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Contributors

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The
Urban District Council of Barnes.

THE
ANNUAL REPORT

For 1909

OF THE

Medical Officer of Health,

F. G. CROOKSHANK,

M.D. Lond.

Barnes, S.W.

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

1910.

Annual Report of the

ANNUAL REPORT

1900

G. C. FROCKSHANK

THE
URBAN DISTRICT COUNCIL OF BARNES.

The Sanitary Committee, 1909—10.

Chairman: COUNCILLOR W. H. MOONAN.

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

The Vice-Chairman of the Council:

COUNCILLOR J. D. FIRMSTON.

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

The Hospital Sub-Committee: COUNCILLOR WATSON (*Chairman*),
COUNCILLORS BATES, MEDUS, MOONAN, RANDALL,
AND WAKEFIELD.

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

Inspector of Nuisances: MR. T. GRYLLS.

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

Matron of the Isolation Hospital: Miss BELLINGER.

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

LABORATORY OF ORGANIC CHEMISTRY

REPORT OF RESEARCH

BY

DR. ROBERT M. HAYES

AND

DR. J. H. GOLD

1954

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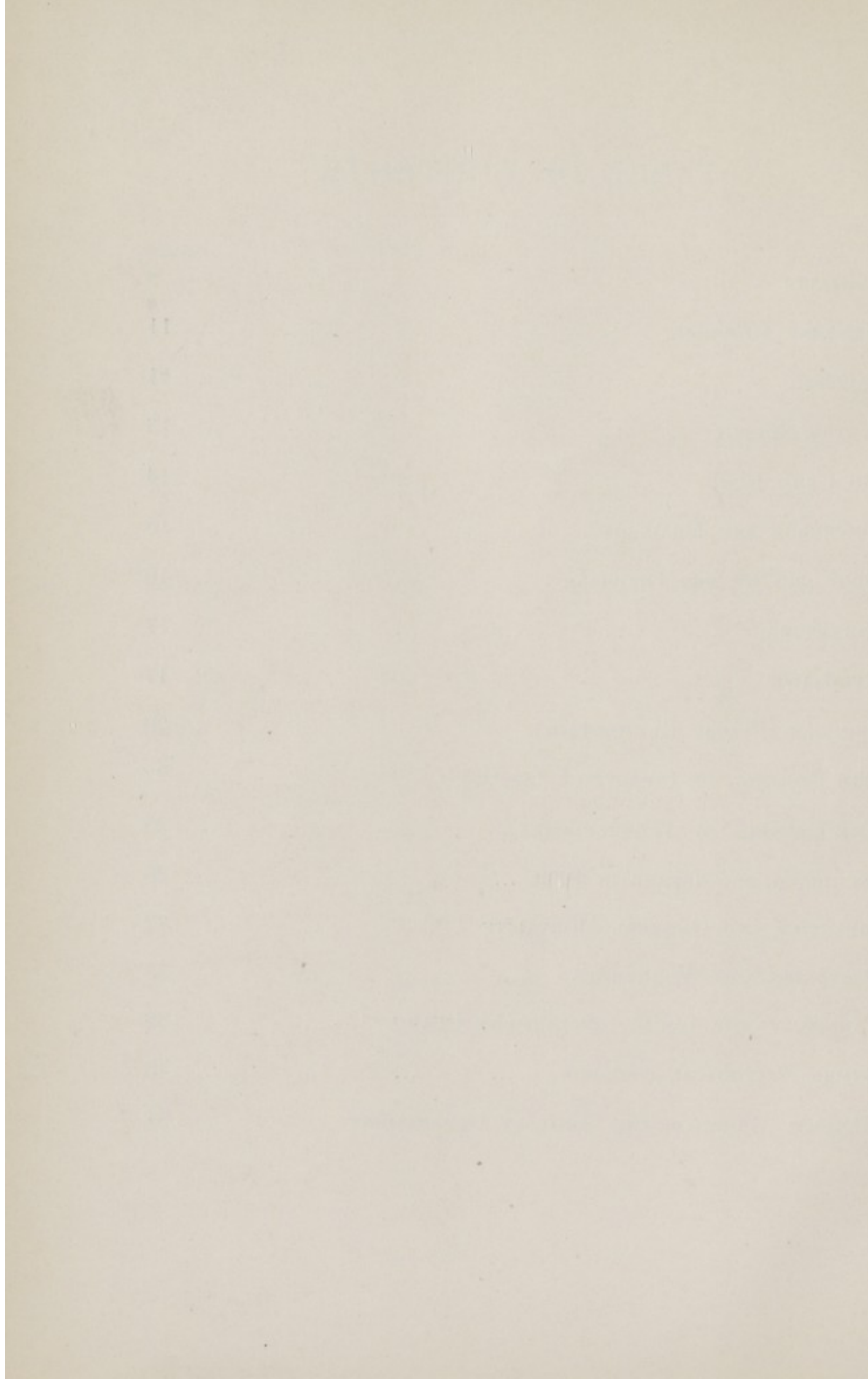
2. Properties of ...

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THE COUNCIL HOUSE,

MORTLAKE, S.W.,

January, 1910.

MR. CHAIRMAN AND GENTLEMEN—

I beg to submit my ninth annual report.

Some years are, of course, less healthy than others, and the climatic conditions of 1909 were depressing, and not salubrious.

Our records, however, show continued improvement, not only when comparisons are made with those of past years, but when comparisons are made with those of districts similar to our own.

I trust that this result will be held to justify the many and important steps which you have directed or sanctioned.

I am, Gentlemen,

Obediently yours,

F. G. CROOKSHANK.

THE CHAIRMAN AND MEMBERS OF THE

URBAN DISTRICT COUNCIL OF BARNES.

The Council House

March 27

January 1910

The Chairman and Gentlemen

I beg to submit my ninth annual report.

Some years are of course less healthy than others, and the climatic conditions of 1909 were depressing and not conducive.

Our records however show continued improvement, not only when comparisons are made with those of past years, but when compared side by side with those of districts similar to our own.

I trust that the results will be held to justify the many and important steps which you have directed or sanctioned.

I am, Gentlemen,

Obediently yours,

P. G. CROOKSHANK

The Chairman and Members of the

Urban District Council of Barking

SUMMARY.

AREA—exclusive of water	2,400 ACRES
POPULATION—Census, 1901	17,821
POPULATION—Midsummer, 1909	30,500
INHABITED HOUSES—Census, 1901	3,403
INHABITED HOUSES—Midsummer, 1909	5,892
RATEABLE VALUE—Agricultural Land, October, 1909 ...	£2,003
Other Hereditaments, October, 1909	£256,020
ASSESSABLE VALUE, October, 1909	£226,778/15/0
GENERAL DISTRICT RATE	3/10
POOR RATE—Parish of Barnes	2/11
POOR RATE—Parish of Mortlake	3/4
<hr/>	
BIRTH RATE per 1,000 population, 1901	23·5
BIRTH RATE per 1,000 population, 1909	23·0
DEATH RATE per 1,000 population, 1901	12·5
DEATH RATE per 1,000 population, 1909	9·0
CORRECTED DEATH RATE per 1,000 population, 1901 ...	13·2
CORRECTED DEATH RATE per 1,000 population, 1909 ...	10·5
INFANTILE MORTALITY per 1,000 births, 1901	133
INFANTILE MORTALITY per 1,000 births, 1909	88

General Observations.

The changes that occurred in the district during 1909 did not differ in kind from those recorded in past years.

Greater changes, however, took place in Mortlake than in Barnes; and there is no doubt now that the population of the former parish exceeds that of the latter by at least 2,000.

The number of houses actually occupied in Mortlake at Midsummer of 1909 was 3,147; the figures for Barnes were 2,745.

It is true that the average number of persons per house is probably becoming less in Mortlake than formerly, but, on the other hand, owing to the "development" of certain estates in the second half of the year, the figures 3,147 do not represent a true mean.

