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THE
BOARD OF WORKS FOR THE ST. OLAVE DISTRICT.



ANNUAL REPORT
OF THE
Sanitary Condition of the District
FOR THE YEAR 1895.

BY
WILLIAM ARTHUR BOND,

M.A., M.D., D.P.H. (Camb.), M.R.C.P. (Lond.)

MEDICAL OFFICER OF HEALTH.



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ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH,
Being the Report for the Year 1895.

To the Members of the Board of Works for the St. Olave District,
Southwark.

GENTLEMEN,

I have the honour to place before you my second Annual Report. This Report, in accordance with the regulations of the Local Government Board, deals with the twelve months ending December 31st, 1895.

VITAL STATISTICS.

I have based the calculations in the following Reports upon the population of all ages as usually estimated to the middle of the year 1895. This is 13,065. The number of inhabited houses in April, 1891—according to the census return—was 2,083, an increase of 36 per cent. in ten years; and the average number of persons to a house was 6·1.

1,054 persons were living in 460 tenements of only one room, and 3,207 were living in 794 two-room tenements. Rather more than one-third of the whole population were in tenements with one or two rooms. More than half of the persons in these tenements were subject to the conditions

expressed in the Census Report by the word "overcrowding," that is, more than two to a room.

BIRTHS.

The number of births registered for the whole District (which includes the united Parish of St. Olave and St. Thomas and that of St. John), for the 52 weeks ending Dec. 28th, 1895, was 430. Of this total, 204 were male children and 226 female children. This gives a birth-rate of 32·9 per thousand of the population. The birth-rates for the five preceding years were 33·2, 32, 36·2, 37·8, and 30·3. The birth-rate for Registration London for the year was 30·5. Last year it was 30·1, the lowest London birth-rate recorded, this year being the next lowest.

DEATHS.

The deaths registered as having actually occurred in the District were 849; 593 of these took place at Guy's Hospital, this number including only 17 deaths of parishioners, 576 belonging to other districts. At the Parish-street Workhouse there were 40 deaths, only 5 of these belonging to the District. Nine bodies were found in the Thames, all non-parishioners. Four other non-parishioners died in the District.

The deaths of 77 parishioners were returned from outlying public institutions.

After making the necessary corrections, it is found that 302 deaths of parishioners took place in the 52 weeks ending December 28th, 1895.

The annual death-rate was, therefore, 23 1 per thousand.

The epidemic of influenza during the first quarter of the



year, and the prolonged frost of January and February, and the early part of March, during which the number of deaths of young children and of persons of over 60 was very great, help to account for the increased death-rates of 1895. More than 25 per cent. of the deaths were those of parishioners who died in outlying Public Institutions. Excluding these, as formerly was the case, the death-rate would be only 17·2 per 1,000.

The death-rate for London for the year was 19·4.

The corrected death-rate of St. Olave's, and of London for the past six years are as under—

Year.	St. Olave's Death-Rate per 1,000.	London Death-Rate per 1,000.
1890	20·2	21·5
1891	25·2	21·4
1892	23·7	20·4
1893	21·2	21·3
1894	19·4	17·4
1895	23·1	19·4

The detailed causes of death will be found in the various tables accompanying this Report.

Infantile Mortality.—The deaths of young children always bear a high ratio to total deaths. There were 124 deaths of children under 5 years old, that is 41·1 per cent. of the total deaths. The equivalent percentage for London was 40·3.

88 children died under one year old; that is 205 per 1,000 births registered. The corresponding rate for London was 165 per thousand,

Causes of Death.—The following Table shows, in a summary form, the amount of life saved and the amount lost in the year 1895, as compared with the preceding decenium, under each of the more important headings in the list of causes:—London.—Diminution or Excess of Deaths in 1895, compared with the Average Annual Deaths in 1885-94, corrected for increase of population.

CAUSE OF DEATH.						Diminution in 1895.	Excess in 1895.
Small-pox	...	...	...	...	...	134	—
Measles...	...	...	...	...	...	112	—
Scarlet Fever	...	...	...	...	...	228	—
Typhus ...	...	...	...	...	...	8	—
Influenza	...	...	...	...	...	—	1361
Whooping-Cough	...	...	...	...	...	1259	—
Diphtheria	...	...	...	...	...	—	611
Simple Fever	...	...	...	...	...	33	—
Enteric Fever	...	...	...	...	...	13	—
Diarrhœal Diseases	...	...	...	...	...	—	615
Cancer ...	...	...	...	...	...	—	391
Phthisis and other Tubercular Diseases	...	...	...	...	...	660	—
Premature Birth	...	...	...	...	...	—	241
Diseases of Nervous System	...	...	...	...	...	1080	—
Diseases of Circulatory System	...	...	...	...	...	44	—
Diseases of Respiratory System	...	...	...	...	...	790	—
Diseases of Urinary System	...	...	...	...	...	17	—
Childbirth and Puerperal Fever	...	...	...	...	...	111	—
Accident	...	...	...	...	...	—	126
Homicide	...	...	...	...	...	—	—
Suicide ...	...	...	...	...	...	—	54
All other Causes	...	...	...	...	...	173	—
						4662	3399
Balance of Diminution or Excess						1263	—

The net gain in life saved during the year was represented by 1263 lives. In other words, had the average death-rate in 1885-94 prevailed throughout the year 1895, 1263 lives would have been sacrificed in addition to those which were actually lost by death. Notwithstanding this life saving, however, the table shows excessive mortality under headings which have shown considerable excess for many successive years past. Thus, for example, there was an excess of 1361 deaths under the head of Influenza, 611 under the head of Diphtheria, 391 under the head of Cancer, and 241 under the head of Premature Birth. In addition to these, there was also, in 1895, an excess under the heads of Accident and Suicide, as compared with the corrected averages.

ZYMOTIC DISEASES.

The death-rate in St. Olave's from "the seven principal Zymotic diseases," viz., Small-Pox, Scarlatina, Diphtheria, Enteric Fever, Measles, Whooping-Cough and Diarrhœa, was 2.45. per 1,000 persons living (last year it was 2.7). The corresponding rate for London was 2.62. The average for London of the ten preceding years was 2.74 per 1,000.

Small-pox.—There was one case of Small-pox notified, and no death. In London there were 1,076 notifications, and 55 deaths.

The statistics of all epidemics of small-pox show the enormous value of vaccination and re-vaccination. Notwithstanding this the proportion of children that are not vaccinated has been increasing year by year since 1881, both in the Metropolis and the rest of England. In 1881 the proportion of children unaccounted for in regard to

vaccination (including cases postponed) in the Metropolitan Unions was only 5·7 per cent. of the total births. In 1891 this proportion had risen to 16·4 per cent., and is still rising. In the St. Olave Union the corresponding rates were 4·1 and 15·3 per cent., and in 1893 had risen to 16·8 per cent.

As further evidence of the value of vaccination I have made an analysis of the 676 cases of small-pox that were removed to the Hospital Ships of the Metropolitan Asylums Board during the six months ending December 29th, 1895.

Of these 676 there were—

113 under 10 years of age,
and 68 10 years and under 15 years.

Of the 113 under 10 years of age

104 were *not* vaccinated,
7 were vaccinated,
2 no history in regard to vaccination;

and of the 68 between the ages 10 and under 15

36 were *not* vaccinated,
31 were vaccinated,
1 no history in regard to vaccination.

(Those cases that were unvaccinated at the time when the disease was contracted, but were vaccinated after this, during what is called the incubative period, I have, of course, considered as not vaccinated.)

The number of vaccinated children is much greater than the number of the unvaccinated.

Ten years ago the proportion of unvaccinated children was less than 8 per cent. of the total births.

