

## SUPERVISION AND CONTROL OF HOUSE DRAINAGE.\*

By JOSEPH PRIESTLEY,  
Medical Officer of Health of Lambeth.

IN bringing forward before the Metropolitan Branch of the Society of Medical Officers of Health the resolution standing in my name, my desire is to emphasize the importance of a careful supervision of all drainage works by a sanitary authority, and to make known the statistics which I have recently collected from the borough councils of the Metropolis. It is only right that such statistics should be on record, so as to assist medical officers of health and others in combating the ill-effects that may arise from a letter that has been freely circulated amongst the Metropolitan sanitary authorities with reference to the control of drainage. The letter is as follows :

*January 29th, 1901.*

SIR,

The Council of the Royal Institute of British Architects, having had their attention directed to the administration of the various Acts of Parliament in relation to the construction, reconstruction, amendment, and repairs of drains and sanitary appliances, and the structural removal of nuisances in connection therewith, beg leave to put forward for your consideration the following modifications which it would be desirable to have made in the administration of these various Acts :

- (1) That the detection only of nuisances arising from sanitary apparatus or drains shall remain in the department of the medical officer to the authority.
- (2) That matters relating to the construction, reconstruction, amendment, and repairs of drains and sanitary appliances, and the structural removal of nuisances in connection therewith, be placed in the department of the surveyor to the authority.

The Council of the Royal Institute would most respectfully urge that such measures be taken as are necessary to give effect to these suggested modifications, which can be effected without recourse to legislation, as the Public Health Act places the administrative power with the local authority, and not with any officer of the authority; and the Council thinks that the creation of the Metropolitan borough councils presents a favourable opportunity for carrying out the above suggestions.

I am, Sir,

Your obedient servant,

W. J. LOCKE,  
*Secretary Council of Royal Institute of  
British Architects.*

TO THE TOWN CLERK.

---

\* Read before the Metropolitan Branch of the Incorporated Society of Medical Officers of Health, May, 1901.

It will be noted that the Council of the British Architects go as far as possible, and suggest that *everything* connected with drainage, sanitary fittings, etc., whether new or old buildings, should be placed under the surveyors' departments of the borough councils; but it will be also noted that no single reason is given for such suggested alterations. The outcome of such a change would be (1) very large increases in the different surveyors' staffs; and (2) a *pro rata* tendency to diminution of the different inspectorial staffs.

The chief portion of a sanitary inspector's routine work is in connection with drains and sanitary appliances of buildings, and no inspector is qualified to act as such unless he has a clear and full knowledge of all that relates to drainage—*e.g.*, the testing, laying, ventilation, and construction generally, of all drains. Sanitary inspectors, by reason of their special training and examination, have, therefore, a better knowledge of this special work than a foreman, or a clerk of works, or even an assistant in a surveyor's department; at least, this is true of Metropolitan sanitary inspectors, as every such inspector is required to pass an examination showing special knowledge and training in drainage work. It follows that a public health department, with its inspectorial staff, should have control of *all* drainage work; not only reconstructions and repairs of old buildings, but also the laying in of new drains in new buildings, the latter working out at about one-fourth and the former three-fourths of the total drainage work to be supervised and controlled. In years gone by the drainage of new buildings was, and even at the present day is, in some cases left with the surveyors' departments, and that of old with the public health departments, of sanitary authorities, thereby causing dual control with its attendant difficulties. Where two departments are concerned, there is a chance of one finding fault with the work of the other. Thus, to give an example, a new building may be passed by a surveyor's department as fit for occupation, and after a shorter or longer period of time a case of infectious disease may occur there calling for the attention of a sanitary inspector, who may have to serve a notice in connection with a contravention or a non-enforcement of a bye-law, or on account of drainage work being carried out in opposition to recognised present-day ideas as to house drainage construction. In this way owners may be put to trouble, inconvenience, and expense. From a point of view of policy, it is advisable and expedient that the supervision of the drainage of new buildings should rest with the same officers who have also control of the drainage of old buildings. The smoothness and regularity with which the work can be done when under one responsible department and one

