

**[Report of the Medical Officer of Health for Surbiton].**

**Contributors**

Surbiton (Surrey, England). Urban District Council.

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SURBITON

URBAN DISTRICT COUNCIL.



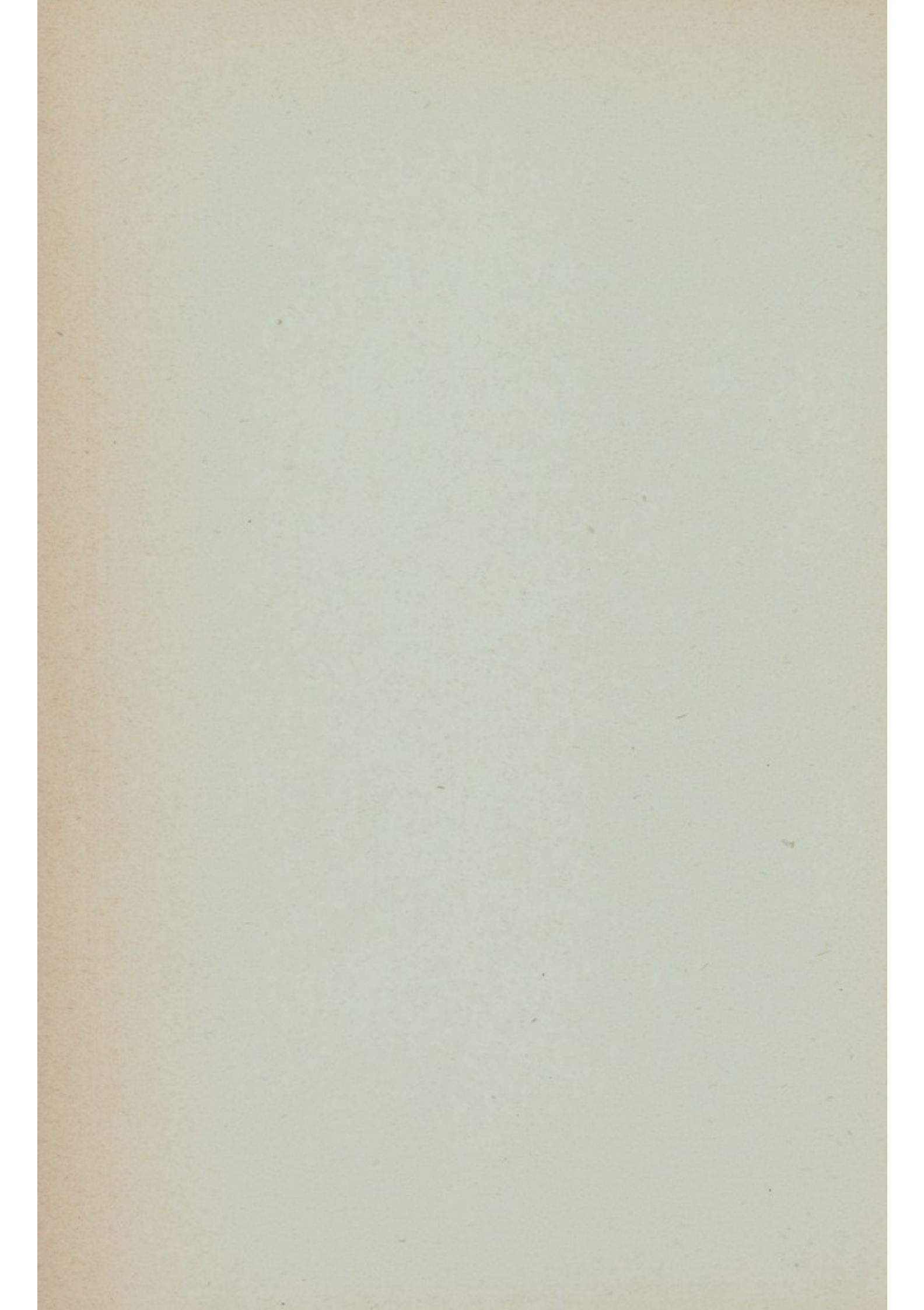
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Twenty-first Annual Report

OF THE

MEDICAL OFFICER OF HEALTH,

1897.







THE

Urban District Council of Surbiton.

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Area in Acres	...	...	...	...	2858½
Population (census 1891)	...	...	...	...	12176
„	estimated to middle of 1897				12869
Death Rates	{ General ... 10·4 Zymotic ... 0·93		{ per 1000 population, estimated to middle of 1897.		
	{ Infants (under 1 year of age)... }		127·1	{ per 1000 births registered.	
Birth Rate	...	...	...	22·6	per 1000.