I estimate that the proportion of the unvaccinated under 10 years of age in London in 1895 was less than 16 per cent., that is less than one-sixth ($16\frac{2}{3}$ per cent.); or, in other words, there were of children under ten years of age *at least* five times as many vaccinated as unvaccinated.

Therefore, even supposing that the two cases with no history in regard to vaccination *had* been vaccinated, and the non-vaccinated had only suffered in the same proportion as the vaccinated there would have been not more than 2 cases of small-pox amongst the non-vaccinated under 10 years of age instead of 104 which really occurred, and if the vaccinated had suffered in the same proportion as the non-vaccinated there would have been *at least* 520 cases of small-pox among the vaccinated instead of the 9 that actually occurred, and some of these probably were not efficiently vaccinated.

Or, in other words, *if vaccination had no protective influence there would have been more than 60 times as many cases of small-pox amongst the vaccinated as actually occurred.*

Of those 10 years and under 15 years of age in 1895 the proportion of the unvaccinated was less than 7 per cent., or less than 1 in 14; therefore, if the vaccinated had suffered in the same proportion as the unvaccinated there would have been at least 468 cases of small-pox amongst adolescents of these ages, instead of the 32 that actually occurred (considering the case with no history in regard to vaccination as vaccinated); or, in other words, about 15 times as many vaccinated adolescents of these ages would have had small-pox as actually occurred.

From these statistics the protective power of vaccination amongst adolescents of 10 years and under 15 has diminished to one-fourth of what it was amongst children under 10 years of age, and therefore shows *the great importance of re-vaccination after that age.*

Not one of the 68 cases of 10 and under 15 years of age was stated to have been re-vaccinated.

Of the many accounts of nurses of Small-pox Hospitals I have not read of a single case of small-pox occurring amongst those who had been re-vaccinated.

The strongest practical evidence that small-pox can be stamped out by vaccination and re-vaccination is supplied by Germany. For since the year 1874 re-vaccination before leaving school has been compulsory, and during the last ten years small-pox has been almost extinct, being at the rate of only one case per *million* inhabitants; and these few cases are those of foreigners or natives who have not been re-vaccinated.

The Royal Commission on Vaccination is now meeting weekly to draw up its final report, which it is expected will be presented to Parliament before this season closes.

It is to be hoped that this will give a stimulus to increased vaccination and re-vaccination.

Scarlet Fever or Scarlatina.—There were 33 cases notified, and no death; 31 of the 33 cases were removed to hospital. In London the notifications were 20,654 in number, and the deaths from the complications of this disease were 829.

During the last half of the year the Hospitals of the

Metropolitan Asylums Board were very full, so that it was often impossible to have patients suffering from scarlet fever or diphtheria promptly removed to Hospital; in many cases there was a delay of several days, in some instances extending to nearly a fortnight, notwithstanding daily application to Norfolk House.

An alarming outbreak of small-pox in August unfortunately prevented the Gore Farm Hospital, which was designed for small-pox convalescents, from being used for scarlet fever cases.

The growing public appreciation of the advantages of hospital isolation for infectious diseases renders additional accommodation necessary. Provision for this is being supplied by the Metropolitan Asylums Board, and three hospitals, having in all 1,556 beds, are at present being proceeded with, and one of which, the Brook Hospital at Shooter's-hill, is rapidly approaching completion, and will it is anticipated be opened for the reception of patients during the coming summer.

Diphtheria.—22 cases were notified, and all were removed to hospital, except two children who died before they could be removed. There were 4 deaths. In London there were 11,426 cases notified, and 2,289 deaths from this disease, being 384 less than in 1893.

In other words, the case mortality in London in 1895 was 20·0 per cent, and in 1894 24·0 per cent. Of the cases treated at the Hospitals of the Metropolitan Asylums Board, to which a large proportion of the severe cases are removed, in 1895 the death-rate was 22·5 per cent.; while in 1894

it was 29·6 per cent., a reduction of 7·1 per cent. Of children under 5 years of age there was a reduction of 13·2 per cent., viz., from 47·4 to 34·2 per cent.

This marked reduction in the death-rate was coincident with the use of antitoxic serum in the treatment of 2,182 of the 3,529 cases of diphtheria at the Board's Hospitals during 1895.

The Medical Superintendents of these Hospitals have published an elaborate and exhaustive report on the results that have attended this treatment. Their conclusions are thus summarised:—

“ The improved results in the diphtheria cases treated during the year 1895, which are indicated by the foregoing statistics and clinical observations, are:—

- (i.) A great reduction in the mortality of cases brought under treatment on the first and second day of illness.
- (ii.) The lowering of the combined general mortality to a point below that of any former year.
- (iii.) The still more remarkable reduction in the mortality of the laryngeal cases.
- (iv.) The uniform improvement in the results of tracheotomy at each separate Hospital.
- (v.) The beneficial effect produced on the clinical course of the disease.

“ A consideration of the foregoing statistical tables and clinical observations, covering a period of 12 months and embracing a large number of cases, in our opinion sufficiently demonstrates the value of antitoxin in the treatment of diphtheria.

“ It must be clearly understood, however, that to obtain the largest measure of success with antitoxin it is essential that the patient be brought under its influence at a comparatively early date—if possible, not later than the second day of the disease. From this time onwards the chance of a successful issue will diminish in proportion to the

length of time which has elapsed before the treatment is commenced. This, though doubtless true of other methods, is of still greater moment in the case of treatment by antitoxin.

“ Certain secondary effects not infrequently arise as a direct result of the injection of antitoxin in the form in which it has at present to be administered, and even assuming that the incidence of the normal complications of diphtheria is greater than can be accounted for by the increased number of recoveries, we have no hesitation in expressing the opinion that these drawbacks are insignificant when taken in conjunction with the lessened fatality which has been associated with the use of this remedy.

“ We are further of the opinion that in antitoxic serum we possess a remedy of distinctly greater value in the treatment of diphtheria than any other with which we are acquainted.”

The same difficulty was experienced during the last half of the year by the Metropolitan Asylums Board in finding sufficient accommodation for diphtheria patients, so that it is satisfactory to know that a considerable proportion of the additional accommodation now being provided is for diphtheria patients.

Enteric Fever.—Two cases were notified. There was one death from this disease. In London there were 3,710 notifications of this disease, and 596 deaths. The case of typhoid fever that died had only recently come to London from Norfolk, where the disease was probably contracted. The tenement where the other case lived was very dirty, and the cistern supplying it was also dirty, and covered in parts with a foul slime.

It has recently been proved by English and French observers that the urine of patients suffering from typhoid fever nearly always contains the typhoid bacillus (Eberth's bacillus). It is therefore most important that the urine

from such patients, as well as the stools, and all articles contaminated by either or both of them, should be thoroughly disinfected. From the successful results obtained by M. Chautemesse, of Paris, by the use of anti-typhoid serum, it is probable that this treatment will soon be introduced into England.

Measles.—This disease is not usually notified, and it is not so in this District. In 1895 there were only 2 deaths registered from this disease, whereas in 1894 there were 19 deaths, so that there must have been an epidemic. In London there were 2,629, and in 1894, 3,292 deaths from measles registered. These do not represent the total number of deaths from measles, for from enquiries made at the houses at which children have died, and the death registered as respiratory disease, I have found that in many cases the respiratory disease was really caused by measles (or whooping cough.) With so many deaths from measles the number of cases of this disease every year in London must be enormous. This is not surprising, as it is a very infectious disease; and, as a rule, not the least attempt is made to prevent its spread, healthy children generally being allowed to be in the same room with the sick, and even in the same bed.

Hospitals for those cases that cannot be isolated at home, and for those that cannot receive proper nursing and treatment at home, which is usually the case in crowded one and two-room tenements, are very much required, and would be the means of very much reducing the death-rate of this disease. Notification by the head of the family, in the absence of any medical attendant, should be compulsory. Last July I reported on this subject as follows:—

“In accordance with the desire of the Board, I beg to report to you on the above subject.

