, of approved design, and generally admirable.

- 2—The Roman Catholic School, with Boys', Girls', and Infants' departments is old, but praiseworthy efforts have recently been made, with good results, to effect certain needed improvements.

Although the children attending these schools are, on the whole, the poorest in the district, very little disease occurs amongst them.

- 3—The "National" Schools, with Boys', Girls', and Infants' departments in different buildings, are sanitarily the least satisfactory in the whole district.

One of the buildings is an ancient poor-house of very early Georgian, if not late Jacobean construction, and none of the others is really satisfactory.

In Barnes there are five **public elementary schools** in use, and one in course of construction.

They are all "provided" or Council Schools.

- 1—In Fanny Road there is a Girls' and Infants' School. This has been improved of late years.

- 2—On Barnes Green there is a Girls' and Infants' School which, though cramped, is fairly satisfactory.

- 3, 4, 5—In the Westfields are a large Boys' School, remodelled and improved; a modern Infants' School; and a Girls' School which is badly designed and not satisfactory.

In Lonsdale Road a new School is being built, close to the dock at which the domestic refuse is being at present barged away.

In my opinion this is, sanitarily, an undesirable site for such a school, and its choice is the more to be regretted as at least one other, more convenient and suitable, has been and is still available.

It is, perhaps, not too much to hope that in future some consultation may take place with the Local Sanitary Authority in the event of the Education Committee of the County Council desiring to build more schools.

I would again draw attention to the unquestioned advantage which the Staffordshire method of school planning has over that now officially recommended, and generally followed, in this part of the country at least.

Action taken during the year with regard to **health of scholars** and **prevention of the spread of infectious disease** amongst them will be referred to in a subsequent section of this report. But it may be here stated that 1908 has been, from the school point of view, the healthiest yet known in our district, and that school closure has not once been called for.

The methods of dealing with infectious diseases in this district are planned with the idea of exercising public control from the very first.

There are two great problems to be considered in dealing with infectious disease that must not be confused.

The first is the question of the conditions under which sporadic cases appear to originate or occur, and under which certain diseases tend to recur, after intervals, with unusual frequency or severity.

The second is that of the conditions under which disease, present at a given time or occasion, spreads, and becomes diffused through the population.

It is to the second of these problems that I now refer.

Facilities are offered by the Council to every practitioner whereby modern methods of diagnosis can be applied, free of cost, in every suitable case. From the administrative point of view every effort is made to encourage the use of these facilities.

As a rule swabs, cultures, and blood specimens, &c., are sent to the Lister Institute, but in all urgent or particular cases I have been glad to carry out the diagnostic tests myself at once, at the Hospital Laboratory.

It is sought, too, to encourage the early and prompt notification of the occurrence of cases of disease (even with due reservation where the diagnosis is not fully established), by informal certificate or telephonic communication.

Saving of time in this way means the prevention of disease often, the saving of life not infrequently, and, what may perhaps be more generally appreciated, the saving of expense nearly always.

The public, whatever views they may hold in the abstract as to the value of administrative sanitary action, are very quick to appreciate, when a concrete case is presented to them in their own families, how much is gained when the doctor in attendance prefers his errors, if any, to be on the safe side, and treats suspicious cases of scarlet fever or diphtheria, &c., as "Guilty till proved innocent."

Immediately on the receipt of a notification a visit is made by the Assistant Sanitary Inspector, who makes full enquiries, leaves certain printed instructions, and then reports at once to me.

Second or third visits are made to test drains, &c., and see that isolation, if the case remains at home, is properly kept up.

A postcard is left with the attending practitioner for despatch by him when disinfection is called for on the removal or recovery of the patient.

When a case is removed to hospital, or if not removed, is declared free from infection, disinfection is at once performed by modern methods, and the next day, the disinfected rooms, being opened, textile articles, &c., are removed to the Disinfecting Station in proper conveyances, in accordance with a written order issued by the disinfecting Inspector.

On disinfection by steam being performed at the Disinfecting Station the goods are returned, in another vehicle, and their receipt in good condition is properly acknowledged by the signature of a responsible person.

Sterilizable sacks are used for the conveyance of infected articles from the room to the street, and so far as is possible the "take in" of infected articles to the Disinfection Station is carried out on days when the "send back" of disinfected articles is not being dealt with.

The Disinfecting Station is at the Hospital, Mortlake, and suitably placed therein. It has lately been much improved, and will, very shortly, be quite efficient.

During 1908 the percentage of cases removed to hospital was a little lower than in the few previous years.

The disease generally was mild in type, and not all the notifications were supported by positive indicia, some being made on justifiable suspicion only.

A larger proportion than usual of the cases of diphtheria occurred in the better class of houses.

I am firmly persuaded of the advantages to the community and the individual of the **hospital treatment of infectious disease**, but the hospital *must be* sufficiently large, properly equipped, and rigidly administered.

An inadequately equipped and slackly administered hospital is wasteful and of doubtful utility.

It is often said by those in immediate attendance on cases of diphtheria or scarlet fever nursed at home that the disease does not spread, under such conditions, to the extent that public health officers declare.

The truth is, no doubt, that when reasonable care is taken, secondary cases are often apparently conspicuous by their absence so far as the *immediate* attendants are concerned. But the disease appears in the vicinity of houses where cases are kept at home far more frequently than in vicinities from which cases are removed, and apparently unconnected cases are often really linked to the primary cases by a chain of carrier contacts.