# Surbiton Urban District Council.

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## TWENTY-FIRST ANNUAL REPORT

OF THE

Medical Officer of Health,

1897.

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MR. CHAIRMAN AND GENTLEMEN,—

This is the Twenty-First Annual Report that I have had to submit for your consideration dealing with the vital statistics and sanitary condition of the area under your control. It has been drawn up as carefully as possible, and in dealing with figures and rates every endeavour has been made to render the returns quite reliable. Deaths from the County Lunatic Asylum and Isolation Hospital of residents temporarily detained



would be added to the mortality of the district, and the deaths of strangers from without who died in the Cottage or Isolation Hospitals would be referred to their respective Authorities. The number of deaths registered as occurring within, and that belonged to the combined districts during 1897 is 134. This is after referring to their respective localities, as stated, deaths occurring in public institutions within the district, and receiving those from kindred institutions elsewhere. The deaths taking place within the Workhouse of inmates formerly resident in the area of the present district are not reckoned. I purposed including them, and did so last year, and have taken much trouble to obtain them for this year, 1897; but on making enquiries, and consulting the County Medical Officer, I find that in none of the other sanitary districts, as a matter of fact, are they so included, and that it is not done in any of the Unions of the County.

Whether at some future time it may be an instruction to Medical Officers of Health to include in the vital statistics of their districts the deaths of Workhouse inmates formerly resident therein, is a matter that I have no cognizance of; but, until it is so ordered, I do not propose to recognise them.

Vital Statistics.

Speaking of the district as a whole, the population at the Census of 1891 was 12,176. At the middle of 1896 it was estimated to be 12,763, and in the middle of 1897, 12,869, so that with the deaths at 134, the death rate is 10·4 per thousand of the estimated population. That for England and Wales is 17·4.

The deaths from the principal Zymotic diseases were 12, giving a rate of 0·93. That for England and Wales is 2·15. The total births were



291, comparing with 281 in 1896; and the birth rate is 22·6, while for England and Wales it is 29·7. The infantile mortality, *i.e.*, the ratio of deaths of children under one year of age to one thousand births, is 127·1, that for England and Wales being 158. The excess of births over deaths is 157, and in 1896 it was 126. The following table serves to differentiate these returns between the various localities forming the urban district during 1896 and in 1897 :—

### RETURNS FOR 2 YEARS.

1896.						
Districts.	Est. Pop. 1896.	Deaths.	Death rate.	Births.	Birth rate.	
Surbiton ...	10407	123	11·81	199	19·1	
Tolworth ...	1085	15	13·82	51	46·9	
Southborough	808	11	13·61	22	27·2	
Hook ...	463	6	12·95	9	19·4	
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
	12763	155	12·14	281	22·01	
1897.						
Districts.	Est. Pop. 1897.	Deaths.	Death rate.	Births.	Birth rate.	
Surbiton ...	10498	109	10·3	209	19·9	
Tolworth ...	1094	14	12·7	46	42·04	
Southborough	815	8	9·8	17	20·8	
Hook ...	467	3	6·4	19	40·6	
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
	12869	134	10·4	291	22·6	

Of these 134 deaths, 57 were males and 77 females. Causes of Death. Thirty-seven were under 1 year of age, and 24 were 75 and upwards.

There died of phthisis 6, of other respiratory diseases 17, of heart disease 21, of cancer 7, of violence 5. There were 12 inquests.



Births.

The births were 291, and of these 163 were boys and 128 girls. The birth rate is therefore 22·6 per thousand.

Zymotic Diseases.

The deaths from the principal Zymotic diseases were 12, being 6 from whooping cough and its sequelæ, 1 from diphtheria, 1 from typhoid fever, and 4 from diarrhœa. There was 1 death from influenza. The Zymotic death rate is ·93 per thousand. The following are some particulars respecting the various diseases of the Zymotic group :—

Small pox.

No case of this disease reported.

Enteric Fever.

Two cases were notified, one of which was removed to the hospital. The drains of the house were found to be in an insanitary condition, and were re-laid ; but whether this was the cause of the disease it is not easy to determine. The other case was a fatal one, and was of short duration. The medical attendant informs me “It was a most marked and virulent case. Apparently no other source than oysters eaten in London can be found for the virus.”

Epidemic Influenza.

Was very prevalent again during February and March, and reappeared at the end of the year. One death is attributed to it.

Erysipelas.

Three cases, all treated at home, and all recovered.

Scarlatina.

There were a few cases of scarlet fever in the early part of the year, and a few more in the late autumn ; but there could be found no connection between them, and no common cause. Of two cases in one house the first was almost certainly contracted at Bournemouth ; and the second, an inmate of the house, caught it from the first patient.



The type was mild, and there were no deaths. Sixteen cases in all were notified, and 7 were treated in the Isolation Hospital.