The outbreak of maisonnettes and double tenements in the district has certainly shown signs of subsidence lately, and it is interesting to note a distinct improvement in the design of the smaller houses now chiefly in favour.

In my report for 1902 I made some allusion to the wastefulness and folly of providing two living-rooms in workmen's cottages. The point is now generally recognized, and, even in houses of a grade above these, one meets with the combined kitchen and sitting room of good size in place of a cramped dining room and totally inadequate kitchen, and there is on the whole a tendency to increase the size of the bedrooms provided.

On the other hand, the tendency is to occupy smaller houses than was the custom 20 years ago.

Of course there are several explanations of this change: One is that with smaller families fewer rooms are required; another is that more money is spent on "pleasure" and less at the dictates of "house-pride" than formerly.

A third is that owing to the increased cost of materials, &c., and the higher standard of luxury desired, a given rent will not secure so large or roomy a house as heretofore.

Again, the wage earner travels increased and increasing distances, and so relatively less money is available for rent.

The desire to live where there are green fields and open spaces is a most laudable one; but, under present conditions, its fulfilment leads to its frustration, for as soon as houses are built the fair conditions which led to their erection vanish.

In fact, the growth of houses around London, with the dreary areas of decaying intermediate suburbs, reminds one forcibly of the progress of those pathological formations which invade healthy regions and leave behind them a track of atrophy or decay.

In districts such as this the permanence of our Parks and Commons is an asset of incalculable value, but still the most vigorous action possible under the Housing and Town Planning Act is called for ere it be yet too late.

Reference has been repeatedly made in these reports to the state of some of our older dwellings, and notably those of the Malthouse Area.

In May, 1909, a public enquiry was held at the Council House into the representations made concerning this area, and communications from the Local Government Board have since been received.

A sub-committee is at present earnestly at work on the matter, and I am sanguine that next year it may be reported that practical steps have been taken.

The condition of other parts of the district has not however escaped attention; substantial repairs are now being carried out

in a part of Hampton Square, after the condemnation of eight houses therein, and the tables on pp. 55, 56 and 57, give details of work carried out in other streets and places.

One may express the hope that the remarkable results accruing from the Westfields improvements will lead to similar improvements being made in Lilian, Fanny, and Glenthams Roads—the lowest lying parts of the district; and that some amelioration may be effected at Littleworth End; in the curious congeries of buildings behind Mortlake High Street; in Lifford's Place; in Jones' Yard, and elsewhere.

In my opinion, however, the proper paving, channelling, &c., of White Hart Lane, now an important artery of communication and a considerable marketing centre, is absolutely imperative, and should not be longer delayed.

The Water Supply of the district is quite satisfactory, and does not call for comment this year.

Reference should, however, be made to Pale Well and to Beverley Brook.

Pale Well should be cleansed and kept properly in order, lest it become a nuisance.

The Beverley Brook, with its tributaries and ditches, ought also to be cleansed, and kept cleansed.

No doubt in course of time some communications on the subject will pass between the Council and the Port of London Authority.

During 1909 a boy who had drunk water from the Brook developed Typhoid Fever, and was admitted to the Hospital.

Milk and Food Supply.

There is, I am glad to say, continued improvement in the condition of the dairies and places where milk is sold in the district.

Greater powers are, however, urgently called for, and premises ought not to be registered for the sale or storage of milk unless defined conditions are first complied with.

Great trouble has been taken to protect the health of the few adults who are employed in underground bakehouses, but we have really little power to protect the community from dirt infection of milk.

Anxiety is always manifested at the possibility of the accidental and occasional dissemination of specific infection by milk, yet there is curious apathy concerning the almost constant distribution of microscopic dirt.

An instance of the accidental dissemination of a specific infection by milk is referred to in the section of this report which deals with infectious disease. It should be stated that the occurrence, which affected both Wandsworth and this district, was not in any way due to local conditions, and could not have been prevented by local action.

It may, however, be justly claimed that it was by local action that the facts were ascertained at the earliest possible moment, and that what might have been a very serious affair was brought to an end speedily without loss of life.

Premises where food other than milk is prepared, stored, or exposed for sale, and the articles of food therein, are kept under frequent observation.

In one case the preparation of ham, beef, &c., for sale was found to be carried on under very unsatisfactory conditions, but on my intervention drastic changes were at once made by the owner.

Most of the meat sold in the district comes from the Central Meat Market, and has therefore been already carefully examined. Very rarely, indeed, is anything found wrong with meat so procured.

Some meat, however, is brought from a neighbouring district, and is less satisfactory. There are three slaughter-houses in the district, and Mr. Robinson, the Assistant Inspector, who is specially trained in food inspection, is usually present on killing days. One carcase was during the year found to be tuberculous, and was at once destroyed. On several occasions during the year, livers, joints, &c., have been destroyed immediately at the request of one or other inspector.

There are 18 eating-houses, and two places where ice cream is prepared in the district. These are frequently inspected.

The report of Mr. Houghton, the County Inspector under the Food and Drugs Act, who doubtless gives as much time to this district as his very large area of work allows, is given on page 49.

The Sewerage and Drainage of the District was referred to in detail in my report for 1908, and in that for 1905 a plan was given which shows the chief lines of our system.

During 1909 very little sewerage work of consequence was carried out, other than that of course necessitated by the opening up of new roads by builders.

As will, however, be seen on reference to the table given on page 56, in 67 cases defective drains were amended, and in 18 reconstruction was carried out.

It was possible during 1909 to give much more time than formerly to systematic drain testing.

The Disposal of House Refuse is still conducted on the lines which have now obtained for some years, and complaints from persons residing in the new houses near to the dock at which the carts tip their contents into the barges are of frequent occurrence.

The question of the provision of a dust destructor has again, as for some years past, engaged the earnest attention of the Council, but no conclusion has so far been determined on.

I understand that a new process, by which house refuse is rapidly converted into an inoffensive dry powder, has lately obtained favourable comment.

So far as my information goes, the process is an excellent one, and suitable for this district.

Earlier in the year some communications were made to the Richmond Borough Council, as it was thought that possibly that Authority might favourably consider a plan for the erection of a dust destructor under joint management near to the works of the Joint Sewerage Board.

No progress, however, was made with the pourparlers.

Trade refuse is now, I am glad to say, removed by the Council's scavengers by arrangement with those tradespeople who are willing.

Complaints frequently reach the Sanitary Department from householders who are aggrieved by the deposition of rubbish in the secondary means of access to their houses.

In some parts of the district there are quite long lanes, running between the back gardens of contiguous streets, which afford these secondary means of access, and it appears to be the general practice for householders to deposit dead leaves, the cuttings from lawns, &c., in these lanes, opposite their neighbours' gates.

It is not quite easy to find a remedy. The passages are private property, and the Council is not desirous of scavenging these unless the cost is duly apportioned under the P. H. Acts.

All that the Sanitary Department can do, if any accumulation is found to be a nuisance, is to serve a notice for its removal on the person to whose house it is contiguous.

Such person is usually the person aggrieved, and not the person who causes the nuisance to occur.

The work undertaken with regard to **Nuisances** is summarized in tables given on pp. 56 and 57 by Mr. Grylls, to whose experience and tact the district has for so many years been indebted.

It will be seen that the house-to-house inspections were slightly fewer than 1908, but that more work was done by way of house cleansing and disinfection, there having been more visits to houses in which notifiable disease occurred.

No legal proceedings were taken, as in every case the defects were remedied, and in only 36 cases was it necessary to serve a Statutory Notice.

No serious nuisances were complained of during 1909, and the general condition of the district is year by year rising to a higher level.

It should be observed that the table on page 56 is not merely a record of the nuisances *discovered*, but of the nuisances *abated*.

Bye-Laws.

For some years past I have, in these reports, alluded to the desirability of some Bye-Law being adopted that would check the construction of double tenements with inordinate "back additions."

