

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

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Borough of Wimbledon.

PUBLIC HEALTH DEPARTMENT.

ANNUAL REPORT

OF THE

Medical Officers of Health

FOR THE

Year ended 31st December, 1909.

To the Mayor, Aldermen and Councillors  
of the Borough of Wimbledon.

GENTLEMEN,—

As required by the General Orders of the Local Government Board of March 23rd, 1891, Article 18, Section 14, I beg to present to you my report for the period January 1st to October 12th, 1909, the latter being the date on which my appointment as Medical Officer of Health terminated.

Last year I had the pleasure of presenting my thirty-eighth Annual Report, and it is with the deepest possible regret I make this my last Official Report to you. You will, I feel sure, appreciate my feelings now at the severance of the happy official ties which have existed between myself and the Local Sanitary Authority (first the Local Board of Health, afterwards the District Council, and latterly the Borough Council) for a period of nearly forty years.

I would like, at this juncture, to gratefully acknowledge the kind assistance which I have received, individually and collectively, at the hands of the Members of the Council, and all its officials.

The Statistical Tables—including those required by the Local Government Board—usually given in an Annual Report will appear in the report or appendix thereto of my successor, Dr. Elwin H. T. Nash. It is obvious that such Tables cannot well be divided into two periods, one from January 1st to October 12th, and the other for the remainder of the year, and it might be pointed out that such an arrangement would entail a large amount of clerical labour, the results of which would not justify the time expended upon such work.

**Vital Statistics.**—During the period embraced in this report, the births numbered 1,196 and the deaths 439, of which 87 were of children under one year of age. Taking the population as 57,000 (as estimated by the Borough Engineer), the birth and death rates per 1,000 of the population are found to be 22.1 and 8.1 respectively, whilst the infantile mortality rate is 72 per 1,000 births. These rates compare most favourably with those of the past ten years.

**Scarlet Fever.**—Two hundred and thirty cases of Scarlet Fever were notified from one hundred and ninety-nine houses; of these one hundred and forty-eight, or 64 per cent., were removed to the Isolation Hospital.

The number of cases in the early months of the year was about the average, with a slight rise in the month of May. In June a large increase occurred attributable to infected milk received by three Wimbledon dairymen as a portion of their daily supply from a depôt of a wholesale firm in the country.

This outbreak commenced on Thursday, June 17th, and continued until Wednesday, the 23rd, but one case was notified as late as Saturday, the 26th, the Doctor on this Notification writing:—“This patient was never unwell, but is now peeling; he was undoubtedly infected at the same time as the others.”

About half the cases were at houses in North Wimbledon where, generally speaking, adequate home isolation could be provided and the necessary precautionary measures taken against the spread of the disease. This was indeed a most fortunate factor, for it permitted more accommodation being reserved in the Hospital for cases occurring in South Wimbledon, where, in many instances, satisfactory home isolation is quite impossible.

Mr. Johnson, the Chief Sanitary Inspector, related to me on Friday night, June 18th, the circumstances discovered in the course of investigating the cases notified that day, and I immediately suspected milk infection.

On Friday night or Saturday morning every dairyman and purveyor of milk in Wimbledon was visited and advised to sterilize all milk for a period of fourteen days, whilst on the Friday evening a letter was sent to every Medical Practitioner in the district stating: "An extensive epidemic of Scarlet Fever has occurred in the surrounding districts which appears to be spreading to Wimbledon. All the evidence points to an infected milk supply. Under the circumstances I shall be glad if you will advise that all milk before being used should be sterilized."

In the course of Mr. Johnson's investigations, it was found that the cases were arising at houses receiving their domestic milk supply from one of three dairymen, and upon further enquiry that these purveyors received a portion of their milk from one contractor. In view of these facts, I arranged for the surplus milk from this source to be destroyed, and Notices were served on the registered occupier not to receive or sell in Wimbledon milk from the same firm for fourteen days.

A telegram and a letter were also sent to the Manager of the Dairy Company implicated, prohibiting milk being sent into Wimbledon for a similar period.

On Saturday morning, 19th June, I had a consultation with Dr. T. Henry Jones, the Deputy County Medical Officer, and Dr. Belilios, Medical Officer of Health for Merton (whose district was similarly affected), and we were also in telephonic communication with the Medical Officers of Health for Westminster, Malden, and Kingston.

From information given me by the Superintendent of our Isolation Hospital, Dr. Clapham, by medical men in whose practices the majority of the cases occurred, and from personal observation and experience in this epidemic, I am in a position to say that, speaking generally, the cases were of a mild type. The pulse was not high and the temperature was moderate. The throat affection was only bad in a few cases and the remainder were mild. The onset was sudden. There was sickness in 56 per cent. of the cases. A noticeable feature in some cases was the quickness with which peeling followed the rash. In the majority of cases a rash—generally slight, but in some instances most decided—appeared in about three days, but in other cases the rash delayed its appearance for several days longer. The strawberry tongue was present in only a small proportion of the cases.

I was informed by a number of the general medical practitioners in the Borough that there were a large number of suspicious cases which were kept under close observation and then found not to be Scarlet Fever.

It was noticed in the investigations of the various cases that in houses having the same milk supply and on the same milk round, no cases occurred where the milk was boiled before use.

Comparing the outbreak with an ordinary one, it was much less infectious from person to person than usual. Not a single secondary case occurred in any house from which a patient was removed to the Hospital or nursed at home.

The total number of cases notified was 60, and were received as follows:—

Thursday 17th June	1	Monday, 21st June ...	11
Friday, 18th June ...	13	Tuesday, 22nd June	5
Saturday, 19th June	19	Wednesday, 23rd June	4
Sunday, 20th June ...	6	Saturday, 26th June	1

Forty-eight of these cases were clearly traced to the milk supply. Of these 19 were males, 8 being under 5 years of age, 4 over 5 and under 14 years of age, and 7 over 14 years of age. There were 29 females, 8 being under 5 years of age, 8 over 5 and under 14 years of age, and 13 over the age of 14. Fifteen of the patients attended private schools and colleges within the Borough and 4 Public Elementary Schools.

Twenty-two cases were removed to the Isolation Hospitals at Gap Road and Durnsford Road. Thirty-five were nursed at home, whilst three were removed by special arrangements to the London Fever Hospital.

Immediately a case was removed to the Hospital the bedding and other articles in the room likely to retain infection were disinfected by the Staff of the Sanitary Department; during the period of the outbreak 48 rooms were fumigated, and some 45 loads of bedding, etc., comprising 86 beds and 1,487 other articles were disinfected. In this connection I would observe that the work of disinfection was carried out promptly and thoroughly.

I would express my praise of the commendable promptitude and tact with which Mr. Johnson and his staff dealt with the outbreak. They all worked with that unanimity of purpose which spells success, and there is not the slightest doubt that their unstinted efforts prevented a very serious outbreak, the results of which can only be left to conjecture.

As local outbreaks occurred in Westminster, Chelsea and Wandsworth (parts of the County of London), and in Epsom

Rural District, Kingston, the Maldens and Coombe, Wimbledon and Merton in Surrey, some 500 or 600 cases being notified, Dr. W. H. Hamer, Medical Officer (General Purposes) County of London, and Dr. T. Henry Jones, Acting County Medical Officer of Health for Surrey, undertook the investigations into the cause of the outbreak. The entire supply of milk from the implicated depôt had, however, first been stopped by the Head Manager of the Dairy Company immediately the information obtainable both in London and Surrey confirmed the suspicion that the same milk supply was the infecting agent in both Counties, this supply being derived from one particular depôt of the Company, that depôt receiving milk from some 31 farms, and being one of ten or twelve similar depôts owned by the Company in two Counties.

On Sunday, June 20th, these gentlemen went to the headquarters of the Company in the country and were met by the Manager and Secretary, who had arranged for all records to be in readiness at this particular depôt, 18 miles away.

From farm "X" it was recorded that milk had gone to all the implicated vendors at the time when their supplies became infective. It was decided at once to visit farm "X," and upon inquiry at the farm they were directed to the cottage of the farm carter, in whose family cases of German Measles were said to have occurred. At this cottage were found the carter, his wife and three children, aged 8, 5, and 2 years; the man in the course of his daily work habitually took the milk from farm "X" to the depôt; also lending a hand for milking the cows whenever his help was wanted.

The history of illness in this family as recorded in the first report of the gentlemen before mentioned was as follows:

June 11th—I.L. (5), sickened and was found to have a sore throat; later she developed a rash.

June 13th—A.L. (2), developed a sore throat.

June 14th—G.L. (the father), had a headache and was "out of sorts."

June 15th—G.L., his wife, and R.L. (8), developed sore throats. G.L. stopped work on this day; he had milked two cows on the preceding evening.

"On examination I.L. was found still to have a sore throat, also some roughness of the skin on the soles of both feet. A.L. was very poorly and had a sore throat, but no peeling. R.L. was acutely ill, her throat much congested with exudation on both tonsils, the glands of the neck swollen, and she had a typical Scarlatinal rash on her chest, back and limbs, but not on the face."

“ G.L. was still feeble; he had a sore throat and enlarged tonsils. His wife had a sore throat, but it was almost normal again; she looked and said she felt poorly.”

The farm “ X ” at which G.L. was employed consisted of two farmsteads, “ X1 ” and “ X2,” with two separate herds of cows and cowhouses. G.L. was carter for both and acted as auxiliary milker at both when necessary.”

At farmstead “ X2 ” the condition of three of the cows excited suspicion and suggested the necessity for veterinary inspection, which was carried out by Mr. Dunbar, the London County Council’s Veterinary Inspector. The evidence appears conclusive that milk from farm “ X ” was infected.

The report adds:—

“ It is not possible to say exactly when the milk derived from Farm “ X ” ceased to be infective. The supply was discontinued after June 18th; certain precautions—wholesale pasteurising, etc.—had already been taken a day or two before this. An abrupt cessation of the prevalences in the several districts involved followed upon the discontinuance of the infected supply.”

As to the original cause of the outbreak, the report says:—

“ The question whether the outbreak was human or bovine in origin must now be discussed.

“ Inquiry at the farms, at the milker’s cottages, and at school revealed only two possible sources of human contagion.”

These were considered, but all the evidence was negative, and the following was the conclusion arrived at:—“ That the cases in this milker’s family were caused by drinking infected milk from Farm ‘ X ’; in fact, that the milk infected the milker and not the milker the milk.”

Further, the report says:—

“ The circumstances are highly suggestive of a special pathogenic quality of the red heifer’s milk which may possibly have caused first the death of her calf, and then on the distribution of the milk in London and Surrey, produced Scarlet Fever among consumers in those Counties. It would appear that June 7th, the day on which the red heifer’s milk first came into use, was the day on which the milk on the farm first showed evidence of being infective. It is probable that for two or three days the property of infectiousness was confined to the milk of the red heifer; but the roan and white heifers, with which the red heifer had then for some days past

been closely associated, must soon have become also involved. The assumption that the infected milk of one or more of these heifers after being distributed on June 7th, 8th, 9th, and 10th, was for one reason or another not distributed on the 11th and 12th, but that it and the milk of other cows which had now become infected was sent to the depôt after that date until the time of stopping the supply from the depôt, would afford a satisfactory explanation of the phenomena of the outbreak."

From the exhaustive evidence contained in the report, it would appear conclusive that the epidemic was due to the milk when given by the cow being infected, and it confirms the opinion formed by Dr. W. H. Power in his report to the Local Government Board of 1885 on "The relations between Scarlatina in various districts in London and milk supplied from a Dairy Farm at Hendon," in which he said, together with Dr. Cameron and Dr. Klein:—

"Our belief in the existence on this farm of a constitutional disease among the cows competent to produce Scarlatina among human consumers of the cow's milk was now becoming unreserved. The identity of the disease and its more obvious characters and its communicability appeared to have been demonstrated. Also in the phenomena of the disease itself, Dr. Klein found reason for regarding it as more than a local complaint affecting the skin of the teats and udders. He regarded it as a general or constitutional disease; one that might, probably enough, be communicable from cow to cow."

### CASES OF SCARLET FEVER

*(Notified from June 17th to June 23rd) giving details as to Notification, Onset of Illness, &c., of those where the Milk supplied by Dairymen A, B, C was obtained from a wholesale infected milk supply.*

No.	Age.	Sex.	Date of				Milkman. A, B & C.
			Notifica- tion.	Onset of Illness.	Sickness (if any)	Rash.	
1	7	M.	June 17	June 17	June 17	June 17	A
2	2½	M.	„ 18	„ 14	„ 14	„ 16	A
3	9	F.	„ 18	„ 16	„ 16	„ 17	A
4	11	F.	„ 18	„ 16	„ 17	„ 18	A
5	7	F.	„ 18	„ 15	„ 15	„ 15	A

One case notified—no connection with outbreak.

No.	Age.	Sex.	Date of				Milkman. A, B & C.
			Notifica- tion.	Onset of Illness.	Sickness (if any).	Rash.	
6	4	F.	June 18	June 16	June —	June 17	A
7	8	F.	„ 18	„ 16	„ —	„ 17	A
8	3	M.	„ 18	„ 16	„ 16	„ 17	B
9	12	M.	„ 18	„ 17	„ 17	„ —	A
10	22	F.	„ 18	„ 17	„ 17	„ 17	A

One case notified—no connection with outbreak.

11	17	M.	„ 18	„ 16	„ 16	„ 18	B
12	3	F.	„ 18	„ 17	„ 17	„ 17	B & A
13	3½	M.	„ 19	„ 17	„ 17	„ 17	A
14	18	M.	„ 19	„ 17	„ —	„ 18	A
15	13	M.	„ 19	„ 17	„ —	„ 18	A
16	14	M.	„ 19	„ 17	„ —	„ 18	A
17	18	M.	„ 19	„ 17	„ —	„ 18	A
18	3½	F.	„ 19	„ 18	„ 18	„ 18	B

Two cases notified—no connection with outbreak.

19	10	F.	„ 19	„ 18	„ 18	„ 18	A
20	2½	M.	„ 19	„ 17	„ 17	„ 18	A
21	25	F.	„ 19	„ 17	„ 17	„ 18	A
22	23	F.	„ 19	„ 17	„ 17	„ 18	A
23	2	F.	„ 19	„ 18	„ 18	„ —	A
24	30	F.	„ 19	„ 15	„ —	„ 17	C
25	33	F.	„ 19	„ 17	„ —	„ —	A

Four cases notified—no connection with outbreak.

26	3	F.	„ 19	„ 17	„ 17	„ 17	B
27	15	F.	„ 20	„ 17	„ 18	„ 19	A
28	27	F.	„ 20	„ 17	„ 17	„ 17	A
29	20	F.	„ 20	„ 16	„ 17	„ —	A
30	21	F.	„ 20	„ 16	„ —	„ 18	B

One case notified—no connection with outbreak.

No.	Age.	Sex.	Date of				Milkman. A, B & C.
			Notifica- tion.	Onset of Illness.	Sickness (if any).	Rash.	
31	9	M.	June 20	June 17	June 18	June 18	A
32	47	F.	„ 21	„ 19	„ —	„ 19	A
33	64	F.	„ 21	„ 17	„ —	„ 20	A
34	11	F.	„ 21	„ 17	„ 17	„ —	A
35	13	F.	„ 21	„ 18	„ —	„ —	A
36	4½	M.	„ 21	„ 17	„ —	„ 18	A
37	7	F.	„ 21	„ 17	„ —	„ —	B
38	39	M.	„ 21	„ 16	„ 16	„ —	B
39	10	F.	„ 21	„ 17	„ —	„ 17	B
40	8	F.	„ 21	„ 17	„ 17	„ 18	B

One case notified—no connection with outbreak.

41	10	M.	„ 21	„ 19	„ —	„ 20	C
42	23	F.	„ 22	„ 21	„ —	„ —	A

One case notified—no connection with outbreak.

43	13	M.	„ 22	„ 22	„ —	„ —	C
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One case notified—no connection with outbreak.