“At a meeting of the Vestry of St. George-the-Martyr, Southwark, on June 18th, 1895, Dr. WALDO, the Medical Officer of Health, reported that in his opinion measles should be notified and removable to a hospital.

“I will first compare the deaths in London from measles with those from scarlet fever, for which some preventive measures have for some years past been taken.

“Last year there were as many as 3,292 deaths from measles in London, whereas from scarlet fever there were only 964 deaths.

“While the deaths from scarlet fever have diminished to less than one-fifth of what they were, on the average, in the ten years 1861-70, viz., from 11·4 per 10,000 inhabitants of London to only 2·2, those from measles are gradually increasing, and last year were as many as 7·4 per 10,000. Or to put it in other words, while the number of deaths from measles is increasing, for every 100 deaths from scarlet fever in the years 1861-70, there are now less than 20; or for every death from scarlet fever now there used to be, about 30 years ago, more than 5 deaths; so that last year there was a saving of about 4,000 lives, and the prevention of about 8,000 cases of scarlet fever in London alone. This will, perhaps, help you to realise the enormous amount of illness with its attendant expense, trouble, inconvenience and danger to life and well-being that has been saved by the preventive measures—becoming gradually more and more perfect—that have been taken in the case of scarlet fever.

“There were more deaths in London last year from measles than from any other infectious disease, being 23 per cent. higher than those from diphtheria, which was the next highest.

“Amongst *children* the mortality from measles is greater than that from all the notifiable diseases put together.

“If measles were notified, all children from infected houses could be excluded from school, and thus epidemics could be prevented from occurring in schools, and at the same time the necessity for interfering with the work of schools would be reduced to a minimum.

“Hospital accommodation should be provided especially for those patients who cannot be properly isolated at home.

“The rooms and infected articles could then be disinfected and further spread of the disease arrested.

“I may remind you that in this District there were last year 19 deaths of parishioners from measles, but only two from scarlet fever, both of which took place in outlying Institutions.”

Whooping-Cough also is not notified. It caused seven deaths, the same number as last year. In London there were 1,483 deaths from this disease, corresponding to a rate of 0·34 per 1,000 living. This is the lowest rate on record, the nearest approach to so low a rate having been 0·41 in 1883, after an epidemic in the previous year when the rate was as high as 1·21 per 1,000 of the population.

Disinfection is carried out when practicable in those cases that come to our knowledge.

Diarrhœa was the cause of eight deaths, six of them being children under one year of age ; the other two were also young children. There were also 10 deaths due to gastro-enteritis, nine of them being young children, and eight under one year of age. In London diarrhœa was the cause of 3,600 deaths, or a rate of 0·83 per 1,000 living. This rate was 0·15 per 1,000 above the average of the preceding ten years, and was higher than in any year since 1887. There were also 1,487 deaths from enteritis. 2,655 or 74 per cent. of the 3,600 deaths from diarrhœa took place in the third quarter of the year—the summer quarter. The great majority of these are hand-fed children under one year of age, living in insanitary dwellings on a polluted soil, which reaches the requisite temperature during the hot summer months. It has been proved, experimentally, that there is always a sudden

rise in the mortality from diarrhœa when the temperature of the soil at a depth of four feet from the surface reaches 56°.

The total number of notifications of infectious diseases this year have been only 63, excluding second notifications of the same cases. They were distributed among the following diseases :—

Small-pox	...	...	...	1
Scarlet Fever	...	...	...	33
Diphtheria	...	...	...	22
Typhoid Fever	...	...	...	2
Erysipelas	...	...	...	4
Puerperal Fever	...	...	...	1

In 1893 there were as many as 219 notifications ; and in 1894, 83 ; and, as just mentioned, this year there were only 63, a reduction of just 25 per cent. This District this year has had rather less than one-half the amount of notifiable disease than the rest of London for an equivalent population.

In Registration London the number of cases notified was—

Small-pox	...	...	...	1076
Scarlet Fever	...	...	...	20,654
Diphtheria...	...	...	...	11,426
Membranous Croup	...	...	...	461
Enteric Fever	...	...	...	3,710
Typhus Fever	...	...	...	15
Other continued Fevers	...	...	...	107
Puerperal Fever	...	...	...	249
Erysipelas	...	...	...	5,994
Cholera	...	...	...	30
Relapsing Fever	...	...	...	4
Total				43,726

Excluding the cases of erysipelas, for which no provision is made in the Hospitals of the Metropolitan Asylums Board, *all but four* of the cases were treated at these Hospitals, or at the London Fever Hospital, and two of these were diphtheria cases that died before removal could be effected. The latter half of the year, however, much inconvenience and delay were caused by the want of accommodation at these Hospitals.

Most of the cases of infectious disease belonging to outlying Districts that are first taken to Guy's Hospital, and afterwards removed to the Fever Hospitals, or treated at Guy's Hospital, are now notified to the Medical Officer of Health of the districts in which the patients reside.

Only two of the cases of scarlet fever notified from Guy's Hospital belonged to other districts; the fever was, however, contracted in the Hospital. In 1894 seven of the cases of diphtheria, and two of the cases of typhoid, were among the nursing staff of Guy's Hospital; also one case of diphtheria and two of typhoid, were nurses of Guy's Nursing Institution, and the diseases were contracted in their duties out of the District. Last year I called Dr. Perry's attention to this, and he kindly, at my suggestion, had printed instructions given to nurses engaged in attendance upon infectious cases. I am glad to say that in 1895 only one nurse contracted diphtheria, and *not one* typhoid fever. There were, however, three cases of scarlet fever.

The measures taken in dealing with the cases arising in the District outside Guy's Hospital were as follows:—

Number of rooms fumigated	...	...	68
Number of rooms stripped and cleansed by Owner or Occupier	...	...	42
Do.	do.	by the Board	...	3
Number of notices served, calling the attention of Occupiers of houses to the provisions of Sections 62 and 65 P. H. (London) Act, 1891	...	...	43
Number of notices requiring disinfection			17	
Number of articles of bedding, cloth- ing, &c., disinfected	...	...	1902
Number of articles given up and destroyed			32	
Number of persons using Shelter	...		69	

The premises where infectious diseases occurred were all inspected and examined, and notices served when necessary.

The Shelter provided for temporary occupation by families during the disinfection of their rooms, has been used 18 times during the year, by 69 persons, all of whom were also provided with sleeping accommodation.

Last August, as additional sleeping accommodation was required, a second cottage was supplied with two bedsteads and bedding, and, on one occasion, was also temporarily used as an isolation hospital.

ANTHRAX, OR MALIGNANT PUSTULE.

There was one death at Guy's Hospital from Anthrax, or Malignant Pustule, contracted in this District from handling hides infected with the disease. I found that all reasonable precautions had been taken by the proprietors and managers of the wharf. One cannot easily prevent negligence on the part of the men themselves to make use of the facilities for cleanliness afforded them. There were also two deaths of non-parishioners at Guy's, not contracted in the District.

Two men that worked at Topping's Wharf were also affected, but fortunately recovered after operation at Guy's Hospital. I found that both the men had been recently working with some second-class Australian hides. These we had well disinfected, and they were soon afterwards put into "Lime."

PHTHISIS AND DISEASES OF THE RESPIRATORY ORGANS.

In this District there were 32 deaths caused by phthisis, or 2·5 per 1,000 inhabitants; the corresponding rate for London was 1·77; 26 by pneumonia, and 40 by bronchitis.

Phthisis, tuberculosis of the lungs, consumption, or "decline," as it is popularly called, is caused by the tubercle bacillus, a microscopic organism.