Early in 1909 the matter was considered by the Council, and after a conference with officials of the Local Government Board, it

was decided that application should be made for confirmation of (i) an addition to Bye-Law 3 of the series made on May 10th, 1898, and (ii) a new Bye-Law. Confirmation has not yet been received, but it is hoped that such will shortly be the case.

The proposed addition and new Bye-Law are as follows :—

(i) Every person who shall erect a new domestic building of which any part projects in the rear from the main part of such building shall, in addition to the open space required to be provided in connection with such building by any Bye-Law in that behalf, provide on one side of such projecting part an open space, exclusively belonging to such building, which shall be free from any erection thereon above the level of the ground and shall extend laterally throughout the remaining width of such building and longitudinally throughout the entire length of such projecting part, and he shall cause the distance across the last mentioned open space from the side of such projecting part to the boundary of any lands or premises immediately opposite the side of such new domestic building to be not less in any case than 5 feet.

If the height of such projecting part be not less than 15 feet, or the length not less than 25 feet, but the height be less than 25 feet and the length less than 25 feet, he shall cause such distance to be 7 feet 6 inches at the least, or,

If the height of such projecting part be not less than 25 feet, or the length not less than 25 feet, but the height be less than 35 feet and the length less than 35 feet, he shall cause such distance to be 10 feet at the least.

If the height of such projecting part be not less than 35 feet, or the length not less than 35 feet, he shall cause such distance to be 12 feet at the least.

(ii) That where a window shall be so constructed as to open into an enclosed court or area open only at the top to the external air, such window shall not be deemed to comply with the requirements of the Bye-Law, unless the distance across such court or area, measured from the opening of the wall in which such window is constructed to the opposite wall of such court or area, be equal at least to two-thirds the height measures from the height of the sill of such window to the level of eaves or top of the parapet of the opposite wall."

Suggestions for various other amendments have been, from time to time, made by my colleagues and myself, and a committee is now sitting that has been appointed to consider and report on the whole question of the revision of the Building Bye-Laws.

No lodging houses, and no offensive trades exist or are carried on in our district now.

On November 13th, 1908, a Home Office Order was issued declaring the greater part of Section 81, the whole part of Section 85 (Registries for Servants), the whole part of Section 86 (Marine Stores, etc.), Part 8 and Part 9 of the Public Health Acts Amendment Act, 1907, to be in force in this district. The steps necessary to administer these enactments have been taken, and Bye-Laws under Section 8 have been made and confirmed.

On October 29th, 1909, a Local Government Board Order was issued declaring that on and after December 10th, 1909, Part 2, Part 3, Sections 52—65 and 67—68 contained in Part 4, and Part 10, of the same Act, should be in force in this district, subject to certain conditions and adaptations duly scheduled.

For some time past an **ambulance**, provided by subscription at the instance of Dr. R. D. Mackintosh, has been available in case of sickness or accident, and has been kept at the Council's dépôt.

Owing to the generosity of Dr. Mackintosh and the committee presided over by him, this excellent ambulance has been presented to the Council, and will be in future be maintained by them under Section 50 of the Act just referred to.

The Officers of the Council have been directed to frame suggestions for regulating the use of the vehicle, which, under the new conditions, will no doubt be of even greater public benefit than heretofore.

The Public Elementary Schools in the district were referred to, and their condition described, in my report for 1908.

It will be sufficient now to state that the non-provided (National) schools at Mortlake have been considerably improved; that the new infants' (Council) school at Mortlake is completed and in use; and that the new Council mixed school, close to the scavenging dock in Lonsdale Road, has also been completed. The playgrounds of these schools are not of impervious material, but are gravelled.

During November a slight outbreak of diphtheria occurred at the Green Schools, Barnes, and a few scholars in one or two class-rooms were attacked.

Considerable alarm was caused, and much attention given to the outbreak, owing to the fact that coincidentally with the outbreak being known there was a failure of the water supply to the school. The first cases however had occurred several days before the failure of the water supply, which was found to be due to the breaking of a lead service pipe some distance away, by reason of the brittleness of age and the growth of trees. I understand that the condition of these schools, perhaps the best of the older buildings, is under consideration. The old-fashioned trough closets should certainly be abolished, and the cottage adjoining, used for residential purposes, should be otherwise employed,

As the Urban District of Barnes does not, as yet, enjoy autonomy in the matter of public elementary schools, the arrangements for medical inspection are in the hands of the County authorities, and are well carried out by the executive officer, Dr. Jones, Assistant County Medical Officer of Health, with whom we work in the admirable harmony desired by the Board of Education.

The last memorandum of the Board of Education, on school closure and the exclusion of scholars, has of course raised some difficult technical points owing to the state of the law. But, while the actual systematic inspection is carried out for Barnes and Mortlake by the special medical examiners appointed by the Education Committee of the Surrey County Council to work under Dr. Jones, I continue gladly to carry on the somewhat thankless task of examining school attendance cases.

Owing to an expression of opinion at the Mortlake Petty Sessional Court that medical evidence should always be forthcoming in cases of prosecution for non-attendance owing to dirt, vermin, &c., and the apparent reluctance of anyone or any authority to pay fees in respect of such evidence, a position of some difficulty was at one time reached.

The difficulty was, however, resolved, and the activities of the excellent School Attendance Officer, Mr. Chambers, under the direction of his Committee, continue to exert an increasingly beneficent effect. An arrangement has also been arrived at between Dr. Jones and myself whereby the technical and legal difficulties indicated by the memorandum just referred to, in respect of school closure on "educational" grounds, and the exclusion of particular children, are overcome. Happily, during the year school closure was only called for in the case of the outbreak at the Green Schools just alluded to.

Here a rather noteworthy sequence of events occurred. On the occurrence of two or three cases advantage was taken of the power to close a department only of the school. This was done because the existence of one or two carriers was suspected, and proved; and also in order that the classroom should be cleansed.

Formerly of course no such action was possible. But the result was that panic set in, and we were practically forced to close the whole school, as the numbers were so depleted that work could not well be carried on. It would be a deplorable thing if the exercise of power to close a department, or to exclude the number of scholars making up a class, on the occurrence of a few cases, should, in future, thus lead to panic, and the closure of a whole school.

Generally, the health of the scholars has been good; there was some measles early in the year, and some chicken-pox later.

There has been no change in our **methods of dealing with infectious disease** during the year, and the cases which occurred will be dealt with on a subsequent page.

At the Isolation Hospital a new and admirable ward block has been completed under Mr. Tomes' supervision, and is satisfactory in every way.

It is proposed to use it chiefly for cases of diphtheria, and it contains, in addition to two wards of six beds each, two excellent single wards, one of which has been fitted specially for cases requiring operative treatment.

The sanitary annexes to this block are of a particularly useful type, and the building has been well, though economically equipped on the same lines as the best type of surgical ward, with aseptic furniture and fittings. This is a point on which I am inclined to lay great stress.

The new mortuary is well fitted for its purpose, and the old mortuary has been thrown into the coach house, giving good accommodation to the new aseptic ambulance supplied by Messrs. Carter & Sons, and the old ambulance, now repaired and improved, and adapted for use, should it be necessary to remove patients at any time to the County Small Pox Hospital at Clandon. The old block at the Hospital is about to undergo some necessary alterations to the sanitary annexes, and then will be, no doubt, renovated throughout.

The fowls kept at the Hospital continue to be a source of profit, and have provided over 2,000 eggs during the year, whilst 19 young birds have been killed for the food of the patients.

Eighty-eight cases were admitted during the year under review ; of these 46 were cases of scarlet fever. All recovered, while there were 35 cases of diphtheria with 4 deaths.