44	16	M.	„ 22	„ 19	„ —	„ 20	A
45	2½	F.	„ 23	„ 20	„ 21	„ —	A
46	33	F.	„ 23	„ 18	„ —	„ 22	A
47	5	M.	„ 23	„ 17	„ 17	„ 19	B
*48	17	M.	„ 26	„ —	„ —	„ —	A

\* Peeling when notified.

As I have pointed out in previous reports, a prime factor in the spread of Scarlet Fever is the presence of unrecognised and carrier cases of the disease in our Elementary Schools. The extreme mildness of the disease as compared with the type formerly prevailing renders the occurrence of “missed” or unrecognised cases extremely likely, and it is to these “missed” infections that we are bound to attribute many of the cases which are notified. Instances of these occurred in

the Girls' Department of the Trinity Schools, where, between June 2nd and July 6th, 13 cases were notified at intervals of one or two to five days. On June 16th Miss Lowry, the School Medical Officer, and I decided to examine every child present in school, as till then nothing had been found to account for the cases. Several children were found in a very suspicious condition and excluded. Inquiries were made at the houses of all children known to be absent from school, and here, again, one or two suspicious throats were found. On June 29th a child was found peeling and excluded. The cases then ceased.

A similar condition of things happened at Haydon's Road Boys' School in the latter part of September.

The School Medical Officer found several boys with suspicious throats and one desquamating. Inquiries at the home elicited the fact that the date of the visible appearance of a rash on this boy coincided with the last day of attendance at school of the boy first notified, and, as this lad subsequently attended school for some sixteen consecutive days, there is every reason to believe that this "missed" case was responsible for the fifteen notified.

**Diphtheria.**—Sixty-nine cases of this disease were notified, being exactly the same number as were notified during the corresponding period of last year. The notifications represent an attack rate of 1.2 per 1,000 of the population, a rate which is identical with that of the two previous years. This may be looked upon as eminently satisfactory considering the fact that in many places this figure is not even a constant factor, but is showing a marked tendency to rise.

The cases occurred in sixty houses and fifty-three of them, or 76 per cent. were removed to hospital.

"Return" cases of Diphtheria are rare, and there is at present a greater certainty to be obtained in the matter of freedom from infection before discharge from hospital than is possible in the case of Scarlet Fever. The secretions from the disease surfaces are always subjected to examination on admission to hospital, and no patient is discharged until one or more swabbings have given negative results to bacteriological examination.

The incidence of the disease in the Schools was as follows: Effra Road Girls' and Infants', 3; Queen's Road Girls' and Infants', 5; Queen's Road Boys', 6; Trinity Girls' and Infants', 2; Haydon's Road Girls', 2; Haydon's Road Boys', 1; Dundonald Boys', 1; Central Mixed, 2; Private Schools, 3; Schools outside the Borough, 1.

The remarks I have made with regard to Scarlet Fever apply equally to Diphtheria, and the necessity for isolation is

greater. In view of its dangerous character, prompt recognition and treatment of the disease is essential, and it is the duty of every Sanitary Authority to facilitate early diagnosis and provide the means for proper treatment. For many years past the Council has provided for bacteriological examination, and a supply of anti-toxin serum has also been maintained for gratuitous injection in necessitous cases. I regret, however, that the facilities offered for free bacteriological examination have not been taken advantage of to the extent that one would have reasonably expected or hoped.

**Typhoid or Enteric Fever.**—Three persons were notified as suffering from this disease, two in South Park and one in Trinity Wards, representing an attack rate of .05 per 1,000.

The decline in the number of Typhoid cases notified has been very marked in recent years, and it is worthy of note that not only is this the smallest number of cases occurring in any one year since the Notification of Infectious Diseases Act came into force in January, 1890, but they represent the lowest attack rate recorded during the thirty-eight or more years I have held office.

**Puerperal Fever.**—One case only was notified; inquiries were promptly made, and from facts ascertained I suggested to the Midwife in attendance that she should, on account of her age, in future, only attend cases of Midwifery under a medical man's supervision and discontinue attending in the absence of a doctor.

**Midwives Act, 1902.**—Since the coming into force of this Act, I have acted as Local Supervising Officer for the Surrey County Council, the Local Authority under the Act, and I venture to give a brief epitome of my last report presented to the County Council on the working of the Act in Wimbledon.

In the district some sixteen women sent in Notices of intention to practise during 1909, and in the course of the year I paid two surprise visits to every midwife with a view to thoroughly examining her kit bag, appliances, books, etc.; in addition, when occasion required, special visits were made in order to keep up a high standard of efficiency so necessary in such an important work.

Midwives may be divided into two classes, the first containing those who only act after passing through a course of training at hospital and obtaining a Certificate as to their qualifications for such work, the second being those whose names are on the Midwives Roll by virtue of having been in practise before July, 1901.

In the former class the women are hospital trained, well-educated and most capable, and ample proof of this is given

when one observes with what intelligence their records, case and note books are kept. Their bags and appliances are invariably in excellent condition, whilst they are up-to-date in their methods and comply with all the regulations of the Central Midwives Board. Especially does this apply to those engaged in the work of the South Wimbledon District Nursing Association.

Of the second class, which consists of six women whose ages range from 55 to 70 years, but little can be said. They are generally clean and keep their accoutrements in good order, but their books are not kept so well as one would wish, although this is done to the best of their ability. I have frequently had to warn and instruct these women as to the use of the clinical thermometer, and one case came under my notice during the year in which the life of a patient who died from accidental hemorrhage at child-birth would probably have been saved had the Midwife intelligently used the clinical thermometer, noted the results, and sent for medical aid much sooner.

One, however, is glad to record that the passing of the Midwives Act, 1902, has resulted in attracting a more capable class of women into the work, especially in an Urban District such as Wimbledon, and I have no doubt that this desirable tendency will further increase in the immediate future.

In confirmation of this fact, I would mention that in 1905, when my first report on the Act was made, only 23.9 per cent. of the Midwives were hospital trained, the remainder being what one would only term "handy women," whilst at the present time no fewer than 62.5 per cent. of those on the Roll are fully qualified. These women are a public asset.

My remarks on this all-important subject would be incomplete without a word of commendation of the teaching of Dr. Mary Rocke, who for some years has given a course of instruction at the Technical Institute, Gladstone Road, under the auspices of the Surrey County Council and the Wimbledon Borough Council; and of Dr. Beatrice McGregor and the Health Visitor (Miss Measures) in connection with the excellent work being carried out by the Mothers' and Babies' Welcome Society at Wandle Park House.

The influence of such teaching is difficult to estimate, but it is certain that much good is arising therefrom.

**Notification of Births Act, 1907.**—At a meeting of the Council on February 3rd last it was resolved to adopt this Act, and the Local Government Board gave its consent. The Board stated that it "would regard the scheme for employing the Wimbledon Mothers' and Babies' Welcome Society's Nurse under the supervision of the Medical Officer of Health as a

satisfactory means of administering the Act in Wimbledon," and suggested that the Council should make arrangements with the Society whereby the Nurse would be available for a specified portion of her time by the Council, and should be appointed and paid as an Assistant Inspector of Nuisances.

Miss Measures was accordingly appointed as such at a salary of £50 per year to act under the Medical Officer of Health's directions for not less than 15 hours per week.

In accordance with the provisions of the Act, all Notifications are addressed to the Medical Officer of Health, and a tentative scheme was agreed upon by the Society's Committee and the Council whereby the Medical Officer of Health would exercise his discretion as to the cases to be reported to the Wimbledon Mothers' and Babies' Welcome Society.

It was decided, in the first instance, to only advise the Society of those cases in which a medical practitioner or hospital trained nurse or midwife was *not* in attendance on the mother. It is estimated that about 230 confinements take place in Wimbledon per year attended by "bona-fide" midwives, *i.e.*, those who have not had a professional training, and it is in these cases that the influence of the Society would appear to be more beneficial.

Provided that the Medical Officer in attendance does not object, it was also proposed that cases attended by Poor Law Medical Officers should be reported for visiting.

The Health Visitor's instructions in connection with the working of the Act were issued as follows:—

- (a) Visit the home in every case sent to her by the Medical Officer of Health, and if she finds a medical practitioner or hospital trained nurse or midwife in attendance, not to visit again unless requested to do so.
- (b) If a "bona-fide" midwife or any other person is in charge of the mother and infant, give such assistance and instruction as may be necessary, and when, in her opinion, it is desirable that a medical practitioner or the Poor Law Medical Officer should be called in, so advise, taking care in no case to recommend any particular medical practitioner, even if requested so to do.
- (c) Report to the Medical Officer of Health upon the visits made and action taken during the first month after birth, and afterwards upon visits made up to the time the infant is twelve months old.

Further, it was considered advisable that a card of Advice to Mothers should be sent to every house in which a birth

occurs, about ten days after the receipt of the notification, with an intimation that the Health Visitor will call if her services are desired by the mother of the infant.

I have given full particulars of the scheme in order that our methods may be thoroughly understood, but I would mention that it was only adopted provisionally that if, after the experience of six or twelve months' working, it was found necessary to make alterations, that this should be considered.

In my report for 1908 I referred to the appalling amount of preventable sickness and death in infant life throughout the country, due to many causes, but principally to the ignorance among women as to the feeding, clothing and managing of infants, and it is here that the adoption of the Act should prove its value to the community, for not only should it be the means of decreasing the infantile mortality rate, but should materially diminish the number of those infants whose lives are permanently damaged through maternal ignorance and the neglect of every law of hygiene.

By their kindly help and tactful dealing the members of the Wimbledon Mothers' and Babies' Welfare Society are carrying on a good and necessary work, the influence of which can hardly be measured by immediate results, but which will doubtless be reflected in the improved health and physique of the rising generation.

In the earlier months of the year severe epidemics of Whooping Cough and Measles occurred, principally in Trinity, South Park and Dundonald Wards. Twelve deaths were registered due to the former disease and ten to the latter.

The distribution through the Wards was as follows:—

<i>Ward.</i>	<i>Whooping</i>	
	<i>Cough.</i>	<i>Measles.</i>
Cottenham Park ... ..	1	1
Trinity ... ..	2	2
South Park ... ..	6	7
St. Mary's ... ..	2	—
Dundonald ... ..	1	—

In order to check the spread of Measles, Mumps and Chicken-Pox, it was found advisable to close the following schools, for the periods shown:—

<i>School.</i>	<i>Disease.</i>	<i>Period.</i>
Trinity Infants' ... ..	Measles ... ..	Feb. 24th to March 10th
Effra Road Infants' ... ..	Measles, Mumps and Chicken Pox.	May 13th to June 1st and extended until June 19th
Queen's Road Infants' ... ..	Do ... ..	May 30th to June 5th and extended until June 19th
Dundonald Girls' and In- fants'	Measles ... ..	July 1st to July 22nd

**Refuse Collection.**—Some few years ago your Surveyor, Sanitary Inspector, and myself reported in favour of a daily collection of house refuse in the Borough, and, as an experiment, this was carried out in a certain portion of the district, it being stipulated that the occupier should bring the dust receptacle to the forecourt. In spite of much opposition which was manifest for a time, the experiment may be pronounced an unqualified success, not only from a sanitary point of view, but also from the standpoint of economic administration.

I would suggest that, in view of these facts, further portions of the district should now be included in the daily collection scheme.

Full details of the causes of death and their distribution throughout the wards will be found in the appendix tables for the year, whilst the results of the inspections carried out under the Factory and Workshops Act are given in the Home Office Table. The work in connection with the abatement of nuisances, etc., will be reported upon at length by your Sanitary Inspector, Mr. Johnson.

In conclusion, I would state that the vital and other statistics show the district to be in a good sanitary condition, and the recording of this fact in my last report affords me great pleasure.

For the last twelve years of my service as Medical Officer of Health to your Authority, I have had the able assistance and loyal co-operation of Mr. Johnson in the important work of the Department, and looking back upon that period it may be truly said that he has always, without exception, carried out his duties with marked intelligence, tact, zeal and integrity, and in such a way as to reflect credit not only upon himself and the Department, but also upon the Local Sanitary Authority. At all times and upon every occasion I could rely upon the advice given being acted upon and wishes expressed carried out, and the harmony with which he has united with me in the performance of our independent and yet interdependent duties are too well-known and appreciated by you to need emphasizing.

Yours faithfully,

E. POCKLINGTON.

GENTLEMEN,

I beg to present my report for the period October 13th, 1909, to December 31st, 1909, as required by the Orders of the Local Government Board, in addition to which I have collated the statistics for the whole twelve months ending December 31st, 1909. This I have done in order that the statistics may be compared with previous years, as if they are based on different seasons within a year they give widely different results, and are apt to lead to erroneous conclusions.

Whilst one must regard the death-rate of 7.9 with great satisfaction, at the same time the Public Health Department must not take too much credit to itself on this account, as the causes contributing to this satisfactory figure are largely those on which it has no influence. The death-rate of any district is high or low as a rule just as it has a high or low infantile mortality. The infantile mortality during the last two or three years has been low in almost every district, due very largely to the climatic conditions, that is, mainly to cool, wet summers, and, in consequence, to a low incidence of diarrhoeal diseases. Thus it will be seen that any figure tending to decrease the infantile mortality, must also tend to lower the general death-rate, and as year by year the birth-rate is falling, so therefore the numbers of possible children that can die is falling, from which it will be seen that other things being equal, there is a gradual decrease due entirely to the falling birth-rate.

The enormous influence of the infant mortality rate on the general death-rate is seen by the accompanying chart.

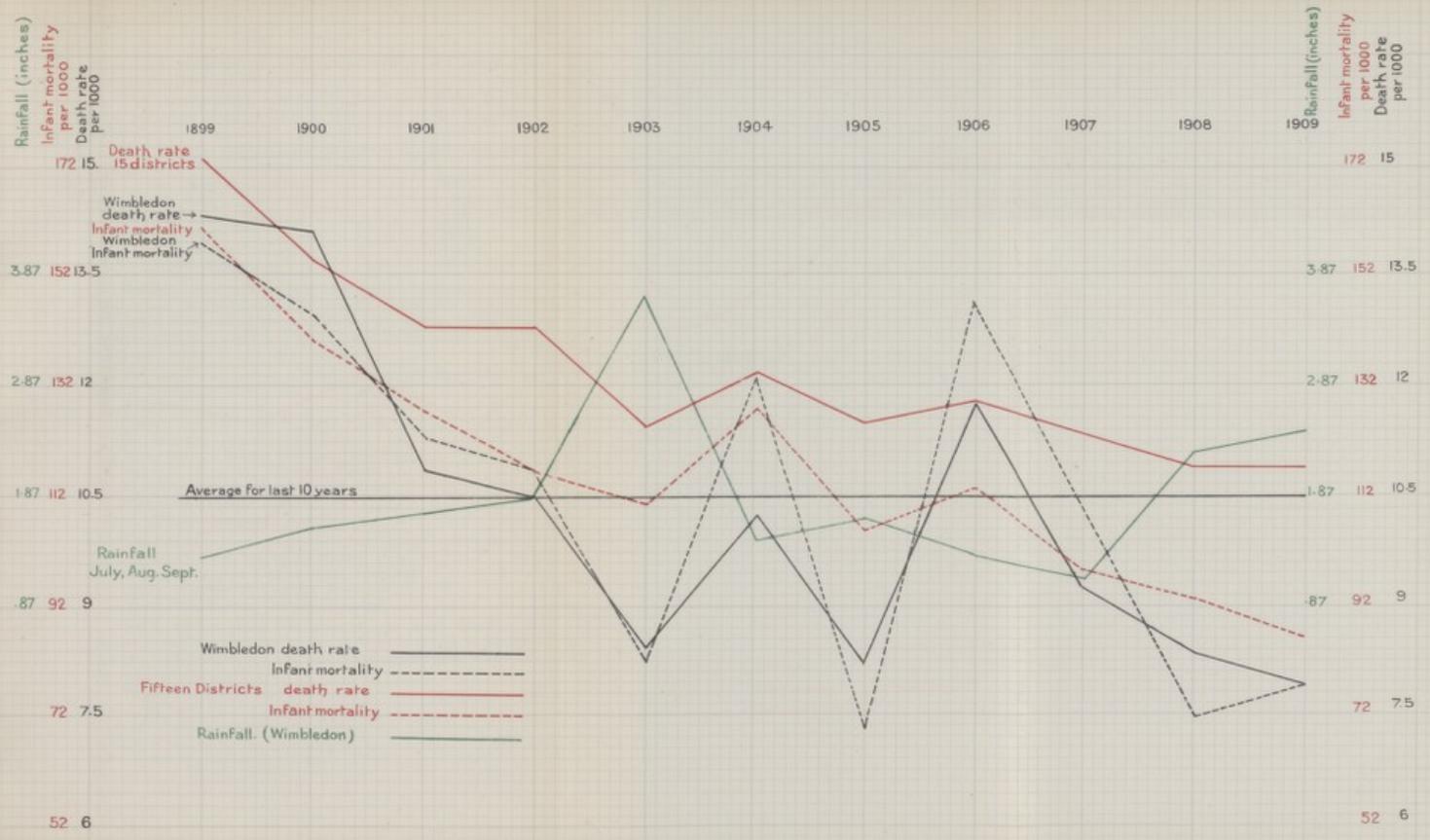
The Zymotic death-rate (.72) is also satisfactory, there being 41 deaths notified under this heading, which is, however, 11 more than last year.