Many other diseases are caused by this bacillus, and are included amongst tubercular diseases, such as "consumption" of the bowels, or *tabes mesenterica*, which is very frequent in children; diseases of the brain, as tubercular meningitis; tubercular diseases of glands, bones and joints, which frequently cause abscesses and deformities.

Hygienic conditions have such an enormous influence in the reduction of these tubercular diseases, that the death-rate from phthisis affords a rough test of the extent to which insanitary conditions prevail.

For the prevention of consumption and allied diseases it is necessary that there should be—

Good ventilation of houses and workshops, and their sanitary construction and arrangement so as to secure fresh air, good light, and dry walls.

No over-crowding.

Proper drainage of the soil.

Inspection of cowsheds, dairies, and cows, so as to insure good milk, free from the germs of tuberculosis.

Inspection of animals intended for food, and adequate supervision of them at the time of slaughter.

Healthy persons should not sleep in the same room with a phthisical person.

Disinfection of the sputum of phthisical patients, infected articles and rooms.

An eminent pathologist, Professor Joseph Coates, states “that of the total deaths under ten years of age amongst the mass of the people about a third are due to tuberculosis,” and that the usual seat of disease at that age points to food as the medium of infection.

REPORT OF THE ROYAL COMMISSION ON TUBERCULOSIS.

The Royal Commission appointed to enquire into the effect of food derived from tuberculosis animals on human health issued its report in April, 1895.

This Report proves that "the actual amount of tuberculous disease among certain classes of food-animals is so large as to afford to man frequent occasions for contracting tuberculous disease through his food." It is therefore most important that this should be widely known.

I will add a few more extracts from the same report:

"We have obtained ample evidence that food derived from tuberculous animals can produce tuberculosis in healthy animals.

"Tuberculous disease is observed most frequently in cattle and in swine. It is found far more frequently in cattle (full grown) than in calves, and with much greater frequency in cows kept in town cow-houses.

"There is always a difficulty in making sure of the absence of tuberculous matter from any part of a carcass that shows evidence of tubercle elsewhere.

"The milk of cows with tuberculosis of the udder possesses a virulence which may be described as extraordinary.

"It should be noted that this affection of the udder is not peculiar to tuberculosis in an advanced stage, but may be found also in mild cases.

"Ordinary processes of cooking applied to meat which has got contaminated on its surface are probably sufficient to destroy the harmful quality. They would not avail to render wholesome any piece of meat that contained tuberculous matter in its deeper parts. In regard to milk we are aware of the preference by English people for drinking cow's milk raw, a practice attended by danger, on account of possible contamination by pathogenic organisms. The boiling of milk, even for a moment, would probably be sufficient to remove the very dangerous quality of tuberculous milk."

And from Professor Brown's further report I may quote:—

“Tuberculous animals might be removed to slaughter-houses reserved for the purpose, in which proper means might be provided for destroying or sterilising meat as might be necessary, without any risk of contaminating the carcasses of healthy animals.”

“It was allowed by witnesses for the meat trade that obviously bad meat from tuberculous animals should be destroyed without hesitation;” and they also “admitted the risk of the infection of meat, not only of the tuberculous carcase, but also of other animals in the same slaughter-house by the agency of knives, &c.”

These facts show the great importance of precautionary measures by competent supervision of animals before and during slaughtering.

INQUESTS.

164 inquests were held in this District; only 18, however, were on the bodies of parishioners. 134 of these inquests were held in the Coroner's Court at Guy's Hospital, and 30 in the St. John's Vestry hall.

MORTUARY.

49 bodies were removed to the Mortuary in Weaver's-lane, and on 30 of these a Coroner's inquest was held in the St. John's Vestry hall, Fair-street.

I may remind the Board that the accommodation at the Mortuary is very inadequate, and that there is no satisfactory provision for the holding of inquests.

The question of combining for these purposes with the St. Saviour's District Board was considered in 1893, but neither Board was favourable to the scheme.

In 1894 and 1895 several Reports by the Surveyor and myself were considered by your Committee. Various sites were inspected and estimates prepared, but in one case the Board's offer was not accepted, and the site was sold to another purchaser. In the other cases, satisfactory arrangements could not be made.

I have recently had an interview with Dr. Perry, the Medical Superintendent of Guy's Hospital, respecting the joint use by this Board of their Mortuary, Mortuary Chapel, Coroner's Court and Post-mortem Room. There are two Mortuary attendants, so that a body can be admitted at any time, and there is every requisite accommodation.

I am glad to say that provisional arrangements have been made, which I hope will be confirmed by Guy's Hospital and this Board.

TEMPERATURE.

The mean temperature of the year was $49^{\circ}.3$ F., being $0^{\circ}.7$ above the average of the preceding 124 years. The frosty month of February was $9^{\circ}.9$ below the average of the preceding 124 years. Further meteorological details are given in the Appendix.

BAKEHOUSES.

The Bakehouses of the District have been twice inspected during the year by the Sanitary Inspector and myself. The worst of them, at 11, Fair-street, has since my inspection been closed and demolished. In most of them the Board's regulations have been complied with. Notices were served on the Occupiers of those in which sanitary defects were found. The one at 11, Railway Approach, is no longer used as a Bakehouse.

HOUSING OF THE WORKING CLASSES ACT, 1890.

Fourteen houses were found to be in such an insanitary state as to justify proceedings under this Act—

Brewer's-turning, Nos. 5, 6, 7, 8, 9 and 10 ;

John's-court, No. 6 ;

Railway-cottages, Nos. 1, 2, 3, 4, 5, 6 and 7.

6, John's-court was closed by the owner without further proceedings.

The Magistrate ordered the work, necessary to make the houses in Brewer's-turning and Railway-cottages fit for human habitation, to be executed. In the case of the latter cottages, much trouble was given before the requirements of the Board were carried out.

SANITARY WORK.

NUISANCES UNDER THE PUBLIC HEALTH (LONDON) ACT, 1891.

Under this Act the following 13 houses were closed by the owners after the receipt of notices. In only one of them, 125, Tooley-street, was a Magistrate's order necessary:—

Gibbon's-rents, Nos. 1, 2, 3, 4, 9, 10, 11, 14, 15, 16
and 17;
Morgan's-lane, No. 6. ;
Tooley-street, No. 125.

In Table V. (Sanitary) at the end of the report, prepared by your Sanitary Inspector, Mr. ASHDOWN, will be found a detailed list of nuisances and other insanitary conditions reported upon and work done during the year. This has all been satisfactorily carried out under the supervision of your careful and conscientious Inspector, and drains thoroughly tested by the water test before being covered in.

HOUSE TO HOUSE INSPECTIONS.

With your Sanitary Inspector I have made the following house to house inspections during the year, and all sanitary defects found have been remedied under his supervision:—

Barnham-street-buildings, 5 Block	38 dwellings.
Bermondsey-place	7 houses.
Brewer's-turnings, Nos. 5 to 10 ...	5 „
Coxson-place (part)	18 „
Finnimore-place	6 „

Great Maze-court	...	...	...	14	houses.
Gibson's-court	...	...	...	4	„
Gibbon's-rents	...	...	...	17	„
Great-yard	...	...	...	3	„
Heath's-rents	...	...	...	4	„
John's-court	...	...	...	6	„
Melior-place	...	...	...	4	„
Morris-court	...	...	...	6	„
New-square	...	...	...	7	„
Railway-cottages	...	...	...	7	„
Rowley-buildings	...	...	...	11	„
Surrey-buildings	...	...	...	13	„
Susannah-place (part)	...	...	...	11	„
Truscott-court	...	...	...	10	„
Vine-street (part)	...	..	...	4	„

COLLECTION OF HOUSE REFUSE.

