

The annual report on the health, sanitary condition, &c.; &c.; of the Parish of St. Mary Abbotts, Kensington for the year 1895.

Contributors

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Dudfield, T. Orme.

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The Vestry of the Parish of St. Mary Abbots, Kensington.

PUBLIC HEALTH DEPARTMENT.

Town Hall,

Kensington High Street, W.

February 26 1896

(TELEPHONE NO: 8746.)

MEDICAL OFFICER OF HEALTH,
T. ORME DUDFIELD, M.D.

Annual Report

Dear Sir,

Annual report for 1894 herewith
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for future copies

Yours faithfully,

T. Orme D. Dudfield

Medical Officer of Health

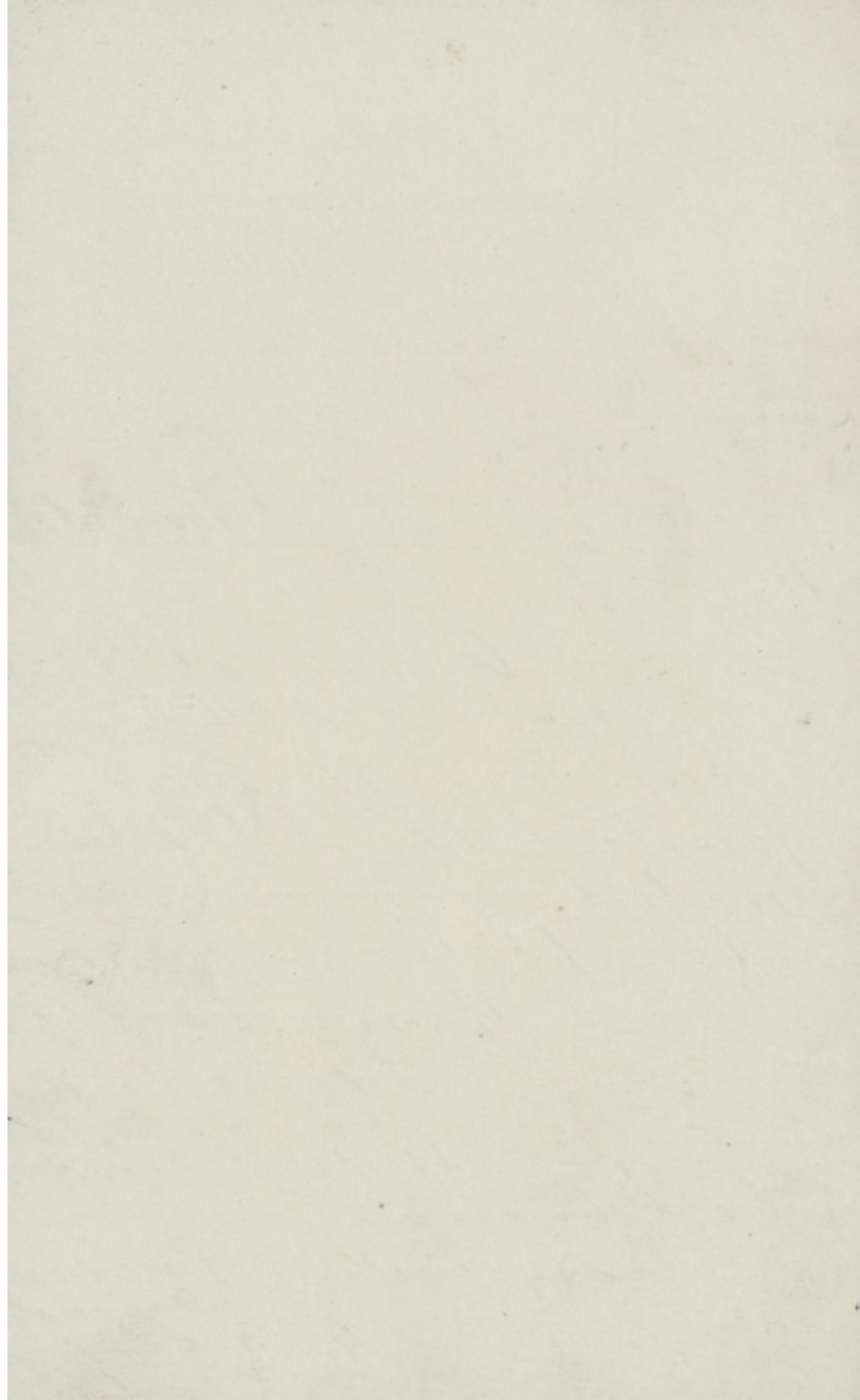
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THE
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HEALTH,
SANITARY CONDITION,

&c., &c.,

OF THE
Parish of St. Mary Abbotts,
KENSINGTON,

FOR THE YEAR

1895,

BY

J. ORME DUDFIELD, M.D.,

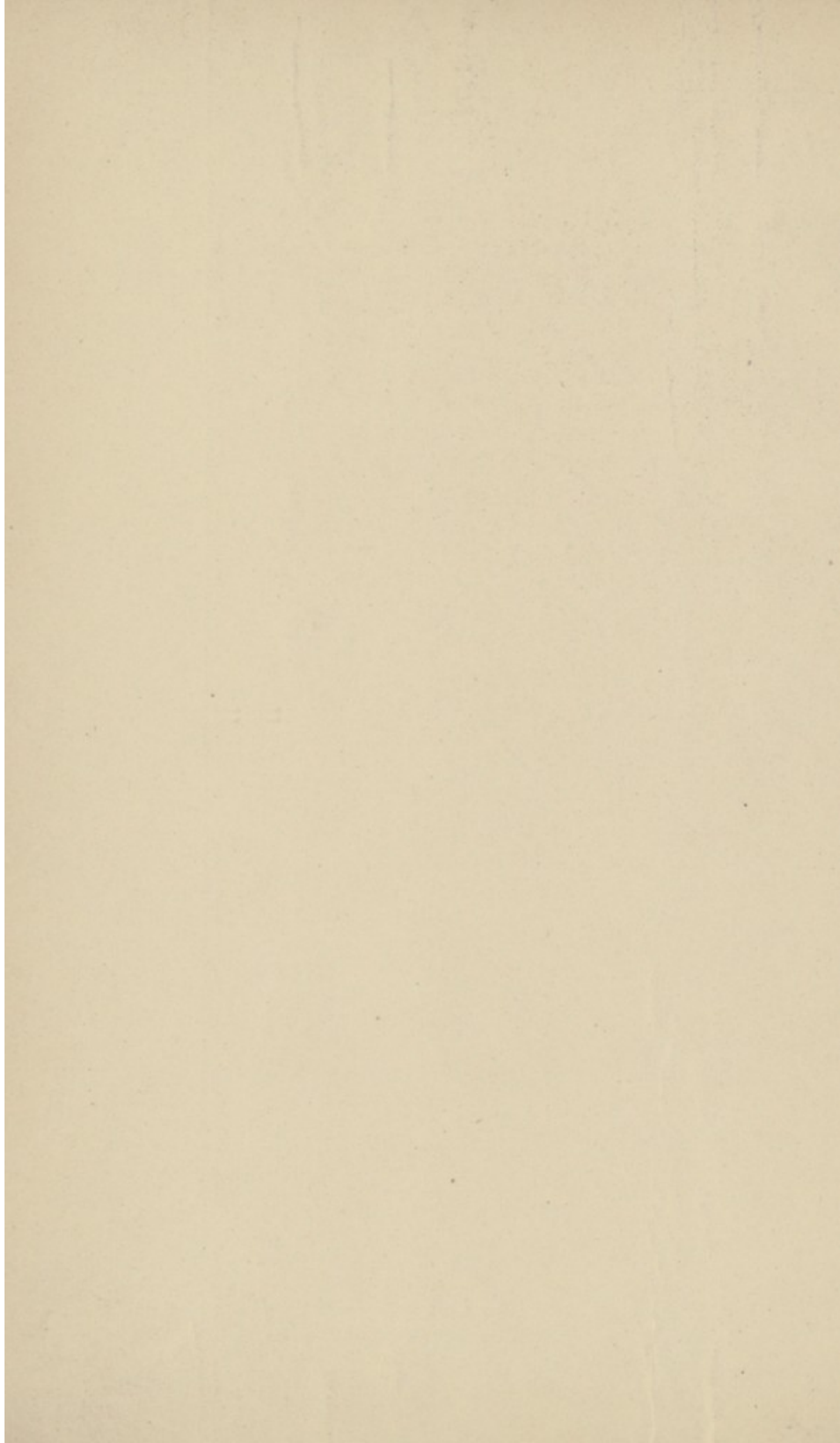
Medical Officer of Health.

Kensington:

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1896.

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ANNUAL REPORT

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FORTIETH ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH,

Being for the Year 1895.

To the Vestry of the Parish of St. Mary Abbots, Kensington.

GENTLEMEN,

The vital and mortal statistics in this report relate to the fifty-two weeks ended December 28th, 1895, comprised in the registration year 1895.

REGISTRATION DISTRICT AND SUB-DISTRICTS.—The Registration District of Kensington (No. 1B on the Registrar-General's list) comprises an area of 2,190 acres. It is unequally divided into two SUB-DISTRICTS respectively named KENSINGTON TOWN (hereinafter for brevity designated "TOWN") and BROMPTON. The Town sub-district comprises an area of 1497 acres, the area of Brompton being 693 acres.

PARLIAMENTARY DIVISIONS.—The Parliamentary borough of Kensington comprises two divisions named respectively North Kensington and South Kensington, the dividing line from east to west being High-street, Notting Hill, and Holland-park-avenue, formerly known as Uxbridge-road.

SANITARY DISTRICTS.—For sanitary purposes the parish comprises seven districts served by a like number of Sanitary Inspectors. Four of these districts are in the North Kensington division and three in the South Kensington division. The sanitary districts in North Kensington are named respectively NORTH; NORTH-EAST; NORTH-WEST, Division A and NORTH-WEST Division B. The sanitary districts in South Kensington are named respectively CENTRAL; SOUTH-EAST, and SOUTH-WEST.

The said districts are delimited as follows:

THE NORTH DISTRICT comprises the area north of the Hammersmith and City railway, with the exception of a small group of streets west of St. Mark's-road included in the North-West District, Division B.

THE NORTH-EAST DISTRICT comprises the area bounded on the north by the railway, on the south by High-street, Notting Hill, and Holland-park-avenue, on the west by Ladbroke-grove, and on the east by the parish boundary.

THE NORTH-WEST DISTRICT, Division A, is bounded on the north by the railway, on the south by Holland-park-avenue, on the east by Ladbroke-grove, and on the west, from the railway, by Walmer-road and Princes-road, to the eastern end of St. Katherine's-road. The portion of the parish south of St. Katherine's-road, extending to Holland-park-avenue on the south, and the boundary of the parish on the west, is comprised in this district.

THE NORTH-WEST DISTRICT, Division B, comprises the remainder of North Kensington, including certain streets to the north of the railway, and west of the North District, to wit, Walmer-road, Bramley-road, Silchester-road, Bomore-road, Testerton-street, Barandon-street, Manchester-street, Blechynden

street, &c.; the principal streets south of the railway being Bangor-street, St. Ann's-road, St. Katherine's-road, Stoneleigh-street, William-street, Crescent-street, St. Clement's-road, Tobin-street, the western section of Lancaster-road, &c.

THE CENTRAL DISTRICT, in the South Kensington division, comprises the area between High-street, Notting Hill, and Holland-park-avenue on the north, and Kensington High-street and Kensington-road on the south.

THE SOUTH-EAST AND SOUTH-WEST DISTRICTS divide the remainder of the Parish south of Kensington High-street and Kensington-road, the line of demarcation being Marloes-road and Lexham-gardens to Cromwell-road, crossing the latter road and then running down Collingham-road, the Boltons and Gilston-road to the north side of Fulham-road; the Inspector for the South-East district taking both sides of Collingham-road, the Boltons, and Gilston-road; the Inspector for the South-West district taking the whole of Marloes-road and Lexham-gardens.

POPULATION, INHABITED HOUSES, ETC.—For the purposes of this Report it is estimated that at the middle of 1895 the population comprised 167,600 persons (males 66,348 and females 101,252; excess of females 35,152); of whom 119,150 resided in the Town sub-district, which includes the whole of the Northern division of the Borough, and much of the Southern division south of Kensington High-street and Kensington-road. The population of Brompton is estimated at 48,450. The subjoined figures illustrate the development of the parish in population (and in wealth) since the beginning of the century.

The Year.	Population.	Rateable value of Property.	The Year.
1801	8,556	£75,916	1823
1821	14,428	93,397	1833
1841	26,834	142,772	1843
1851	44,053	257,103	1853
1861	70,108	444,030	1863
1871	120,299	975,046	1873
1881	163,151	1,711,495	1883
1891	166,308	2,037,221	1893
1895	167,600	2,063,709 (April)	1895

The following table, brought up to date, exhibits the growth of the parish since the Metropolis Local Management Act came into operation, in 1856 :—

	1856	1895	Increase in 39 years
Number of Inhabited Houses	7,600	22,050	14,450
Population	57,000	167,600	110,300
Rateable Value of Property	£308,000	£2,063,709	£1,755,709

The increase in all respects within the last twenty-four years, the period over which my official experience extends, is not inconsiderable, as the subjoined figures show :—

	1871	1895	Increase in 24 years
Number of Inhabited Houses	15,735	22,050	6,315
Population	121,000	167,600	46,600
Rateable Value	£935,720	£2,063,709	£1,127,989

From the foregoing figures we learn that in 1895 the population was nearly twenty times as large as in the first year of the century; and that the rateable value of property was more than 27 times as great as in 1823, the first year in respect of which I possess information. Since 1856, the rateable value has increased nearly seven-fold; the mere increase in the last 24 years being more than treble the total in 1856; since which date the population and the number of inhabited houses have increased nearly three-fold.

The following Table shows the relative number of persons of each sex at the census of 1891, grouped according to age, (*a*) in the entire parish, (*b*) in the Kensington Town sub-district, and (*c*) in the Brompton sub-district :—

(a) ENTIRE PARISH.

All Ages.	Under Five Years.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.	85 to 95.	95 and upwards.	All Ages.
Females 100,591	7466	14194	24216	21147	13520	9420	8774	3367	1278	202	7	100,591 Females.
Males 65,717	7394	12963	12947	10759	8698	6337	3822	2046	666	86	2	65,717 Males.
Excess of Females } 34,874	72	1231	11269	10388	4825	3083	1952	1321	612	116	5	34,874 { Excess of Females.
Total of both sexes } 166,308	14860	27157	37163	31906	22218	15757	9596	5413	1944	288	9	166,308 { Total of both sexes

(b) KENSINGTON TOWN SUB-DISTRICT.

All Ages.	Under Five Years.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.	85 to 95.	95 and upwards.	All Ages.
Females 69,384	5976	11192	15483	13330	9172	6592	4060	2450	969	154	6	69,384 Females.
Males 49,367	5905	10287	9546	7812	6377	4696	2741	1472	470	63	1	49,367 Males.
Excess of Females } 20,017	71	905	5937	5518	2795	1896	1319	978	99	91	5	20,017 { Excess of Females.
Total of both sexes } 118,751	11881	21479	25029	21142	15549	11288	6801	3922	1439	217	7	118,751 { Total of both sexes

(c) BROMPTON SUB-DISTRICT.

All Ages.	Under Five Years.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.	85 to 95.	95 and upwards.	All Ages.
Females 31,207	1490	3002	8733	7817	4348	2828	1714	917	309	48	1	31,207 Females.
Males 16,350	1489	2676	5407	2944	2318	1641	1081	574	196	23	1	16,350 Males.
Excess of Females } 14,857	1	326	3326	4873	2030	1187	633	343	113	25	—	14,857 { Excess of Females.
Total of both sexes } 47,557	2979	5678	12140	10761	6666	4469	2795	1491	505	71	2	47,557 { Total of both sexes

* * The death-rate at the different age-periods will be found at page 18.

DISTRIBUTION OF THE POPULATION.

It is commonly, but erroneously, believed that the population of the northern division of the Parliamentary borough is much larger than that of the southern division. In fact, however, as the census of 1891 made known, the northern division comprises rather less than a moiety of the population; viz., 82,633 persons, compared with 83,675 enumerated in the southern division. The 82,633 persons in North Kensington were in occupation of 9,507 houses, and certain public institutions; whilst the 83,675 persons comprising the population of South Kensington were in occupation of 12,577 houses, and certain public institutions. Another error, somewhat widely disseminated, viz., that Kensington is essentially a parish of the rich and well-to-do, may be corrected by a reference to the official report of the census, from which we learn that 70,718 persons, or 42·5 per cent. of the population, were living in 20,052 tenements of *less* than five rooms. The 166,308 persons, comprising the entire population of the parish at that date, were in occupation of 35,953 tenements, and certain public institutions. No fewer than 6,398 of these "tenements" consisted of a single room; and these rooms were inhabited by 13,655 persons. The two-roomed tenements were 6,965, and their inhabitants 26,020. The three-roomed tenements were 4,115, and their inhabitants 18,119. The four-roomed tenements were 2,574, and their inhabitants 12,924. Stated in another way, it appears that 8·2 per cent. of the parishioners lived in one-roomed tenements; 15·6 per cent. lived in two-roomed tenements; 10·9 per cent. lived in three-roomed tenements; and 7·8 per cent. lived in four-roomed tenements. In North Kensington there were approximately 8·7 persons to a house; in South Kensington less than 6·7. But many houses of eight rooms in North Kensington contained, and contain now, upwards of 20 persons to a house, and some more than 30 persons. Before leaving the subject of population, it may be mentioned that the population of North Kensington,

in 1891, comprised males, 36,252, and females, 46,381: excess of females 10,129. In South Kensington the males numbered 29,465, the females 54,210; excess of females 24,745. In the parish, as a whole, the females outnumbered the males by 34,874 persons. The subjoined table contains an approximate statement of the population of the seven sanitary districts, at the census of 1891 (after distribution of the inmates of the parish infirmary and workhouse, and deduction of non-parishioners at certain public institutions) together with the number of separate families, and of tenements of less than five rooms, and the number of inhabited houses in each of the said districts.

Sanitary District.	Population.	No. of Separate Families.	No. of tenements of less than Five Rooms.	No. of Inhabited Houses.
North	30,705	6,793	5,503	2,866
North East ...	22,013	4,798	2,514	3,018
North-West (A) ...	13,087	3,336	1,936	1,984
North-West (B) ...	15,875	3,669	2,993	1,636
Central	20,179	4,293	2,023	2,997
South-East ...	32,374	6,354	1,979	5,105
South-West ...	30,667	6,710	3,104	4,478
Totals	164,900	35,953	20,052	22,084

I have only to add, on this subject, that the estimated population of the parish at the middle of 1895 (167,600) includes an increase of 1,300 persons since the census of 1891 was taken. This estimated increase (325 per annum) would appear to be not unreasonably high, seeing that the births in the five completed years 1891-95, viz., 18,512, were 4,275 in excess of the

deaths registered during the same period. Time will soon reveal whether this estimate (which assumes an annual loss of 530 persons, due to migration) errs on the side of excess or defect, inasmuch as a poll-census will be taken in March, 1896, for the purposes of the Equalization of Rates Act.

MARRIAGES AND MARRIAGE-RATE.

The marriages in the parish, in 1895, were 1,455 in number, compared with 1,584, 1,540 and 1,537 in the preceding three years respectively. Of these marriages there were celebrated :

By the Church (71.1 per cent. of total marriages)	1035
At Roman Catholic places of worship	112
At other Nonconformist places of worship ...	61
At the Superintendent-Registrar's office ...	247
	Total 1,455

The marriage rate, *i.e.*, persons married to 1,000 inhabitants, was 17.4 compared with 19.0, 18.4 and 18.4, in the preceding three years respectively. The marriage rate in England and Wales was 15.0 per 1,000, compared with 15.4, 14.7 and 15.0, in the preceding three years. The rate in London was 17.1 per 1,000 compared with 17.7, 17.4, 17.2, and 17.0, per 1,000 in the preceding four years respectively.

BIRTHS AND BIRTH-RATE.

The births registered were 3,621 ; of males, 1,861 ; and of females, 1,760 ; the numbers being, in the Town sub-district 3,052, and in Brompton 569 : 180 of the births were of illegitimate children. The Kensington birth-rate, which is much lower than that of London as a whole (30.5 in 1895),* has been declining since 1868, when it was 33.1 per 1000 of

* The London birth-rate was 1.3 below the decennial average, and, with the single exception of the preceding year when the rate was 30.1, was the lowest on record. The birth-rate in England and Wales (30.3 per 1,000) was 0.9 per 1,000 below the average rate (31.2) in the ten years 1885-94.

the population. In 1895, it was 21·6 per 1000, and 1·5 below the decennial average (23·1). The rate was, in the Town sub-district, 25·6 per 1000 of the population, and in Brompton 11·7 per 1000. In the Town sub-district the births were 822 more than the deaths; the excess of births over deaths in the Brompton sub-district was to the number of 52 only. The births in North Kensington (as already defined at page 1), were 2,398, the birth-rate 29·1 per 1000. The births were 654 more than the deaths (1,744). The births in South Kensington were 1,223, the birth-rate 14·3 per 1000. The births were only 219 more than the deaths (1,004).

The births in the seven sanitary districts (as defined at page 2) and the birth-rate (approximately) were as follows:—

NORTH DISTRICT.—Births, 1,011 (415 more than the deaths, 596); birth-rate, 32·5 per 1,000.

NORTH-EAST DISTRICT.—Births, 481 (128 more than the deaths, 353); birth-rate 21·8 per 1,000.

NORTH-WEST DISTRICT (Division A).—Births, 322 (56 more than the deaths, 266); birth-rate, 24·6 per 1,000.

NORTH-WEST DISTRICT (Division B).—Births, 584 (55 more than the deaths, 529); birth-rate, 36·7 per 1,000.

CENTRAL DISTRICT.—Births, 298 (31 more than the deaths, 267); birth-rate, 14·7 per 1,000.

SOUTH-EAST DISTRICT.—Births, 369 (76 more than the deaths, 293); birth-rate, 11·3 per 1,000.

SOUTH-WEST DISTRICT.—Births, 556 (112 more than the deaths, 444); birth-rate, 18·1 per 1,000.

The workhouse is in the South-West sanitary district. At this institution there were 123 births which are included in the 556, thus considerably raising the birth-rate of the district. The *registered* births of illegitimate children in Kensington were 180 (33 fewer than in 1894), viz., males 97, and females 83. Of these births 163 were registered in the Town sub-

district, which includes the parish workhouse, at which institution out of 123 births (males 63, females 60—including ten of still-born children—males 7, females 3) 87 were illegitimate. In the parish generally, the illegitimate births formed 5·0 per cent. of total births, compared with 4·9, 4·9 and 5·8, in the preceding three years respectively.

The subjoined table shows the quarterly number of births, of males and females, in each of the sub-districts :—

	Kensington Town.			Brompton			Parish
	Males	Females	Total	Males	Females	Total	
1st Quarter	442	397	839	66	67	133	972
2nd „	395	390	785	85	85	170	955
3rd „	391	331	722	74	66	140	862
4th „	352	354	706	56	70	126	832
	1580	1472	3052	281	288	569	3621

The subjoined table shows the population, the number of births, and the birth-rate for each of the ten years 1885-94 :—

The Year	Population	Total Births	Males	Females	Birth-rate per 1,000
1885	164,500	4,032	2,049	1,983	24·5
1886	164,820	4,149	2,137	2,012	25·2
1887	165,140	3,941	2,016	1,925	23·9
1888	165,450	3,776	1,914	1,862	22·8
1889	165,760	3,698	1,846	1,852	22·3
1890	166,080	3,864	1,919	1,945	23·3
1891	166,400	3,847	1,935	1,912	23·1
1892	166,700	3,718	1,867	1,851	22·3
1893	167,000	3,661	1,893	1,768	21·9
1894	167,300	3,665	1,883	1,782	21·9
	Totals...	31,351	19,519	18,892	Average 23·1

Excess of male births in the ten years	...	...	647
Excess of births over deaths in the ten years	...	...	10,280
Estimated increase of population in the ten years	...	...	2,800
Estimated loss of population, by migration, in the ten years	...	...	7,480

DEATHS AND DEATH-RATE.

The deaths registered, inclusive of 308 deaths of parishioners at outlying public institutions, etc., but exclusive of the deaths of non-parishioners at public institutions, etc. within the parish, were 2,748 (males 1,284 and females 1,464), and 87 below the corrected decennial average number (2,835). Of these deaths 2,231 belong to the Town sub-district, and 517 to Brompton. The death-rate, which in the preceding three years had been 17·2, 17·5, and 15·7, per 1000, respectively, was 16·4 per 1,000 in 1895, being 0·5 below the decennial rate (16·9), and 3·4 below the rate in the Metropolis as a whole (19·8); this moreover being 0·3 below the decennial average, 20·1 per 1,000.* The rate in the male sex was 19·3 per 1,000, the rate in the female sex 14·5 per 1,000, compared with 19·8, and 12·9, in 1894. The rate was, in the Town sub-district 18·7, and in the Brompton sub-district 10·7, per 1000; compared with 17·6, and 11·0, in 1894. The rate in North Kensington (as previously defined at page 1), was 21·4 per 1,000, the rate in South Kensington was 12·1 per 1,000.

The rate in the seven sanitary districts was, approximately, as follows:—

	Persons Living.
North District,	596 deaths, equal to 19·2 per 1,000
North-East District	353 deaths, equal to 16·0 per 1,000
North-West District, A	266 deaths, equal to 20·3 per 1,000
North-West District, B	529 deaths, equal to 33·3 per 1,000
Central District	267 deaths, equal to 13·2 per 1,000
South-East District	293 deaths, equal to 9·0 per 1,000
South-West District	444 deaths, equal to 14·4 per 1,000

* The Registrar-General states, in his Annual Summary, that "by excluding the deaths occurring in Metropolitan institutions of persons ascertained to have been strangers, the death-rate of London is reduced to 19·4 per 1,000," against a decennial average of 19·8.

DISTRICT RATES OF MORTALITY.

In the preceding paragraph the death-rate in the several sanitary districts is shown to have varied considerably. The rate in the parish, as a whole, being 16·4 per 1,000 persons living, it appears that the rate in the three sanitary districts comprised in South Kensington, and in the North-East district in North Kensington, was below the average; whilst the rate in the other three districts in North Kensington was above the average, viz., in the North district 19·4 per 1,000; in the North-West district, A, 20·3 per 1,000, and in the North-West district, B, 33·3 per 1,000. This last-named district, containing a population of nearly 16,000, includes that portion of the parish, described as "A West-end Avernus," which acquired considerable notoriety in 1893, the miserable condition of its inhabitants having formed the subject of articles in one of the leading morning newspapers. The vital and mortal statistics of the district are very unsatisfactory: the death-rate in 1895 (33·3 per 1,000) was more than double the rate in the remainder of the parish (14·8 per 1,000); the birth-rate (37·6 per 1,000) was 6·3 per 1,000 higher than that of London, as a whole, and 16·4 per 1,000 higher than that of the remainder of the parish; its zymotic death-rate (5·7 per 1,000) was excessive, being three and a half times as great as that of the rest of the parish (1·6 per 1,000); whilst the waste of infant life was also excessive, the deaths under one year (168) being equivalent to 286 per 1,000 births registered, the infantile deaths in the remainder of the parish being in the proportion of 150 per 1,000 births. These figures show to what a large extent the statistics of this unhappy district (which contains less than a tenth of the population) spoil those of the parish generally. It would be interesting, did time permit, to ascertain the rate of mortality in the several streets: this, however, would involve a special census, which cannot be undertaken at the present time; but possibly the required data may be forthcoming, at no distant date, as a result of the census of 1896. Meantime, I am able to furnish some partial

information on the subject, Inspector Steward, acting under my instructions, having ascertained the population of those streets which are included in the area now popularly known as the AVERNUS district. These are Crescent-street, Bangor-street, St. Katherine's-road (viz., the original street of this name comprising 61 houses, numbered from 1 to 63, situated between Princes-road and St. Clement's-road, and the group of smaller houses, west of St. Clement's-road, formerly known as Cobden-terrace), William-street, and a part of St. Clement's-road, comprising 42 houses, numbered 1 to 33 and 2 to 50.

The population of Crescent-street (39 houses) was ascertained at 709 persons (=18 to a house); the deaths were 33, being equal to 46·5 per 1,000 persons living. The population of Bangor-street (39 houses) was 874 (=22·4 persons to a house); the deaths were 35, equal to a death-rate of 40 per 1,000. The population of the first-described part of St. Katherine's-road (61 houses) was 988 (=16·2 persons to a house), the deaths 44, or 44·5 per 1,000. In the remainder of St. Katherine's-road (formerly Cobden-terrace, 49 houses) the population was 338 (=about 7 persons to a house), the deaths 12, or 35·5 per 1,000. In this street, as a whole, the death-rate was 42·2 per 1,000. The population of William-street (52 houses) was 404 (=7·8 persons to a house), the deaths 12, the death-rate 29·7 per 1,000. The population of (the part of) St. Clement's-road (42 houses) was 543 (=14 persons to a house), the deaths 28, the death-rate 51·5 per 1,000. Combining the information obtained with respect to the entire area, *i.e.*, four whole streets and a portion of the fifth street named, it appears that, irrespective of the population of 23 common lodging houses, which were found to be occupied by 578 persons, there was a population of 3,279 persons, comprised in 1,187 families. The total population was 3,857; the deaths in 1895 were 164, and the death-rate was 42·6 per 1,000, compared with 33·3 for the entire B division of the North-West district, and 14·8 in the remainder of the parish. Of the 164

deaths, 45 occurred under one year of age; 29 between one year and five years; 4 between five and 20 years; 61 between 20 and 60 years; and 25 at 60 years and upwards. The causes of death include 56 from tubercular diseases, and wasting diseases of infants (*i.e.*, *atrophy*, *debility*, and *inanition*); 47 from diseases of the heart and lungs; 21 from diseases of the zymotic class; 11 from diseases of the nervous system including *convulsions*; 9 from diseases of the digestive organs; 4 from *cancer*; 3 from *syphilis*; 2 from *influenza*; 2 from *old age*, and 9 from various other causes. Of the 164 deaths, 70 occurred "at home"; 88 at the parish infirmary; 3 at the West London Hospital; 2 at St. Mary's Hospital; and 1 at Fulham Infirmary. It is interesting to observe that the lowest death-rate was in William-street (29·7 per 1,000), this being the oldest of the five streets, and structurally the worst; it is significant, moreover, that there were only 7·8 persons to a house in this street. Cases of overcrowding were observed, although on an *average* there were only, in round numbers, two persons to a room. There can be no question of the disadvantage of having, as we have in the area generally, a large number of persons in a house, of the class who inhabit the district; for this involves, necessarily, much contamination of the air of the rooms, especially at night-time, and this, in itself, would suffice, to a large extent, to account for the unhealthiness of the district indicated by the excessive mortality recorded.*

* The observations on the "Avernus" statistics are summarised from three of my monthly reports, viz., No. 13, 1895, dated January 9th, 1896, and Nos. 1 and 2, 1896, dated respectively January 31st and March 2nd. The Vestry, after consideration of the said reports, appointed a Special Committee to "consider whether any steps can be taken by the Vestry, either alone or in conjunction with some other authority, to effect an improvement in the conditions at present prevailing in the North-West Sanitary District, division B." At the present writing the Committee are sitting and receiving evidence, having themselves on two occasions visited the locality. This being so, I refrain from repeating in this report the views and statements set out in the three monthly reports mentioned, as, practically, they comprise the subject-matter referred to the Committee.

INFANTILE MORTALITY.

It has, for a long series of years, seemed to be an opprobrium to Kensington that the rate of infantile mortality, calculated upon the basis of the number of deaths under one year of age to 1000 births registered, is too high, and always above that of London as a whole. The year to which this report relates was no exception to the rule, for whilst the deaths under one year in London were at the rate of 166 per 1,000 births (a rate much in excess of the decennial average, 153 per 1,000), the corresponding ratio in Kensington, as a whole, was 172 per 1,000 births. But, as I showed in my last monthly report for 1895, the excess of infantile deaths is found in three only of the seven sanitary inspecting districts, viz. : in the North-West district, division A; the deaths numbering 56, equal to 174 per 1,000 births (the birth-rate being 24·6 per 1,000 of the population, compared with 21·6 per 1,000 in the parish, as a whole); in the North district, 185 deaths, equal to 183 per 1,000 births (the birth-rate being 32·9 per 1,000); and in the North-West District division B, 167 deaths, equal to 286 per 1,000 births (the birth-rate being 36·7 per 1,000). In the remaining four districts the ratio of deaths under one year to registered births, was much lower than in London, as a whole, viz. : in the Central district, 40 deaths, equal to 134 per 1,000 births (the birth-rate being 14·7 per 1,000); in the South-West district, 72 deaths, equal to 129 per 1,000 births (the birth-rate being 18·1 per 1000); in the North-East district, 61 deaths, equal to 127 per 1,000 births (the birth-rate being 21·8 per 1,000); and in the South-East district, 43 deaths, equal to 117 per 1,000 births (the birth-rate being 11·4 per 1,000). The deaths under one year, which in 1895 were 624, had been in the preceding three years 587, 625, and 636, respectively. Of these, 102 (or 16·3 per cent.) were of illegitimate children; the ratio of deaths of illegitimate children to births registered as illegitimate (180), being 566 per 1,000. Of the 624 deaths, 171 occurred within one month after birth,

including 105 in the first week, 29 in the second week, 27 in the third week, and 10 in the fourth week. In the second month of life there were 55 deaths; in the third month 59 deaths; in the fourth month 63 deaths; in the fifth month 41 deaths; in the sixth month 35 deaths; in the seventh month 33 deaths; in the eighth month 42 deaths; in the ninth month 34 deaths; in the tenth month 32 deaths; in the eleventh month 39 deaths; and in the twelfth month 20 deaths. Of the 624 deaths, 72 occurred in the Brompton sub-district, being equal to 118 per 1,000 births; and 552 in the Town sub-district, being equal to 181 per 1,000 births. In North Kensington the deaths of infants under one year, viz., 469, were equal to 195 per 1,000 births; the ratio in South Kensington (155 deaths) being 126 per 1,000.

CAUSES OF INFANTILE DEATHS.—The causes of the deaths of infants under one year of age, in 1895, may be summarised as follows:—

CAUSES OF DEATH.	Number of Deaths in Sub-Districts.		
	Town.	Brompton.	Total.
Diseases of the Zymotic Class ...	110	13	123
" " Pulmonary Organs...	98	11	109
" " Digestive System ...	68	6	74
" " Nervous System ...	42	4	46
Tubercular Diseases ...	23	4	27
Prematurity ...	61	12	73
Wasting Diseases ...	94	8	102
Violent Deaths ...	11	2	13
Other Causes ...	45	12	57
Total ...	552	72	624

PARENTAGE OF THE DECEASED INFANTS.—Few infants, comparatively, died in the families of well-to-do persons able to bestow requisite care upon their progeny. On the other hand, the deaths were numerous amongst children born to persons

occupying the lower strata in the social scale. The following statement will probably surprise those who are accustomed to regard Kensington as a city of the rich.

Position in life of the male parents of the infants who died under one year of age, as given in the registers of deaths:—

CHILD OF	Number of Deaths in Sub-Districts.		
	Town.	Brompton.	Total.
Labourer	134	12	146
Costermonger	10	...	10
Artizan	119	6	125
Cabman, Carman, Coachman, Horse-keeper	65	11	76
Male Servant	8	4	12
Police Constable, Private Soldier, Pensioner	12	3	15
Railway Servant	4	...	4
Fireman, Turncock, Ship's Steward	4	...	4
Commercial Traveller, Clerk, Labour-Master	18	5	23
Trade Assistant	39	6	45
Tradesman	34	9	43
Missionary	2	...	2
Merchant, Broker, Manufacturer ...	3	...	3
Professional person	8	...	8
Person of Independent Means ...	3	3	6
Deaths of Illegitimate Children under one year of age	89	13	102
Total	552	72	624

The deaths of children over one year, and under five years, of age were 327 in number; the deaths under five years therefore were 951 (compared with 972, 965, and 1,022, in the preceding three years respectively), being equal to 262 per 1,000 births, the proportion in London, as a whole, being identical.

The deaths of illegitimate children under five years of age, 119, 100, and 118, in the preceding three years respectively, were 129 in 1895 (males 72 and females 57), of which 114 were registered in the Town sub-district. These deaths were equal to 71·7 per cent. on births registered as illegitimate. Of these children only 30 outlived their first year.

SENILE MORTALITY.

At 60 years of age and upwards, there were 784 deaths (compared with 880, 859, and 671, in the preceding three years), equal to 28·5 per cent. on total deaths, the equivalent percentage in London, as a whole, being 24·7.