Hospital isolation breaks this chain of carrier contact, whenever, that is, there is a proper system of administration and ritual observance at the hospital.

The long discussed new block at the Mortlake Hospital is now nearing completion, and by April or May we should

have the following accommodation available and in working order:—

1. Porter's Lodge, with extra bedroom and visitors' waiting room.
2. Administrative Cottage with
 - a* (i) Laboratory and surgery.
 - (ii) Office.
 - (iii) Kitchen, store rooms, etc.
 - (iv) Bedrooms for domestic staff (5 beds).
 - b* (i) Matron's rooms.
 - (ii) Nurses' rooms with 5 beds
 - (iii) Nurses' sitting room.
3. Laundry and Disinfecting Station, etc.
4. Diphtheria Block:—
 - (i) 2 wards with 6 beds each.
 - (ii) 2 wards with 1 bed each.
5. Scarlet Fever Block:—
 - (i) 2 wards with 6 beds each.
 - (ii) On second floor:—sleeping accommodation and bath room for two night Nurses.
6. Third Block, of two wings:—
 - In each wing (i) a ward for 3 beds and
 - (ii) a ward for 2 beds.
7. A Humphrey's iron building available for temporary accommodation of staff, in time of stress.
8. A Mortuary, and a Discharge Block.

A new and improved zinc-lined, enamelled, and aseptic ambulance has been ordered and is now being constructed. When this is delivered, some little alteration made in the van sheds, etc.; and the old "Third Block" improved, and fitted with proper bathrooms and closets the Hospital will, I hope, prove perfectly adequate to the needs of the district for some time to come.

The best way to prevent the necessity for more ward space being asked for, in years to come, is of course to encourage the prevention of disease by every approved method.

But if preventive measures are relaxed the former saturation of the district with diphtheria and scarlet fever may return.

It is worth noting that, in the year 1893 when the population was 15,000 thirty-three *deaths* from diphtheria occurred.

In 1908 when the population was 28,500, only twenty-nine *cases* were notified.

In 1893 there were 243 *cases* of Scarlet fever and Diphtheria; in 1908 there were only 65.

During 1908 a proposal was made to establish a poultry run at the Hospital.

This proposal attracted some public attention, but has been carried into effect, and, despite gloomy vaticinations, some six hundred eggs have been available during the last two or three months, as the result of the activities of twenty hens.

It is perhaps worth considering whether the cost of Isolation Hospitals could not be diminished somewhat, and the energies of the staff during time of slackness well employed, by the adoption, on a small scale, of some of the methods so conspicuously successful at public asylums, the cheapest and best managed public institutions in the country.

I have to thank the Matron, and indeed, in due measure, all the staff controlled by her, for loyal and efficient service during the year.

Some figures and rates are given in the table on page 50, but I should mention here that no return cases or cross infections occurred during 1908, and that of the two deaths one was due to an inevitably fatal disease and the other was that of a child admitted moribund.

This is the best testimony I can give of the work of the Matron and her staff.

For some years past a system of voluntary notification of cases of **pulmonary tuberculosis** has been in operation.

Notification has been invited of cases in any stage, but actually the notifications received have been generally despatched shortly before the death, or removal to hospital or infirmary, of the cases.

The fees paid are as if the cases were notified under the Notification Act.

As soon as the Sanitary Department becomes aware by voluntary notification from medical men, from the weekly poor law returns, from the weekly return of death certificates, or from any other source of a case of phthisis, a visit of enquiry is made, an inspection of the premises carried out, and an appropriate leaflet left on the lines of one drawn up by the County Medical Officer of Health.

Any sanitary work found necessary is at once directed to be carried out and, on the termination or removal of a case the offer of disinfection is made, and practically always accepted.

The rooms are not only disinfected in the usual way, but cleansing notices are served and all appropriate materials and articles disinfected at the Disinfecting Station.

The number of fatal cases of phthisis annually is not great, averaging about 20. Of these usually one third occur in the Union Infirmary.

Disinfection has been secured during 1908 in every case in which death has occurred in the district.

There is very little accommodation available for the hospital treatment of early cases occurring in this district, and Brompton is usually the only hope of those in poor circumstances.

There are, or were, open-air wards at the Union Infirmary at Richmond, and many advanced cases naturally end their days at that institution.

But I am not aware of the extent to which these wards have been used for early cases.

However, the Isolation Hospital at Mortlake, now that the new block is nearing completion, is admirably adapted for a trial of the Brighton system, and a few male cases could well be accommodated and perhaps usefully employed.

We have ample air space, and relatively large grounds, most suitable for the experiment.

The phthisis death rate in Barnes and Mortlake has steadily decreased as the subsoil water has sunk.

But the disappearance of some of the congeries of old cottages would probably lessen it still more.

During 1908 no marked outbreak of any **infectious disease** was noted.

The total number of cases notified under the Notification Act was only 74, and of the cases so notified about ten per cent. were found subsequently to be suffering from non-notifiable disease.

The record for the year is therefore remarkably good, and the table given on page 49 well shows how the occurrence rate of notifiable disease has fallen of recent years.

The diminution is less striking in respect of diphtheria, it is true, but of course it is well recognised that, now cases are notified, which ten years ago would have escaped recognition as due to the Klebs-Löffler bacillus.

One death only occurred from diphtheria during the year, and eight from whooping cough.

Of the eight fatal cases seven were under one year of age.