The returns of vital statistics and infectious diseases drawn up on forms supplied by the Local Government Board are appended in Tables I., II., III., IV., and V.

**Population.**—The calculations for the deaths and other rates in the tables of this report are based on an estimated population at the middle of the year as 56,944, which figure is obtained by the Borough Engineer ascertaining the number of occupied houses in each Ward, and multiplying that figure by the house factor for the respective Ward.

**Area.**—The area of the Borough (exclusive of area covered by water) is 3,173 acres, and the density of the population is 17.1 per acre.

**Births.**—The number of births registered was 1,181 (605 males, 576 females), which is 37 more than last year, and



Average for last 10 years

Wimbledon death rate  
 Infant mortality  
 Fifteen Districts death rate  
 Infant mortality  
 Rainfall. (Wimbledon)

Rainfall (inches)  
 Infant mortality  
 per 1000  
 Death rate  
 per 1000

Rainfall (inches)  
 Infant mortality  
 per 1000  
 Death rate  
 per 1000

172 15  
 Wimbledon death rate  
 Infant mortality  
 Wimbledon  
 Infant mortality

172 15  
 3.87 152 13.5

2.87 132 12  
 1.87 112 10.5

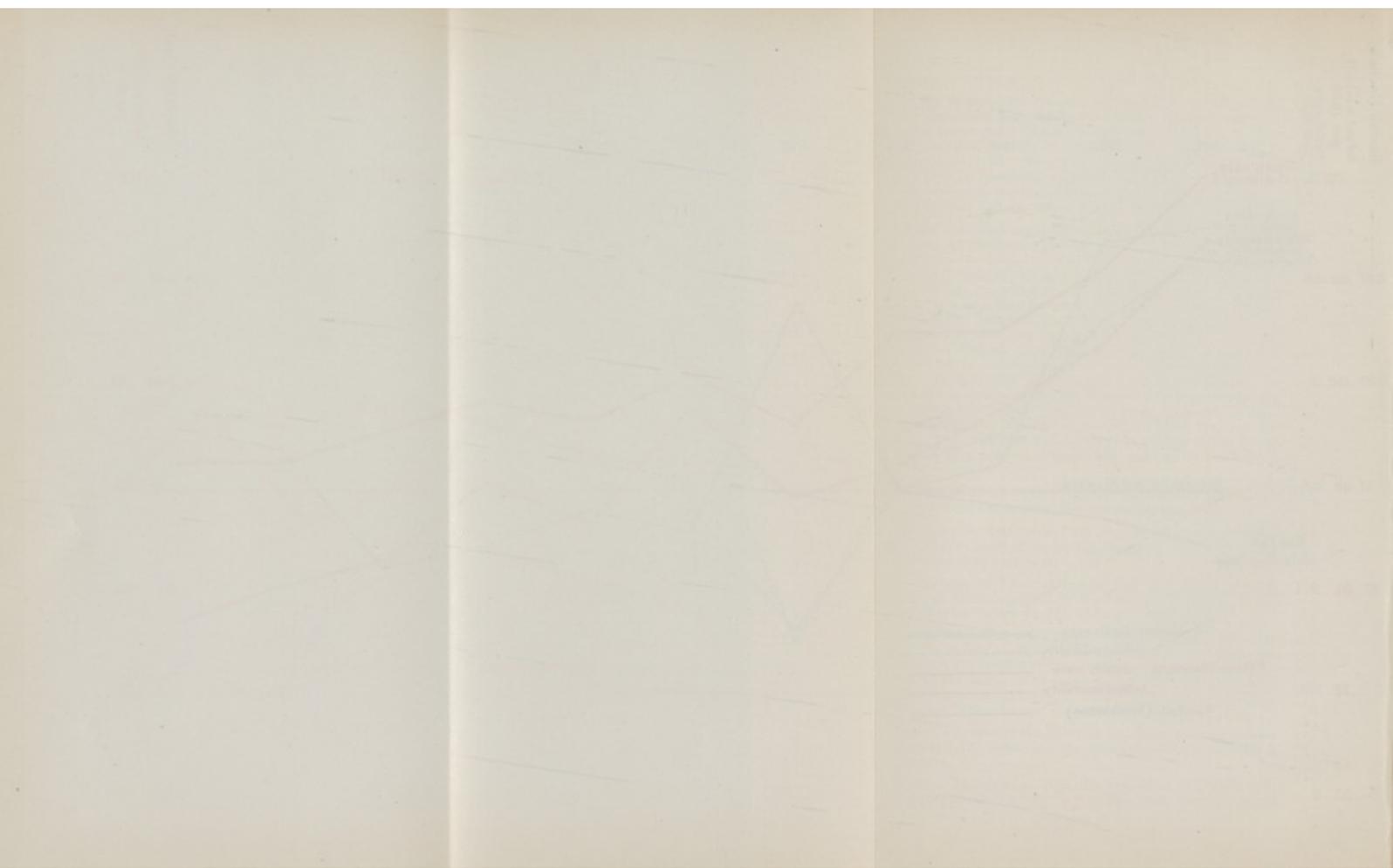
2.87 132 12  
 1.87 112 10.5

.87 92 9  
 72 7.5

.87 92 9  
 72 7.5

52 6

52 6



equal to a birth-rate of 20.7, which rate is 3.7 below the average for the past ten years.

The corresponding rate for England and Wales for the same period is given as 25.6 in the report of the Registrar-General.

The rates for the respective Wards of the district were as follows:—

St. Mary's	...	...	...	...	18.3
St. John's	...	...	...	...	8.1
Cottenham Park	...	...	...	...	15.8
Dundonald	...	...	...	...	21.3
Trinity	...	...	...	...	31.07
South Park	...	...	...	...	23.3

**Deaths.**—The total number of deaths registered in the district was 451 (207 males, 244 females), equal to a death-rate of 7.9 per thousand of the population per annum. This was .4 lower than last year, and 2.5 below the average for the past ten years, which is seen to be 10.4.

The deaths in public institutions outside the district of persons belonging to this Borough were:—

Kingston Infirmary	...	...	...	...	47
County Asylum, Brookwood	...	...	...	...	8
St. George's Hospital (London)	...	...	...	...	2
Home for Incurable Children (Brighton)	...	...	...	...	1
Infants' Hospital, Vincent Square	...	...	...	...	1
St. Luke's Home, Pembroke Square	...	...	...	...	1
Stanmore Cottage Hospital	...	...	...	...	1
St. Mary's Hospital, Paddington	...	...	...	...	1

The deaths occurring in public institutions within the district of persons not belonging thereto were:—

Atkinson Morley Convalescent Hospital	...	...	...	...	2
South Wimbledon Cottage Hospital	...	...	...	...	2
North Wimbledon Cottage Hospital	...	...	...	...	3

After taking these into account, the total number of deaths properly belonging to the district is found to be 508, and the death-rate 8.9. The rate for England and Wales for the same period was 14.5.

Ninety-one deaths of children under one year of age were registered, and this infantile mortality is represented by a ratio of 77 deaths per thousand registered births, an increase of 6 per thousand on the previous year, but a decrease of 38 on the average for the past ten years. The rate for England and Wales was 109. Only on two occasions has the infantile mortality rate fallen below that of this year, namely, in 1905, when the rate was 69, and last year when it was 71.

By the Zymotic death-rate we understand the number of

deaths per thousand of the population which are due to the seven common epidemic diseases:—

- (1) Small-Pox
- (2) Measles.
- (3) Scarlet Fever.
- (4) Diphtheria.
- (5) Whooping Cough.
- (6) Fever, including Typhus, Typhoid, and Ill-defined Fevers.
- (7) Diarrhœa.

These seven epidemic diseases may be divided into notifiable and non-notifiable; and of the former, 7 were due to Diphtheria, and 3 to Scarlet Fever; and of the latter, 12 were due to Whooping Cough, 9 to Diarrhœa, and 10 to Measles, making an aggregate of 41 deaths as against 30 last year, or equal to a Zymotic death-rate of .72, and .55 last year per thousand of the population.

In addition to the deaths from Zymotic diseases, the principal causes of death were as follows:—

Pneumonia	...	...	...	...	37
Bronchitis	...	...	...	...	30
Cancer	...	...	...	...	39
Phthisis	...	...	...	...	48
Other forms of Tuberculosis	...	...	...	...	3
Heart Disease	...	...	...	...	54
Premature Births	...	...	...	...	13

For the purpose of comparison the following Table is given, in advance, by the courtesy of Dr. Stevenson, M.D., of Somerset House, from the returns of the Registrar General:—

**Vital Statistics for 1909 (Provisional Figures).**

	Annual Rates per 1,000 living.			Infant Mortality of infants under 1 year per 1,000 Births.
	Births.	Deaths from all Causes.	Death-rate seven chief Epidemic Diseases.	
England and Wales ...	25·6	14·5	1·12	109
76 Great Towns ...	25·7	14·7	1·42	118
143 Smaller Towns ...	24·8	13·9	1·08	111
England and Wales, less the 219 Towns				
WIMBLEDON ...	20·7	7·9	·72	77

Table A shows the births, deaths (registered in district) and death-rates, and the deaths at certain ages and for specified causes for the past five years.

Table B shows for the same years the number of infectious cases notified, and the deaths from each disease.

Table C shows the death-rates from Zymotic diseases, phthisis, and other forms of tuberculosis for the past ten years.

Table A.

	1909	1908	1907	1906	1905
Births .. .. .	1181	1144	1121	1185	1146
Deaths ... .. .	451	454	480	584	397
Death-rates ... .. .	7.9	8.3	9.2	11.7	8.2
DEATHS—					
Under 1 year ... .. .	91	82	125	175	80
Over 1 year and under 60 years ... .. .	190	221	203	260	175
Above 60 years ... .. .	171	151	152	149	142
From Measles ... .. .	10	5	10	19	1
„ Scarlet Fever ... .. .	3	3	5	5	3
„ Small Pox ... .. .	0	0	0	0	0
„ Diphtheria ... .. .	7	9	6	9	2
„ Diarrhœa ... .. .	9	8	17	90	15
„ Whooping Cough ... .. .	12	4	30	4	10
„ Enteric Fever ... .. .	0	1	1	5	5
„ Puerperal Fever ... .. .	1	1	2	0	1
„ Erysipelas ... .. .	1	1	0	5	1
„ Influenza ... .. .	8	18	3	10	8

## Table B.

DISEASES.	1909		1908		1907		1906		1905	
	Cases Notified.	Deaths.								
Small Pox ... ..	0	0	0	0	0	0	0	0	1	0
Diphtheria ... ..	90	7	94	9	83	6	55	9	39	2
Erysipelas ... ..	35	1	35	1	54	0	32	5	50	1
Scarlet Fever ... ..	316	3	131	3	281	5	229	5	110	3
Enteric Fever ... ..	4	0	5	1	15	1	11	5	39	5
Puerperal Fever ... ..	2	1	1	1	3	2	1	0	1	1
TOTALS ... ..	447	12	266	15	436	14	328	24	240	12

## Table C.

YEAR.	Zymotic Death-rate.	DEATH-RATE FROM							
		Small Pox.	Scarlet Fever.	Diphtheria	"Fever."	Whooping Cough.	Measles.	Diarrhoea.	Phthisis and other Tuberculos Diseases.
1900	1.77	—	—	.25	.12	.12	.43	.48	.6
1901	1.5	—	.02	.14	—	.31	.24	.57	1.04
1902	1.02	—	—	.16	.06	.39	.25	.13	.7
1903	.73	—	.02	.08	.04	.19	.08	.28	1.08
1904	1.9	—	—	.12	.08	.29	.48	.9	.83
1905	.78	—	.06	.04	.12	.20	.02	.31	.82
1906	2.7	—	.1	.18	.1	.08	.38	1.8	1.1
1907	1.3	—	.09	.11	.05	.58	.19	.32	1.1
1908	.55	—	.05	.16	.01	.07	.09	.14	.9
1909	.72	—	.05	.12	—	.21	.17	.15	.75

**Scarlet Fever.**—The total number of cases notified during 1909 was 316 from 253 houses, as against 131 and 281 for 1908 and 1907.

This large increase was due to the outbreak caused by infected milk, which is reported on in full by Dr. Pocklington. In two houses there were 5 cases; in three houses 4; in three houses 3; in thirty-eight houses 2; and the remainder 1 case each.

The disease occurred in the following numbers at the various ages:—

Under one ...	...	...	...	0
One to five ...	...	...	...	56
Five to fifteen ...	...	...	...	207
Fifteen to twenty-five ...	...	...	...	34
Twenty-five to sixty-five ...	...	...	...	19

The following was the Ward incidence:—

St. Mary's ...	...	19	Removed to Hospital	13
St. John's ...	...	12	" "	4
Cottenham Park ...	...	41	" "	19
Dundonald ...	...	57	" "	41
Trinity ...	...	96	" "	68
South Park ...	...	91	" "	57
				202

The average attack and death-rates for the last three quinquennial periods and the past four years were as follows:—

	Attack Rate	Death Rate.	
1891—1895 ...	4.8	.02	per thousand of the population.
1896—1900 ...	3.3	.04	" " " "
1901—1905 ...	2.3	.02	" " " "
Year 1906 ...	4.5	.10	" " " "
Year 1907 ...	5.4	.09	" " " "
Year 1908 ...	2.4	.05	" " " "
Year 1909 ...	5.5	.05	" " " "

Two hundred and two, or 63.9 per cent., of the patients were treated in the Isolation Hospital, 2 terminating fatally. The case mortality rate is .9 per cent. and the death-rate from the disease .05 per thousand of the population.

About 60 per cent. of the cases notified were children of school age, namely, five to fifteen years, and of these 198 attended the following schools:—

Effra Road Girls' and Infants' School ...	12
Durnsford Road Girls' and Infants' School	1
Queen's Road Girls' and Infants' School ...	13
Queen's Road Boys' School ... ..	12
Cottenham Park School ... ..	4
Trinity Girls' and Infants' School ... ..	30
Trinity Boys' School ... ..	6
Pelham Girls' and Infants' School ... ..	9
Haydon's Girls' and Infants' School ... ..	11
Haydon's Boys' School ... ..	19
Dundonald Girls' and Infants' School ... ..	5
Dundonald Boys' School ... ..	2
St. Mary's Girls' and Infants' School ... ..	14
St. Mary's Boys' School ... ..	5
Central Girls' and Infants' School ... ..	9
Central Boys' School ... ..	9
Private Schools ... ..	29
Schools outside the District ... ..	8

The extreme importance of the existence of overlooked or "missed" cases has been pointed out by Dr. Pocklington on previous occasions.

