

Annual report on the health, sanitary condition, etc., etc., of the Royal Borough of Kensington for the year 1901.

Contributors

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THE
ANNUAL REPORT
ON THE
HEALTH, SANITARY CONDITION,
etc., etc.,
OF
THE ROYAL BOROUGH OF KENSINGTON
FOR THE YEAR
1901.

BY

T. ORME DUDFIELD, M.D.,

Medical Officer of Health.



The Royal Borough of Kensington.



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1901.

To the Mayor, Aldermen, and Councillors of the Borough Council,

SIR, AND GENTLEMEN,

The vital and mortal statistics in this report, for the period of fifty-two weeks—December 30th, 1900, to December 28th, 1901—comprised in the registration year 1901, have been calculated upon the authentic basis of population of the Borough contained in the Registrar-General's Report on the Census of 1901, as it relates to the County of London. The statistical tables therein, for London as a whole, and for each of the constituent Boroughs, are given under the headings of Area, Houses, and Population; and for the Registration Sub-districts, the Parliamentary divisions, and the several Wards.

REGISTRATION DISTRICT AND SUB-DISTRICTS.—The "KENSINGTON" REGISTRATION DISTRICT (No. 1 B in the Registrar-General's list) comprises two sub-districts, KENSINGTON TOWN (hereinafter for brevity referred to as TOWN), and BROMPTON. The Town sub-district comprises all that portion of the Borough north of Kensington High Street and Kensington Road, together with a large area south of that main thoroughfare, the dividing line running, from west to east, along Pembroke-road, Stratford-road, and south of the workhouse, then through Cornwall-gardens to Queen's-gate-place, and thence northwards so as to include Queen's-gate (west side). The remainder of the Borough, south of the line, forms the sub-district of Brompton.

The PARLIAMENTARY DIVISIONS are two in number, NORTH KENSINGTON and SOUTH KENSINGTON, High Street, Notting Hill, and Holland Park Avenue forming the line of demarcation.

The WARDS are nine in number, of which four—Golborne, St. Charles, Norland, and Pembridge, are in (and constitute) the Parliamentary Division of North Kensington and five—Holland, Earl's-court, Queen's-gate, Brompton, and Redcliffe are in (and constitute) the Parliamentary Division of South Kensington.

AREA.—The Borough comprises an area of 2,291·1 statute acres, an addition of 101·1 acres having accrued from the changes in boundaries brought about by the London Government Act, 1899. Of this addition all but 1·8 acres belongs to the Town sub-district, the area of which (including 3·8 acres of inland water) is 1,596·3 acres; the area of Brompton being 694·8 acres. The acreage of the wards is not given in the census report.

INHABITED HOUSES.—The inhabited houses enumerated March 31st, 1901, were 22,131; in the Town sub-district 15,140; in Brompton 6,991. The number of houses in the several wards is shown in the table at page 5. The Registrar-General states that "for census purposes a block of model dwellings or residential mansions is counted as a single house, whatever may be the number of separate tenements." This fact explains the discrepancy between the enumerated houses and the number estimated in the annual summary in the last report for 1901—"about 23,000." The latter number comprises the separately rated tenements in blocks of artisans dwellings and residential mansions. In the Borough, as a whole, there are 384 instances of what may be called the compound house; *i.e.*, blocks of buildings having, each, one outer door, but containing as many as 2,471 separately-rated tenements. A concrete illustration of this mode of occupation may be cited: Campden-houses in Peel-street, consisting of seven blocks, with the same number of outer doors, are counted as seven houses by the Registrar-General, whilst for rating purposes they rank as 133 houses.

UNINHABITED HOUSES.—The uninhabited houses, *i.e.*, houses not in rating, were 1,850, 709 of them (in the Town sub-district 419, in Brompton 290) being "in occupation" by caretakers; and 1,141 (in the Town sub-district 659, in Brompton 482) "not in occupation."

SUMMARY OF THE PRECEDING TABLE.

Population at 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 ... 107,544	7,092	13,305	24,769	23,482	15,377	10,953	6,985	3,818	1,515	243	5	107,544 Females
Males ... 69,084	7,056	12,595	13,461	11,491	9,440	7,220	4,586	2,306	820	107	2	69,084 Males
Excess of Females } 38,460	36	710	11,308	11,991	5,937	3,733	2,399	1,512	695	136	3	38,460 { Excess of Females
Total of both sexes } 176,628	14,148	25,900	38,230	34,973	24,817	18,173	11,571	6,124	2,335	350	7	176,628 { Total of both sexes

PARTICULARS OF HOUSES, AND OF POPULATION OF THE WARDS.

NAME OF WARD.	HOUSES.				POPULATION.		
	Inhabited.	Uninhabited.		Building.	Persons.	Males.	Females.
		In Occupation.	Not in Occupation.				
Brompton ...	2,240	201	153	3	14,158	4,460	9,698
Earl's Court ...	2,639	114	137	12	18,064	6,047	12,017
Golborne ...	2,102	12	23	2	26,307	12,934	13,373
Holland ...	3,024	99	180	9	20,391	7,126	13,265
Norland ...	2,806	74	78	3	23,449	10,576	12,873
Pembroke ...	2,693	71	130	—	19,325	7,508	11,817
Queen's Gate ...	1,631	65	213	3	14,284	4,684	9,600
Redcliffe ...	2,606	52	182	2	18,713	6,072	12,641
St. Charles ...	2,390	21	45	—	21,937	9,677	12,260
THE BOROUGH ...	22,131	709	1,141	34	176,628	69,084	107,544

The Parliamentary Division of North Kensington is peculiar in that a considerable area in the Kensal district, taken from the Borough of Chelsea for all purposes other than that of Parliamentary elections, is for that single purpose still a part of Chelsea.

The subjoined table sets out the particulars as to Area, Houses, and Population, of the two Parliamentary Divisions:—

Parliamentary Divisions.	Area in statute acres.	HOUSES, 1901.				POPULATION.			
		Inhabited.	Uninhabited.		Building.	1891.	1901.		
			In occupation.	Not in occupation.		Persons.	Persons.	Males.	Females.
1. North Kensington ...	2,188.2	9,656	192	281	4	82,633	87,708	39,022	48,686
2. South „ ...		12,128	530	888	31	83,675	85,365	28,329	57,036

FAMILIES, OR SEPARATE OCCUPIERS, numbered 38,349 (35,953 in 1891): 28,770 in the Town sub-district, and 9,579 in Brompton.

TENEMENTS OF LESS THAN FIVE ROOMS, 21,115 in number, equal to 55.1 per cent. of total tenements (20,052 in 1891, equal to 55.8 per cent. of total tenements), contained a population of 73,425 (70,718 in 1891), or 40 per cent. of the whole (42.5 per cent. in 1891).

NUMBER AND POPULATION OF TENEMENTS OF LESS THAN FIVE ROOMS.

Tenements of—	Number.	Population.
One Room	5,695	11,334
Two Rooms	7,776	27,800
Three "	4,757	20,210
Four "	2,887	14,081

It thus appears that 6·41 per cent. of parishioners lived in one-room tenements, compared with 8·2 in 1891; 15·73 per cent. (15·6 in 1891) in two-room tenements; 10·81 per cent. (10·9 in 1891) in three-room tenements; and 7·97 per cent. (7·8 in 1891) in four-room tenements.

NUMBER OF PERSONS PER TENEMENT.

Number of Tenements.		Persons per Tenement.											
		1	2	3	4	5	6	7	8	9	10	11	12
Of one room	5,695	2,346	1,925	811	419	146	39	7	2	—	—	—	—
Of two rooms	7,776	792	1,788	1,643	1,345	999	656	335	143	52	18	5	—
Of three rooms	4,757	280	844	893	818	644	514	370	221	123	36	6	8
Of four rooms	2,887	73	338	471	518	460	359	286	179	110	61	25	7

The number of tenements overcrowded, technically, *i.e.*, according to the Registrar-General's standard), where there were more than two persons to a room, irrespective of the age of the occupants, is shown to the right of the black zig-zag line in the above table; they were 4,599 in number, *viz.*, of one-room tenements, 1,424; of two-room tenements, 2,208; of three-room tenements, 764, and of four-room tenements, 203. On this subject reference may be conveniently made for further information to the Report on the Housing of the Working Classes, Appendix III., page 125.

CONDITION OF THE POPULATION AS TO MARRIAGE.—The unmarried were 110,882 (males 40,488, females 70,394): the married, 53,626 (males 26,153, females 27,473): the widowed were 12,120 (males 2,443, females 9,677).