There were 5 cases of diphtheria notified in February and March ; but though careful investigations were set on foot, no connection between any of the five could be established, or seemed likely. There was one fatal case only, at Hook, in October, and the patient died the day the case was notified. Altogether there were 9 cases notified. As far as I am able to ascertain, a bacteriological examination was only made in a small percentage of cases ; and this means that a verifying diagnosis had not been made as much use of as it probably will be in future. This is an important matter, inasmuch as cases that are infectious are apt to be overlooked, and becoming unsuspected centres of infection, are a source of serious danger to others ; and, on the other hand, cases are notified and treated as diphtheria, and even removed to the Isolation Hospital as such, when they are nothing of the sort, thus causing needless anxiety and expense. I should wish to remind you that as far back as January 7th, 1895, the following circular letter, of which I subjoin extracts, was sent by your Clerk by order of the Council, on my recommendation, to every medical man known to be practising in the district :—

SURBITON URBAN DISTRICT COUNCIL.

Surbiton,

*7th January, 1895.*

DIPHTHERIA.

Sir,—

The Medical Officer of Health of this district has reported to the Sanitary Authority on the recent progress in bacteriological investigation



for the purpose of ascertaining whether a sore throat is, or is not, of a diphtheric character, and also in cases where it is established that the disease exists, to the great advantage that seems likely to be obtained by the subcutaneous injection of serum obtained from immune animals.

These investigations, as well as the preparation of the serum, require the highest skill in bacteriology, and as the number of skilled bacteriologists is very limited, I am desirous to draw your attention to the facilities that are offered—if you wish to avail yourself of them—for the examination of specimens and the obtaining of serum.

I beg to point out with regard to the diagnosis of diphtheria, that Dr. Roux has shown in Paris, that 20 per cent. of the cases in the diphtheric ward of the Children's Hospital were not suffering from diphtheria at all, and this experience has been confirmed in a London Hospital.

Owing to the modern means of investigation it is now possible to say, within a few hours, whether or not a child is suffering from diphtheria; this being so, it is evident that had accurate diagnosis been made in good time, most of the children in these hospitals might have been sent home within two or three days of admission, or even earlier.

The District Council, through their Medical Officer of Health, have made special arrangements with the British Institute of Preventive Medicine . . . . . to make the requisite bacteriological examination of suspected cases of diphtheria . . . . . and to supply sufficient reliable anti-toxin for the treatment of one average case. . . . .



I am further directed to inform you that the Medical Officer of Health has been instructed to assist local medical practitioners (if desired) in obtaining bacteriological examinations and reliable serum, and to give all the information that he may be able to.

I am, Sir,

Your obedient servant,

JAMES BELL,

Clerk to the Surbiton Urban  
District Council.

Arrangements at that time were made with the British Institute of Preventive Medicine for bacteriological examination of suspected cases, and for the supply of anti-toxin; and I was further directed that all cases unable to afford the necessary payment, should be assisted free on application made to me by the medical practitioner in charge of the case. This offer has not been made use of as it should be, with the result that, as I have stated, cases have been notified that are not diphtheria, and have been admitted to the Hospital Wards. If instead of waiting till a case seems to be undoubtedly diphtheric, a swabbing were at once sent for examination, the result would be known in a few hours, and the case could be dealt with accordingly. However, this facility is still available, with the exception that, subject to the approval of the Council, I purpose transferring the examinations to the Clinical Research Association. The following table records some facts in connection with the diphtheria cases of this and former years :—

		Houses invaded.	Cases.	Deaths.	Average Age per case.	Case mortality per cent.
1890	...	31	36*	3	19.5	8.3
1891	...	16	21	10	9.8	47.6
1892	...	14	16	1	18.1	6.2
1893	...	19	23	3	18.7	13
1894	...	13	20	3	17.3	15
1895	...	12	12	1	13.5	8.3
‡1896	...	8	9	2	14.4	22.2
‡1897	...	9	9	1	14.4	11.1

\* 27 of these cases were due to an infected milk supply.

‡ The combined districts.

The Infectious  
Disease (Notifi-  
cation) Act,  
1889.

This Act was adopted and came into use February 1st, 1890, and has worked satisfactorily, especially in the matter of preventing extension of Diphtheria. During these eight years it has not come to my knowledge that any case of infectious disease has been wilfully concealed, or that there has been any objection made to notification, notwithstanding that in a large number of cases it has led to an inspection of premises, and the discovery of sanitary defects necessitating remedial measures. Removal of patients, mostly children, to the Isolation Hospital, has been seldom objected to, and the advantages are becoming more appreciated as results are better known, but the charges are heavy, and in many cases found to be so burdensome that applications are frequently made and complied with to have them reduced or remitted altogether.