This important service continues to be carried out regularly and efficiently, as for the second year in succession not a single complaint of neglect or inattention has been received. On the contrary, 389 visits have been made to houses where the dustmen have reported failure to obtain the refuse at the appointed times; and in 20 cases where the Occupiers have refused the dustmen's request to permit the removals, notices have been served, but no further proceedings were necessary.

50 new sanitary dust-pails have been provided in the place of old brick dust-bins. These much facilitate the work of the dustmen, and reduce to a minimum the nuisance caused by the storage and removal of house refuse. Two ancient public dust-bins have been demolished during the year.

FOODS UNFIT FOR HUMAN CONSUMPTION.

The undermentioned were given up by the respective Owners, and destroyed, the same being found unfit for the food of man:—

	Tons.	cwts.	qrs.	lbs.
Pears	1	15	0	0
Potatoes (2 lots)	9	9	0	0
Tinned Meat (2 lots)	7	13	13	14
Reindeer Tongues			2	2
	17	9	5	14

The tinned meat was from Brisbane, Australia. The consignment consisted of 2,010 cases containing 32,124 tins. I had these arranged in three classes, "bad" (the obviously "blown" tins), the "doubtful" and "good." I had opened for examination some of the "blown" tins, about 50 of the "doubtful" and about 20 of the "good." All the apparently "good" ones were found to be good on examination, and about 10 per cent. of the "doubtful" were found to be bad. I offered not to have any more opened if the Managers would hand over to the Board all the "bad" and "doubtful" tins for destruction. This they consented to do, and 2,672 samples of tinned meat were very satisfactorily destroyed by us in the furnace at the Board's Wharf, only the bits of tin remaining unconsumed.

SALE OF FOOD AND DRUGS AND MARGARINE ACTS.

A summary of the samples that have been taken and submitted to the Public Analyst, and the proceedings taken, will be found in Table VI.

FACTORIES, WORKSHOPS WORKPLACES, LAUNDRIES, BAKEHOUSES.

Another Factory and Workshop Act was added last year to those already in force. All the Factory Acts previous to 1878 were consolidated by the Act of that year, which is now called the Principal Act. Since 1878 have been passed the Factory and Workshop Acts of 1883, 1891, and 1895; the Cotton Cloth Factories' Act of 1889; the Shop Hours' Acts of 1892 and 1895; and the Truck Amendment Act of 1887.

These Factory and Workshop Acts are very complex, and it is desirable that they should be consolidated and simplified.

The effect of all legislation since 1878 has been to hand over more and more the administration of the sanitary provisions of these Acts to the Sanitary Authorities.

All that now remains under the administration of the Factory Department of the Home Office is the *partial* supervision of the sanitary provisions in those factories that are factories within the meaning of the Act, for notice of all the sanitary defects and nuisances in factories and workshops that can be remedied by the Public Health Acts is sent by the Factory Inspectors to the Sanitary Authority, and it is the duty of the Sanitary Authority, by the last Act of 1895, "within one month," to inform the inspector of the proceedings taken in consequence of the notice.

Future legislation probably will simplify the Acts, and make the Sanitary Authority responsible for the sanitary condition of all workplaces of all kinds.

In the Factory and Workshop Acts the word “factory” means not only any premises or place, whether in the open air or not, wherein steam, water, or other mechanical power is used in aid of the manufacturing process carried on there, but also includes any premises or place in which any of the following occupations are carried on, whether mechanical power is used *or not*, namely:—

Print Works,
 Bleaching and Dyeing Works,
 Earthenware Works,
 Lucifer Match Works,
 Percussion Cap Works,
 Cartridge Works,
 Paper Staining Works,
 Fustian Cutting Works,
 Blast Furnaces for Smelting,
 Copper Mills,
 Iron Mills,
 Foundries,
 Paper Mills,
 Glass Works,
 Tobacco Works,
 Letterpress Printing Works,
 Bookbinding Works,
 Flax Scutch Mills.

Many of the duties and obligations of the Sanitary Authority in reference to factories, workshops and workplaces are contained in the Public Health (London) Act, 1891.

Section 38 is the most comprehensive of all, for by it—
Every factory, workshop and workplace shall be provided with suitable and sufficient accommodation in the way of sanitary

conveniences, and with proper separate accommodation for each sex (where persons of both sexes are or are intended to be employed, or in attendance).

The supervision of the cleanliness and freedom from effluvia from any drain, sanitary convenience or other nuisance, ventilation, rendering harmless as far as practicable any gases, vapours, dust or other impurities, overcrowding, limewashing, cleansing and purifying of all factories, workshops and workplaces are also under the jurisdiction of the Sanitary Authority, with the exception of those factories defined as above by the Factory Acts.

The Medical Officer of Health must give written notice to the Factory Inspector when he becomes aware that any child, young person or woman is employed in a workshop; a child being a person under fourteen; a young person, one over fourteen and under eighteen; and a woman, any female over eighteen.

Laundries.—The Factory Acts now apply to laundries, and so far as regards sanitary provisions, &c., are the same as workshops, except those in which mechanical power is used, in which case they are considered as factories within the meaning of the Acts.

Bakehouses.—All the sanitary provisions of those that are workshops (not factories) are enforced by the Sanitary Authority.

By the new Act no new underground bakehouse is now to be opened.

Also by the new Act of 1895, a factory or workshop shall be deemed overcrowded if the air space in any room therein be less than 250 cubic feet per head, and 400 cubic feet during overtime. The Home Secretary has the power to raise this standard as regards particular processes and handicrafts, or during hours in which artificial light otherwise than electric light is used.

Notices specifying the number of persons who may be employed in each room of a factory or workshop must be constantly kept affixed.

Where the conditions of work are dangerous to health or to life or to limb a Factory Inspector is authorised to prohibit the use of a factory or workshop.

Making, cleansing or repairing wearing apparel in any place or outworker's dwelling where there is any case of scarlet fever or small-pox is forbidden under penalty of £10.

Written notice of every case of lead, phosphorus or arsenical poisoning, or anthrax occurring in a factory or workshop must be sent by the occupier to the Factory Inspector and the Certifying Factory Surgeon; and any medical practitioner visiting such a case must notify it to the Chief Inspector of Factories.

Suitable washing conveniences are to be provided in any factory or workshop where lead, arsenic or any other poisonous substance is used.

A reasonable temperature must be maintained in every room of a factory or workshop.

The occupier of every factory and workshop must make an annual return of all persons employed, with their age and sex.

The occupier of a workshop must send to the Factory Inspector a written notice of the name and address of the workshop, and the nature of the work done therein, and this notice must be forthwith forwarded by the Factory Inspector to the Sanitary Authority.

Lists of outworkers have to be sent twice yearly to the Sanitary Inspector by the occupiers and contractors of the factories and workshops in which the following occupations are carried on :—

The manufacture of articles of wearing apparel.

The manufacture of electro plate.

Cabinet and furniture making and upholstery work.

The manufacture of files.

The giving out of work for the manufacture of wearing apparel.

It is desirable that these lists should be rearranged into lists of outworkers living in the separate sanitary districts by the Factory Department of the Home Office, and sent to the Medical Officers of Health of the respective districts.

Processes in which yellow chromate of lead is used have been added to the list of those previously certified by the Home Secretary to be dangerous to health, and therefore require the adoption of special precautions and regulations.

WATER SUPPLY.

During the prolonged frost of January, February, and part of March, many of the houses were without any water supply. The Sanitary Inspector, Mr. ASHDOWN, made a careful examination of, and submitted an elaborate report upon the depths of the mains and service pipes below the surface; and the houses that were without any water supply, and the time that this state continued in such house.

It was found that in many places the depths of the mains below the surface was less than two feet, and in some less than one foot.

Many of the houses were without any water supply for several weeks, in many as long as seven or eight weeks, and in a few nine or ten weeks.