At the commencement of my work in Wimbledon there was an outbreak in Haydon's Road Boys' School undoubtedly due to this class of case. Notice was sent to the Head Master to exclude all boys in any way suspicious, and to forward a list at once to the Public Health Department. Seventeen boys were excluded and followed up, and two were subsequently notified to the Department as Scarlet Fever; this procedure at once put an end to the outbreak.

A similar state of affairs occurred in the Central School, beginning on the 19th of November. Here again, on two occasions, every child in the affected classes was examined, and some were excluded as suspicious, and from amongst those one was subsequently notified as Scarlet Fever.

Another very striking instance showing the way the mild cases are missed occurred in December.

On December 6th a child was taken ill with a sore throat, the doctor who was called in suspected Diphtheria, and a swab was taken with a negative result. Another child, aged 2, had a slight sore throat on the same day, which was also swabbed with a negative result. On December 21st the mother was notified by the doctor in attendance as suffering from Scarlet Fever. She called in the doctor on account of sore throat on the 15th, and it was not until the 21st that the doctor noticed she was peeling and notified her. The two younger children on the onset of the mother's illness had been sent to Battersea, and the one

from whom the swab was first taken to Wandsworth. I communicated the facts to the Medical Officers of Health of both districts, and the child sent to Wandsworth was subsequently notified as Diphtheria (probably mixed infection) and the two other children at Battersea were later notified as Scarlet Fever, and gave it to the child in the house they were staying in.

This very well illustrates the difficulties of the Health Department and the general practitioner, as in not one of the four cases was any rash to be seen when the doctor was called in, and was so evanescent that it was not noticed by the parent.

A very important memorandum on the question of infectious disease and its relation to schools was issued in the autumn by the Chief Medical Officers of the Local Government Board and the Board of Education conjointly, laying down the procedure to be adopted with regard to the exclusion of individual children, those relating to Scarlet Fever being as follows:—

(1) As regards each child attacked by the disease:

“(a) When treated in the Isolation Hospital he is usually detained for about six weeks, and longer if any mucous discharges continue. After return home, in view of the occasional protracted infectiousness of patients with such discharges, and sometimes even of those without them, a notice should be sent to the teacher, and a notice should also be given to the parent to the effect that the patient should not attend school for two weeks.

“(b) When the patient has been treated at home the same rules apply exactly, assuming that the patient and his rooms have been effectively disinfected after the illness has ended.”

(2) As regards children living in infected houses:

“(a) When the patient has been removed to the Isolation Hospital the teacher and the parents should be instructed to keep all children living in the same house away from school for two complete weeks from the day on which disinfection, subsequent to the removal of the patient, has taken place; and the parents of all children in the house, especially the parents of the patient, should be instructed to keep these children out of contact with other children for the same period.

“(b) When the patient is treated at home no other children from the same house should attend school while the patient is infectious, nor for two weeks after the end of his period of isolation.”

With regard to "missed" cases the report runs as follows, and shows how much work is necessitated in order to stop the infection spread by means of those cases, which by their very nature are so mild as to be frequently overlooked, but which may infect another child with the gravest form of the disease:

"In the administrative control of such notifiable diseases, therefore, action must start with the Medical Officer of Health. In a well-organised and efficiently worked sanitary district each notification by a medical practitioner of a case of one of the notifiable diseases should form the starting point for a prompt and full investigation of the possibilities of infection. As stated in Article 18 (2) of the Local Government Board's Regulations as to Medical Officers of Health, it is the duty of the Medical Officer of Health "to inquire into and ascertain by such means as are at his disposal the causes, origin and distribution of diseases within his district"; and with this object in view he will regard each case of notified disease as possibly connected with other cases of the same disease, which owing to their mildness, or the absence of some of the characteristic symptoms, have been overlooked by the parent, or the teacher, or both. The investigation of such missed cases is indispensable to effective administration. A portion of this investigation may need to be undertaken at the patient's home; it is incomplete unless an equally thorough inquiry has been made into the condition of the children who have been in contact at school with the scholar who has fallen ill. This inquiry should be shared by the Medical Officer of Health and the School Medical Officer, if these offices are not held by the same official. It should include the recent history and present condition of children who have recently returned to school after an interval of absence, and be followed by careful watching of the children who have been in contact with the infectious case."

There have been three return cases of Scarlet Fever; in one case the patient was not discharged until after 67 days, the lengthened period of detention having been due to an abscess in the neck.

These cases will occur from time to time even with the best administration, and compared with the records of other towns Dr. Clapham is to be congratulated on the excellence of the administration of the hospital under his control.

**Diphtheria.**—Notifications of 90 persons suffering from this disease were received during the year, the attack rate being 1.5 per thousand of the population. This rate is .2 below last year, and the highest with three exceptions (1902, 1907, and

1908) since the year 1891. The attack rates in the various Wards were as follows:—

Dundonald	...	...	...	·98
St. John's	...	...	...	·87
St. Mary's	...	...	...	·97
Cottenham Park	...	...	...	·92
South Park	...	...	...	2·27
Trinity	...	...	...	2·30

The 90 cases occurred in 79 houses, in one of which there were 3 cases, and in ten others 2 each.

In Diphtheria, as in Scarlet Fever, the trouble from a public health point of view is not with the serious cases, but with the mild ones, which are overlooked and act as centres of infection, and in addition to those that are known as "carrier" cases which may harbour virulent Diphtheria bacilli for extended periods, without suffering from the clinical manifestations of the disease. Another point which gives rise to trouble in administering the Public Health Department with regard to Diphtheria is that with a simple acute Tonsilitis, as a rule, the febrile symptoms are much more marked than in Diphtheria, so that given a suspicious throat with a temperature of 103·5 or over, it is odds on that being simple acute Tonsilitis, and not Diphtheria, whereas with the same conditions and a temperature of 101 or less, or even normal, it is very often found to be true Diphtheria, so that the public are apt to pay little attention to what seems to them at first sight a far less serious condition than that produced by an acute Tonsilitis. At the same time there are a large number of cases whose identity can only be cleared up by a bacteriological examination, and it is often not sufficient to rely on one negative swab as clearing up the diagnosis, as is very well illustrated in the case recorded in the previous paragraph under the heading of Scarlet Fever.

At the same time it is of the utmost importance that no case should be allowed to go free until it has been bacteriologically proved free from infection, as it is so often found that these cases harbour the virulent form of the bacilli, which can be actually demonstrated to be fatal to guinea pigs for very long periods.

The importance of this is emphasised in the memorandum on "exclusion of children from school" in the following words:—

"The examination of the throats of "contacts" whenever practicable, by bacteriological means, is a most important aid to precautionary measures against the spread of diphtheria. If a positive result is obtained in the case of children showing no evidence of diphtheria, the presence of some measure of infection must

be assumed, though it will not be advisable to insist on the removal of such patients to an isolation hospital.

“It is recognised that in many sanitary districts arrangements do not exist for such examinations; but it has been thought better to set forth the line of action commonly adopted in the best organised sanitary districts. Clinical examination of contacts and other children often throws valuable light on the origin of outbreaks of diphtheria. Particular attention should be paid to children who have been absent without known cause, or who show evidence of pallor, enlarged glands, or sore noses.”

*Rules for exclusion of individuals.*

(1) As regards each child attacked by the disease:—

“(a) When treated in the Isolation Hospital the patient should, when practicable, be detained until three successive swabs taken on different days have given consistent negative results. These swabs should not be taken until at least 48 hours have elapsed since the last application of any disinfectant to the throat. In view of the debility left by an attack of Diphtheria, and the possible return of infectivity in the secretions of the nose or throat a notice should be sent to the teacher stating that the child should not return to school for four weeks after return home.

“(b) When the patient has been treated at home three successive negative swabs should, when practicable, be obtained as above; and after disinfection of the patient and his rooms and belongings, the same period of subsequent abstention from school attendance as above should be enjoined.”

(2) As regards children living in infected houses:—

“(a) When the patient has been removed to the Isolation Hospital the teacher and the parent should be instructed to keep all children living in the same house away from school during the next two complete weeks, or even longer, unless these children have been cleared by negative result of bacteriological examination.

“This interval is desired owing to the frequent occurrence of slight cases of diphtheria and “carrier” cases.

“(b) When the patient is treated at home no other child from the same house should attend school while the patient is infectious, nor for four weeks afterwards.”

The above conclusions are those which have been arrived at which tend to show that Diphtheria is spread entirely by personal contact, and that of a very close nature, and that defective drains have little or nothing to do with the production of the disease.

During the investigation of Diphtheria, in 50 cases the drains were tested, and in 27 some form of sanitary defect was found, that is in 54 per cent. of the houses, whereas in the ordinary house to house inspection in 39 houses tested at 29 defects were found, that is in 74 per cent., so that it will be seen that the defects found in the houses in which Diphtheria occurred was about 20 per cent. less than occurs in the ordinary property which is inspected by the Department.

With regard to the mortality from Diphtheria, the whole question is one of time, as the mortality increases with every day treatment is postponed, as will be shown from the accompanying statistics from the Brook Hospital of the Metropolitan Asylums Board, from 1898 to 1903, and the Croydon Borough Hospital from 1898.

In the case of the Brook Hospital:—

Antitoxin administered on first day—	death rate	0 %
"          "          " second "          "          "		4.3 %
"          "          " third "          "          "		11.03 %
"          "          " fourth "          "          "		15.2 %
"          "          " fifth "          "          "		19.9 %

In the case of the Croydon Borough Hospital:—

Antitoxin administered on first day—	death rate	0 %
"          "          " second "          "          "		3.3 %
"          "          " third "          "          "		7.5 %
"          "          " fourth "          "          "		16.4 %
"          "          " fifth "          "          "		24.3 %

As will be seen from the accompanying chart, there was no particular outbreak of Diphtheria, which was fairly evenly distributed throughout the year.

The cases were distributed through the wards as follows:

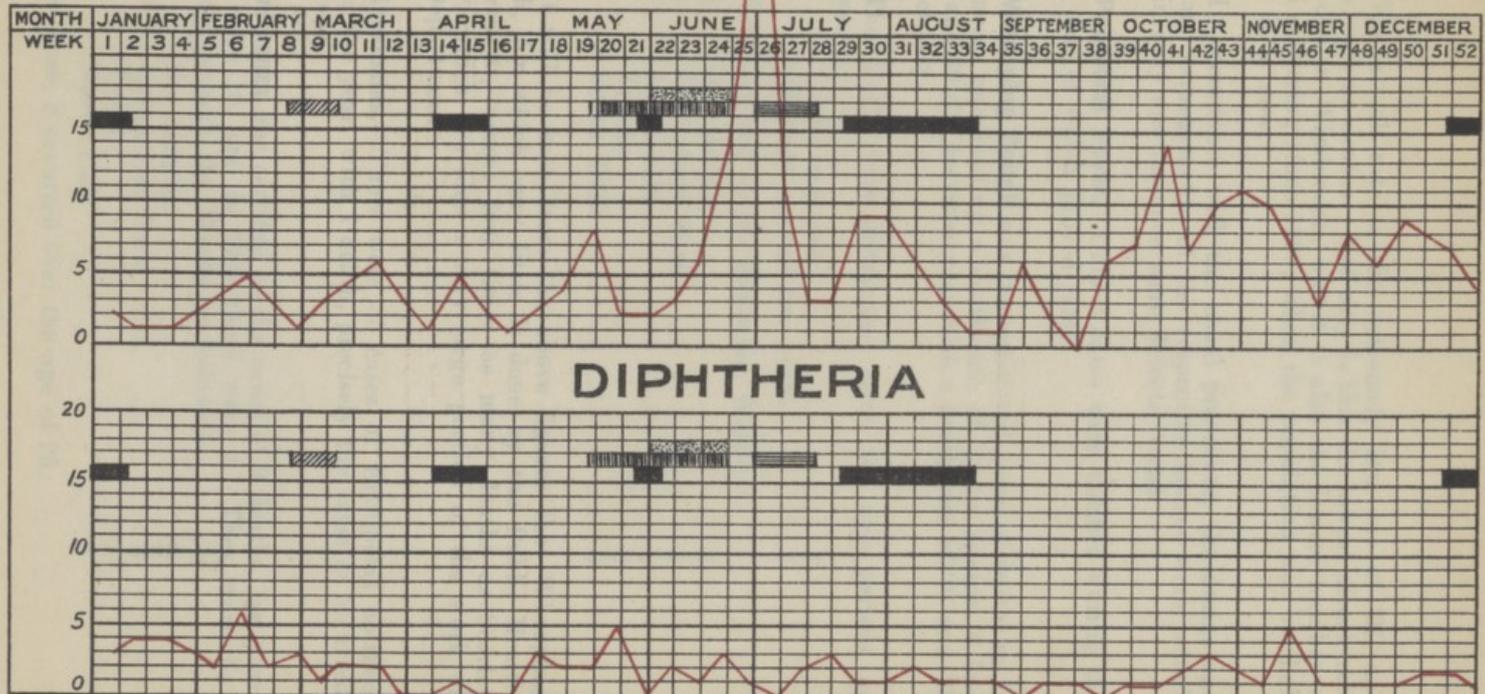
St. Mary's... ..	10	Removed to Hospital	6
St. John's ... ..	5	"          "          "	3
Cottenham Park ...	6	"          "          "	2
Dundonald ... ..	8	"          "          "	6
Trinity ... ..	27	"          "          "	24
South Park ... ..	34	"          "          "	26
			—
			67
			—

Year.	Total Cases.	Cases treated in Hospital.	Deaths in Hospital.	Percentage of Deaths in Hospital.	Cases treated at Home.	Deaths at Home.	Percentage of Deaths at Home.	Attack Rate.	Case Mortality Rate.		
1890	10	3	2	66·6%	7	3	42·8%	·4	50%	Durnsford Lodge used for all Infectious Diseases except during 1893 when, owing to the prevalence of Scarlet Fever, Diphtheria patients could not be admitted. It was closed on Oct. 10th, 1895, because of its insanitary condition.	
1891	16	2	1	50%	14	6	42·8%	·5	43·7%		
1892	18	2	1	50%	16	8	50%	·6	50%		
1893	39	Nil.	Nil.	—	39	4	10·2%	1·3	10·2%		
1894	44	24	6	25%	20	4	20%	1·4	22·7%		
1895	39	27	8	29·6%	12	10	83·3%	1·1	46·1%		
1896	30	Nil.	Nil.	—	30	3	10%	·9	10%		Bacteriological examination and the use of Anti-Toxin first adopted in Wimbledon. Iron Hospital, Durnsford Road, in use except for Diphtheria.
1897	43	Nil.	Nil.	—	43	7	16·2%	1·1	16·2%		
1898	60	Nil.	Nil.	—	60	7	11·6%	1·5	11%		
1899	64	Nil.	Nil.	—	64	12	18·7%	1·5	18·7%		
1900	64	2	Nil.	Nil.	62	10	16·1%	1·4	15·6%		
1901	60	38	3	7·9%	22	3	13·6%	1·4	10%		
1902	80	29	6	20·7%	51	1	1·9%	1·8	8·7%		
1903	58	35	1	2·8%	23	3	13%	1·2	6·9%		
1904	36	27	5	18·5%	9	1	11·1%	·7	16·6%		
1905	39	25	2	8%	14	Nil.	Nil.	·8	5·1%	Present Hospital, Gap Road, opened December, 1900.	
1906	55	28	3	10·7%	27	6	22·2%	1·1	16·3%		
1907	83	59	6	10·1%	24	Nil.	Nil.	1·6	7·2%		
1908	94	66	7	10·6%	28	2	7·1%	1·7	9·5%		
1909	90	67	3	4·4%	23	4	17·3%	1·5	7·7%		

1890—1895	Average Attack Rate	·8	Average case Mortality Rate	37·1%
1896—1900	„ „ „	1·2	„ „ „	14·3%
1901—1909	„ „ „	1·3	„ „ „	9·4%

**Enteric or Typhoid Fever.**—During the year 4 persons in 4 different houses were notified as suffering from this disease, 1 being in Dundonald Ward, 1 in Trinity Ward, and 2 in South Park Ward. One case occurred in February, 1 in June, 1 in August, and 1 in November.