No deaths occurred from scarlet fever, measles or typhoid fever.

One case of true cerebro-spinal fever occurred in a lad living in Lifford's Place.

All the classical symptoms were present, and an independent bacteriological examination confirmed the diagnosis. The patient recovered in the Isolation Hospital.

The cases of typhoid notified were, with the exception of one which turned out to be tuberculous meningitis, very mild in character and of doubtful origin.

Eleven fatal cases of diarrhœa occurred in children under one year of age, and two in children between one and two years.

Most of the cases occurred in Mortlake, amongst the poorest section of the population.

No case of puerperal fever was notified during the year.

In this connection some reference may here be made to the local administration of the **Midwives' Act**.

The supervising authority, the Surrey County Council, has delegated its executive powers to the Sanitary Committee of that body.

The County Medical Officer of Health is the responsible officer, and the local Medical Officers of Health act under his direction and supervision, and report annually to him.

I have during the year repeatedly visited the homes of the registered midwives practising in the district (three in number), and have recently reported at length.

The Act works very well here, the midwives attend between them about half the births, and no difficulties have arisen.

In my opinion it is in every way desirable that women of the poorer classes should be primarily attended by registered midwives, and that the function of medical men, in respect of this class of practice, should be consultative only.

Severe cases of puerperal fever amongst the poorer class of parturients arise far more frequently when attendance is by a doctor and untrained nurse than when the attendant is a registered midwife.

A study of **Table I**. shows that the total number of deaths registered in the district during 1908 was only 213, the smallest number since 1901, when the ascertained population was 17,821.

As this number—213—includes ten or twelve “deaths registered in the district” really not belonging to the district—cases of persons whose bodies were recovered from the river, or found on the railway lines—it is obvious that our death-rate has fallen greatly.

Adopting, as I have done, a very conservative estimate of the population increase, and including these deaths of persons non-resident in the district, the uncorrected death-rate works out at 7·4 per 1,000. Ten years ago it was 12·1.

Great pains have been taken, in estimating the corrected death-rate, to ascertain from the authorities of the Richmond Hospital, the Richmond Infirmary and Brookwood Asylum, and from the Medical Officers of Health of the London Boroughs, a complete record of persons belonging to this district who died elsewhere during 1908.

Even so, the corrected death-rate only amounts to 8·6, and this figure is again subject to legitimate deduction on account of the deaths of non-residents just alluded to.

Analysis of **Tables I. and IV.** shows, when these tables are compared with those of past years, that the betterment of the death-rate is mainly due to

- (1) reduction of the zymotic death-rate.
- (2) reduction of the infantile death-rate.

With regard to this latter rate it will be seen that the deaths of children under one year were, in 1908, 63, the same number as in 1907, and the same number as has been the average for the years 1898 to 1907.

The births in 1908 and 1907 were, however, 676 and 684 respectively, the average births for the years 1898-1907 being only 519.

The outstanding fact is, that for 1908 and 1907 the infantile death-rate has been 93 and 92 per 1,000 births, while in 1898 it was 182 per 1,000, and for the decennium 1898-1907 so high as 125.

It may be fairly claimed therefore that during the past few years there has been a steady improvement in our public health, evinced by

- (1) a lower death-rate.
- (2) a lower zymotic death-rate.
- (3) a lower infantile mortality rate.
- (4) a lower occurrence rate of infectious disease.

At the same time there has been a fairly steady birth-rate, the lowest being 21.0 in 1898 and the highest 26.6 in 1904.

The average birth-rate for the decennium 1898-1907 has been 24.5, and the actual rate for 1908, 23.7.

Such fluctuations as have occurred in the birth-rate probably depend very greatly on the coming to the district in certain years of greater or lesser numbers of newly married couples.

In Mortlake, where the population increases more rapidly by immigration than in Barnes, the birth-rate is at present much higher than in the fellow parish.

The general death-rate is higher in Barnes, where the average age of the inhabitants is greater, and the infantile mortality is greater in Mortlake, where there are more families of young children.

The Notification of Births Act of 1907 has not been adopted in this district. The administrative machinery necessary to make it a success does not as yet exist, and the present Sanitary staff is indeed hardly numerically equal to its present duties.

I consider, however, that the circumstances of this district are such that more can be done in the way of redeeming infantile mortality by the continued efforts of the Sanitary Department on general lines than by directly attacking the question by way of health visitors, etc.

The figures for this, and last year are, I think, some justification for this view, as the very noteworthy reduction in infantile mortality during the last five years has been coincident with laborious work

in the matter of house sanitation, milk inspection, the introduction of a constant water supply, the remedying of many drain defects, and very great improvement in the condition of many of the roads and streets.

In considering questions of **Infantile Mortality** it must not be lost sight of that the success or non-success of the treatment medically advised in only a few cases, may make a considerable difference in a yearly rate.

The treatment at the *out-patient* department of general hospitals is not as a rule conspicuously successful in the case of **infantile diarrhœa**, and it is a question whether lives are not often lost by reason of the journeys there, and the prolonged waiting sometimes undergone. Other things being equal, in my experience, the death-rate from infantile diarrhœa, atrophy, &c., is greater in families where *out-patient* treatment is resorted to than in those where sick infants are kept at home.

Circulars 576, 582, & 596 of the Board of Education open up a new chapter in the relations of Sanitary and Education Authorities.