In this climate provision ought to be made for frost, considering the great inconvenience and danger to the public, not only during the time it lasts, but afterwards by burst water pipes and mains. A small leakage may not be found out for a long time. If this is in a main or service pipe underground when the water supply of that part is turned off the sewage from a faulty drain or sewer and the polluted soil may be drawn into the pipes so that the supply afterwards is contaminated.

Such leakage has often led to epidemics of typhoid fever, and I am of the opinion that much of the summer diarrhœal mortality is due in part to the same cause.

In this District last year the deaths from diarrhœal diseases were twice the number of the preceding year. In London, in

1895, there were also twice as many deaths from diarrhœa as in 1894. During the water famine last summer in the East of London, there was an enormous increase in the mortality from diarrhœa. It is during periods of drought that the so-called constant supply becomes more and more intermittant, and opportunities for contamination more frequent.

During the frost also, the death-rate throughout London, continued to increase, and did not begin to fall till after the thaw.

In this District, during the four weeks ending March 2nd, the death-rate was as high as 35 per 1000. In London during the four weeks ending March 9th, the rates were 29.3, 34.0, 38.5 and 41.2 per 1000.

I think that the neglect of cleanliness induced by the difficulties of obtaining sufficient water during frost and drought, has its share in producing a lowered vitality and increased mortality.

It is well known to physiologists that if an animal's skin is covered with an impermeable substance, such as a coating of gelatine or varnish, the animal soon dies.

So by neglect of cleanliness the excretion of poisonous waste products by the skin is hindered, and greater stress is put upon the other excretory organs of the body, causing, in many cases, lowered vitality, and in some inflammatory diseases of these organs, *e.g.*, the lungs and bowels, which may cause death.

If a "constant" water supply cannot be supplied it is desirable that the old cisterns, which are constantly liable to contamination, should be replaced by more sanitary ones, such as one that would be practically an enlargement of the service

pipe, and the water would be at the same pressure as in the service pipe, and no communication with the external air except at the tap on the outlet pipe.

Most cisterns are, however, now much better than they used to be. In 1892 it was found that in 120 houses the drinking water and w.c. were supplied direct from the same cistern. In 1895 only 11 such cases were found, and in only two cases have the overflow pipes from cisterns been found connected directly to the drains.

In conclusion, I beg to thank you and all the officers of the Board for your kindness, courtesy and co-operation, and, again, for your kind assistance in securing my appointment as Medical Officer of Health to the Holborn Board of Works.

I am, GENTLEMEN,

Your obedient Servant,

W. A. BOND.

TABLE II.—In accordance with the Requirements of the Local Government Board.

of the Medical Officer of Health during the year 1895 in the St. Olave's, (Southwark, S.E.) District; classified according to Diseases, Ages, and Localities.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities.	Population at all ages.		Registered Births.	Aged under 5 or over 5	New Cases of Sickness in each Locality, coming to the knowledge of the Medical Officer of Health.													Number of such Cases removed from their houses in the several localities, for treatment in Isolation Hospitals.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	Census 1891	Estima- ted to middle of 1895.			1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7	8	9	10	11	12	13																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
					Small-pox	Scarlatina	Diphtheria	Membranous Croup	FEVERS.					Typhus	Cholera	Erysipelas			Small-pox	Scarlatina	Diphtheria	Membranous Croup	FEVERS					Typhus	Cholera	Erysipelas																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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TABLE III.

SUMMARY OF TABLE IV.

Deaths belonging to the St. Olave District in the year 1895.

CAUSES OF DEATH.	AGES.						TOTAL, at all Ages.
	Under 1 Year.	1 Year and under 5.	5, and under 15.	15, and under 25.	25, and under 65.	65, and upwards.	
I.—SPECIFIC FEBRILE, OR ZYMOTIC DISEASES.							
1 Miasmatic Diseases	8	7	1	...	3	2	21
2 Diarrhoeal	6	2	...	...	...	...	8
3 Malarial ... ..	...	...	...	...	...	...	...
4 Zoogenous ... ..	...	...	...	...	...	...	...
5 Venereal	1	...	...	...	...	...	1
6 Septic ... ..	...	...	...	...	2	...	2
II.—PARASITIC DISEASES ... ..	...	...	...	...	...	...	...
III.—DIETETIC DISEASES ... ..	...	...	...	...	1	...	1
IV.—CONSTITUTIONAL DISEASES	6	4	...	10	27	1	48
V.—DEVELOPMENTAL DISEASES	14	...	...	...	...	16	30
VI.—LOCAL DISEASES							
1 Diseases of Nervous System	12	5	...	...	10	10	37
2 Diseases of Organs of Special Sense ... ..	...	...	...	...	...	...	...
3 Diseases of Circulatory System ... ..	...	...	2	2	21	3	28
4 Diseases of Respiratory System	16	14	1	...	22	21	74
5 Diseases of Digestive System	8	1	...	...	5	1	15
6 Diseases of Lymphatic System ... ..	...	...	...	...	...	...	...
7 Diseases of Gland-like Organs of Uncertain Use ... ..	...	...	...	...	...	...	...
8 Diseases of Urinary System ... ..	...	...	...	...	10	...	10
9 Diseases of Reproductive System ... ..	...	...	...	...	...	...	...
(a) Diseases of Organs of Generation ... ..	...	...	...	...	...	...	...
(b) Diseases of Parturition ... ..	...	...	...	...	...	...	...
10 Diseases of Bones and Joints ... ..	...	...	...	...	...	...	...
11 Diseases of Integumentary System ... ..	...	...	...	...	...	...	...
VII.—VIOLENCE.							
1 Accident or Negligence	1	1	1	2	2	1	8
2 Homicide ... ..	...	...	...	...	...	...	...
3 Suicide ... ..	...	...	...	...	1	...	1
4 Execution ... ..	...	...	...	...	...	...	...
VIII.—ILL-DEFINED AND NOT SPECIFIED CAUSES	16	2	...	...	...	...	18
TOTAL	88	36	5	14	104	55	302

TABLE IV.

Deaths belonging to the St. Olave District in the year ending Dec. 29, 1895.

CAUSES OF DEATH.	AGES.						Total at all ages.
	Under 1 Year.	1 Year and under 5.	5 and under 15.	15, and under 25.	25, and under 65.	65, and upwards.	
I.—SPECIFIC FEBRILE, OR ZYMOTIC DISEASES	15	9	1	...	5	2	32
II.—PARASITIC DISEASES	...	...	...	...	...	...	...
III.—DIETETIC DISEASES	...	...	...	...	1	...	1
IV.—CONSTITUTIONAL DISEASES	6	4	...	10	27	1	48
V.—DEVELOPMENTAL DISEASES	14	...	...	...	...	16	30
VI.—LOCAL DISEASES	36	20	3	2	68	35	164
VII.—DEATHS FROM VIOLENCE	1	1	1	2	2	1	8
VIII.—DEATHS FROM ILL-DEFINED and NOT SPECIFIED CAUSES	16	2	...	...	...	...	18
Totals	88	36	5	14	104	55	302
I.—SPECIFIC, FEBRILE OR ZYMOTIC DISEASES.							
1.—MIASMATIC DISEASES.							
Smallpox { Vaccinated ... ..	...	...	...	...	...	...	...
{ Unvaccinated ... ..	...	...	...	...	...	...	...
{ No Statement ... ..	...	...	...	...	...	...	...
Measles	2	...	...	...	...	...	2
Scarlet Fever ... ..	...	...	...	...	...	...	...
Typhus ... ..	...	...	...	...	...	...	...
Whooping Cough	4	3	...	...	...	...	7
Diphtheria	1	3	...	...	...	...	4
Simple Continued and Ill-defined Fever ... ..	...	...	...	...	...	...	...
Enteric or Typhoid Fever ... ..	...	...	1	...	...	...	1
Other Miasmatic Diseases (Influenza)	1	1	...	...	3	2	7
2.—DIARRHOEAL DISEASES.							
Simple Cholera ... ..	...	...	...	...	...	...	...
Diarrhoea, Dysentery	6	2	...	...	...	...	8
3.—MALARIAL DISEASES.							
Remittent Fever ... ..	...	...	...	...	...	...	...
Ague ... ..	...	...	...	...	...	...	...
4.—ZOOGENOUS DISEASES.							
Cowpox and effects of Vaccination ... ..	...	...	...	...	...	...	...
Other Diseases (e.g., Hydrophobia, Glanders, Splenic Fever) ... ..	...	...	...	...	...	...	...
5.—VENEREAL DISEASES.							
Syphilis	1	...	...	...	...	...	1
Gonorrhoea, Stricture of Urethra ... ..	...	...	...	...	...	...	...
6.—SEPTIC DISEASES.							
Erysipelas ... ..	...	...	...	...	...	...	...
Pyæmia, Septicæmia ... ..	...	...	...	...	1	...	1
Puerperal Fever ... ..	...	...	...	...	1	...	1