# CHART SHEWING WEEKLY NOTIFICATIONS OF SCARLET FEVER



PERIODS DURING WHICH PUBLIC ELEMENTARY SCHOOLS CLOSED —

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><span style="display: inline-block; width: 15px; height: 10px; background-color: black; margin-right: 5px;"></span> ALL SCHOOLS</li> <li><span style="display: inline-block; width: 15px; height: 10px; border-left: 1px solid black, border-right: 1px solid black, border-bottom: 1px solid black; margin-right: 5px;"></span> TRINITY, INFANTS' DEPT</li> <li><span style="display: inline-block; width: 15px; height: 10px; border-left: 1px solid black, border-right: 1px solid black, border-bottom: 1px solid black; margin-right: 5px;"></span> EFFRA ROAD, INFANTS' DEPT</li> <li><span style="display: inline-block; width: 15px; height: 10px; border-left: 1px solid black, border-right: 1px solid black, border-bottom: 1px solid black; margin-right: 5px;"></span> QUEENS' ROAD, INFANTS' DEPT</li> <li><span style="display: inline-block; width: 15px; height: 10px; border-left: 1px solid black, border-right: 1px solid black, border-bottom: 1px solid black; margin-right: 5px;"></span> DUNDONALD, GIRLS' &amp; INFANTS' DEPT'S</li> </ul> | <ul style="list-style-type: none"> <li>— ORDINARY HOLIDAYS.</li> <li>— MEASLES.</li> <li>— MEASLES, MUMPS &amp; CHICKEN POX.</li> <li>— MEASLES, MUMPS &amp; CHICKEN POX.</li> <li>— MEASLES.</li> </ul> |
|--|--|



The attack rate is the extremely low one of '07, and there were no deaths. Not only is this the lowest attack rate recorded in Wimbledon, but it is also the lowest number of cases occurring since 1890, when the population was but half what it is now.

In accordance with the usual procedure, the drains and sanitary arrangements of the respective houses were tested, but in only one instance were defects found.

**Puerperal Fever.**—Only 2 cases were notified during the year, one of which proved fatal.

**Whooping Cough** was the registered cause of deaths in 12 instances, representing a death-rate of '21 as against 4 last year and 30 the previous year with a death-rate of '07 and '58 respectively.

The deaths were distributed over the age periods as follows:—

Under one year	...	...	...	7
Between one and five years...	...	...	...	5

and they occurred in the following Wards:—

St. Mary's	...	...	...	2
Cottenham Park	...	...	...	1
Dundonald	...	...	...	1
Trinity	...	...	...	2
South Park	...	...	...	6

It will be seen from the above figures that Whooping Cough, for which very little is done by the Public Health Department, causes four times as many deaths as Scarlet Fever, which provides a very large portion of the work of the Department.

**Erysipelas.**—There were 35 cases of Erysipelas notified during the year, with 1 death, precisely the same as occurred last year.

**Influenza** was certified as the cause of 9 deaths, last year there were 18, and in 1907 there were 3. They were distributed through the Wards as follows:—

St. John's	...	...	...	2
Cottenham Park	...	...	...	3
Trinity	...	...	...	1
South Park	...	...	...	3

Of these, 8 occurred over the age of 25.

**Measles.**—Measles was responsible for 10 deaths during the year, or equivalent to a death-rate of '17, as compared with 5 last year and 10 the year before, with a death-rate of '09 and '19.

During the year the Infants' Department, Trinity School; Infants' Department, Effra Road School; Infants' Department, Queen's Road School; and the Girls' and Infants' Department of Dundonald School, had to be closed on account of Measles.

Of the deaths, 1 occurred under one year of age, 7 between one and five years, and 2 between five and fifteen years.

The distribution through the Wards was as follows:—

Cottenham Park	...	...	...	1
Trinity	...	...	...	2
South Park	...	...	...	7

and the rates:—

Cottenham Park	...	...	...	'15
Trinity	...	...	...	'17
South Park	...	...	...	'46

Practically all the deaths occurring from Measles are due to pulmonary complications, and the majority of these are undoubtedly due to ignorance. Here again, as in the case of Whooping Cough, the deaths are more than three times the number of those from Scarlet Fever.

It will be seen from the figures with regard to Measles and Whooping Cough that these two diseases for which the Department does nothing and which the public treat somewhat lightly, are responsible for more than seven times the number of deaths than are due to Scarlet Fever.

**Phthisis and other Tuberculous Diseases** were the assigned cause of the death of 48 persons (29 males and 19 females) during the year, equal to a death-rate of '82 per thousand of population. Last year there were 58 deaths, and the previous year 57.

Included in this number are six persons, formerly residents in Wimbledon, who died in the Workhouse at Kingston.

In Table IV. is shown the distribution over the age periods, and in Wards.

The following list gives the various occupations:—

Confectioner	...	...	...	...	1
Confectioner's Assistant	...	...	...	...	1
Housewife	...	...	...	...	11
Labourer	...	...	...	...	3
Coach Trimmer	...	...	...	...	1
Engraver	...	...	...	...	1
Schoolmistress	...	...	...	...	1
Domestic Servant	...	...	...	...	1
Bridle Cutter	...	...	...	...	1
Saddler	...	...	...	...	1
Lather	...	...	...	...	1
Flour Merchant	...	...	...	...	1
Dairyman's Assistant	...	...	...	...	1
Laundryman	...	...	...	...	1
Governess	...	...	...	...	1
Army Pensioner	...	...	...	...	1
Dyer	...	...	...	...	1
Coachman	...	...	...	...	1
Draper's Assistant	...	...	...	...	1
Blacksmith	...	...	...	...	1
Telegraphist	...	...	...	...	1
Painter	...	...	...	...	1
Shop Assistant	...	...	...	...	1
No Occupation	...	...	...	...	6

Only 13 notifications were received under the voluntary system in addition to the 29 received under the Public Health (Tuberculosis) Regulations, which came into force on January 1st, 1909.

In all cases of Phthisis inquiries are made by the Department with regard to getting disinfection carried out, but in 32 cases this was refused.

The problem of dealing with the Consumptive is one of the most urgent at present confronting the country, and in view of the fact that if taken in its early stages it is readily curable, the attitude of the Public Authorities throughout the country seems to be unsound from a financial point of view, when it is borne in mind that one-eleventh of the total cost of the Poor Law Administration is due to Tuberculosis. The problem does not only concern the actual sufferer, but the whole family, and in view of the latest researches in Germany among children where it is found that 30 per cent. and over of large numbers taken haphazard react to tuberculin tests, particularly by Von Pirquets method, it would seem that

much of the debility in various forms occurring in childhood is due to Tuberculosis of small amount, which is unrecognised by clinical examination, and from which in the majority of cases the child makes a perfect recovery, and in 50 per cent. of the cases direct infection was to be traced to Tuberculosis then in the home, or to a case having previously lived there. In the majority of cases, as they at present come within the purview of the Authority, practically all hope of cure is gone, so that it would appear that the present point of attack must be rather the prevention of infection than the cure of the actual sufferer. To treat the sufferer in Sanatoria with nothing left when cured but the life of an invalid unable to support his family is extremely costly to the community. On the other hand, if we realise that infection in Consumption is entirely by means of the expectoration, it is a comparatively simple matter to educate the sufferer in the ritual of the consumptive, whereby he can continue to live at home without infecting the rest of the family.

At present Wimbledon is paying as an eleventh part of the Poor Law expenses £3,200 a year for the relief of Consumption without benefiting the patient or attempting to control the spread of infection. Roughly speaking, the death-rate from Consumption is practically 16 times that of Scarlet Fever.

It is a matter for regret that so little use is made of the Department with regard to the microscopic investigation of sputum in suspicious cases of Phthisis. There were only 25 cases in which examinations were made by the Department, and when it is realised the large number of cases there must be in existence, together with the doubtful ones, it seems that much more could be done in the way of confirming the diagnosis in doubtful cases. Moreover, it would appear that one examination is taken as conclusive, whereas it is found in the early cases and the doubtful ones, which are the only ones where the microscopic test is of use in helping the diagnosis, that repeated examinations have often to be made before the bacillus is found.

In two-thirds of the cases examined the result was negative, so that one may take it the majority of these patients are not much better off for having had one examination made.

**Cancer.**—During the year 39 deaths have been registered as due to the different forms of malignant disease or Cancer, 16 males and 23 females.

The following table shows the different parts of the body invaded, and the age incidence:—

Part Affected.	Male.	Female.	Total.	Age Incidence.	Male.	Female.	Total.
Stomach and Bowels	9	7	16	Under 35 years	—	1	1
Liver ... ..	3	4	7	35 to 40 ..	—	1	1
Urinary and Generative Organs ...	—	5	5	40 to 45 ..	—	2	2
				45 to 50 ..	2	1	3
Breast ... ..	—	6	6	50 to 55 ..	2	3	5
Head and Face ...	1	1	2	55 to 60 ..	1	2	3
Tongue, Neck and Throat ... ..	2	—	2	60 to 65 ..	3	6	9
Other Parts ...	1	—	1	65 to 70 ..	3	1	4
				70 to 75 ..	1	2	3
				75 to 80 ..	2	4	6
				80 and upwards	2	—	2
Total ... ..	16	23	39	Total ... ..	16	23	39

The death-rate for the year was '68, as against '57 last year, and '88 in 1906, the average for the past five years being '76.

**Diarrhœa and Epidemic Enteritis** was responsible for 14 deaths, corresponding to a death-rate of '25. Last year there were 9 deaths, and a death-rate of '14, whilst the average for the past 10 years is '70.

There were also registered 12 deaths due to Enteritis, which term also includes Muco-enteritis, Gastro-enteritis, and Gastritis, giving a death-rate due to diarrhœal diseases of '21.

The mortality in Wards and age periods is shown in Table IV.

**Infantile Mortality.**—By the term "Infantile Mortality" is meant the proportion of infants who died before reaching the age of twelve months to the total number born during the year. This is the method required by the Local Government Board in their statistical tables, and permits of accurate

comparison with other localities, as in taking the number of deaths only, no reliable data are given for comparison, and to calculate the infantile death-rate on the population, or on the deaths at all ages, as is sometimes done, is absolutely valueless.

There were 91 such deaths during the year, or 77 per 1,000 births, an increase of 6 on last year's rate, when there were 82 deaths, and a rate of 71. The previous year there were 125 deaths, and the rate 111. The average for the past ten years is 115.

Only twice previously, as pointed out in the commencement of the report, has this low figure been surpassed. This was in 1905, when the rate was 69, and last year when it was 71. The average for the 143 smaller towns in the Registrar-General's Returns, that is, towns with populations from 20,000 and under 50,000 at the last Census, is 111. Wimbledon's figure compares very satisfactorily with this.

The infantile mortality amongst illegitimate children was 162·8, as compared with 75·6 for the legitimates.

Fortunately for the infantile mortality the last two summers have been cool and damp, and it is seen that the general mortality largely depends on the infantile mortality as shown by Chart No. 1.

We must not congratulate ourselves too much on the excellent infantile mortality figure or even on our death-rate, as the Chart showing the general death-rate and infantile mortality rate for the 15 districts round London shows that similar districts are sharing in the general lowering of both these rates, partly due to increased sanitation, but mostly influenced by the climatic conditions.

One cannot speak too highly of such institutions as the Mothers' and Babies' Welfare Society, and would wish that the country at large would undertake work on the same lines. At present there are only 16 similar institutions existing.

Hitherto the authority to whom these young mothers turned, or whose advice was thrust on them, was the ever willing neighbour, whose sole qualification for administering advice on a subject, which, with a delicate child often taxes the resources of a medical man to the utmost, are that "she has had eleven children and buried eight of them."

During the period (the past seven years) that records have been obtainable of infantile mortality in the various Wards, it is found that South Park Ward has had the highest rate in four years, St. Mary's Ward in two years, and Dundonald one year, the average for the North Wimbledon Wards for those years being 63, as against 106 in the South Wimbledon Wards.

Twenty-five babies, or about 27 per cent. of the total deaths, failed to survive the first week of life, and 41·7 per cent. the first month. Fourteen per cent. of the infants died from what may be termed "pre-natal causes."

**Notification of Births Act, 1907.**—This Act came into force on 26th July, 1909, and since that date 189 births have been notified by the following persons:—Parents, 109; Midwives, 38; Doctors, 31; and other persons, 11.

During the same period 484 births were registered, but as this does not form an accurate comparison owing to the fact that registration may take place at any period within six weeks of the time of birth, the actual births which were registered as having taken place during the month of December were obtained and amounted to 95. During the same period 44 notifications were received, from which it will be seen that only 46·3 per cent. of the births were being notified, the following being the percentages of the default in the various Wards:—

South Park	...	...	...	35·2
St. Mary's	...	...	...	27·4
Trinity	...	...	...	19·6
Dundonald	...	...	...	9·8
Cottenham Park	...	...	...	3·9
St. John's	...	...	...	3·9

The deaths under one year occurred in the corresponding Wards in the following numbers:—

South Park	...	...	...	37
St. Mary's	...	...	...	16
Trinity	...	...	...	25
Dundonald	...	...	...	14
Cottenham Park	...	...	...	2
St. John's	...	...	...	3

from which it will be seen that in the districts where the need for information which can be obtained under the Act is greatest the default in notification is correspondingly great.

Unfortunately, from some oversight, two Midwives and one Doctor practising in the district received no notification of the adoption of the Act, so that no notifications were received from them since the Act came into force. If the Act is to be of any service wider publicity of its adoption should be given in the district.

Under the tentative arrangement made whereby the Health Visitor sees only those cases attended by bona fide midwives, only 39 cases have been sent since the Act came into force.

**Isolation Hospital.**—The following table furnished by the Hospital Medical Attendant, Dr. Clapham, gives the number of patients treated in the Hospital for each disease during the year:—

CASES ADMITTED IN 1909.	Over 5 years.	Under 5 years.	Total.	DEATHS.			REMARKS.
				Over 5 years.	Under 5 years.	Total.	
Scarlet Fever ...	167	37	204	—	2	2	Average daily number of Patients— 35.
Diphtheria ...	50	20	70	3	—	3	
Enteric Fever ...	1	—	1	—	—	—	
Influenza(StaffNurses)	2	—	2	—	—	—	
Tonsilitis ( do. )	1	—	1	—	—	—	
Total ...	221	57	278				Average number of days in Hospital— 42.
<i>Carried over from 1908</i>							
Scarlet Fever ...	15	3	18	—	—	—	
Diphtheria ...	8	2	10	—	—	—	
Total number of Cases treated during 1909 ...	244	62	306	3	2	5	

**Disinfection.**—The following table shows the number of rooms and articles disinfected:—

DISEASE.	BEDDING DISINFECTED.					CLOTHING.			No. of Rooms Disinfected.	TOTAL.
	Mattresses	Palliassees and Counterpanes.	Beds.	Pillows and Bolsters.	Blankets and Sheets.	Dresses.	Suits.	Other Articles		
Scarlet Fever ...	447	335	215	982	1924	396	167	10662	417	15545
Diphtheria ...	108	83	67	256	439	85	31	2166	101	3336
Consumption ...	19	17	13	40	43	4	6	258	20	420
Cancer ...	11	7	7	39	4	6	4	145	7	230
Measles ...	7	9	1	10	48	3	5	339	86	508
Septic Cases ...	32	2	3	63	53	3	—	156	12	324
Typhoid Fever ...	2	2	—	9	10	—	—	3	—	26
Puerperal Fever...	2	1	—	3	4	1	—	10	2	23
Vermin ...	1	4	2	4	5	—	1	14	4	35
Chicken Pox ...	1	1	—	2	—	—	3	26	—	33
Ringworm ...	1	—	—	2	5	—	—	166	1	175
Sundries ...	36	4	5	77	70	1	—	233	204	630
<b>TOTALS</b> ...	<b>667</b>	<b>465</b>	<b>313</b>	<b>1487</b>	<b>2605</b>	<b>499</b>	<b>217</b>	<b>14178</b>	<b>854</b>	<b>21285</b>

There were 33 library books disinfected.