In this district the Education Committee of the Surrey County Council is the Education Authority, and their medical adviser, Dr. Jones, has been recently appointed Assistant County Medical Officer of Health, with special duties in respect of Public Elementary Schools, &c.

Medical men have been appointed to act under Dr. Jones in carrying out the routine inspection and examination of scholars, and one of the inspectors has had this district and others allotted him. The former scheme, whereby local Medical Officers

of Health are responsible for the examination of "school attendance" cases, and cases of infectious and contagious disease generally, continues.

Under this scheme I have visited each school several times in the year, have made special examinations of groups of scholars, and many examinations of individual scholars.

Until the autumn term these last examinations were conducted at the Council House, but at the direction of the Council this plan was then discontinued and, with some disadvantage and inconvenience to the work of the Schools, the examinations are now made at the children's own homes.

The relationships between the officers of the Sanitary Authority and the Education Authority are harmonious and intimate, and their activities, as is obvious from what has been said, co-ordinated in the way desired by the Local Government Board and the Board of Education.

Head Teachers also at once communicate to the Medical Officer of Health notice of the exclusion of any child for admitted or suspected infectious or contagious disease, and I have found them one and all most eager and willing to help in maintaining a high standard of precision and efficiency in these matters.

Factories' and Workshops' Act, 1901.

All places coming within the scope of this Act have been periodically and systematically inspected during 1908. The particulars officially required are set out in the tables on pp. 53-55, and further particulars are furnished in the table on page 56.

The number of outworkers employed by firms in the district may be counted on one hand, and the number of outworkers employed by firms outside the district is two,

No practical difficulties have arisen during the year in connection with the working of the Act, and the chief nuisances remedied, as will be seen, have been those arising from need of cleansing and papering and whitewashing and the like.

With the exception of the Mortlake Brewery and a few laundries there are no factories, workshops or workplaces of any considerable size, but the total number of places inspected under the Act during 1908 is 203.

Section 22 of the Public Health Acts (Amendment) Act, 1890, is in force in the district and the standard of suitability and sufficiency adopted is that of the provision of one water closet for every 20 persons or less of each sex.

The existing underground bakehouses, four in number, comply with the requirements of the District Council in all respects and the sanitary condition of all the bakehouses is now very fair indeed, although one or two are old.

There is as a rule no difficulty in dealing with the premises occupied by bakers, and there is an increasing and wholesome disposition on the part of these tradesmen to ask the advice of the Sanitary officers when premises are to be altered or rebuilt.

In respect to the administration of the Factories and Workshops Act as well as with respect to all other matters, I have made **systematic inspection** as well as inspections called for by particular circumstances.

I have cordially to acknowledge once more the great and valued assistance I have received in these inspections, and indeed in all other matters, from Mr. Grylls, the Inspector of Nuisances, and his, and my, assistant, Mr. C. H. Robinson.

The increase of work to be dealt with has, however, been so great that I sincerely trust that in my next report I may be able to state that the Sanitary Department has been granted permanent and regular clerical assistance, as in my opinion the needs of the district urgently require that Mr. Grylls and his assistant should be set free from the performance of routine clerical duties which at present occupy much time that ought to be devoted to out-door work.

Particulars of the work done by Mr. Grylls, and under his supervision, appear in the tables on pages 56-59.

The proper record of these visits, the writing out and copying of notices, and the conduct of the correspondence necessarily involved occupy much more time than is thought or appreciated. It is wasteful that the energies of experienced and highly trained officers should be devoted to tasks which, in other departments, are the labours of record and correspondence clerks.

Statistical Tables.

- (a) OF THE LOCAL GOVERNMENT BOARD.
- (b) OTHER TABLES.
- (c) WORK OF THE SANITARY DEPARTMENT.

TABLE I.
Vital Statistics of whole District during 1908 and previous Years.
NAME OF DISTRICT—BARNES URBAN.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.*	Under 1 year of age.		At all Ages.					Number.	Rate.*
				Number.	Rate per 1,000 Births Registered	Number.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	16700	351	21·0	64	182	203	12·1	5	—	3	207	12·4
1899.	17000	458	26·9	58	126	225	13·2	5	—	4	229	13·4
1900.	17400	416	23·9	56	134	220	12·7	1	—	3	223	12·8
1901.	17900	420	23·5	56	133	214	12·5	3	—	24	238	13·2
1902.	19900	501	25·1	57	113	257	12·9	7	—	27	286	14·2
1903.	21150	513	24·2	57	111	220	10·3	5	—	27	247	11·6
1904.	23200	618	26·6	83	134	237	10·2	0	—	24	261	11·2
1905.	24250	600	24·7	72	120	254	10·4	3	—	35	289	11·9
1906.	25500	632	24·7	71	112	256	10·0	15	—	32	288	11·2
1907.	28000	684	24·4	63	92	267	9·5	5	—	33	300	10·7
Averages for years 1898-1907.	21100	519	24·5	63	125	235	11·1	4·9	—	21	256	12·1
1908.	28500	676	23·7	63	93	213	7·4	2	—	34	247	8·6

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water). } 2,400

Total population at all ages 17,821
Number of inhabited houses 3,403
Average number of persons per house .. 5·236 } At Census of 1901.

TABLE II.
Vital Statistics of separate Localities in 1908 and previous years.
NAME OF DISTRICT—BARNES URBAN.