OCCUPATIONS OF THE PEOPLE.—Domestic in-door servants constituted the most numerous section of the population, 30,670 in number: males 1,939, females 28,731. The proportion per cent. of domestic in-door servants to families or separate occupiers (38,349) was 80·0—males 5·1, females 74·9. This proportion was exceeded in one borough only; Hampstead, 81·4—males 1·6, females 79·8. Clergymen, Priests, and Ministers aggregated 253; barristers and solicitors, 1,097; physicians, surgeons and general practitioners of medicine, 362. In teaching, 1,970 persons (males 243, females 1,727) found occupation; in connection with "dress" 5,929; males 1,761, females 4,168. To come to the lowest ranks, 2,099 general labourers were enumerated, and 668 "costermongers, hawkers and street-sellers," of whom 173 were females.

FOREIGNERS numbered 4,669—males 2,146, females, 2,523.

THE AFFLICTED Class was represented by 138 persons who were blind, 62 who were deaf and dumb, 134 who were deaf only, 9 who were lunatic, and 98 who were imbecile or feeble-minded: in 4 cases there were "combined infirmities;" the whole sad list comprising 445 persons.

The subjoined table exhibits the growth of population during the nineteenth century:—

The Year.	Population.
1801	8,556
1811	10,886
1821	14,428
1831	20,902
1841	26,834
1851	44,053
1861	70,108
1871	120,299
1881	163,151
1891	170,071
1901	176,628

RATEABLE VALUE.—The growth or development of the Borough during the last 78 years is evidenced by the subjoined table, showing the increase in rateable value. The present total is about one-sixteenth of that of the Administrative County of London.

Rateable Value of Property.	The Year.
£75,916	1823
93,397	1833
142,772	1843
257,103	1853
444,030	1863
975,046	1873
1,711,495	1883
2,037,221	1893
£2,238,392 (October)	1901

POPULATION, NUMBER OF INHABITED HOUSES, AND RATEABLE VALUE.—The following table, brought up to date, exhibits the growth of the borough since the Metropolis Local Management Act came into operation, in 1856:—

	1856.	1901.	Increase in 45 years.
Population	57,000	177,000	120,000
Number of Inhabited Houses	7,600	23,000	15,400
Rateable Value of Property... ..	£308,000	£2,238,392	£1,930,392

The increase in all respects within the last thirty years, 1871–1901, the period over which my official experience extends, was very considerable, as the subjoined figures show:—

	1871.	1901.	Increase in 30 years.
Population	121,000	177,000	56,000
Number of Inhabited Houses	15,735	23,800	8,065
Rateable Value	£935,720	£2,238,392	£1,302,672

From the foregoing figures we learn that the population in 1901 was more than twenty times as large as in the first year of the nineteenth century, and the rateable value of property more than twenty-eight times as great as in 1823, the first year in respect to which I possess information. Since 1856, the rateable value has increased nearly seven-fold, the increase in the last 30 years being nearly four-fold the total in 1856; since which date the population and the number of inhabited houses have increased more than three-fold.

POPULATION IN 1901. For the purposes of the present report the population of the borough and of its constituent parts—registration sub-districts, parliamentary divisions and wards—at the middle of 1901, will be taken to be as follows:—

The Borough	177,000
Sub-districts:—	
Kensington Town	128,300
Brompton	48,700
Parliamentary Divisions:—	
North Kensington	91,250
South Kensington	85,750
Wards:—	
St. Charles	22,000
Golborne	26,370
Norland	23,510
Pembroke	19,370
Holland	20,440
Earl's Court	18,090
Queen's Gate	14,300
Redcliffe	18,740
Brompton	14,180

MARRIAGES AND MARRIAGE-RATE.

The marriages in the year were 1,651, compared with 1,648, 1,693, and 1,543 in the three preceding years respectively. Of these marriages there were celebrated—

By the Church (71·5% of total marriages)	1,180
At Roman Catholic places of worship	116
At other Nonconformist places of worship	56
At the Superintendent-Registrar's office	299

The marriage-rate (*i.e.*, the number of persons married to 1,000 living) was 18·7, compared with 19·2, 19·6, and 17·8 in the three preceding years. The marriage-rate in England and Wales was 15·9 per 1,000, compared with 16·2, 16·4, and 15·9, in the three preceding years. The rate in London was 17·6 per 1,000, compared with 18·8, 18·6, and 18·0, in the three preceding years. The general decline in the marriage-rate may not unreasonably be attributed to the war and, possibly, to the attendant increase of taxation.

During the ten years, April 1st, 1891, to March 31st, 1901, the inter-censal period, 15,822 marriages were registered in the borough.

Table A, Appendix II. (page 122), gives the number of marriages and the marriage-rate in the borough for each of the thirty-one years (1871-1901) during my tenure of office:

BIRTHS AND BIRTH-RATE.

The births registered were 3,602, viz., males, 1,840, and females, 1,762; the numbers being, in the Town sub-district (which includes the Borough Infirmary), 3,046, and in the Brompton sub-district, 556. The births were 221 below the corrected decennial average (3,823), 164 of them being of illegitimate children. The births were 16 more than in 1900, but they were fewer by 439 than the number in 1872 (4,041), when the population (127,400) was 49,600 less than in 1901. The birth-rate, which of late years has been always considerably below that of London as a whole (29·0 in 1901),* has been declining since 1868, in which year it was 33·1 per 1,000 persons living. In 1901 it was 20·4 per 1,000, and was 1·2 below the decennial average (21·6). The rate in the sub-districts was:—Town, 23·7, and Brompton, 11·4 per 1,000. The births in North Kensington, *i.e.*, the part of the borough north of Holland-park-avenue and High-street, Notting-hill, were 2,576, and the birth-rate 28·2 per 1,000 living, or 0·8 below the metropolitan rate. The births in South Kensington, *i.e.*, the part of the borough south of those streets, were 1,026, and the birth-rate 11·9 per 1,000, or 17·1 below the metropolitan rate. The birth-rate in the several wards, after distribution of the births at the Borough Infirmary, was as follows:—

St. Charles	...	...	...	587 births, or 26·7 per 1,000 persons living.
Golborne	...	...	...	941 births, or 35·7 per 1,000 persons living.
Norland	...	...	...	624 births, or 26·5 per 1,000 persons living.
Pembridge	...	...	...	424 births, or 21·9 per 1,000 persons living.
Holland...	...	...	...	266 births, or 13·0 per 1,000 persons living.
Earl's Court	...	...	...	216 births, or 11·9 per 1,000 persons living.
Queen's Gate	...	...	...	125 births, or 8·7 per 1,000 persons living.
Redcliffe	...	...	...	251 births, or 13·4 per 1,000 persons living.
Brompton	...	...	...	168 births, or 11·8 per 1,000 persons living.

The births in the borough exceeded the deaths by 952. In the Town sub-district the births were 854 more in number than the deaths; in the Brompton sub-district 98, without correction for births at the infirmary. In North Kensington the births exceeded the deaths by 807; in South Kensington to the number of 145 only. The excess of births over deaths in the several wards was as follows:—

North Kensington	{	St. Charles	...	201	South Kensington	{	Holland	...	19
		Golborne	...	392			Earl's Court	...	2
		Norland	...	97			Queen's Gate	...	9
		Pembridge	...	117			Redcliffe	...	71
							Brompton	...	44
				807					145

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

	KENSINGTON TOWN.			BROMPTON.			Borough.
	Males.	Females.	Total.	Males.	Females.	Total.	
1st Quarter...	381	377	758	69	72	141	899
2nd „ ...	379	378	757	86	66	152	909
3rd „ ...	419	397	816	70	65	135	951
4th „ ...	376	339	715	60	68	128	843
	1,555	1,491	3,046	285	271	556	3,602
Illegitimate Births	11	11	22	1	3	4	26
	19	19	38	5	2	7	45
	25	20	45	1	4	5	50
	24	17	41	2	—	2	43
	79	67	146	9	9	18	164

The subjoined table shows the population, the number of births, and the birth-rate for each of the ten years 1891-1900, prior to the recent alterations in the boundaries of the borough:—

The Year.	Population.	Total Births.	Males.	Females.	Birth-rate per 1,000.
1891	166,500	3,847	1,935	1,912	23·1
1892	167,200	3,718	1,867	1,851	22·3
1893	167,900	3,661	1,893	1,768	21·9
1894	168,600	3,665	1,883	1,782	21·9
1895	169,300	3,621	1,861	1,760	21·4
1896	170,000	3,717	1,943	1,774	21·4
1897	170,700	3,683	1,839	1,844	21·6
1898	172,000	3,633	1,830	1,803	21·1
1899	172,400	3,590	1,798	1,792	20·8
1900	173,000	3,586	1,770	1,816	20·7
Totals ...		36,721	18,619	18,102	Average 21·6

Excess of male births in the ten years 517

During the ten years, April 1st, 1891, to March 31st, 1901, the inter-censal period, 36,641 births were registered in the borough.

Table A, Appendix II. (page 122) gives the number of births and the birth-rate for each of the forty-six years, 1856-1901.

DEATHS AND DEATH-RATE.