As at present fixed by the Provisional Committee for administering the Isolation Hospital at Tolworth, the following is the scale of charges laid down based on the rateable value of the house from whence the patient is removed.



## CHARGES.

When Rateable Value does not									
exceed	£20	a year	...	...	£0	5	0	per week	
Exceeding	£20	and below	£30	0	10	0	„	„	
„	£30	„	£40	0	15	0	„	„	
„	£40	„	£50	1	1	0	„	„	
„	£50	„	£100	2	2	0	„	„	
„	£100	„	...	3	3	0	„	„	
No charge beyond £1 is. a week will be made									
for Servants sent by their Employers.									

The law on the subject is laid down in section 132 of the Public Health Act of 1875 as follows :—“Any expense incurred by a Local Authority in maintaining in a Hospital . . . .  
 “a patient who is not a pauper shall be deemed  
 “to be a debt due from such patient to the Local  
 “Authority, and may be recovered from him at  
 “any time within six months after his discharge  
 “from such Hospital . . . . or from his Estate  
 “in the event of his dying in such Hospital.”

The word “may” here used seems to give the Local Authority the opportunity of exercising a wise discretion in recovering these charges, and it is no doubt the case that in several instances these have been remitted altogether. But it should be borne in mind that the chief object of an Isolation Hospital is not primarily to provide better treatment and nursing for the infectious sick than can be obtained for them in their own homes, for if such alone were the chief object the ratepayers might equally be called upon to provide general Hospitals. The main object of these Hospitals is based on the fact that a person suffering from an infectious disease within the meaning of the Act is a source of danger to other people, and should be isolated



in such a manner as to cease to be a source of danger ; and to that end Local Authorities, either alone or in combination, are empowered to provide Isolation Hospitals for the reception of sick persons, and their removal is compulsory under certain conditions.

Under these circumstances, if the Isolation Hospital is to be of any real value, which is of course what is intended, it should surely be the aim of the Council to offer the greatest inducements to promote its use, and it is a question of considerable moment whether it is politic to keep to the present scale of charges. The Hospital is maintained out of the rates, and so by charging patients or their guardians for maintenance a double charge is really inflicted on certain individuals; and since it is most certainly the fact that the community at large is a considerable gainer when those of its infectious sick who have not very perfect means of isolation are removed to the Hospital, it surely behoves the Sanitary Authority so to arrange the charges that they should form no obstacle to the free use of the institution. I would offer as a suggestion for consideration that all houses should be classified as A, B and C based on the rateable value. Patients from C might be admitted free, the charges on B cases modified, while those of the A class might remain as at present.

The care and attention bestowed on all alike at the Isolation Hospital by the Staff, has tended largely to minimise objections to removal ; while the results obtained have undoubtedly been better than would or could have been possible in many cases if treated at their own homes. The personal experience of nearly thirty years practice, inclusive of the records of the last eight years, has



convinced me that the working classes have gained enormously by the Hospital treatment of their infectious sick, over and above the gains that progress in sanitation has effected everywhere. This experience justifies me in pressing on your notice as above the desirability of removing all possible obstacles or objections to the more extended use of the Hospital.

It should always be remembered, too, that patients where they may desire it have the option of being attended by their own medical attendants, thus removing any prejudice that might not unreasonably be felt in some cases.

There have been no epidemics or outbreaks to chronicle, nothing more than what we may assume must be expected to occur amongst large numbers of susceptible children ; but when cases of scarlet fever or diphtheria occur, and are notified at once and promptly isolated, who knows what outbreaks may not have been prevented, or causes of possible outbreaks detected and removed ?

The following tables show the notifications made since the act came into force :—

#### EXTRACT FROM NOTIFICATION BOOK.

	Scarlet Fever	Diphtheria & Memb. Croup	Enteric Fever	Puerperal Fever	Erysi- pelas	Contin. Fever	Small Pox	Totals
1890	3	36	1	2	4	0	0	46
1891	3	21	1	0	10	0	0	35
1892	4	16	3	1	5	0	0	29
1893	94	23	5	2	15	2	1	142
1894	9	20	12	2	12	0	0	55
1895	18	12	5	0	2	0	0	37
*1896	27	9	4	1	10	0	0	51
*1897	16	9	2	1	3	0	0	31

\* The Combined Districts.



This institution has been administered during the past year by a Provisional Committee, but it is considered probable that a Joint Hospital Board will shortly be formed, and then various improvements that have been suggested from time to time may perhaps be taken into serious consideration.