NAMES OF LOCALITIES.	1. WHOLE DISTRICT.				2. BARNES (Parish).				3. MORTLAKE (Parish).			
	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.
	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>
1898 ...	16700	351	207	64	9350	193	126	42	7350	158	81	22
1899 ...	17000	458	229	58	9500	286	123	36	7500	192	106	22
1900 ..	17400	416	223	56	9750	230	107	26	7650	186	116	30
1901 ...	17900	420	238	57	10100	258	127	27	7800	162	110	30
1902 ...	19900	501	286	60	10700	259	140	32	9200	242	146	28
1903 ...	21150	513	247	59	11250	263	133	32	9900	250	114	27
1904 ...	23250	618	261	86	12000	293	134	43	11200	325	127	43
1905 ...	24250	600	289	74	12250	310	138	26	12000	290	151	48
1906 ...	25500	632	288	75	12750	284	136	25	12750	348	152	50
1907 ...	28000	684	300	65	13450	277	144	28	14550	407	156	37
Averages of years 1898 to 1907. ...)	21100	519	256	65	11110	263	129	31	9990	246	127	34
1908 ...	28500	676	247	67	13500	266	124	24	15000	410	123	43

TABLE III.
Cases of Infectious Disease notified during the year 1908.

NOTIFIABLE DISEASE.	Cases Notified in Whole District.							Total Cases Notified in each locality.		Number of Cases removed to Hospitals from each locality.		
	At all ages.	At ages—Years.						1	2	1	2	Total Cases removed to Hospital.
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upw'ds.	Barnes.	M'rtlake	Barnes.	M'rtlake.	
Small pox	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Croup) ..	29	—	8	16	3	2	—	12	17	6	14	20
Erysipelas	4	—	1	—	1	1	1	1	3	—	—	—
Scarlet Fever	36	—	10	20	4	2	—	21	15	16	11	27
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	5	—	—	1	1	3	—	1	4	—	1	1
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	—	—	—	—	—	—	—	—	—	—	—	—
Phthisis	2	—	—	—	—	2	—	2	—	—	—	—
Cer. Sp. Fever	1	—	—	1	—	—	—	1	—	—	—	1
Total	77	—	19	38	9	10	1	38	39	23	26	49

Isolation Hospital, Mortlake. Total available beds, 22. Number of Diseases that can be concurrently treated, 2 or 3.

TABLE IV.
Causes of, and Ages at, Death during year 1908.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.		Total Deaths whether of Residents or Non-residents in Public Institutions in the District.
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Barnes.	Mortlake.	
Small-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Scarlet fever	—	—	—	—	—	—	—	—	—	—
Whooping-cough ...	8	7	1	—	—	—	—	5	3	—
Diphtheria (including Membranous croup)...	1	—	—	1	—	—	—	1	—	1
Croup	—	—	—	—	—	—	—	—	—	—
Fever {	Typhus	—	—	—	—	—	—	—	—	—
	Enteric	—	—	—	—	—	—	—	—	—
	Other continued	—	—	—	—	—	—	—	—	—
Epidemic influenza ...	7	1	—	—	—	2	4	2	5	—
Cholera	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—
Diarrhœa	14	11	2	—	—	1	—	4	10	—
Enteritis	1	—	1	—	—	—	—	1	—	—
Puerperal fever	—	—	—	—	—	—	—	—	—	—

Phthisis (Pulmonary Tuberculosis) ...	19	—	—	1	5	13	—	10	9	—
Other tubercular diseases	5	2	—	1	—	1	1	1	4	1
Cancer, malignant disease	15	—	—	—	1	7	7	7	8	—
Bronchitis	17	4	1	—	—	4	8	10	7	—
Pneumonia	16	8	2	—	1	3	2	4	12	—
Pleurisy	—	—	—	—	—	—	—	—	—	—
Other diseases of Respiratory organs ...	1	—	—	—	—	1	—	—	1	—
Alcoholism } Cirrhosis of liver }	10	—	—	—	—	8	2	5	5	—
Premature birth.. ...	11	11	—	—	—	—	—	4	7	—
Diseases and accidents of parturition ...	—	—	—	—	—	—	—	—	—	—
Heart diseases	20	—	—	—	1	12	7	14	6	—
Accidents	8	—	—	1	1	2	4	7	1	—
Suicides	2	—	—	—	—	2	—	2	—	—
Found dead	1	—	—	—	—	—	1	1	—	—
Found drowned	2	—	—	—	—	2	—	1	1	—
Tetanus	1	—	—	—	—	1	—	1	—	—
All other causes	88	32	4	1	1	24	36	44	44	—
All causes	247	76	11	5	10	83	72	124	123	2

TABLE V.

Infantile Mortality during the Year 1908. Deaths from stated causes in Weeks and Months under 1 Year of Age.