The deaths registered, inclusive of 321 deaths of parishioners at outlying public institutions, &c., but exclusive of deaths of non-parishioners at public institutions, &c., within the borough, were 2,650 (males 1,233, females, 1,417), and 302 below the corrected decennial average (2,952). Of these deaths, 2,192 were registered in the Town sub-district, and 458 in Brompton. The death-rate, which in the three preceding years had been 16·3, 17·5, and 15·6, per 1,000 respectively, was 15·0 in 1901,* or 1·6 below the decennial average (16·6), and 2·6 below the rate in the Metropolis as a whole (17·6)†, the decennial average for the Metropolis being 19·6. The rate in the sub-districts was: Town, 17·1; Brompton, 9·4 per 1,000, as compared with 17·6 and 10·3 respectively in 1900. The sex-rate was, males 17·6, females 13·2, per 1,000. The deaths in North Kensington were 1,769, and the death-rate 19·4 per 1,000. The deaths in South Kensington were 881, and the death-rate 10·3 per 1,000.

LOCALISED DEATH-RATES.—During some years past the death-rate of localised portions of the parish, including the sanitary districts, has been given in these reports. The rate, as regards the sub-districts and parliamentary divisions was calculated on the basis of the population of those areas enumerated at quinquennial census periods, corrected yearly for increase, and was closely approximate to the true rate. But as regards the sanitary districts, only an estimated population and an estimated rate could be given; the continuity of the statistics, moreover, was always liable to be disturbed upon any change in the number of the said districts: four changes were made within a few years. Having, last year, received from the Registrar-General a statement of the population of the nine wards comprised in the borough, and regard being had to the improbability of any change in the number, and to the fact that the population

* This is the crude death-rate. The rate corrected for age and sex-distribution was 16·5 per 1,000. The “true death-rate” is set out in the table at page 10.

† By excluding the deaths of persons ascertained to have been strangers, the death-rate of London is reduced to 17·1, the lowest on record.

of the wards will be ascertainable at five-yearly intervals, it was thought that the value of these localised statistics would be enhanced by adopting the ward, in place of the sanitary district, as the unit for the calculation of the death-rate, and this was done. The ward-rate for the whole year is set out below; and the rate for each of thirteen four-weekly periods in the table at page 13.

The rate for the several wards was as follows:—

St. Charles ...	386 deaths, or 17·5 per 1,000 persons living.
Golborne ...	549 deaths, or 20·8 per 1,000 persons living.
Norland ...	527 deaths, or 22·4 per 1,000 persons living.
Pembroke ...	307 deaths, or 15·8 per 1,000 persons living.
Holland ...	247 deaths, or 12·1 per 1,000 persons living.
Earl's Court ...	214 deaths, or 11·8 per 1,000 persons living.
Queen's Gate ...	116 deaths, or 8·1 per 1,000 persons living.
Redcliffe ...	180 deaths, or 9·6 per 1,000 persons living.
Brompton ...	124 deaths, or 8·7 per 1,000 persons living.

THE TRUE DEATH-RATE OF KENSINGTON IN 1901.—The death-rate, 15 per 1,000, as calculated above, is a crude or uncorrected one, not taking cognisance of the relative numbers of the sexes, nor of the age-distribution of the population. Correction for these data involves addition to, or subtraction from, the "recorded death-rate," as compared with the "standard death-rate."* The necessity for such correction in this borough is obvious, having regard to the great excess of females in the population, and to the lower death-rate in the female sex as compared with the rate in the male sex. At the recent census females were 38,460 in excess of males. The deaths among the 69,229 males (1,233) were only 184 fewer than the deaths among the 107,771 females (1,417). The crude death-rate in the male sex was 17·6 per 1,000, as compared with the rate of 13·2 per 1,000 in the female sex. It is obvious, therefore, that if the numbers of the sexes had been equal, the death-rate would have been higher than the recorded rate (15·0 per 1,000). The Registrar-General some years since, gave the "factor for correction for sex and age-distribution" in the thirty-three great towns of England and Wales; and in his annual report for 1900, the medical officer of health of the County Council gave the factor for each of the sanitary districts of London. Corrected after the method indicated, the death-rate of Kensington, in 1901, becomes, instead of 15·0, one of about 16·5 per 1,000; and the rate for London, as a whole, about 18·8 instead of 17·6. The "true" death-rate is that which shows the mortality per 1,000 living of each sex at different age-periods, and this is shown for the borough in the subjoined table:—

AGE-PERIOD.	POPULATION.			DEATHS.			DEATH-RATE.		
	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.	Both Sexes.	Male Sex.	Female Sex.
Under five years of age ...	14,178	7,071	7,107	876	460	416	61·8	65·1	58·5
Five and under 15 ...	25,954	12,621	13,333	73	44	29	2·8	3·5	2·2
Fifteen and under 25 ...	38,310	13,489	24,821	92	50	42	2·4	3·7	1·7
Twenty-five and under 35 ...	35,047	11,515	23,532	147	70	77	4·2	6·1	3·3
Thirty-five and under 45 ...	24,869	9,460	15,409	232	105	127	9·3	11·1	8·2
Forty-five and under 55 ...	18,211	7,235	10,976	285	140	145	15·6	19·3	13·2
Fifty-five and under 65 ...	11,595	4,595	7,000	330	137	193	28·5	29·8	27·6
Sixty-five and under 75 ...	6,137	2,311	3,826	295	114	181	48·1	49·3	47·3
Seventy-five and upwards ...	2,699	932	1,767	320	113	207	118·6	121·2	117·1
Totals ...	177,000	69,229	107,771	2,650	1,233	1,417	...	...	...

* The standard death-rate signifies the death-rate at all ages, calculated on the hypothesis that the rates at each of twelve age-periods in each town were the same as in England and Wales, during the 10 years 1881-90, the death-rate in England and Wales during that period having been 19·15 per 1,000. (*Registrar-General's Annual Summary.*)

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

	KENSINGTON TOWN.			BROMPTON.			THE BOROUGH.
	Males.	Females.	Total.	Males.	Females.	Total.	Total.
1st Quarter	267	314	581	50	72	122	703
2nd "	218	245	463	47	60	107	570
3rd "	246	270	516	47	40	87	603
4th "	288	344	632	70	72	142	774
	<hr/> 1,019	<hr/> 1,173	<hr/> 2,192	<hr/> 214	<hr/> 244	<hr/> 458	<hr/> 2,650
The Births were, of Males, 1,840				The Deaths were, of Males, 1,233			
" Females, 1,762				" Females, 1,417			
Total Births, 3,602				Total Deaths, 2,650			
Deduct 2,650 Deaths							
	Shows 952. excess of Births over Deaths.						

During the ten years April 1st, 1891, to March 31st, 1901, the inter-censal period, 31,794 deaths were registered in the borough.

Table A, Appendix II. (page 122) gives the number of deaths and the death-rate for each of the forty-six years 1856-1901.

INFANTILE MORTALITY, or the proportion of deaths under one year of age to registered births, is an important factor in vital statistics. The deaths under one year, which in the three preceding years had been 655, 642, and 641, respectively, were 581 in 1901, being equivalent to 161 per 1,000 births, or 18 fewer than in 1900. The rate in the Metropolis, always below that of Kensington, was 149 in each 1,000 births, as compared with an average proportion of 160 per 1,000 in the ten preceding years. In England and Wales the rate was 151, which is 3 per 1,000 below the mean proportion in the ten years 1891-1900. In the Town sub-district the deaths under one year (506) were equivalent to 166 per 1,000 births, those in Brompton (75) to 135 per 1,000.

The deaths in North Kensington were 447, or 173 per 1,000; the deaths in South Kensington 134, or 131 per 1,000. In the several wards the rate was as follows—

St. Charles	...	...	102 deaths, or 174 per 1,000 registered births.
Golborne	...	...	168 deaths, or 178 per 1,000 registered births.
Norland	...	...	129 deaths, or 207 per 1,000 registered births.
Pembridge	...	...	48 deaths, or 113 per 1,000 registered births.
Holland	...	...	34 deaths, or 128 per 1,000 registered births.
Earl's Court	...	...	31 deaths, or 143 per 1,000 registered births.
Queen's Gate	...	...	20 deaths, or 160 per 1,000 registered births.
Redcliffe	...	...	31 deaths, or 123 per 1,000 registered births.
Brompton	...	...	18 deaths, or 107 per 1,000 registered births.

Table A, Appendix II. (page 122) gives the number of deaths under one year, and the rate per 1,000 of births registered (the "infantile mortality"), for each of the thirty-one years 1871-1901, during my tenure of office.

The deaths of children over one year and under five years of age were 295; the total deaths under five years, therefore, were 876, compared with 1,039, 932, and 877, in the three preceding years, being equal to 243 per 1,000 births; the relative proportion in London as a whole being 221. The deaths of illegitimate children under five years of age, 87, 103, and 86, in the three preceding years respectively, were 96 in 1901, of which 87 were registered in the Town sub-district, and 9 in Brompton. These deaths were equal to 58.5 per cent. on the 164 births registered as illegitimate. Of the 96 children, 25 only survived the first year of life.