The DEATH-RATE per 1,000 persons living at different age-periods, in 1895, and in the preceding three years respectively, was as follows:—

	(Population, 1895)	1895.	1894.	1893.	1892.
Under 5 years of age	14,976	63·5	68·3	64·6	65·4
Five and under 15	27,369	3·9	3·6	5·0	3·1
Fifteen „ „	25 37,453	2·3	2·6	2·1	2·3
Twenty-five „ „	35 32,155	4·8	4·1	5·3	5·4
Thirty-five „ „	45 22,388	10·2	10·5	11·1	11·1
Forty-five „ „	55 15,880	18·7	15·2	18·6	17·0
Fifty-five „ „	65 9,671	30·2	28·1	33·5	35·5
Sixty-five „ „	75 5,455	60·7	51·4	66·6	68·1
Seventy-five „ „	85 1,959	109·2	95·4	117·8	130·6
Eighty-five & upwards	299	247·4	184·5	248·3	279·4

The subjoined table shows the quarterly number of deaths of parishioners, males and females, in each of the sub-districts.

	Kensington Town			Brompton			Parish.
	Males.	Females.	Total.	Males.	Females.	Total.	
1st Quarter	334	442	776	68	113	181	957
2nd „	217	218	435	54	71	125	560
3rd „	257	257	514	52	49	101	615
4th „	243	263	506	56	54	110	616
	<u>1,051</u>	<u>1,180</u>	<u>2,231</u>	<u>230</u>	<u>287</u>	<u>517</u>	<u>2,748</u>

The Births were, of Males, 1861. The Deaths were, of Males, 1281
Females, 1760. Females, 1467

Total Births, 3621 Total Deaths, 2748

Deduct 2748 Deaths

Shows 873 Excess of Births over Deaths.

Estimated nett increase of population, 300.

DEATH-RATES IN ENGLAND AND WALES; AND
IN LONDON; AND IN OTHER LARGE TOWNS.

Before entering upon details with respect to the causes of death in Kensington, I may mention, by way of comparison with our local mortality-rates, that the death-rate in England and Wales, in 1895, was 18·7 per 1000, which shows an increase of 2·1 per 1000 on the low rate in 1894, but is 0·2 below the average in the ten years 1885-94. The rate in London, as already stated, was 19·8 per 1000, and was 0·3 below the decennial average, (20·1.)

The subjoined table shews the annual death-rate per 1000 persons living, in each of the last eleven years, in Kensington, in London, and in England and Wales:—

	1895	1894.	1893.	1892.	1891.	1890.	1889.	1888.	1887.	1886.	1885.
Kensington	16·4	15·7	17·5	17·2	18·4	17·8	14·6	17·1	17·4	16·7	16·8
London	19·8	17·8	21·3	20·6	21·4	21·4	18·4	19·3	20·3	20·6	20·4
W. Districts	18·5	17·1	19·7	20·0	20·8	20·5	18·1	19·3	19·9	19·8	19·9
North „	18·2	16·3	20·2	19·4	20·0	19·6	16·9	17·7	18·9	18·9	19·3
Central „	23·8	20·0	25·7	23·9	26·5	24·8	20·9	22·7	23·5	23·4	22·9
East „	23·4	20·8	24·9	23·5	24·0	25·1	21·2	22·7	23·3	23·9	23·0
South „	18·3	16·2	19·5	19·0	19·8	19·6	17·7	18·1	19·4	19·9	19·1
England and Wales	18·7	16·6	19·2	19·0	20·2	19·5	18·2	18·1	19·1	19·5	19·2

GREATER LONDON.—The death-rate in “Greater London,” which is co-extensive with the Metropolitan and City police districts, the population in 1895 numbering 6,048,555 (viz., 4,392,346 in Inner London, and 1,656,209 in the Outer Ring) was 18·4 per 1000, the rate in the preceding three years having been, successively, 19·3, 19·7, and 16·5. The deaths properly belonging to the Outer Ring, as distinguished from Inner or Registration London, were equivalent to a rate of only 14·5 per 1000, the rate in the Inner Ring, as already shewn, having been 19·8. The death-rate from the principal zymotic diseases in Inner London, was 2·64 per 1000; in the Outer Ring, 1·98; the rate for Greater London, as a whole, being 2·46 per 1000.

OTHER LARGE TOWNS.—The death-rate in thirty-two cities and boroughs next in importance to London, and having a population of about 6,200,000, was 21·1 per 1000; ranging from 14·5 in Croydon, to 28·8 in Liverpool, without correction for differences between one town and another in regard to the age and sex-distribution of their respective populations. The death-rates of Edinburgh, Glasgow, and Dublin, were 20·7, 23·5, and 27·9, per 1000 respectively.

SUMMARY OF MORTAL STATISTICS.

We have already seen that the death-rate in 1895, 16·4 per 1,000, was 0·7 per 1,000 above the rate in 1894 (15·7), but 0·5 below the decennial average rate (16·9). There were, as usual, considerable fluctuations in the rate at different periods of the year; the rate ranging between the minimum 11·9, in the sixth four-weekly period ended June 15th, and the maximum, 32·2 per 1,000, in the third four-weekly period ended March 23rd. On four occasions only was the four-weekly rate above the annual average rate, viz., in the 5th to 8th weeks, ended February 23rd (21·0 per 1,000); in the 9th to 12th weeks, ended March 23rd (32·2 per 1,000); in the 13th to 16th weeks, ended April 20th (16·5 per 1,000); and in the 29th to 32nd weeks, ended August 10th (17·5 per 1,000). The deaths in the first-half of the year were 1,517, the death-rate 18·1 per 1,000; the deaths in the second half of the year were 1,231 (286 fewer), and the death-rate 14·7 per 1,000. On the other hand, the deaths from the principal diseases of the zymotic class (230), were far more numerous in the second half of the year than in the first half of the year (92). The total deaths from these causes (322), were 24 fewer than in 1894, and 24 below the decennial average also. The deaths from the diseases of the respiratory organs (574), were 18 more than in 1894, but 97 fewer than in 1893, and 13 fewer than in 1892. In the table on page 21 will be found a

SUMMARY OF VITAL AND MORTAL STATISTICS, KENSINGTON, 1895.

During the four weeks ended.	Births.	Deaths.	DEATH RATE.				DEATHS AT AGES.			DEATHS FROM ZYMOTIC DISEASES.							DISEASES OF RESPIRATORY SYSTEM.			Deaths from Phthisis.	Deaths from Heart Disease.	Deaths under Five from Scrofulous Diseases.	Temperature.	
			KENSINGTON.		LONDON.		0-1	1-5	60 and upwards	TOTALS.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Enteric Fever.	Simple continued Fever.	Diarrhoea.	TOTALS.	Bronchitis.					Pneumonia.
			Current.	Decennial Average.	Current.	Decennial Average.																		
JANUARY 26 ...	309*	204	15.8	23.3	18.6	26.9	35	18	58	13	..	1	5	1	3	...	3	58	43	11	28	21	2	35.1
FEBRUARY 23 ...	316	271	21.0	18.4	25.8	21.6	51	24	95	7	2	1	1	1	1	...	1	96	85	6	24	15	3	27.3
MARCH 23 ...	290	415	32.2	18.8	34.8	22.0	58	33	190	12	1	...	4	5	1	...	1	160	133	18	17	24	6	41.2
APRIL 20 ...	289	213	16.5	17.4	19.6	20.5	44	44	61	20	1	2	7	3	1	...	6	47	25	14	22	12	7	45.7
MAY 18 ...	275	177	13.7	16.8	16.9	19.4	46	15	50	13	2	4	1	3	...	...	3	28	18	8	17	8	6	53.8
JUNE 15 ...	295	153	11.9	15.9	15.3	18.1	29	15	42	13	1	1	7	...	...	...	4	25	8	12	16	9	3	58.2
JULY 13 ...	298	180	14.0	15.1	17.8	18.0	59	15	41	29	...	1	6	...	...	...	22	17	11	4	19	11	5	63.4
AUGUST 10 ...	252	226	17.5	16.1	21.8	19.9	87	27	43	61	1	...	10	3	...	...	47	20	10	4	14	15	5	61.2
SEPTEMBER 7 ...	254	166	12.9	13.9	16.6	17.7	42	15	35	29	2	1	7	1	4	...	14	9	4	3	18	17	5	63.7
OCTOBER 5 ...	272	165	12.8	13.2	16.4	16.5	43	25	36	28	5	1	8	6	...	1	7	10	7	1	20	11	2	59.9
NOVEMBER 2 ...	276	196	15.2	15.0	18.4	18.5	40	29	55	33	6	4	10	4	3	...	6	24	16	7	19	21	5	45.1
NOVEMBER 30 ...	270	203	15.6	16.5	18.5	19.8	46	45	46	40	8	5	16	6	2	...	3	47	32	8	17	8	6	47.5
DECEMBER 28 ...	225†	179	13.9	19.0	17.7	22.2	44	22	32	24	4	6	7	6	...	...	1	33	22	3	22	9	6	39.2
TOTALS.....	3621	2748	16.4	16.9	19.8	20.1	624	327	784	322	33	27	89	39	15	1	118	574	414	99	253	181	61	49.3

* Maximum number during the year, and so throughout the table.

† Minimum number during the year, and so throughout the table.

summary of the principal vital and mortal statistics, arranged in four-weekly periods, the maxima and minima being indicated by special type. It only needs to be pointed out that the death-rate in the first four weeks of 1895 (as in the last quarter of 1894) was exceptionally low for the period of the year, but was followed by a great increase in the four weeks ended February 23rd, and a still larger, and very large, increase in the four weeks ended March 23rd. In the latter period the death-rate rose to 32·2 per 1,000, and was 13·4 above the decennial average, the rate in the Metropolis, as a whole, being 34·8, and 12·8 above the average. The mortality, both in Kensington and in the Metropolis, at this time, from diseases of the respiratory organs was excessive. In the parish the deaths from these causes, in the four weeks (160, *vide* table), were more than a fourth of the number registered during the twelve months, whilst 77 of the 115 deaths registered from influenza took place during the same period. Full details with respect to this subject as connected with the occurrence of the great frost, were duly set out in my third monthly report.

ASSIGNED CAUSES OF DEATH.

CLASS I.—SPECIFIC FEBRILE OR ZYMOTIC DISEASES.

The "Class" of diseases called *Zymotic*, comprises, in the Registrar-General's arrangement of the "causes of death," six "Orders." The first and second Orders ("Miasmatic" and "Diarrhœal") include the diseases which the Registrar-General describes as "the seven principal diseases of the zymotic class," grouping, as he does, under the generic term "Fever," the three fevers respectively named "Typhus," "Enteric," and "Simple Continued."

The subjoined table shows the number of deaths from the principal diseases in 1895, together with the decennial average, &c.

Disease.	Sub-districts.		In Hospital.		Total	Decennial Average.	
	Town	Brompton	Town	Brompton		Uncorrected,	Corrected for increase of Population.
Smallpox ...	...	...	...	...	...	3.5	3.5
Measles ...	30	2	1	...	33	81.7	82.5
Scarlet Fever ...	11	1	12	3	27	26.7	27.0
Diphtheria ...	29	9	45	6	89	54.4	54.9
Whooping-Cough	32	7	...	...	39	75.8	76.6
Typhus Fever ...	...	...	...	...	...	...	...
Enteric Fever ...	6	5	4	...	15	16.6	16.8
Simple Continued Fever ...	1	...	...	...	1	1.0	1.0
Diarrhœa ...	100	17	1	...	118	82.9	83.7
	209	41	63	9	322	342.6	346

It thus appears that the mortality from diphtheria and diarrhœa was in excess, that from measles and whooping-cough below average, and that from the remaining diseases about average. From small-pox there was no death. The deaths were 24 below the corrected decennial average. They were also 24 fewer than in 1894; and, as

usual, the deaths in the Brompton sub-district (50) were fewer in proportion to population than those in the Town sub-district (272). The deaths from these diseases were equal to 117 per 1,000 deaths from all causes in Kensington (Metropolis 133), and to a rate of 1.9 per 1,000 persons living (2.28 in the Town sub-district, and 1.03 in the Brompton sub-district), the rate in the Metropolis, as a whole, being 2.64. The decennial average rate was 2.8 for London, and 1.9 for Kensington.

The zymotic death-rate in the seven sanitary districts (as previously defined) was, approximately, as follows:—

North District; 84 deaths, equal to 2.7 per 1,000 persons living.

North-East District; 28 deaths, equal to 1.3 per 1,000.

North-West District "A"; 30 deaths, equal to 2.3 per 1,000.

North-West District "B"; 90 deaths, equal to 5.7 per 1,000.

Central District; 23 deaths, equal to 1.1 per 1,000.

South-East District; 25 deaths, equal to 0.7 per 1,000.

South-West District; 42 deaths, equal to 1.3 per 1,000.

The significance of the above figures is unmistakable, but it has already been referred to in connection with the section on "District-rates of Mortality," at page 12.

In England and Wales the deaths from these diseases were 114 in each 1,000 deaths, and the rate was 2.14 per 1,000 persons living, the decennial average being about 2.5 per 1,000. In the 32 Cities and Boroughs grouped by the Registrar-General with the Metropolis, the zymotic death-rate, averaged 2.44 per 1,000, ranging from 1.20 at Huddersfield, to 5.63 at Blackburn.

The Table at page 21 shows the distribution of deaths in Kensington from the principal diseases of the zymotic class registered in thirteen four-weekly periods corresponding with my monthly reports.

SMALL-POX.

Eight cases of small-pox were notified during the year, four in North Kensington and four in South Kensington, Notting Hill High-street and the continuation road westwards being the dividing line. Six of the cases were removed to hospital. There was no death from this cause, the corrected decennial average being 3.5. Particulars of the mortality during the decennium 1885-94 will be found in table 5, appendix. In London 55 deaths were registered, the decennial average, corrected for increase of population, being 189. During the preceding nine years the total deaths aggregated 390 only, the annual number of deaths being 24, 9, 9, 0, 4, 8, 41, 206, and 89, in the several years successively. The mean annual mortality in the decennium 1885-94 was 0.04 per 1,000 persons living, and lower than in any previous decennium: the rate in 1895 was 0.01. The notifications in 1895, corrected for dual returns, were 979.

MEASLES.

Measles was the cause of 33 deaths, compared with 109, 18, and 108, in the preceding three years respectively; 31 in the Town sub-district and 2 in Brompton; the corrected decennial average being 82.5 (*vide* table 5, appendix). Twenty-three of the deaths occurred during the last 16 weeks of the year, the deaths in the preceding 36 weeks having been 10 only. All but one of the deaths occurred under the age of five years: under one year of age the deaths were 9. The deaths in London from this cause were 2,633; 112 below the corrected decennial average, 2,745; showing a decline of 660 from the number registered in 1894. The death rate was 0.60 per 1,000 population, the rate in the preceding decennium having been 0.63. The question whether measles should be made a notifiable disease is again exciting attention. I dealt

with this question fully in my report for 1891, (pages 97 to 106), and have since seen no reason to modify the views therein expressed unfavourable to the proposal under existing conditions.

SCARLET FEVER.

The notified cases of scarlet fever in Kensington were 525, against 715, 957, and 390, in the preceding three years, viz., 346 in North Kensington, and 179 in South Kensington. The deaths were 27 (corresponding with decennial average); 23, and 4 in the Town and Brompton sub-districts respectively. Twenty-one of the deaths were of children under five years of age, including 4 under one year. The remaining 6 deaths occurred between the ages of five and fifteen. Fifteen of the deaths took place at outlying public institutions, to which 358 cases were removed, and 12 at the homes of the sufferers. The case-mortality was 5.1 per cent., viz.: 7.2 per cent. in home-treated cases, and 4.2 per cent. in hospital cases. Usually the mortality in home-treated cases has been less than in hospital cases. The deaths in the Metropolis as a whole were 829 (compared with 1,174, 1,596, and 962, in the preceding 3 years), and were 228 below the corrected decennial average (1,057). Of the 829 deaths, 571, or 69 per cent., took place in public institutions. The deaths corresponded to an annual rate of 0.19 per 1,000 of the population, or 0.05 less than the average rate in the previous decennium. The notifications corrected for duplicate returns were 19,757; compared with 18,440 in 1894, 36,901 in 1893, and 27,096 in 1892. The case-mortality was approximately 4.1 per cent. compared with a rate of 5.2 per cent. in 1894; 4.3 in 1893; and 4.2 in 1892. The following table shows the progress of the disease, in the parish, and in the Metropolis, as a whole, as evidenced by the number of the cases and the deaths recorded in the thirteen successive periods covered by my four-weekly reports,

SCARLET FEVER IN 1895.*

Report for four weeks ended	No. of Notifications		No. of cases admitted to hospitals		No. of Deaths		No. of cases in Hospital at the end of the period
	Kensington	London	Kensington	London	Kensington	London	
Jan. 26 ...	20	905	14	596	1	42	1662
Feb. 23 ...	22	1006	16	620	1	54	1658
March 23 ...	20	897	15	601	—	32	1587
April 20 ...	23	854	14	583	2	48	1514
May 18 ...	22	946	15	603	4	46	1444
June 15 ...	33	1182	22	779	1	56	1637
July 13 ...	39	1710	31	1223	1	61	2241
August 10 ...	40	2037	30	997	—	76	2511
Sept. 7 ...	24	1717	21	1264	1	89	2600
Oct. 5 ...	63	2346	44	1300	1	78	2802
Nov. 2 ...	91	2695	58	1057	4	90	2841
Nov. 30 ...	62	2418	36	1268	5	77	2799
Dec. 28 ...	66	1941	42	1035	6	80	2798
	525	20654	358	11926	27	829	

For the sake of comparison, I subjoin the corresponding Table for 1894, taken from my report for that year.

SCARLET FEVER IN 1894.*

Report for four weeks ended	No. of Notifications		No. of cases admitted to hospitals		No. of Deaths		No. of cases in Hospital at the end of the period
	Kensington	London	Kensington	London	Kensington	London	
Jan. 27 ...	59	1725	34	915	4	95	2533
Feb. 24 ...	37	1446	29	848	3	89	2181
March 24 ...	27	1428	18	906	3	69	2103
April 21 ...	40	1613	25	991	—	101	2172
May 19 ...	28	1712	16	1078	2	100	2307
June 16 ...	21	1441	11	936	—	70	2190
July 14 ...	26	1535	17	1007	—	70	2143
Aug. 11 ...	23	1420	14	972	—	90	2193
Sept. 8 ...	30	1231	24	834	—	57	2026
Oct. 6 ...	28	1558	17	1037	3	57	2144
Nov. 3 ...	31	1460	25	1008	3	56	2240
Dec. 1 ...	15	1316	11	852	2	50	2148
Dec. 29 ...	25	1071	18	692	2	58	1890
	390	18956	259	12076	22	962	

HOW DISEASE IS SPREAD.—A case of scarlet fever in Inspector Pettit's (North) district, may be referred to as an illustration of the danger to the public health that may arise from concealment of infectious disease. The Inspector chanced to hear of the absence from school of a boy, aged nine years residing at Chesterton Road, the cause of such absence being,

*The figures in the tables are uncorrected for duplicate notifications and errors in diagnosis. The notifications are taken from the weekly returns of the Asylums Board. The admissions to, and the numbers in, the hospitals, and the deaths in London, are taken from the weekly returns of the Registrar-General.

according to the statement of another child living in the same house, scarlet fever. The Inspector went to the house and found that the boy's skin was "peeling." He asked a doctor, whom he saw passing the house, to examine the boy, who was pronounced to be suffering from scarlet fever in the desquamative stage. The other children in the family having been examined, two of them were also found to be suffering from the disease. The three cases were notified forthwith by the doctor, and the patients were without loss of time removed to hospital. Medical advice had not been obtained by the parents (notwithstanding a disproved statement by the father to the contrary), but there was little, if any, doubt, from admissions made, that the parents knew what was the matter with the children. In his report on the case, the Inspector stated that "the father is a carpenter who had been continuously employed in the exercise of his trade in private houses, during the prevalence of the illness in his family." He added that the boy "had been, on repeated occasions, exposed in public places whilst suffering from the disease." The father had not notified the cases to me as the law directs, and the facts having been reported to the Sanitary Committee, they directed proceedings to be taken against him for this offence, and also for the offence of exposing the boy in public places—which exposure, I may mention, included visitations to a milk shop and a post-office, as well as frequent meetings with play-fellows in the public streets. But as it was impossible to *prove* guilty knowledge on the part of the father the proceedings fell through.

The following tables shew certain particulars of interest with respect to scarlet fever prevalence, &c., during 1895, and the decennium, 1885-94 :—

SCARLET FEVER CASES RECORDED IN KENSINGTON IN 1895, AND IN TEN PREVIOUS YEARS,
IN THIRTEEN FOUR-WEEKLY PERIODS

The Year.	Weeks. 1-4	Weeks. 5-8	Weeks. 9-12	Weeks. 13-16	Weeks. 17-20	Weeks. 21-24	Weeks. 25-28	Weeks. 29-32	Weeks. 33-36	Weeks. 37-40	Weeks. 41-44	Weeks. 45-48	Weeks. 49-52	TOTAL
1895 ...	20	22	20	23	22	33	39	40	24	63	91	62	66	525*
1894 ...	59	37	27	40	28	21	26	23	30	28	31	15	25	390
1893 ...	45	60	38	34	56	84	84	110	67	113	117	88	61	957
1892 ...	28	23	20	34	51	39	73	74	59	97	85	82	50	715
1891 ...	38	47	18	24	23	23	13	27	17	31	23	22	17	323
1890 ...	10	32	17	23	24	15	12	19	24	42	71	49	38*	375
1889 ...	16	4	6	8	14	17	14	26	19	25	29	41	33	252
1888 ...	46	40	29	19	16	10	15	13	12	7	7	20	18	252
1887 ...	10	8	9	5	16	12	31	14	55	115	92	64	34	465
1886 ...	10	17	7	4	4	7	3	4	8	13	11	9	3	100
1885 ...	7	12	12	3	9	8	11	9	9	12	7	3	8	110
Average 1885-94 ...	26·9	28·0	18·3	19·4	24·1	23·6	28·2	31·9	30·0	48·3	47·3	39·3	28·7	563†

* Return comprises five weeks. † Without correction for increase in population.

NOTE.—Compulsory Notification has been in operation since October, 1889.

STATISTICS OF SCARLET FEVER, IN KENSINGTON, IN 1895 AND TEN PREVIOUS YEARS.

The Year.	No. of Recorded Cases.		Total Number of Recorded Cases.	Percentage of Removals to total Recorded Cases.	Deaths.		Total Deaths.	Percentage of Deaths.		Percentage of Deaths to Recorded Cases.	Deaths in London from Scarlet Fever.
	Treated at Home.	Removed to Hospital			At Home	In Hospitals		At Home	In Hospitals		
1895	167	358	525	68	12	15	27*	44	56	5·1†	829
1894	131	259	390	66	5	17	22	23	77	5·6	962
1893	389	568	957	59	10	41	51	24	76	5·3	1596
1892	259	456	715	64	9	27	36	25	75	5·0	1174
1891	117	206	323	61	3	13	16	19	81	4·9	589
1890	161	214	375	57	6	20	26	23	77	6·9	875
1889	86	166	252	66	8	20	28	29	71	11·1	778
1888	68	184	252	73	10	16	26	39	61	10·3	1209
1887	149	316	465	68	21	23	44	48	52	9·4	1447
1886	37	63	100	63	8	3	11	73	27	11·0	688
1885	68	42	110	38	5	2	7	72	28	6·3	707

*The corrected decennial average number of deaths from Scarlet Fever in Kensington (1885-94) was 27, and in London 1,057.

†The case-mortality in Kensington patients treated at home in 1895, was 7·2 per cent., and in patients treated in hospital, 4·2 per cent.

DIPHTHERIA.

Three hundred and sixty-five cases of diphtheria were notified, against 172, 368, and 268, in the preceding three years; viz., 237 in North Kensington, and 128 in South Kensington. The deaths registered were 89 (equal to 24·4 per cent. on cases), and 34 above the corrected decennial average (54·9); 74 in the Town sub-district and 15 in Brompton. Fifty-one deaths took place in hospitals to which 254 cases were removed. The case-mortality in hospital cases was 20·1 per cent., and in home-treated cases 34·2 per cent. In 1894 the case-mortality was practically equal in home and in hospital-treated cases (viz., 28·3 and 27·7 per cent. respectively). It will be interesting to learn whether the diminished case-mortality in hospital-treated cases in 1895 was consequent on the antitoxin treatment. The deaths from diphtheria in the preceding three years successively, were 31, 83, and 75.

The deaths in London from diphtheria were 2,316, (590 above the corrected decennial average, 1,726), compared with 1,885, 3,265, and 2,670 in the years 1892, 1893, and 1894, respectively. The corrected notifications were 10,772 in number.

The following tables, based on my thirteen four-weekly reports, set out some particulars with regard to diphtheria in Kensington, and in London, in 1895, the Loondon notifications being uncorrected. (*Vide* foot-note, page 27.)

DIPHTHERIA IN 1895.

Report for four weeks ended	No. of Notifications		No. of cases admitted to Hospitals		No. of Deaths		No. of cases in Hospital at the end of the period.
	Kensington	London.	Kensington	London.	Kensington	London.	
Jan. 26 ...	18	677	13	284	5	144	528
Feb. 23 ...	11	500	8	234	1	135	486
March 23 ...	19	488	16	223	4	116	455
April 20 ...	27	562	26	275	7	111	441
May 18 ...	18	638	14	308	1	135	486
June 15 ...	21	718	19	360	7	156	562
July 13 ...	30	1047	21	474	6	178	637
August 10 ...	49	1097	31	368	10	199	689
Sept. 7 ...	25	811	19	318	7	152	662
Oct. 5 ...	44	1178	22	423	8	192	672
Nov. 2 ...	44	1305	29	434	10	265	671
Nov. 30 ...	28	1269	19	405	16	268	691
Dec. 28 ...	31	1136	17	402	7	265	705
	365	11,426	254	4508	89	2316	

PARTICULARS WITH REFERENCE TO DIPHTHERIA IN KENSINGTON, IN 1895.

Set out in Report for Four weeks ended.	Total Cases Notified.	Cases Notified in North Kensington.*	Cases Notified in South Kensington.*	Cases removed to Hospital from		Deaths in	
				North Kensington.	South Kensington.	North Kensington.	South Kensington.
January 26	18	8	10	6	7	4	1
February 23	11	7	4	4	4	—	1
March 23	19	17	2	15	1	4	—
April 20	27	22	5	21	5	7	—
May 18... ..	18	15	3	13	1	1	—
June 15... ..	21	17	4	14	2	7	—
July 13	30	15	15	10	11	4	2
August 10	49	23	26	19	14	5	5
September 7	25	21	4	15	4	4	3
October 5	44	34	10	18	4	6	2
November 2	44	28	16	19	10	9	1
November 30	28	20	8	13	6	11	5
December 28	31	12	19	6	12	2	5
	365	239	126	173	81	64	25

*North Kensington and South Kensington are the districts to the North and South of the centre of Notting Hill High-street and Holland-park-avenue, respectively. The population of the two districts is about equal.

HOW DISEASE IS SPREAD.—A fatal case of diphtheria may be cited as illustrating a common cause of the spread of disease, viz., the failure to recognise the gravity of an apparently simple illness. A doctor was called to see a woman dangerously ill, and had but just time, ere she died, to see that she was choking from an accumulation of diphtheritic membrane in her throat. The woman had been ill for several days, but up and going about, indoors and out-of-doors; she was confined to bed for less than 48 hours. Medical aid was not sought till shortly before she died, and then too late to be of use. The illness was supposed to be due to a cold on the chest, although the sufferer seems to have been hoarse from the first. The jury—for, at my instance, an inquest was held—came to the conclusion that the failure to obtain medical assistance at the proper time was due to ignorance and not to wilful neglect. But six days before the woman died her child had been removed to hospital suffering from diphtheria, and when the house was disinfected, next day, the Sanitary Inspector, on the woman's complaint that she was not feeling well, advised her to see a doctor at once. But she did not follow his advice. The child, who with the parents had recently come from the country, had for a short time lived in one of the houses, in Warwick-road, which had been flooded by the County Council Counter's Creek sewer. The family, however, appear to have left the house before the illness developed. When the child fell ill the mother took her to a local hospital, where she waited in a crowded room for some time. Tired of waiting, the mother then took the child to the surgery of a practitioner, where two other patients were in attendance. The doctor, recognising the disease as diphtheria, sent the child home, and on the following day he got her removed to hospital and notified the case.

Another case, which also, at my instance, became the subject of an inquest, may be cited. It was that of a male child, aged 19 months. There had been produced to me, at one and the same time, by the father of the child, a medical certifi-

cate stating the cause of death as "teething and meningitis," and a notification certificate, by another doctor, of the child's illness from diphtheria. It appeared that on a particular Sunday, the first doctor had seen the child and prescribed for it on account of teething. On the following Wednesday, a second doctor saw the child and found him suffering from diphtheria. Death ensued the same day, and the first doctor gave a certificate of the cause of death as above stated. As the opinions of the doctors could not be reconciled, the Coroner held an inquest, a *post-mortem* examination having been made by an independent practitioner, who testified that the patient died from diphtheria, and was not suffering from meningitis. The most remarkable feature in the case, and the one on which the coroner animadverted, was the facility with which the certificate of the cause of death was obtained, after a single visit three days previously, and without any legal evidence of the fact of death; the fatal result, moreover, being attributed, in good faith, no doubt, to a disease which the child had not. The case was not without importance in another respect, seeing that the father was in the employment of a dairy company who take precautions to prevent the spread of disease through the agency of milk. It was the company's doctor who diagnosed the real disease, having been sent to the house upon the father reporting to the manager that one of his children was ill. The man was thereupon removed from his work for a time, pending disinfection of the premises, &c., the body being retained at the mortuary.

WHOOPING-COUGH

Whooping-Cough was the cause of 39 deaths, against 63, 65, and 61, in the preceding three years successively; 32 in the Town sub-district and 7 in Brompton; the corrected decennial average being 76.6. All but three of the deaths were of children under five years of age, including 12 under one year. The deaths in London from this cause were 1,483; and 2,001

below the corrected decennial average (3,484); they were in the proportion of 0·34 per 1,000 persons living, this being the lowest rate on record; the nearest approach to so low a rate having been 0·41 in 1883. The average rate in the 10 years 1885-94 was 0·63.

FEVER.

There was no death from *Typhus Fever*. From *Simple Continued Fever* there was one death. *Enteric Fever* was the cause of 15 deaths, compared with 15, 17, and 21, in the preceding three years respectively, the corrected decennial average being 17. Ten of the deaths belong to the Town sub-district, and five to Brompton. Four of these deaths occurred in hospitals, to which 43 cases were removed, and 11 at home. Ninety-nine cases of the disease were notified, 51 in North Kensington and 48 in South Kensington, compared with 58, 102, and 90, in the preceding three years successively. The deaths in London from Fever were 629, viz., from *Typhus Fever* 5, from *Simple Continued Fever* 10, and from *Enteric Fever* 614; or 17 below the corrected decennial average (631). The death rate was 0·14 per 1,000 persons living, or 0·02 less than the average fever rate in the ten years immediately preceding. The corrected notifications of this disease were 3,506 in number.

DIARRHŒA.

Diarrhœa was the cause of 118 deaths, against 77, 98, and 56, in the preceding three years successively: 101 in the Town sub-district, and 17 in Brompton; the corrected decennial average being 84. All of the deaths, save 8, were of children under five years of age, including 88 under one year. The deaths in London from this cause were 3,600, and 607 above the corrected decennial average (2,993). The death-rate was 0·83 per 1000 persons living: 0·15 above the decennial average, and it was higher than in any year since 1887.

INFLUENZA.

Influenza was the primary cause of 115 deaths, 87 in the Town sub-district, and 28 in Brompton; 78 of the deaths occurred at ages over 55. Fourteen of the deaths occurred in the four weeks ended 23rd February, and 77 in the four weeks ended 23rd March. These eight weeks, it will be remembered, covered the period of the memorable long frost of 1895. In these same eight weeks 256 deaths were caused by the diseases of the respiratory organs (including 218 from bronchitis and 24 from pneumonia), or not very many short of a moiety of the deaths from these causes (574) during the year. It is remarkable that so few deaths should have occurred from pneumonia, relatively to the deaths from bronchitis, during these eight weeks, having regard to the intimate association of influenza deaths and deaths from pneumonia in previous years of prevalence of epidemic influenza. It may be mentioned that 1895 was the sixth year in succession, within recent times, of the occurrence of epidemic influenza in the Metropolis and in many other parts of the Kingdom. The deaths in London from this cause in 1895 were 2,156, not fewer than 1,570 of the deaths having been registered between the middle of February and the end of March.

OTHER DISEASES OF THE ZYMOTIC CLASS.—Thus far I have dealt with the “seven principal diseases of the zymotic class,” comprising, with Cholera and Influenza, all of those maladies which in Table III. (Appendix) go to make up Orders 1 and 2 (Miasmatic and Diarrhœal Diseases) of Class 1 in the Registrar-General’s classification, viz., “Specific Febrile or Zymotic Diseases.”

Still dealing with this important Class, it appears that only one death, viz., from *Ague*, was registered from a malarial disease, comprised in Order 3, and no death from Zoogenous Diseases comprised in Order 4.

Order 5, Venereal Diseases, includes *Syphilis*, *Gonorrhœa*, and *Stricture of the Urethra*. Syphilis was the registered cause of 19 deaths, against 10, 28, and 14, in the preceding three years respectively. Sixteen of these deaths occurred in the Town sub-district, and 15 of them were of children under one year of age. If the truth were known, it would probably appear that this Protean malady was accountable, directly or indirectly, for a number of deaths considerably in excess of the record. There were two deaths from stricture of the urethra.

Order 6, Septic Diseases. This Order comprises *Erysipelas*, *Pyæmia*, *Septicæmia*, and *Puerperal Fever*: the total deaths registered were 18, against 23, 32, and 11, in the preceding three years respectively. *Erysipelas* was the cause of 9 deaths,* all of them in the Town sub-district, against 11, 17, and 3, in the preceding three years respectively. *Pyæmia* and *Septicæmia* were the causes of 6 deaths.

Puerperal Fever was the registered cause of 3 deaths of women between 25 and 35 years of age (against 8, 10, and 5, in the preceding three years respectively) all of them in the Town sub-district. In addition to these 3 deaths, other 6 (4 of them in the Town sub-district) were registered as having occurred in "childbirth," against 8, 10, and 8, in the preceding three years respectively. The deaths registered as having been caused by diseases and accidents associated with parturition (9), were equal to about 2.5 per 1,000 live births, against 4.3, 4.6, and 3.5 per 1,000 in the preceding three years respectively. The *notifications* of puerperal fever were seven, and, as stated, *three* deaths only were registered from this cause. Bearing in mind the disastrous series of cases of this disease on which I reported in 1883, when a verdict of manslaughter was returned by a Coroner's jury against a midwife, under circumstances set out in my fourth and sixth reports for that year, I have ever

* The notified cases were 269, many of them being of traumatic origin, unimportant in character, and such as the framers of the Act could scarcely have intended to be notified.

since felt it to be my duty to warn nurses, and all other women concerned with these painful cases, of the responsibility they incur by attending parturient women until after a period of three or four weeks, and disinfection of their persons, clothing, &c. This course was adopted in respect of the cases notified in 1895 with satisfactory results, there having been no spread of the disease.

CLASS II.—PARASITIC DISEASES.

The only deaths from the diseases in this Order were two from *Thrush*.

CLASS III.—DIETETIC DISEASES

Were the causes of 14 deaths, ten of them in the Town sub-district. To *Want of Breast Milk, Starvation*, three deaths were classified. *Delirium Tremens* was the cause of three deaths, against 7, 3, and 2, in the preceding three years* respectively; *Chronic Alcoholism* of eight deaths, against 7, 18, and 8. Of these deaths 8 occurred in the Town sub-district. It is scarcely necessary, perhaps, to remark that if all the deaths due, directly or indirectly, to the immoderate use of intoxicating liquors, could be ascertained, "Alcoholism" would occupy a more prominent position in the "Bills of Mortality"; but many deaths due to the misuse of alcohol get certified, and therefore are classified, to visceral and degenerative diseases caused or aggravated by drink.

CLASS IV.—CONSTITUTIONAL DISEASES.

This important Class comprises the causes of 532 deaths (equal to 19·3 per cent. of total deaths), including 67 of children under the age of five years: 417 of the deaths were registered in the Town sub-district, and 115 in Brompton.

Rheumatic Fever and *Rheumatism of the Heart* caused 9 deaths, 8 of them in the Town sub-district; *Rheumatism*, 3 deaths. *Gout* was the cause of 2 deaths in the Brompton sub-district, and *Rickets* of 6, five of them in the Town sub-district,

Cancer, Malignant Disease, was accountable for 136 deaths; 94 in the Town sub-district and 42 in Brompton. Cancer would appear to be on the increase in the country generally: possibly, however, some portion of the apparent increase in deaths classified to this cause, may be due to more accurate diagnosis. The deaths in Kensington in the preceding ten years, were 119, 128, 117, 121, 138, 125, 127, 129, 140, and 143 respectively. Deaths from cancer are usually more numerous, proportionally to population, in the Brompton sub-district than in the relatively poorer Town sub-district, cancer being quite as prevalent, probably even more prevalent, amongst well-to-do people, than in the poorer classes. The parts of the body most commonly affected are, the viscera or internal organs; in women, the uterus and the breast; the disease, moreover, being for the most part one of later life. Thus, 112 of the deaths took place at ages above forty-five, and 21 between thirty-five and forty-five years.