CAUSE OF DEATH.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under 1 year.
All Causes	...	...	...	10	1	7	3	21	10	3	5	4	4	7	4	2	1	4	2	67
Common Infectious Diseases	Small-pox	..	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Chicken-pox	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Measles	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Scarlet Fever	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Diphtheria (including Membranous Croup)			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoeal Diseases	Whooping Cough	...	...	—	—	—	—	—	1	—	2	—	—	—	1	2	—	—	1	7
	Diarrhoea, all forms	...	...	—	—	—	—	—	2	2	1	1	1	3	1	—	—	—	—	11
	Enteritis, Muco-enteritis Gastro-enteritis			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Gastritis, Gastro-intestinal Catarrh			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wasting Diseases	Premature Birth	...	...	4	—	4	1	9	2	—	—	—	—	—	—	—	—	—	—	11
	Congenital Defects	...	...	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	2
	Injury at Birth	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Want of Breast-milk, Starvation			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Atrophy, Debility, Marasmus			3	1	1	—	5	2	—	—	—	1	—	1	—	—	2	—	11

Tuberculous Diseases	Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
	Tuberculous Peritonitis: Tabes Mesenterica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Tuberculous Diseases	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Other Causes	Erysipelas... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Syphilis	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2
	Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Meningitis (not Tuberculous)	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
	Convulsions	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	2
	Bronchitis... ..	—	—	1	—	1	—	—	1	—	—	—	—	—	—	2	—	4
	Laryngitis... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Pneumonia	—	—	—	—	—	3	—	1	1	—	1	—	—	1	—	1	8
Suffocation, overlying ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Causes	3	—	—	2	5	—	—	—	—	—	1	—	—	—	—	—	6	
		10	1	7	3	21	10	3	5	4	4	7	4	2	1	4	2	67

Population (estimated to middle of 1908), 28,500. Births in the year :—Barnes, 266; Mortlake, 410.
Deaths in the year of infants :—Barnes, 24; Mortlake, 43. Deaths from all causes at all ages, 247.

TABLE

Showing the yearly increase in the number of inhabited houses since the last Census.

DATE OF COMPUTATION.	NUMBER OF INHABITED HOUSES.		
	BARNES	MORTLAKE.	TOTAL.
1901 Census, March	1893	1510	3403
1902 Midsummer	2051	1763	3814
1903 ,,	2167	1869	4036
1904 ,,	2315	2120	4435
1905 ,,	2377	2308	4685
1906 ,,	2459	2464	4923
1907 ,,	2576	2756	5332
1908 ,,	2612	2942	5554
INCREASE IN 7·25 YEARS	719	1432	2151

TABLE

Showing the number of cases of Scarlet Fever, Diphtheria and Enteric Fever notified annually since 1895, with the estimated populations and case rates for each year, the quinquennia 1896-1900 and 1901-1905, and the years 1906-1908.

YEAR.	Estimated Population.	CASES NOTIFIED.				Cases per 1,000 estimated Population.
		Scarlet Fever.	Diphtheria.	Enteric Fever.	Totals.	
1896 ...	16,200	66	28	10	104	6·4
1897 ...	16,450	41	44	7	92	5·7
1898 ..	16,470	73	38	12	123	6·9
1899 ...	17,000	90	24	9	123	7·2
1900 ...	17,400	32	26	5	63	3·6
MEAN.	16,750	60·4	32	8·6	101	6·08
1901 ...	17,900	31	75	12	118	6·5
1902 ...	19,900	75	61	8	144	7·2
1903 ...	21,150	30	55	8	93	4·3
1904 ...	23,250	31	14	7	52	2·2
1905 ..	24,250	31	17	4	52	2·4
MEAN.	21,290	39·6	44·4	7·8	91·8	4·3
1906 ...	25,500	38	115	8	161	6·2
1907 ...	28,000	57	29	2	88	3·1
1908 ...	28,500	36	29	5	70	2·4
MEAN.	27,333	43·6	57·6	5	106·3	3·9

TABLE

Showing Case Mortality from certain diseases at the Isolation Hospital, Mortlake, since 1901.

YEAR.	SCARLET FEVER.			DIPHTHERIA.		
	Admissions.	Deaths.	Mortality per cent.	Admissions.	Deaths.	Mortality per cent.
1902	56	1	1·7	46	6	13·0
1903	21	1	4·7	45	3	6·5
1904	21	0	0·0	9	0	0·0
1905	24	1	4·1	14	2	14·2
1906	25	1	4·0	105	11	10·4
1907	50	1	2·0	17	2	11·7
1908	26	0	0·0	19	1	5·2
Totals.	223	5	2·2	265	25	9·41

Altogether 50 cases were admitted during 1908. They were made up as follows:—

Diphtheria	19	Rötheln	1
Scarlet Fever	25	Cerebro Spinal Meningitis ...	1
Scarlet Fever & Whooping Cough	1	Tuberculous Meningitis	1
Measles	1	Tonsillitis	1

The case of Diphtheria which proved fatal was admitted in a moribund condition.

TABLE

Showing the Proceedings taken during 1908, under the Food and Drugs Act, by the County Inspector, Mr. Houghton.

Articles Purchased.	Samples taken.	Found Genuine.	Slightly Adulterated, etc.	Cases in which proceedings taken.	Convictions obtained.	Fines Inflicted.
Milk	49	39	5	5	3	£39 19 6
Butter	7	7				
Spirits						
Cheese						
Bread	2	2				
Cream						
Cocoa						
Honey	1	1				
Oatmeal						
Vinegar						
Lard	1	1				
Camphorated Oil ..	1		1			
	61	50	6	5	3	

TABLE

Showing the administration of the Vaccination Acts in the Mortlake Registration Sub-District (which includes the parishes of Barnes and Mortlake) according to the return made by Mr. Umney, Clerk to the Richmond Guardians.

Return for the period January 1st to December 31st, 1907.