SENILE MORTALITY.—At sixty years of age and upwards there were 800 deaths, as compared with 862, 943, and 868, in the three preceding years respectively. These deaths were equivalent to 302 per 1,000 deaths at all ages. The relative proportion in all London was 262 per 1,000.

DISTRICT RATES OF MORTALITY.—The table at page 13 shows (*inter alia*) the death-rate in the sub-districts, the parliamentary divisions, and the wards for the year, and also for each of the thirteen four-weekly periods covered by the monthly reports. As usual, the rate was far

higher in the Town sub-district (17.1 per 1,000) than in the Brompton sub-district (9.4), and the same observation applies to the parliamentary division of North Kensington (19.4), compared with the southern division of the borough (10.3). In each of the wards in North Kensington, viz., Pembridge (15.8), St. Charles (17.5), Golborne (20.8), and Norland (22.4), the death-rate exceeded that of the borough as a whole (15.0 per 1,000). The rate in each of the wards in South Kensington was more or less largely below the rate for the borough as a whole. In the Notting-dale special area (estimated population, 4,000) the death rate was 48.5 per 1,000, compared with 22.4 in the Norland Ward, in which it is comprised. The zymotic death-rate was 9.2 per 1,000 persons living, and more than five-fold that of the borough as a whole. The deaths at all ages were 82 more than the births; the deaths of children under one year of age being in the proportion of 411 per 1,000 on the births registered. The main facts with respect to the vital and mortal statistics of this distressful area, in 1901, are summarised below.

"NOTTING-DALE" SPECIAL AREA.

VITAL AND MORTAL STATISTICS, 1901.

(The corresponding statistics for the five preceding years are added for comparison.)

	1901.	1900.	1899.	1898.	1897.	1896.	
POPULATION (Estimated) ...	4,000	4,000	4,000	4,000	4,000	3,740	
Births ...	112	113	120	117	130	118	
Birth-rate ...	28.0	28.2	30.0	29.3	32.5	31.6	per 1,000 persons living.
Deaths ...	194	163	236	182	223	187	
Death-rate ...	48.5	40.7	59.0	45.5	55.7	50.0	per 1,000 persons living.

INFANTILE MORTALITY.

Deaths under one year of age ...	46	54	61	49	56	51	
Death-rate ...	411	478	508	419	431	432	per 1,000 births registered.

ZYMOTIC DISEASES.

Deaths from the Seven Principal ...	37	18	12	22	25	30	
Death-rate from ditto..	9.2	4.5	3.0	5.5	6.3	8.0	per 1,000 persons living.

Causes of Death.—In 22 cases *Measles*; in 10 cases *Diarrhoea*; in 3 cases *Whooping-cough*; and in one case each, *Diphtheria*, and *Typhus Fever*.

Among the other principal causes of death were—diseases of the nervous system, 11 deaths; diseases of the respiratory system, 41 deaths; diseases of the circulatory system, 8 deaths; other visceral diseases, 13 deaths; tubercular diseases, 40 deaths (including 30 from consumption); wasting diseases of infants, 8 deaths; cancer, 4 deaths; syphilis, 4 deaths; violence, 11 deaths, including 3 of infants from suffocation. Three deaths of infants prematurely born were registered, and 4 deaths from old age. Inquests were held in 25 cases, or nearly 13 per cent. of the deaths, the inquest rate in the Borough as a whole being 8.8 per cent.

The annual Death-rate per 1,000 persons living, in thirteen successive four-weekly periods, was:—

(1) 52.0	(2) 39.0	(3) 29.2	(4) 39.0	(5) 22.7	(6) 55.2	(7) 39.0
(8) 61.7	(9) 42.2	(10) 29.2	(11) 39.0	(12) 74.7	(13) 107.2	

One hundred and six of the deaths occurred at the homes of the deceased persons, 78 at the Borough Infirmary (nearly a sixth of the total deaths at this Institution—497), and 10 at other Public Institutions: 25 of the deaths were of persons who had previously resided at common lodging-houses in the Area; but only two of these deaths took place at common lodging-houses.

The deaths comprise 104 of males and 90 of females.

The ages at death were; under five years of age, 89 (including 46 under one year); between 5 and 20 years, 13 deaths; between 20 and 60 years, 62 deaths; at 60 years and upwards, 30 deaths.

The deaths were connected with streets as follows: Bangor Street, 44 deaths; Crescent Street, 41 deaths; St. Katharine's Road, 69 deaths; Kenley Street, 20 deaths; Sirdar Road, 20 deaths.

DEATH-RATE IN THE METROPOLIS, AND IN KENSINGTON, AND IN CERTAIN DISTRICTS OF THE BOROUGH, DURING THE THIRTEEN FOUR-WEEKLY PERIODS ENDED DECEMBER 28TH, AND IN THE REGISTRATION YEAR, 1901. (See page 11.)

FOUR WEEKS ENDED.		METROPOLIS.	BOROUGH.	SUB-DISTRICTS.		PARLIAMENTARY DIVISIONS.		WARDS.								
				Ken-sington Town.	Bromp-ton.	North.	South.	St. Charles.	Gol-borne.	Nor-land.	Pem-bridge.	Hol-land.	Earl's Court.	Queen's Gate.	Red-cliffe.	Bromp-ton.
January	26 ...	18.5	16.1	18.4	9.9	19.4	12.5	16.0	18.2	24.3	19.5	18.4	12.2	9.1	8.3	12.8
February	23 ...	18.7	15.6	18.2	8.8	20.3	10.5	15.4	28.6	21.0	14.8	14.6	11.5	11.8	9.0	3.7
March	23 ...	18.9	15.5	17.3	10.7	20.3	10.2	26.6	20.2	17.7	17.4	10.8	9.3	6.4	13.2	9.2
April	20 ...	18.0	15.7	17.2	11.7	19.4	11.8	14.8	24.2	17.1	21.5	10.2	17.2	10.0	11.1	9.2
May	18 ...	16.6	12.0	13.1	9.3	14.1	9.8	13.0	13.8	15.5	14.8	7.6	10.8	10.9	13.2	5.5
June	15 ...	14.7	13.1	15.7	6.1	16.7	9.2	15.4	16.7	22.7	11.4	12.7	9.3	6.4	6.2	10.1
July	13 ...	14.1	11.1	12.8	6.4	14.4	7.3	14.2	14.3	14.4	15.4	8.3	6.5	8.2	7.6	5.5
August	10 ...	18.3	15.4	18.1	8.3	21.9	8.5	22.5	20.2	27.6	16.8	12.7	9.3	1.8	6.2	11.0
September	7 ...	18.6	14.9	17.3	8.5	20.2	9.2	24.8	19.7	24.9	10.1	8.3	10.8	10.0	6.9	11.0
October	5 ...	15.3	11.5	13.3	6.7	15.2	7.4	14.2	16.3	17.7	12.1	10.2	9.3	3.6	4.8	8.2
November	2 ...	16.1	14.7	15.2	13.3	17.5	11.7	12.4	17.7	25.4	13.4	10.8	17.2	6.4	11.1	11.9
November	30 ...	20.6	19.8	23.2	10.7	26.1	13.0	21.9	31.1	29.8	19.5	17.8	14.4	10.9	12.5	7.3
December	28 ...	19.3	19.3	22.2	11.8	25.4	12.9	17.1	29.6	33.2	19.5	14.6	15.8	10.0	13.9	8.2
Death-rate for the Year 1901		17.6	15.0	17.1	9.4	19.4	10.3	17.5	20.8	22.4	15.8	12.1	11.8	8.1	9.6	8.7

SUMMARY OF VITAL AND MORTAL STATISTICS, KENSINGTON.

In the table on page 13 the principal vital and mortal statistics of the year have been arranged in 13 four-weekly periods corresponding to the dates of the monthly reports, the *maxima* and *minima* being indicated by distinctive type.

We have already seen that the birth-rate in 1901, 20.4 per 1,000, was 1.2 below the decennial average, and that the death-rate, 15.0 per 1,000, was 1.6 below the decennial average (16.6). There were, as usual, considerable fluctuations in the death-rate at different periods of the year; the rate ranging between the minimum (11.1) in the seventh four-weekly period ended July 13th, and the maximum (19.8) in the tenth period ended November 30th. The rate was, in six four-weekly periods below, and in seven above, the average for the year. The deaths in the first half of the year (1,273) were 104 fewer than those in the second half (1,377), the death-rate in the two half periods being 14.4 and 15.6 respectively. There was a marked difference in the proportion of deaths from the principal diseases of the zymotic class, the number in the first half year having been only 100, compared with 220 in the second half; the excess being due to the prevalence of diarrhoea and measles in the latter period. The deaths from the first named disease, January to June inclusive, were 10 only, those in the latter half of the year being 105. Measles, the cause of 5 deaths only in the first half, proved fatal to 71 persons in the second. The deaths from the zymotic diseases (320) were 37 more than in 1900, but 21 below the decennial average (341). The deaths from diseases of the respiratory organs (511) were 31 fewer than in 1900, and 161 below the number in 1899. The deaths from diseases of the heart were 215, those from phthisis 234, and those from tubercular diseases in children under five years of age, 45.