Of these cases, 6 had marked laryngeal symptoms on admission ; one died suddenly after temporary improval ; one, aged 7 months, died of broncho-pneumonia after successful intubation ; two others recovered after intubation, and two without operation. One of the successful cases of intubation was, on admission, just convalescent from measles and whooping cough, and had, in addition to faucial and laryngeal diphtheria, diphtheria of an unhealed wound after removal of the appendix.

Two cases of very severe erysipelas, one case of puerperal septicæmia, and four cases of typhoid fever were admitted.

During the last few years the accommodation available had, owing to the growth of the district and other causes, until the opening of the new block, fallen below a convenient standard. It was, therefore, a matter of considerable anxiety to prevent cross infections, etc., but the success of the arrangements which we were, after 1907, able to make, together with the unwearying assistance of

Miss Bellinger, were such as to somewhat modify the views formerly held by me of the methods whereby which spread of infection in isolation hospitals might be prevented. These modified views have been recently stated by me to a professional audience, and without going at length here into technical matters, I may say that I am convinced that by a proper ritual of asepsis the dangers attending the introduction of mixed cases, doubtful cases, and cases of mistaken diagnosis may be practically abolished, while at the same time, as we have proved, considerable economy in staffing can be secured.

It is, however, absolutely essential for the success of this method that there should never be any diminution in the full amount of air space allotted to each patient, that the equipment of the wards should be kept up to a certain level, and that there should be a sufficient number of wards.

If experience confirms these views, I believe it will be found that cases of infectious disease may be handled with greater boldness than formerly, and, what will perhaps be regarded as even more satisfactory, there may be a greater economy in the construction and administration of, at any rate small, isolation hospitals.

There is no doubt, I think, but that greater attention should be paid to isolation hospitals than is now the case. It is a pity that there is no machinery for their official inspection, as is the case with asylums, workhouses and infirmaries; and, though perhaps it is hardly within my province to make the suggestion, still there have been official enquiries into subjects of, perhaps, less importance to the community than the provision and management of these institutions.

It is difficult to say which zymotic diseases, if any, will not, a generation hence, be treated by local authorities in specially equipped institutions directly descended from the contemned "fever hospitals" of to-day.

As is known, in this district the voluntary notification of cases of **Tuberculosis** has been practised for some years. But, during 1909 the order of the Local Government Board requiring the notification of such cases from Poor Law officials has of course been in force.

During the year five cases were notified by private practitioners voluntarily, and fourteen cases were notified by the Poor Law authorities.

Of course some of the latter cases were notified to us several times from different persons; the district medical officer, the relieving officer, the medical officer of the infirmary at Richmond, and so on.

In every instance the premises inhabited or vacated by notified persons was visited; the appropriate leaflet of instruction left; the house carefully inspected and if necessary cleansed, and the rooms and contents disinfected at the proper time.

The public are without doubt much more alive than formerly to the necessity of disinfection, and there is a growing appreciation of the advantage of free ventilation.

In fact there is a greater tendency for phthisis to be classed with other infectious diseases, and I do not doubt that in time public opinion will demand its treatment with them.

As a practising physician one cannot but be impressed with the increasingly good results that can be secured by even domestic treatment of tuberculosis, now that the public appreciate the advantages that follow early and confident diagnosis.

It is hesitation in diagnosis that causes most loss of life from phthisis, and there is no excuse for it now that a definite opinion means bold and often successful treatment,

By referring to the table given on page 41, the number of cases of **Infectious Disease** notified during 1909 will be seen.

The fifty-six cases of scarlet fever were scattered throughout the district, and few of the twenty occurring in Barnes had any obvious relation to each other. Of the thirty-six cases in Mortlake six arose in connection with a large educational establishment at Richmond attended by girls from this district.

No cases were found in this district to have been related to the sharp outbreak of milk-borne scarlatina which, during the summer, affected a part of Surrey and South-West London.

The forty-three cases of diphtheria were also, with the exception of the few already alluded to as affecting the Green Schools, apparently not related to each other. The severity of the cases, and the proportion of those with laryngeal implication was, however, considerable.

Our laryngeal cases of diphtheria usually come from Mortlake, and a good many cases of false croup are seen amongst the poor of that parish.

The table on page 47 affords an opportunity of comparing our yearly records.

It is clear that, although 1909 was not quite so good a year as 1908, our position in respect of the principal infectious diseases continues to improve.

It is well known that there is an annual as well as a seasonal curve for infectious diseases, 1909 was a year in which a high wave was due.

But the high waves are not so high as formerly, and the occurrence rate of scarlet fever, diphtheria and typhoid is, on the

average, little more than half what it was a few years ago. It is true that sixteen cases of typhoid fever were notified during 1909. All but three of these, however, were due to the conveyance of the specific virus from outside the district.

The circumstances of this outbreak call for narration and comment.

On February 9th, I received from Dr. G. Hovenden intimation that a child in Barnes was, in his opinion, suffering from typhoid fever.

On February 10th the case was removed to a London hospital, where the diagnosis made by Dr. Hovenden was contradicted, a fact of which I did not become aware until some weeks later, when the authorities finally corroborated the perfectly accurate diagnosis originally made. Within the next two or three days, two cases of children suffering from intestinal disturbance occurred in my own practice, and, as enquiry established a possible common factor for the three, I was enabled to make a diagnosis of typhoid fever with some confidence. On February 14th, I saw a fourth case, a child of eighteen months, and in this instance the common factor was also present.

Enquiries and activity had, however, already been set on foot, and a purveyor of milk, whose premises were outside this district, agreed to sterilize all milk sold by him.

Dr. Caldwell Smith, the Medical Officer of Health for Wandsworth, was communicated with, and he satisfied himself that there was no fault to be found with either the condition of the purveyor's premises or the health of his employees.

In the meantime a circular had been sent to the practitioners in this district, with the result that in the course of a few days seven cases more were discovered in Barnes. Dr. Smith also became aware of four cases in Wandsworth. Enquiries as to the

source of the milk revealed the fact that it was derived from 36 farms in Wiltshire, and, by February 19th, it had been found that at a certain farm one child had been ill for weeks with typhoid fever.

The father of the child, though under contract to inform the London purveyor of any case of illness at his farm, had omitted in this case to do so, and had allayed suspicion by using an ordinary billhead instead of the proper contract note, as if he had been temporarily without the usual forms.

The supply of milk from this farm was at once stopped, and a little later the place was visited by Dr. Caldwell Smith and myself, in company with Dr. Streeten, the Medical Officer of Health for Swindon and other districts.

By this time the mother of the child just alluded to was also recognised to be suffering from typhoid, and we learned that some months previously another child belonging to the same family had suffered from an illness thought at the time to be tuberculous meningitis. We found, moreover, that one of the farm hands was said to be ill with pneumonia, and suggested further investigation. The case turned out to be typhoid. Assuming that the cases in Barnes and Wandsworth were indeed connected with the state of affairs at this farm in Wiltshire, it may be asked what was the exact nature of the relation. From a comparison of dates it appeared probable that the infection might have been due to a misuse of certain utensils during the first and second weeks in January, when the second child was sickening. But what was the source of the original infection? The most careful enquiry failed to reveal the most remote contingency that we could think of for the infection of the first child, who, at the time, was thought to have tuberculous meningitis.

Only the water supply of the farm from a neighbouring hill could be implicated by those who are not ashamed to believe in the

"de novo" origin of typhoid fever at times. This water supply might have become fouled by simple pollution, but the probability of specific infection was negatived.

Of the 11 primary cases which occurred in Barnes, all recovered. Two secondary cases occurred and also recovered. I believe that the cases in Wandsworth also did well. Clinically the outbreak was interesting on account of the number of quite young children infected. I had one case, as already narrated, aged but 18 months.

Quite a number of the cases began with symptoms, and some with physical signs of acute lobar pneumonia, and most had a heavy crop of spots. There are several other points of interest, notably the enormous importance of the correct diagnosis made, under difficult circumstances, by Dr. Hovenden.