Registration Sub-District Comprised in the Vaccination Officer's District.	No. of Births returned in the Birth List Sheets as regis- tered.	Number of these Births duly entered by 31st January, 1909, in Cols. 1, 2, 4, & 5 of the Vaccination Register (Birth List Sheets), viz.:					Number of these Births which on 31st Jan., 1909 remain unentered in the Vaccination Register on account (as shown by Report book) of			Number of these Births re- maining on 31st Jan., 1909, neither duly entered in the Vac- cination Register (Cols. 3, 4, 5, 8, & 7 of this return) nor temporarily accounted for in the Report Book (Cols. 8, 9, & 10 of this Return).	Number of Certificates of Conscientious Objection <i>actually re- ceived by the Vaccination Officer</i> irre- spective of the dates of Births of the Children to which they relate during the year 1908	* Total number of Certificates of successful Primary Vaccination at all ages re- ceived during the calendar year 1908.
		COL. 1: Success- fully Vaccin- ated.	COLUMN 2. Insus- ceptible of Vac- cination. Had Small Pox.		COL. 4. Number in respect of whom Certifi- cates of Consci- entious Objec- tion have been re- ceived.	COL. 5. Dead unvac- cinated.	Post- pone- ment by Medical Certifi- cate.	Re- moval to Districts the Vac- cination Officer of which has been duly ap- prised.	Re- moval to place un- known or which cannot be reache- d and cases not hav- ing been found.			
1	2	3	4	5	6	7	8	9	10	11	12	13
MORTLAKE ...	753	620	0	0	26	59	4	15	29	0	*	*
<i>Return for the Period January-June, 1908. (Supplementary).</i>												
MORTLAKE ...	333	257	0	0	32	25	6	8	5	0	*	*

* Figures for Cols. 12 and 13 are not available this year.

*Annual Report of the Medical Officer of Health for the year 1908 for
the Urban District of Barnes*

on the administration of the Factory and Workshop Act, 1901, in connection
with

**FACTORIES, WORKSHOPS, WORKPLACES, and
HOMWORK.**

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices	Prosecutions.
Factories (Including Factory Laundries)	34	3	—
Workshops (Including Workshop Laundries)	276	23	—
Workplaces (Other than Outworkers' premises included in Part 3 of this Report).	67	—	—
Total... ..	377	26	—

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prose- cutions.
	Found.	Remedied.	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness	21	21	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	5	5	—	—
Sanitary ac- commodation { insufficient { unsuitable or defective { not separate for sexes	Sec. 22 of P.H.A.A.A., 1890, in force, 1 closet for 20 persons or less, of each sex.			
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bake- house (s. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	—	—	—	—
Other offences (Excluding offences relating to out- work which are included in Part 3 of this Report).	—	—	—	—
Total	26	26	—	—

3.—HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS,					
	Lists received from Employers.				Numbers of Outworkers received from other Councils.	Numbers of Outworkers forwarded
	Twice in the year.		Once in the year.			
	Lists.	Outworkers.	Lists.	Outworkers.	Addresses of Outworkers received from other Councils.	Addresses of Outworkers forwarded
Wearing Apparel— (1) making, &c. ...	0	—	2	4	9	2
(2) cleaning & washing						
Lace, lace curtains & nets						
Furniture and Upholstery						
Fur pulling ...						
Umbrellas... ..						
Paper Bags and Boxes ...						
Brush making						
Stuffed Toys						
File making						
Electro Plate						
Cables and Chains ...						
Anchors and Grapnels ...						
Cart Gear						
Locks, Latches and Keys						
Total... ..	0	—	2	4	9	2

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year.	Number.
Laundries	22
Dressmakers	23
Shoemakers	26
Bakehouses	13
Total number of workshops on Register	155

Important classes of workshops, such as workshop bake-houses, may be enumerated here.

SECTION 107.		Number of Inspections of Outworkers' premises.	OUTWORK IN UNWHOLE-SOME PREMISES (SEC. 108).			OUTWORK IN INFECTED PREMISES (SECS. 109, 110).		
Prosecutions.			Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110).	Prosecutions (Sections 109, 110).
Failing to keep or permit inspection of lists.	Failing to send lists.							
—	—	19	—	—	—	—	—	
—	—	19	—	—	—	—	—	

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	—
Other	—
Underground bakehouses (S. 101)—	
Certificates granted during the year	—
In use at the end of the year	5

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT
5712 S. UNIVERSITY AVE.
CHICAGO, ILL. 60637

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TABLE

Showing the work done by the Sanitary Inspectors during 1908 with regard to places under the Factory and Workshops Act, 1901.

	BARNES.		MORTLAKE.		TOTALS.	
	No.	Visits.	No.	Visits.	No.	Visits.
A.—FACTORIES—						
Brewery ... ..	..	...	1	1	1	1
Electric Lighting Works ...	...	...	1	2	1	2
Printers	1	1	3	5	4	6
Coachbuilders ... ..	...	...	1	1	1	1
Excelite Works	1	2	1	6	2	8
Motor Works	1	2	2	6	3	8
STEAM LAUNDRIES—						
Over 40 employees	1	3	..	...	1	3
Under 40 employees	2	6	3	7	5	13
B.—WORKSHOPS—						
Tailors	6	12	5	10	11	22
Dressmakers	14	20	9	15	23	35
Shoemakers	13	13	13	13	26	26
Cycle and Motor	7	11	4	8	11	19
Saddlers	1	1	1	1	2	2
Photographers ... ..	...	...	3	3	3	3
Paving Works	1	2	...	...	1	2
Smiths	2	4	2	4	4	8
Aluminium Casting Co. ...	1	3	...	...	1	3
HAND LAUNDRIES—						
Over 40 employees ... ..	...	...	...	...	...	...
Under 40 employees	5	15	11	33	16	48
BAKEHOUSES—						
	5	20	8	32	13	52
C.—DOMESTIC WORKSHOPS						
Dressmakers	18	18	14	14	32	32
Family Laundries	4	8	8	16	12	24
D.—WORKPLACES—						
Stable Yards	6	14	5	9	11	23
Restaurants	7	14	12	24	19	38
Ice Cream Makers	2	6	...	...	2	6
TOTALS	99	175	107	210	206	385

TABLE

Work done by the Sanitary Inspectors during 1908, having relation to the Housing of the Working Classes.