The mean temperature of the air at Greenwich during the year was approximately 49.2° Fahr., the means of the four quarters successively, being 37.8, 53.4, 61.7 and 43.9.

Summary of the Vital and Mortal Statistics of the Royal Borough of Kensington, 1901. (See page 13.)

During the Four Weeks ended	Births.	Deaths.	DEATH-RATE.				DEATHS AT AGES			DEATHS FROM ZYMOTIC DISEASES.										DEATHS FROM DISEASES OF RESPI- RATORY SYSTEM.			Deaths from Phthisis.	Deaths from Heart Disease.	Deaths under Five from Tubercular Disease.	Mean Temperature.
			KENSINGTON.		LONDON.		0—1.	1—5.	60 and up- wards.	TOTALS.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping- Cough.	Enteric Fever.	Typhus Fever.	Simple con- tinued Fever.	Diarrhoea.	TOTALS.	Bronchitis.	Pneumonia.				
			1901.	Decennial Average.	1901.	Decennial Average.																				
January 26 ...	273	219	16.1	21.9	18.5	24.4	41	28	71	14	...	...	...	5	4	3	...	...	2	60	44	12	17	15	5	39.2
February 23 ...	292	213	15.6	18.3	18.7	21.4	45	19	78	16	...	...	2	3	9	...	...	...	2	60	46	7	15	16	3	34.7
March 23 ...	266	211	15.5	19.7	18.9	22.1	38	30	56	17	...	...	1	3	12	1	...	...	...	46	34	9	20	21	6	40.8
April 20 ...	277	214	15.7	17.2	18.0	19.9	55	25	64	28	...	1	1	4	20	...	...	...	2	40	27	12	20	12	2	43.0
May 18 ...	295	164	12.0	16.2	16.6	18.5	35	10	55	10	...	1	...	3	4	1	...	...	1	25	14	6	16	13	3	50.7
June 15 ...	271	178	13.1	14.7	14.7	17.4	24	16	61	11	...	1	1	4	1	...	1	...	3	26	12	12	21	16	5	57.9
July 13 ...	274	150	11.1	14.4	14.1	16.8	28	11	49	10	...	2	...	2	3	...	...	...	3	16	9	5	15	12	1	61.9
August 10 ...	302	210	15.4	16.9	18.3	20.5	74	19	58	54	...	1	...	4	2	...	...	...	47	25	13	10	20	10	5	64.9
September 7 ...	*310	203	14.9	14.1	18.6	18.8	76	16	40	46	...	2	3	...	2	3	...	...	36	16	10	3	16	17	3	59.9
October 5 ...	268	156	11.5	12.9	15.3	16.8	35	5	53	14	...	...	...	1	2	1	...	...	10	24	13	8	21	11	2	58.0
November 2 ...	275	200	14.7	14.8	16.1	17.6	33	24	56	16	...	10	...	3	1	1	...	...	1	27	14	7	21	21	6	48.9
„ 30 ...	264	269	19.8	15.9	20.6	19.0	50	31	88	35	...	22	3	4	...	1	...	...	5	73	55	11	16	31	1	41.0
December 28 ...	†235	263	19.3	18.8	19.3	21.0	47	61	76	49	1	37	4	2	2	...	...	...	3	73	55	11	16	20	3	38.9
TOTALS ...	3,602	2,650	15.0	16.6	17.6	19.5	581	295	800	320	1	77	15	38	62	11	1	...	115	511	346	113	234	215	45	49.2

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

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

DEATH-RATE IN ENGLAND AND WALES, AND IN LONDON, AND IN OTHER LARGE TOWNS, Etc.

The death-rate in England and Wales in 1901 was 16·9 per 1,000, and 1·3 below the average rate in the ten years, 1891-1900. The rate in London, as already stated, was 17·6 per 1,000, being 1·9 below the decennial average; but by excluding the deaths of persons ascertained to have been strangers, the death-rate of London is reduced to 17·1 per 1,000.

The subjoined table shows the annual death-rate per 1,000 persons living in each of the last eleven years, in Kensington, in London, and in England and Wales:—

	1901.	1900.	1899.	1898.	1897.	1896.	1895.	1894.	1893.	1892.	1891.
Kensington	15·0	15·6	17·5	16·3	15·6	16·7	16·4	15·7	17·5	17·2	18·4
London.....	17·6	18·8	19·8	18·7	18·2	18·6	19·8	17·8	21·3	20·6	21·4
W. Districts	15·7	17·6	19·0	17·0	16·1	17·6	18·5	17·1	19·7	20·0	20·3
North „	15·9	16·9	18·1	16·9	16·6	17·1	18·2	16·3	20·2	19·4	20·0
Central „	20·8	21·5	22·5	22·1	21·8	21·2	23·8	20·0	25·7	23·9	26·5
East „	20·7	22·1	23·0	21·7	21·2	21·3	23·4	20·8	24·9	23·5	24·0
South „	16·6	17·7	18·5	17·7	17·2	17·5	18·3	16·2	19·5	19·0	19·8
England and Wales	16·9	18·2	18·2	17·5	17·4	17·0	18·7	16·5	19·1	19·0	20·2

GREATER LONDON.—The death-rate in “Greater London,” which is co-extensive with the Metropolitan and City Police districts, the population at the middle of the year 1901, numbering 6,606,132 (viz., 4,544,983 in Inner or Registration London, and 2,061,149 in the Outer Ring), was 16·3 per 1,000, as compared with 17·2, 18·3, and 17·3, in the three preceding years respectively. The deaths properly belonging to the Outer Ring, as distinguished from Inner or Registration London, were equivalent to a rate of only 13·4, the rate in the Inner Ring having been 17·6. The death-rate from the principal diseases of the zymotic class in Inner London, was 2·25 per 1,000; in the Outer Ring 2·16, the rate in Greater London, as a whole, being 2·22 per 1,000. The infantile mortality of Greater London was 146 per 1,000 births; of Inner London, 149; of Outer London, 139.

OTHER LARGE TOWNS.—The death-rate in the thirty-three large towns, including London, and having a population of 11,464,959, was 18·6 per thousand; ranging from 12·9 at Croydon, 15·2 at Derby, and 15·8 at Cardiff, to 21·9 at Newcastle-on-Tyne, 22·1 at Manchester, and 22·3 at Liverpool. The death-rates of Edinburgh, Glasgow, and Dublin were 19·3, 21·1, and 24·7 per 1,000 respectively. These death-rates are calculated without correction for differences between one town and another in regard to the age and sex-distribution of their respective populations. This explanation is necessary because, as the Registrar-General points out, “In consequence of the great difference between one town and another, with respect to age and sex-constitution of their several populations, recorded death-rates require correction before they can be justly used for purposes of comparison.” The Registrar-General, as already stated, gives in his annual summary factors by the use of which the necessary corrections can be made with approximate accuracy for each town.

INDIAN AND FOREIGN CITIES.—The death-rate of some of the principal Indian and foreign cities was as follows—Indian cities: Calcutta, 46·5 per 1,000; Madras, 55·1; and Bombay, 76·7. European cities: Paris, 18·6 per 1,000; St. Petersburg, 24·1; Moscow, 28·9; Berlin, 18·0; Vienna, 19·7; and Rome, 20·0. American cities: New York, 20·0 per 1,000; Boston, 19·7; Philadelphia, 18·7; and New Orleans, 21·2.

ASSIGNED CAUSES OF DEATH.

In the annual report for 1873 (page 10) the following passage occurs:—

“*New Forms for Recording Vital and Mortal Statistics.*—The tables in the appendix, numbered I. to VI., inclusive, have been drawn up by the Society of Medical Officers of Health for general use throughout the country, and with a view to facilitate comparison between different districts, and with standard areas. The want of uniformity in statistical returns of the medical reports had long been felt; I was induced, therefore, to bring the subject before the society, which, after a most careful consideration, and having obtained the views of a great many officers of health, settled these forms, which it is hoped will supply all the information that is absolutely requisite without imposing an undue amount of work on those who may use them. Should the tables come into general use they cannot fail to invest the vital statistics in the reports of medical officers with a much greater and more universal interest than heretofore.”