**Diagnostic Tests.**—The number of specimens of serum, sputum, and blood submitted for bacteriological examination to the Clinical Research Association and St. George's Hospital during the year in doubtful cases of Diphtheria, Pulmonary Tuberculosis, and Typhoid Fever, and the results of such examinations, are given on page 58.

Sixty-three bottles of anti-diphtheritic serum were supplied through the Public Health Department for use by medical practitioners for the treatment of Diphtheria, and also six bottles of anti-streptococcal serum, a stock of which will henceforth always be kept.

**Mortuary.**—From information received from the Superintendent of the Cemetery, there were 64 bodies received into the Mortuary during the year, and 41 post-mortems held (21 males, 20 females).

Inquests were held by the Coroner with respect to 37 bodies, being equal to 8·2 per cent. of all deaths registered in the Borough.

**Factory and Workshop Act, 1901.**—Section 132 requires the Medical Officer of Health to specifically report annually on the administration of the Act in the workshops and workplaces, and to send a copy of such Report to the Secretary of State. The details on the forms prescribed and supplied by the Home Office have been forwarded. In the Tables below is shown the work done in the supervision of workshops and workplaces:—

Premises.	Inspections.	Written Notices.	Prosecutions.
Factories ... ..	71	14	—
Workshops ... ..	368	43	—
Workplaces ... ..	44	3	—
Total ... ..	483	60	—

## Defects found.

Nature.	Number of Defects.			Prosecu- tions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Want of cleanliness ... ..	39	28	—	—
Overcrowding ... ..	1	1	—	—
Want of drainage of floors ...	1	—	—	—
Other Nuisances ... ..	22	21	—	—
*Sanitary Accommodation—				
Insufficient ... ..	1	1	—	—
Unsuitable or Defective ...	35	29	—	—
Not Separate for Sexes ...	3	1	—	—
Breach of Special Sanitary Re- quirements for Bakehouses ...	7	7	—	—
Other Offences ... ..	—	—	1	—
<b>Total ... ..</b>	<b>109</b>	<b>88</b>	<b>1</b>	<b>—</b>

\* Section 22 of the Public Health Acts Amendment Act, 1890, has been adopted, and the standard of efficiency and suitability required is that contained in the Secretary of State's Order dated 4th February, 1903.

## HOME WORK.

Lists received :—

Twice in the year ... ..	20
Number of Out-workers ... ..	46
Once in the year ... ..	6
Number of Out-workers ... ..	9
Number of addresses received from other Councils ... ..	28
Number of addresses forwarded to other Councils ... ..	30
Notices served on Occupiers as to keeping on sending lists ... ..	11
Number of prosecutions for failing to send list	1
Inspections of Out-workers' premises ...	58
Number of unwholesome premises ... ..	10
Notices served to remedy ... ..	8

## REGISTERED WORKSHOPS.

The following are the principal classes of workshops on the register at the end of the year :—

Boot Repairing ... ..	48
Dressmaking ... ..	49
*Bakehouses ... ..	29
Laundries ... ..	24
Tailoring ... ..	26
Millinery ... ..	27
Dining Rooms ... ..	17
Cycles ... ..	14
Other Trades ... ..	57
Total ...	291

## OTHER MATTERS.

Matters notified to H.M. Inspector of Factories :—

Failure to affix Abstract of Act ... ..	4						
Action taken in matters referred to H.M. Inspector as remedial under the Public Health	<table style="display: inline-table; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; border-collapse: collapse;"> <tr> <td style="padding: 0 5px;">{</td> <td style="padding: 0 5px;">Notified by H.M. Inspector ... ..</td> <td style="text-align: right; padding: 0 5px;">8</td> </tr> <tr> <td style="padding: 0 5px;">{</td> <td style="padding: 0 5px;">Reports of action taken sent to H.M. Inspector ... ..</td> <td style="text-align: right; padding: 0 5px;">8</td> </tr> </table>	{	Notified by H.M. Inspector ... ..	8	{	Reports of action taken sent to H.M. Inspector ... ..	8
{	Notified by H.M. Inspector ... ..	8					
{	Reports of action taken sent to H.M. Inspector ... ..	8					
Other ... ..	1						
Underground bakehouses in use at the end of the year ... ..	3						

\*Including four Factory Bakehouses.

As a result of the inspection of the workrooms, workshops and workplaces in the Borough, it was found that for the most part they were in a satisfactory condition, and that the requirements of the Act were duly observed by the occupiers.

Systematic examination has been made of the eating-houses, cook-shops, and other places where food is prepared for sale, and the occupiers of these, speaking generally, have kept their places in good and cleanly order.

In no instance was it necessary to take legal proceedings to enforce compliance with the requirements set out in the notices served for the abatement of nuisances.

In addition to the ordinary inspections made of out-workers' premises, each address contained in the list received in the early part of the year, *i.e.*, previous to February, and not including those received in August, were visited in order to ascertain if work was still carried on, and if breaches of the Act had been made by reason of the employer failing to

notify the name and address of the outworker. In no instance was this found to be the case.

**Water Supply.**—The Borough's water supply is derived through the mains formerly owned by the Southwark and Vauxhall and the Lambeth Companies. The water is either well water from Streatham or river water from the Norwood or Hampton reservoirs.

Careful testing and examinations are made, and each month a report is presented to the Water Board on the condition of the Metropolitan Water Supply by the Water Examiner (Dr. Houston), appointed under the Metropolis Water Act.

The last monthly report issued shows that chemical analysis was made of 63 samples of raw river water, 208 samples of filtered water, and the bacteriological examination of 62 samples of raw water and 582 samples of filtered water.

Information was received that the water supply has been withdrawn during the year from 30 houses for the following reasons:—Two owing to leakages, nine by request, sixteen owing to arrears of rates, two empty houses, and one fittings stolen.

**House Refuse.**—The collection of House Refuse by the staff of the Surveyor's Department is carried out weekly throughout the Borough, with the exception of that portion of the district east of Haydon's Road, where a daily collection has been made during the past year, whilst in the summer months the dust was also removed each day from Queen Alexandra's Mansions and other blocks of flats.

During the year 9,733 loads of house refuse were removed to the Durnsford Road Works and destroyed by heat in the refuse destructor.

**Slaughter-houses.**—The number of registered Slaughter-houses remains as last year, viz., six. The visits to these have been, as far as possible, timed to take place whilst the animals were being slaughtered and dressed for food, this being the best time for inspection, as the whole of the organs and carcase can then be examined together. I may mention that the Officers of your Sanitary Department have made inspections of such premises outside the prescribed hours of their duty in order that their visits may coincide with the usual time that the various licensees of slaughter-houses do their killing.

In a few instances some of the organs of animals were found affected with parasitical or local affection, and were at once destroyed.

Three sets of beasts' lungs slightly affected with Tuberculosis were destroyed and disposed of with the refuse offal.

The carcasses of two tuberculous pigs were removed by the owner and buried in lime on his farm.

The Bye-laws as to periodical limewashing of walls, and the removal of garbage, offal, etc., have been complied with, no neglect in this respect having been found.

The Chief Inspector, Mr. Henry Johnson, and the first Assistant Inspector, Mr. E. S. Robinson, both hold certificates of the Royal Sanitary Institute for Inspectors of Meat and Other Foods.

**Inspection of Dairy Cows.**—There is no system of inspection of dairy cows in the Borough. Cases of generalised Tuberculosis or of Tubercular Mastritis, which is assumed to be practical evidence of generalised Tuberculosis, are destroyed by being put through a special destructor on the premises of Messrs. Harrison and Barber, Horse Slaughterers, so as to be sure that the flesh has not been available for consumption by man or animal.

**Midwives Act, 1902.**—Notice has been received from the Surrey County Council determining our control of the Midwives Act, as the County Authorities have made arrangements to do the work themselves.

**Public Health Acts (Amendment) Act, 1907.**—Application has been made for powers under Part III. of this Act, but has not yet received the sanction of the Local Government Board.

I am, Gentlemen,

Your obedient Servant,

ELWIN H. T. NASH.

# Borough of Wimbledon.

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## SANITARY DEPARTMENT.

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# ANNUAL REPORT

OF THE

## SANITARY INSPECTOR

FOR THE

Year ended 31st December, 1909.

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GENTLEMEN,

I have pleasure in submitting for your perusal the report of the work carried out in my Department for the year ending 31st December, 1909, which I venture to hope will meet with your approval and demonstrate the effect of a Sanitary Inspector's duties upon the health of the community.

I have endeavoured to make this report, though comparatively brief, a comprehensive record, and it deals with the abatement and suppression of nuisances under the various Public Health Acts, the application of the Factory and Workshop Acts, the Sale of Food and Drugs Acts, the Shop Hours Acts, the Dairies, Cowsheds and Milkshops Orders, the special local Bye-laws, the supervision of drainage reconstruction and repairs, and the inspection of Restaurants, Slaughter-houses, Butchers' and Fishmongers' Shops.

**Notices Served.**—During the year 927 preliminary Notices or intimations were served affecting 1,359 houses, which in most cases resulted in the nuisances or defects found being remedied, but the owners of 191 houses failed to carry out my requests, and in consequence 134 Statutory Notices were served by the authority of the Council, and, in all but one of the cases, before the ultimatum given had expired the necessary work was put in hand.

It affords me pleasure to again record that property owners and agents have, broadly speaking, co-operated with

me in my endeavours to get every house which comes under my notice, through one reason or another, into as perfect a state (from a sanitary point of view) as the powers allocated to me under the various Acts and Statutes will allow, in order that our population—especially the poorer classes—may reside in houses maintained under good sanitary conditions.

**Opening up of Drains under Section 41 of the Public Health Act, 1875.**—As the result of either the smoke or chemical test, applications were made to the Local Authority to enter the premises, open the ground, and examine the drains, water closets, etc., of 41 houses.

In such cases, the applications being granted, written notice of intention to make the examination is sent to the occupier, and upon the conditions existing being determined the ground is filled in and a report made at the following meeting of the Sanitary Committee, when, if necessary, Notices are authorised to be served for the defects to be made good.

**House Drainage.**—The drainage systems and sanitary fittings have been reconstructed at 69 houses, and repairs and amendments, generally of an extensive character, at 85 other houses.

The following groups of houses were re-drained:—

- 21, 23 and 25, Gladstone Road.
- 99 to 107, Pelham Road (5 houses).
- 68 to 80, Pelham Road (7 houses).
- 86, 88 and 90, Hartfield Crescent.
- 174—186, Merton Road (7 houses).

and also 8 houses (4 pairs), one pair in each of the following streets:—

- Hartfield Road.
- North Road.
- Richmond Road.
- Alexandra Road.

The owner of Nos. 68 to 80, Pelham Road, failed to comply with the Statutory Notices served, and the work was carried out in default, at his cost, by the Corporation.

The smoke and water tests were applied to drains and sanitary fittings on 726 occasions.

**House-to-House Inspection.**—This work, the importance of which is emphasized in the Order of the Local Government Board, and is a prominent feature of the Housing and Town Planning Bill of the last Session of Parliament, is undertaken as time permits after the routine work of inquiries into cases of infectious disease have been made, complaints investigated, and drainage and other work in progress supervised.

Thorough and systematic inspections under this heading have been made during the year at 272 houses, principally in the following streets:—

Wandle Road, 27—31, and 45—79.

Hotham Road, 2—40, and 1—43A.

Norman Road, 2—48, and 58—92, and 1—91.

Hartfield Crescent, 2—90, and 1—21.

Cowper Road, 5—53A.

Dryden Road, 1—49, and 2—48.

Careful records of the premises are kept, and should occasion arise quick and easy reference can be made to the details of such work by an up-to-date card index system, which has been adopted in my Department for several years past—a system which, in my opinion, is invaluable for public health work.

**Common Lodging Houses.**—The Common Lodging House situated in High Street, Merton, has been inspected from time to time at irregular intervals, and the Bye-laws referring to such premises enforced.

The periodical cleansing has been carried out without default, but representations have had to be made to the owner to keep the sanitary conveniences clean and in proper working condition.

**Houses Let in Lodgings.**—These Bye-laws are applicable to houses occupied by members of more than one family, where the rental is below a certain fixed amount, and have for their objects:—

The fixing of the number of persons who may occupy a house or part of a house which is let in lodgings or occupied by members of more than one family;

The registration of houses so let or occupied;

The inspection of such houses;

The enforcing of the provision of privy accommodation for such houses, and for promoting cleanliness and ventilation in such houses;

The cleansing and linewashing at stated times of the premises, and for the paving of the courts and court-yards thereof;

The giving of notices and the taking of precautions in case of any infectious disease.

The number of houses on the register is 67, and during the year 359 visits of inspection have been made, and a large number of insanitary conditions remedied, such as the disinfection and cleansing of verminous rooms, leaking roofs repaired, yards paved, dust-bins provided, flushing boxes to water

closets repaired or new provided, removals of stoppages from drains, etc.

A number of these houses are occupied by a class of tenant whose habits are of a most neglectful character, and almost constant visits to the property are therefore necessary.

**Dairies, Cowsheds and Milkshops.**—During the year nine applications were received for registration as Dairymen and Purveyors of Milk under the provisions of the Dairies, Cowsheds and Milkshops Order of 1885, which stipulates that all persons carrying on such trades shall be registered by the Local Authority. Two of these, however, were withdrawn on the applicants being informed that the premises they proposed using had been inspected and found unsuitable and incompatible with the proper carrying on of the business. There were two changes of occupation, and two premises became closed owing to the holders of the Registration Certificates giving up business. Allowing for these alterations the total number of persons on the register at the close of the year was: Cowkeepers, 2; Dairymen and Purveyors, 50; Purveyors, 15.

These have all been repeatedly visited and the premises inspected at irregular intervals, and the Regulations and Orders controlling them rigidly enforced. Particular attention has been paid to the method of covering the vessels containing milk, the cleansing of utensils, the prevention of offensive or deleterious commodities being stored near the milk, ventilation and cleanliness and the proper conduct of the trade generally. In several instances the attention of the occupiers was called to the existence of insanitary defects, and the need for cleansing and covering of cisterns, repairing or yard paving, cleansing of water closets, etc., and frequently suggestions were made whereby improvements were effected which could not otherwise be obtained or enforced by the Orders and Regulations governing the trade.

Detailed enquiries have also been made as to the actual source of each supply with a view to having the information immediately at hand, which would prove invaluable in the event of an outbreak of infectious disease.

**Infectious Diseases and Disinfection.**—Following the usual course enquiries have been made into 479 cases of infectious disease, including Phthisis, and the detailed information handed to the Medical Officer of Health, special attention being made to the various aspects of the cases specified by him.

A considerable number of enquiries have been made, as occasion has demanded, into suspicious cases of Scarlet Fever,

and a few of these, which would otherwise have been overlooked, were subsequently certified as true cases, when the parent or person in charge of the patient followed the suggestion or request of the Inspector to call in a Medical Practitioner.

In addition to the usual enquiries as to the history and source of infection, a thorough examination of the sanitary arrangements of the houses were made, and at 86 premises various defects were found to exist, and accordingly remedied.

The outbreak of Scarlet-Fever in June, caused by an infected milk supply, when 83 notifications were received in three weeks, entailed a considerable amount of increased work, and taxed the resources of the Department to the full. The members of my staff, however, readily assisted in the efforts to trace the source of infection and to prevent the spread of the disease, working willingly and energetically much beyond the ordinary hours.

The practice has been continued of disinfecting rooms by formaldehyde, formalin spray, or sulphur dioxide, according to circumstances, whilst the bedding and other similar articles have been removed to the steam disinfecting apparatus at the Isolation Hospital. The number of rooms disinfected totalled 854.