There is one matter, however, that need not and should not be longer delayed, and that is the putting of the Hospital on the Telephone Exchange. I referred to this in my last Annual Report, hoping that it might be early established; but now that facilities exist, it ought to be done at once, without any delay. The Medical Officer of the Hospital, in his Report to the Provisional Board also recommends it. I would point out that already some four or five medical men in Surbiton are on the Exchange, and that public call offices exist: so that any practitioner, or householder, can at once apply for the ambulance, medical men can communicate with the Staff as to cases and accommodation, and parents with the Matron as to the progress of patients, etc. Moreover, the telephone is also in the Dittons and Esher district, and the advantage to ratepayers there would be very considerable. Dr. ACKERLY very justly lays considerable stress on the importance of notes of diagnoses being sent to him at the Hospital by medical practitioners of the cases sent in by them for admission, more especially if diphtheria or typhoid, and hopes that this request will be better attended to in the future. He further reports that sixty-seven patients were under treatment during the year, and that there were five deaths, not including one who died in the ambulance on the way to the Hospital. Six cases admitted were



not infectious cases. The cases admitted from your district were eleven, being seven scarlatina, three diphtheria, and one typhoid. There were no deaths.

The following Table refers to cases admitted since we had the right to send patients :—

	Scarlet Fever.	Diphtheria.	Typhoid.	Small Pox.	Erysipelas.	Total
1893 ...	35	6	3	1	0	45
1894 ...	5	6	2	0	0	13
1895 ...	14	2	1	0	0	17
*1896 ...	14	1	3	0	1	19
*1897 ...	7	3	1	0	0	11

\* Combined Districts.

The number of admissions to the Surbiton Cottage Hospital during the past year were 243, as against 254 in 1896 and 153 in 1895. The total number of deaths was four. The distribution of patients and deaths were as shown in the following table :—

District.	Under Treatment.	Relieved.	Unrelieved.	Died.	Remaining in Hospital 1st. Jan. '98
Surbiton, Hook, Tolworth, and Southborough	102	94	1	1	5
Kingston and Norbiton	101	80	10	2	8
The Dittons and Claygate	10	9	1		
Middlesex	5	5		1	
Other places	25	24			2
	243	212	12	4	15

During the year there was a well-marked outbreak of follicular sore throat, and as the result of personal enquiry it was very soon found that a milk supply was the apparent factor in dis-

tribution. A visit to the premises was made with no result, and a close inspection of the cow-sheds and of the employees was also made.

A sewer was being laid in the road outside the farm, and for a limited period there was a smell to be noticed ; but it was unlikely that this could have so far affected the milk (since it was not kept stored on the premises near this road), as to render it in any way dangerous to health.

A man whose business it was to milk the cows was examined and found to be out of health and suffering from well-marked tonsillitis and gastrodynia, and further with suppurating whitlows on the hands. He was of course immediately discontinued from any employment with the cows, and no further cases occurred.

There were considerably over thirty cases of illness—some very severe—under my notice, and probably many more. The employer gave me every possible assistance, and every facility towards discovering the cause of the outbreak ; and I am able to say that in my opinion he was in no way to blame for the occurrence. Knowing how readily exaggerated reports are spread, and prejudice unjustly excited, I did not report the particulars of this outbreak at the time, though a special report of the occurrence was made to the Council as a matter of course.

Trees.

It will be within the recollection of the Council that there was some feeling created with regard to the trees in the district, and the action taken thereon. Some years ago I dealt with this subject in one of my reports and also on a special occasion, the gist of my remarks being exactly what I would say again now. It is not the trees in the roads, whether



they are big or little, nor the large forest trees that still fortunately exist in some numbers scattered about the district, that affect the public health, but the perfect jungle that so many householders encourage in their front and back gardens and seem to love to cultivate, that are so prejudicial. They darken the lower rooms of the houses, keep the ground damp and sour, and obstruct the proper access of fresh and wholesome air to the lower parts of the houses. During the night, when the warm self-contained air naturally rises and to some extent passes out of the upper part of the house, its place is supplied by air coming in at the basement or ground floor; and if this has to be filtered through bushes and undergrowth mixed with the exhalations from damp soil charged with decaying organic matter, it is small wonder that some households find themselves specially liable to sore throats or indifferent health. These not infrequently are never advised as to the possible cause, but incontinently refer it to the neighbourhood as a whole, and either go on suffering or pack up and leave the place. The big trees (due regard of course being had to their soundness) have an important part in keeping up the salubrity and equable climate that is peculiar to this part of the Thames Valley. They serve as wind screens, and act the same part as a break-water does in subduing the violence of the waves. Remove them to any large extent, and undoubtedly as a consequence of becoming more wind swept the temperature will be sensibly lower in winter, and the character of the whole of the district altered. This is a well-known fact, and de-foresting on a large scale has been found to alter the climate of considerable tracts of country very much for the worse; and what is true on a large scale may justly be anticipated to be equally so on a small.