	BARNES.	MORTLAKE.	TOTALS.
Houses found unfit for habitation ...	—	—	—
Overcrowding	1	—	1
Premises cleansed by owners	67	62	129
Visits made to dwelling houses ...	1910	2374	4284*

TABLE

Showing the number of certain places under the Council's supervision, and the visits made to them by the Sanitary Inspectors during 1908.

	BARNES.		MORTLAKE.		TOTALS.	
	No.	Visits.	No.	Visits.	No.	Visits.
Dairies and milk shops	10	32	15	51	25	53
Other places where milk is sold ...	6	15	11	23	17	38
Slaughterhouses	1	3	2	4	3	7
Places where petroleum is stored	7	14	7	60	14	74

TABLE

Work done by the Sanitary Inspectors during 1908 with relation to infectious diseases.

	BARNES.	MORTLAKE.	TOTALS.
Visits to cases of notifiable disease	42	39	81
Disinfections performed	40	34	74
Lots disinfected by steam	30	31	61
Premises cleansed under Infectious Diseases Prevention Act	18	18	36

* These do not include the numerous visits of supervision made to premises, the owners of which have had notice to abate nuisances.

TABLE

Showing the number and kind of general nuisances discovered and remedied during 1908.

	Barnes.	Mortlake.	Total.
Defective drains amended	24	45	69
Defective drains reconstructed	8	23	31
Defective soil pipe ventilators	5	1	6
Defective closet pans, etc.	28	10	38
Defective waste pipes	9	10	19
Defective flushing cisterns	45	78	123
Cisterns cleansed and covered	25	14	39
Taps provided on rising main	15	2	17
Dustbins replaced	54	37	91
Yards paved	46	30	76
Mica valves made good	6	25	31
Nuisances from animals	2	1	3
Foul accumulations	6	11	17
Defective gutterings, etc.	20	17	37
Ventilation and damp courses	6	7	13
Totals	299	311	610
Statutory notices served ... ..	...	...	61
Summonses taken out ... ..	...	...	8

TABLE

Showing the general work done in the Sanitary Department during 1908, and in the four preceding years.

Nature of Work Done.	1904	1905	1906	1907	1908
Inspections of houses and premises made	4142	4454	4315	4043	4284
Notices served for abatement of defects	764	681	782	715	486
Houses and Premises cleansed and repaired	220	96	178	96	129
Houses disinfected	53	68	156	92	74
Defective drains (amended)	42	42	46	42	69
Defective drains (reconstructed) ...	22	31	28	19	31
Defective soil pipe ventilators (made good)	15	18	1	3	6
Defective closet pans and traps (replaced)	114	126	87	49	38
Dustbins (replaced)	125	102	79	103	91
Defective flushing cisterns (repaired) ...	182	99	102	85	123
Cisterns cleansed and covered	56	45	50	41	39
Premises on which animals causing nuisance	7	8	3	2	3
Foul accumulations (removed)	4	2	6	7	17
Defective roofs and eaves gutterings ...	55	19	60	30	37
Insanitary Yards paved	69	32	74	94	76
Floors ventilated ... ..	...	...	50	24	13
Defective Mica Valves (made good) ...	66	42	9	42	31
Burst pipes repaired	2	...	...	...	10
No proper receptacle for manure or offal	9	..	...	..	2
Overcrowding (abated)	11	3	4	3	1
Houses found unfit for habitation ...	1	...	21	1	0
Bakehouses inspected	11	10	12	14	13
Cowsheds and Dairies inspected ...	23	22	21	25	26
Licensed slaughter-houses inspected ...	4	4	4	3	3
Factories and Workshops inspected ...	140	154	180	194	206
Number of visits to notifiable diseases...	108	70	176	106	81
Number of visits to non-notifiable diseases	154	51	158	291	...
Premises licensed for storage of Petroleum	11	12	13	12	14
Complaints received	33	45	49	42	46
Summonses for abatement of Nuisances	3	1	1	2	8

Journal of the Proceedings of the
General Assembly of the
Presbyterian Church of the United States

Date	Place	Subject
1844	New York	First General Assembly
1845	New York	Second General Assembly
1846	New York	Third General Assembly
1847	New York	Fourth General Assembly
1848	New York	Fifth General Assembly
1849	New York	Sixth General Assembly
1850	New York	Seventh General Assembly
1851	New York	Eighth General Assembly
1852	New York	Ninth General Assembly
1853	New York	Tenth General Assembly
1854	New York	Eleventh General Assembly
1855	New York	Twelfth General Assembly
1856	New York	Thirteenth General Assembly
1857	New York	Fourteenth General Assembly