Purpura, Hemorrhagic Diathesis, was the cause of 3 deaths; *Anæmia* and *Leucocythæmia* of 6; *Glycosuria, Diabetes Mellitus*, of 16.

TUBERCULAR DISEASES were the registered causes of 350 deaths, (compared with 293, 307, and 336, in the preceding three years respectively); viz., 291 in the Town sub-district, and 59 in Brompton; 61 of the deaths being those of children under five years of age. In a few instances *Phthisis* was returned as the cause of death even in infancy, a period of life at which the tubercular diathesis commonly manifests itself in other parts of the body than the lungs, *e.g.*, the brain, bowels, &c. Such deaths have been classified, in Table III., with those ascribed to "*Other forms of Tuberculosis, Scrofula*;" the total being 56 (of which 30 occurred under five years of age), including 47 registered in the Town sub-district. *Tabes Mesenterica*, popularly known as "consumption of the bowels," was the cause of 7 deaths (all of them in the Town sub-district); 5 of them under five years of age, and 2 under one year.

Tubercular Meningitis and *Hydrocephalus* (water on the brain) were the causes of 34 deaths; 4 of them in Brompton, and 26 under five years of age. *Phthisis*, popularly known as "decline" or "consumption," was the cause of 253 deaths; 4 between five and fifteen years of age, and 239 between fifteen and sixty-five; viz., 27, 61, 60, 60 and 31, in the five decennial periods consecutively: 10 deaths were registered at ages over 65. Of total deaths, 207 belong to the Town sub-district, and 46 to Brompton. The deaths from tubercular diseases were, proportionately, not so numerous in Brompton as in the Town sub-district.

CLASS V.—DEVELOPMENTAL DISEASES.

In this Class the total deaths were 182, viz., 154 in the Town sub-district, and 28 in Brompton. *Premature Birth* was the assigned cause of 73 deaths, 12 of them in the Brompton sub-district; *Atelectasis* of 8, all of them in the Town sub-district; and *Congenital Malformation* of 11, 9 of them in the Town sub-district. *Old Age* was the registered cause of 90 deaths, all but one of them at ages over sixty-five: between sixty-five and seventy-five there were 19 deaths so classified; 45 between seventy-five and eighty-five; and 25 at eighty-five and upwards.

CLASS VI.—LOCAL DISEASES.

The diseases in this Class, which comprises eleven Orders, named after the systems or organs to which the diseases relate, were accountable for 1,319 deaths (compared with 1,271 in 1894) or 48·0 per cent. of the deaths from all causes; 1,064 were registered in the Town sub-district, and 255 in Brompton; 357 were of children under five years of age. The deaths from the diseases comprised in the several Orders were as follows:—

1. NERVOUS SYSTEM.—Diseases of the nervous system were the registered causes of 248 deaths (against 293, 305, and 295, in the preceding three years respectively), viz., 198 in the own sub-district, and 50 in Brompton; 60 of the deaths were

of children under five years of age, and 132 occurred at ages over forty-five. The fatal diseases were, *Inflammation of the Brain or Membranes*, 25 deaths; *Apoplexy, Softening of Brain, Hemiplegia, Brain Paralysis*, 114 deaths (89 in the Town sub-district, 25 in Brompton); *Insanity, General Paralysis of the Insane*, 11 (9 of them in the Town sub-district); *Epilepsy*, 11; *Convulsions*, 44 (all under five, and 40 under one year); *Laryngismus Stridulus*, 3; *Disease of the Spinal Cord, Paraplegia, Paralysis Agitans*, 10; *Other Diseases of Nervous System*, 30.

2. DISEASES OF THE ORGANS OF SPECIAL SENSE (*e.g.*, of Ear, Eye, Nose) are comprised in this Order. No death was registered from these causes.

3. CIRCULATORY SYSTEM.—The deaths due to diseases of the organs of circulation, heart and blood vessels, were 196, against 173, 219, and 159, in the preceding three years respectively; 151 were registered in the Town sub-district, and 45 in Brompton. To specified forms of disease, 70 deaths were ascribed, *viz.*, *Pericarditis*, 8; *Acute Endocarditis*, 3; *Valvular Diseases of the Heart*, 59. *Aneurism* was the cause of 4 deaths, and *Embolism, Thrombosis*, of 8. *Other Diseases of the Heart* caused 111 deaths, and *Other Diseases of Blood Vessels*, 3 deaths.

4. RESPIRATORY SYSTEM.—The deaths from diseases of the chest, *Phthisis* being excluded, were 574 (against 704, 671, and 556, in the preceding three years respectively), and 20·9 per cent. of total deaths. Of these deaths 482 were registered in the Town sub-district, and 92 in Brompton. The deaths under five years of age were 195, or 34·0 per cent. (against 34·6, 31·3, and 46·2 per cent. in the preceding three years respectively); and at fifty-five and upwards 266, or 46·3 per cent. of the whole number, against 43·3, 42·5, and 36·0 per cent. in the preceding three years respectively. The fatal diseases were *Laryngitis*, 3 deaths; *Croup* (transferred in the

new classification from "miasmatic" diseases), 3*; *Emphysema*, *Asthma*, 17; *Bronchitis*, 414; *Pneumonia*, 99; *Pleurisy*, 16; and *Other Diseases of the Respiratory System*, 22. Bronchitis and Pneumonia, therefore, were accountable for 513 deaths (including 187 under five years of age), of which 86 were registered in Brompton.

5. DIGESTIVE SYSTEM.—The diseases of the various organs concerned in digestion were the causes of 198 deaths, 95 of them under five years of age; 163 in the Town sub-district and 35 in Brompton. In the new classification, *Dentition* is included in this Order: it was the cause of 11 deaths under five, 6 of them under one year. *Diseases of the Stomach* caused 18 deaths; *Enteritis* (including *Gastro-enteritis*), 72; *Obstructive Diseases of Intestine*, 27; *Peritonitis*, 14; *Ascites*, 2. *Cirrhosis of Liver* caused 19 deaths; *Jaundice and Other Diseases of Liver*, 27 (including nine under one year); and *Other Diseases of Digestive System*, 8 deaths.

6. DISEASES OF LYMPHATIC SYSTEM (*e.g.*, of *Lymphatics*, and of *Spleen*), no death.

7. DISEASES OF GLAND-LIKE ORGANS OF UNCERTAIN USE (*e.g.*, *Bronchocele*, *Addison's Disease*), three deaths.

8. DISEASES OF URINARY ORGANS.—Of the 77 deaths ascribed to these causes, 51 were registered in the Town sub-district and 26 in Brompton. The diseases were, *Nephritis*, 18 deaths; *Bright's Disease (Albuminuria)* 29; *Diseases of Bladder or of Prostate*, 7; and *Other Diseases of Urinary System*, 23 deaths.

9. DISEASES OF REPRODUCTIVE SYSTEM.—(a) *Of Organs of Generation*—*Male Organs*, no death; *Female Organs*, 7 deaths; (b) *Of Parturition*, 6 deaths, viz., *Miscarriage* 1; *Puerperal Convulsions*, 1; *Flooding*, 3; *Other Accidents of Childbirth*, 1.

* Thirteen cases of "membranous croup" were notified. The Registrar-General classifies fatal cases of this disease to diphtheria.

10. DISEASES OF BONES AND JOINTS.—3 deaths: *Arthritis*, 1; *Caries*, 2.

11. DISEASES OF INTEGUMENTARY SYSTEM.—Seven deaths; *Carbuncle*, 3; *Other Diseases* 4.

CLASS VII.—DEATHS FROM VIOLENCE.

Eighty-four deaths, including 25 under five years of age, and 13 under one year, are distributed over the four Orders comprised in this Class; 17 of them belong to the Brompton sub-district.

1. ACCIDENT OR NEGLIGENCE.—Total deaths, 66, including 10 in Brompton, and 24 under five years of age; viz., from *Fractures and Contusions*, 34; *Burn, Scald*, 9; *Poison*, 1; *Drowning*, 3; *Suffocation*, mostly of infants "overlaid," 19. Thirteen of these "accidents" occurred to children less than one year old. Fifteen of the deaths from suffocation were registered in the Town sub-district.

2. HOMICIDE.—Two deaths, *Manslaughter* and *Murder*, one each.

3. SUICIDE.—Total deaths, 16, including 6 in Brompton; viz., by *Poison*, 7; *Hanging*, 1; *Cut, Stab*, 2; *Gun-shot Wounds*, 2; *Drowning*, 2; "Otherwise," 2.

CLASS VIII.—DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES.

This Class includes the causes of 138 deaths; 116 under five years of age, and 108 under one year: 127 and 11 in the Town and Brompton sub-districts respectively. The causes named are: *Debility, Atrophy, Inanition*, 109 deaths (all but 7 under one year); *Dropsy*, 1; *Mortification*, 11; *Abscess*, 7; and *Hemorrhage*, 4. To "Causes not specified or Ill-defined," 6 deaths were ascribed.

The following table, which is a SUMMARY of table 3 (Appendix) shows the number of deaths from the various diseases in the several Classes and Orders.

CLASS I.—SPECIFIC FEBRILE OR ZYMOTIC DISEASES

						No of Deaths
ORDER 1.	Miasmatic Diseases	...	...	...		319
2.	Diarrhoeal	„	...	...		118
3.	Malarial	„	...	...		1
4.	Zoogenous	„	...	...		...
5.	Venereal	„	...	...		21
6.	Septic	„	...	...		18
						— 477
II.	PARASITIC DISEASES	...	...	...		2
III.	DIETETIC DISEASES	...	...	...		14
IV.	CONSTITUTIONAL DISEASES	...	...	...		532
V.	DEVELOPMENTAL DISEASES	...	...	...		182
VI.	LOCAL DISEASES—					
1.	Diseases of Nervous System	...	...	...		248
2.	Diseases of Organs of Special Sense	...	...	...		...
3.	Diseases of Circulatory System	...	...	...		196
4.	Diseases of Respiratory System	...	...	...		574
5.	Diseases of Digestive System	...	...	...		198
6.	Diseases of Lymphatic System	...	...	...		...
7.	Diseases of Glandlike Organs of uncertain use	...	...	...		3
8.	Diseases of Urinary System	...	...	...		77
9.	Diseases of Reproductive System—					
	<i>a.</i> Diseases of Organs of Generation	...	...	...		7
	<i>b.</i> Diseases of Parturition	...	...	...		6
10.	Diseases of Locomotive System	...	...	...		3
11.	Diseases of Integumentary System	...	...	...		7
						— 1319
VII.	VIOLENCE—					
1.	Accident or Negligence	...	...	...		66
2.	Battle	...	...	...		...
3.	Homicide	...	...	...		2
4.	Suicide	...	...	...		16
5.	Execution	...	...	...		...
						— 84
VIII.	ILL-DEFINED AND NOT SPECIFIED CAUSES	...	...	...		138
						—
Total						... 2748

NOTE.—The form for table “A,” on page 45, has been prepared by the Local Government Board in order that a “tabular statement of mortality should be made in all districts on a uniform plan,” and the table is required to be appended to the Annual Report of the Medical Officer of Health,

(A) TABLE OF DEATHS DURING THE YEAR 1895, IN THE PARISH OF KENSINGTON, IN THE METROPOLITAN DISTRICT CLASSIFIED ACCORDING TO DISEASES, AGES, AND LOCALITIES. (See Note, page 44.)

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities. (Columns for Population and Births are in Table B., p. 67.)	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES							MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																							
	at all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	(l)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
																															Smallpox.
Kensington Town Sub-District ...	1578	479	187	56	45	458	353	Under 5 ...	7	15	6	...	...	1	...	...	...	1	10	28	87	...	...	...	140	...	16	355	666
Brompton Sub-District	425	64	29	15	15	181	121	5 upwds. ...	4	7	1	...	4	...	...	3	...	3	1	3	4	2	1	115	182	102	23	457	912
Kensington Infirmary...	444	62	51	4	9	193	125	Under 5 ...	...	...	...	...	...	...	...	...	...	...	20	1	7	...	...	...	25	2	...	58	113
Brompton Hospital ...	94	..	...	5	27	62	...	5 upwds. ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	83	...	8	...	94
St. Marylebone Infirmary	489	16	15	8	7	234	209	Under 5 ...	...	...	...	...	...	1	...	...	...	...	1	...	3	...	...	...	6	...	1	19	31
St. Joseph's House ...	35	...	...	...	...	5	30	5 upwds. ...	...	...	...	...	3	...	...	...	...	4	1	...	6	1	...	89	137	27	6	184	458
TOTALS ...	3065	621	282	88	103	1133	838	Under 5 ...	8	17	8	...	...	2	...	...	...	1	32	36	112	...	...	...	185	2	22	478	903
								5 upwds. ...	4	13	1	...	14	...	...	3	...	10	2	3	13	3	1	402	465	200	47	981	2162
The subjoined numbers have also to be taken into account in judging of the above records of mortality.																															
Deaths occurring outside the district among persons belonging thereto ...	308	23	60	35	22	143	25	Under 5 ...	13	33	...	...	...	...	...	...	...	2	1	...	1	...	...	...	8	...	7	18	83
Deaths occurring within the district among persons not belonging thereto ...	625	20	15	14	39	303	234	5 upwds. ...	2	17	4	1	24	20	22	22	112	225	
								Under 5 ...	...	...	...	...	...	1	...	...	...	...	1	...	3	...	...	...	6	...	4	20	35
								5 upwds. ...	...	...	...	...	3	...	...	...	...	4	1	...	6	1	...	173	143	39	10	210	590

DEATHS IN PUBLIC INSTITUTIONS.

The only "large public institution" within the parish in which we are directly interested, is the parish infirmary and workhouse, situated in the Town sub-district. There are several minor public, or quasi-public institutions; but, with one exception, they do not furnish occasion for special remark. The excepted institution is St. Joseph's House, Portobello-road, Notting Hill—a Roman Catholic Home for aged poor persons, of both sexes, brought from various parts, largely from Ireland; but the Registrar-General does not class it as a "public institution." The deaths of non-parishioners at the Marylebone Infirmary, Notting Hill (487), at the Brompton Consumption Hospital (90), and at St. Joseph's House (30), are excluded from our statistics, but will furnish occasion for a few remarks later on. The deaths of parishioners registered at the Parish Infirmary and Workhouse (443), at the Consumption Hospital (4), at the Marylebone Infirmary (2), at St. Joseph's House (5), and at outlying institutions, &c. (308), were 762, or 27·7 per cent. on total deaths; the percentage proportion of deaths in public institutions in the Metropolis, generally, being 26·8. The Registrar-General in his Annual Summary states that "About one in every seven deaths occurred in a workhouse or workhouse infirmary, one in 53 in a Metropolitan Asylum Hospital, one in 11 in some other hospital, and one in 49 in a public lunatic or imbecile asylum." The increase in the number of deaths in public institutions has been great and continuous for some years past.

THE PARISH INFIRMARY AND WORKHOUSE.—I am indebted to Dr. H. Percy Potter, Medical Superintendent of the Infirmary and Medical Officer to the Workhouse, for the statistics of mortality at these important institutions. The deaths actually occurring in 1895 were 442, compared with 433, 423, and 440, in the preceding three years respectively, and were

equal to 16.0 per cent. on total deaths. The quarterly numbers were 152, 92, 95, and 103; 255 deaths, therefore, occurred in the first and fourth, or colder quarters, and 187 in the second and third or warmer quarters of the year. The deaths included 217 of males, and 225 of females. The ages at death were: under one year 66, (compared with 77, 84, and 91, in the preceding three years respectively); between one and sixty, 210 (compared with 199, 195, and 172, in the preceding three years), and at sixty and upwards, 166 (compared with 157, 144, and 177, in the preceding three years).

SUMMARY OF CAUSES OF DEATHS.

DISEASES.	Under 1 year.	Between 1 year and 60 years.	At 60 and up- wards.	Total.
Nervous System, Diseases of ... ..	...	12	20	32
Convulsions	3	...	...	3
Circulatory System, Diseases of	1	16	10	27
Respiratory System, Diseases of	14	51	57	122
Digestive System, Diseases of	6	6	6	18
Urinary System, Diseases of ... ..	...	11	6	17
Tubercular Diseases (including Marasmus)	23	81	11	115
Syphilis	6	2	...	8
Cancer ... ..	...	9	14	23
Measles... ..	7	12	...	19
Enteric Fever ... ..	...	2	...	2
Erysipelas ... ..	...	2	1	3
Whooping-Cough ... ..	...	1	...	1
Influenza ... ..	...	1	3	4
Dermatitis ... ..	...	1	...	1
Hæmorrhage ... ..	...	1	...	1
Tetanus ... ..	...	1	...	1
Delirium Tremens ... ..	...	1	...	1
Gangrene ... ..	...	...	5	5
Premature Birth	6	...	...	6
Disease of Bone ... ..	...	...	1	1
Senile Decay ... ..	...	...	32	32
	66	210	166	442

Eight inquests were held on the bodies of inmates ranging in age from one day to 75 years; males and females, four each; death in six cases having been caused by disease, in one case by accidental burns, and in one case by suicide.

THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—The deaths at this institution, or rather in that part of it—the original hospital—situated in Kensington (a “South Wing” having been established on the farther side of the Fulham Road, in the parish of Chelsea), were 94; males 51, and females 43. Four of the deaths were of parishioners, and are included in table 3 (Appendix). The remaining deaths, of non-parishioners, are excluded from that table.

MARYLEBONE INFIRMARY, NOTTING HILL.—At this Institution, which is under the control of the Guardians of the Poor of the Parish of St. Marylebone, 489 deaths were registered, all of which, with the exception of two of Kensington parishioners, are excluded from table 3. (Appendix.)

ST. JOSEPH'S HOUSE, PORTOBELLO ROAD.—The deaths at this quasi-public institution, with five exceptions of parishioners, are not included in table 3 (Appendix). They were 35 in number; males 16, females 19. Some of the deceased persons had previously resided in Ireland, some in London, and the remainder in the provinces and abroad.

OUTLYING PUBLIC INSTITUTIONS.—The deaths of parishioners at public institutions, &c., outside the parish, which in the preceding three years, had been 236, 312, and 283, respectively, were 308 in 1895. In table 3 (Appendix) all of these deaths are included. The deaths occurred at the following institutions, viz. :—

St. Mary's Hospital	69	"Convent" Hospital	1
St. George's Hospital	26	Throat Hospital, Golden Square	2
West London Hospital	12	Home Hospital, Fitzroy Square	1
University College Hospital ...	5	St. John's Hospital, Lewisham...	1
Middlesex Hospital	5	Alexandra Hospital	1
Charing Cross Hospital... ..	3	Clapham Maternity Hospital ...	1
Guy's Hospital	3	Lying-in House of St. John the	
King's College Hospital	3	Divine	1
St. Bartholomew's Hospital ...	3	Friedenheim House of Peace ...	2
St. Thomas's Hospital	3	A Nursing Institution, Wey-	
London Hospital... ..	1	mouth Street	1
Brompton Hospital (south wing)	5	St. Giles's Workhouse	1
Western Hospital	36	Fulham Infirmary	1
North-Western Hospital	27	Islington Infirmary	1
South-Western Hospital	5	Lambeth Infirmary	1
Northern Hospital	1	Paddington Infirmary	2
North-Eastern Hospital... ..	1	St. George's Infirmary, Fulham	
South-Eastern Hospital... ..	1	Road	1
Fountain Hospital	1	Leavesden Asylum	10
Queen Charlotte's Hospital ...	4	Hanwell Asylum	9
Cancer Hospital, Fulham Road	1	Ilford Asylum	7
Victoria Hospital for Children	3	Darenth Asylum	4
Children's Hospital, Great		Cane Hill Asylum	3
Ormonde Street	2	Colney Hatch Asylum	3
Children's Hospital, Paddington	2	Banstead Asylum... ..	2
Belgrave Hospital for Children	1	Camberwell House Asylum ...	1
North-London Consumption		Caterham Asylum	1
Hospital	2	Central London Sick Asylum ...	1
Homœopathic Hospital... ..	1	Huguenots' Private Asylum ...	1
German Hospital	1	Licensed Victualler's Asylum ...	1
French Hospital	1		
Great Northern Hospital	1		291
National Hospital	1		

Other seventeen deaths occurred without the parish, viz. : 3 males by drowning (one each in Regent's Canal, the Serpentine, and the River Thames); one male and one female in the street; two males and three females in vehicles; two males and three females in private houses; one male in a public-house; and one in a police station.

Deaths from diseases of the zymotic class, occurred at public institutions without the parish, as follows:—Western Hospital, 34 (*diphtheria*, 20; *scarlet fever*, 12; *enteric fever*, 2); North-Western Hospital, 24 (*diphtheria*, 22; *scarlet fever*, 2); South-Western Hospital, 5 (*diphtheria*); Northern Hospital, 1 (*diphtheria*); North-Eastern Hospital, 1 (*scarlet fever*); Fountain Hospital, 1 (*diphtheria*); South-Eastern Hospital, 1 (*enteric fever*); St. Mary's Hospital 1 (*diphtheria*); St. George's Hospital, 1 (*diphtheria*); and West London Hospital 1 (*measles*).

UNCERTIFIED DEATHS.

Two deaths (against 14, 4, and 2, in the preceding three years respectively) were returned as not having been certified, either by a registered medical practitioner or by a Coroner. The ages at death were 4 minutes, and 79 years, respectively, the cause of death in the first case being *premature birth*, and in the other case *heart disease*. Information as to the cause of death of the infant was given by the midwife in attendance. The deaths were duly reported to the Coroner, who did not deem it necessary to hold inquests. The proportion of uncertified deaths to total deaths in Kensington was less than 0·1 per cent. The relative proportion of these cases in London was 0·7 per cent. ; in England and Wales it was 2·3 per cent.

The subject of uncertified deaths was considered, in the Session of 1893, by a Select Committee of the House of Commons, appointed "to inquire into the sufficiency of the existing law as to the disposal of the dead, for securing an accurate record of the causes of death in all cases, and especially for detecting them when death may have been due to poison, violence, or criminal neglect." The recommendations of the Committee were summed up in ten paragraphs, of which it is only necessary to cite the first two, as follows :—

- (1) "That in no case should a death be registered without production of a certificate of the cause of death, signed by a registered medical practitioner, or by a Coroner after inquest.
- (2) "That in each sanitary district a registered medical practitioner should be appointed as public medical certifier of the cause of death in cases in which a certificate from a medical practitioner in attendance is not forthcoming."

No action has been taken, hitherto, by the House, to give effect to the recommendations of the Committee. The Public Control Committee of the London County Council have also dealt with the question, and arrived at conclusions, on which they based a variety of recommendations, which were fully set

out in my last annual report (page 70). These recommendations having been approved by the Council, the Public Control Committee were "authorised to attend as a deputation before the Lord Chancellor in support of the amendment of the law relating to coroners' inquests in the County of London, in accordance with the recommendations referred to," and, were directed to "urge the advisableness of paying a juryman a sum sufficient to compensate a workman for actual loss of time incurred in performing that public duty, and of making it compulsory that coroners' juries should be summoned by *rota*."

INQUESTS.

Two hundred and twenty-two inquests were held on parishioners, including 31 at places without the parish, mostly at public institutions to which the deceased persons had been removed for treatment. The cause of death is *stated* to have been ascertained by *post-mortem* examination in 145 cases. Twenty-three inquests were held on the bodies of non-parishioners who had died in Kensington. Of the 202 inquests in the parish, 187 were held at the Coroner's Court at the Town Hall, 14 at the St. Marylebone Infirmary, and one at the Parish Infirmary. It is now some years since an inquest in Kensington was held at a public house.

The causes of death in inquest cases may be classified as follows:—

Deaths caused by disease...	...	138
Deaths caused by violence—		
Accidental...	... ..	66
Suicidal ...	... ..	16
Homicidal ...	... ..	2
	Total ...	<hr/> 222

The suicidal deaths (six of which belong to the Brompton sub-district) comprised 9 of males and 7 of females.

The inquests on Kensington parishioners were in the proportion of 8·1 per cent. on total deaths, the rate in the Metropolis being 8·6. In England and Wales the rate was 6·0 per cent. The relative percentages in 1894 were 7·4, 8·6, and 6·3, respectively.

The reported deaths from violence were equal to 3·1 per cent. on total deaths in Kensington, the proportion in the Metropolis being 3·9 per cent.; in England and Wales 3·4 per cent. These deaths were equal to 0·50 per 1,000 population in Kensington, 0·78 per 1,000 in London, as a whole, and 0·64 per 1,000 in England and Wales.

METEOROLOGY.

The mean temperature of the air at Greenwich in 1895, was 49°·3 Fahrenheit: 0·7 above the average of 124 years, but 0·1 below the average of 54 years. The means in the four quarters respectively, were 35·2, 55·1, 62·3, and 44·7. The highest reading by day (87·3) was registered in the week ended September 28th; and the lowest reading by night (6·9) in the week ended February 9th. The hottest week was that which ended August 24th (mean temperature 66·2), and the coldest week that which ended February 9th (mean temperature 22·4). July was the hottest month (mean temperature 62·6), February was the coldest month (mean temperature 28·9). July and October exhibited the greatest range in temperature, (48·4) viz. in July from 37·8 to 86·2, and in October from 27·4 to 75·8; and December the smallest range, viz., 30·5; from 25·5 to 56·0. Rain fell on 158 days, the total amount registered in the year being 19·73 inches, and 5·33 inches less than the average of 80 years. Most rain fell in July (3·39 inches), and least in June, (0·21). The means of the readings of the barometer were 29·748 inches; the means of September, 29·977, and of January 29·518, being the highest and lowest, respectively. The relative proportion of wind was, North, 82; East, 72; South, 104, and West, 104.

VACCINATION.

Table X. (Appendix) is a return respecting vaccination in 1894—the return for 1895 is not yet complete—compiled by Mr. Shattock, the Vaccination Officer, whose energetic discharge of the duties of his appointment it is always a pleasing duty to recognise. It is stated in his report that of 3,689 infants whose births were registered, 2,948 were successfully vaccinated; 342 died before attaining the age for vaccination, or from ill-health were not fit for vaccination. Some 310 cases are unaccounted for, equivalent to a loss of 8·4 per cent. on the total number of births—compared with losses of 5·4, 5·9, 6·0, 6·5, 6·7, 8·0, 8·7 and 7·7 per cent. in the preceding eight years respectively—“from removal of children to places, out of the parish, unknown, or which cannot be reached, and cases not having been found.” The proportion of unvaccinated persons in this parish, as the above figures testify, must be increasing year by year. Of the 2,948 successful vaccinations, 1,917, (65 per cent.) were performed at the public stations and the parish infirmary, viz., 1,247 at the Notting Hill station; 374 at the south station, and 296 at the infirmary. The re-vaccinations at these places were 492. “Calf vaccine continues much in request at the south station, where 97 operations were performed from that source, whilst at the north station in only about 10 per cent. of the cases did parents require calf vaccine.” It is stated in a report of the Local Government Board that the average number of lost cases in respect of the year 1890, in the Metropolis, as a whole, was 9·8 per cent.—a proportion which has since then increased considerably. Kensington, so far, has not fallen to quite so low a level. The too long deferred report of the Royal Commission on vaccination is awaited with ill-disguised impatience. The delay in its production, by encouraging Boards of Guardians to disregard their duty of carrying out the law, has produced disastrous results, of which the country will feel the effects for many a year to come.

THE METROPOLITAN ASYLUMS BOARD.

The work of the Asylums Board has of late years assumed increased importance to Sanitary Authorities, by reason of the legislation which has conferred power on the Managers, enabling them to discharge for the Metropolis, as a whole, the functions which, under the provisions of the Sanitary Act, 1866 (now incorporated in the Public Health Act, 1891), formerly devolved upon the 43 Vestries and District Boards in their several districts. The Board are now the central authority for providing hospital accommodation, and an ambulance service, by land and water, for the infectious sick—by warrant of law, as they previously had been in fact; for it is well known that legislation has, during many years, followed in the steps of the Managers' practice in regard to all that concerns the removal of the sick and their admittance to hospital. The ambulance arrangements leave nothing to desire; the accommodation for the sick, moreover, was always sufficient until within the last few years, but the increased and increasing disposition of the public to make use of the hospitals, which dates from the scarlet fever epidemic of 1887, together with the enlarged demands on the resources of the Managers consequent on compulsory notification of infectious disease, have given rise to difficulties to which reference has frequently been made in these reports. Happily, the steps taken by the Managers, with the approval of the Local Government Board, encourage the belief that ere long the provision of accommodation will be equal to the demand. The work of the Board is summarised in three reports, issued annually, by the Chairman (Sir E. H. Galsworthy), by the Statistical Committee, and by the Ambulance Committee. These documents, which have great interest for all who are concerned in the good sanitary government of London, and the several sanitary districts thereof, had not been published when this report had to go to press. I am, therefore, unable to follow my usual practice of summarising their contents for the information of your Vestry.

With respect to the arrangements for the removal of the sick, I may mention that this important duty, whether by land or water, is now effected in an unexceptionable manner. In a former report, I had to observe that this remark was applicable only in the case of patients in course of transit to or from the Managers' hospitals. It was often quite otherwise in respect of private patients, who were but too frequently removed in public vehicles, cabs, &c. The law did not forbid the use of a public vehicle for this purpose provided that the vehicle was afterwards disinfected. But the driver of a cab was often unaware of the nature of his fare's illness; the efficacy of any practicable disinfection, moreover, may be reasonably doubted. Consideration of these and other objections to the existing law, led me, many years ago, to the conclusion that public vehicles should never be used for this purpose, and that it would be to the public advantage were the Asylums Board made the Ambulance Authority for the removal of the infectious sick of all classes. In 1884, therefore, I addressed a communication to the Managers proposing that they should place their ambulances at the service of the medical profession, and Medical Officers of Health, with or without payment, for the conveyance of infectious sick persons. The Managers replied that they were, "not in a position to undertake the removal of any cases of infectious disease beyond those which are to be received into the hospitals under their own control"; but in 1888 they came to the conclusion "that the conveyance of infectious cases by public vehicles should be prohibited by law;" and having expressed willingness to "use the machinery they possess for the prompt and economical removal of infectious cases," the Local Government Board obtained from Parliament the desired powers, in a section of the Poor Law Act, 1889, the provisions of which, as already mentioned, are now incorporated in the Public Health (London) Act, 1891. Strange to say the provisions of law with regard to this matter are still unknown to many persons, who might natur-

ally be supposed to be well acquainted with them, as shown by a case to which I adverted in the twelfth monthly report (December 16th, page 161), as follows:—

“EXPOSURE OF INFECTED PERSONS.—A woman took her sick son to a Chelsea dispensary, where, upon examination, he was found to have diphtheria. The doctor told the mother to take the child home at once, and when she asked him to allow the porter of the institution to call a cab for her, he did so, the porter thus—as it was put—merely acting as her messenger. But the cabman, who was not aware of the complaint from which the child was suffering, was directed to drive to the Town Hall, Chelsea. On arriving, his number was taken by a sanitary inspector, who told him to return to the hall after discharging his fare at home. He did so, and was then told that his cab would be detained as the child he had carried was suffering from diphtheria. He lost the use of his cab for two days whilst it was being disinfected, and, as neither the Sanitary Authority nor the dispensary doctor would compensate him, he took out a summons at the police-court against the latter—whom he appears to have regarded as the hirer of his cab—for the modest sum of one pound. The magistrate, whilst expressing sympathy for the cabman, held that the doctor was not liable, and dismissed the summons. All through the case no one appears to have remarked on the fact that a serious breach of the law had been committed by the use of the cab for the conveyance of the sufferer. The law on the subject is explicit, as set out in Section 70 of the Public Health (London) Act, 1891, as follows:—

‘SECTION 70.—It shall not be lawful for any owner or driver of a public conveyance knowingly to convey, or for any other person knowingly to place in any public conveyance, a person suffering from any dangerous infectious disease, or for a person suffering from any such disease to enter any public conveyance, and if he does so he shall be liable to a fine not exceeding ten pounds; and if any person so suffering is conveyed in any public conveyance, the owner or driver thereof, as soon as it comes to his knowledge, shall give notice to the Sanitary Authority and shall cause such conveyance to be disinfected,

and if he fails so to do, he shall be liable to a fine not exceeding five pounds, and the owner or driver of such conveyance shall be entitled to recover in a summary manner from the person so conveyed by him, or from the person causing that person to be so conveyed, a sum sufficient to cover any loss and expense incurred by him in connection with such disinfection. It shall be the duty of the Sanitary Authority, when so requested by the owner or driver of such public conveyance, to provide for the disinfection of the same, and they may do so free of charge.'

"With reference to this case, one may perhaps be allowed to remark that the child ought not to have been permitted to leave the dispensary in the way he did, but he should have been isolated on the premises for the half-hour or so it would have taken to obtain one of the Asylums Board ambulances, which would have been sent on receipt of a message, by telephone, or telegram, or otherwise. In the circumstances, no charge, presumably, would have been made had the child been taken home; none certainly had he been removed to the hospital. It is strange that no one at the dispensary appears to have known that a cab could not be lawfully used for the purpose of the removal. It is manifest, however, that the danger of using the vehicle was recognised, as the cabman was directed to go, not to the home of the sufferer, but to the head-quarters of the Sanitary Authority. Happily, no injury to the public health resulted, inasmuch as the vehicle was disinfected. But it might have been otherwise."

The above case attracted a good deal of attention in the newspapers, due, not to the fact of exposure of the infectious sick person, but entirely to the incident in connection therewith, involving hardship to the cabman. The point of the case, regarded from a sanitary point of view, viz., the unlawful use of the cab, was entirely overlooked. Another case of exposure, of more local interest may be cited from the the same (twelfth) report:—

"A woman took her son, aged 4 years, to a general hospital on account of a sore throat. The medical officer of the hospital said the child was suffering from diphtheria. He

directed the woman to take him home and call in a doctor as the case could not be treated as an out-patient. The child was taken home, in the mother's arms, part of the way in an omnibus. A doctor was called in, who forthwith notified the illness as diphtheria, and the child was removed to hospital: the case was notified by the hospital medical officer also. I wrote to this gentleman, stating that the child had been illegally conveyed home in a public vehicle, and requested him to favour me with an explanation, for the information of the Sanitary Committee, why the usual course of detaining the child, and sending for the Asylums Board ambulance with a view to removal to hospital, was not adopted? The medical officer's reply confirmed the accuracy of the woman's statement. 'As far as he was aware,' he said, in notifying the case to me, 'the provisions of the Public Health Act had been entirely complied with.' He added that 'it was quite impossible to make any provision' for the child at the hospital; but that 'if he had thought it probable that the child could be immediately taken in to one of the Asylums Board hospitals he would have taken the usual steps.' At least, it may be observed, the child would have been safely taken home in the ambulance, and, as already stated, he was subsequently admitted to the Asylums Board hospital." *

AMBULANCE ARRANGEMENTS.—Kensington patients are removed by the staff at the WESTERN STATION, which adjoins the Western Hospital at Seagrave Road, Fulham. Between 8 a.m. and 8 p.m., on weekdays, cases for removal are reported at the Managers' central offices, Norfolk House, Norfolk Street, Strand, W.C., these being in telephonic communication with the station. During the night, and on Sunday, application for a patient's removal is forwarded direct to the ambulance station. The Managers' telegraphic address is "Asylums Board, London," and their telephone number is 2587.

* It is an interesting legal question—Who was "in charge" of the infected person, and liable for the exposure, in the street, and in the public conveyance?

HOSPITAL ACCOMMODATION.

In my Annual Report for 1893 (pages 117 to 130 inclusive), I spoke of the needs of the Metropolis in respect of hospital accommodation for the infectious sick, and detailed the steps taken by the Asylums Board to supply the then existing deficiencies, and the difficulties by which their efforts had been confronted and, to a certain extent, foiled. Those difficulties, I am glad to report, have now been largely overcome, for the needs of the Metropolis, in this regard, are at last fully recognised, and will ere long be met to the full extent of the estimate of them made by me in my tenth monthly report for 1893, which, at that time, was thought to be excessive, viz. : of "at least 5,000 beds for scarlet fever, fever, diphtheria, and isolation."