A new surface water drain has been laid from the top of the Surbiton Road near the Railway Tavern, to an outfall in the River by the Malt-houses, to relieve the sewers from the excess of storm water that at times over-taxed their carrying capacity and was found to cause a flooding of the basement of certain houses. This work was done by arrangement with the Kingston Authority. New sewers were also laid in Etwell Place and James Street, Alpha Road. Minnie-dale is still an undrained area, and the works reported on in 1896 as likely to be soon completed are still in abeyance and unsettled.

Scase's Buildings. At some future date more or less remote, perhaps, these may be structurally altered and improved, as far as they are capable of improvement; but in their present condition they are an endless source of trouble, and about the worst feature in the district, badly planned, dirty and very generally overcrowded.

The provision of a mortuary and post-mortem room is a very pressing matter, but obviously one that is difficult to arrange for. It has been dealt with at length in my reports year by year and the urgent need has been clearly demonstrated, and I believe the subject has not been lost sight of by the sanitary authority. Now that a new Council Building is about to be erected, and there is land at disposal, this matter should again come up for consideration, and if there are no funds available from the loan account, then I trust it will be borne in mind when the estimates are being prepared for the forthcoming year. We are at present taking our dead for post-mortem and inquest purposes to Kingston, and this is altogether out of keeping with our independence and self-respect, to say nothing of the extreme inconvenience to all concerned.



Owing in a great measure to the scare created by the serious outbreaks of typhoid fever, due to polluted drinking water, that have occurred during the past year in two or three different localities, local sanitary authorities have been more or less on the alert as to the possibilities of the contamination of their sources of supply. The water distributed throughout this area is received from the Lambeth Water Works and is particularly good and wholesome; it is the same as that supplied to a large part of South London including Brixton, Streatham, Penge, Anerley and all the intermediate towns and villages along the South-Western line as far as and including Esher, and it is further estimated that it is the daily supply of about 676,000 persons, furnishing an average of 20,000,000 gallons a day. Should any apprehensions however arise from time to time in the minds of householders, they may be glad to know that inasmuch as this source of supply is already under the direct supervision of the Local Government Board, as well as the scrutiny of the London County Council, and is moreover daily watched and analysed by the skilled advisers of the Company itself, any further examination, so far as this District Council is concerned would be superfluous, except so far as it relates to the distributing mains, etc.

The anxiety of the householder need only extend to his care of the water after it is received from the Company, and to the possible contamination it may be exposed to in his own house. If his supply is direct from the main he has little or nothing to fear; if, however, he is dependent on storage cisterns, let him take care that these are properly cleaned out two or three times a year, kept covered—to exclude light, dust and foreign



bodies—and that they have no direct communication with any drain or closet. There is no need for the use of any filters, and indeed with one or two exceptions, most filters are valueless and are likely in the long run to be more productive of harm than good. It is said that there are households where the care, or it might be called scare, is so extreme that no drinking water is used save aerated distilled water; this however besides being wholly unnecessary, is positively—in the case of children especially—unwise, for reasons that medical men can explain.

Sanitary In-  
spector's Report

Appended to this is the report furnished by Mr. NESFIELD, the Sanitary Inspector. His report for 1896, though 'only extending over nine months, showed the earnest and capable manner in which he took up his duties; but the report for 1897 will I think bring home to every member of the Council the large capabilities for work that exist in the district, and will speak for itself as to the worth and efficiency of the Officer whose duty it is to supervise and advise in these matters. In 1896 some seventy houses were re-drained under his direction; and now he reports that in 1897 no less than one hundred and twenty defective house drains have been entirely relaid and properly trapped, and in every instance the water test was applied before any drain was covered in or approved. It will serve to show the importance of this work, when it is estimated that the cost of re-draining these houses amounted to about £3500, or an average of nearly £30 an house. As houses change hands, the incoming tenants require that matters sanitary should be known to be in good order, and drains are properly tested for that purpose, and defects soon discovered if they exist. It is especially noticeable that the



work in this department is becoming increasingly heavy, and the responsibility attaching to it is very considerable; for the general public are undoubtedly becoming more alive to the necessity of living in good surroundings, and complaints of nuisances are far more readily made now than a few years ago, as their bearings on health are better understood.

I am, Mr. Chairman and Gentlemen,

Yours obediently,

OWEN COLEMAN, M.D., D.P.H.,

*Medical Officer of Health*

*March 17th, 1898*

The following is the Report of the Sanitary Inspector :—

TO THE MEDICAL OFFICER OF HEALTH.

SIR,—

I beg to present my second annual report, showing the action taken and the amount of work done in the abatement of nuisances, for the year ending December 31st, 1897.

In conformity with the General Orders of the Local Government Board, a systematic inspection of the district has been made during the year, and every means taken to keep it in a good sanitary condition.