TABLE IV.—*continued.*

CAUSES OF DEATH.	AGES.						Total at all Ages.
	Under 1 Year.	1 Year and under 5.	5, and under 15.	15, and under 25.	25, and under 65.	65, and upwards.	
II.—PARASITIC DISEASES.							
Thrush, and other Vegetable Parasitic Diseases, Worms, Hydatids, and other Animal Parasitic Diseases
III.—DIETETIC DISEASES.							
Want of Breast Milk, Starvation
Scurvy
Chronic Alcoholism	1	...	1
Delirium Tremens...
IV.—CONSTITUTIONAL DISEASES.							
Rheumatic Fever, Rheumatism of the Heart
Rheumatism
Gout
Rickets
Cancer, Malignant Disease	5	...	5
Tabes Mesenterica...	2	1	...	...	...	...	3
Tubercular Meningitis, Hydrocephalus ...	3	2	...	...	...	...	5
Phthisis ...	1	1	...	10	19	1	32
Other Forms of Tuberculosis, Scrofula
Purpura, Hæmorrhagic Diathesis
Anæmia, Chlorosis, Leucocythæmia	1	...	1
Glycosuria, Diabetes Mellitus	1	...	1
Other Constitutional Diseases
V.—DEVELOPMENTAL DISEASES.							
Premature Birth & Inanition ...	11	...	...	...	...	...	11
Atelectasis
Congenital Malformations ...	3	...	...	...	...	...	3
Old Age	16	16
VI.—LOCAL DISEASES.							
1.—DISEASES OF NERVOUS SYSTEM.							
Inflammation of Brain or Membranes ...	2	4	...	...	1	...	7
Apoplexy, Softening of Brain, Hemiplegia, Brain Paralysis	5	9	14
Insanity, General Paralysis of the Insane	2	1	3
Epilepsy	1	...	1
Convulsions ...	10	1	...	...	...	...	11
Laryngismus Stridulus (Spasm of Glottis)...
Disease of Spinal Cord, Paraplegia, Paralysis Agitans	2	...	2
Other Diseases of the Nervous System
2.—DISEASES OF ORGANS OF SPECIAL SENSE (<i>e.g.</i> , of Ear, Eye, Nose) ...							
3.—DISEASES OF CIRCULATORY SYSTEM.							
Pericarditis
Acute Endocarditis	1	1	...	...	2
Valvular Diseases of Heart	19	1	20
Other Diseases of Heart	1	...	2	2	5
Aneurism
Embolism, Thrombosis	1	...	...	1
Other Diseases of Blood Vessels

TABLE IV.—*continued.*

CAUSES OF DEATH.	AGES.						Total at all Ages.
	Under 1 Year.	1 Year and under 5.	5, and under 15.	15, and under 25.	25, and under 65.	65, and upwards.	
4.—DISEASES OF RESPIRATORY SYSTEM.							
Laryngitis	1	1	...	...	...	...	2
Croup
Emphysema, Asthma	1	1
Bronchitis	8	3	...	...	12	17	40
Pneumonia	5	8	1	...	9	3	26
Pleurisy	2	2	...	...	...	...	4
Other Diseases of Respiratory System	1	...	1
5.—DISEASES OF DIGESTIVE SYSTEM.							
Dentition
Sore Throat, Quinsey
Diseases of Stomach	3	...	3
Enteritis	8	1	...	...	1	...	10
Obstructive Diseases of Intestine	1	1
Peritonitis
Ascites
Cirrhosis of Liver	1	...	1
Jaundice and other Diseases of Liver
Other Diseases of Digestive System
6.—DISEASES OF LYMPHATIC SYSTEM. (<i>e.g.</i> , of Lymphatics and of Spleen)							
7.—DISEASES OF GLANDLIKE ORGANS OF UNCERTAIN USE. (<i>e.g.</i> , Bronchocele, Addison's Disease)							
8.—DISEASES OF URINARY SYSTEM.							
Nephritis
Bright's Disease, Albuminuria	7	...	7
Disease of Bladder or of Prostate	2	...	2
Other Diseases of the Urinary System	1	...	1
9.—DISEASES OF REPRODUCTIVE SYSTEM. A. <i>Of Organs of Generation.</i>							
Male Organs
Female Organs
B. <i>Of Parturition.</i>							
Abortion, Miscarriage
Puerperal Convulsions
Placenta prævia, Flooding
Other Accidents of Child Birth (<i>See</i> Puerperal Fever)
10.—DISEASES OF BONES AND JOINTS.							
Caries, Necrosis
Arthritis, Ostitis, Periostitis
Other Diseases of Bones and Joints

TABLE IV.—*continued.*

CAUSES OF DEATH.	AGES.						Total at all Ages.
	Under 1 Year.	1 Year and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards.	
11.—DISEASES OF INTEGUMENTARY SYSTEM.							
Carbuncle, Phlegmon
Other Diseases of Integumentary System
VII.—DEATHS FROM VIOLENCE.							
1.—ACCIDENT OR NEGLIGENCE.							
Fractures and Contusions	1	..	..	..	1	2
Gunshot Wounds
Cut, Stab
Burn, Scald	1	..	..	..	1
Poison	1	1	..	2
Drowning	1	1	..	2
Suffocation	1	..	..	..	..	..	1
Otherwise
2.—HOMICIDE.							
Manslaughter
Murder
3.—SUICIDE.							
Gunshot Wounds
Cut, Stab
Poison
Drowning
Hanging
Otherwise
4.—EXECUTION.							
Hanging
VIII.—DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES.							
Dropsy
Debility, Atrophy, Inanition, Marasmus	15	2	..	..	..	..	17
Mortification	1	..	..	..	..	..	1
Tumour
Abscess
Hæmorrhage
Sudden Death (cause not ascertained)
Causes not Specified or Ill-defined
TOTALS	88	36	5	14	104	55	302

TABLE V.

Births Registered in the Year ending December 28th, 1895.

Population at the Census, 1891...12,723.

	BIRTHS.		
	Male.	Female.	Total.
First Quarter 	58	53	111
Second Quarter 	56	75	131
Third Quarter 	45	60	105
Fourth Quarter 	45	38	83
TOTAL 	204	226	430

SANITARY.

TABLE VI.

Summary of Nuisances and other matters reported on, and work done during the year ending 31st December, 1895.