This diagnosis was arrived at on clinical grounds, though disputed for weeks by the pathologists of a first-rate London Hospital.

Although of course most of the cases were **notified** after the probable medium of infection was recognised definitely on February 14th, all of them were **infected** before the sterilization of the milk commenced on February 15th, and as nearly 20,000 persons were being supplied daily by the one purveyor, the possibilities for mischief were very great.

Dr. Caldwell Smith was most kind and helpful in his co-operation with me, and we both received all possible assistance from the purveyor, who did everything to help us in elucidating the facts.

One or two practical recommendations may perhaps be made. Valuable as it is for Medical Officers of Health in towns to be supplied, by purveyors of milk, with lists of their sources of supply, it would be infinitely better were dairy farmers compelled to furnish

local Medical Officers of Health with the names of the purveyors to whom they send supplies.

If this had been done in the case I am discussing it would have been useless for the farmer to juggle with his contract note, as, immediately that the presence of typhoid at the farm had been known, the local Medical Officer of Health would have communicated with Dr. Caldwell Smith and myself.

Another point is that it is doubtful if statutory powers exist to prevent cheese being made from infected milk.

Immediately that the supply of milk to London from his farm was rejected, the farmer began to make cheese from it.

What happened to the cheese I know not: but Medical Officers of Health should certainly have the power at once, on discovery, to suspend the sale of such stuff.

Three cases of typhoid that occurred during 1909 had no relation to this outbreak.

In one instance the history pointed to ice cream, purchased at Hammersmith, as the vehicle: in another the lad had drunk water from Beverley Brook, and in the third there was a history of personal contact with a convalescent patient outside the district.

Three fatal cases of **Puerperal Fever** occurred during 1909.

All three were delivered by medical men.

In one case peritonitis followed difficult instrumental delivery: in both the other cases the patients were, at the time of parturition, suffering from phthisis, and it was difficult to decide how far the deaths were due to septicæmia, and how far to miliary tuberculosis.

As stated in my previous reports, since the coming into force of the **Midwives' Act** the actual inspection of the work of registered

midwives in Surrey has been carried out, under arrangement with the Surrey County Council, by the local Medical Officers of Health. Somewhat abruptly, towards the end of 1909, this arrangement was determined by the Surrey County Council, as it was felt that a task which had been shared by the numerous Medical Officers of Health throughout the county, would be better carried out by a lady who would devote half her time to it, and half to the work of the Surrey County Nursing Association.

The fact that local Medical Officers of Health, especially when engaged in practice, have abundant opportunity in the course of their daily work of gaining knowledge of the capacity and character of the midwives, has been thought to be outweighed by the advantage of visits two or three times a year by an Inspector, who would be responsible for the whole county.

I understand, also, that the suggestion was made that Medical Officers of Health engaged in practice might be induced to take a favourable view of a midwife's work if she were in the habit of calling him in in emergencies, although most, if not all such Medical Officers have been, in the past, glad that their quasi-judicial position has given them an excuse to ask midwives *not* to send for them on these unprofitable occasions.

It is, of course, obvious that under the new régime, the same prompt official action cannot be possible as hitherto in certain cases, and it is not clear as yet how the central supervising authority proposes to obtain information of irregularities, and the practice of unregistered persons.

There are at present three trained and registered midwives in Barnes and Mortlake, all of whom are competent and do their work well.

Two registered but untrained midwives are also enrolled, though one of them does not practise.

About one half the confinements occurring during 1909 were treated by the midwives registered under the Act, and the results were certainly extremely good.

There is no doubt but that the fact that women attended by midwives cannot so easily procure the early administration of chloroform as when attended by a doctor, means fewer instrumental deliveries, fewer difficulties with the placenta, and less sepsis.

On the other hand, it must be remembered that midwives do not always care to attend primiparae, unless a doctor is engaged as well. Under these circumstances the midwife acts technically as a maternity nurse, and not as a midwife.

It is in respect of these cases that I apprehend difficulty under the new régime, for either the lady Inspector must attempt the control of work for which doctors are really responsible, or else an important part of midwives' practice will escape official cognizance.

I hold strongly that any chief Inspector of midwives should be a qualified practitioner, either male or female, and am supported in this opinion by most, if not all, Medical Officers of Health.

The estimate given in **Table I.** of the population of this district for the year 1909, exceeds that for 1908 by 2,000. The estimate is based on the number of inhabited houses enumerated at Midsummer, 1909, and the assumption that the average number of persons per house has slightly decreased since the Census of 1901, bearing in mind the fact that the increase in new houses was greater in the second than in the first half of the year.

The number of births during 1909 was 703, and this figure gives us a birth rate of 23, slightly lower than last year.

The number of births registered in Barnes proper was 278—eight less than in 1899; Mortlake, however, is to be credited

with no less than 425, or more than twice as many as ten years ago (**Table II.**).

The number of deaths of infants under one year of age registered in the district was only 62. This is the lowest number since 1903, in which year the births were only 513. We can therefore boast an infantile mortality rate of 88. Ten years ago the rate was 126, and for the last decade the average has been 116.

The total number of deaths registered in the district was 277, and with our estimated population the uncorrected death rate is therefore only 9 per 1,000.

This is the lowest rate yet on record for Barnes and Mortlake, with the exception of that sanitary *annus mirabilis*, 1908.

The deaths of residents registered in public institutions beyond the district were, so far as ascertained, 44. This number is greater than in any former year, because greater pains have been taken to collect the particulars.

Their inclusion, however, though bringing the *corrected* death rate up to 10.5, still leaves us with a record better than that of any year except 1908.

It must be remembered that even this rate would be lower if we were able to exclude the deaths of persons whose bodies are found in the river, etc., and who have not resided in the district.

Table II. shews, in addition to facts already mentioned, that not only the infantile death rate, but the general death rate, is considerably higher in Mortlake than in Barnes. There are several reasons for this, but differences in the soil and configuration may be noted. There is more clay and loam in Mortlake; more gravelly sand in Barnes.

Most of the facts illustrated by **Table III.** have been already referred to, but in connection with what has just been said it may be pointed out that, of 19 cases of phthisis 14 occurred in Mortlake.

I am old-fashioned enough to still believe in Dr. Buchanan's classical researches, and think that the connection of the disease with damp soil is undoubted.

In **Table IV.** the causes of, and ages at death are analysed. One death from diphtheria occurred outside the hospital; the death from "croup" was returned from the Richmond Infirmary. Epidemic influenza is stated to have caused 8 deaths, and phthisis 24. Here again it is to be noted that 15 of the 24 deaths have to be credited to Mortlake.

Cancer accounts for 27 deaths; this disease and phthisis making up nearly 15 per cent. of the whole. Forty-six deaths were due to bronchitis or pneumonia, and again the record from Mortlake is far the worst.

Table V. affords particulars of the deaths of children under one year of age, and in this table the deaths of a few which occurred in the infirmary or elsewhere are included.

The deaths from diarrhoea and enteritis account for 14 of the total number, and the vague conditions included under the headings of debility, marasmus, etc.. for 5.

The Notification of Births Act, 1907, has not been adopted in this district, and the continued improvement in the matter of infantile mortality shews that it is perhaps hardly necessary here.

Allusion has been already made **to the circulars of the Board of Education,** but for fuller information on the bearing of these circulars on the work in this district, the report of

Dr. Jones, Assistant County Medical Officer of Health (Education), will no doubt be consulted.

The administration of the Factory and Workshops' Act has gone on smoothly. The official tables are given on pp. 51 to 53, and additional information on page 54. In one or two instances the Surveyor (Mr. Tomes) has been informed of places in which the provision of means of escape from fire has seemed inadequate, and generally speaking we have had no difficulty in securing compliance with our requirements.

One large factory laundry was opened during the year in East Sheen.

The Coroner's Court and Mortuary have been improved during the year in various respects, and are now very well adapted and equipped.