One hundred and fifty-nine notices have been served to abate nuisances. In one instance it was found necessary to institute summary proceedings to compel an owner of property in Arlington Road to comply with a notice to abate a nuisance arising from defective drainage. The magistrates made an order for the work to be done within fourteen days, and the defendant was ordered to pay five guineas costs. The notice was then complied with.

#### SUMMARY OF WORK CARRIED OUT.

Defective drains cleansed, repaired, trapped, &c. ... ..	34
Surface water drains provided ... ..	14
Houses subsoil drained and site concreted ...	2
Drains opened for examination under Sect. 41, Public Health Act, 1875 ... ..	2
Cesspools abolished ... ..	2
Stoneware gullies fixed in lieu of brick and iron bell traps ... ..	205



Soilpipes inside dwelling houses removed and fixed outside...	33
„ ventilated ..	19
„ repaired ...	6
„ (new) provided ..	11
Foul privies converted into water closets ...	1
Water closets re-built ...	15
„ pans cleansed or repaired ...	14
„ supply of water laid on ...	7
„ flushing cisterns repaired ...	37
„ flush pipes disconnected from storage cisterns and separate cisterns provided ...	99
Old iron container and long hopper closets abolished and approved closets fixed ...	207
D traps under water closet apparatus removed and syphon traps fixed ...	11
Storage cisterns provided ...	10
„ „ repaired ...	10
Cistern overflow pipes disconnected from soil pipe and arranged to discharge through external wall ...	6
Rainwater, sink and other waste pipes disconnected from drain ...	167
Syphon traps fixed on sink, bath and other waste pipes ...	43
Sink and other waste pipes repaired .	14
Publichouse urinals reconstructed ...	4
Roofs and spouting repaired ...	41
Houses provided with dust-bins ..	58
Brick ashpits abolished and portable dust bins provided ...	6
Dirty premises cleansed and whitewashed ...	40
Rooms disinfected ...	18
Nuisance from over-crowding abated ...	3
„ „ Animals improperly kept abated ...	16

Nuisance from stagnant water under floor	
abated ... ..	4
Manure receptacles provided...	1
Accumulations of manure, &c., removed ...	5

## IMPROVEMENTS TO DWELLING HOUSES, DEFECTIVE HOUSE DRAINS RELAID, PROPERLY TRAPPED AND VENTILATED.

During the year 120 defective house drains have been entirely re-laid and properly trapped, these cases generally include the amendment of every defect in drainage that can be discovered on the premises.

Every opportunity is taken to secure the affixing of ventilating shafts with proper air inlets and intercepting traps where none have previously existed. In every instance where the drain passed under any part of the dwelling strong cast-iron pipes coated with Dr. Angus Smith's solution and surrounded with six inches of concrete have been laid.

### LIST OF HOUSE REDRAINED.

Brunswick Villa, Portsmouth Road.  
 "Star" Beerhouse, Portsmouth Road.  
 Apsley Villa, Claremont Road.  
 St. Gabriel, Claremont Road.  
 3 and 6 Claremont Road.  
 7 and 8 Redcliffe Villas, Maple Road.  
 3 Melford Place, Maple Road.  
 St. Bernards, Maple Road.  
 "Oak" Hotel, Maple Road.



"Antelope" Hotel, Maple Road.  
 6, 7, 8, 9 and 10 Maple Road.  
 "Draconia," Langley Avenue.  
 "Trevangor," Berrylands Avenue.  
 Saville Lodge, Berrylands Avenue.  
 "Mornington," Berrylands Avenue.  
 "Cromdale," Berrylands Road.  
 Vernon Lodge, Berrylands Road.  
 Exe-Lynn, Ewell Road.  
 3 Langley Villas, Ewell Road.  
 Lyndon House, Ewell Road.  
 "Arnmere," Ewell Road.  
 Elm Cottage, Ewell Road.  
 1 and 7 Wyburn Villas, Ewell Road.  
 Priors Dene, Ewell Road.  
 7 Ewell Road.  
 1A St. Andrew's Road.  
 87 and 88 Cleaveland Road.  
 4 and 37 Victoria Road.  
 Laurel Villa, Victoria Road.  
 The Priory, Victoria Road.  
 2 Claredale Villas, Victoria Road.  
 2 Catherine Road.  
 19 St. Philip's Road.  
 7 Grove Road.  
 1, 10, 11 and 12 The Crescent.  
 "Oakdene," Oak Hill Road.  
 "Bankside," Parklands.  
 13 Avenue Elmers.  
 St. Stephens, Avenue Elmers.  
 "Carfax," King Charles' Road.  
 "Lyndhurst," King Charles' Road.  
 "Amberley," King Charles' Road.  
 Sunny Villa, King Charles' Road.  
 The Elms, Christ Church Road.  
 "Rising Sun" Beerhouse, Clay Lane.  
 1, 7 and 8 St. James' Road.  
 7 Brighton Terrace, Brighton Road.