Number of Inspections or Re-Inspections made (but not including the numerous subsequent visits to works in progress, testing drains both new and old, &c.)	...	...	...	...	1106
Number of Complaints entered in the complaint book	...	...	...	...	7

The above-mentioned nuisances were dealt with as follows :

Number of Intimations served	...	...	...	...	333
„ Statutory Notices served	...	...	...	...	147
„ Reports to Board or Committees	...	...	...	...	40
Summons taken out—					
For non-compliance with Notices under the Act	...	...	...	...	9
„ „ Bye-laws	...	...	...	...	6

The prosecutions were in each case upheld, and the fines and costs paid.

Sanitary defects found and dealt with :

WATER SUPPLY—					
Number of Houses found without water	...	...	...	...	9
Number of House-supplies transferred from cistern to main...	...	...	...	...	22
Number of cases in which the drinking water and the supply to the w.c. were the same	...	...	...	...	11
Cisterns found dirty	...	...	...	...	36
Cisterns imperfectly covered	...	...	...	...	30
Overflow pipes connected to soil pipes or drains	...	...	...	...	2
Defective water fittings	...	...	...	...	20

TABLE VI.—*continued.*

WATER CLOSETS—					
New closets provided at workshops or factories	...	...	...	...	8
Closets re-constructed	...	...	...	...	1
New closets provided at dwelling-houses	...	...	...	...	7
Closets re-constructed	...	...	...	...	9
Closets without water supplies	...	...	...	...	37
Closets with defective water supplies	...	...	...	...	81
Closets defective, stopped or dirty	...	...	...	...	118
Closets with insufficient light or ventilation	...	...	...	...	26
Defective soil pipes	...	...	...	...	9
Urinals defective, foul, or without water supplies	...	...	...	...	4
DRAINS—					
Premises provided with new drains	...	...	...	...	87
Drains stopped	...	...	...	...	39
Drains defective	...	...	...	...	76
Drains untrapped	...	...	...	...	56
Drains with defective traps	...	...	...	...	4
Waste pipes from sinks, &c., connected to drains	...	...	...	...	28
Stack pipes connected to drains	...	...	...	...	34
DUST BINS—					
New sanitary bins provided	...	...	...	...	54
Dust Bins repaired	...	...	...	...	3
„ recovered	...	...	...	...	3
YARDS—					
Yards repaved	...	...	...	...	19
Paving repaired	...	...	...	...	32
Yards and walls of same foul	...	...	...	...	16
Sculleries repaved	...	...	...	...	6
HOUSES—					
Requiring general repairs	...	...	...	...	28
Requiring ventilation under ground floor	...	...	...	...	56
Houses with damp walls	...	...	...	...	41
Roofs and roof gutters defective	...	...	...	...	50
Eaves, gutters and down pipes defective	...	...	...	...	31
Rooms dirty	...	...	...	...	253
Rooms overcrowded	...	...	...	...	75
Rooms requiring better ventilation	...	...	...	...	41
Passages and staircases dirty	...	...	...	...	43

TABLE VI.—*continued.*

BAKEHOUSES (Only 9 in the District)—					
Or the utensils used therein dirty	...	...	...	...	3
With accumulations under troughs	...	...	...	...	1
OFFICES OR WORKPLACES—					
Cleansed, whitewashed, &c	...	...	...	...	5
ANIMALS—					
So kept as to be a nuisance	...	...	...	...	6
Stables repaved	...	...	...	...	3
Manure receptacles provided (according to Bye-laws)	...	...	...	...	3
ACCUMULATIONS OF REFUSE					41
SMOKE NUISANCES					2
UNCLASSIFIED NUISANCES					40

During the year 11 houses in Gibbon's-rents, and one in Morgan's-lane were closed by the Owners after the receipt of Notices under this Act, but without Magisterial proceedings; and one house, No. 125 Tooley-street, was closed upon a Magistrate's order.

TABLE VII.
METEOROLOGY OF THE YEAR 1895.

Compiled from Observations taken at the Royal Observatory, Greenwich.

1895. MONTHS.	Mean Reading of the Barometer.	TEMPERATURE OF THE AIR.								RAIN.	
		Highest by Day.	Lowest by Night.	Range in Month.	Mean of all Highest.	Mean of all Lowest.	Mean daily range.	Mean for the month.	Departure from average of 124 years : 1771—1894.	Number of days it fell.	Amount Collected.
	in.	°	°	°	°	°	°	°	°		In.
January	29.58	53.8	20.3	33.5	37.7	29.5	8.2	33.8	—2.9	19	1.62
February	29.910	45.0	6.9	38.1	35.2	22.8	12.4	28.9	—9.9	4	0.22
March.....	29.565	63.0	25.3	37.7	51.1	36.4	14.7	42.8	+1.7	19	1.43
April	29.735	67.7	31.4	36.3	57.2	40.7	16.5	47.8	+1.7	12	1.25
May.....	29.907	86.2	37.8	48.4	67.5	45.5	22.0	56.0	+3.5	6	0.45
June	29.895	84.3	42.2	42.1	74.1	50.0	24.1	61.4	+3.1	8	0.21
July.....	29.710	83.8	49.2	34.6	72.8	54.2	18.6	62.6	+1.0	16	3.39
August	29.748	82.2	45.7	36.5	73.0	53.7	19.3	62.2	+1.3	15	2.14
September	29.977	87.3	41.2	46.1	75.4	51.3	24.1	62.2	+5.7	5	0.93
October	29.671	75.8	27.4	48.4	54.2	39.6	14.6	46.5	—3.0	15	2.69
November	29.716	64.0	32.5	31.5	52.6	41.5	11.1	47.3	+4.8	20	2.89
December	29.626	56.0	25.5	30.5	44.3	35.6	8.7	40.2	+1.2	19	2.51
MEANS.....	29.748	70.8	32.1	38.6	57.9	41.7	16.2	49.3	+0.7	158 SUM.	19.73 SUM.

The rainfall of 1895—viz., 19.73 inches—was 5.33 inches *below* the average of the past 80 years.

TABLE VIII.

SALE OF FOOD & DRUGS & MARGARINE ACTS.

During the year the following Samples have been taken and submitted to the Public Analyst:—

Articles purchased for Analysis.	Result of Analysis.	Observations.
Milk, (41 Samples)	Of which 20 were genuine	—
Milk	1 samples 4 % of water beyond the normal ...	No proceedings.
"	1 " 2 % " " " " ...	" "
"	2 " 8 % " " " " ...	" "
"	2 " 3 % " " " " ...	" "
"	1 " 5 % " " " " ...	" "
"	1 " 12 % " " " " ...	" "
"	4 " Milk of low quality ...	" "
"	1 " 90 % deficient in butter fats ...	" "
"	2 " 75 % deficient in butter fats, and a trace of boracic acid present ...	" "
"	1 " 14 % added water, and a trace of boracic acid present ...	Vendor notified at time of purchase.
"	1 " 8 % added water, 85 % deficient in butter fat, and traces of boracic acid and coal tar pigment... ..	Summons informal and dismissed.
"	1 " 8 % added water, and a trace of boracic acid present ...	Fined £10, and 12/6 costs.
"	1 " 35 % of added water, and a trace of boracic acid present ...	Fined £5, and 12/6 costs.
"	1 " 17 % added water ...	Fined £5, and 12/6 costs.
"	1 " 25 % deficient in butter fat, and a trace of boracic acid ...	Fined 10/0, and 12/6 costs.
Butter (5 Samples)	Of which 4 were genuine	—
Butter	1 sample foreign fats, i.e., fats other than butter fat 85 %, water curd and salt 14 %, butter fat not exceeding 1 %... ..	Fined £5, and 14/6 costs under Margarine Act.
Coffee (4 Samples)	1 samples 70 % chicory ...	Sold as a mixture.
Coffee	2 " not submitted... ..	Sold as a mixture.
	1 " 15 % chicory ...	Fined £2, and 12/6 costs.
Coffee essence	1 " genuine... ..	—

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