It is an accepted axiom that provision for the isolation of infectious disease should be at the rate of not less than one bed for each thousand of the population. The subject, as regards the Metropolis, was considered by the Royal Commission in 1881-82, and the Commissioners stated in their report (1882) that the then provision of hospitals should be extended so as to provide 5,700 beds at the least; viz. : 3,000 nominally for "Fever," and 2,700 for Small-pox. Diphtheria cases were not at that time admissible to the hospitals. The population of London in 1882 was a little under 4,000,000. Consequently, the recommendation of the Commissioners went, to the extent of 1,700 beds, beyond the theoretical requirements of the day. Naturally, however, the Commissioners intended to make provision for a lengthened period in advance, and the amount of accommodation they advised to be provided is even now ahead of the standard requirement. But circumstances have arisen that they could scarcely have anticipated, and which have led to largely increased demands on the Managers' resources; not only by the Sanitary Authorities, but also by private medical practitioners and others. Among these circumstances

may be mentioned (1) the depauperisation of medical relief in the hospitals; (2) the opening of the several institutions to all classes of the people; (3) the admission of patients on whatever form of application, subject only to the presentation of a medical certificate; (4) gratuitous treatment, (5) the growing popularity of the hospitals themselves; and last, but not least, (6) the increasing recognition by the public of the advantages accruing from the isolation of the infectious sick. The operation of compulsory notification, moreover, has not been without effect, for now that Sanitary Authorities become acquainted with, practically, all cases of infectious disease, they are able to secure the admittance to hospital of numbers of cases, such as in pre-notification days they would probably never have so much as heard. In connection with this important question, it may be mentioned that so far back as the end of 1893, the Managers had provided normal accommodation to the extent of about 3,000 beds, for fever and diphtheria patients, by the erection of additional "temporary" hospitals at Tottenham and Lower Tooting, and that since that date sites have been acquired for three more hospitals for "acute" cases, viz., at Lewisham, at Shooter's Hill, and at Tooting; the latter site, adjoining the existing (Fountain) Hospital, described as temporary, although from the nature of its construction it is calculated to last for many years. On the Shooter's Hill site a permanent hospital for about five hundred patients is now approaching completion. On the Lewisham site a somewhat larger hospital is in course of erection, and will be finished next year. Plans, moreover, have been approved for the permanent hospital at Tooting. On the completion of these three hospitals, provision will have been made for about 1,550 additional beds for fever, diphtheria, and isolation. The Managers further desire to find a site for a convalescent fever hospital south of the Thames, which, it is to be expected, will not be inferior in capacity to the Northern Hospital, at Winchmore Hill, for London north of the Thames, which

provides accommodation for nearly 1,000 patients. In addition to all this new accommodation on new sites, the Managers are increasing to some extent the existing accommodation, by reconstruction of the original hospitals at Fulham (Western Hospital), Hampstead (North-Western Hospital), Homerton (Eastern Hospital), Deptford (South-Eastern Hospital), and Stockwell (South-Western Hospital). The net result of what has been done, or is in contemplation, will be, within the next two or three years, to raise the normal accommodation to about 5,000* beds for "fever" and diphtheria, or, 2,000 in excess of the number recommended for fever by the Royal Commission in 1882, which, as already stated, was largely in excess of the requirements of the time, but has since proved to be much below the present needs of London.

As regards accommodation for small-pox, the Managers have not at present provided much more than half of the amount recommended by the Commissioners in 1882, viz., 2,700 beds. The present number of beds is, in round numbers, 1,500, a number which, however, could be greatly increased, in case of emergency, by the erection of temporary huts and tents at the Gore Farm Estate; and also at the Marsh Street and Joyce Green Farms site, of three hundred acres, which (with considerable additions of intervening land, connecting the new estate with the Hospital Ships), the Managers have acquired, and on which they intend to build a hospital for 900 cases. It is no doubt desirable that effect should be given to this intention, but there are grounds for hope that the present accommodation may suffice for the needs of the Metropolis, seeing how much more effectually the disease has been controlled since the practice of removing the sick out of London, for isolation and treatment, done upon my recommendation in

* This number, moreover, is irrespective of the Gore Farm hospital, which has accommodation for about 1,200 patients, and may be used as a convalescent fever hospital,

1881, has been perfected by the Managers, who, since 1884, have, to all intents and purposes, discontinued the use of the town hospitals for the isolation of small-pox, and now remove direct from their homes to the ships all patients suffering from this disease.

DEFICIENCY OF FEVER HOSPITAL ACCOMMODATION IN 1895.

That there is need for the increased provision of hospital accommodation referred to in the preceding section, was amply shown last year, during the latter half of which there was scarcely a day in which the Managers were able to comply with the whole of the applications made to them for beds for persons suffering from scarlet fever or diphtheria. I had occasion to refer to the subject in several of my monthly reports, beginning with No. 7 (July 20th, page 100), in which I stated that, owing to the increased prevalence of both the diseases named, the hospitals had been for some time full, patients being denied admittance every day. In this parish alone, as many as eight scarlet fever patients and five suffering from diphtheria, were at one time detained at home for want of room. Duly regarding the urgency of the matter, the Managers resolved, on July 6th, to re-open the Gore Farm (convalescent small-pox) Hospital at Darenth, for scarlet fever convalescent patients, and they also requested the Medical Superintendents of the several town hospitals to make arrangements to increase the accommodation in the wards at these institutions, which was done to the extent of some five hundred beds in all. Just at this time, unfortunately, there was a sharp recrudescence of small pox in London, and the Small-pox Hospitals Committee felt that it would not be prudent to divert any portion of the Gore Farm Hospital from its proper use, the result being that, from want of the 1,000 beds, the "Upper" Hospital on that site could have

supplied, the inability of the Managers to meet the requirements of the Sanitary Authorities continued right on to the end of the year. In my tenth report (October 10th, page 132), I called attention to the fact that the prevalence of small pox had for some weeks been getting less and less. This being so, and the need of accommodation for scarlet fever and diphtheria having in no degree abated, I urged that the time had come when effect should be given to the Managers' resolution of 6th July, and that the Gore Farm Hospitals (Upper and Lower) should be permanently utilised for convalescent fever patients, thus adding to the existing accommodation about twelve hundred beds. Small-pox at this time was at low ebb, and, had it become necessary, the Managers could have provided temporary accommodation for sufferers from that disease at their new estate, near the Ships at Longreach, on which it is proposed to erect a permanent hospital. Again, in my eleventh report (November 12th, page 143), I had to report continued, and even an increasing, deficiency of accommodation, due to the increase in scarlet fever and diphtheria, as shown by the notifications of both diseases. Nevertheless, the subject having been again considered by the Managers (26th October), they decided, not to utilise any portion of the Gore Farm Hospital; an "urgency" motion by the Chairman, directing the Small-pox Hospitals Committee to prepare different parts of the hospital, successively, for opening at the earliest possible moment, for convalescing fever cases, having been defeated on a division by a majority of six. Having regard to the still continuing diminution in the number of cases of small-pox under treatment—on November 2nd they were 106 only, and all of them accommodated at the Ships, which furnish 300 beds—I ventured to express the opinion that "the Managers would have done wisely, by incurring any risk there might have been, in diverting one of the hospitals to the use of fever cases, even if they had thought it prudent to reserve the other for the contingency of an increase in the number of small-pox patients which might

or might not occur." But the views of the Small-pox Hospitals Committee were allowed to prevail. With a view, however, to the immediate provision of additional fever accommodation, authority was given to the General Purposes Committee (*i.e.*, the Board sitting in Committee), "to ascertain and report whether the Managers could temporarily hire any building for the treatment of scarlet fever cases in the (then existing) emergency?" The quest was unsuccessful. Meanwhile, the Small-pox Hospitals Committee, though reluctant to surrender possession of any portion of the Gore Farm Hospital (possibly because it might have necessitated the erection of a temporary small-pox hospital at Joyce Green Farm, and so have indefinitely postponed the erection of the intended permanent hospital), prepared a large number of wards at the Upper Hospital, which was vacant of small-pox, and ready for use for scarlet fever if only the Managers had said the word. Once more I referred to the subject, *viz.*, in my twelfth report (December 10th, page 158), but this time to state that the deficiency of accommodation had, with the decrease in scarlet fever prevalence, diminished, for the time, almost to the vanishing point. When the need for the beds at Darenth appeared to be passing away, a number of the Sanitary Authorities awakened to the desirability of utilising them for the scarlet fever patients who, at the moment, were adequately provided for in the town hospitals, and with one consent they began to make request to the Asylums Board, (at the meeting held on December 7th), that the Gore Farm hospital should be opened for the reception of fever convalescents. The St. Marylebone Vestry, meantime, had convened a conference of the Sanitary Authorities, which, held on the 3rd December, adopted resolutions comprising: (1) a request to the Asylums Board to open the Gore Farm Hospital at Darenth, "for the purpose of providing the temporary accommodation required by the London Local Authorities for the cases of scarlet fever urgently requiring removal from the crowded families and houses in which they are spreading the disease;" and (2) an opinion of the

conference that the Sanitary Authorities who raise the money for the requirements of the Board "should be entitled to be directly and adequately represented upon that Board." With respect to the second resolution, I may observe that it is in accordance with the proposal I submitted to the Asylums Board, with your Vestry's approval, in 1877;* and that it is, no doubt, proper that such a change in the constitution of the Board should be made, if the Managers are to continue to be the Central Authority for providing hospital accommodation for infectious disease in the Metropolis. The resolutions were to have been presented to the President of the Local Government Board by a deputation representing those Local Authorities who had appointed delegates to attend the conference, the Board, however, declined to receive the deputation. But shortly afterwards, the Managers decided to re-open the hospital, as requested, a step which, as it turned out, might have been taken in July, when first resolved upon, and which, had it been then taken, would probably have brought the scarlet fever prevalence to a speedier end.

COMPULSORY NOTIFICATION OF INFECTIOUS DISEASE.

The Table at page 68, showing the number of notifications of infectious disease in London in 1895, after correction for duplicate returns, has been kindly furnished to me by the Clerk to the Asylums Board. The Table at page 69 is designed to show the relative prevalence of the several diseases at different periods of the year, being a summary of the figures

* *Vide* Annual Report for 1876-77, page 14, in which I wrote as follows:—
 "I should prefer a severance of the connection between Poor Law Administration and the hospital treatment of infectious diseases. This might be effected by the constitution of a Central Authority (on the plan of the Metropolitan Board of Works) to be elected by the Vestries and District Boards of Works, and having power to provide accommodation for all persons whose isolation in hospital is necessary for preventing the spread of disease." In the same report I recommended the free treatment of the sick (in hospitals to be supported by the Metropolitan Common Poor Fund) and the depauperisation of medical relief to which effect has since been given by legislation.

set out in my four-weekly reports. In this table it has not been possible to make the afore-mentioned correction; so that the total differs to the number of 2,214 notifications (or about 5 per cent. in excess) compared with the corrected number of notifications. The Kensington notifications, after correction for duplicate returns (of which there were 68) were 1,289, viz., in the Town sub-district 1,069, and in the Brompton sub-district 220. The notifications in 1893, and 1894, were 1,811, and 972, respectively. Table IX.A (Appendix) shows the streets, &c., where cases of the scheduled diseases occurred. The total cases notified in London were 41,512: 587 more than the total in 1894, but 25,973 fewer than the total in 1893. The notifications of each of the scheduled diseases during the six years 1891-95, after correction for duplicate certificates, are set out in the subjoined Table.

TOTAL NOTIFICATIONS IN LONDON :

Year.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever.	Erysipelas.	Croup.	Cholera.	Relapsing Fever.	Total.
1890	60	15,330	5,870	2877	35	237	206	4598	550	25	7	29,795
1891	114	11,398	5,907	3372	27	152	221	4764	505	23	39	26,522
1892	423	27,096	7,791	2465	20	147	347	6934	565	54	7	45,849
1893	2813	36,901	13,026	3663	22	205	397	9700	668	86	4	67,485
1894	1192	18,440	10,655	3360	21	162	253	6080	535	21	2	40,925*
1895	978	19,757	10,772	3506	14	105	236	5660	451	29	3	41,511

* This total includes 204 cases of diarrhœa.

NOTE.—The form for table "B," on page 67 was prepared by the Local Government Board in order that a "tabular statement of infectious sickness should be made in all districts on a uniform plan:" the table, which is based on the infectious disease register, is required to be appended to the Annual Report of the Medical Officer of Health.

CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASE IN 1895.

Local Authorities in whose Districts the cases were resident.	Small-pox.	Scarlet Fever.	Typhus Fever.	Typhoid or Enteric Fever.	Continued Fevers.	Membranous Croup.	Diphtheria.	Erysipelas.	Puerperal Fever.	Cholera.	Totals.	Population 1891.
Kensington ...	8	532	...	99	4	13	367	259	7	...	1289	166,308
Battersea ...	22	830	1	133	5	41	363	249	10	...	1654	150,558
Bermondsey ...	8	304	1	58	...	6	109	74	4	...	564	84,682
Bethnal Green ...	94	752	...	122	2	38	436	310	7	...	1761	129,132
Camberwell ...	86	874	...	237	2	14	889	313	16	2	2433	235,344
Chelsea ...	4	575	...	73	2	2	305	107	8	...	1076	96,253
Clerkenwell ...	11	326	1	56	5	15	128	93	4	...	639	66,216
Fulham ...	2	344	...	58	3	15	378	98	6	...	904	91,639
Greenwich ...	42	860	2	150	...	18	864	211	17	...	2164	165,413
Hackney ...	14	1037	1	257	6	15	486	288	13	1	2118	198,604
Hammersmith ...	8	379	...	57	5	6	199	88	2	...	744	97,239
Hampstead ...	2	306	...	63	3	3	114	51	4	...	546	68,416
Holborn ...	31	145	...	21	...	5	53	60	1	...	316	33,485
Islington ...	25	1725	4	197	9	18	577	331	22	...	2911	319,143
Lambeth ...	54	1416	1	215	20	26	631	372	16	17	2768	275,203
Lee ...	5	164	...	14	...	...	46	41	3	...	273	36,103
Lewisham ...	1	283	...	39	1	3	125	77	8	...	537	65,112
Linehouse ...	21	401	...	54	1	5	185	74	2	...	743	57,376
Marylebone ...	106	498	...	135	4	1	231	234	7	1	1217	142,404
Mile End Old Town ...	54	671	...	78	...	13	470	205	3	...	1494	107,592
Paddington ...	10	417	...	71	...	9	229	103	8	1	848	117,846
Plumstead ...	18	325	...	215	2	9	134	55	6	...	764	52,436
Poplar ...	28	991	1	117	11	45	732	278	8	...	2271	166,748
Rotherhithe ...	38	257	1	32	...	9	135	87	..	3	562	39,255
Shoreditch ...	16	584	...	105	4	18	233	184	2	1	1147	124,009
St. George-in-the-East ...	21	300	...	38	2	4	215	69	1	...	650	45,795
St. George, Hanover Sq.	4	303	...	39	3	5	91	68	1	...	514	78,364
St. George, Southwark ...	48	185	...	45	...	4	101	62	2	1	448	59,712
St. Giles ...	13	149	...	26	...	6	57	59	1	...	311	39,782
St. James, Westminster	1	82	...	11	1	1	42	16	1	...	155	24,995
St. Luke, Middlesex ...	3	149	...	33	1	5	90	82	2	...	365	42,440
St. Margaret and St. John, Westminster	6	179	...	27	...	2	103	30	2	...	349	55,539
St. Martin-in-the-Fields	3	40	...	14	...	...	18	7	...	...	82	14,616
St. Mary, Newington ...	20	423	...	84	1	17	262	142	9	...	958	115,804
St. Olave, Southwark ...	1	31	...	2	...	..	22	7	1	...	64	12,723
St. Pancras ...	15	1082	...	153	4	18	537	413	18	...	2240	234,379
St. Saviour, Southwark	4	104	...	11	...	2	65	25	1	...	212	27,177
Stoke Newington ...	...	131	..	30	...	3	57	28	1	...	250	30,936
Strand ...	5	111	...	23	...	2	39	17	...	...	197	25,122
Wandsworth ...	15	654	...	134	3	21	265	220	7	2	1321	156,942
Whitechapel ...	102	508	1	31	...	14	275	114	1	...	1046	73,552
Woolwich ...	1	188	...	50	...	...	67	31	2	...	339	40,848
City of London ..	6	142	...	35	1	...	43	24	2	...	253	37,504
Port of London ...	2	...	...	4	...	...	4	1	...	...	11	
Grand Totals ...	978	19757	14	3506	105	451	10772	5660	236	29	41508*	

* In addition, three cases of Relapsing Fever were notified.

Table showing the number of Cases of Infectious Disease, Notified in Kensington, and in London, in 1895, Arranged in four-weekly periods.

Date of Report. For Four Weeks ended	Weeks of the Year.	KENSINGTON.										LONDON.										Weeks of the Year.	Date of Report. For Four Weeks ended		
		Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever.	Erysipelas.	Croup.	Cholera.	Total.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever.	Erysipelas.	Croup.			Cholera.	Total.
January 26, 1895	1-4	...	20	18	19	...	...	1	16	...	...	74	35	905	677	384	1	13	35	391	39	...	2480	1-4	January 26, 1895
February 23 "	5-8	...	22	11	6	...	1	2	11	1	...	54	67	1006	500	160	1	3	14	382	33	...	2166	5-8	February 23 "
March 23 "	9-12	2	20	19	4	...	...	1	11	2	...	59	47	897	488	124	2	4	19	393	32	...	2006	9-12	March 23 "
April 20 "	13-16	...	23	27	4	...	...	...	22	...	...	76	35	854	562	116	...	10	13	372	30	...	1992	13-16	April 20 "
May 18 "	17-20	...	22	18	3	...	...	...	15	...	...	58	40	946	638	191	3	6	24	333	35	...	2216	17-20	May 18 "
June 15 "	21-24	...	33	21	3	...	1	1	19	...	...	78	22	1182	718	244	1	12	13	361	37	1	2591	21-24	June 15 "
July 13 "	25-28	...	39	30	2	...	...	...	13	1	...	85	88	1710	1047	182	1	8	15	442	36	7	3536	25-28	July 13 "
August 10 "	29-32	3	40	49	7	...	...	2	25	3	...	129	287	2037	1097	196	1	7	19	451	37	9	4141	29-32	August 10 "
September 7 "	33-36	1	24	25	11	...	...	...	28	...	...	89	236	1717	811	324	1	4	18	468	26	7	3612	33-36	September 7 "
October 5 "	37-40	1	63	44	8	...	1	...	19	2	...	138	108	2346	1178	442	1	12	18	546	29	5	4685	37-40	October 5 "
November 2 "	41-44	...	91	44	8	...	...	...	26	2	...	171	42	2695	1305	479	2	10	20	628	33	1	5215	41-44	November 2 "
November 30 "	45-48	1	62	28	13	...	...	...	32	2	...	138	36	2418	1269	500	1	12	21	661	53	...	4971	45-48	November 30 "
December 28 "	49-52	...	66	31	11	...	...	...	32	...	...	140	33	1941	1136	368	...	6	20	566	41	...	4111	49-52	December 28 "
Totals .....	...	8	525	365	99	...	3	7	269	13	...	1289	1076	20654	11426	3710	15	107	249	5994	461	30	43722*		Totals.

* In addition, 3 cases of Relapsing Fever were notified.

THE FACTORY AND WORKSHOP ACT, 1895.

Of several Bills to amend and extend the provisions of the Factory Acts, one only, that introduced by the Government, became law. This Bill formed the subject of a report by the Sanitary Committee, whose recommendations were embodied in a memorial addressed by your Vestry to the Home Secretary. The Bill met with general approval in the House, and, as to 31 of its 52 clauses, was amply debated in the Grand Committee on Trade. The remaining clauses were adopted *en bloc* subsequent to the resignation of the Government which brought the Session to a premature close. Perhaps no part of the measure excited greater interest than the first clause which, in effect, defined what should constitute overcrowding, and the 19th clause, which extended certain provisions of existing factory and workshop legislation to laundries; those establishments where steam, water, or other mechanical power is used being classed "as if the laundry were a non-textile factory," the laundry in other cases being treated as if it were a "workshop." No provision was made for ventilation of workshops, but clause 30 made provision for securing proper warmth in workshops where wearing apparel is made, a temperature of 60° Fahr. being specified. The House of Lords passed the Bill without alteration and the Act came into force January 1st, 1896.

THE ACT.—The first section, as above intimated, defines overcrowding by providing that for every person employed in a workroom, an air space of 250 cubic feet shall be provided during the usual hours of work, and a space of 400 cubic feet during any period of overtime, this being the standard your Vestry had adopted in 1893, when the first women inspectors of workshops, &c., were appointed. To ensure the due carrying out of this section, it is enacted that section 78 of the "principal Act" (*i.e.*, the Act of 1878) shall read as if there were included among the notices required by

that section to be affixed, a notice specifying the number of persons who may be employed in each room of the workshop by virtue of the said section. Contravention of the section by the occupier of the workshop is punishable by a fine not exceeding forty shillings. The said notice will have to be affixed in any laundry as if it was a workshop. It is the duty of the occupier to ascertain the cubic capacity of each workroom, so as to determine the number of persons who may occupy it, and to affix the notice in the prescribed form therein. I need hardly remind your Vestry that the women inspectors have long since measured all of the rooms in the workrooms in this parish where females are employed, and distributed or affixed, in very many instances, cards indicating the correct number of *employées* upon the now legalised scale. This action will have saved the occupiers much trouble, especially having regard to the confessed difficulty they experience in measuring cubic space. The workshops, including laundries, on the register at the close of the year, were about 640 in number. The workshops where men are employed must be numerous, but practically almost nothing has been done (and with the present staff little can be done) to give effect to the law, with respect to them, in any way comparable with the work so well done by the women inspectors of workshops, laundries, etc., where women are employed. Enough has been said to show that, if section 1 is to be properly carried out, a heavy duty of supervision, in respect of overcrowding alone, will have been cast on the officers of the Sanitary Authority by the Act. Section 6 renders liable to a fine any occupier of a workshop who allows wearing apparel to be made in any place where an inmate is suffering from scarlet fever or small-pox. In the memorial addressed to the Home Secretary, your Vestry proposed the addition to this clause of the following words: "or any of the other dangerous infectious diseases specified in section 55, sub-section (8) of the Public Health (London) Act, 1891," and urged the desirability of the provisions of the clause being extended to the case of outworkers,

The proposed additions were not made ; but the section makes the occupier of a *laundry*, also, liable to the fine, not exceeding ten pounds, for infringement of the provision, obedience to which, moreover, is obligatory on the part of any contractor employed by the occupier of the workshop. Liability to the fine, however, is not incurred if the suppositious offender " proves that he was not aware of the existence of the illness in the dwelling house, and could not reasonably have been expected to become aware of it." Clause 19 in the Bill, which contained provisions with respect to laundries, has been restricted in the Act (sec. 22), so far as regards sanitary provisions, &c., to laundries in which steam, water, or other mechanical power is used in aid of the laundry process. The temperature clause, 30 (sec. 32 in the Act) has been modified, and requires that in *every* workshop " adequate measures shall be taken for securing and maintaining a reasonable temperature in each room in which any person is employed:" the restriction of the clause to places " in which the business of making wearing apparel is carried on," does not appear in the Act. Your Vestry recommended that the use of gas burners intended for lighting purposes only, should be prohibited as a means of obtaining warmth. The Act simply provides that a workshop " not reasonably warmed " shall be deemed to be " not kept in conformity with the principal Act." Your Vestry further recommended, with reference to the lists of outworkers which are to be sent twice a year to the factory inspector for the district, that they should also be sent to the Sanitary Authority ; but the clause was passed without alteration, and, indeed, without debate, for the reason above stated. I may here mention that, when referring, in my twelfth report for 1892, to the Order made by the Home Secretary, which entailed on the Sanitary Authority and their officers the duty of inspecting the places at which outworkers carry on their employment, I pointed out that the Order must necessarily be a dead letter unless the employers were required to forward to that authority, periodically, a list of the names

and addresses of the outworkers; and so it has proved, and so it will continue to be, unless duplicates of the lists should be supplied to the Sanitary Authority. In section 27 an important amendment of section 15 of the Factory and Workshop Act, 1883, is made, by the repeal of the words which exempted bakehouses let or occupied before the first day of June, 1883, from compliance with the requirements of certain regulations specified therein. These regulations, of much importance from the sanitary point of view, must hereafter be complied with in respect of all bakehouses. When the Bill of 1883 was before the House of Commons, I called the attention of the President of the Local Government Board to the propriety of omitting the words in question, and which have for twelve years disfigured the Act. These words, as I then stated, legalise, by implication, the continuance, within or near *existing* bakehouses, of water-closets, ash-pits, drain-openings, &c., although the presence of such things in a bakehouse established subsequently to 1883, would satisfy a court of summary jurisdiction, that "the room or place used as a bakehouse" was, by reason of such nuisances, "in such a state as to be, on sanitary grounds, unfit for use or occupation as a bakehouse;" and so the occupier would be liable to pains and penalties, and to notices for "the purpose of removing the ground of complaint, viz., under section 16." There was, however, no time to alter the Bill of 1883, which having been brought in very late, was passed on the last day of the Session. It is a defect of our London bakehouses that so many of them are underground, and are, by consequence, ill-lighted and imperfectly ventilated. It is satisfactory to note, therefore, that a first step has been taken in the new Act towards a better state of things, sub-section (3) of section 27 directing that "a place under-ground shall not be used as a bakehouse unless it is so used at the commencement of this Act." It is further enacted that "if any place is so used in contravention of this Act, it shall be deemed to be a workshop not kept in conformity with the principal Act" (*i.e.*, the

Act of 1878), the penalty on the occupier for this offence being a fine not exceeding ten pounds. I have only to add that section 41 makes provision for the service on the Factory Inspector, by the occupier, of a written notice containing specified particulars of a workshop, and it is directed that, "any notice so served shall be forthwith forwarded to the sanitary Authority of the district in which the workshop is situate," obviously with the intention that the said Authority may be enabled to discharge the duties imposed upon them by the Acts, 1878 to 1895, which Acts, I may observe, might be consolidated with advantage to all parties.

DUTIES OF THE SANITARY AUTHORITY WITH RESPECT TO WORKSHOPS.

In my sixth monthly report (June 28th, page 90) I reported, with regard to the work which has been so usefully carried out in this parish by the women inspectors, as follows:—

"I am frequently asked whether your Vestry in appointing special officers to inspect workshops, workplaces, laundries, &c., have not interfered with duties legally attaching to the office of the factory inspectors appointed by the Secretary of State? The answer to this question is distinctly negative. There is nothing conflicting in the duties of factory inspectors and those of your Vestry's women inspectors of workshops, &c. The duties of the respective offices are reciprocal. One of the duties devolving upon the Medical Officer of Health under the Public Health (London) Act, 1891 (sec. 27), is to give 'written notice to the factory inspector' of 'any child, young person, or woman employed in a Workshop' and this duty I have discharged since October, 1893, in a large number of instances, through the information supplied by the women inspectors. I report, moreover, to Her Majesty's superintending inspector of workshops, &c., every workshop and workplace newly opened, or discovered by the inspectors; and, reciprocally, he forwards to me, direct, all notices he receives from persons intimating intention to occupy premises as workshops or workplaces. In like manner the superintending inspector reports to me all cases of overcrowding discovered by his assistants, and all cases of dirty and insanitary premises, observed by those officers, requiring to be dealt with under the Acts; it being the

duty of the Sanitary Authority to take steps to secure the abatement of all such nuisances. The necessary steps have been taken in many instances (especially since October, 1893) by the Sanitary Committee, to which your Vestry have entrusted the carrying out of the provisions of the Factory and Workshop Acts, 1878 to 1895, and the Public Health (London) Act, 1891 ; all of which entail responsible duties in regard to workshops and workplaces, upon your Vestry as the Sanitary Authority. And here it may be worth while to specify some of the sections of of the Acts which confer powers and entail duties on the Sanitary Authority, in respect of workshops, workplaces, &c. ; or which provide, otherwise, the means whereby the requirements of the law shall be enforced in regard to such places, in default of action by the Sanitary Authority. These are the Factory and Workshop Act, 1891, Section 3 (2) which gives a Sanitary Authority and their officers 'all such powers of entry, inspection, taking legal proceedings, or otherwise,' as a factory inspector has under the 'principal Act' (*i.e.*, the Act of 1878). The Factory and Workshop Act, 1878, Section 4, which requires notice to be given by a factory inspector to the Sanitary Authority of sanitary defects in a factory or workshop ; it being the duty of that authority to take such action thereon as may seem proper for the purpose of enforcing the law. The Factory Act, 1891, Section 4 (2) which confers on a Sanitary Authority power to require the owner or occupier of a workshop, to limewash, cleanse, or purify the same, or part thereof, as the case may require. The Public Health (London) Act, 1891, Section 2 (1) (*g*) which declares to be a 'nuisance liable to be dealt with summarily under this Act,' any 'workshop or workplace which is not kept in a cleanly state and free from offensive effluvia ; or which is so overcrowded as to be dangerous to the health of the persons employed therein' ; and Sections 25 and 26 of the same Act which confer powers on the Sanitary Authority with respect to workshops (and bakehouses) to secure limewashing, cleansing, &c. The powers thus conferred on the Sanitary Authority, in regard to the inspection and supervision of workshops, &c., for the purpose of enforcing the law, would appear to be ample. But lest these powers should be allowed to fall into desuetude, or be wilfully neglected, power is given by sections 1 and 2 of the Factory and Workshop Act, 1891, which enables the factory inspector to supersede a defaulting Authority in the execution of their duties in respect of workshops or laundries ; and to recover from the Authority, in whose district the workshops or laundries are situate, 'all such expenses in and about any proceedings . . . as he may incur.'

It only remains to add that your Vestry referred to the Sanitary Committee the above report for consideration, with the result that the Committee prepared a report on "the

duties of the Sanitary Authority with respect to workshops, etc.," which was submitted to your Vestry on December 18th, and accepted as a correct statement of the powers and duties of the Sanitary Authority under the Factory and Workshop Acts, 1878 to 1895. How great and onerous those duties are may be read in that report which is too lengthy for insertion here. That all Sanitary Authorities may rise to the level of the obligations imposed upon them by the Legislature is devoutly to be wished.

WORK OF THE WOMEN INSPECTORS OF WORKSHOPS, Etc.

In connection with the duties of the Sanitary Authority under the Factory and Workshop Acts, reference may be fitly made to the work of the women inspectors of workshops, workplaces, and laundries, where women are employed, which, for the year 1894-95, was fully set out in their report submitted to your Vestry in my third monthly report (March 30th, 1895, page 36). Shortly after that date Miss Squire, whose term of office had expired, was re-appointed by your Vestry with the status of sanitary inspector, the appointment being in due course sanctioned by the Local Government Board. In June, Miss Duncan's first year of office expired, and it was reasonably expected that she would be re-appointed, in like manner, to an office the duties of which she had performed entirely to my satisfaction. Unfortunately the notion got abroad that one inspector could do the work of the entire parish, and Miss Duncan's appointment was allowed to lapse. In her final report, this lady stated as follows:—

" I have worked with pleasure in South Kensington, and have much cause to speak well of the courtesy, and the willingness to fall in with my suggestions, of a large majority of occupiers ; if there have been some

instances of discourtesy, they have, for the most part, been overcome by a little patience and a desire to conciliate; and if, in a very few instances, I have met with persistent and intentional rudeness, I have felt that such cases must be expected, and were no criterion of the general feeling, which has, I think I may say, been one of friendliness to the woman Inspector. Bearing in mind that inspection must of necessity be disagreeable to the occupier of the premises inspected, I have always tried to carry out my duties with as little unpleasantness as possible. The question of ventilation of workrooms is, as you know, one which has caused Miss Squire and myself much thought and consideration. I have long formed the opinion that unless the Inspector can secure the hearty co-operation of the forewoman or employer in this important particular, her efforts to secure a better state of things are generally unavailing. Until health teaching is more widely spread among the younger generation of working people, nothing will persuade dressmaker-hands, and more especially tailoresses, that the requirement of fresh air is anything but a 'fad' on the part of an Inspector who is longing to find fault with something. I find that all forms of inlet ventilators are regarded with suspicion by the inmates of workrooms, and are even less likely to be kept open than a window; and although I know that outlet ventilators require more skill in fixing, and are theoretically less perfect, I cannot but think that some such form of ventilator is the only one which has any chance of success in those places where windows are not kept open. Gas iron-heaters I regard with more and more disfavour, and I should be glad to see them banished from every workroom, so great is the vitiation of air which results from them, even when they are placed under the chimney. Employers allege that the removal of them from the workroom would entail great inconvenience upon the workers, and there is some force in this objection, although in many cases it is not insuperable. I lately visited the works of William Sugg & Co., Limited, and had a long conversation with a foreman. I begged that they would consider whether it was not worth their while to bring into the market a cheap and improved form of iron-heater, properly provided with some means for carrying off the products of combustion. I also pointed out that the high price of ventilating gas burners now in the market, practically excluded them from the average workroom, although there could be no question as to the great advantage which would accrue from their introduction, or as to the probability of their being gradually adopted if the price were moderate. My suggestions were received with favour, but it remains to be seen whether they will bear fruit. I also suggested a form of combined iron-heater and warming apparatus, which the foreman seemed to think practicable. It has suggested itself to me, and the same thing seems to have struck some employers, that a printed paper setting forth the requirements of the Vestry with regard to workrooms, would be of service to occupiers; this is not, however, I am aware, the moment at which such a suggestion could be made with advantage."

I may be permitted to express my regret that the parish should have lost the services of an able and experienced officer, as Miss Duncan had proved herself to be, just at the time when the duties she had carried out so satisfactorily had been materially increased by fresh legislation.

Miss Duncan's loss is not the only one sustained by my department, for towards the close of the year the Secretary of State singled out Miss Squire for appointment as a factory inspector. It will be remembered that the Secretary of State in the previous ministry had, in like manner, deprived your Vestry of the services of Miss Deane, who took office in Kensington at the same time, in 1893, as Miss Squire. No better evidence of the judiciousness of your Vestry's selection of these ladies could be desired than the circumstances under which they ceased to hold office. Miss Squire is to be congratulated upon her promotion, but I felt regret at the severance of her connection with the work of my department; not being able to speak too highly of the services she had rendered in the supervision of the workshops, &c., where women are employed, especially in bringing about more wholesome conditions of labour, to the advantage of the workers whose interests can be best safe-guarded by one of their own sex. It was gratifying to learn, as we did from Miss Squire's last report to the Sanitary Committee, that there had become manifest on the part of employers an increasing willingness to conform to the requirements of the law,* with which many of them were probably more or less unacquainted until they were made known by the visits of the women inspectors, and through the notices issued by the

* Extract from Miss Squire's report for the four weeks ended December 3rd, 1895 :—" An increasing desire is manifested on the part of employers to comply with the Vestry's requirements, and to act upon suggestions made by me in accordance with the instructions of the Sanitary Committee. I would especially mention the improvements thus effected in regard to the warming of workrooms and the ventilation of gas iron-heaters."

Sanitary Committee. In no respect, perhaps, has greater good been done than by the abatement of overcrowding of workrooms, and it is noteworthy, in this connection, that, as already stated, the cubic space standard adopted by your Vestry has now received the sanction of law. It may be mentioned that the Vestries of Islington and St. Pancras have now availed themselves of female help in sanitary administration. As for me, I am so satisfied of the advantages accruing from the services of women inspectors, that I should welcome the appointment of a second lady to take part in the work which Miss Squire, during the latter half of the year, strove to accomplish single-handed. In view of the increased responsibilities thrown upon the Sanitary Authority by the new Factory and Workshop Act, it is, I think, hardly possible that one inspector should be able efficiently to supervise the ever-increasing number of the places at which women are employed, and which at the end of the year comprised dress-makers' and ladies' tailors' establishments 363; laundries, 238; miscellaneous, 39, or a total of 640 "workshops," spread over an area of 2,245 acres.

On quitting office, Miss Squire submitted a tabular statement of her work during the forty weeks ended January 4th, 1896, which had elapsed since the date of the joint annual report of the women inspectors for 1894-95 already mentioned, as set out on page 80.

Miss Squire's Report of Work done during the 40 weeks,
April 1st, 1895, to January 4th, 1896.*

	NORTH KENSINGTON.				SOUTH KENSINGTON.				TOTAL FOR WHOLE PARISH.
	Dress- makers.	Laun- dries.	Miscel- laneous.	TOTAL.	Dress- makers.	Laun- dries.	Miscel- laneous	TOTAL.	
Workshops, &c., Number on the Register†	103	216	27	346	244	24	20	288	634
„ Number of Workrooms therein	131	504	37	672	418	49	20	487	1,159
„ Number of Inspections of	220	500	56	776	516	67	31	614	1,390
„ Number of Re-inspec- tions of	47	330	13	390	118	38	7	163	553
Workrooms, Number of Inspections of	344	1,164	76	1,584	839	198	35	1,072	2,656
„ found to be Over- crowded	13	11	2	26	37	...	3	40	66
„ found to be insufficiently ventilated	17	39	3	59	43	2	3	48	107
„ found to be in a dirty condition	21	132	3	156	44	10	...	54	210
Workshops, &c., newly discovered and registered since April 1st, 1895	35	17	9	61	51	1	3	55	116
„ Workrooms therein measured	66	27	11	104	84	...	2	86	190
„ Reported to H.M. Inspector on discovery ...	27	...	2	29	46	...	...	46	75
„ Removed from Register	16	5	1	22	34	...	...	34	56
Houses visited for enquiry at which no female hands were employed	85	28	46	159	113	21	27	161	320
Workroom Cards distributed ...	56	...	8	64	128	...	...	128	192
Statutory Notices, and Written Intimations Served	15	86	2	103	34	7	...	41	144
Works carried out under super- vision :—									
(a) Additional means of ventila- tion provided... ..	...	6	..	6	5	...	...	5	11
(b) Rooms cleansed and white- washed ... ..	...	64	...	64	10	2	...	12	76
(c) Yards, floors, roofs, &c., repaired	1	26	...	27	2	2	...	4	31
(d) Sanitary conveniences con- structed ... ..	...	6	...	6	...	...	...	...	6
Nuisances reported to M.O.H. :—									
(e) Drains untrapped, unventilated, &c.	3	15	...	18	1	5	...	6	24
(f) Sanitary conveniences ill- lighted, unventilated, or defective in water supply ...	2	20	1	23	2	3	...	5	28
(g) Sanitary conveniences supplied from drinking water cistern...	1	3	...	4	1	3	...	4	8
(h) Cisterns dirty and uncovered	1	7	...	8	...	...	...	...	8
(i) Dustbins wanting or defective	...	14	...	14	...	3	...	3	17
(j) Miscellaneous	4	16	...	20	...	3	...	3	23
Overcrowding of Workrooms, Cases of, abated	13	11	2	26	37	...	3	40	66

* Until July 3rd, the work in South Kensington was carried out by Miss Duncan.