TABLES similar to those referred to as being numbered I. to VI., had previously been employed in these annual reports, and the Tables I. to VI. were used from 1873, onwards, to 1899, inclusive, in the tabulation of vital, mortal, and sanitary statistics. These tables, between 1894 and 1899, were supplemented by others ("A" and "B"), directed by the Local Government Board to be used, so as to secure a "tabular statement of mortality, and a tabular statement of infectious disease in all districts on a uniform plan." Tables A and B have now been superseded by Tables, numbered I. to IV., directed by the Board to be used. Table I. is subjoined; Table II. will be found at page 17, Table III. at page 50, and Table IV. at page 17. The table on page 18, is a summary of causes of death, as set out in former reports in Table III. (now numbered VIII. and printed in Appendix I.), arranged in Classes and Orders of diseases, as in the annual reports of the Registrar-General. The other tables used in preceding annual reports, now numbered from VI. to XII., will be found in Appendix I., pp. 104—112.

TABLE I.

(Required by the Local Government Board to be used in the Annual Report of the Medical Officer of Health.)

For Whole District.

Year.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-residents registered in District.	Deaths of Residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1891 ...	166,500	3,847	23.1	633	164	3,609	21.6	1,297	790	247	3,066	18.4
1892 ...	167,200	3,718	22.2	587	158	3,272	19.6	1,055	626	236	2,882	17.2
1893 ...	167,900	3,661	21.8	625	170	3,225	19.2	1,042	621	312	2,916	17.4
1894 ...	168,600	3,665	21.7	636	174	2,983	17.7	1,070	643	283	2,623	15.6
1895 ...	169,300	3,621	21.4	624	172	3,065	18.1	1,062	625	308	2,748	16.2
1896 ...	170,000	3,717	21.4	656	176	3,158	18.6	1,065	620	353	2,891	16.7
1897 ...	170,700	3,683	21.6	609	165	3,025	17.7	1,164	691	333	2,667	15.6
1898 ...	172,000	3,633	21.1	655	180	3,151	18.3	1,123	639	286	2,798	16.3
1899 ...	172,400	3,590	20.8	642	179	3,422	19.8	1,320	722	321	3,021	17.5
1900 ...	173,000	3,586	20.7	641	179	3,087	17.7	1,132	672	283	2,698	15.6
Averages for years 1891-1900	169,760	3,672	21.6	630	171	3,199	18.8	1,133	664	296	2,831	16.6
1901 ...	177,000	3,602	20.4	581	161	2,964	16.7	1,108	635	321	2,650	15.0

NOTE.—The deaths included in columns 7 and 9 of this Table are all those registered during the year within the Borough. The deaths included in column 12 are the number in column 7, corrected by the subtraction of the number in column 10, and the addition of the number in column 11.

The term "non-residents" in column 10, means persons brought into the Borough on account of illness and dying there. The term "residents" in column 11, means persons taken out of the Borough on account of illness and dying thereout.

Area of Borough in acres ...	2,291	Total population at all ages ...	177,000
(see page 3.)		No. (approximate) of inhabited houses†	23,000
		Average number of persons per house ...	7.7

* Rates calculated per 1,000 of estimated population.

† See page 4.

TABLE II.

(Required by the Local Government Board to be used in the Annual Report of the Medical Officer of Health.)

NAMES OF LOCALITIES.	KENSINGTON.				KENSINGTON TOWN.				BROMPTON.			
	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
1891 ...	166,500	3,847	3,066	633	119,040	3,115	2,445	541	47,460	732	621	92
1892 ...	167,200	3,718	2,882	587	119,600	3,071	2,254	508	47,600	647	628	79
1893 ...	167,900	3,661	2,916	625	120,160	2,993	2,305	541	47,740	668	611	84
1894 ...	168,600	3,665	2,623	636	120,720	3,055	2,091	552	47,880	610	532	84
1895 ...	169,300	3,621	2,748	624	121,280	3,052	2,231	552	48,020	569	517	72
1896 ...	170,000	3,717	2,891	656	121,840	3,101	2,344	578	48,160	616	547	78
1897 ...	170,700	3,683	2,667	609	122,400	3,133	2,169	531	48,300	550	498	78
1898 ...	172,000	3,633	2,798	655	123,600	3,078	2,302	593	48,400	555	496	62
1899 ...	172,400	3,590	3,021	642	123,900	3,046	2,455	574	48,500	544	566	68
1900 ...	173,000	3,586	2,698	641	124,300	3,021	2,193	581	48,700	565	505	60
Averages of years 1891-1900.	169,760	3,672	2,831	630	121,684	3,066	2,279	555	48,076	606	552	75
1901 ...	177,000	3,602	2,650	581	128,300	3,046	2,192	506	48,700	556	458	75

NOTE.—The deaths of residents occurring without the Borough are included in this table, and the deaths of non-residents in the Borough are excluded. (See note on Table I. for the meaning of the terms "resident" and "non-resident".)

Deaths of residents occurring in public institutions are allotted to the respective sub-districts (Kensington Town and Brompton) according to the previous addresses of the deceased.

TABLE IV.

(Required by the Local Government Board to be used in the Annual Report of the Medical Officer of Health.)

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1901.

Causes of death.	Deaths in whole District at subjoined ages.							Deaths in Localities (at all ages).		Deaths in Public Institutions.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Kensington Town.	Brompton.	
Small-pox ...	1	—	—	—	1	—	—	—	1	1
Measles ...	77	15	57	4	—	1	—	72	5	12
Scarlet Fever ...	15	1	7	2	2	3	—	12	3	11
Whooping Cough ...	62	28	33	1	—	—	—	57	5	4
Diphtheria, Membranous Croup	38	3	24	10	—	1	—	35	3	29
Croup ...	2	—	1	1	—	—	—	2	—	—
Fever { Typhus ...	1	—	—	—	—	1	—	1	—	1
Enteric ...	11	—	—	2	3	6	—	9	2	7
Other continued ...	—	—	—	—	—	—	—	—	—	—
Epidemic Influenza ...	28	—	3	—	3	9	13	20	8	1
Cholera ...	—	—	—	—	—	—	—	—	—	—
Plague ...	—	—	—	—	—	—	—	—	—	—
Diarrhoea ...	115	91	11	—	—	2	11	109	6	10
Enteritis ...	32	18	3	—	1	6	4	28	4	10
Puerperal Fever ...	2	—	—	—	—	2	—	2	—	—
Erysipelas ...	6	1	—	—	—	2	3	6	—	3
Other septic diseases ...	5	—	1	1	1	2	—	5	—	1
Phthisis ...	234	—	5	7	25	182	15	199	35	102
Other tubercular diseases ...	80	19	29	11	7	12	2	69	11	21
Cancer, malignant disease ...	185	—	—	—	2	107	76	143	42	56
Bronchitis ...	346	76	61	2	3	100	104	300	46	86
Pneumonia ...	113	9	14	2	6	74	8	99	14	33
Pleurisy ...	11	—	—	1	1	7	2	7	4	5
Other diseases of Respiratory Organs ...	39	4	3	1	—	16	15	33	6	6
Alcoholism ...	40	—	—	—	—	38	2	31	9	13
Cirrhosis of Liver ...	—	—	—	—	—	—	—	—	—	—
Veneral diseases ...	21	13	3	—	—	5	—	21	—	11
Premature Birth ...	83	83	—	—	—	—	—	65	18	6
Diseases and accidents of Parturition ...	9	—	—	—	—	9	—	8	1	3
Heart diseases ...	213	—	—	9	10	120	74	155	58	53
Accidents ...	93	33	8	6	2	29	15	75	18	36
Suicides ...	17	—	—	—	4	13	—	15	2	2
All other causes ...	771	187	32	13	21	247	271	614	157	278
All causes ...	2,650	581	295	73	92	994	615	2,192	458	801

NOTE.—The deaths of residents occurring without the Borough are included in this Table, and the deaths of non-residents recorded in the Borough are excluded. (See note on Table I. for the meaning of the terms "resident" and "non-resident".)

Deaths of residents occurring in public institutions are allotted to the respective sub-districts according to the addresses of the deceased as given by the registrars, and, in addition, are classified under the heading Public Institutions.

The subjoined table, being a Summary of Table VIII. (Table III. in annual reports prior to 1900: *vide* Appendix I, page 106), shows the number of deaths from diseases in the several Classes and Orders of the classification of the Registrar-General, referred to in the following pages.

CLASS I.—SPECIFIC FEBRILE OR ZYMOTIC DISEASES.