## COMBINED DRAINS.

11, 12, 25 and 26, Britannia Road.  
9, 10 and 11 Paragon Place.  
1, 2, 3 and 4 Brunswick Cottages, Brighton Road  
2, 3, 4, 54 and 55 Brighton Road.  
1 and 2 Surrey Cottages, Balaclava Road.  
40 and 41 Alpha Road.  
1 to 13 Etwell Place.  
11 and 12 Cottage Grove.  
24 to 31 Cleaveland Road.  
9, 10, 11 and 12 Cleaveland Road.  
1 to 12 Spring Cottages, St. Leonard's Road.

In carrying out this work it necessitated no less than 2285 inspections, 2014 of which were reinspections during the time works were in progress. In every instance the water test was applied before any drain was covered in or approved.

Two hundred and eight letters have been written on the business of the department during the year.

Eighty-two complaints have been received at the Office respecting nuisances which were forthwith attended to and wherever it was found necessary notices were served to abate the same.

## BAKEHOUSES.

The visits to Bakehouses numbered 49. Generally speaking they were found to be in good order. Limewashing had, however, to be ordered in 4 instances.

## SLAUGHTER HOUSES.

Forty-eight visits have been paid to these during the year. One was found to be in a dirty condition and a notice had to be served.



## COWSHEDS AND DAIRIES.

One hundred and twelve visits have been paid, the object being to see that they are kept clean, that all refuse is removed, that there is no overcrowding, and that the drainage is maintained in good order. One milk-shop has been re-drained, one additional cowshed to accommodate 40 cows has been built at the Berrylands Dairy Farm, and two purveyors of milk have been registered during the year.

## WORKSHOPS.

The visits paid to workshops numbered 104. Twelve were found to require whitewashing, 6 had to be repaired, and 2 were provided with additional water closet accommodation. In addition one workshop was found to be structurally defective, and was pulled down and re-built. Overcrowding was remedied in one instance.

Yours obediently,

W. NESFIELD, ASSOC. SAN. INST.,  
*Sanitary Inspector.*

*February 10th, 1898.*





(A) *TABLE OF DEATHS during the Year 1897, in the Surbiton Urban 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.	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.							MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.													
	At all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Scarlatina.	Diphtheria.	Enteric or Typhoid Fever.	Puerperal Fever.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Phthisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.	Influenza.	Injuries.	All other Diseases.	TOTAL.
SURBITON .....	108	29	6	2	3	33	35	Under 5					4	2		7			1	21	35
								5 upwds.		1			1	1	5	6	20	1	4	34	73
TOLWORTH. ....	14	4	2			5	3	Under 5					1			1				4	6
								5 upwds.						1	1	2	1			3	8
SOUTHBOROUGH.....	8	3				4	1	Under 5												3	3
								5 upwds.												5	5
HOOK.....	3	1	2					Under 5	1							1				1	3
								5 upwds.													
COTTAGE HOSPITAL....	4			2	1	1		Under 5													
								5 upwds.							1					3	4
ISOLATION HOSPITAL..	6		2	3		1		Under 5	2												2
								5 upwds.	2	1										1	4
TOTALS ..	143	37	12	7	4	44	39	Under 5	3				5	2		9			1	29	49
								5 upwds.	2	2			1	2	7	8	21	1	4	46	94
Deaths occurring outside the district among persons belonging thereto.	1			1				Under 5													
								5 upwds.												1	1
Deaths occurring within the district among persons not belonging thereto.	3			1	1	1		Under 5													
								5 upwds.							1					2	3





(B) *TABLE OF POPULATION, BIRTHS, and of NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1897, in the Surbiton Urban 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 Homes in the several Localities for Treatment in Isolation Hospital.						
	Census 1891.	Estimated to middle of 1897.			Smallpox.	Scarlatina.	Diphtheria.	Enteric or Typhoid.	Continued.	Puerperal.	Erysipelas.	Smallpox.	Scarlatina.	Diphtheria.	Enteric or Typhoid.	Continued.	Puerperal.	Erysipelas.
SURBITON .....	10050	10493	245	Under 5 5 upwds.		2 13	2 4		2		1 3		1 6	2 1		1		
TOLWORTH .....	979	1094	46	Under 5 5 upwds.			1 2											
SOUTHBOROUGH .....	729	815	17	Under 5 5 upwds.														
HOOK .....	418	467	19	Under 5 5 upwds.			1											
TOTALS ..	12176	12869	327	Under 5 5 upwds.		2 14	3 6		2		1 3		1 6	2 1		1		