Forty-four enquiries were held by Dr. Taylor, Coroner for the Kingston division, during 1909.

There has been considerable expression of opinion lately in favour of **Swimming Baths** being provided for the district. With this opinion I heartily concur, and have indeed for years past referred to the matter, although I sincerely hope that there will be no attempt at providing an open-air bath filled from the Thames.

But, whether or no a swimming bath of any kind is furnished, there is in my opinion distinct need for public *single* baths. Wash-houses are not required.

In conclusion, I have to say that I have, as usual, made both systematic and other inspections of the district, and have received the greatest assistance from my colleagues, as well as from the whole staff of the Sanitary Department and Hospital.

The action of the Council in allowing the addition of a clerk to the staff of the Sanitary Department is one for which I am grateful.

Not only has the routine work been facilitated in consequence, but we have been able to commence a card register of the district, giving the sanitary record of each dwelling-house, shop, factory, etc. This record will, in course of time, be very valuable, and materially assist the labours of those who may follow.

Statistical Tables.

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

Statistical Tables

Published by the
Government Printing Office
Washington, D. C.

TABLE I.
Vital Statistics of whole District during 1909 and previous Years.
NAME OF DISTRICT—BARNES URBAN.

YEAR.	Population estimated to middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.*	Under 1 year of age		At all ages.					Number.	Rate.*
				Number.	Rate per 1,000 births registered	Number.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1899.	17000	478	26.9	58	126	225	13.2	5	—	4	229	13.4
1900.	17400	416	23.9	56	134	220	12.7	1	—	3	223	12.8
1901.	17900	420	23.5	56	133	214	12.5	3	—	24	237	13.2
1902.	19900	501	25.1	57	113	257	12.9	7	—	27	286	14.2
1903.	21150	513	24.2	57	111	220	10.3	5	—	27	247	11.6
1904.	23200	618	26.6	83	134	237	10.2	0	—	24	261	11.2
1905.	24250	600	24.7	72	120	254	10.4	3	—	35	289	11.9
1906.	25500	632	24.7	71	112	256	10.0	15	—	32	288	11.2
1907.	28000	684	24.4	63	92	267	9.5	5	—	33	300	10.7
1908.	28500	676	23.7	63	93	213	7.4	2	—	34	247	8.6
Averages for years 1899-1908.	22280	553	24.8	63	116	236	10.5	4.6	—	24	260	11.2
1909.	30500	703	23.0	62	88	277	9.0	6	—	44	321	10.5

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

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

Total population at all ages 17,821
Number of inhabited houses 3,403
Average number of persons per house .. 5.236 } At Census of 1901.

TABLE II.
Vital Statistics of separate Localities in 1909 and previous years.
NAME OF DISTRICT—BARNES URBAN.

NAMES OF LOCALITIES.	1. WHOLE DISTRICT.				2. BARNES (Parish).				3. MORTLAKE (Parish).			
	YEAR.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>
1899 ...	17000	478	229	58	9500	286	123	36	7500	192	106	22
1900 ..	17400	416	223	56	9750	230	107	26	7650	186	116	30
1901 ...	17900	420	237	57	10100	258	127	27	7800	162	110	30
1902 ...	19900	501	286	60	10700	259	140	32	9200	242	146	28
1903 ...	21150	513	247	59	11250	263	133	32	9900	250	114	27
1904 ...	23200	618	261	86	12000	293	134	43	11200	325	127	43
1905 ...	24250	600	289	74	12250	310	138	26	12000	290	151	48
1906 ..	25500	632	288	75	12750	284	136	25	12750	348	152	50
1907 ...	28000	684	300	65	13450	277	144	28	14550	407	156	37
1908 ...	28500	676	247	67	13500	266	124	24	15000	410	123	43
Averages of years 1899 to 1908. ...	22280	553	260	65	11525	272	130	30	10755	281	130	35
1909 ...	30500	703	321	66	14200	278	140	25	16300	425	181	41

TABLE III.
Cases of Infectious Disease notified during the year 1909.

NOTIFIABLE DISEASE.	Cases Notified in Whole District.							Total Cases notified in each locality.		Number of Cases removed to Hospital from each locality.			
	At all ages.	At ages—Years.						1	2	1	2	Total Cases removed to Hospital.	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upw'ds.	Barnes.	M'rtl'ke	Barnes.	M'rtl'ke.		
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	
Diphtheria (including Membranous Croup) ..	43	1	13	22	2	5	—	28	15	25	11	36	
Erysipelas	10	—	—	1	—	8	1	3	7	—	2	2	
Scarlet Fever	56	—	9	37	7	3	—	20	36	16	32	48	
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric Fever	16	—	3	4	3	6	—	15	1	3	1	4	
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	
Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Fever	3	—	—	—	—	3	—	2	1	1	—	1	
Phthisis (1) Poor Law ..	14	}	—	1	1	8	8	1	5	14	—	—	—
(2) Voluntary	5												
Totals	147	1	26	65	20	33	2	73	74	45	46	91	

Isolation Hospital, Mortlake. Total available beds, 36. Number of Diseases that can be concurrently treated, 4.

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.	Barnes.	Mortlake.	
Small-pox	—	—	—	—	—	—	—	—	—	—
Measles	6	1	5	—	—	—	—	2	4	—
Scarlet fever	—	—	—	—	—	—	—	—	—	—
Whooping-cough	8	4	4	—	—	—	—	4	4	—
Diphtheria (including Membranous croup)...	5	1	3	1	—	—	—	2	3	4
Croup	1	—	1	—	—	—	—	—	1	—
Fever {	Typhus	—	—	—	—	—	—	—	—	—
	Enteric	—	—	—	—	—	—	—	—	—
	Other continued	—	—	—	—	—	—	—	—	—
Epidemic influenza	8	—	—	—	1	3	4	2	6	—
Cholera	—	—	—	—	—	—	—	—	—	—
Diarrhœa	11	10	1	—	—	—	—	3	8	—
Enteritis	3	3	—	—	—	—	—	1	2	—
Puerperal fever	3	—	—	—	—	3	—	2	1	1
Erysipelas	1	—	—	—	—	1	—	—	1	1

Phthisis (Pulmonary Tuberculosis) ...	24	—	2	2	4	13	3	9	15	—
Other tubercular diseases	1	—	—	—	—	1	—	—	1	—
Cancer, malignant disease	27	—	—	—	—	19	8	11	16	—
Bronchitis	23	8	1	—	—	2	12	6	17	—
Pneumonia	23	6	2	—	1	9	5	10	13	—
Pleurisy	—	—	—	—	—	—	—	—	—	—
Other diseases of Respiratory organs ..	1	—	—	—	—	1	—	—	1	—
Alcoholism } Cirrhosis of liver }	3	—	—	—	1	2	—	2	1	—
Premature birth.. ...	12	12	—	—	—	—	—	8	4	—
Diseases and accidents of parturition ..	1	—	—	—	—	1	—	1	—	—
Heart diseases	25	2	—	—	—	12	11	8	17	—
Accidents	14	3	3	3	2	2	1	6	8	—
Suicides	4	—	—	—	1	3	—	2	2	—
Found dead	1	—	—	—	—	1	—	—	1	—
Found drowned	4	—	—	—	—	4	—	3	1	—
Tetanus Neonatorum ...	1	1	—	—	—	—	—	1	—	—
All other causes	111	15	3	1	2	36	54	57	54	—
All causes	321	66	25	7	12	113	98	140	181	6

TABLE V.