† Of these "Workshops," 1 Laundries became *Factories* on January 1st, 1896.

THE WORK OF THE SANITARY INSPECTORS.

Table VI. (Appendix), contains a summary of the work of the Sanitary Inspectors for the nine months ended 30th December, 1895, the date of termination of the registration year.* The duties of the Inspectors are carried out under the Sanitary Committee, your Vestry having conferred on that body, by resolution, power to enforce the provisions of the Public Health (London) Act, 1891; the Housing of the Working Classes Act, 1890, and the Factory and Workshop Acts, 1878 to 1895. At page 2 will be found a description of the limits of the Inspectors' districts, as existing at the end of the year, at which date the vacancy in the South-East district caused by the resignation of Mr. Abbott, the senior Inspector, had not been filled up. Of Mr. Abbott I may be permitted to say, after his seventeen years of faithful work in the parish, that he was an officer on whom I could always rely, and whose ability, industry and firmness of character enabled him to discharge, with success, onerous duties with manifest advantage to the people of the large and important district in South Kensington assigned to him by your Vestry.

THE SANITARY INSPECTING STAFF, at the end of the year, comprised six inspectors, two street inspectors, and one lady inspector of workshops, workplaces and laundries where women are employed. The clerical staff comprises a chief clerk and three assistant clerks. The disinfecter and the mortuary keeper complete the list of officers in the Public Health Department.

* The General Order of the Local Government Board requires that the annual report of the Medical Officer of Health should be for the period comprised in the civil year. The last published report, *quâ* sanitary matters, was compiled for the parochial year ended March 25th, 1895. It being desirable that the entire report should now, and in future, cover the same period, viz., the civil year, the statistics of sanitary work in the present report have been compiled for a period of nine months only, April to December, 1895, inclusive.

During the year a less amount of house-to-house inspection was carried out than in 1894. Statutory notices for the abatement of nuisances, to the number of 764, were issued by order of the Sanitary Committee. The written intimations of nuisances served by the Inspectors, under section 3 of the Public Health (London) Act, 1891, numbered 1,598. As a result of these intimations, works necessary for the abatement of nuisances were carried out, in a large number of cases, without the delay involved in waiting for the service of the statutory notice, thus realizing the intention the Legislature may be supposed to have had in view in passing the section. There has been an improvement in respect of the attention paid to your Vestry's notices since the Public Health Act of 1891 came into operation. In my report, for 1892-93 (pp. 128-133), I described, under the heading "Sanitary Works and Legal Procedure," the system introduced for giving effect to the provisions, and executing the powers conferred by the Act; and I particularly adverted to the diminished frequency with which we had had to invoke the aid of the magistrate—only 36 summonses having been issued in 1892-93, compared with 122 in 1891-92—as a result of the adoption of the plan of sending a courtesy notice to persons in default, calling attention to the serious penalties imposed by the Act, and urging, with a view to the avoidance of further proceedings, immediate compliance with the requirements of your Vestry. The same success has attended a continuance of the practice in the past year, some 102 of these final notices having been sent out, with the result that it became necessary in 18 cases only, to have recourse to the Petty Sessional Court. At the same time it must be said that the issue, in every one of these 102 cases, of the so-called "final notice" was an evidence that the persons to whom the notices were sent, had failed even to begin the works necessary for the abatement of the nuisances to which they related, the result being great loss of time of the Inspectors, who make repeated visits to ascertain if required works have been put in hand, as well as to supervise the works when once begun. I must further

add that the consideration shown to the recipients of notices is but too frequently abused; no action being taken on the Committee's notice, on the assumption that legal proceedings, by summons, will not be taken till after the sending of the "final" notice, for which there is no warrant in law, although the person liable to abate the nuisance had already become liable to severe penalties for not complying with the requirements of the statutory notice. This being so, I feel that the final notice should be served less frequently than heretofore, and that effect should be given to your Vestry's direction to the Sanitary Inspector, viz., that "when the requirements of the notice for the abatement of a nuisance, or for the execution of works, &c., are not complied with within the time limited therein," the Inspector is to report the fact "with a view to a summons being taken out, so that each case may be followed up to its legitimate conclusion without loss of time." I am further of opinion that in cases of default, unless good cause for delay in carrying out necessary works be shown, the justices should be asked to enforce the penalty prescribed by section 4 (4) for disobedience.*

RECONSTRUCTION AND TRAPPING OF HOUSE DRAINS.—The work of sanitation was hindered throughout the year owing to differences of opinion which arose in the Sanitary Committee as to your Vestry's power to require the reconstruction of defective drains, and the trapping of old drains not intercepted from the sewer. In the case of defective drains it had been the practice of the Committee, during many years, to issue notices requiring such drains to be reconstructed, the work of reconstruction being carried out under the supervision of the Surveyor. As a rule, no difficulty was experienced in giving effect to the notices; for with rare

* The sub-section reads as follows:—"Where a notice has been served on a person . . . and either (a) the nuisance arose from the wilful act or default of the said person; or (b) such person makes default in complying with any of the requisitions of the notice within the time specified, he shall be liable to a fine not exceeding ten pounds for each offence."

exceptions they were loyally obeyed by those upon whom they were served. But, towards the close of 1894, objections were raised by certain members of the Committee to the issue of reconstruction notices, and, these objections having been allowed to prevail, thenceforth notices were issued to "repair and make sound" defective drains.

The service of notices to repair drains that were obviously incapable of being made sound—excepting by taking up and relaying the pipes—caused general inconvenience and led to not a little unpleasantness. The sanitary inspector and the builder might be quite aware of the necessity for a new drain; but it was sometimes found difficult to convince the owner of the necessity for a reconstruction of the house drain when the Sanitary Authority only asked for a reparation. In a great many of these cases, however, the drain was reconstructed under the Surveyor's supervision, proper plans being deposited;* whilst in other cases the drain was repaired and made sound (in other words patched-up) under the supervision of the Sanitary Inspector, sometimes at a cost little less than would have been entailed by reconstruction.

TRAPPING.—With respect to the trapping question, it had been, during ten years, one of your Vestry's instructions to the Sanitary Inspectors (reiterated on three separate occasions†)

* The several Inspectors furnished me with a return in January, 1895, showing that in 25 cases, out of 27, in which notices to "repair and make sound" had been served, the drains were reconstructed.

† The occasions were as follows:—

- (1) in 1885. "All drains to be trapped from the sewer, outside the wall of the house, next the sewer."
- (2) in 1891. "The drain . . . to be trapped from the sewer, outside the house, by means of a syphon, provided, where practicable, with an access chamber thereto, having a fresh air inlet and an air-tight cover;" and,
- (3) in 1894. "The drain . . . to be trapped from the sewer, outside the house, by means of a syphon, provided with a fresh air inlet; where practicable and necessary, a man-hole or access chamber to be provided."

when inspecting dwelling houses, that they were to test the drain with water or smoke, and to see that it was trapped from the sewer. In several thousands of cases this had been done, and, without appreciable difficulty, the drains had been trapped to the advantage of owners and occupiers alike. But, at the beginning of 1895, certain members of the Sanitary Committee raised objections to the continuance of the practice, alleging that a drain in untrapped connection with the sewer could not, *ipso facto*, be regarded as "a drain in such a state as to be a nuisance, or injurious or dangerous to health," so as to constitute "a nuisance liable to be dealt with summarily under the Act." * The objections were allowed to prevail, with the result that during the latter half of the year the Committee declined to issue notices requiring drains to be trapped, excepting in cases of proved nuisance, or after the occurrence of infectious disease in the house. The Inspectors, however, continued to call the attention of owners to the absence of a trap, viz., by serving written intimations, with the result that between July and December, out of 287 of such cases all but 31 of the drains were trapped. The question of the powers of the Sanitary Committee in these matters was, at the Committee's request, submitted to Counsel, who, after long delay, submitted an elaborate "opinion" on a somewhat complicated "case." Amongst other things, Counsel stated that "the Public Health Act applies only when a drain is a nuisance" [or dangerous] "or injurious to health;" adding that "it will be a question of fact, in every case, whether, under the circumstances, a drain is a nuisance," &c. Counsel, moreover, whilst holding that "a drain which is not trapped or ventilated, may, undoubtedly, be within the Act," was of opinion that "the nuisance or danger [or injury] to health must be proved as a fact." I may mention that the words in brackets, not being in the original opinion, were added by Counsel upon my calling attention to their omission, in a letter I addressed (November 1st) to the Law and Parliamentary Committee, wherein I expressed the

* Public Health (London) Act, 1891. Section 2 (1) (b).

view that "it is only necessary to show, as a matter of expert opinion, that the defect" (*e.g.*, absence of a trap) "involves danger to health.....without the necessity of proving injury to health arising therefrom." Counsel, moreover, having received a copy of this communication, stated that he "entirely agreed" with me; it was "sufficient if there is danger, without injury, to health." It "had not occurred" to him (he had not been told), "that anything turned on the distinction" (between the words "dangerous" or "injurious"), though, from my point of view, it is vital to the point at issue.

My views on the subject were set out in the aforementioned communication to the Law and Parliamentary Committee, and in a communication to the Sanitary Committee, dated November 12th. For the information of your Vestry, moreover, and in view of an impending debate on the subject, I prepared and submitted a "Memorandum on trapping of house-drains from the sewer," in which I gave a history of the proceedings, which, in connection with the Instructions to the Inspectors, your Vestry had taken in the matter, commencing in the year 1885.

Counsel's opinion having been considered by the Sanitary Committee, they read it as favouring their own interpretation of the law, with the result that they still issue notice for the trapping of a drain only in the case of proved nuisance, or after the occurrence of infectious disease in the house. They also submitted a report on the subject to your Vestry (26th November) as follows:—

"Your Committee, having exhaustively discussed the question submitted to Counsel, have passed a resolution expressing the opinion that it is not desirable to cause a drain to be opened for the purpose of inserting therein an intercepting trap when the drain appears to be sound and in working order.

“ They accordingly recommend—

“ That the instructions of the Vestry for the guidance of Sanitary Inspectors, framed by the Vestry on the 18th July, 1894, and dealing with this question, be varied to read as follows, the words proposed to be added being printed in italics :—

*“ The drain to be tested with water or smoke, and to be trapped from the sewer, outside the house, by means of a syphon provided with a fresh air inlet, *excepting in those cases where the drain appears to be sound and in working order ;* where practicable and necessary, a manhole or access chamber to be provided.”*

As an amendment to the proposal for the adoption of the report, it was moved :—

“ That the practice of requiring the insertion of intercepting traps in drains be continued in all cases where the premises, by the absence of a trap, are in such a state as to be a nuisance, or injurious, or dangerous to health, and that the instruction to the Sanitary Inspectors be varied in accordance with this direction.”

This amendment was carried (by 63 against 18), and being put as a substantive motion, it was again carried, and your Vestry resolved accordingly, thus, practically, leaving matters as they were before Counsel was consulted.

VIEWS OF THE LOCAL GOVERNMENT BOARD.—In connection with the question of trapping of drains, it may not be inopportune to mention that shortly before your Vestry adopted the resolution set out in the last paragraph but one, I had received from the Local Government Board a “Memorandum as to the proceedings which are advisable in places attacked by, or threatened by, Epidemic Disease” (and when is London not so attacked or threatened ?), which states that—

"Wherever there is prevalence or threatening of diphtheria, fever, or any other epidemic disease, it is of more than common importance that the statutory powers conferred upon Sanitary Authorities, for the protection of the public health, should be well exercised by those Authorities, acting with the advice of their Medical Officer of Health." Among other matters requiring attention in this regard, it is stated that "the ventilation of sewers, *the ventilation and trapping of house drains*, and the disconnection of cistern overflow and sink pipes from drains should be carefully seen to."

It will be observed that "the trapping of drains" is bracketted with other works of a sanitary character about the necessity of which there is no question; and it is not to be supposed that the Board would press upon Sanitary Authorities the duty of requiring, by their notices, the execution of such works were it not lawful to issue such notices.

House-to-House Inspection.—During the latter half of the year, the carrying out of many recommendations of the Sanitary Inspectors, in regard to the trapping of drains, had been deferred pending the receipt of Counsel's Opinion. In a large, probably the larger, proportion of these cases, the recommendation was the outcome of discoveries made in the course of the house-to-house inspections made in conformity with the instructions of your Vestry under the provisions of section 1 of the Public Health (London) Act, 1891. Question has occasionally been raised whether a Sanitary Authority have power, or whether it is their duty, to make such inspections? It may be well therefore, to state that, before the Act came into operation, I invited your Vestry's attention to the point, and it was referred to the Law and Parliamentary Committee, whose report thereon was as follows:—

"*Public Health (London) Act, 1891.*—The Committee having carefully considered, pursuant to the reference by the Vestry, the paragraphs of the Report of the Medical Officer of Health, dated 23rd September, 1891, relating to the legal interpretation to be placed upon the first section of this Act, are clearly of opinion that the section makes it incumbent upon the Sanitary Authority of every district to make from time to time a house-to-house inspection of their district, 'so as to secure the proper sanitary condition of all premises situated within their district.' The Committee would point out that the Act requires, by several of its sections, the County Council and the

Sanitary Authority to make bye-laws on various matters affecting, *inter alia* the drainage, water supply, and paving of yards and open spaces in connection with dwelling-houses, and imposes on the Sanitary Authority the duty of seeing that such Bye-laws are enforced. It would be impossible to enforce these Bye-laws without such a house-to-house inspection, made from time to time, and as entry upon premises is authorised for various purposes mentioned in section 40, and a penalty is imposed for resisting such entry, the Committee are confirmed in the opinion that the first section of the Act not only authorises but requires such inspection."

This report was received and adopted by your Vestry, and the views expressed by the Committee have ever since been carried out by the Sanitary Inspectors.

POWER OF ENTRY.

From time to time the question is raised as to the power of the Sanitary Authority, by their officers, to enter upon premises for the purpose of ascertaining the existence of a nuisance; or, generally, in giving effect to the requirement of the first section of the Public Health (London) Act, 1891, which enjoins the Sanitary Authority to cause inspection to be made, in order to put in force the powers vested in them, relating to public health and local government, "so as to secure the proper sanitary condition of all premises within their district." In the course of the year, the right of entry claimed by the Sanitary Authority was disputed by a householder (not in this parish), who refused to admit a Sanitary Inspector who had been deputed to make a house-to-house inspection of a particular street. The defendant, who was summoned in the North-London Police Court for the offence, admitted the refusal to let the officer in, but contended that the Vestry could not send an officer to demand admission to his house unless he had a warrant from a magistrate, or a complaint as to the existence of a nuisance, or knowledge that a case of infectious disease had existed there. The magistrate explained that the warrant for entry is only when forcible entry is required, and pointed out that the Sanitary Authority could enter, not as defendant supposed, "in the event

of a nuisance being known to exist," but also for the purpose of ascertaining as to the existence of any nuisance; section 10 giving the right of entry for this object. The defendant had contested the point "on principle," as the claim of the right of entry "cut away the ground from the generally accepted truism that 'an Englishman's house is his castle'"; but in the result he had to pay a fine of twenty shillings for his fault, or his ignorance of the law. A certain piquancy was given to the decision, by the fact that the defendant was a member of the Sanitary Committee of the prosecuting authority.

OVERCROWDING AND DISEASE.

Overcrowded tenement dwellings are usually "dirty" in the worst sense, *i.e.*, they reek with filth of organic origin, the product of animal secretions and exhalations, which, to a greater or less degree in different cases, defiles the habitation. No insanitary condition, indeed, is more perilous than overcrowding, and no "nuisance" more difficult to deal with; both because it is usually difficult of detection, and because it is not seldom a result of the poverty of people who, by reason of their poverty, cannot obtain the accommodation requisite for healthy living. It is to little purpose to call upon people who find difficulty in meeting the rent of a single room, to provide themselves with additional accommodation in order to the abatement of the statutory nuisance of overcrowding. A striking example of this nuisance, and of evils consequent thereupon, formed the subject of my first report in 1895, as follows:—

"Four cases of enteric fever, notified during the four-weekly period, ended January 26th, originated at a registered house in St. Katherine's road, under circumstances which illustrate the dangers of overcrowding, and of insanitary conditions of life generally. The house comprises eight rooms; two and a small kitchen on the ground floor; two each on the first and second storeys, and a small slip room over the kitchen. In this house, when my attention was drawn to it, on the 11th January, there were some 27 or 28 inmates. A family of seven persons nominally occupied the ground floor and the kitchen; but of the kitchen no use was made. The front room (empty capacity 1,155 cubic feet) was occupied, usually, by day and night, by a

widow and her four children aged 9, 6, and 3 years, and 10 months respectively. The back room (capacity 940 cubic feet) was occupied, by night only, by this woman's son and her stepson, young men both of the age of 21 years, who used the front room when at 'home' by day. The slip room (capacity 650 cubic feet) was occupied by a man and his son, aged 16 years; the first floor front room (capacity 1584 cubic feet) was occupied by a married couple and their two children, aged respectively 14 and 12 years. The back room on this floor (capacity 940 cubic feet) was occupied, normally, by a married couple and their child, aged 5 years. The front room on the second floor (capacity 1444 cubic feet) was occupied by a married couple and their three children, aged respectively 8, and 3 years, and 5 months; the back room on this floor (capacity 855 cubic feet) was occupied by a single man. These, the usual occupants of the house, thus comprised 22 persons, viz., 12 adults and 10 children. There appears, however, to have been a system in vogue of taking in lodgers, in some at least of the different rooms, but to what extent I have been unable to ascertain. On the 11th January, however, the occupier of the back room on the first floor (capacity 940 cubic feet), whose family comprised three persons, was giving hospitality to another family of five or six persons, including one, or, more probably, two adults, the parents of four children. From information I received, on the 11th January, it appeared that there had been many cases of illness in the house, extending over a considerable period; but no case of infectious disease having been reported, my attention had not been drawn to the house, which is situated in the B division of the North-West district, the sanitary inspectorship of which was vacant at the time when these illnesses were occurring. Upon enquiry, I ascertained that the husband of the woman who occupied the ground-floor front room, had died on 22nd November, 1894, the registered cause of his death being *pneumonia*. At some period in December his widow took in, as lodger or guest, a young woman, aged 19, who, having fallen ill, was taken by her mother to her own home, where she died, 30th December, of *pneumonia*. The mother herself also died of *pneumonia* on 12th January. I subsequently learned that a woman aged 62, who had been removed—from the slip room—to the Parish Infirmary, 17th December, died four days later, also of *pneumonia*. There can be no doubt that the illness in these cases was aggravated—it was probably caused—by the insanitary conditions in which the victims had lived. It is quite probable, moreover, that infection was the immediate cause of illness in the last three cases. It is stated, and no doubt is true, that all of the widow's children had been more or less seriously ill in December; and I find that between 4th December and 15th January, seven cases of sickness, including that of the woman who died of pneumonia, were admitted to the Parish Infirmary from four rooms in this house. Five of these cases were of children, aged 12, 7, 6, and 2 years, and 5 months, respectively. Two cases, from two families, were admitted on account of eczema, one for bronchitis, and one (who died) for a scrofulous disease. The

other two cases were of enteric or typhoid fever. The first case of fever (the widow's son, aged 21, occupant of the ground floor), was notified on January 12th. This man had been admitted to the Infirmary on the 9th. The second notification, received on the 14th, was that of a girl, aged 12—a child of the lodger of the occupier of the first floor back room, but who, as I was informed had been much (and for some nights had slept) in the front room on the ground floor: she had been admitted to the Infirmary on the 11th. The third case to be notified (January 16th) was that of the step-son (aged 21) of the widow, occupant of the ground floor. This patient had been away from the house for a few days, but, falling ill, he had returned home, and was removed to hospital by the district Medical Officer on the 16th. The last case notified (on January 27th), was that of the widow's daughter, aged 7, who had been removed to the Infirmary, suffering from eczema, on the 15th. The elder occupant of the slip room had suffered from boils, and, in October the male occupiers of the first-floor front and back rooms, were admitted to the Infirmary suffering from bronchitis and debility, respectively. The house wherein all this sickness originated, was visited by the Sanitary Inspector on January 11th, and the first step taken was the removal of the five or six lodgers of the occupier of the first floor back room. On full consideration of the facts of the case, I came to the conclusion that it would be desirable to close the house for a time, and I made arrangements whereby the several families were provided with other accommodation. Much of the bedding was filthy, and quite unsuitable for disinfection; I, therefore, had it removed and destroyed. The remaining bedding and other articles were disinfected. The walls of the several rooms were not specially dirty, and, in ordinary circumstances, probably, would not have needed attention until the period (between April and August), when cleansing and whitewashing would have been required by the regulations for houses let in lodgings or occupied by members of more than one family. But the ceilings of the ground and first floors were much stained with offensive matters spilled in the overhead rooms. The house having been emptied, the best course, obviously, was to have the whole of it disinfected, and thoroughly cleansed by scraping, washing, and colour-washing, and this was done. The inmates were lodged-out for nearly a fortnight, and on again occupying their accustomed rooms, they were provided with clean and wholesome bedding in lieu of that which had been destroyed. The sanitary arrangements of the house were fairly good, having been partially reconstructed. An access chamber to the drain had been provided at the rear of the house, and the drain was ventilated, but it was not trapped from the sewer in front."

I may add that I did not attribute the sickness from which so many of the inmates of this house had suffered to defective drainage, but rather to the insanitary conditions in which they had lived. The atmosphere of the house was fetid

with exhalations of the organic matter with which the walls, ceilings, floors, &c., were defiled; the "dirt" being of that nature which, more than common conditions of mere dirtiness, calls for the exercise of the power of a Sanitary Authority to require those works of "cleansing" &c., which it is a principal object of bye-laws, framed under Section 94 of the Public Health (London) Act, to secure.

It will not be out of place here, to add that the above case illustrated the necessity for the provision of a "Shelter" for the temporary accommodation of poor people whilst their rooms are being disinfected, a subject to which reference is made in another part of this report.

OFFENSIVE STREET SMELLS.

Long continued dry weather, combined with heat, accounted for numerous complaints received towards the middle of the year of offensive smells from street gulleys and wood-paved roads. The subject was considered by the Sanitary Committee, whose recommendation that the Wharves and Plant Committee be requested to instruct the Surveyor to take all necessary steps for a more frequent cleansing of the gulleys and wood-paved roads, was adopted by your Vestry. With reference to this question, I may observe that pungent as may be the odour arising from the roads paved with creasoted wood blocks, there can be no doubt that it is less objectionable, being also harmless, than the smells arising from roads paved with non-creasoted wood blocks. The nuisance from practically untrapped gulleys (and these are a majority) is more dangerous, and ought not to be tolerated. Nor would it exist if the requirements of section 71 of the Metropolis Management Act, 1885, were complied with. It reads as follows:—"Every district board and vestry shall, by

providing proper traps or other coverings, or by ventilation, or by such other ways and means as shall be practicable for that purpose, prevent the effluvia of sewers from exhaling through gulley-holes, gratings, and other openings of sewers in any of the streets or other places within their district or parish." Happily the parishioners had less cause than ever before to complain in respect of nuisance from another common cause of offensive odours in the streets, which used to be the subject of continual complaints during the hot weather, those, namely, arising from dung-pits, especially such as are below the surface of the ground, and which, as elsewhere stated, have now been almost entirely abolished in this parish.

OFFENSIVE BUSINESSES.

The only business coming under the statutory description "offensive," other than that of a slaughterer of cattle, carried on in this parish, is that of a FAT EXTRACTOR, at Tobin Street, in the Potteries, Notting Dale. The conduct of this business gives rise to more or less effluvium nuisance, despite improved arrangements, care on the part of the proprietor, and supervision by your Vestry's Inspector, as well as by the Inspector of the London County Council.

MARINE STORES.

The business of a marine store dealer is not scheduled in the Public Health (London) Act, 1891, as an offensive business, but it gives rise often to offensive smells; and, as it has been held by the Appeal Court to be *ejusdem generis* with the businesses scheduled in that Act, it is to be desired that the County Council should add it to the list, as, many years ago, your Vestry, at my instance, requested the late Metropolitan Board to do, but without success. The premises, where the business is carried on, are regularly inspected by the several Sanitary Inspectors.

BRICKBURNING.

No complaints were received of effluvia arising in the process of brickburning, this being the first year, within my official memory, of freedom from complaint, excepting the year 1892, when no bricks were burned at Wood Lane, none having been made owing to a strike of the *employés*. Only one brickmaker carried on business, in 1895, in the district, which is in the Parish of Hammersmith, and that, as I am informed, on a limited scale; his operations, apparently, having been of a tentative or experimental kind, conducted with the view of ascertaining the practicability, or otherwise, of making and burning the London stock brick without the use of materials obtained from the dustbins, to wit, ashes, for incorporation with the clay, etc., and breeze for fuel. I understand that this gentleman's operations went to prove that bricks can be made and burned without the aid of the dustbin materials referred to, which were the cause of the offensive smells so largely complained of in former years by the parishioners of Kensington, and of which I would fain hope we have heard the last.

LICENSED SLAUGHTER HOUSES

Thirteen premises were licensed to be used as slaughter-houses at the Licensing Sessions of the County Council. Of these seven are situated in North Kensington and six in South Kensington. The several premises were, as usual, systematically visited by the Sanitary Inspectors. The names of the licencees, and the localities of the premises, are set out in Table XI. (Appendix.) The several premises were inspected in July by the Sanitary Committee, who reported favourably with respect to them. One licence in the north district was allowed to lapse. In 1874 there were some 1,500 slaughter-houses in the Metropolis; in 1895 only 484, and 22 fewer than in 1894. In Kensington, 48 were licensed in 1873, the year before the passing of the Slaughter-houses (Metropolis) Act; in 1874 only 31. Now

there are only 13. The business of a slaughterer of cattle has not been established anew in this parish since the passing of the Act in 1874.

LICENSED COW-HOUSES.

Four premises were licensed to be used as cow-houses. Of these three are situated in North Kensington and one in South Kensington. The several premises were, as usual, regularly inspected by the Sanitary Inspectors. The names of the licencees, and the localities of the premises, are set out in Table XII. (Appendix.) The several premises were inspected in July by the Sanitary Committee, and found to be in a generally satisfactory condition. There were only 25 cows in the sheds. Not many years ago there were 28 sheds, containing about 500 cows. There has been a considerable reduction in the number of cow-houses in the Metropolis, viz., from 1,044 in 1880, to 416 in 1895, or 30 fewer than in 1894. In Kensington, the reduction has been from 23 in 1880 to 4 in 1895.

BAKEHOUSES.

The bakehouses, to the number of 138, viz., 74 in North Kensington, and 64 in South Kensington, were, as usual, regularly inspected, and such action taken, in individual cases, as was found to be necessary for ensuring compliance with the sanitary provisions of the Factory and Workshop Acts, 1878 to 1895, and the Public Health (London) Act, 1891, relating to bakehouses. The several Sanitary Inspectors, moreover, made a special inspection of the several premises, and reported with respect to their position, construction, and sanitary condition, with the object of steps being taken to enforce the imperfect provisions of the existing law. Numerous sanitary amendments were the outcome of this action.

In my annual report for 1894 (pp. 152 to 166 inclusive), in dealing with the subject of the regulation of bakehouses, I gave a summary of the steps then recently taken by the County Council, with the object of securing such an amendment of the law as would enable the Sanitary Authority to exercise an efficient control over the bakehouses. The Council thought that the Factory and Workshops Bill, which was to be brought in by the Government in 1895, would "afford an opportunity for amending the law relating to bakehouses," and the Public Health Committee of that body subsequently waited upon the President of the Local Government Board with reference to the matter. The President, however, stated that it was improbable that any clause could be inserted in the proposed Bill dealing with London bakehouses, as the Bill would have reference to the whole country, and not particularly to London, and he suggested that the Council itself should introduce a Bill. In accordance with the Committee's recommendation, the Parliamentary Committee was, in January, 1895, instructed to prepare a Bill amending the law relating to bakehouses in London, in accordance with the Council's views. Whether any action will be taken to give effect to the views of the Council during the current session remains to be seen. One valuable provision with reference to bakehouses is contained in the Factory and Workshop Act, 1895, which enacts in section 27 (3) that "a place underground shall not be used as a bakehouse unless it is so used at the commencement of this Act," *i.e.*, at the beginning of the present year, 1896.

REFUSE MATTER.

The prevention of nuisance in connection with the storage, the collection, and the conveyance through streets of offensive substances coming under the general description "REFUSE," which was formerly a matter of no little difficulty, has been made more easy by the bye-laws which the County Council and your Vestry made in 1893, under the provisions of the Public Health (London) Act, 1891. Obviously it will be necessary, in order to prevent nuisance in the conveyance of offensive matter through the streets, that constant supervision should be exercised. As the police are always on duty, and have therefore opportunities of observing offences against the bye-laws, it appeared to the Public Health and Housing Committee of the County Council, that it would be of material assistance if the police were instructed to take note of any such offences, and to give notice thereof to the Sanitary Authority of the district concerned. The Committee communicated their views to the Commissioner, who replied that the police "had been instructed to note and report to the Sanitary Authorities any breaches of the bye-laws" made by the Council under section 16 of of the Public Health (London) Act, 1891.

REMOVAL OF OFFENSIVE REFUSE MATTERS
THROUGH STREETS.

In connection with this important subject, at the meeting of the Sanitary Committee held 29th October, I reported the receipt of a letter from a fish and game dealer carrying on business at South Kensington, stating that his contractor for the removal of offensive trade refuse had intimated to him that "he was forbidden, by the action of the Vestry, to collect any more (of the said refuse) on a Saturday night, the consequence being that the refuse would have to remain on the premises from Saturday morning till Monday morning, per-

meating and poisoning the adjoining houses." The writer of the letter, whose statement was not quite exact, reasonably added that "this is a very serious matter and requires immediate attention, as during the game season the offal is very objectionable." On this subject Inspector Abbott made a report to me, which I submitted to the Committee, to the following effect:—

"In consequence of the recent prosecutions undertaken by the Chelsea Vestry for the removal of Fish Offal, &c., through the public streets during prohibited hours, a great nuisance has been created in my district.

"Although it has been contrary to the London County Council's Bye-laws to remove this filth or any other offensive matter, excepting between certain hours in the morning, nevertheless it has been done at the request of the shopkeepers on Saturday evenings, so as to prevent the offensive smells arising from the refuse, which would otherwise have to remain on their premises from the Saturday morning till the following Monday morning.

"The Fishmongers are now at their wits' end to know how to act in the matter. The occupiers of houses near their shops are complaining of the offensive smells arising from the putrid offal of fish, game, poultry, &c., when removed on Monday mornings after being kept for 48 hours, or longer.

"The nuisance complained of would certainly be much lessened if the offal could be removed in the evening; say, from 6 to 10 o'clock, after the day's business was done, as was the case previous to the Council's Bye-laws being passed. The complaints then were few, and those of the method of removal; for the filth, in many cases, was shot loose into any old broken-down cart or van. Now it is removed in a proper manner, either in iron water-tight vans with air-tight covers, or in iron cylindrical vessels closely covered and belonging to the shopkeepers."

After full consideration of the subject, the Sanitary Committee made a recommendation, which was adopted by your Vestry on the 6th November, to the following effect:—

"That a communication be addressed to the Council, pointing out the desirability of their Bye-law being revised so as to allow of the removal of fish offal, &c., at other times than those

specified in Bye law No. 1. provided such offal is removed from the premises in suitable and closely covered receptacles, which will effectually prevent any noxious effluvia escaping therefrom."

At the same time I submitted a report on the subject to your Vestry, which, after some introductory remarks, proceeded as follows:—

"The importance of this question is undeniable; it may be well, therefore, to state what has been the action of your Vestry with reference to it in the past. And first I may state that it formed the subject of a special report by myself, dated 17th November, 1887, on 'The Storage, Collection, and Conveyance through Streets of Offensive Substances.' This report was approved by your Vestry and forwarded to the Metropolitan Board of Works, whose Special Purposes and Sanitary Committee were considering the subject, and had addressed a circular letter thereon to the several Sanitary Authorities with a request for information. The recommendation I made in the said report was that 'bye laws with respect to offensive substances of animal origin should be made by the Metropolitan Board of Works,' under what I considered to be 'unexhausted powers in the Metropolis Local Management Act, 1855'; such bye-laws to make provision—(1) as to the 'storage vessels' for offensive substances; viz., 'that they should be of metal, impervious and covered'; (2) as to the removal of the said substances, viz., 'that it should be effected in covered iron tanks, or preferably in the storage vessels themselves'; (3) as to the 'time of the daily removal,' viz., 'that it should be in the evening,' and (4) as 'to measures for the disposal' of the collected refuse. Further, I proposed that the duty of removing all such offensive substances should devolve upon the Sanitary Authority at the reasonable cost of the owners thereof, who I felt sure would gladly have fallen in with any reasonable arrangement with this object, as indeed certain of the butchers themselves proposed.

"The Metropolitan Board ceased to exist in the early part of 1889, having done nothing to carry out the views thus, at their own request, submitted for their consideration.

"The attention of the County Council was soon called to the subject by your Vestry, in this wise: In 1884, the Law and Parliamentary Committee were directed, upon the motion of the late Mr. Herbert C. Saunders, Q.C., to enquire and report as to 'Sanitary, Nuisances-removal, and other cognate Acts . . . whether the provisions of the said Acts have been and are being enforced by th_e

Vestry as fully as the circumstances of the parish demand, and, if not, to advise as to the steps it is desirable to take for their better enforcement.' In connection with the reference, the Committee were directed 'to consider reports by the Medical Officer of Health and the Surveyor with respect to any special matters which in their judgment have not hitherto received, but which should receive, the attention of the Vestry.' In my report to the Committee, dated March 13th, 1885, I referred to the subject of 'Periodical removal of manure and other refuse matter, &c.,' and to what I thought to be the unexhausted powers of the Metropolitan Board of Works, to make bye-laws for 'removing and disposing of refuse.' The report of the Committee having been unanimously adopted by your Vestry (February 10th, 1886), was referred to the Law Committee and the Sanitary Committee jointly, with a view to their advice 'as to the best means to be adopted for carrying out the recommendations' contained therein. The joint committees having considered the reference, their report (dated 29th March, 1886), and the original report, were forwarded to the Metropolitan Board of Works and duly acknowledged; but no action was taken. Of so much importance were the reports thought to be by the Vestry, in 1889, that it was decided to reprint them and to send them to the London County Council and to every member of that body; and this was done. In this way the Council's attention was drawn to the subject, among others, of the removal of offensive refuse, but no general action was taken in reference thereto until the Bye-laws, which they were required to make under section 16 (2) of the Public Health (London) Act, 1891, had been confirmed by the Local Government Board, 28th June, 1893.

"Meanwhile, however, an important step had been taken by the Council, in 1891, in their amended bye-laws with respect to slaughter-houses, which require (*inter alia*) the provision of 'suitable covered galvanized iron receptacles for the purpose of receiving, and conveying from the slaughter-house, all blood, manure, garbage, filth, or other refuse products of the slaughtering of any cattle.' Such vessels must be kept closed whilst containing any of the aforesaid substances, which are required 'to be removed and conveyed from the premises in such closed receptacles . . . within 24 hours of the completion of slaughtering, in such manner and by such means as will not cause nuisance either at the premises or in the public streets.'

"Such a bye-law as the above, making provision for the storage, collection and conveyance through the streets of offensive substances, such as fish and game offal, would, if properly carried out, remove all the difficulties of the tradesmen above adverted to. No hours of the

day are specified in the slaughter-house bye-law within which the containing vessels must be removed, nor is any such limitation really necessary, as no nuisance could arise in the course of conveyance through the streets if the receptacles were clean externally and tightly covered.