Upon the removal of an infectious patient to the Isolation Hospital, or on recovery at home, the infected room and bedding is forthwith disinfected. In nearly every case the owner is requested in writing to have the paper stripped off the walls (taking care to burn such paper in the room), the ceiling to be whitewashed, and all painted surfaces to be thoroughly cleansed, scrubbed, or re-painted without delay. In the event of this request not being complied with within forty-eight hours, a Statutory Notice under Section 5 of the Infectious Diseases (Prevention) Act, 1890, is served, and in default the work is carried out by the Staff of the Borough Surveyor's Department, and the cost recovered from the owner. This was only necessary in three instances.

Whenever possible or specially requested, disinfection has been carried out where cases of Consumption or Cancer have occurred, the figures relating to which may be seen from the table dealing with Disinfections.

**School Disinfections.**—All the Public Elementary Schools in the district were disinfected thoroughly, as in previous years, during the summer recess, and also when compulsory closing of particular schools has taken place on account of outbreaks of notifiable or non-notifiable infectious diseases. In addition to this, certain class rooms in various schools

have been disinfected with beneficial effect after the occurrence of infectious illness among the children congregated in such rooms.

**Yard Paving.** — This year, as in past years, every endeavour has been made to improve the surroundings of houses by securing the laying of suitable impervious material in unpaved back yards, and the paving of spaces extending along the front or back of the house walls.

It is often difficult to get owners of property to agree that the laying of an impervious pavement not only prevents nuisances arising from the collection of foul and stagnant water, and dampness of house walls, but conduces to greater cleanliness both inside and outside the house. To see the condition of the spaces which existed around some of the houses where paving has been insisted upon was sufficient to discourage tenants, however wishful they might be, to keep their houses clean.

For these reasons the paving of the space about the house, especially from door to the dust-bin and W.C. and gully receiving the discharge from sinks, is an essential part of house drainage. Without paving, the surface of the ground becomes worn in holes, where, in wet weather, water stands, whilst at all times an unpaved surface near the common door of a dwelling is in a dirty condition.

At 70 houses paving of either asphalt, concrete or blue bricks was carried out. At many houses in the Borough where the conditions are not such as to enable one to say that the existing state of affairs is a nuisance or injurious to health, paving would undoubtedly tend to prevent undesirable and insanitary conditions, and the proposed Bye-laws under Section 25 of the Public Health (Amendment) Act, (awaiting the consent of the Local Government Board) would facilitate necessary measures for improvement being taken.

**Shop Hours Act, 1892-1895.**—In my last Report I detailed at some length the work carried out under the provisions of these Acts, and the results of inspections made at shops to which they apply, especially in those cases where Section 4 of the Act of 1892, which requires that “a Notice where young persons are employed shall be exhibited by the employer in a conspicuous place, showing the number of hours in the week during which a young person may lawfully be employed in such shop” was neglected.

I would again draw attention to the fact that in accordance with the instructions of the Sanitary Committee, in every instance where no such Notice was exhibited, the provisions of the Acts were explained, a copy of the Notice left,

and a signature taken acknowledging its receipt, so that should legal proceedings at any time prove necessary, no possible excuse could be pleaded of ignorance of the Acts' requirements.

A re-inspection of the premises where a Card was provided by the Council was made early in the year, and where Notices were not found exhibited legal proceedings were taken on the authority of your Council. The leniency with which our local magistrates dealt with the cases has, I am afraid, produced the effect of making the shop-keepers less mindful of their duty under the Acts.

Two summonses were issued against the occupier of No. 4, Amity Terrace, Coombe Lane, one under Section 3 of the Act of 1892, for employing a young person for a longer period than 74 hours, including meal-times, viz., 85 hours, during the week; and the second for failing to exhibit a Notice stating the provisions of the Act as to the hours a young person may be worked as required by Section 4 of the same Act.

After hearing the defence, and an undertaking given by the defendant that he would see in future that the hours were not exceeded, the Chairman of the Bench in dismissing the summonses on payment of costs said:—"We understand that "this is the first case of the kind brought to our notice by "the Borough Council. It is not a bad case, but it is obvious "that the Act must be carefully observed in both respects. "In view of the defendant's promise, the Bench will dismiss "the summonses on payment of the costs of the two cases—"14s. 6d. and 10s. 6d."

The same day summonses against the occupiers of the following shops were heard, in each instance for failing to exhibit the Notice required by Section 4:—

- No. 240, High Street, Merton;
- No. 32c, The Broadway;
- No. 22, High Street, Merton;
- No. 197, High Street, Merton;
- No. 17, Broadway Market;
- No. 35, Hartfield Road.

Evidence was given that on the occasion of the first visit to each of the above shops, the Notice required was not being exhibited, that one was left (provided by the Corporation), that at the same time the provisions of the Act making the occupier responsible for providing the Notice and keeping it exhibited were explained, and that on the occasion of a subsequent visit, it was not exhibited.

It was necessary to take the cases into Court to demonstrate the fact that the Borough Council could not be party to the Act becoming a dead letter. Five cases were dismissed on payment of costs, amounting to 16s. in the first instance and 15s. each in the remainder, the last being dismissed without any costs owing to a conflict of evidence in the case, the defendant alleging that the Notice was exhibited in the dairy, a building apart from the shop.

The results of inspections made since these proceedings were taken are summarised in the following table:—

Number of premises visited.	Young Persons Employed.		Young persons not employed.	Provision of seats for Female Assistants.	
	Notice exhibited.	Notice not exhibited.		Places where seats provided.	Places where seats not provided.
652	207	65	380	192	—

Note.—Notices were exhibited in 76.1 per cent. of the shops where young persons were employed.

Of the 65 shops where the Notice was not exhibited, the majority had in the period intervening between the inspections commenced to employ a young person. The percentage complying with the Act in this respect, whilst by no means completely satisfactory, is an improvement—last year only 30.2 per cent. carrying out this clause.

**Stable Refuse.**—The Mews and stable-yards have been kept under observation during the year, special attention being given to secure the removal of stable refuse at least once every seven days as required by the Bye-laws regulating the keeping of animals. Over a thousand visits have been made to such premises, which comprise in some cases only one stable, but in others as many as twelve.

Since I adopted the practice four years ago of having these premises inspected in turn once every week, a number of inspections being made each day as far as other work permits, very few complaints of effluvium nuisances have been received, and I am sure that persons living in the immediate neighbourhood appreciate the absence of foul smells from the large heaps of manure and other refuse which were formerly allowed in many instances to accumulate until they became a nuisance, and the attention of the Department was called to them by complaints.

### **Inspections under the Factory and Workshop Act, 1901.—**

The administration of this Act so far as factories are concerned is principally in the hands of H.M. Inspector. The Borough Council is charged with the duty of seeing that every factory in the district where more than forty persons are employed is provided with means of escape in case of fire, and there are special duties in regard to bakehouses and domestic factories somewhat similar to workshops. Furthermore, in districts where Part III. of the Public Health Acts (Amendment) Act, 1890, is in force, the Local Authority is responsible for the enforcement of Section 22 of that Act, which relates to the provision of suitable and sufficient sanitary conveniences.

Seventy-one inspections of factories were made and fourteen written notices served, principally referring to improper sanitary conveniences and various nuisances.

With regard to workshops and workplaces, the Borough Council's duty of supervision may be classed under four heads:—

1. The sanitary condition generally, which embraces:
  - (a) Cleanliness;
  - (b) Air space;
  - (c) Ventilation;
  - (d) Drainage of floors; and
  - (e) Sanitary Conveniences.
2. The provision of means of escape in case of fire.
3. Special sanitary regulations of bakehouses; and
4. Homework.

There are 291 workshops and workplaces on the register, to which 412 visits were paid during the year under review.

**Cleanliness.**—Thirty-nine workshops were found to require the ceilings or walls (or both) cleansed, limewashed or repaired.

**Overcrowding.**—Only one case of overcrowding was discovered, and the nuisance was immediately abated.

**Drainage of Floors.**—At one workshop wet floors were found to exist, and the nuisance was suitably dealt with.

**General Nuisances.**—Twenty-two various nuisances were discovered, comprising dirty yards, absence of dust-bins, choked condition of drains, etc.

**Sanitary Conveniences.**—Including factories, in thirty-five instances the sanitary accommodation provided was found defective, unsuitable, or not in proper working order; in one

case it was insufficient for the number of workers employed and at three premises proper separate accommodation for the sexes was lacking.

**Provision of means of escape in case of fire.**—This portion of the Act is by a special resolution of the Local Authority administered by your Borough Surveyor, a list of premises to which this provision applies being furnished him by this Department.

**Special Sanitary Regulations of Bakehouses.**—Breaches of these numbered seven, and consisted of neglect to carry out the periodical cleansing and limewashing.

**Homework.**—Fifty-six visits of inspections were made to outworkers' premises, and at ten minor nuisances were discovered, two being remedied on verbal intimation to the occupier, and eight after the service of notices.

During the systematic inspection of premises under this Act it was ascertained that three persons in different parts of the district were being employed as outworkers by a certain tailor who had failed to furnish the names of these three persons as outworkers. Written notice had previously been sent him drawing his attention to his obligation to keep a list of his Outworkers and to send a copy of such list to the Local Authority at specified times. No lists having been received from him by the 1st August, 1908, or 1st February, 1909, he was summoned to appear before the Magistrates on Wednesday, 17th February, for failing to comply with the requirements of the Act, and fined 5s. and one guinea costs for one offence and 5s. and a half a guinea for the other.

**Other Offences.**—An anonymous complaint was received alleging that workers at a certain workshop were being worked overtime beyond the legal limits. This was referred to H.M. Inspector, as were four cases where occupiers had failed to affix an Abstract of the Act. Eight Notices were received from the Home Office drawing attention to various matters which required remedying, and the necessary steps were taken and replies sent stating what had actually been done in each instance.

**Food Inspection.**—Frequent inspections have been made of all shops and places where food of any description is sold, or prepared for sale, as in restaurants and dining rooms, and occasionally the occupiers have been requested to remove and destroy various articles of food found to be unfit for consumption. In several instances the food had unintentionally been exposed for sale. No opposition on the part of the shopkeepers or salesmen has been met with, and they have willingly assisted in preventing unsound or unwholesome food being

sold. The street hawkers' barrows have also received due attention, particularly those selling fruit during the summer months.

A few requests have been received, principally from fish-mongers, to condemn articles of food which have been purchased at the markets and found to be unsaleable on arrival in the district. The certificate given is then used by the retailer for the purpose of getting the purchase money refunded. Every care is exercised to see that the practice is not abused.

The following articles were so destroyed at the refuse destructor in Durnsford Road:—

- 1 Box of Hake.
- 1 Basket of Filletted Haddock.
- 2 Barrels of Herrings.
- Small parcel of Halibut.
- 2 Legs of Mutton.
- 2 Bags of Winkles.
- 28lbs. of Plums.
- 5 Boxes, each containing about 60 Mackerel.

**Sale of Food and Drugs Acts, 1875 to 1889.**—The Table below shows the number and nature of articles purchased and submitted for analysis during the year, the test samples examined by the Council's Analyst, and those taken in accordance with the Acts and submitted to the Public Analyst for Surrey.

ARTICLE.	TEST SAMPLES.				OFFICIAL SAMPLES.				Prosecutions
	No.	Genuine	Adulterated or Inferior	Slightly inferior or deteriorated.	No.	Genuine.	Adulterated or Inferior	Slightly inferior or deteriorated.	
Milk ... ..	86	74	12	...	10	6	4	...	4
Butter ... ..	131	110	15	6	6	2	4	...	4
Lard ... ..	12	12	...	...	...	...	...	...	...
Margarine ...	3	3	...	...	...	...	...	...	...
Rum ... ..	6	5	1	...	...	...	...	...	...
Gin ... ..	4	2	2	...	...	...	...	...	...
Brandy ... ..	3	3	...	...	...	...	...	...	...
Whiskey ... ..	7	6	1	...	...	...	...	...	...
Coffee ... ..	10	7	3	...	...	...	...	...	...
Coffee Mixture	8	8	...	...	...	...	...	...	...
Tartaric Acid...	3	2	...	1	...	...	...	...	...
Cream of Tartar	3	1	...	2	...	...	...	...	...
Citric Acid ...	3	3	...	...	...	...	...	...	...
Olive Oil ... ..	3	2	1	...	...	...	...	...	...
Cream ... ..	6	2	...	4	Boric Acid traces			...	...
<b>Total ...</b>	<b>288</b>	<b>240</b>	<b>35</b>	<b>13</b>	<b>16</b>	<b>8</b>	<b>8</b>	<b>...</b>	<b>8</b>

**Observations: Milk.**—Of the 86 test samples of milk taken, 12 were reported upon as not genuine, 2 having an amount of added water, 6 a varying amount of fat abstracted, 3 being skimmed milk, and 1 diluted with skimmed milk.

**Butter.**—Of the 131 samples of butter taken, 15 were reported as not pure, and of these, 5 were Margarine, 8 contained Margarine, 2 foreign fats, and 6 others were of inferior quality by reason of having been renovated.

**Legal Proceedings** were taken against offenders during the year, with results as shown below:—

	£	s.	d.
“A.”—(1) For selling adulterated butter, and			
(2) For selling unlabelled margarine. The Defendant was fined on the first summons £5, costs 18s. 6d., Analyst’s Fee £1 1s.; and the second £5, costs 10s., and special costs £1 1s.     ...     ...     in all	13	3	0
“B.”—(1) For selling adulterated milk, fined £1, costs 11s. 6d., and Analyst’s Fee £1 1s.			
(2) For selling unlabelled skim milk, fined £1, and costs 11s. 6d., in all     ...     ...     ...     ...	4	4	0
“C.”—For selling milk from which the fat had been abstracted to the extent of 10 per cent., 5 per cent., and 2 per cent. For the first and second summonses a fine of £5 and 9s. 6d. costs was inflicted, and on the third 17s. 6d. costs. In all     ...     ...     ...     ...	11	16	6
“D.”—(1) For selling adulterated butter, and			
(2) For selling unlabelled margarine. Fined, with costs, £6 11s. 6d. on each summons     ...     in all	13	13	0
“E.”—(1) For selling adulterated butter, and			
(2) For selling unlabelled margarine. Fined, with costs, £3 11s. 6d. on each summons     ...     in all	7	3	0

“F.”—(1) For selling adulterated butter, and	£	s.	d.
(2) For selling unlabelled margarine. Fined, with costs, £3 10s. 6d. on each summons ... .. in all			7 1 0

In the case of selling adulterated butter and unlabelled margarine, several test purchases were made before the official sample on which the legal proceedings were founded was taken.

The proceedings in respect of “B” were taken as the result of a complaint received that in a certain part of the Borough and the adjoining district skimmed milk was being sold as milk by an itinerant vendor. As the result of inquiries at houses where purchases were made, it was found that circulars in the following terms had been distributed:—

## SAFE MILK SUPPLY.

——

We beg to remind the Public that the whole of the  
Medical Profession are recommending all milk to be  
———— sterilized. ————

*We are now offering to the Public*

## PURE STERILIZED SEPARATED MILK

**Per 2d. Quart.**

It is easy of digestion and is drank with absolute  
———— safety by Children and Invalids. ————

**A TRIAL MOST RESPECTFULLY SOLICITED.**

**N.B.—Invaluable for Puddings.**

When the Official Sample was taken the man most distinctly cried “Pure Milk” and “Pure Sterilised Milk.”

The summonses in respect of “C” were against a farmer, the samples being taken at the Railway Station immediately the churns were put out of the train and before they had been received by the local vendor.

**Petroleum Acts, 1871 to 1879.**—Twenty-six applications were received for Licences to keep Petroleum as defined by the above Acts, 4 of which were for new and 22 for renewals of existing Licences. Suitable stores being provided, all the applications were granted, the quantities ranging from 20 to 1,000 gallons, namely:—

21 for the storage or sale of Petrol, chiefly for use in Motor Cars.

4 for Benzoline.

1 for Hydrocarbon.

The premises have been inspected from time to time to see that the conditions attached to the licences have been strictly complied with. No neglect or breach was found.

The Acts apply to Petroleum, which, when tested, gives off an inflammable vapour at a temperature of 73 degrees Fahrenheit.