Infantile Mortality during the Year 1909. Deaths from stated causes in Weeks and Months under 1 Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under 1 year.
All Causes	... ..	15	2	4	3	24	10	4	—	5	4	6	4	3	3	3	—	66
Common Infectious Diseases	Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Chicken-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
	Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Diphtheria (including Membranous Croup)	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Diarrhœal Diseases	Whooping Cough ...	—	—	—	—	—	—	1	—	1	—	—	1	—	1	—	—	4
	Diarrhœa, all forms ...	—	—	—	—	—	2	1	—	1	2	—	1	1	1	1	—	10
	Enteritis, Muco-enteritis Gastro-enteritis	—	—	1	1	2	2	—	—	—	—	—	—	—	—	—	—	4
	Gastritis, Gastro-intestinal Catarrh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wasting Diseases	Premature Birth ...	8	1	1	1	11	—	—	—	1	—	—	—	—	—	—	—	12
	Congenital Defects ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Injury at Birth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Want of Breast-milk, Starvation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Atrophy, Debility, Marasmus	3	—	1	—	4	1	—	—	—	—	—	—	—	—	—	—	5

Tuberculous Diseases	Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Tuberculous Peritonitis: Tabes Mesenterica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Causes	Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Syphilis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
	Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Meningitis (not Tuberculous)	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
	Convulsions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Bronchitis... ..	—	—	—	1	1	2	—	—	1	1	2	—	1	—	—	—	8
	Laryngitis... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Pneumonia	—	—	—	—	—	—	2	—	—	—	2	1	—	—	1	—	6
Suffocation, overlying ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Causes	4	1	1	—	6	2	—	—	1	1	1	—	1	—	1	—	13	
		15	2	4	3	24	10	4	—	5	4	6	4	3	3	3	—	66

Population (estimated to middle of 1909), 30,500. Births in the year:—Barnes, 278; Mortlake, 425.
Deaths in the year of infants:—Barnes, 25; Mortlake, 41. Deaths from all causes at all ages, 321.

TABLE

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

DATE OF COMPUTATION.	NUMBER OF INHABITED HOUSES.		
	BARNES.	MORTLAKE.	TOTAL.
1901 Census, March	1893	1510	3403
1902 Midsummer	2051	1763	3814
1903 " 	2167	1869	4036
1904 " 	2315	2120	4435
1905 " 	2377	2308	4685
1906 " 	2459	2464	4923
1907 " 	2576	2756	5332
1908 " 	2612	2942	5554
1909 " 	2745	3147	5892
INCREASE IN 8·25 YEARS	852	1637	2489

TABLE

Showing the number of cases of Scarlet Fever, Diphtheria and Enteric Fever notified annually since 1895, with the estimated populations and case rates for each year, the quinquennia 1896-1900 and 1901-1905, and the years 1906-1909.

YEAR.	Estimated Population.	CASES NOTIFIED.				Cases per 1,000 estimated Population.
		Scarlet Fever.	Diphtheria.	Enteric Fever.	Totals.	
1896 ...	16,200	66	28	10	104	6·4
1897 ...	16,450	41	44	7	92	5·7
1898 ...	16,470	73	38	12	123	6·9
1899 ...	17,000	90	24	9	123	7·2
1900 ...	17,400	32	26	5	63	3·6
MEAN.	16,750	60·4	32	8·6	101	6·08
1901 ...	17,900	31	75	12	118	6·5
1902 ...	19,900	75	61	8	144	7·2
1903 ...	21,150	30	55	8	93	4·3
1904 ...	23,250	31	14	7	52	2·2
1905 ...	24,250	31	17	4	52	2·4
MEAN.	21,290	39·6	44·4	7·8	91·8	4·3
1906 ...	25,500	38	115	8	161	6·2
1907 ...	28,000	57	29	2	88	3·1
1908 ...	28,500	36	29	5	70	2·4
1909 ...	30,500	56	43	16	115	3·7
MEAN.	28,125	46·7	54	7·7	108	3·8

TABLE

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

YEAR.	SCARLET FEVER.			DIPHTHERIA.		
	Admis- sions.	Deaths.	Mortality per cent.	Admis- sions.	Deaths.	Mortality per cent.
1902	56	1	1·7	46	6	13·0
1903	21	1	4·7	45	3	6·5
1904	21	0	0·0	9	0	0·0
1905	24	1	4·1	14	2	14·2
1906	25	1	4·0	105	11	10·4
1907	50	1	2·0	17	2	11·7
1908	20	0	0·0	19	1	5·2
1909	46	0	0·0	35	4	11·4
Totals	263	5	1·9	290	29	10

Altogether 88 cases were admitted during 1909. They were made up as follows :—

Diphtheria	...	...	...	35	Erysipelas	...	...	...	...	2
Scarlet Fever	...	...	...	46	Puerperal Fever	...	...	...	...	1
Typhoid Fever	...	...	...	4						

Of the 35 cases of diphtheria 6 were laryngeal. One was admitted at a late stage and died suddenly ; one, aged 7 months, died of broncho-pneumonia following intubation ; and 4 recovered, 2 after intubation, and 2 without operation.

TABLE

Showing the Proceedings taken during 1909, under the Food and Drugs Act, by the County Inspector, Mr. Houghton.

Articles Purchased.	Samples taken.	Found Genuine.	Slightly Adulterated, etc.	Cases in which proceedings taken.	Convictions obtained.	Fines Inflicted.
Milk	84	72	9	3	3	£27 12 0
Butter	3	3				
Spirits	4	4				
Totals ...	91	79	9	3	3	£27 12 0

TABLE

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

Return for the period January 1st to December 31st, 1908.

Registration Sub-District Comprised in the Vaccination Officer's District.	No. of Births returned in the Birth List Sheets as regis- tered.	Number of these Births duly entered by 31st January, 1910, in Cols. 1, 2, 4, & 5 of the Vaccination Register (Birth List Sheets), viz.:					Number of these Births which on 31st Jan., 1910 remain unentered in the Vaccination Register on account (as shown by Report book) of			Number of these Births re- maining on 31st Jan., 1910, neither duly entered in the Vac- cination Register (Cols. 3, 4, 5, 6, & 7 of this return) nor temporarily accounted for in the Report Book (Cols. 8, 9, & 10 of this Return)	Number of Certificates of Conscientious Objection actually re- ceived by the Vaccination Officer ir- respective of the dates of Births of the Children to which they relate during the year 1909	Total number of Certificates of successful Primary Vaccination at all ages re- ceived during the calendar year 1909.
		COL. 1.	COLUMN 2.		COL. 4.	COL. 5.	Post- pone- ment by Medical Certifi- cate.	Re- moval to Districts the Vac- cination Officer of which has been duly ap- prised.	Re- moval to place un- known or which cannot be reached and cases not hav- ing been found.			
		Success- fully Vaccin- ated.	Insus- ceptible of Vaccin- ation.	Had Small Pox.	Number in respect of whom Certifi- cates or Statut'y Declara- tions of Consci- entous Objec- tion have been re- ceived.	Dead unvac- cinated.						
1	2	3	4	5	6	7	8	9	10	11	12	13
MORTLAKE ...	675	555	5	0	49	39	4	9	14	0	0	608

Return for the Period January-June, 1909. (Supplementary).

MORTLAKE ...	331	269	1	0	31	20	4	2	5	0	120	0
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*Annual Report of the Medical Officer of Health for the year 1909 for
the Urban District of Barnes*

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

**FACTORIES, WORKSHOPS, WORKPLACES, and
HOMEWORK.**

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices	Prosecutions.
Factories (Including Factory Laundries)	36	4	—
Workshops (Including Workshop Laundries)	295	13	—
Workplaces (Other than Outworkers' premises included in Part 3 of this Report)	65	—	—
Total	396	17	—

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prose- cutions.
	Found.	Remedied.	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness	11	11	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	1	1	—	—
Other nuisances	4	4	—	—
Sanitary ac- commodation { insufficient	—	—	—	—
{ unsuitable or defective	1	1	—	—
{ not separate for sexes	—	—	—	—
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bake- house (s. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	—	—	—	—
Other offences (Excluding offences relating to out- work which are included in Part 3 of this Report).	—	—	—	—
Total	17	17	—	—

Sec. 22 of P.H.A.A.A., 1890, is in force, and 1 closet is required for 20 persons,
or less, of each sex.