" We now come to the consideration of the Bye-law of 1893, made under the provisions of section 16 (2) of the Public Health (London) Act, 1891, which authorises the Council to make bye-laws 'for prescribing the times for the removal or carriage by road or water of any faecal or offensive or noxious matter, in or through London,' and provides that 'the carriage or vessel used therefor shall be properly constructed and covered so as to prevent the escape of any such matter . . . and as to prevent any nuisance arising therefrom.' The bye-law (1) prescribes the hours within which the removal must be effected, viz., between four and ten a.m. during the months from March to October inclusive, and between six a.m. and noon during the months from November to February inclusive.* When the bye-laws were under consideration, your Vestry—having already adopted my view that evening, after business hours, is the proper time for removal of offensive trade refuse—made a recommendation† to the Council to that purport, but without effect."

* The bye-law in its entirety reads thus :—

1. "FÆCAL AND OFFENSIVE MATTER.—Every person who shall remove or carry by road or water in or through London, any faecal or offensive or noxious matter or liquid, whether such matter or liquid shall be in course of removal or carriage from within or without or through London, shall not remove or carry such matter or liquid in or through London except between the hours of four o'clock and ten o'clock in the forenoon during the months of March, April, May, June, July, August, September, and October, and except between the hours of six o'clock in the forenoon and twelve o'clock at noon during the months of November, December, January, and February. Such persons shall use a suitable carriage or vessel, properly constructed and furnished with a sufficient covering, so as to prevent the escape of any such matter or liquid therefrom, and so as to prevent any nuisance arising therefrom. Provided that this bye-law shall not apply to the carriage of horse dung manure."

† The precise recommendation made was that the hours for the removal of refuse should be from eight p.m. to eight a.m. But this practically means evening removal.

[Here, it may be mentioned that, in several instances, your Vestry have successfully prosecuted persons for offences under this bye-law, because the offensive refuse had been removed in improper vehicles, thus creating nuisance. It should also be mentioned that some of the persons engaged in the removal of these matters, having applied for permission to remove 'offal' on Saturday evening, to prevent the nuisance arising from long detention on the premises, the Sanitary Committee decided not to take proceedings for a limited infraction of the time-condition of the bye-law, and, so far as I know, no cause for complaint has arisen in these cases. Some of the removal-contractors, moreover, having laid before me their difficulties, I advised them to communicate with the County Council, which they did; and having alleged that the refuse they removed was not 'offensive,' they were informed that the bye-law referred to the removal of 'offensive' refuse only; it being left to their discretion to act as they might be advised or on their own responsibility. My view is that the 'matter' in question is always 'offensive,' and should be dealt with with all necessary precautions to prevent nuisance, whether in storage, or collection, or removal, or disposal. At the same time, I am of opinion that if it is removed daily, after business hours, in properly constructed and covered receptacles, being the same in which the substances are stored as they accumulate during the day, no nuisance would arise in the conveyance of the receptacles through the streets, and that the tradesmen concerned, and their contractors for removal, would be delivered from their present very real difficulties.]

“The time allowed by the bye-law for the removal of such substances through the streets during the months from March to October, viz., from 4 a.m. to 10 a.m., is totally inadequate, being in practice limited to three or four hours before 10 o'clock, as the shops are not open at 4 o'clock or anything like so early; the contractor, moreover, having to call at numerous places to make his collection, and then to convey the refuse for a long distance to the place at which it is to be utilised before 10 o'clock in the forenoon. At present tank-vans are generally employed, and their use is almost necessarily attended with nuisance when the cover is removed for tipping. With these tank vehicles I should recommend removal in the evening. The covered receptacles, such as are used for the storage and the removal of the refuse matter from slaughter-houses, could be removed at any hour without nuisance, provided they are in good condition, but they also should be removed in the evening. Under the existing bye-law, the offensive contents of the filthy shop receptacle are tipped into the more or less offensive van which, during the months from November to

February, may traverse the streets until noon. A subsidiary advantage of the plan I have so long advocated, would be that the storage (and removal) vessels could be effectually cleansed daily before being returned to the shop-keeper. Under such circumstances, and if removal were effected in the evening, it would be difficult, I think, to get a magistrate to convict for such removal under the present bye-law, for no 'nuisance' could arise therefrom."

In concluding my report on this subject I recommended that "the attention of the Sanitary Authorities generally should be called to it, in the belief that many, if not all of them, would be willing to support your Vestry's action, in applying to the Council to make a more reasonable bye-law:" this course was adopted, and a considerable number of the Sanitary Authorities not only expressed agreement with the views set out in the report, but also communicated with the Council in support of the action taken by your Vestry. But the Council, so far as I am aware, took no action in the matter.

HOUSE REFUSE.

The collection of ashes and miscellaneous rubbish from 22,000 inhabited houses, in a district having an area of 2,200 acres, and to the extent of 39,491 loads in 1895, is no light task. The work has been systematised by division of the parish into districts, and provision has been made for inspection of dust-bins and oversight of the "dusting gangs," the arrangements being under the supervision of the Surveyor. A call is, or should be, made at every house once a week, and, subject to a weekly removal only, further improvement is scarcely possible until the objectionable practice of refuse-harbourage shall have given place to the more rational system of daily, or, at any rate, frequent collection from moveable receptacles.

An increasing difficulty is experienced in finding accessible "shoots" for house refuse, to the deposit of which within their boundaries the Sanitary Authorities of other districts naturally

object. In previous reports I have intimated that a solution of the difficulty of the sanitary disposal of house refuse would be found in cremation, which could, under proper conditions, be carried out successfully and innocuously. This view is supported by the Medical Officer of Health and the Engineer to the London County Council, who, having made a thorough inquiry into the subject of dust destructors, in accordance with an instruction of the Public Health and Housing Committee, came to the conclusion that the cremation of house refuse may be effected, in a properly constructed apparatus, without creating any nuisance. The report of these officers having been forwarded by the Council to your Vestry, and referred to the Wharves and Plant Committee, I reported thereon, at the request of the Committee, dealing with the subject, of course, from the sanitary point of view. I stated that I agreed with the conclusion arrived at by the Medical Officer of Health and the Engineer; that "the process (of cremation) would appear to offer, in existing circumstances, the most effectual and economical, and the only sanitary method of dealing with the refuse of the parish, inasmuch as, at the minimum of cost, the offensive constituents of the domestic receptacle called a dust-bin, can be reduced in bulk by some three-fourths, the residuum, moreover, being not only innocuous, but, where the demand for such material prevails, also of some value." I concluded by commending the report to the favourable consideration of the Committee, "believing that the erection and utilisation of dust destructors in this parish would be a distinct advantage from the public health point of view."

COLLECTION OF HOUSE REFUSE.

I reported on this subject in January, 1895, in connection with a communication received by your Vestry from the County Council embodying the views thereon of their Medical Officer of Health, who naturally insisted on the importance of systematic removal of house refuse "at least once a week from all premises." After some introductory observations my report proceeded as follows:—

"It need hardly be said that a house-to-house 'call,' which is professedly made in this parish, does not, necessarily, secure this desideratum, seeing that many persons, for one reason or another, refuse to have the refuse removed so frequently. It may be well, therefore, to state what is the law on the subject, as set out in Acts of Parliament, and in the bye-laws of the Council made thereunder. The sections of the Metropolis Management Act dealing with this matter were repealed, by the Public Health (London) Act, 1891, with the exception of section 126 which enacted that 'Any occupier of any house . . . or other person, who refuses or does not permit any . . . ashes or filth to be taken away by the scavengers appointed by or contracting with any Vestry or Board as aforesaid (*i.e.*, in section 125), or who obstructs the said scavengers in the performance of their duty, shall for every such offence forfeit and pay a sum not exceeding £5.' The fourth schedule to the Public Health Act, provided for the repeal of this section 'as from the coming into operation of any bye-law made for the like object;' but no bye-law with this object has been made, the section, however, ceased to be operative under section 142 (4) of the Public Health Act, 1891, on the 1st January, 1893. It is contended, however, that indirectly the removal of the refuse can be enforced under penalty of a fine as prescribed by section 116. In a very large number of streets in this parish, a list of which I have had prepared, the dustbin is placed in the front area, or other position accessible to the dustman, in the great majority of instances, without the necessity of knocking at the house door (a general consent having once been obtained), to ask whether the occupier wishes to have the dust removed. In all such cases there should be no difficulty in giving effect to the requirement of the seventh (County Council) bye-law, *viz.*, that 'The Sanitary Authority shall cause to be removed not less frequently than once in every week, the house refuse produced in all premises within their district.' It is not probable that many householders would raise objection to this being done. It is well known that householders or their servants more commonly, not infrequently decline to avail

themselves of the weekly call of the dustman, when the dustbin is at the rear of the premises and accessible only through the house. It is probable, nevertheless, that refusal to permit weekly clearance of the receptacle would soon cease, were it explained that such refusal constituted a punishable offence. The section of the Act which defines the duties and the responsibilities of the Sanitary Authority in regard to removal of house refuse, is the thirtieth, which reads as follows:—

(1) "It shall be the duty of every sanitary authority—

- (a) To secure the due removal at proper periods of house refuse from premises, and the due cleansing out and emptying at proper periods of ashpits . . . in their districts, and the giving of sufficient notice of the times appointed for such removal, cleansing out, and emptying; and
- (b) Where the house refuse is not removed from any premises in the district at the ordinary period, or any ashpit . . . in the district is not cleansed out or emptied at the ordinary period, and the occupier of the premises serves on the authority a written notice requiring the removal of such refuse, or the cleansing out and emptying of the ashpit . . . to comply with such notice within forty-eight hours after that service, exclusive of Sundays and public holidays."

"Failure to comply with this section entails penal consequences, for it is enacted, in sub-section (2), that, "If a Sanitary Authority fail without reasonable cause to comply with this section, they shall be liable to a fine not exceeding twenty pounds," which fine is, under Section 119, to be paid to the County Council. The third sub-section is noteworthy, as it cannot be questioned that the inability or unwillingness of the occupiers of tenemented houses, and poor people generally, to give the 'tip' which is expected, though possibly it is rarely if ever '*demande*,' lies at the root of much of the difficulty which it is the object of these remarks to call attention to. The sub-section enacts that, "If any person in the employ of the Sanitary Authority . . . demands from an occupier or his servant any fee or gratuity for removing any house refuse from any premises, he shall be liable to a fine not exceeding twenty shillings."

The power of the County Council to frame bye-laws with regard to the collection and disposal of house refuse, is conferred by Section 16 (2) (b) of the Public Health (London) Act, 1891

STABLE REFUSE.

In former reports I have had to note the frequency of complaints of effluvia nuisance arising in the storage, and, much more, in the removal of stable refuse from pits underground. Thanks to the operation of the bye-law of the County Council in relation to this matter, which has been carried out effectually in this parish, complaints are now few in number; and as the cause of complaint, the sunken dung-pit, is now almost entirely a thing of the past, so far as this parish is concerned, we may reasonably hope to be free from annoyance on this score in the future. This subject was fully dealt with in my last annual report (pp. 184-189), to which I would refer anyone desirous of knowing what a serious difficulty the question involved, until we were able so largely to abolish the brick receptacle, above or below ground, and to substitute therefor the iron cage which is now so familiar an object in the mews in this parish, not far short of two hundred in number.

The following statement, from my seventh monthly report (July 20th, page 102), shows the progress made to that date in giving effect to the bye-law :—

	North District.	South District.	Total.
"Iron cages erected	546	980	1,526
Brick receptacles abolished	161	550	711
Brick receptacles constructed or re-constructed... ..	275	45	320
Sunken pits allowed to remain	34	33	67
Sunken pits abolished	128	423	551 "

This work has been carried out under the supervision of the street inspectors, whose duties include the inspection of mews.

DIFFICULTY IN SECURING REMOVAL OF STABLE REFUSE.

The repealed Sanitary Act of 1866 enabled the "Nuisance Authority" to contract with the occupiers of stables and cow-houses for the collection and removal of manure or other refuse matter; but the Authority could remove it only "with the sanction of the owner." The Public Health (London) Act, 1891, has not made any material difference in the position, for section 36 does no more than authorise the Sanitary Authority to collect and remove the refuse from stables, &c., "the occupiers of which signify their consent in writing to such removal," which would have to be effected at the cost of the said authority. The necessary consent would be forthcoming, in most cases, if it became known that the requirements of the law would be enforced in case of neglect by the owner to comply with the regulations. In many cases money is paid by the owners for the removal of the refuse, and there is no reason why they should not pay the Sanitary Authority a suitable fee for the service. Many persons would be glad to do so, and thus relieve themselves from a burdensome obligation. At the same time, it is not improbable that the large amount of refuse produced in our numerous mews, would have a value sufficient to defray the cost of an organised system of collection and removal to the country. Section 35 authorises a sanitary inspector to serve a notice on the owner of any accumulation of manure or other obnoxious matter, requiring him to remove it, and if the notice is not complied with within forty-eight (the *Bill* read 24) hours from the service thereof, the "matter" becomes the property of the Sanitary Authority, and may be removed and disposed of by them at the cost of the former owner. This provision does not in practice supersede enforcement of the regulations by proceedings for the recovery of penalties; but it is occasionally useful.

THE HOUSING OF THE WORKING CLASSES.

BYE-LAWS FOR HOUSES LET IN LODGINGS OR OCCUPIED BY MEMBERS OF MORE THAN ONE FAMILY.

Under the provisions of the Sanitary Acts of 1866 and 1874, regulations were made by your Vestry, in 1885, and some 1,500 houses have been registered thereunder. The said Acts having been repealed, and modified provisions for bye-laws enacted in the Public Health (London) Act, 1891, the Local Government Board addressed a circular letter on the subject to the Sanitary Authorities in 1892, and again in 1894. In the latter communication the Board point out that the powers conferred by the new Act (section 94) "differ in some respects from those exerciseable under section 35 of the Sanitary Act, 1866, and section 47 of the Sanitary Law Amendment Act 1874, in pursuance of which the regulations now in force in (this) district were made;" inasmuch as section 94 of the new Act "no longer provides that such matters as the enforcement of privy accommodation, the paving of premises, the notices to be given in cases of infectious or contagious disease, the cleansing of cisterns, or the keeping of water-closets in good order, &c., shall be dealt with by regulations applicable to houses let in lodgings. These matters," it is added, "can be otherwise dealt with, in some cases by bye-laws made by the Sanitary Authority and applicable generally to all houses in the district, whether let in lodgings or not, and in others by bye-laws made by the London County Council." The Board's letter was accompanied by copies of "a model series of bye-laws, which they have caused to be prepared for the use of Sanitary Authorities under section 94 of the Act;" and it was stated that "these model forms were drawn up after very careful consideration by the Board of the regulations which might be properly enforced in the case of the class of houses to which the enactment applies." The Board's model clauses deal with none of the subjects referred to, and it was suggested that your Vestry's existing regulations should be

modified on the basis of the model clauses. Accordingly, the matter was referred to the Sanitary Committee to consider and report what modifications were necessary to bring the said regulations into conformity with the provisions of the Public Health (London) Act, 1891.

This subject being new to a considerable proportion of the members of your Vestry, I thought it desirable, when preparing my annual report for 1894, to give an outline of former proceedings with regard to it. To what I said in that report (pp. 191-199), I have little to add now, inasmuch as the matter stands practically where it did a year ago, when the Sanitary Committee had approved the modified bye-laws I had drafted for their consideration, and decided to recommend the adoption of them by your Vestry. Meantime, however, they thought it well to forward the proposed bye-laws to the Local Government Board tentatively, to ascertain if they were such as the Board would be prepared to sanction. After waiting a very long time, and no reply being forthcoming, the proposed bye-laws were submitted to your Vestry, and, after discussion, were referred to the Law Committee and the Sanitary Committee, jointly, for further consideration and report. With a view to lightening the labours of the joint Committees, I prepared a statement showing "generally, in what respects the proposed new bye-laws differ from the existing bye-laws, and from the model series framed for the guidance of the Sanitary Authorities by the Local Government Board" (*vide* No. 4 monthly report, April 25, pp. 50-60 inclusive). To this report I subjoined a list of streets showing the number of houses in each which had been registered since 1885, and a further list of some of the principal streets, the houses in which, so far as they are let in lodgings or occupied by members of more than one family, appeared to be proper to be registered under the provisions of the Act. The joint Committees submitted their report on July 31st, and the bye-laws in the shape recommended by them were on that day

adopted by your Vestry, and ordered to be sent, and they were sent forthwith, to the Local Government Board for their sanction. On the same day a communication had been received from the Board intimating their willingness to approve, with a few, mostly verbal, amendments, the bye-laws which the Sanitary Committee had tentatively forwarded for their consideration five months previously; these bye-laws, I may add, differing in some material respects from the bye-laws adopted by your Vestry, and which are still (March, 1896) under the consideration of the Board.

It may be mentioned that nothing has been done towards the registration of houses in fresh streets since the Public Health (London) Act, 1891, came into operation; it appearing to the Sanitary Committee desirable that new registrations should be carried out subject to bye-laws made to conform with the provisions of that Act, as recommended by the Local Government Board in 1892.

I have only to add that registration, whilst facilitating the work of my department, has given rise to none of the evils feared by the owners and occupiers of houses proposed to be registered; that the existing bye-laws, made in 1886, have worked with smoothness, and, practically, without objection by any of the parties affected by them; and that the extension of the operation of the bye-laws to all tenemented and other houses occupied in lodgings by the poorer classes, would be an unmixed benefit from the public health point of view, by enabling the Sanitary Authority to maintain the conditions necessary to secure healthy homes for those who in regard to such matters have little power to help themselves.

COMMON LODGING-HOUSES.

The County Council have taken over from the police the supervision of Common Lodging-Houses, under the circumstances stated in my Annual Report for 1893 (p. 207). I am indebted to the Council's Medical Officer of Health for the subjoined RETURN of the registered places in this parish, 32 in number, with accommodation for 962 persons.

Sanitary District.	Name of Keeper.	Address of Common Lodging House.	No. of Single Lodgers for which registered in 1895.			No. of Double Beds Authorized.
			Male.	Female	Total.	
N.	Marsh, Susan ...	88, Wornington Road	35	—	35	—
N.W.*	Moore, John ..	21, Bangor Street ...	23	—	23	—
"	Do. do. ...	23, do.	—	9	9	10
"	Do. do. ...	25, do.	33	—	33	—
"	Do. do. ...	29, do.	—	21	21	5
"	Slater, William	10, do.	16	8	24	2
"	Day, John ...	18, do.	32	—	32	—
"	Do. do. ...	20, do.	54	—	54	—
"	Reynolds, Charles	35, do.	35	—	35	—
"	Phillips, E. S. ...	5, do.	25	—	25	—
"	Do. do.	7, do.	29	—	29	—
"	Do. do.	9, do.	24	—	24	—
"	Hankins, George	10, Crescent Street ...	23	7	30	1
"	Do. do.	28, do.	2	14	16	7
"	Do. do.	30, do.	30	—	30	—
"	Do. do.	40, do.	13	15	28	4
"	Phipps, William	25, do.	22	12	34	5
"	Do. do.	27, do.	9	17	26	—
"	Do. do.	31, do.	34	—	34	—
"	Do. do.	33, do.	20	—	20	6
"	Hallett, Thomas	4, Hesketh Place ...	—	9	9	5
"	Do. do.	6, do.	—	6	6	3
"	Do. do.	8, do.	—	14	14	3
"	Simpson, James	1, Mary Place ...	16	—	16	—
"	Do. do.	2, do.	21	—	21	—
"	Davis, Mark ...	66, St. Ann's Road ...	43	7	50	12
"	Day, John ...	28, St. Clement's Road	13	—	13	6
"	Do. do. ...	30, do.	35	—	35	—
"	Bailey, Henry ...	29, do.	30	—	30	—
"	Do. do. ...	31, do.	25	—	25	—
C.	Redman, John ...	24, Peel Street ...	20	—	20	—
"	Do. do.	22, do.	23	—	23	—

* All of the Lodging-houses in the "N.W." District are situated in the B. Division of the North-West Sanitary District.

COMBINED DRAINAGE.

Various Sanitary Authorities made representations to the County Council in 1894, asking that body to promote legislation "with a view to an alteration in the definition of the word *drain* and the word *sewer*" in the Metropolis Management Act, 1855 (sec. 250); and ultimately a deputation representing a large majority of the Vestries and District Boards, waited upon the Main Drainage Committee with reference to the subject. The Committee subsequently (7th July, 1894), came to the conclusion that "a grievance exists, and that a heavy responsibility is thrown upon the local authorities to repair combined drains which were laid down for the benefit of the owners of the houses, and with the intention that the owners should be held responsible for their maintenance. Having carefully considered the matter," the Committee came "to the conclusion that the Council should, as the central authority, promote legislation in accordance with the views of the local authorities;" and upon their recommendation it was resolved: "That the Council do apply to Parliament for an amendment of the definition of the words *sewer* and *drain* in the Metropolis Local Management Act in the way desired by the local authorities, and that it be referred to the Parliamentary Committee to prepare a public Bill, and take such other steps as may be necessary for that purpose." Such a Bill* has been brought in on behalf of the Council during the current session. Legislation is certainly necessary, seeing that Sanitary Authorities are unwilling to carry out the provisions of the law, by repairing, as "sewers," conduits which they consider to be "combined drains" properly repairable at the expense of the owners of the houses drained, in common, by such conduits. Cases are not unknown in which the Sanitary Authority have neglected to abate nuisance for which they were liable, after the refusal of the owners of houses to comply with notices calling upon them to execute work which, in the present unsatisfactory state of the law, has been held by the highest legal authorities to be the duty of the Sanitary Authority.

* "Metropolitan Sewers and Drains Bill."

THE PUBLIC MORTUARY.

During the year 304 bodies were deposited at the Public Mortuary, upon application, as follows:—

1. At the request of relatives of the deceased	5
2. At the request of undertakers	78
3. At the request of the Coroner (inquest cases)	
Cases of sudden death	127
Cases of violent death	47
	— 174
4. Brought in by the Police { Found dead 15	
{ Accident cases 6	
	— 21
5. On account of death due to infectious disease	26
	—
	304
	—

In 126 of the above cases, *post-mortem* examinations were made by authority, principally under the Coroner's warrant.

The mortuary comprises two chambers, for infectious and non-infectious bodies respectively, separated by "a place provided for *post-mortem* examinations." This "place" is designed "for the reception of dead bodies during the time required to conduct a *post-mortem* examination ordered by the Coroner"; who "may order the removal of a dead body to and from such place, for carrying out such examination, and the cost of such removal shall be deemed to be part of the expenses incurred in and about the holding of an inquest."* Too little use is made of the mortuary, and especially as a place of deposit for the bodies of those who have died from infectious disease. Medical men can effect the removal of the body, in

* Coroners' Act, 1887, sec. 24.

such cases, by Justice's Order (Public Health (London) Act, 1891, sec. 89), if persons live or sleep in the room where the body is retained, or if the body is in such a state, from decomposition, as to endanger the health of the inmates of the same house or room.

INQUESTS AND CORONER'S COURT.

During the past four years no inquest in this parish has been held at a public house: with few exceptions inquests are now held in a room at the Town Hall, placed at the service of the Coroner by your Vestry, but which is unsuitable for the purpose of a Court. Parliamentary powers for the purchase of two houses at the rear of the Hall have been obtained by the County Council, at the request of your Vestry, and it is intended to purchase the property from the Council and to provide thereon a Court for the Coroner, for the use of which the Council will pay a rent—an arrangement authorised by section 92 of the Public Health (London) Act, 1891.

DISINFECTION.

The Public Health (London) Act, 1891, imposes additional duties on the Sanitary Authority in the matter of disinfection, the practical effect of the legislation of late years being to throw upon the rates the entire cost of disinfecting houses, and cleansing and disinfecting bedding, clothing, &c. The cost of this work has greatly increased since the Act came into operation at the beginning of 1892: the amount expended in 1895 having been £950 9s. 1d., compared with £670 15s. 10d. in 1894, £1,159 5s. 9d. in 1893; £816 4s. 3d. in 1892; and £381 in 1891, the year before the Act came into operation. In 1895 about 22,150 articles were disinfected, the weight of them being 49 tons 17 cwt.; compared with 19,000 articles, weighing 36 tons 13 cwt. in 1894. In 1893,

when scarlet fever was excessively prevalent, the weight of the articles disinfected was 64 tons 3 cwt., their number nearly 31,000. In 1892 the weight of the articles disinfected was 44 tons 2 cwt., their number 20,939. In 1891 the weight of the articles disinfected was under 20 tons, and their number about 9,400 only. In 1895 some 901 rooms in 802 houses were disinfected by your Vestry's staff, irrespective of those disinfected (a diminishing number) by the contractor in his private capacity, compared with 642 in 1894, 1,085 in 1893; 683 in 1892, and 354 in 1891.

In my report for 1893 (pp. 215—217), under the heading "Duties of Sanitary Authorities with respect to Disinfection," I explained the state of the law, and described your Vestry's practice in regard to this matter. I need only further observe now, that the expenditure on disinfection, including cleansing of clothing, bedding, &c., will necessarily vary from year to year, in proportion to the relative prevalence of infectious disease; but under existing arrangements it is likely to increase as the public become better acquainted with the provisions of the Act. I append a statement of the monthly cost of this work in 1895, amounting, as before stated, to £950 9s. 1d.

			£	s.	d.
January	...	...	54	15	4
February	...	...	42	17	5
March	...	...	55	10	7
April	...	...	52	19	0
May	...	...	56	15	7
June	...	..	56	15	5
July	...	...	106	4	1
August	...	...	81	16	0
September	...	...	104	7	3
October	...	...	119	12	1
November	...	...	113	9	8
December	...	...	105	6	8

In more than one of my recent annual reports I have expressed the opinion that the expenditure under this head is too great, and that it might be materially reduced were your Vestry to undertake the work without the intervention of a contractor. The subject has been referred to the Sanitary Committee, and, nominally at least, has been under their consideration for a lengthened time, in connection with the question of shelters, which is dealt with in the next succeeding paragraph.

TEMPORARY SHELTER OR HOUSE ACCOMMODATION.

In June, 1895, the Strand District Board of Works addressed a circular letter to the Sanitary Authorities, enquiring whether they were in favour of the repeal of sub-section (4) of section 60 of the Public Health (London), Act, 1891, relating to Temporary Shelters for persons turned out of their homes during the time necessary for disinfection after infectious disease, it being the experience of that Board that such Shelters are not appreciated by the persons for whose use they are intended. The sub-section referred to is to the following effect :—

“ The Sanitary Authority shall provide, free of charge, temporary shelter or house accommodation, with any necessary attendants, for the members of any family in which any dangerous infectious disease has appeared, and who have been compelled to leave their dwellings for the purpose of enabling such dwellings to be disinfected by the Sanitary Authority.”

In my sixth report (June 23th, page 88), I reported with reference to this subject as follows :—

‘ The sub-section is a re-enactment of the provision contained in section 15 of the *Infectious Disease (Prevention) Act*, 1890, now repealed as far as London is concerned, to which I directed your Vestry’s attention in my tenth monthly report for that year (October 6th, page 104), and on subsequent occasions. Nothing

however, has been done in this parish to give effect to the requirements of the sub-section, which, are of an obligatory character. In December, 1894, the Medical Officer of Health to the London County Council prepared a return, showing what had been done, in the way of providing the required accommodation, by the Sanitary Authorities, to the number of 20 (out of 43) of these bodies; such accommodation varying widely in extent and suitability in the different districts. The Medical Officer stated that "somewhat different views had been taken by the several Sanitary Authorities who have provided a shelter, as to the character of the accommodation which is required. In some instances this accommodation is provided for use by night, but in others, only day accommodation has been considered necessary. The time occupied in the removal of infected articles to the disinfecting station, in their disinfection, and in their return, extends to several hours. The time occupied in the purification of the room, often the only room of the family, extends to many hours. It is obvious, therefore," as the Medical Officer pointed out, "that the use of the shelter by night must be contemplated in any arrangements made; provision, however, which would meet the necessities of the use of the dwelling-room by night, has not, in a number of instances, been made." The Medical Officer further stated "that the opinion was frequently expressed during the inquiry, that poor persons were unwilling to use the accommodation which had been provided;" but that, "in connection with this difficulty it deserves to be pointed out, that these people need the experience which time can only give," and "will eventually find this accommodation meet their convenience," so that "the use of shelters will grow from year to year." The final observation is "that the expectation that the poor will avail themselves of these temporary homes must depend very largely upon the shelter being made reasonably attractive, as in the case of hospitals and mortuaries." I need hardly say that I concur in the views of the Council's Medical Officer on this important question; and to emphasize the necessity for a shelter in this parish, it will suffice to say that (as I pointed out in the same sixth report), during the year 1894, when infectious disease was by no means excessively prevalent in our midst, some 64 cases occurred in families occupying *single* rooms; that in every such case the room was disinfected, and was generally, but not without exceptions, closed for a period of 24 hours, and, therefore, during one whole night, necessarily to the great inconvenience of numerous poor persons, many of whom, it is to be supposed, would have been glad to make use of a shelter had such accommodation been available.'

It may be mentioned that 256 cases of infectious disease occurred last year in families occupying whole houses; 11 in families occupying 7 rooms in a house; 19 in families occupying 6 rooms; 56 in families occupying 5 rooms; 112 in families occupying 4 rooms; 165 in families occupying 3 rooms; 268 cases in families occupying 2 rooms, and 101 in families occupying a single room. With respect to the sufferers in the families occupying a single room each, it may be mentioned, that 42 of them had scarlet fever, 46 had diphtheria, 12 had enteric fever, and 1 had small-pox.

My attention was directed afresh to this matter in November, by representations made by Inspector Dawes, superintendent of the disinfecting arrangements, of the frequency with which he had to turn people into the streets to enable him to disinfect their rooms. Mostly, as might be expected, the difficulty arises in the cases where a whole family occupy a single room. Inspector Dawes submitted a list of 14 cases, occurring within a period of two months, in which, as he stated, he had had to "turn the people into the streets to disinfect their rooms after removing the bedding." He and the other Inspectors find it difficult in the circumstances to obtain ordinary lodgings for the people, many of whom, being respectable, object to go to a common lodging house, where, indeed, they would be neither welcome, nor, in their infective condition, desirable guests. The difficulty is got over sometimes, by giving the people "permission to open the door of their room late at night," the result being that the infected walls and furniture are exposed to the disinfecting gas for only a few hours instead of the 24 hours usually deemed requisite. The Inspector stated that "in many cases the doors have been burst open as soon as he had left the premises," with the result that practically no disinfection has taken place. Sometimes money is given to the people to enable them to procure a lodging. In one case it became necessary to close a house for two or three

weeks, and, with no little difficulty, lodgings had to be found, at a considerable expense, for some 22 persons, members of 6 families. It is a difficult question, doubtless, but, as I stated in my 12th report (December 10th, p. 161), the best solution would be found in compliance with the provisions of the law, in the interests of public health and humanity alike. I have only to add that at the meeting of your Vestry, held on 5th July, 1893, the question of providing a shelter was referred to the Sanitary Committee for consideration and report, and that at the present writing (March, 1896), the question is still "under consideration."

PUBLIC BATHS AND WASH-HOUSES.

The Baths and Washhouses at the junction of Lancaster-road and Silchester-road, Notting Hill, opened in April, 1888, have been well supported: the washers in the year ended March 25th, 1896, were 55,550, an increase of 2,377 over the preceding year; the bathers 110,091, an increase of 12,731. But for the majority of the parishioners the site is not sufficiently central for bathing; and, obviously, it is too remote for washing purposes. The same objection would apply to any single site in the parish. Much good might be effected by the provision of buildings, on a modest scale, in several localities, to which the poor could resort for the purpose of washing clothing. The statistics contained in the successive annual reports of the Commissioners for Baths and Washhouses, show a constantly increasing use made of the washhouses, and are of a nature to encourage the hope that it may be found practicable to provide, at no distant time, for the wants of the poor, in the central and southern parts of the parish.

PUBLIC SANITARY CONVENIENCES.

There are only 19 public urinals in the Parish—a very inadequate provision, which, however, is supplemented by about 170 urinals at public-houses to which the general public have access: accommodation not of a satisfactory sort, in many instances, but better than none at all, and much improved as the result of proceedings taken by your Vestry in 1888 and since. There are but three sets of public water-closets, and for the male sex only, situated, respectively, at the rear of the Vestry Hall, at the west end of Westbourne-grove, Notting-hill, and in the Old Brompton-road, opposite the Bell and Horns tavern. The Sanitary Authorities have ample power to make provision of this sort; section 88 of the *Metropolis Management Act*, 1855, enabling them to “provide and maintain urinals, water-closets, and like conveniences, for *both sexes*, in situations where they deem such accommodation to be required.” Your Vestry’s efforts to comply with the law have often been thwarted by local opposition. Suitable sites exist, none better, perhaps, or where provision of the kind is more needed, than in Kensington High-street, where, opposite the Parish Church, an underground retiring place for both sexes might be constructed without nuisance in any sense of the word. Increased powers were conferred by the *Public Health (London) Act*, 1891, which, to facilitate the construction of underground conveniences, vests the sub-soil of roadways in the Sanitary Authority, who, moreover, have power to compensate persons injured by the erection of these conveniences near their houses, etc.

THE WATER SUPPLY.

THE FROST AND THE WATER SUPPLY.—The most interesting feature in connection with the water supply of London during the year, arose out of the phenomenal frost of January—March. It goes without the saying that the severe and prolonged cold, which was the cause of much sickness and of many deaths, occasioned grievous inconvenience to the people of the Metropolis, arising from the want of water, due to the frozen condition of the communication-pipes connecting the Companies mains with the cisterns, or to the freezing of the domestic supply-pipes. Here and there, in no inconsiderable number of cases in the aggregate, the mains, too superficially embedded in the ground, became filled with ice, and, in not a few instances, burst. The cases in which the water became frozen in the communication-pipes were very numerous, the resulting nuisances being great and long continued. The Companies did what they could, by fixing standpipes, to mitigate the inconvenience to their customers, many of whom, doubtless, paid, in amount, a second water rate in the shape of fees to water carriers. Complaints reached me from householders, in several parts of the parish, of inconvenience, far exceeding that due to mere suppression of the water supply, caused by the freezing of soil-pipes; and applications were made for the help of the Sanitary Authority in resumption of their ancient duty as scavengers of night-soil. Among the poorer classes subjected to this trouble, the difficulty was sometimes solved by the deposit of excremental matters in the streets, and in the street-gulleys. At certain "Model" or "Improved" Dwellings, excreta were discharged through the "shoots," intended for ordinary domestic refuse, into the chambers provided for the temporary reception of "dust and ashes," and cleared away by the dustmen therewith. In my annual report for the official year ended 30th March, 1895, I dealt fully with this subject (pp. 219-221), and set out the law with reference thereto. I have now only to add that,

as the result of complaints made to the Local Government Board, in conformity with section 9 of the Metropolis Water Act, 1852, that Board deputed Major-General Scott, R.E., the water examiner, appointed under section 35 of the Metropolis Water Act, 1871, to make inquiries in several districts, including Kensington, the results of which, are set out in an elaborate report to the Board, dated 5th January, 1896.

THE WATER REGULATIONS.

In my annual report for 1893, (page 242), I referred to the negotiations that had taken place between the County Council, and the seven associated Water Companies, and the Local Government Board, with a view to an alteration in the 21st of the Water Regulations, with the object of securing a three-gallon flush for the water-closets, to which, by the nature of their construction, flushing tanks are applicable. The Companies did not see their way to compliance with the recommendation of the Council, which was based on representations made to that body by certain of the Sanitary Authorities, your Vestry among the number. The Companies' attitude was that of *non possumus*; based on the great, and, as they held, unnecessarily, increased consumption of water which they feared would be entailed, the present regulation, forbidding a larger discharge at one flush than two gallons. In October, 1894, the Council addressed a letter to the Local Government Board, asking for the appointment of a "person of engineering knowledge and experience" to report to the Board on the subject of the proposed alteration in the regulation, as provided for in section 19 of the Metropolis Water Act, 1871. The Board thereupon directed their engineering Inspector, Colonel Ducat, R.E., to make the desired inquiry, the result of which was published in a report dated 10th December, 1895. The Inspector reported adversely to the application of the Council, and recommended that the suggestion "to alter

the Regulation No. 21, to increase the maximum flush to a w.c. 'from two gallons to three gallons' be not sanctioned as the necessity for it is not proved."*

In connexion with this matter I may mention that the Companies who supply this parish, have never, (within my experience), raised objection to a three gallon flushing tank, and many tanks of this capacity have been fixed with manifest advantage. It need hardly be said that the ordinary pan-closet

* The Council's application was—

"(a) That regulation 21 under the Metropolis Water Act, 1871, should be amended so as to read as follows :—

'Every water-closet cistern or water-closet service box hereafter fitted or fixed, in which water supplied by the Company is to be used, shall have an efficient waste-preventing apparatus so constructed as not to be capable of discharging more than three gallons of water at each flush.'

Other recommendations were made as follows :—

"(b) That the requirements as to the supply of water to water-closets should apply equally to the supply of water to any sink used for receiving any solid or liquid excremental filth.