Thirty samples of Oil sold under various names, such as Rock Oil, Tea Rose, Paraffin, etc., have been purchased at various oil shops and tested as to the flash point; all being found above the minimum (73 deg. Fahrenheit) prescribed by Statute, and consequently a licence was not necessary for the storage or sale.

**Diseases of Animals Acts.**—During the year only two outbreaks of diseases scheduled in the above Acts occurred, one in January at stables off Arthur Road; a horse suspected to be suffering from Glanders was slaughtered, and a post mortem examination proved the diagnosis to be correct. The animals in contact were tested with "Mallein"—none reacted; and the other in December, when an outbreak of Swine Fever occurred at some premises off Somerset Road. Several pigs were attacked with illness, and two died before a veterinary surgeon was called in; he suspected Swine Fever, and the post mortem examination confirmed his diagnosis.

In each case information was promptly given to the Board of Agriculture, and the necessary notices served for the isolation of the infected animals and the detention of the contacts, and steps were taken to see that the disinfection, cleansing, etc., was effectually carried out.

Periodical inspections have been made of the Railway Cattle Sidings Depôt to see whether the provisions as to lime-washing, etc., have been carried out. Visits have also been made to the various Mews and Stables in connection with the Glanders and Farcy, and Parasitical Mange Orders; and to Butchers' and other premises in connection with the Sheep Dipping Orders.

Several changes have taken place in the personnel of the Staff during the year, two Assistant Inspectors, Mr. Taylor and Mr. Townsend, having taken up appointments at Hornsey and Bermondsey respectively, and Mr. Linkhorn, Junior Clerk, having been appointed to Walthamstow. These changes caused an amount of interference with the usual routine work, as well as a loss of nearly four months' working time.

I take this opportunity to express my appreciation of the manner in which the Inspectorial Staff have discharged their duties during the year.

I am, Gentlemen,

Your obedient Servant,

HENRY JOHNSON, M.R.S.I.

## Borough of Wimbledon.

### Population, Birth and Death Rates for each Ward, 1909.

WARD.	Occupied Houses.	Factor.	Popula- tion.	Birth Rate.	Death Rate.
St. Mary's ... ..	1899	5.40	10255	18.3	5.7
St. John's ... ..	1017	5.66	5756	8.1	8.3
Cottenham Park ... ..	1280	5.09	6515	15.8	7.3
North Wimbledon ... ..	4196	5.36	22526	15.0	6.8
Dundonald ... ..	1381	5.88	8120	21.3	8.3
Trinity ... ..	1940	5.84	11330	28.3	9.4
South Park ... ..	2884	5.19	14968	23.3	8.1
South Wimbledon ... ..	6205	5.54	34418	24.4	8.5
WHOLE DISTRICT ...	10401	5.47	56944	20.7	7.9

### Diagnostic Tests.

	Bacillus found.	Bacillus not found.	TOTAL.
Diphtheria Secretion ...	26	62	88
Phthisis (Sputum) ... ..	9	16	25
	Reaction obtained.	Reaction not obtained.	TOTAL.
Typhoid (Blood) ... ..	3	4	7

BOROUGH OF WIMBLEDON.

**TABLE I.**

Vital Statistics of Whole District during 1909 and Previous Years.

YEAR,	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.			
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.					Number.	Rate.*	Number.	Rate.*
				Number.	Rate per 1000 Births Registered.	Number.	Rate.*							
1	2	3	4	5	6	7	8	9	10	11	12	13		
1899	38,000	1031	27.13	163	158	547	14.3	18	12	33	568	14.9		
1900	39,500	1075	27.21	156	145	559	14.1	18	13	24	570	14.4		
1901	41,631	1074	25.79	133	123	457	10.9	20	4	40	493	11.8		
1902	43,000	1144	26.6	134	117	455	10.5	21	4	46	497	11.5		
1903	46,000	1204	26.1	99	82	389	8.4	18	5	40	424	9.2		
1904	47,719	1142	23.9	153	133	487	10.2	29	5	46	525	11.02		
1905	48,240	1146	23.7	80	69	397	8.2	29	6	35	426	8.8		
1906	49,860	1185	23.7	175	147	584	11.7	31	8	55	631	12.6		
1907	51,700	1121	21.6	125	111	480	9.2	44	9	58	529	10.2		
1908	54,274	1144	21.07	82	71	454	8.3	35	7	71	518	9.5		
Averages for years 1899-1908.	45,992	1126	24.4	130	115	480	10.4	26	7	44	518	11		
1909	56,944	1181	20.7	91	77	451	7.9	30	7	64	508	8.9		

\* Rates in Columns 4, 8, and 13 calculated per 1000 of estimated population.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

Area of District in acres (exclusive of area covered by water) 3173 | Number of inhabited houses (at Census of 1901) ... 7572  
 Total population at all ages (at Census of 1901) ... 41,631 | Average Number of persons per house ,, ... 5.49

BOROUGH OF WIMBLEDON.

TABLE II.

Vital Statistics of separate Localities in 1909 and previous years.

NAMES OF LOCALITIES.	1.—Whole District.				2.—St. Mary's Ward.				3.—St. John's Ward.				4.—Cottenham Park Ward.				5.—Dundonald Ward.				6.—Trinity Ward.				7.—South Park Ward.				
	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	
YEAR	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	
1899 ...	38,000	1031	568	163	} Particulars for these years not obtainable																								
1900 ...	39,500	1075	570	156																									
1901 ...	41,631	1074	493	133																									
1902 ...	43,000	1144	497	134		5270	—	48	11	5044	—	45	5	3204	—	37	7	4858	—	57	14	11,783	—	162	51	12,841	—	148	46
1903 ...	46,000	1204	424	104		5857	72	47	8	4968	82	39	3	3789	61	38	4	4600	129	41	10	12,488	437	126	39	14,298	423	133	40
1904 ...	47,719	1142	526	161	6104	86	40	8	5393	56	40	5	3990	92	44	11	5480	131	63	17	13,326	396	167	54	13,426	381	172	66	
1905 ...	48,240	1146	426	80	6556	78	45	3	5326	42	39	4	4075	69	27	2	5580	127	63	11	13,251	424	127	31	13,452	406	125	29	
1906 ...	49,860	1185	631	175	5733	79	51	6	5280	42	40	4	5574	113	62	13	8279	183	94	24	10,634	347	165	59	14,360	421	219	96	
1907 ...	51,700	1121	529	132	6749	104	55	8	5399	59	34	4	5752	83	37	2	8160	172	85	19	11,140	312	135	43	14,500	391	183	56	
1908 ...	54,274	1144	518	86	8612	137	53	3	5518	59	39	1	6105	107	43	3	8138	164	98	14	11,213	323	147	37	14,688	354	138	28	
Averages of Years 1899 to 1908.	45,992	1126	518	132	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1909 ...	56,944	1181	508	97	10255	188	68	16	5756	47	49	3	6515	103	51	2	8120	173	80	14	11,330	321	120	25	14,968	349	140	37	

Alterations to the boundaries of all the Wards, except South Park, were made under the Charter of Incorporation, 1905.

Cases of Infectious Disease Notified during the Year 1909.

NOTIFIABLE DISEASE.	Cases Notified in Whole District.							Total Cases Notified in Each Locality.						No. of Cases Removed to Hospital from each Locality.						
	At all Ages.	At Ages—Years.						St. Mary's Ward.	St. John's Ward.	Cottenham Park Ward.	Dundonald Ward.	Trinity Ward.	South Park Ward.	St. Mary's Ward.	St. John's Ward.	Cottenham Park Ward.	Dundonald Ward.	Trinity Ward.	South Park Ward.	Total Cases removed to Hospital.
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and up- wards													
Small-pox ... ..	—	—	—	—	—	—	—	—	—	—	—	(H)	—	—	—	—	—	—	(H)	—
Cholera ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous croup)	90	1	21	49	13	6	10	5	6	8	27	34	6	3	2	6	24	26	67	
Erysipelas ... ..	35	2	1	2	6	20	3	2	4	6	5	15	13	—	—	—	—	—	—	
Scarlet fever ... ..	316	—	56	207	34	19	19	12	41	57	96	91	—	4	19	41	68	57	202	
Typhus fever... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric fever ... ..	4	—	—	1	1	2	—	—	—	1	1	2	—	—	—	—	—	—	1	1
Relapsing fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Continued fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal fever ... ..	2	—	—	—	—	2	—	—	—	—	1	1	—	—	—	—	—	—	—	
Plague ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals ... ..	447	3	78	259	54	49	32	19	51	72	130	143	19	7	21	47	92	84	270	

The Isolation Hospital for Scarlet Fever, Enteric Fever and Diphtheria Patients is situated in Gap Road, Wimbledon; and the Hospital for Small-pox (Croydon and Wimbledon Joint Board) at Cheam, Surrey.

TABLE IV.

Causes of, and Ages at, Death during year 1909.

CAUSES OF DEATH.	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING IN OR BEYOND THE DISTRICT.							DEATHS AT ALL AGES OF "RESIDENTS" BELONGING TO LOCALITIES, WHETHER OCCURRING IN OR BEYOND THE DISTRICT.						TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON-RESIDENTS" IN PUBLIC INSTITUTIONS IN THE DISTRICT.
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	St. Mary's Ward.	St. John's Ward.	Cotttenham Park Ward.	Dun-donald Ward.	Trinity Ward.	South Park Ward.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Small-pox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ... ..	10	1	7	2	—	—	—	—	—	1	—	2	7	—
Scarlet Fever ... ..	3	—	2	1	—	—	—	—	—	—	—	1	2	2
Whooping Cough ... ..	12	7	5	—	—	—	—	2	—	1	1	2	6	—
Diphtheria (including Membranous Croup) ... ..	7	—	2	4	—	1	—	—	—	—	3	3	1	3
Croup ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fever { Typhus ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
{ Enteric ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
{ Other continued ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epidemic Influenza ... ..	9	—	—	1	—	2	6	—	2	3	—	1	3	—
Cholera ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Diarrhoea ... ..	14	12	1	—	—	1	—	2	—	—	2	6	4	—
Enteritis ... ..	12	11	—	—	—	1	—	2	—	—	3	2	5	—
Gastritis... ..	1	1	—	—	—	—	—	—	—	—	—	—	1	—
Puerperal Fever ... ..	1	—	—	—	—	1	—	—	—	—	—	—	1	—
Erysipelas ... ..	1	1	—	—	—	—	—	—	—	—	—	—	1	—
Phthisis (Pulmonary Tuberculosis)...	48	—	2	3	7	34	2	3	2	2	11	19	11	—
Other tuberculous diseases ... ..	3	2	—	1	—	—	—	1	—	—	—	—	2	—
Cancer, malignant disease ... ..	39	—	—	—	—	24	15	5	7	2	5	11	9	2
Bronchitis ... ..	30	6	3	—	1	4	16	2	1	4	5	11	7	2
Pneumonia ... ..	37	3	7	—	3	13	11	3	4	2	6	10	11	1
Pleurisy ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Respiratory organs	10	1	—	—	—	2	7	1	2	1	1	1	4	—
Alcoholism } ... ..	8	—	—	—	—	6	2	1	1	2	1	3	—	—
Cirrhosis of liver }														
Venereal Diseases ... ..	2	2	—	—	—	—	—	—	—	—	—	—	2	—
Premature birth ... ..	15	15	—	—	—	—	—	3	1	1	4	2	4	1
Diseases and accidents of parturi- tion ... ..	3	—	—	—	1	2	—	1	—	—	—	1	1	—
Heart Diseases ... ..	54	3	1	—	3	27	20	11	6	6	8	12	11	1
Accidents ... ..	13	2	1	1	—	5	4	2	—	3	3	3	2	6
Suicides ... ..	2	—	—	—	—	2	—	—	1	—	1	—	—	—
All other causes ... ..	174	30	9	2	3	50	80	29	22	23	26	30	44	12
All causes ... ..	508	97	40	15	18	175	163	68	49	51	80	120	140	30

BOROUGH OF WIMBLEDON.

**TABLE V.**

**Infantile Mortality during the Year 1909.**

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.	
All Causes.	Certified ... ..	25	4	3	6	38	11	5	4	8	6	2	3	3	7	2	2	91	
	Uncertified ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Common Infectious Diseases.	Small-pox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Chicken-pox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	
	Scarlet Fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Diphtheria (including Membranous Croup) ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Whooping Cough ... ..	—	—	1	—	1	2	1	—	—	—	—	—	—	1	1	1	—	7
	Diarrhoea, all forms ... ..	—	—	—	1	1	1	—	—	1	1	1	—	—	—	2	1	—	8
Diarrhoeal Diseases.	Enteritis, Muco-enteritis, Gastro-enteritis ... ..	—	—	—	1	1	3	—	—	3	2	—	1	—	1	—	—	11	
	Gastritis, Gastro-intestinal Catarrh ... ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	

Wasting Diseases.	Premature Birth ... ..	13	1	—	1	15	1	—	—	—	—	—	—	—	—	—	—	16
	Congenital Defects ... ..	5	2	—	—	7	—	—	—	—	—	—	—	—	—	—	—	7
Tuberculous Diseases.	Injury at Birth ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Want of Breast-milk, Starvation }	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Causes.	Atrophy, Debility, Marasmus	2	—	2	2	6	2	1	1	1	1	—	1	—	1	—	—	14
	Tuberculous Meningitis ...	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	2
Tuberculous Diseases.	Tuberculous Peritonitis: Tabes Mesenterica }	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Tuberculous Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Causes.	Erysipelas ... ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
	Syphilis ... ..	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Other Causes.	Rickets ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Meningitis ( <i>not Tuberculous</i> )...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Causes.	Convulsions .. ..	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	2
	Bronchitis ... ..	—	—	—	—	—	1	—	1	—	2	—	—	1	—	—	1	6
Other Causes.	Laryngitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Pneumonia ... ..	—	—	—	1	1	—	—	—	—	—	—	—	—	2	—	—	3
Other Causes.	Suffocation, overlying ...	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2
	Other Causes ... ..	5	—	—	—	5	—	1	1	1	—	—	—	—	—	—	1	9
		25	4	3	6	38	11	5	4	8	6	2	3	3	7	2	2	91

Births in the year—Legitimate, 1,138.  
 Illegitimate, 43.  
 Deaths from ALL CAUSES AT ALL AGES, 451.

Deaths in the year of—Legitimate Infants, 84.  
 Illegitimate Infants, 7.  
 Population—Estimated to middle of 1909—56,944

TABLE VI.

The following is a summary of the nuisances abated and sanitary improvements carried out under the supervision of the Inspectorial Staff:—

Accumulations Removed ... ..	54
Cisterns Provided ... ..	7
Cisterns Repaired, Cleansed or Covered ...	111
Drains, New Provided ... ..	69
Drains, Repaired or Altered ... ..	85
Drains, Stoppages Removed ... ..	108
Dustbins Provided ... ..	107
Flushing Boxes, New Provided ... ..	51
Flushing Boxes, Repaired ... ..	138
Manure Receptacles, Provided ... ..	2
Overcrowding Nuisances Abated ... ..	2
R.W. Pipes Disconnected ... ..	51
Roofs Repaired ... ..	101
Rooms Disinfected ... ..	854
Rooms Stripped and Cleansed ... ..	726
Soil Pipes, New Provided ... ..	31
Soil Pipes, Repaired or Altered ... ..	18
Ventilating Pipes, New Provided ... ..	110
Ventilating Pipes, Repaired or Altered ...	29
Waste Pipes, New Provided ... ..	83
Waste Pipes Repaired, Disconnected, or Trapped ... ..	93
Water Closets, New Provided ... ..	142
Water Closets, Repaired or Ventilated ...	46
Water Service Restored ... ..	21
Yards Cleansed ... ..	27
Yards Paved ... ..	70
Guttering Repaired ... ..	69
Floors Ventilated ... ..	42
Nuisances Abated from Damp Walls ... ..	64
Other Nuisances ... ..	509
Total ... ..	3,820