responsible officer goes without saying, and the only question to decide is which department, surveyor's or medical officer's. As inspectors deal with nuisances, a very large number of which refer to defects in drains and sanitary fittings, it is clear that the medical officer's department is better fitted in every way to deal with the drains and sanitary arrangements of a house or building. Sanitary inspectors must discover the nuisances, and the nuisances, when discovered, must be abated to the satisfaction of the inspectors. To carry out the suggestion of the British Architects, the sanitary inspectors would have to supervise (test and pass) the works executed under the supervision of, or by, the surveyors, a useless and needless overlapping. Further, large increases in surveyors' departments will be required, whereas the tendency at the present is to encourage, if not to compel, sanitary authorities to increase their inspectorial staffs, and with a view thereto, in London, the County Council pay half the salaries of sanitary inspectors. With such increased inspectorial staffs, the extra work connected with the supervision of *all* drainage work can be easily carried out, and with efficiency and much satisfaction to all concerned. The Acts of Parliament dealing with drainage works in London districts are the Metropolis Local Management Acts, the Public Health Act, and the Building Act, the last named being administered by the County Council. Sections 73, 75, 76, 79, 82, 83, and 85 of the Metropolis Local Management Act are to the effect that all works carried out must be done to the satisfaction of the sanitary authority or its officers (no definite reference being made to the surveyor, except in Section 75). Sections 2, 37, 38, 39, 40, 41, and 42 of the Public Health (London) Act, 1891, give the sanitary authorities considerable powers as to sanitary conveniences and their accessories (including, of course, drains), and these powers are clearly to be exercised by the sanitary inspectors under the medical officers of health. Nuisances arising from defective drains ought to be abated to the satisfaction of the sanitary inspectors who have served the notices (*i.e.*, the work required to be done to remedy a drain defect ought to be done under the supervision of the sanitary inspectors).

Another consideration is in connection with the certificates that are to be given with reference to sanitary houses under the Customs and Inland Revenue Acts. Such certificates can only be given by the medical officers of health, and carry exemption from, or abatement of, Inhabited House Duty. The difficulty that may arise in connection with a certificate being refused in the case of a house drained and fitted under the supervision of a surveyor, needs only mentioning to be admitted. On the other hand, when new buildings

are under the sanitary inspectors, instructions can be given at the time of building as to requirements, so as to prevent such an unfortunate state of affairs arising.

The tendency of all Metropolitan Borough Councils is towards making their health departments responsible for *all* drains of private premises, as the following tabulated statement (recently obtained) shows :

### RETURNS, 1901.

#### Supervision and Control of House Drainage.

##### *Under Surveyor's Staff.*

##### NEW BUILDINGS.

1. Kensington.
2. Holborn.
- 
3. Hammersmith.
4. Islington.
5. Paddington.
6. Southwark.
7. Chelsea.
8. Hackney.
9. Woolwich.
10. Greenwich.
11. Deptford.
12. Lewisham.

##### EXISTING BUILDINGS.

1. Kensington.
2. Holborn.

##### *Under Sanitary Inspectors.*

1. Camberwell.
2. Marylebone.
3. Battersea.
4. Lambeth.
5. Westminster.
6. Bermondsey.
7. Fulham.
8. Bethnal Green.
9. Poplar.
10. Wandsworth.
11. Stepney.
12. Shoreditch.
13. Stoke Newington.
14. St. Pancras.
15. Hampstead.
16. Finsbury.

1. Camberwell.
2. Marylebone.
3. Battersea.
4. Lambeth.
5. Westminster.
6. Bermondsey.
7. Fulham.
8. Bethnal Green.
9. Poplar.
10. Wandsworth.
11. Stepney.
12. Shoreditch.
13. Stoke Newington.
14. St. Pancras.
15. Hampstead.
16. Finsbury.
- 
17. Chelsea.
18. Hackney.
19. Southwark.
20. Paddington.
21. Woolwich.
22. Greenwich.
23. Lewisham.

*Under both Surveyor's Staff and Sanitary Inspectors.*

Nil.	1. Hammersmith.
	2. Deptford.
	3. Islington.