ORDER.	No. of Deaths.
I. Miasmatic Diseases	234
1. Diarrhoeal "	115
2. Malarial "	—
3. Zoogenous "	—
4. Venereal "	21
5. Septic "	13
II. PARASITIC DISEASES	383
III. DIETETIC DISEASES	5
IV. CONSTITUTIONAL DISEASES	18
V. DEVELOPMENTAL DISEASES	551
VI. LOCAL DISEASES—	203
1. Diseases of Nervous System... ..	246
2. Diseases of Organs of Special Sense	1
3. Diseases of Circulatory System	236
4. Diseases of Respiratory System	511
5. Diseases of Digestive System	157
6. Diseases of Lymphatic System	2
7. Diseases of Gland-like Organs of uncertain use	2
8. Diseases of Urinary System... ..	91
9. Diseases of Reproductive System—	
a. Diseases of Organs of Generation	10
b. Diseases of Parturition	9
10. Diseases of Locomotive System	4
11. Diseases of Integumentary System... ..	5
VII. VIOLENCE—	1,274
1. Accident or Negligence	93
2. Battle	—
3. Homicide	—
4. Suicide... ..	17
5. Execution	—
VIII. ILL-DEFINED AND NOT SPECIFIED CAUSES	110
	106
Total	2,650

SPECIFIC FEBRILE OR ZYMOTIC DISEASES, in the official classification, are comprised in six Orders, which include the first 17 diseases in Table IV. (p. 17). Amongst them are the nine which the Registrar-General describes as the "seven principal diseases of the zymotic class"—typhus fever, enteric fever, and simple continued fever being grouped under the general heading "fever." The deaths from these diseases, which had been 347, 259, and 283, in the three preceding years, were 320 in 1901, and 21 below the corrected decennial average (341). These deaths, of which 295 belong to the Town sub-district, and 25 to Brompton, were equivalent to 1·81 per 1,000 living (2·30 in the Town sub-district and 0·51 in Brompton), as compared with 1·63 in 1900. The rate in the Metropolis, as a whole, was 2·25 per 1,000 (2·21 in 1900), the decennial rate being, for London 2·7, and for Kensington 1·9 per 1,000. The Kensington rate for each of the zymotic diseases during the eleven years, 1891—1901, is set out in Table V., page 51.

The subjoined table shows the number of deaths from the several diseases, in the sub-districts, occurring at-home, and at outlying public institutions, &c.:—

Disease.	Sub-Districts.		In Hospital.		Total Deaths.	Decennial Average.	
	Town.	Brompton.	Town.	Brompton.		Uncor-rected.	Corrected for increase of Population.
Small-pox	—	—	—	1	1	0·9	0·9
Measles	72	5	—	—	77	74·5	77·6
Scarlet Fever	2	2	10	1	15	25·7	26·7
Diphtheria	8	2	27	1	38	55·5	57·8
Whooping-cough	56	5	1	—	62	57·4	59·8
Typhus Fever	—	—	1	—	1	0·2	0·2
Enteric Fever	4	1	5	1	11	17·9	18·6
Simple-Continued Fever	—	—	—	—	—	0·9	0·9
Diarrhoea	106	5	3	1	115	94·4	98·8
	248	20	47	5	320	327·4	341·3

The mortality from whooping-cough, and diarrhoea was above the average; that from measles average; and that from the other diseases below the average.

DISTRICT ZYMOTIC RATE.—The deaths in North Kensington were 255, and the rate 2·8 per 1,000 persons living. In South Kensington the deaths were 65, and the rate 0·7 per 1,000. The rate in the several wards, the first four being in North Kensington, and the last five in South Kensington, was as follows:—

St. Charles	...	...	...	69 deaths, or 3·1 per 1,000 persons living.
Golborne	...	...	...	95 deaths, or 3·6 per 1,000 persons living.
Norland	...	...	...	63 deaths, or 2·7 per 1,000 persons living.
Pembridge	...	...	...	28 deaths, or 1·4 per 1,000 persons living.
Holland	...	...	...	26 deaths, or 1·3 per 1,000 persons living.
Earl's Court	...	...	...	13 deaths, or 0·7 per 1,000 persons living.
Queen's Gate	...	...	...	8 deaths, or 0·6 per 1,000 persons living.
Redcliffe	...	...	...	13 deaths, or 0·7 per 1,000 persons living.
Brompton	...	...	...	5 deaths, or 0·3 per 1,000 persons living.

The table at page 14 exhibits the distribution of the deaths in the borough, as a whole, from the several diseases, as recorded in the thirteen four-weekly reports.

In England and Wales the deaths from the principal zymotic diseases were at the rate of 2·05 per 1,000 persons living, the decennial average being about 2·2 per 1,000. In the thirty-three great towns, including London, the average rate was 2·68, ranging from 1·38 at Huddersfield, 1·40 at Halifax, 1·52 at Croydon, and 1·53 at Plymouth to 4·10 at Gateshead, Sheffield, and West Ham to 4·28 at Salford.

In Appendix II., statistical information is given, showing (Tables B, C, and D, pp. 123—124), the number of deaths from the several diseases during the forty-six years, 1856-1901; viz., in Table B, the annual number of deaths from each of the diseases and the death-rate therefrom; in Table C, the number of deaths grouped in quinquennial periods; in Table D, the rate per 1,000 of the population, in quinquennial periods, of the four notifiable diseases (small-pox, scarlet fever, diphtheria, and "fever"), and the three non-notifiable diseases—measles, whooping-cough, and diarrhoea.

SMALL-POX.

For the first time since 1893 small-pox became epidemic in London in 1901. The first outbreak was thought to have originated from a case imported from Paris,* and to have been spread by infected clothing sent to a suburban laundry, where several cases occurred; a circumstance which recalls a notable experience which was recorded in the preceding annual report (p. 18). The cases notified in London in the eight successive four-weekly periods ended July 13th, were 3, 3, 0, 1, 2, 2, 13, and 17. In the ninth period, ended August 10th, the cases rose to 116, the totals in the four remaining four-weekly periods, successively, being 173, 303, 413, and 656. Total for the year, 1,702 (see Table, p. 49). The names of the contributory boroughs are set out in the table at p. 48. The deaths in London, as a whole, from this cause, were 229; and nearly all occurred at the establishments of the Asylums Board.

One death only occurred in the borough, the victim being an unvaccinated youth, aged 17 years. The source of infection was not traced. Fourteen cases, in all, were notified, one in January, and 5, 1, 3, and 4 in the last four four-weekly periods. The first case was that of a gentleman who was incubating the disease on his arrival from Paris. The next cases were a group of six in a house at North Kensington, in August and September.

The first to be notified, on September 10th, was Emma W., aged 24 years, the wife of a marble polisher who resided on the top floor of the house. She was removed to the hospital the same day. Her illness dated from September 5th; the source of infection could not be traced. On September 12th three cases of illness, suspected to be small-pox, occurred in the same house on the floor below that occupied by the W. family. One, Ethel C., aged 11 (unvaccinated), was removed to hospital the same day. On the 13th her parents, Charles C., aged 43, a plumber's mate, and his wife, Ann C., aged 32, were notified and removed to hospital forthwith. The occurrence of these cases indicated an antecedent case by whom all of them must have been infected, and it appeared that Emily C., aged 34, domestic servant, and sister to Charles C., had come to his place from a seaside town, on a visit, on August 17th; that on the 24th she went into the country, returning to town on 31st. On this up-journey she was taken ill with sickness, etc. Medical advice was not sought until September 5th, and then because of the appearance of spots on various parts of her body. The doctor suspected small-pox, but did not notify the case, another practitioner who saw her, on the 6th, not confirming the diagnosis.

* Small-pox had been prevalent in Paris for a long time. According to a statement in the *British Medical Journal*, upwards of 4,000 cases were notified from the beginning of January, 1900, to September 21st, 1901: 2,468 of them during the first 38 weeks of the latter year. The deaths in the 90 weeks were 566, of which 351 occurred during the first 38 weeks of 1901. It may be remembered that the epidemic of 1871 (my first year of office), which caused about 8,000 deaths in London in a population of 3,267,000, was attributed to importation of cases during the Franco-German war.

On the 9th September (being the tenth day of the disease) she was seen again by her doctor, and permitted to return to her "place," being then undoubtedly infectious. Interesting as the discovery of this case was, it did not account for the others: it was manifest, indeed, that every one of the five cases had been infected by a still earlier sufferer, who at last was traced in the person of Charles C., aged 19, son to Mr. C. C. This youth had been employed outside the borough, but slept at home. At some date between August 11th and August 18th, he was taken ill, the symptoms being suggestive of small-pox; in two or three days spots appeared, which excited the less attention, as his face was usually spotted (with *acne*). He was advised to see a doctor and went, but the doctor not being at home he did not repeat the visit. He soon recovered, and was able to take a situation at another restaurant, in Paddington, where, with the borough Medical Officer of Health, I saw him on September 14th. There was no doubt that this was an unrecognised case of small-pox, and the source of infection, firstly of his aunt, Emily C., then of Emma W., who visited the C. family, and lastly of his sister, his father, and his stepmother. All necessary steps were taken, by disinfection, vaccination, etc., to prevent the further spread of the disease, and all known persons who had been exposed to infection were revaccinated and kept under observation.

Among other cases in the Borough the following may be cited as of interest:—

John W., aged 20, shop assistant, contracted the disease at an establishment in an adjacent borough, at which cases of small-pox had occurred. A brother employé brought him to his own home in Kensington, on November 16th, on the first day of an illness the character of which was not suspected. On the 19th a rash appeared, but the patient was not seen by a doctor until the 21st, on which day he was removed to hospital.