"(c) That a regulation should be made which shall prevent cisterns being brought into use for supplying water for domestic purposes, or for food for beasts, so long as they directly supply any water-closet, or sink used for receiving any solid or liquid filth.

"(d) That in all cases where any premises have a constant water service, one or more taps should be provided, in connection with the rising mains for the supply of water for drinking purposes."

With respect to (b) the Inspector reported, that the proposed addition to the regulation "in itself, is desirable, but it is not very pressing called for." The Inspector added that (c) and (d) "not being, properly speaking, Water Regulations, should not be sanctioned as such."

and the valve-closet cannot be properly flushed by a tank, as required by the 21st regulation, or that closets of these pattern are very numerous. The flush-tank is properly applicable to the cases (also very numerous), where basins of the hopper and wash-out variety are employed. The additional consumption of water that would be entailed by the substitution of the three-gallon for the two-gallon flush, has, therefore, been over estimated by the Companies, whose opposition to the proposed alteration of the regulation, so far as it was concerned with the question of supply, was not improbably, dictated by a benevolent desire to aid the East London Water Company, in regard to difficulties which will, ere long, be a thing of the past.

I need hardly say, perhaps, that I adhere to the opinion expressed in previous reports, that it would be well were express power given to the Sanitary Authorities, enabling them to enforce such of the regulations as have a distinctly sanitary bearing, including the 14th regulation, which makes provision for the abolition of waste-pipes connecting cisterns with drains, and the substitution therefor of warning-pipes; a regulation which the Companies do not appear to have systematically enforced. It would be well, moreover, if a regulation were made forbidding the connection, which is so often found to exist, of a common water supply for general domestic purposes, and for the service of the water closet, without the intervention of a flushing-tank.

PROFESSOR E. FRANKLAND'S REPORT.—The report on the "Chemical, Physical and Bacterioscopic Examination of the Waters supplied by the Metropolitan Water Companies during the year 1895," by Professor Frankland, appended to the Registrar-General's Annual Summary, states that "the raw material operated upon by the Companies, drawing their supplies from rivers . . . was much more favourable for

the operations of those Companies than was the case in the previous year." It is shown by a diagram, "how great was the chemical improvement effected" by the Companies drawing water from the Thames, "even during the severe flood of November," although "there was not sufficient storage to circumvent this flood which markedly affected the chemical quality of the filtered water both in November and December." Referring to temperature, Dr. Frankland compares river and deep-well waters much to the advantage of the latter; for whilst the Thames water ranged in temperature to the extent of 33° Fahr., between the minimum ($34^{\circ}.0$ Fahr.) in January, and the maximum ($67^{\circ}.0$ Fahr.) in July and August, the deep-well water of the Kent Company practically maintained a constant temperature throughout the year, the range not exceeding $6^{\circ}.0$ Fahr., viz., from $49^{\circ}.8$ in February to $55^{\circ}.8$ in July and August. "This uniformity in temperature of deep-well water causes it to be cool and refreshing in summer, and less likely to become frozen in the service-pipes in winter; whilst river-water at $63^{\circ}.9$ Fahr. is unpleasantly vapid, and at $34^{\circ}.0$ Fahr. is not far removed from the freezing point." The "solid matter" found in the waters is "almost wholly composed of mineral substances, mainly of salts of lime and magnesia," which, in the existing proportions, "in no way diminish the fitness of the water for dietetic purposes." But they "are objectionable; not only because they impart to the water what is known as 'hardness,' and thus render it unsuitable for washing, but also because they produce incrustations and deposits in steam and kitchen boilers and hot-water pipes." By treating the water with lime before delivery, the solid matter, and the consequent hardness, could be reduced to a great extent, as is done by the Colne Valley Company, the water of this Company, as delivered last year, having only $7^{\circ}.3$ of hardness compared with $19^{\circ}.4$ in Thames-derived waters." The "proportion of organic material" in the solid matter is "of more importance, because, if present in too large quantity, it interferes with the palata-

bility of the water, and imparts to it a more or less brownish-yellow tint." But "no unpalatable or objectionably-tinted water was delivered in London during the year." The customary reference is made to the "various contributions of organic matter of animal origin," finding their way into the rivers; such matter being liable to be accompanied at any time "by zymotic matters dangerous to health." It is, however, "gratifying to find, as the result of recent researches, that the zymotic matters of a pathogenic kind are rapidly destroyed in running water, so that the most minute microscopic inspection of the water as it reaches the intakes of the various companies, has hitherto failed to discover in it a single pathogenic germ. Further, it is now an established fact that efficient sand filtration would prevent the passage of such germs into the filtered water, even should they arrive in a living condition at the intakes of the companies. Thus the hygienic objection to the use of filtered water taken from the Thames and the Lea is removed." This conclusion is in harmony with the views expressed by the Royal Commission, and in regard to it, Professor Frankland adds that "this result of recent observations, carefully and laboriously conducted in this country, in Germany, and especially in the United States of America, is confirmed by the absence in London since the year 1866 of zymotic diseases traceable to the water supply." The water supplied by the three local companies (Grand Junction, West Middlesex, and Chelsea) were clear and transparent, when delivered, on all occasions throughout the year.

BACTERIOSCOPIC EXAMINATION.—Professor Frankland deals at length with the subject of bacterioscopic examination. Water for this purpose is examined immediately after leaving the filters, and before being pumped into the distributing mains, as it would be futile to make such examination of water drawn from the mains, as delivered in London, owing (among other reasons) to the rapidity of multiplication of harmless

(or non-pathogenic) microbes between the filtration works and the standpipes at which the samples for analysis are taken. It is of importance, moreover, to make the examination at the moment of maximum sterility: the fewer the microbes then found, the less is the probability of pathogenic organisms being present; and although the non-pathogenic may afterwards multiply indefinitely, this is of no consequence in the primary absence of the pathogenic. Professor Frankland describes in detail the effect of various influences, in increasing or diminishing the relative number of microbes before filtration; including cold, which diminishes, and heat, which increases, the proportions. Sunlight is a powerful germicide, but its effect upon bacterial life in the great mass of Thames water is nearly if not quite imperceptible. Speaking generally, it would appear that the number of microbes in Thames water is practically governed by rainfall, that is to say by the volume of the stream. Certain tables (at page 66) go to show "how very much the bacterial quality of unfiltered water may differ from its chemical quality. Thus, in chemical composition, the water pumped from the gravel near the banks of the Thames does not differ materially from the Thames water itself, and it is generally turbid; but whilst the raw Thames water contained, during the year, on the average, 13,646 microbes per c.c., the water abstracted from the natural gravel beds, by the Southwark Company, contained, on an average, only 188 per c.c." Subsidence, moreover, "effects a very material bacterial amelioration of the water." Thus, "in November, when the river contained 29,260 microbes per c.c., the stored water of the Chelsea Company contained only 500 per c.c." To whatever causes the initial excess or deficiency of microbes in the unfiltered water may be due, it is manifest that a marvellous reduction is effected by efficient sand filtration, as shown in the following table, which represents the bacterial condition of the water issuing from the filter beds of the three companies by which this parish is supplied, compared with the raw material dealt with by these companies:—

	Chelsea Company.	West Middlesex Company.	Grand Junction Company.
Amount of storage	13 days	6.3 days	3.5 days
Average thickness of sand on filters	4 feet	2.6 feet	1.9 foot
Average rate of filtration per square foot per hour	1.75 gallon	1.39 gallon	1.75 gallon
Maximum percentage of microbes removed	99.93	99.96	99.91
Minimum percentage of microbes removed	93.94	97.88	76.37
Average percentage of microbes removed	98.78	99.29	97.57

Except in February, the Chelsea Company delivered, during the whole year, water of a high degree of bacterial purity, rivalling, in some cases, deep-well water. In November, when the Thames at the intake contained no less than 29,260 microbes per c. c., this Company's water, which was being pumped from the general filter wells into the supply mains contained only 20. The West Middlesex Company, except in January, February, and March, when intense cold prevailed, delivered water of a high degree of organic purity, rivalling that of the deep well water of the Kent Company. In November, the number of microbes was only 12 per c.c. It is stated that "the small amount of storage possessed by the Grand Junction Company renders it difficult for them at all times to maintain efficient bacterial filtration," so that, on several occasions, the samples collected at the works (at Hampton Court and Kew) contained an excess of microbes, or their spores, over 100 per c. c., this being the "bacterial standard." It is added that "most of the abnormal results occurred when the raw river water was bacterially in a bad condition, and during severe frost." Professor Frankland concludes his report with a statement of the results of investigations with respect to bacterial filtration, as practised by the Massachusetts State Board of Health, which are gradually enlarging our knowledge of this important subject.

DETERIORATION OF WATER IN DIRTY CISTERNS.—It need hardly be said that filtration, however perfect, avails little, if the water is allowed, as frequently happens, to be fouled after delivery. The attention of householders cannot, therefore, be too frequently drawn to the necessity for the periodical cleansing of cisterns for containing potable water. These receptacles, moreover, should be covered, to exclude light and dirt; and so placed that the water may be kept cool in summer, without being in danger of freezing in winter. The Public Health (London) Act, 1891 (sec. 50), conferred power on the Sanitary Authority to make bye-laws for the cleansing of cisterns, and this has been done. But no adequate steps have been taken to make known the provisions of these or, (for the matter of that), any other bye-laws, which householders are required to observe.

CUTTING-OFF POWERS.—I have taken occasion, many times, in these reports, to express dissatisfaction with regard to the power of the Companies to cut off the domestic supply of water for non-payment of the rate, and have expressed the view that they should be left to their remedy, like other traders, for the recovery of debts, in course of law. The Companies can, if they think fit, require prepayment of the rate. Any course would be preferable to the barbarous practice of cutting off the supply, a practice legalised by the Waterworks Clauses Act, 1847, but which, I doubt not, will, ere long, be prohibited by law—on suitable provision being made to secure to the Companies requisite facility for enforcing their claims.

CONSTANT SERVICE.—The importance of a constant service cannot be over-rated, and, under the auspices of the County Council, the work of making it universal is proceeding apace, with the perfect goodwill of the Companies, some of whom had developed the system largely before the "Metropolitan Authority" began to move in the matter. In December, the Grand Junction Company were giving supplies on the constant system to all the houses in their district, the Chelsea Company to 73 per cent., the West Middlesex Company to 70 per cent. The two last-named Companies' districts cover much besides Kensington, so that I am not able to state the percentage of the constant supplies in the Parish. The eight Companies which supply London were, at the end of the year, giving constant supply to about 674,000 houses, or 82 per cent. of the total number of supplies—the East London Company coming next after the Grand Junction Company, with 98 per cent. When constant supply is given, a screw-down draw-off tap should be affixed to the rising main, or service-pipe, so that the water for drinking and culinary purposes may be drawn therefrom, fresh and uncontaminated, without the intervention of cisterns, which are required for washing, flushing, baths, and similar purposes. It would be well if a regulation could be made to secure this desideratum. To such a proposal the Companies would offer no opposition. A stop-valve should be fixed outside the premises to prevent damage to the house in case of pipes burst by frost or other causes, and this is now generally done.

Supervision of the water supply is vested in a WATER EXAMINER, appointed under the provisions of the Water Act, 1871, whose report for 1895 has not yet been published. The few particulars subjoined, are mainly taken from a recent monthly report, from which we learn that the Grand Junction Company supplied nearly 44 gallons per head, daily, to their customers; the Chelsea Company about 39·3 gallons; the

West Middlesex Company 32·8 gallons. For domestic purposes, the daily supply throughout the Metropolis, by the several Companies, averaged 220 gallons per house. The average daily supply per house was as follows:—by the Chelsea Company 280 gallons, by the Grand Junction Company 255 gallons, and by the West Middlesex Company 216 gallons.

FILTRATION.—Provision was made by the Metropolis Water Act, 1852 (sec. 4), for the efficient filtration of the water before distribution. Testimony is uniform that this provision is duly carried into effect. The late Sir Francis Bolton, the first Water Examiner appointed under the Water Act of 1871, laid down the conditions necessary to secure this object; viz., (1) storage in subsiding reservoirs of capacity sufficient to avoid the necessity of intake of flood water; (2) a sufficient area of properly constructed filter beds; and (3) the limitation of filtration to a certain speed, represented by the passage of about 540 gallons per square yard of filtering area in 24 hours, or $2\frac{1}{2}$ gallons through each square foot of surface per hour. These conditions are complied with by the several companies. Whatever the condition of the water when taken from the river, or passed on to the filtering beds, the filtered water, as delivered to consumers, is uniformly bright and clear. In former reports I have described the mode and apparatus of filtration, and to these reports I would refer anyone desirous of information on the subject.

To sum up, there can be little doubt, that, taken altogether, the water supplied to the Metropolis, is of good chemical quality. It has improved much of late years, and it would appear to be capable of being made everything that can be desired, so as to meet the requirements of all but the super-fastidious.

CONCLUSION.—In conclusion I gladly acknowledge the valuable help received from Mr. Hill, first Assistant Clerk, in the collation of statistics and in passing the report through the press. I desire also to bear testimony to the good work of the officers of the department generally, and not least to that of the Sanitary Inspectors, which has been carried out faithfully under circumstances of no little difficulty, not to say discouragement.

I am, Gentlemen,

Your obedient Servant,

T. ORME DUDFIELD,

Medical Officer of Health.

April, 1896.

APPENDIX.

NOTE.—The Forms for Tables I. to VI. inclusive, were arranged by the Society of Medical Officers of Health, with the object of securing uniformity in Statistical Returns.

[TABLE I.

TABLE I.

Showing Population, Inhabited Houses, Marriages, Births, and Deaths, in 1895, and in the preceding ten years : gross numbers.

The Year.	Estimated Population.*	No. of Inhabited Houses.†	Marriages.	Registered Births.	DEATHS.			
					Total, all Ages ‡	Under One Year.	Under Five Years.	In Public Institutions§
1895	167,600	22,050	1,455	3,621	2,748	624	951	762
1894	167,300	22,050	1,537	3,665	2,623	636	1,022	749
1893	167,000	22,050	1,540	3,661	2,916	625	965	740
1892	166,700	22,050	1,584	3,718	2,882	587	972	687
1891	166,400	22,002	1,569	3,847	3,066	633	968	773
1890	166,080	21,800	1,511 ^{**}	3,864 ^{**}	2,951 ^{**}	651	1,095	612
1889	165,760	21,700	1,491	3,698	2,412	489	789	570
1888	165,450	21,600	1,497	3,776	2,825	604	1,077	590
1887	165,140	21,566	1,561	3,941	2,872	680	1,129	608
1886	164,820	21,500	1,605	4,149	2,756	636	1,029	604
1885	164,500	21,420	1,480	4,032	2,768	653	1,085	561
Average 10 years 1885-94.	165,915	21,773	1,537	3,835	2,807	619	1,013	649

Population in 1861, 70,108 ; 1871, 120,299 ; 1881, 163,151 ; 1891, 166,308.

Average Number of Persons to each house at Census : in 1861, 7·4 ; in 1871, 7·6 ; in 1881, 8·1 ; in 1891, 7·56.

Area of Parish, 2,190 acres. Number of persons to an acre (1895), 76·5.

* For statistical purposes, the population is estimated to the middle of the year on the basis of the rate of increase in the preceding inter-censal period, checked by the known number of inhabited houses, and by the average number of persons per house, as ascertained at the last Census.

† The data are somewhat unreliable. The Census number, which includes houses occupied only by caretakers, is given for 1891.

‡ Inclusive of the deaths of parishioners at public institutions outside the Parish, but exclusive of the deaths of non-parishioners at public institutions within the Parish.

§ Viz. : At the Parish Infirmary, the Brompton Hospital, &c., and outlying public institutions, including the Asylums Board Hospitals.

** In 53 weeks.

TABLE II.

Showing the Annual Birth-rate and Death-rate; Death-rates of Children; and Proportion of Deaths in Public Institutions to 1,000 Deaths, for the year 1895, and the preceding ten years.

The Year.	Birth-rate per 1,000 of the Population.	Death-rate per 1,000 of the Population.	Deaths of Children under one year; per 1,000 of Registered Births.	Deaths of Children under one year; per 1,000 of Total Deaths.	Deaths of Children under five years; per 1,000 of Total Deaths.	Deaths in Public Institutions per 1,000 of Total Deaths *
1895	21·6	16·4	172	227	346	277
1894	21·9	15·7	174	242	389	285
1893	21·9	17·5	170	214	331	254
1892	22·3	17·2	158	204	337	238
1891	23·1	18·4	164	206	315	252
1890	23·3	17·8	168	221	371	207
1889	22·3	14·6	132	203	327	236
1888	22·8	17·1	160	214	381	208
1887	23·9	17·4	172	237	393	212
1886	25·2	16·7	154	230	373	219
1885	24·5	16·8	161	236	392	202
Average of 10 years, 1885-94.	23·1	16·9	161	221	361	231

* Includes Deaths of Parishioners at outlying Public Institutions, but excludes Deaths of Non-Parishioners at Brompton Consumption Hospital and Marylebone Infirmary, Notting Hill.

TABLE III.

Deaths registered from all causes in the year 1895.

(Exclusive of the Deaths of Non-Parishioners at Public Institutions within the Parish, but inclusive of the Deaths of Parishioners at Public Institutions, etc., without the Parish.)

For a Summary of this Table see Page 44.

CAUSES OF DEATH.	AGES.											Total under Five Years of Age.	Grand Total All Ages.	SUB-DISTRICT.			
	0 to 1.	1 to 5.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.	85 and upwards.			Kennington Town.	Brompton.		
CLASSES.																	
I. SPECIFIC FEBRILE or ZYMOTIC DISEASES ...	146	144	39	10	17	14	14	22	28	31	12	290	477	390	87		
II. PARASITIC DISEASES... ..	2	...	...	...	...	...	...	...	...	...	...	2	2	2	0	
III. DIETETIC DISEASES	3	...	...	...	1	4	5	1	...	...	...	3	14	10	4	
IV. CONSTITUTIONAL DISEASES	28	39	25	35	70	93	98	80	42	19	3	67	532	417	115		
V. DEVELOPMENTAL DISEASES	91	...	1	...	...	...	...	1	19	45	25	91	182	154	28	
VI. LOCAL DISEASES	233	124	35	38	61	103	107	174	232	123	29	357	1,319	1,064	255		
VII. DEATHS FROM VIOLENCE	13	12	8	3	6	11	10	10	5	3	3	25	84	6	17		
VIII. DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES	108	8	1	...	1	3	2	4	5	3	2	116	138	127	11		
	624	327	109	86	156	228	297	292	331	224	74	951	2,748	2,231	517		
I. SPECIFIC FEBRILE or ZYMOTIC DISEASES.																	
1.—MIASMATIC DISEASES.																	
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	9	23	1	...	...	...	...	...	...	...	...	32	33	31	2	
Scarlet Fever	4	17	6	...	...	...	...	...	...	...	...	21	27	23	4	
Typhus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping-Cough	12	24	3	...	...	...	...	...	...	...	...	36	39	32	7	
Diphtheria	10	48	25	4	...	1	...	1	...	...	...	58	89	74	15	
Simple Continued or Ill-defined Fever ... ..	...	1	...	...	...	...	...	...	...	...	...	1	1	1	...	
Enteric or Typhoid Fever... ..	...	...	3	3	4	2	1	1	1	...	...	...	15	10	5	
Other Miasmatic Diseases— <i>Influenza</i>	5	4	1	3	7	8	9	16	25	29	8	9	115	87	28		
2.—DIARRHOEAL DISEASES.																	
Simple Cholera ... ..	...	...	...	...	...	1	1	1	...	2	3	110	118	101	17	
Diarrhoea, Dysentery	88	22	...	...	...	...	...	...	...	...	...	...	...	1	1	...
3.—MALARIAL DISEASES.																	
Remittent Fever ... ..	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Ague ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4.—ZOOGENOUS DISEASES.																	
Cow-pox, and effects of Vaccination ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases (<i>e.g.</i> , Hydrophobia, Glanders, Splenic Fever)	...	...	...	...	...	...	...	...	...	...	...	17	19	16	3	
5.—VENEREAL DISEASES.																	
Syphilis	15	2	...	...	1	1	...	...	2	...	...	...	2	1	1	...
Gonorrhoea, Stricture of the Urethra ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6.—SEPTIC DISEASES.																	
Erysipelas	2	1	...	...	1	1	1	...	2	...	1	3	9	7	2	...
Pyæmia, Septicæmia	1	2	...	...	3	...	...	...	...	...	...	3	6	3	3	...
Puerperal Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	146	144	39	10	17	14	14	22	28	31	12	290	477	390	87		
II.—PARASITIC DISEASES.																	
Thrush, and other Vegetable Parasitic Diseases	2	...	...	...	...	...	...	...	...	...	...	2	2	2	...	...
Worms, Hydatids, and other Animal Parasitic Diseases	2	...	...	...	...	...	...	...	...	...	...	2	2	2	...	...
III.—DIETETIC DISEASES.																	
Want of Breast Milk—Starvation	3	...	...	...	...	...	...	...	...	...	...	3	3	2	1	...
Scurvy ... ..	...	...	...	...	...	3	4	1	...	...	...	...	8	6	2	...
Chronic Alcoholism ... ..	...	...	...	...	1	1	1	...	...	...	...	...	3	2	1	...
Delirium Tremens	3	...	...	...	1	4	5	1	...	...	...	3	14	10	4	...
IV.—CONSTITUTIONAL DISEASES.																	
Rheumatic Fever, Rheumatism of the Heart ... ..	...	...	1	1	1	3	2	1	...	...	...	...	9	8	1	...
Rheumatism... ..	...	...	...	1	...	...	...	2	...	...	2	...	3	2	2	...
Gout	1	5	...	...	...	...	...	...	...	...	...	6	6	5	1	...
Rickets ... ..	...	...	...	...	3	21	29	40	28	12	3	...	126	94	42	...
Cancer, Malignant Disease	2	3	2	...	...	...	...	...	...	...	...	5	7	7	...	...
Tabes Mesenterica ... ..	...	...	6	...	1	1	...	...	...	...	...	26	34	30	4	...
Tubercular Meningitis, Hydrocephalus... ..	11	15	4	27	61	60	60	31	9	1	...	30	56	47	9	...	
Phthisis	14	16	10	4	4	4	3	1	...	...	1	...	3	3	...	...
Other forms of Tuberculosis, Scrofula ... ..	...	...	1	1	...	...	...	...	...	...	...	...	6	5	1	...
Purpura, Hemorrhagic Diathesis ... ..	...	...	...	...	...	1	1	2	1	1	...	...	16	8	8	...
Anæmia, Chlorosis, Leucoæthæmia ... ..	...	...	1	1	...	3	3	3	3	2	...	...	1	1	...	...
Glycosuria, Diabetes Mellitus ... ..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Other Constitutional Diseases ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	28	39	25	35	70	93	98	80	42	19	3	67	532	417	115		

TABLE III. (continued).

CAUSES OF DEATH.	AGES.											Total under Five Years of Age.	Grand Total All Ages.	SUB-DISTRICT.			
	0 to 1.	1 to 5.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.	85 and upwards.			Kensington Town.	Brompton.		
V.—DEVELOPMENTAL DISEASES.																	
Premature Birth	73	...	...	...	...	...	...	...	...	...	...	73	73	61	12
Atelectasis	8	...	...	...	...	...	...	...	...	...	...	8	8	8	...
Congenital Malformation	10	...	1	...	...	...	...	...	...	...	...	10	11	9	2
Old Age ... ..	...	...	...	...	...	...	1	19	45	25	...	...	90	76	14
	91	...	1	...	...	...	1	19	45	25	91	182	154	28	
VI.—LOCAL DISEASES.																	
1.—DISEASES OF NERVOUS SYSTEM.																	
Inflammation of Brain or Membranes	3	6	7	5	1	2	...	...	1	...	...	9	25	21	4
Apoplexy, Softening of Brain, Hemiplegia, Brain Paralysis	1	...	...	3	6	8	...	20	32	20	4	1	114	89	25
Insanity, General Paralysis of the Insane ... ..	...	...	...	...	2	2	1	3	2	1	...	...	11	9	2
Epilepsy ... ..	...	...	3	1	2	1	1	1	2	...	...	...	11	9	2
Convulsions	40	4	...	...	...	...	...	...	...	...	...	...	11	9	2
Laryngismus Stridulus (Spasm of Glottis)	2	1	...	...	...	...	...	...	...	...	...	44	44	41	3
Diseases of Spinal Cord, Paraplegia, Paralysis Agitans	...	1	...	...	...	...	...	...	...	...	...	3	3	2	1
Other Diseases of Nervous System	1	...	1	...	1	1	2	2	2	...	1	10	7	3			
2.—DISEASES OF ORGANS OF SPECIAL SENSE.																	
(e.g., of Eye, Ear, Nose) ... ..	...	2	2	...	3	6	5	4	5	3	...	2	30	20	10	
3.—DISEASES OF CIRCULATORY SYSTEM.																	
Pericarditis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Endocarditis ... ..	...	...	4	...	1	...	1	1	1	...	...	...	8	7	1
Valvular Diseases of Heart ... ..	...	1	1	2	4	8	17	10	12	5	...	2	59	45	14	
Other Diseases of Heart	1	1	...	6	9	14	24	18	30	8	...	2	111	87	24		
Aneurism ... ..	...	...	...	...	1	2	...	1	1	...	...	...	4	3	1
Embolism, Thrombosis ... ..	...	...	...	...	1	2	2	2	1	...	...	...	8	5	3
Other Diseases of Blood Vessels ... ..	...	...	...	...	1	1	2	2	1	...	...	...	3	3	...
4.—DISEASES OF RESPIRATORY ORGANS.																	
Laryngitis	1	...	...	...	1	...	...	1	...	...	...	1	3	3	...
Croup ... ..	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...
Emphysema, Asthma ... ..	...	3	...	...	...	...	...	...	...	...	...	...	3	3	...
Bronchitis ... ..	...	...	...	1	1	3	4	...	2	...	...	...	17	15	2
Pneumonia	94	64	3	1	2	17	24	58	79	53	19	158	414	345	69		
Pleurisy	12	17	4	7	5	11	12	13	9	7	2	29	99	83	16		
Other Diseases of Respiratory System	2	2	1	1	4	4	2	1	2	...	1	4	16	13	3		
	233	124	35	38	61	103	167	174	232	123	29	357	1319	1064	255		
5.—DISEASES OF DIGESTIVE SYSTEM.																	
Dentition	6	5	...	...	...	...	...	...	...	...	...	11	11	10	1
Sore Throat, Quinsy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	5	18	15
Diseases of Stomach	4	1	1	2	3	1	2	2	...	2	...	63	72	66	6		
Enteritis	50	13	...	2	...	1	5	5	6	4	2	2	27	21	6		
Obstructive Diseases of Intestine	2	...	1	1	...	1	5	5	6	4	2	2	14	10	4		
Peritonitis	1	...	4	...	2	...	3	1	1	1	1	1	2	2	...		
Ascites ... ..	...	...	...	...	1	4	6	5	3	...	...	...	19	14	5
Cirrhosis of Liver ... ..	...	...	...	...	...	...	8	3	6	...	...	...	10	27	18
Jaundice, and other Diseases of the Liver	9	1	...	...	...	...	1	2	...	1	...	...	3	8	7
Other Diseases of Digestive System	2	1	...	1	...	...	1	2	...	...	...	...	3	8	7
6.—DISEASES OF LYMPHATIC SYSTEM.																	
(e.g., of Lymphatics and of Spleen.) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7.—DISEASES OF GLANDLIKE ORGANS OF UNCERTAIN USE.																	
(e.g., Bronchocele, Addison's Disease) ... ..	...	...	1	1	...	...	...	...	1	...	...	...	3	3	...
8.—DISEASES OF URINARY SYSTEM.																	
Nephritis ... ..	...	1	...	...	3	5	4	2	3	...	...	...	18	13	5
Bright's Disease, Albuminuria	1	...	1	3	5	6	6	4	3	...	1	29	16	13			
Disease of Bladder or of Prostate ... ..	...	...	...	...	1	...	1	4	2	...	...	...	7	4	3
Other Diseases of the Urinary System	1	1	...	2	1	...	8	4	5	1	...	2	23	18	5		
9.—DISEASES OF REPRODUCTIVE SYSTEM.																	
A. Of Organs of Generation.																	
Male Organs ... ..	...	...	...	...	3	1	1	2	...	...	...	...	7	5	2
Female Organs ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B. Of Parturition.																	
Abortion, Miscarriage ... ..	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...
Puerperal Convulsions ... ..	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...
Placenta Prævia, Flooding ... ..	...	...	...	2	1	...	...	...	...	...	...	...	3	2	1
Other Accidents of Childbirth ... ..	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1
10.—DISEASES OF BONES AND JOINTS.																	
Caries, Necrosis ... ..	...	...	...	1	1	...	...	...	...	...	...	...	2	2	...
Arthritis, Ostitis, Periostitis ... ..	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...
Other Diseases of Bones and Joints ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11.—DISEASES OF INTEGUMENTARY SYSTEM.																	
Carbuncle, Phlegmon ... ..	...	...	...	1	1	...	...	1	1	...	...	...	3	1	2
Other Diseases of Integumentary System	2	...	...	1	...	...	1	...	...	...	...	2	4	3	1

TABLE III. (continued).

CAUSES OF DEATH.	AGES.										Total under Five Years of Age.	Grand Total All Ages.	SUB-DISTRICT		
	0 to 1.	1 to 5.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.			85 and upwards.	Kensington Town.	Brompton.
VII.—DEATHS FROM VIOLENCE.															
ACCIDENT OR NEGLIGENCE.															
Fractures and Contusions ...	...	3	4	1	5	3	5	5	4	2	2	3	34	29	5
Gun-shot Wounds ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cut, Stab ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burn, Scald ...	...	5	...	...	...	2	...	...	1	1	...	5	9	9	...
Poison ...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...
Drowning ...	...	...	3	...	...	...	...	...	...	...	...	...	3	2	1
Suffocation ...	...	13	3	...	1	...	...	1	...	...	...	16	19	15	4
Otherwise ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.—HOMICIDE.															
Manslaughter ...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...
Murder ...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	1
3.—SUICIDE.															
Gun Shot Wounds ...	...	...	...	...	...	1	...	1	...	...	...	...	2	1	1
Cut, Stab ...	...	...	...	...	...	1	...	1	...	...	...	...	2	1	1
Poison ...	...	...	...	...	1	2	3	1	...	...	...	...	7	5	2
Drowning ...	...	...	...	1	...	1	...	...	...	...	...	...	2	2	...
Hanging ...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
Otherwise ...	...	...	...	...	...	...	...	2	...	...	...	...	2	1	1
4.—EXECUTION.															
Hanging ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	13	12	8	3	6	11	10	10	5	3	3	25	84	67	17
VIII.—DEATHS FROM ILL DEFINED AND NOT SPECIFIED CAUSES.															
Dropsy ...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...
Debility, Atrophy, Inanition ...	102	7	...	...	...	...	...	...	...	...	...	109	109	101	8
Mortification ...	...	...	...	...	...	...	...	2	5	2	2	...	11	9	2
Tumour ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abscess ...	3	1	1	...	1	1	...	...	...	...	...	4	7	7	...
Hemorrhage ...	1	...	...	...	...	...	1	2	...	...	...	1	4	3	1
Sudden Death (Cause not ascertained)...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Causes not specified or ill defined ...	2	...	...	...	...	2	2	...	...	...	...	2	6	6	...
	108	8	1	...	1	3	3	4	5	3	2	116	138	127	11

TABLE IV.

Showing the number of Deaths at all ages in 1895, from certain groups of Diseases; and proportions to 1000 of Population, and to 1000 Deaths from all causes: also the number of Deaths of Infants under one year of age, from other groups of Diseases; and proportions to 1000 Births, and to 1000 Deaths from all causes under one year.

Division I. (Adults.)	Total Deaths.	Deaths per 1,000 of Population, at all ages.	Deaths per 1,000 of Total Deaths at all ages.
1. Principal Zymotic Diseases ...	322	1·9	117
2. Pulmonary Diseases	574	3·4	209
3. Principal Tubercular Diseases ...	322	1·9	117
Division II (Infants under one year.)	Total Deaths.	Deaths per 1,000 of Births.	Deaths per 1,000 of Total Deaths under one year.
4. Wasting Diseases	178	49·1	285
5. Convulsive Diseases	60	16·6	96

NOTES.

1. Includes Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping-cough, Typhus Fever, Enteric (or Typhoid) Fever, Simple Continued Fever, and Diarrhœa. Seventy-two of the deaths occurred in Hospitals without the Parish.
3. Includes Phthisis, Scrofula, Tuberculosis, Rickets, and Tabes.
4. Includes Debility, Atrophy, Inanition, Want of Breast-milk, and Premature Birth.
5. Includes Hydrocephalus, Infantile Meningitis, Convulsions, and Teething. (In Table III., Hydrocephalus and Infantile Meningitis are classified with tubercular diseases, Convulsions with diseases of the nervous system, and Teething with diseases of the digestive system)

TABLE V.

Showing the Number of Deaths from the Principal Diseases of the Zymotic Class in the ten years 1885-94 and in the year 1895.

DISEASES.	1885.	1886.	1887.	1888.	1889.	1890.	1891.	1892.	1893.	1894.	Annual Average of ten years, 1885-94.	Proportion of Deaths to 1000 Deaths, in ten years 1885-94.	Deaths in 1895.	Proportion of Deaths to 1000 Deaths, in 1895.	
Small-pox ...	25	0	1	0	0	0	0	0	9	0	3.5	1.2	0	0	
Measles ...	111	56	108	124	14	140	29	109	18	103	81.7	29.1	33	12.0	
Scarlet Fever ...	7	11	44	26	28	26	16	36	51	22	26.7	9.5	27	9.8	
Diphtheria ...	22	30	40	89	111	35	28	31	83	75	54.4	19.4	89	32.4	
Whooping-cough ...	98	82	86	100	26	93	84	63	65	61	75.8	27.0	39	14.2	
Typhus Fever ...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Enteric Fever ...	12	11	11	21	19	15	24	15	17	21	16.6	5.9	15	5.5	
Sim.Continued Fever	0	0	2	2	0	0	1	2	0	3	1.0	0.4	1	0.4	
Diarrhoea ...	86	90	124	58	71	78	91	77	98	56	82.9	29.5	118	42.9	
TOTALS.	KENSINGTON.	361	280	416	420	269	387	273	333	341	346	342.6	122.0	322	117.2
	LONDON.	11261	11121	12684	10803	9709	12279	9675	11983	13223	11544	11428	136.5	11544	132.8
	ENGLAND & WALES	57726	62859	64676	50684	61027	59698	53221	56032	73499	52771	59219	109.7	64901	114.1

TABLE VI.

Summary of the Work of the Sanitary Inspectors during the nine months, April to December, 1895.

Sanitary Districts.*	No. of Complaints made by Inhabitants, &c.	No. of Houses, Premises, &c., inspected.	No. of Re-inspections of Houses, Premises, &c.	Results of Inspection.					House Drains.		Water Closets.			Dust Receptacles.		Water Supply.			Miscellaneous.						
				Written Intimations of Nuisances Served.	Notices served by order of the Works and Sanitary Committee.	Final Notices signed by Medical Officer served.	Houses, Premises, &c., Cleansed, Repaired, Whitewashed, &c.	Houses Disinfected after illness of an Infectious character.†	Constructed, Repaired, Cleansed, &c.	Ventilated, Trapped, &c.	Constructed, Repaired, &c.	Supplied with Water.	Soil-pipes Ventilated.	New provided.	Repaired, Covered, &c.	Cisterns erected.	Cisterns Cleansed, Repaired, Covered, &c.	Waste-pipes connected with drains, &c., abolished.	No. of Lodging Houses newly Registered under 94th Section of the Public Health (London) Act, 1891.‡	Yards and Areas paved and drained.	Animals removed, being improperly kept.	Bakehouses.	Licensed Cowsheds.	Licensed Slaughter-Houses.	Legal Proceedings, i.e., Summonses.
North ...	185	557	3,414	257	67	8	20	186	91	117	166	167	109	14	49	20	59	17	...	149	...	21	...	1	4
N.E. ...	139	416	2,408	238	133	12	57	75	129	116	112	28	33	26	49	8	51	5	...	99	23	26	1	2	3
N.W. (Div. A)	94	525	2,961	245	99	9	38	68	133	107	19	138	72	17	40	2	68	29	...	54	1	14	...	2	1
N.W. (Div. B)	203	454	2,468	228	159	32	17	122	48	72	101	18	26	21	29	1	10	...	...	70	5	12	2	2	4
Central ...	105	299	627	121	68	9	39	70	68	47	54	34	42	2	7	8	25	16	...	87	8	13	1	5	2
S.E. ...	157	1,135	1,274	245	118	8	193	76	150	56	43	142	67	...	8	1	48	27	...	5	...	28	...	...	3
S.W. ...	127	747	2,716	264	120	24	129	85	87	53	206	149	72	33	23	52	81	5	...	163	1	23	..	1	1
	1010	4,133	15,868	1,598	764	102	493	682	706	563	701	676	421	113	205	92	342	99	...	627	38	137	4	13	18

* For a description of the Sanitary Districts, see page 2.