NATURE OF WORK.	OUTWORKERS' LISTS					
	Lists received from Employers.				Numbers of Out-workers received from other Councils.	Numbers of Out-workers forwarded
	Twice in the year.		Once in the year.			
	Lists.	Out-workers.	Lists.	Out-workers.		
Wearing Apparel— (1) making, &c. ...	1	2	1	5	11	—
(2) cleaning & washing Lace, lace curtains & nets Furniture and Upholstery Fur pulling Umbrellas... ..						
Paper Bags and Boxes ... Brush making Stuffed Toys File making Electro Plate Cables and Chains Anchors and Grapnels ... Cart Gear Locks, Latches and Keys						
Total... ..	1	2	1	5	11	—

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year.	Number.									
Important classes of workshops, such as workshop bake-houses, may be enumerated here. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td rowspan="4" style="font-size: 3em; vertical-align: middle;">{</td> <td>Laundries</td> <td>18</td> </tr> <tr> <td>Dressmakers</td> <td>21</td> </tr> <tr> <td>Shoemakers</td> <td>31</td> </tr> <tr> <td>Bakehouses</td> <td>13</td> </tr> </table>	{	Laundries	18	Dressmakers	21	Shoemakers	31	Bakehouses	13	
{		Laundries	18							
		Dressmakers	21							
		Shoemakers	31							
	Bakehouses	13								
Total number of workshops on Register	152									

SECTION 107.		Number of Inspections of Outworkers' premises.	OUTWORK IN UNWHOLE-SOME PREMISES (SEC. 108).			OUTWORK IN INFECTED PREMISES (SECS. 109 110).		
Prosecutions.			Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110).	Prosecutions (Sections 108, 110).
Failing to keep or permit inspection of lists.	Failing to send lists.							
—	—	32	—	—	—	—	—	
—	—	32	—	—	—	—	—	

5.—OTHER MATTERS.

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

TABLE

Showing the work done by the Sanitary Inspectors during 1909 with regard to places under the Factory and Workshops Act, 1901.

	BARNES.		MORTLAKE.		TOTALS.	
	No.	Visits.	No.	Visits.	No.	Visits.
A.—FACTORIES—						
Brewery ... ..	..	...	1	2	1	2
Electric Lighting Works ...	...	...	1	2	1	2
Printers	1	1	2	4	3	5
Coachbuilders ... ..	...	...	1	2	1	2
Excelite Works ... ..	...	...	1	2	1	2
Motor Works ... ..	...	...	1	6	1	6
Golf Club Maker ... ..	...	...	1	2	1	2
STEAM LAUNDRIES—						
Over 40 employees	1	3	..	...	1	3
Under 40 employees	2	4	4	8	6	12
B.—WORKSHOPS—						
Engineering Works	2	4	...	...	2	4
Tailors	6	10	4	7	10	17
Dressmakers	12	24	9	18	21	42
Shoemakers	14	20	17	23	31	43
Cycle and Motor	6	12	4	7	10	19
Saddlers	1	1	1	1	2	2
Photographers ... ..	...	...	3	3	3	3
Paving Works	1	2	...	...	1	2
Smiths	2	2	3	5	5	7
Aluminium Casting Co. ...	1	2	...	...	1	2
Upholsterer ... ..	..	...	2	2	2	2
Coachbuilder ... ..	...	...	1	1	1	1
Cabinet Maker ... ..	...	...	1	1	1	1
HAND LAUNDRIES—						
Under 40 employees	3	9	8	23	11	32
BAKEHOUSES—						
	4	12	9	31	13	43
C.—DOMESTIC WORKSHOPS						
Dressmakers	14	20	12	21	26	41
Family Laundries	6	11	12	27	18	38
D.—WORKPLACES—						
Stable Yards	7	12	5	5	12	17
Restaurants	5	12	13	32	18	44
Ice Cream Makers	2	4	...	...	2	4
TOTALS	90	165	116	235	206	400

TABLE

Work done by the Sanitary Inspectors during 1909, having relation to the Housing of the Working Classes.

	BARNES.	MORTLAKE.	TOTALS.
Houses found unfit for habitation ...	—	8	8
Overcrowding	1	2	3
Premises cleansed by owners	55	104	159
Visits made to dwelling houses ...	1751	2354	4105*

TABLE

Showing the number of certain places under the Council's supervision, and the visits made to them by the Sanitary Inspectors during 1909.

	BARNES.		MORTLAKE.		TOTALS.	
	No.	Visits.	No.	Visits.	No.	Visits.
Dairies and milk shops	10	40	16	64	26	104
Other places where milk is sold ...	6	14	10	23	16	37
Slaughterhouses	1	10	1	15	2	25
Places where petroleum is stored	6	12	7	54	13	66
Servants' Registry Offices	2	4	4	10	6	14
Marine Stores	2	6	1	2	3	8

TABLE

Work done by the Sanitary Inspectors during 1909 with relation to infectious diseases.

	BARNES.	MORTLAKE.	TOTALS.
Visits to cases of notifiable disease	160	129	289
Disinfections performed	65	70	135
Lots disinfected by steam	65	70	135
Premises cleansed under Infectious Diseases Prevention Act	23	24	47

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

TABLE

Showing the number and kind of general nuisances discovered and remedied during 1909.

	Barnes.	Mortlake.	Total.
Defective drains amended	17	50	67
Defective drains reconstructed	8	10	18
Defective closet pans, etc.	6	17	23
Defective waste pipes	4	15	19
Defective flushing cisterns	31	63	94
Cisterns cleansed and covered	14	7	21
Taps provided on rising main	2	5	7
Dustbins replaced	49	66	115
Yards paved and repaired	8	29	37
Mica valves made good	3	31	34
Caps to interceptors replaced ... ..	...	15	15
Nuisances from animals ... ..	...	3	3
Foul accumulations removed	4	2	6
Defective gutterings and roofs	21	17	38
Totals	167	330	497
Statutory notices served ... ..	...	...	36
Summonses taken out ... ..	...	...	0

TABLE

Showing the general work done in the Sanitary Department during 1909, and in the four preceding years.

Nature of Work Done.	1905	1906	1907	1908	1909
Inspections of houses and premises made	4454	4315	4043	4284	4105
Notices served for abatement of defects	681	782	715	486	400
Houses and Premises cleansed and repaired	96	178	96	129	159
Houses disinfected	68	156	92	74	135
Defective drains (amended)	42	46	42	69	67
Defective drains (reconstructed)	31	28	19	31	18
Defective soil pipe ventilators (made good)	18	1	3	6	...
Defective closet pans and traps (replaced)	126	87	49	38	23
Caps to interceptors replaced	...	...	...	...	15
Dustbins (replaced)	102	79	103	91	115
Defective flushing cisterns (repaired)	99	102	85	123	94
Cisterns cleansed and covered	45	50	41	39	21
Premises on which animals causing nuisance	8	3	2	3	3
Foul accumulations (removed)	2	6	7	17	6
Defective roofs and eaves' gutterings	19	60	30	37	38
Insanitary Yards paved	32	74	94	76	37
Floors ventilated	...	50	24	13	34
Defective Mica Valves (made good)	42	9	42	31	12
Burst pipes repaired	...	...	...	10	...
No proper receptacle for manure or offal	...	...	...	2	..
Overcrowding (abated)	3	4	3	1	3
Houses found unfit for habitation	...	21	1	0	8
Bakehouse inspections	10	12	14	13	13
Dairy inspections	22	21	25	26	26
Licensed slaughter-house inspections	4	4	3	3	2
Factory and Workshops inspections	154	180	194	206	206
Number of visits to notifiable diseases	70	176	106	81	289
Premises licensed for storage of Petroleum	12	13	12	14	13
Complaints received	45	49	42	46	52
Summonses for abatement of Nuisances	1	1	2	8	...

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