*Sanitary Inspector acts under Surveyor.*

1. Wandsworth.	1. Wandsworth.
2. Stepney.	2. Islington.

*Sanitary Inspectors act under Medical Officer of Health.*

1. Fulham.	1. Fulham.
2. St. Pancras.	2. St. Pancras.
3. Marylebone.	3. Hackney.
4. Bermondsey.	4. Bermondsey.
5. Battersea.	5. Battersea.
6. Bethnal Green.	6. Bethnal Green.
7. Lambeth.	7. Lambeth.
8. Poplar.	8. Poplar.
9. Shoreditch.	9. Shoreditch.
10. Finsbury.	10. Finsbury.
11. Westminster.	11. Westminster.
	12. Marylebone.
	13. Southwark.
	14. Paddington.
	15. Stepney.
	16. Chelsea.
	17. Hampstead.
	18. Woolwich.
	19. Greenwich.

*Sanitary Inspectors act under both Surveyor and Medical Officer.*

1. Camberwell.	1. Camberwell.
2. Stoke Newington.	2. Stoke Newington.
3. Hampstead.	3. Lewisham.
	4. Deptford.

The only two borough councils which have arranged for the drains of both new and existing buildings to be under the control and supervision of the surveyor's department are *Holborn* and *Kensington*.

Drains of new buildings under supervision of...	Surveyor's staff, 12.
Drains of old buildings under supervision of...	Sanitary inspectors, 16.
Drains under supervision of surveyor's staff ...	Surveyor's staff, 2.
Drains under supervision of sanitary inspectors ...	Sanitary inspectors, 26.
	New buildings, 12.
	Old buildings, 2.
	New and old buildings, 2.
	New buildings, 16.
	Old buildings, 26.
	New and old buildings, 16.

Sanitary inspectors act in regard to drainage work under :

	New Buildings.	Old Buildings.
1. Surveyor alone ... ..	2	2
2. Medical officer alone ... ..	11	19
3. Both surveyor and medical officer...	3	4

In regard to sanitary inspectors acting under surveyors in regard to drainage work, it is doubtful if the County Council would pay half the salaries under such conditions.

With reference to the letter from the Institute of British Architects, the following summary is significant: (a) Three authorities agree with Architects—Holborn, Kensington, and Islington; (b) five authorities disagree with Architects—Bermondsey, Battersea, Woolwich, St. Pancras, and Shoreditch; (c) eighteen authorities take no action—Chelsea, Camberwell, Marylebone, Deptford, Southwark, Finsbury, Paddington, Bethnal Green, Lewisham, Poplar, Hammersmith, Hampstead, Greenwich, Stepney, Westminster, Fulham, Lambeth, and Hackney. Wandsworth and Stoke Newington have not yet sent in returns.

Considering all the above facts, I beg to propose that, "in the opinion of the Metropolitan Branch, all plans of drainage should be submitted to the medical officer of health, and signed by him, before being submitted to the surveyor or engineer," and "that a copy of this resolution be sent to every medical officer of health in London."\*

---

RODENT ULCER AND EPITHELIOMA CONTRASTED. — F. T. Paul, of Liverpool (*British Medical Journal*, February 9th, 1901), in a clinical lecture, directs attention to the difference between these diseases, first stating that they are pathologically distinct in origin, appearance, and history. Great as the difficulty has been in deciding exactly what sort of carcinoma rodent ulcer should be considered, there is a general consensus of opinion among pathologists that it commences in one of the appendages of the skin in contradistinction to epithelioma, which commences in the mucous layer. Rodent ulcer usually begins as a small whitish pimple in the skin, the surface of which is smooth and often shiny from thinning of the epidermis, while in epithelioma the affected area is roughened and often warty. Rodent ulcer is limited to skin tissue, whereas epithelioma may occur wherever squamous epithelium exists. Rodent ulcer very rarely infects the lymphatic tissue. It tends in its course to marked erosion and destruction, destroying in its progress all kinds of tissue, and very rarely, except in the beginning, forming a solid formation or growth outward, and in this differing from epithelioma. Radical surgical treatment is recommended. — *Amer. Jour. Med. Sci.*

\* See above, p. 647.