† Done under the supervision of the Inspector for the Central District.

‡ The total number of houses on the Register in December, 1895, in round figures, was 1,500. (Vide page 109.)

TABLE VII.

Showing the Death-rate per 1,000 persons living; the Annual Rate per 1,000 from the principal Diseases of the Zymotic Class; and the proportion of Deaths from these Diseases to total Deaths, in Kensington and in all London, in 1895, and in the preceding ten years, 1885-94.

The Year.	Deaths per 1,000 living.		Total Deaths from seven principal Zymotic Diseases, Kensington.	Annual rate of mortality per 1,000 living, from seven principal Zymotic Diseases.		Proportion of Deaths to 1,000 Deaths, from seven principal Zymotic Diseases.		The Year.
	Kensington.	London.		Kensington.	London.	Kensington.	London.	
1885	16.8	20.4	361	2.2	3.0	130	140	1885
1886	16.7	20.6	280	1.7	2.8	101	135	1886
1887	17.4	20.3	416	2.5	3.1	144	154	1887
1888	17.1	19.3	420	2.6	2.7	148	137	1888
1889	14.6	18.4	269	1.6	2.3	111	128	1889
1890	17.8	21.4	387	2.3	2.8	131	134	1890
1891	18.4	21.4	273	1.6	2.3	89	107	1891
1892	17.2	20.6	333	2.0	2.8	115	136	1892
1893	17.5	21.3	341	2.0	3.1	117	136	1893
1894	15.7	17.8	346	2.1	2.7	132	150	1894
AVERAGE OF TEN YEARS 1885-94.	16.9	20.1	343	2.1	2.8	122	136	AVERAGE OF TEN YEARS, 1885-94.
1895	16.4	19.8	322	1.9	2.6	117	133	1895

TABLE VIII.

Comparative Analysis of the Mortality in all London, and in Kensington, in 1895.

	Annual Death-rate per 1000 living, from all causes.	Annual Death-rate per 1000 living, from seven principal Zymotic diseases.	Percentage of Deaths under 1 year to Births Registered	PERCENTAGE OF DEATHS TO TOTAL DEATHS.						
				Under 1 year of age.	At 60 years of age and upwards.	From seven principal Zymotic diseases.	From Violence.	Registered upon information of Coroners. (Inquests.)	Registered at Public Institutions.*	Uncertified.
London ...	19.8	2.64	16.5	25.5	24.7	13.3	3.9	8.6	26.8	0.7
Kensington	16.4	1.9	17.2	22.7	28.5	11.7	3.1	8.1	27.7	0.07

*Viz.—Parish Infirmary and Workhouse, Brompton Consumption Hospital, so far as relates to Deaths of Parishioners therein, and Outlying Public Institutions, *i.e.*, General and Special Hospitals, etc.

TABLE IX.

Showing the Localities in which Fatal Cases of the Principal Diseases of the Zymotic Class occurred in 1895.

KENSINGTON TOWN REGISTRATION SUB-DISTRICT.

Locality.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Enteric Fever.	Diarrhoea.	Total.	Locality.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Enteric Fever.	Diarrhoea.	Total.
Acklam Road	2	2	Kensington Infirmary ...	21	...	...	1	1	2	...	33
Admiral Place...	1	...	...	...	1	1	Kensington Park Road ...	...	...	2	1	...	...	...	4
All Saints' Road	4	1	...	1	6	Ladbroke Crescent ...	...	...	...	1	...	...	...	1
Alma Terrace	1	...	...	1	1	Ladbroke Grove ... ..	...	...	...	...	...	2	...	2
Appleford Road	1	1	1	Lancaster Road ... ..	...	...	...	3	...	...	2	5
Aubrey Walk	1	...	...	1	1	Lonsdale Road ... ..	...	...	...	1	1	...	1	3
Bangor Street... ..	1	...	...	...	2	...	3	3	Manchester Road ... ..	...	...	...	2	...	...	2	4
Bevington Road	1	1	...	2	2	Manchester Street ...	...	...	...	3	...	...	3	6
Blechynden Mews	1	1	2	Martin Street ... ..	...	...	...	2	...	...	...	2
Blechynden Street	1	2	1	...	3	7	Mary Place ... ..	...	...	...	1	1	...	...	2
Blenheim Crescent	2	2	Peel Street ... ..	...	...	...	2	...	...	...	2
Blithfield Street	1	...	...	1	1	Portland Road ... ..	...	...	...	1	2	...	1	4
Bosworth Road	1	...	...	1	...	...	2	4	Portobello Road ... ..	...	...	1	5	...	1	7	7
Bramley Road	4	...	1	1	6	Powis Square ... ..	...	...	...	1	...	...	...	1
Bulmer Terrace	1	...	...	1	1	Princes Road ... ..	...	...	...	...	1	...	1	2
Campden Grove	1	...	...	1	1	Rackham Street	2	3	...	...	...	...	1	6
Campden Hill Road	1	1	1	Rillington Place ... ..	...	...	...	1	...	...	...	1
Campden Houses	1	1	...	...	2	4	St. Ann's Road ... ..	...	...	...	...	...	2	...	4

Chesterton Road ...	...	...	1	...	...	...	1	1	St. Clement's Road ...	...	...	...	...	...	...	2	2
Church Walk ... ..	...	...	...	1	...	...	1	1	St. George's Road ...	...	1	...	...	...	...	1	2
Clarendon Mews ... ..	...	...	...	1	...	...	1	1	St. Helen's Gardens ...	...	...	1	...	...	...	1	1
Clarendon Road ... ..	...	...	...	1	...	...	1	1	St. James's Place	2	...	...	...	...	...	2	2
Convent Gardens ...	...	...	...	...	1	...	1	2	St. Katherine's Road ...	1	...	...	5	...	...	2	8
Cornwall Road ... ..	...	...	2	...	1	...	3	3	Shaftesbury Mews	1	...	1	...	...	...	1	1
Drayton Mews ... ..	...	...	...	1	...	...	1	1	Silchester Road ... ..	...	...	...	4	...	...	1	5
Edenham Street ... ..	...	...	...	1	...	...	2	3	Southern Street	1	...	...	1	2	...	3	7
Faraday Road... ..	...	...	...	1	...	...	1	1	Swinbrook Road ... ..	...	2	...	2	...	...	2	6
Fowell Street ... ..	...	...	1	1	...	...	1	3	Talbot Grove ... ..	...	...	2	...	...	1	2	5
Gloucester Road ...	...	...	...	...	...	1	1	1	Testerton Street ... ..	...	...	...	1	...	...	2	3
Golborne Gardens ...	...	...	...	1	...	...	1	2	Trevorton Street ... ..	...	...	...	1	...	...	2	3
Golden Mews ... ..	...	...	...	1	...	...	1	1	Victoria Dwellings ...	...	...	...	...	...	2	2	2
Hazlewood Crescent ...	1	...	...	...	1	...	2	2	Walmer Road ... ..	...	...	2	1	...	...	6	9
High Street, Notting Hill	...	2	...	...	...	...	2	2	Westbourne Grove ... ..	...	...	1	...	...	...	1	1
Holland Park Avenue ...	...	...	...	1	...	...	1	1	Western Dwellings ...	...	...	...	...	...	2	2	2
Holland Street ... ..	...	...	1	...	...	...	1	1	Wheatstone Road ... ..	...	...	1	...	...	...	1	2
Hurstway Street ... ..	...	...	3	...	...	1	4	4	Wornington Road	1	2	...	...	...	4	7	7
Jameson Street ... ..	...	...	1	...	...	...	1	1									

BROMPTON SUB-DISTRICT.

Alveston Mews ... ..	...	...	...	1	...	...	1	1	Michael's Grove ... ..	...	...	...	1	...	...	...	1
Ashley Cottages ... ..	...	...	...	1	...	...	1	2	Onslow Mews ... ..	...	...	...	1	...	...	...	1
Barker Street ... ..	...	...	...	1	1	...	2	4	Onslow Square ... ..	...	1	...	...	...	...	...	1
Brompton Road ... ..	...	...	...	3	...	...	1	4	Pelham Crescent ... ..	...	...	...	...	1	...	...	1
Bute Street ... ..	...	...	...	1	...	...	1	1	Princes Mews ... ..	...	...	...	1	...	...	...	1
Childs' Street... ..	...	...	...	1	...	...	1	1	Queen's Gate ... ..	...	...	...	...	1	...	...	1
Cromwell Road ... ..	...	...	...	...	...	1	1	1	Radley Mews ... ..	...	...	...	1	...	...	...	1
Farnell Mews ... ..	...	...	1	...	...	...	1	2	Richmond Road ... ..	...	...	...	...	...	2	2	2
Fulham Road ... ..	...	...	...	...	...	2	2	2	St. Mark's Road ... ..	...	...	...	...	1	2	3	3
Holly Mews ... ..	...	...	1	...	...	...	1	1	Warwick Road ... ..	...	...	2	1	...	...	3	3
Ifield Road	1	...	1	2	...	2	6	6	Yeoman's Row	2	1	...	...	...	...	...	3

TABLE IXa.

Showing Streets, etc., in the Registration sub-districts and in the Sanitary Inspecting districts, from which the 1,289 cases of Infectious Disease were notified, under the provisions of the Public Health (London) Act, 1891, during the year 1895. The Registration Sub-Districts are Kensington Town (K T), and Brompton (B). For list of Sanitary Districts see page 2.

Street or Place.	Registration Sub-District.	Sanitary District.	Small pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Abingdon Road	K T	S W	...	...	1	...	...	...	...	1
Abingdon Villas	"	"	...	...	1	...	...	...	...	1
Absalom Road	"	N	...	2	1	1	...	...	...	4
Acklam Road	"	"	1	12	4	...	1	...	...	18
Adair Road	"	"	...	...	1	...	...	2	...	3
Adam and Eve Mews	"	S W	...	1	...	...	...	...	...	1
Addison Gardens	"	C	...	...	1	...	...	...	...	1
Addison Road	"	"	...	1	1	1	...	1	...	4
Admiral Place	"	N	...	2	...	...	...	...	...	2
Admiral Terrace	"	"	...	...	...	...	...	1	...	1
Aldermaston Street	"	N W (2)	...	1	...	...	...	...	...	1
Alfred Place (Melbury Road)	"	C	...	1	...	...	...	...	...	1
Alfred Place (S. Kensington)	B	S E	...	...	1	...	...	...	...	1
All Saints' Road	K T	N E	...	2	6	...	...	...	...	8
Alma Cottages	"	N	...	...	...	...	...	1	...	1
Alma Terrace	K T & B	S W	...	...	1	...	1	...	...	2
Alveston Mews	B	S E	...	2	1	...	...	...	...	3
Appleford Road	K T	N	...	...	1	3	...	1	...	5
Archer Mews	"	N E	...	1	...	...	...	...	...	1
Argyll Road	"	C	...	...	...	1	...	...	...	1
Ashburn Place	B	S E	...	...	...	1	...	...	...	1
Ashley Cottages	"	S W	...	1	3	...	...	1	...	5
Aston Road	K T	N E	...	1	...	...	...	...	...	1
Astwood Mews	B	S E	...	...	1	...	...	...	...	1
Atherstone Terrace	"	"	...	...	1	...	...	...	...	1
Aubrey Walk	K T	C	...	1	1	...	...	1	...	3
Bangor Street	K T	N W (2)	...	2	...	1	...	4	...	7
Barker Street	B	S W	...	7	1	...	...	...	...	8
Barkston Gardens	"	"	...	...	...	1	...	...	...	1
Bassett Road	K T	N	...	1	...	...	...	...	...	1
Beauchamp Place	B	S E	...	...	1	...	...	...	...	1
Bedford Gardens	K T	C	...	...	...	1	...	...	...	1
Bedford Terrace	"	"	...	...	...	2	...	...	...	2
Bevington Road	"	N	...	4	3	...	...	...	...	7
Bina Gardens	B	S E	...	2	...	...	...	...	...	2
Blagrove Road	K T	N	...	1	1	...	...	...	...	2
Blechynden Mews	"	N W (2)	...	...	1	2	...	1	...	4
Blechynden Street	"	"	...	6	5	1	...	1	1	14
Blenheim Crescent	"	N W (1) & N E	...	1	...	...	...	1	...	2
Blithfield Street	"	S W	...	...	2	...	...	...	...	2
Bolton Mews	"	N E	...	...	3	...	...	...	...	3
Bolton Road	"	"	...	...	4	...	...	...	...	4
Bomore Road	"	N W (2)	...	2	3	...	...	...	...	5
Bonchurch Road	"	N	...	...	...	...	...	1	...	1

* For a description of the Sanitary Districts see page 2.

NOTE.—"N W (1)" and "N W (2)" in this Table indicate the North-West Sanitary District, Divisions A and B respectively.

TABLE IXa.—*continued.*

Street or Place.	Registration Sub-District.	Sanitary District.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Bosworth Road	... K T	N	...	...	1	...	...	1	1	3
Bott's Mews	... "	N E	...	2	...	...	...	...	...	2
Bramham Gardens	... B	S W	...	2	...	...	...	...	...	2
Bramley Road	... K T	N W (2)	...	1	12	1	...	1	...	15
Bramley Street	... "	"	...	...	1	...	...	...	...	1
Bransford Street	... "	N	...	2	...	...	...	1	...	3
Branstone Street	... "	"	...	3	...	...	...	...	...	3
Brompton Crescent	... B	S E	1	...	1	1	...	...	...	3
Brompton Road	... "	"	...	1	7	...	...	1	...	9
Brompton Square	... "	"	...	2	...	1	...	...	...	3
Buckingham Terrace	... K T	N E	...	...	1	...	...	...	...	1
Bulmer Terrace	... "	"	...	...	1	...	...	...	...	1
Bute Street	... B	S E	...	...	...	...	...	...	1	1
Cambridge Gardens	... K T	N	...	5	1	...	...	...	...	6
Campden Grove	... "	C	...	...	...	...	...	...	1	1
Campden Hill Road	... "	"	...	...	...	1	...	...	...	1
Campden Hill Square	... "	"	...	...	1	...	...	...	...	1
Campden Houses	... "	"	...	3	2	1	...	1	...	7
Campden House Mews	... "	"	...	...	...	...	...	1	...	1
Campden House Road	... "	"	...	2	...	...	...	...	...	2
Campden Street	... "	"	...	6	1	...	...	...	...	7
Chapel Place	... B	S E	...	...	3	...	...	1	...	4
Chapel Road	... K T	N W	...	...	...	...	...	1	...	1
Chesterton Road	... "	N	...	12	2	...	...	2	...	16
Childs' Passage	... B	S W	...	...	...	...	...	1	...	1
Childs' Place	... "	"	...	1	1	...	...	1	...	3
Childs' Street	... "	"	...	...	1	...	...	...	1	2
Church Street	... K T	C	...	2	...	...	...	...	...	2
Church Walk	... "	"	...	...	1	...	...	...	...	1
Clarendon Mews	... "	S E	...	...	2	...	...	...	...	2
Clarendon Road	... "	N W	...	5	5	...	...	1	1	12
Cluny Mews	... B	S W	...	...	1	...	...	...	...	1
Clydesdale Road	... K T	N E	...	1	...	...	...	...	...	1
Codrington Mews	... "	N E	...	1	...	...	...	...	...	1
Colbeck Mews	... B	S E	...	...	1	...	...	...	...	1
Coleherne Mews	... "	S W	...	1	...	...	...	...	...	1
Coleherne Road	... "	"	...	1	...	...	...	...	...	1
Colville Road	... K T	N E	...	1	2	...	...	...	...	3
Colville Square Mews	... "	"	...	1	...	...	...	1	...	2
Colville Square Terrace	... "	"	...	1	...	...	...	...	...	1
Convent Gardens	... K T	N E	...	1	1	...	...	...	...	2
Cornwall Road	... "	N W (1) & N E	...	4	3	...	...	2	...	9
Courtfield Gardens	... B	S E & S W	...	1	...	...	...	...	...	1
Cousins Terrace	... K T	C	...	...	1	...	...	...	...	1
Cranley Gardens	... B	S E	...	...	1	...	...	...	...	1
Crescent Place	... "	"	...	...	...	1	...	...	...	1
Crescent Street	... K T	N W (2)	...	2	1	1	...	5	...	9
Cromwell Mews	... B	S E	...	2	...	...	...	...	...	2
Cromwell Road	... "	S E & S W	...	...	...	2	...	...	...	2

TABLE IXa.—*continued.*

Street or Place.	Registration Sub-District.	Sanitary District.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Dartmoor Street	K T	C	..	9	1	..	..	3	..	13
Dawson Place	"	N E	..	1	2	..	..	..	..	3
Denbigh Terrace	"	"	..	..	..	..	..	4	..	4
De Vere Gardens	"	S E	..	..	..	1	..	..	..	1
De Vere Mews	"	"	..	..	1	..	..	..	..	1
Drayson Mews	"	C	..	1	2	..	..	..	..	3
Drayton Villas	B	S E	..	1	..	..	..	..	..	1
Duke's Lane Chambers	K T	C	..	..	2	..	..	..	..	2
Durham Place	"	"	..	1	..	..	..	..	..	1
Earl's Court Road	K T & B	S W	..	1	..	1	..	2	..	4
Earl's Court Square	B	"	..	..	..	..	..	1	..	1
East Mews Road	K T	N W (2)	..	..	2	..	..	2	..	4
Edenham Street	"	N	..	2	1	..	..	2	..	5
Edge Street	"	C	..	1	..	..	..	..	..	1
Edinburgh Road	"	N	..	..	1	..	..	..	..	1
Edinburgh Terrace	"	N W (2)	..	..	..	..	..	1	..	1
Egerton Gardens	B	S E	..	1	..	..	..	..	..	1
Egerton Mews	"	"	..	1	..	..	..	..	..	1
Elgin Crescent	K T	N W (1) & N E	..	1	1	3	..	..	..	5
Elm Place	B	S E	..	1	..	..	..	..	..	1
Elsham Road	K T	C	..	1	..	..	..	..	..	1
Elvaston Place	"	S E	..	1	..	..	..	..	..	1
Emperor's Gate	B	"	..	1	..	3	..	..	..	4
Ernest Street	K T	C	..	3	..	..	..	1	..	4
Exmoor Street	"	N	..	1	..	..	..	..	..	1
Faraday Road	K T	N	..	1	2	..	..	..	..	3
Farmer Street	"	C	..	2	..	..	..	2	..	4
Farnell Mews	B	S W	..	1	..	..	..	..	..	1
Fenelon Road	"	"	..	..	..	..	..	1	..	1
Finborough Road	"	"	..	..	2	1	..	1	..	4
Fowell Street	K T	N W (2)	..	1	5	..	..	..	..	6
Fulham Road	B	S E & S W	..	5	1	..	..	..	..	6
Gadsden Mews	K T	N	..	..	1	..	..	..	..	1
Gledhow Gardens	B	S E	..	1	..	..	..	..	..	1
Gledhow Terrace	"	"	..	..	1	..	..	..	..	1
Gloucester Road	K T & B	"	..	..	..	2	..	..	..	2
Golborne Gardens	K T	N	..	2	2	..	..	..	..	4
Golborne Road	"	"	..	6	1	..	..	1	..	8
Golborne Terrace	"	"	..	7	..	..	..	..	..	7
Golden Mews	"	N E	..	..	3	..	..	..	..	3
Gordon Place	"	C	..	..	1	..	..	..	..	1
Goreham Place	"	N W (2)	..	..	..	2	..	..	..	2
Grenville Place	B	S E	..	1	..	..	..	..	..	1
Hans Road	B	S E	..	..	1	..	..	..	..	1
Harrow Road	K T	N	1	..	..	..	..	..	..	1
Hazlewood Crescent	"	"	..	6	1	2	..	1	..	10
Hesketh Place	"	N W (2)	..	..	..	..	..	1	..	1
Hewer Street	"	N	..	2	..	..	..	..	1	3
High Street, Notting Hill	"	N E & C	..	8	1	..	..	..	..	9

TABLE IXa.—*continued.*

Street or Place.	Registration Sub-District.	Sanitary District.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Hogarth Road	...	B	S W	...	1	...	...	...	...	1
Holland Park	...	K T	C	...	...	1	...	...	...	1
Holland Park Avenue	...	"	N W (1) N E & C	2	2	...	...	1	...	5
Holland Road	...	"	C	1	2	...	...	...	...	3
Holland Street	...	"	C	1	...	...	...	...	...	1
Holly Mews	...	B	S E	3	1	...	...	...	...	4
Hollywood Road	...	"	S W	...	1	...	...	...	...	1
Holmes Place	...	"	"	1	...	...	...	...	...	1
Hooper's Court	...	"	S E	1	4	...	...	...	...	5
Hornton Street	...	K T	C	...	...	1	...	...	...	1
Hurstway Street	...	"	N W (2)	1	6	...	...	1	...	8
Hyde Park Gate, South Mews	...	"	S E	1	...	...	...	...	...	1
Ifield Road	...	B	S W	6	3	...	...	2	2	13
Jameson Street	...	K T	C	7	2	...	...	...	...	9
James Place	...	"	S E	1	...	...	...	...	...	1
Johnson Street	...	"	C	2	1	...	...	...	...	3
Kenilworth Street	...	K T	N W (2)	...	...	...	...	1	...	1
Kensal Road	...	"	N	...	...	...	...	1	...	1
Kensington High Street	...	"	S E	...	...	1	...	...	...	1
Kensington Infirmary	...	"	S W & C	3	4	5	8	88	...	108
Kensington Park Road	...	"	N E	5	3	1	...	...	...	9
Kensington Place	...	"	C	2	1	...	...	3	...	6
Kensington Square	...	"	S E	2	...	...	...	...	...	2
Ladbroke Crescent	...	K T	N W (1)	2	1	...	...	...	...	3
Ladbroke Grove	...	"	N-N W (1) & N E	10	2	...	...	...	...	12
Ladbroke Road	...	"	N W (1) & N E	1	...	...	...	1	...	2
Lancaster Road	...	"	N E, N W (1) & N W (2)	15	15	1	...	1	...	32
Lansdowne Crescent	...	"	N W (1)	...	...	1	...	...	...	1
Lansdowne Road	...	"	N W (1)	3	...	...	...	...	...	3
Latimer Mews	...	"	N W (2)	...	...	...	1	...	...	1
Ledbury Mews	...	"	N E	...	...	1	...	...	...	1
Ledbury Road	...	"	"	1	...	...	...	...	...	1
Lexham Gardens	...	B	S W	1	1	1	...	...	...	3
Linden Gardens	...	K T	N E	...	1	...	...	...	...	1
Linden Mews	...	"	"	1	...	...	...	...	...	1
Lloyd's Place	...	B	S E	...	2	...	...	...	...	2
Lockton Street	...	K T	N W (2)	1	2	...	...	...	...	3
Lonsdale Mews	...	"	N E	...	1	1	...	...	...	2
Lonsdale Road	...	"	"	3	5	...	...	...	...	8
Lorne Gardens	...	"	C	1	...	...	...	...	...	1
Mall Chambers	...	K T	C	2	...	...	...	...	...	2
Manchester Road	...	"	N W (2)	3	5	2	...	...	...	10
Manchester Street	...	"	"	1	9	...	...	3	...	13

TABLE IXa.—*continued.*

Street or Place.	Registration Sub-District.	Sanitary District.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever	Puerperal Fever.	Erysipelas.	Croup.	Total.
Marloes Road	... K T & B	S W	...	...	1	...	...	...	..	1
Martin Street	... K T	N W (2)	...	1	4	...	...	..	...	5
Mary Place	... "	"	...	1	2	...	...	..	...	3
Maxilla Gardens	... "	N	...	2	1	...	...	..	...	3
Mentone Mansions	... B	S W	...	...	1	...	...	1	...	2
Merton Road	... K T	S E	...	1	...	...	...	...	...	1
Michael's Grove	... B	"	...	...	1	...	...	...	...	1
Montpelier Row	... "	"	...	...	1	...	...	...	...	1
Montpelier Street	... "	"	...	2	3	...	...	...	...	5
Munro Mews	... K T	N	...	1	1	...	...	...	...	2
Nevern Mansions	... B	S W	...	...	..	1	...	...	...	1
Nevern Square	... "	"	...	1	..	...	...	...	...	1
Newcombe Street	... K T	C	...	1	1	...	...	1	...	3
New Street	... B	S E	...	...	1	...	..	...	...	1
Norfolk Place	... K T	N E	...	...	...	...	...	1	...	1
Norland Square	... "	N W (1)	...	1	1	2	...	...	...	4
North Terrace	... B	S E	...	...	...	1	...	..	...	1
Notting Hill Terrace	... K T	N E	...	1	...	..	...	...	...	1
Oakfield Street	... B	S W	...	...	...	1	...	...	...	1
Onslow Gardens	... "	S E	...	1	1	..	...	1	...	3
Onslow Houses	... "	"	...	1	...	...	...	...	...	1
Onslow Mews	... "	"	...	...	3	...	...	...	...	3
Onslow Square	... "	"	...	...	...	1	...	...	...	1
Oxford Gardens	... K T	N	...	1	...	...	...	...	...	1
Palace Gate	... K T	S E	...	1	...	1	...	...	...	2
Pamber Street	... "	N W (2)	...	...	1	...	...	...	...	1
Peel Place	... "	C	...	...	2	1	...	...	...	3
Peel Street	... "	C	...	1	4	...	...	1	...	6
Pelham Crescent	... B	S E	...	...	...	1	...	...	...	1
Pelham Street	... "	"	...	...	1	...	...	...	...	1
Pembridge Square	... K T	N E	...	...	1	1	...	...	...	2
Pembridge Villas	... "	"	...	1	...	1	...	1	...	3
Pembroke Road	... B	S W	...	3	1	...	...	...	...	4
Philbeach Gardens	... "	"	...	3	...	...	...	...	...	3
Phillimore Gardens	... K T	C	...	...	...	1	..	1	...	2
Phillimore Mews	... "	"	...	1	...	..	...	...	...	1
Phoenix Place	... "	N W (1)	...	...	2	...	...	...	...	2
Portland Road	... "	"	...	7	4	1	...	4	...	16
Portobello Road	... "	N & N E	...	18	8	2	1	10	1	40
Powis Square	... "	N E	...	...	1	...	...	...	...	1
Prince's Mews (S. Ken.)	... B	S E	...	...	3	...	...	...	...	3
Prince's Road	... K T	N W (1)	...	4	3	...	..	3	...	10
Prince Teck Buildings	... B	S W	...	1	1	...	...	...	...	2
Providence Terrace	... "	"	...	...	1	...	...	...	...	1
Queen Ann's Terrace	... K T	N	...	2	...	...	..	..	...	2
Queen's Gate	... K T & B	S E	...	4	1	1	...	...	...	6
Queen's Gate Place	... K T	"	...	...	...	1	...	...	...	1
Queen's Gate Terrace	... "	"	...	1	...	...	...	2	...	3
Queen's Road	... "	N W (1)	...	2	...	1	...	2	...	5

TABLE IXa.—continued.

Street or Place.	Registration Sub-District.	Sanitary District.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Group.	Total.
Rackham Street	K T	N	...	13	2	1	...	...	...	16
Raddington Road	"	"	...	1	...	...	...	1	...	2
Radley Mews	B	S W	...	4	2	...	...	...	...	6
Radnor Terrace	K T	"	...	1	2	...	...	1	...	4
Raymede Street	"	N	...	3	...	...	...	...	...	3
Redcliffe Road	B	S W	...	1	...	...	...	...	...	1
Redcliffe Square	"	"	...	3	1	...	...	...	...	4
Rendle Street	K T	N	...	1	...	...	...	1	...	2
Richmond Road	B	S W	...	1	1	...	...	...	...	2
Rillington Place	K T	N W (1)	...	1	1	1	...	...	...	3
Rosary Gardens	B	S E	...	1	...	...	...	...	...	1
Royal Crescent	K T	N W (1)	...	...	...	1	...	...	...	1
Royal Crescent Mews	"	"	...	...	...	...	...	2	...	2
Russell Mews	"	C	...	...	1	...	...	...	...	1
Rutland Street	B	S E	...	...	2	...	...	...	...	2
St. Ann's Road	K T	N W (1)	...	3	1	...	...	...	...	4
	&	N W (2)	...	...	...	...	...	...	...	...
St. Ann's Villas	"	N W (1)	...	3	...	1	...	1	...	5
St. Charles's Square	K T	N	...	1	1	...	...	...	...	2
St. Clement's Road	"	N W (2)	...	1	...	...	...	7	...	8
St. Ervan's Road	"	N	...	6	...	...	...	1	...	7
St. George's Road	"	N W (1)	...	6	...	...	...	1	...	7
St. Helen's Gardens	"	N	...	1	3	...	...	...	...	4
St. John's Place	"	N W (1)	...	...	1	...	...	1	...	2
St. Katherine's Road	"	N W (2)	...	4	1	1	...	1	...	7
St. Lawrence Road	"	N	...	1	...	...	...	2	...	3
St. Luke's Mews	"	N E	...	...	...	...	...	1	...	1
St. Luke's Road	"	"	...	1	...	...	...	...	...	1
St. Mark's Road, Fulham Road	B	S W	...	1	...	3	...	...	...	4
St. Mark's Road, Notting Hill	K T	N & N W	...	2	1	1	...	1	...	5
		(1)	...	...	...	...	...	...	...	...
St. Mary Abbott's Terrace	"	C	...	...	...	...	...	...	1	1
St. Marylebone Infirmary	"	N	2	...	...	...	...	...	...	2
St. Quintin's Avenue	"	"	...	1	1	...	...	1	...	3
Scampston Mews	"	"	...	...	2	...	...	...	...	2
Scarsdale Terrace	"	S W	...	...	...	1	...	1	...	2
Scarsdale Villas	"	"	...	2	...	...	...	...	...	2
Seymour Place	B	"	...	2	...	...	...	1	...	3
Shaftesbury Mews	K T	"	...	4	1	...	...	...	...	5
Shaftesbury Road	B	"	...	...	...	...	...	2	...	2
Silchester Mews	K T	N W (2)	...	...	1	...	...	...	...	1
Silchester Road	"	"	...	2	7	1	...	1	1	11
Silchester Terrace	"	"	...	...	3	...	...	1	...	4
Silver Street	"	C	...	3	...	...	...	...	...	3
Southam Street	"	N	...	9	3	2	1	6	1	22
South End	"	S E	...	2	1	...	...	1	...	4
South End Gardens	"	"	...	1	...	...	...	...	...	1
Stanley Gardens	"	N E	...	1	...	...	...	...	...	1
Stoneleigh Street	"	N W (2)	...	5	1	...	...	4	...	10
Summer Place	B	S E	...	...	...	1	...	1	...	2
Sussex Place	"	"	...	1	...	...	...	...	1	2
Sussex Villas	K T	"	...	...	1	...	...	...	...	1
Sutton Street	"	S W	...	1	...	...	...	...	...	1

TABLE IXa.—*continued.*

Street or Place.	Registration Sub-District.	Sanitary District.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Swinbrook Road	... K T	N	...	6	5	...	...	2	...	13
Sylvester Mews	... "	N E	...	1	...	...	..	...	...	1
Tabernacle Terrace	... K T	N W (1)	...	2	...	...	...	...	...	2
Talbot Grove	... "	"	...	6	4	1	...	2	...	13
Tavistock Crescent	... "	N E	...	1	...	...	...	...	...	1
Tavistock Road	... "	"	...	3	1	...	...	...	...	4
Testerton Street	... "	N W (2)	...	2	3	...	...	...	...	5
The Mall	... "	C	...	1	...	...	..	...	...	1
The Triangle	... "	N	...	3	...	...	...	...	...	3
Thomas Place	... "	N W (2)	...	...	1	...	...	...	...	1
Thorpe Mews	... "	N	...	1	...	...	...	...	...	1
Thresher's Cottages	... "	N W (2)	...	...	...	...	...	1	...	1
Tobin Street	... K T	N W (2)	...	...	...	...	...	1	...	1
Tottenham Street	... "	N	...	...	...	...	...	1	...	1
Trafalgar Place	... "	S E	...	1	...	...	...	...	...	1
Tregunter Road	... B	S W	..	1	...	1	...	1	...	3
Treverton Street	... K T	N	...	12	1	...	...	7	...	20
Upper Addison Gardens	... K T	C	...	1	...	...	...	...	...	1
Upper Phillimore Place	... "	"	...	1	...	1	...	...	...	2
Uxbridge Terrace	... "	N E	...	1	...	...	...	...	...	1
Victoria Dwellings	... K T	N	...	...	1	...	...	...	...	1
Victoria Grove	... "	S E	...	...	1	...	...	...	...	1
Virginia Place	... "	N W (2)	...	...	...	...	...	1	...	1
Walgrave Road	... B	S W	...	1	...	1	...	...	...	2
Walmer Road	... K T	N W (2)	...	11	8	...	...	3	...	22
Warwick Gardens	... K T & B	S W	...	1	...	1	...	1	...	3
Warwick Road	... "	"	...	2	2	1	...	...	...	5
Wellington Mews	... K T	N E	...	1	..	...	...	...	...	1
Westbourne Grove	... "	N E	1	4	3	1	...	1	...	10
Western Dwellings	... "	N	...	...	...	...	...	1	...	1
Western Terrace	... "	"	...	...	...	...	...	1	...	1
Wetherby Mansions	... B	S W	...	1	...	...	...	...	...	1
Wetherby Place	... "	"	...	...	2	...	...	...	...	2
Wetherby Terrace	... "	"	...	1	...	...	...	...	...	1
Wharfedale Street	... "	"	...	1	...	...	...	...	...	1
Wheatstone Road	... K T	N	...	1	5	1	...	1	...	8
Wilby Mews	... "	N E	...	1	...	1	...	...	...	2
William Street, Notting Dale	... "	N W (2)	...	1	2	...	...	...	...	3
Wornington Road	... "	N	...	19	10	...	1	6	...	36
Wynnstay Gardens	... "	S W	...	1	...	...	...	...	...	1
Yeoman's Row	... B	S E	...	4	4	...	...	1	...	9

In addition, 3 cases of *continued fever* were notified, viz., one each from Holland Street (C), Latimer Mews (N W (2)), and Telford Road (N), all in the Kensington Town Sub-District.

TABLE X.

The Vaccination Officer's Return respecting the Vaccination of Children whose Births were Registered in 1894.* (*Vide* page 58).

DATE.	Registration Sub-Districts comprised in Vaccination Officer's District.	Number of Births returned in Birth List Sheets.	Number of these Births duly entered in Columns 10, 11, and 13, of the Vaccination Register (Birth List Sheets), viz. :				Number of these Births which are not entered in the Vaccination Register, on account (as shown by Report Book) of				
			Column 10 Success-fully Vaccina- ted.	Column 11.		Column 13 Dead, Unvacci- nated.	Postpone- ment by Medical Certificate.	Removal to District the Vacci- nation Officer of which has been duly apprised.	Removal to places unknown, or which cannot be reached, and cases not having been found.	Cases still under proceed- ings, by summons and otherwise.	
				Insuscepti- ble of Vaccina- tion.	" Had Small- pox."						
1894.	1	2	3	4	5	6	7	8	9	10	11
1st January	Kensington Town ...	3,075	2,446	16	1	295	45	9	260	4	
to											
31st Dec.	Brompton ...	614	502	7	...	47	8	...	50	...	
	TOTAL	3,689	2,948	23	1	342	53	9	310	4	

* The Return for 1895 has not yet been presented.

TABLE XI.

LICENSED SLAUGHTER-HOUSES.

SOUTH OF HOLLAND PARK AVENUE,

(SOUTH KENSINGTON.)

LOCALITY OF PREMISES.	NAME OF LICENSEE.
60, Kensington High Street	Mr. Evans
35, Earl's Court Road	Mrs. Matson
21, Peel Place, Silver Street	Mr. Osborne
25, Silver Street	„ Wright
133, High Street, Notting Hill	„ Candy
20, Addison Terrace, ditto	„ Austin

NORTH OF HOLLAND PARK AVENUE,

(NORTH KENSINGTON.)

Lonsdale Mews	Mr. Grove
13, Archer Mews	„ Bawcombe
10, Edenham Mews	„ Goddard
61, Silchester Road	„ Shattock
125, Clarendon Road	„ Simmons
235, Walmer Road.	Mrs. Van
4, Royal Crescent Mews	Mr. Brooker

TABLE XII.

LICENSED COW-HOUSES.

SOUTH OF HOLLAND PARK AVENUE,

(SOUTH KENSINGTON.)

LOCALITY OF PREMISES.	NAME OF LICENSEE.
Campden Street (Yard in)	Mr. Lunn

NORTH OF HOLLAND PARK AVENUE,

(NORTH KENSINGTON.)

187, Walmer Road	Mr. Arnsby
5, Ledbury Mews	„ Liddiard
23, Bramley Road	„ Tame

THE STATE

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IN SENATE

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REPORT OF THE

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IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

APRIL 18, 1900

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