Alfred T., aged 21, of uncertain occupation, had slept for some nights at Rowton House, Hammersmith, before taking up his abode at a common lodging-house in Kensington, where he fell ill, on or about November 21st: he was removed, on 23rd, to the infirmary with a certificate of influenza: on the 24th the rash of small-pox developed, and he was sent to hospital forthwith.

Ernest T., aged 17, fishmonger's assistant, fell ill November 23rd, with acute tonsillitis. On 27th a rash appeared, which, on Friday, 29th, was recognised as small-pox, and he was removed to hospital forthwith. It was ascertained that another youth employed at the same place, but living in another borough, was ill. The fact was communicated to the Medical Officer of Health, who found that not only this youth, but his two brothers also, were ill with small-pox; dating from about November 26th. The source of infection in these four cases (probably the same) was not ascertained. The Kensington case (unvaccinated) proved fatal: the other three cases (vaccinated) were mild, and made speedy recovery.

Robert W., aged 24, a carpenter, fell ill December 13th; the rash appeared on 15th and he was removed to hospital by his doctor on 16th. The source of infection was not traced. The patient spent the week end—November 30th to December 2nd—including the infection date, at Stepney, in which borough numerous cases had occurred.

Maggie M., aged 47, married, bed maker at Rowton House, Hammersmith, where numerous cases had occurred, was seen on December 15th, at Rowton House, by the Medical Officer of Health of Hammersmith, who "found her with symptoms closely allied to those premonitory to variola." The house, at Notting Dale, where with her husband she occupied a furnished room, being visited, she was found to have small-pox, and was removed to hospital forthwith. This woman stated that, feeling too ill to do her work at Rowton House, on the 15th, she returned home. Not being ill enough to keep her bed, she went about the house, and even out of doors between that day and the 17th.

Charles S., aged 19, employed in domestic work, as visiting house-boy, attacked on December 15th, went to his employment up to the 17th, having a rash at that date. He applied for medical advice at the dispensary, Mary-place, on the 18th, and was removed to hospital forthwith. This youth had been an inmate of a Boys' Home since December 3rd. Previously to his admission, and at the time he became infected, he had slept at a casual ward, in another borough, where cases of small-pox had occurred. The boys at the Home and the inmates of the house where the patient worked were revaccinated. There was no spread of disease from any of the above cases.

Precautionary Measures.—The measures to prevent the spread of small-pox adopted at the commencement of the epidemic, and now practised, are in advance of anything previously attempted. In former epidemics one of the greatest hindrances to preventive action was the want of information as to what was going on in adjoining districts. Now, a system of daily interchange of information has been instituted through the intermediary of the Medical Officer of Health of the London County Council, who transmits to the Borough Medical Officers, daily, particulars of all cases reported to him, by those officers, upon a settled plan. The Asylums Board, moreover, send to each Medical Officer, daily, a list of cases discharged from hospitals; and, weekly, a history of every case admitted during the preceding seven days. One of the principal sources of danger being diffusion of infection by inmates of casual wards and common lodging-houses, the Guardians in this borough arranged for a daily examination of "casuals" by one of their district Medical Officers, who offers re-vaccination, whilst the County Council, by their Public Health Committee and medical and inspecting staff, give particular attention to the common lodging-houses. At an early period of the epidemic, the disease having appeared at one of these houses, the premises were rented during the incubation period of fourteen days, the "contacts" were detained and maintained, the Local Government Board having intimated that, in the exceptional circumstances, they would be prepared to sanction, under the *Local Authorities (Expenses) Act, 1887*, the expenditure incurred; and this course has since been adopted when necessary. It is hardly requisite to say that in this borough infected houses were disinfected

without delay. Each case was reported to the Vaccination Officer, and to the Public Vaccinator direct. Re-vaccination of "contacts" and other inmates of infected houses was carried out to the fullest practicable extent, the offered means of protection having been very generally accepted.

Comparatively few medical men of the present generation have had opportunities for becoming practically acquainted with small-pox, and to this circumstance, leading to non-recognition, the spread of the malady is frequently due. A suggestion was made by the Medical Officer of Health of the Borough of St. Marylebone, that the Asylums Board should obtain, and put on sale, naturally coloured lithographic drawings illustrative of the small-pox rash. Were such drawings distributed to medical practitioners, there would be less liability to the spread of small-pox through mild and unrecognised cases. Sometimes the illness is so slight, the rash so sparse and inconspicuous, that medical men who have not seen small-pox, may be excused for not realizing that so apparently trifling an ailment can really be the disease which, in its worst aspects, is about the most loathsome that can befall man. These mild cases are often mistaken for chicken-pox (just as severe cases of chicken-pox are mistaken for small-pox), and from the public health point of view are the most to be dreaded as leading to the spread of infection. The sufferers are sometimes not ill enough to need to lie up, or even to remain in the house, after a day or two; they are, nevertheless, able to give the disease in its worst forms to susceptible persons, *i.e.*, those unprotected by vaccination.

Diagnosis of Small-pox.—In connection with the diagnosis of small-pox I thought it well to forward to medical practitioners within the borough a letter as follows:—

"Small-pox being now so prevalent, I beg to invite your attention to the subjoined extract from the last annual report of the Medical Superintendent of the Hospital Ships—

"Small-pox is a disease which in practice seems to present more difficulties in its detection than do most others; it is also the disease in which mistakes are of most moment. . . . It is unfortunate that medical men, as a rule, do not conceive it to be their duty to notify all cases where a diagnosis of small-pox appears to be not only possibly but probably the correct one, and to allow the responsibility of deciding as to the disposal of such cases to rest with the Managers.

"The course recommended is the removal of any doubtful case to the Asylums Board's Shelter at Rotherhithe. If the disease proves to be small-pox the patient will be removed to hospital forthwith; if clearly not small-pox, he will be revaccinated and sent home again. Should the diagnosis be in doubt, he will be detained in the isolation ward so long as may be necessary.

"The patient would be removed to the Shelter immediately on your application, by telegram addressed 'Asylums Board, London,' and stating name, age, sex, disease, and address, together with your own name and address. Applications may be made by telephone, the Board's numbers being 1601 and 1602 Holborn.

"The Board's offices on the Embankment are open from 9 a.m. to 8 p.m. on all days of the year. Between 8 p.m. and 9 a.m. the application must be made at the Western Ambulance Station, adjoining the Western Hospital, Seagrave-road, Fulham.

"I may remind you that it is necessary to leave at the patient's home a certificate to the effect that he or she has small-pox. Without such certificate the Ambulance Nurse is not permitted to remove the case. The Council will defray the cost of the telegram, and pay a fee of half-a-crown for the certificate.

"In any suspicious case, I think you will agree with me that it would be better to take advantage of the opportunity thus afforded for diagnosis and isolation than, by keeping the patient at home till the diagnosis is cleared up, risk spread of the disease."

This communication had good effect for nearly all of our cases were removed to hospital forthwith by the doctors themselves.

Action of the Local Government Board.—In a circular letter, dated 25th September, the Local Government Board informed the Borough Council that they attached very great importance to the most energetic measures being taken with the view of preventing the spread of infection, and requested the Council to instruct their Medical Officer of Health to visit the houses where the disease broke out, and to take such measures as might be necessary to secure the isolation of the sick, the vaccination of any persons who had been exposed to infection, and the disinfection of the premises. The Board deemed it advisable that the Council should, in each case, be informed of the measures taken by the Medical Officer of Health, and requested to be furnished with copies of that officer's reports on the subject. The Board, moreover, circulated a memorandum by their own Medical Officer, explaining the steps requisite to be taken in places where small-pox is prevalent. Needless to say, all these recommendations were duly carried out.

Notification of Chicken-pox.—The Board also suggested the desirability of adding chicken-pox, either permanently or temporarily, to the list of notifiable diseases, with the view of "affording the Medical Officer of Health the means of detecting possible sources of small-pox infection,"

which "are at present disregarded, and are therefore uncontrolled; . . . cases of small-pox not infrequently escaping detection owing to their being regarded merely as cases of chicken-pox." This course was adopted in February of the present year, chicken-pox being made a notifiable disease for a period of six months. Previously to this, however, all known cases of chicken-pox, mostly reported by head teachers of elementary schools, had been visited, but of the bulk of such cases, in the absence of notification, no information was forthcoming.

The Board, moreover, called attention to cases of small-pox among *employés* of the Borough Councils, especially those engaged in the work of disinfection of infected dwellings, clothing, bedding, etc., and pointed out, and advised, that any officer employed by the Council, who was in any way to come into close relation, with persons or articles, with small-pox, should first be protected by being effectively revaccinated. Sensible of the danger which sanitary inspectors and disinfecting officers incur in the discharge of their duty, I had already called the attention of the staff to the obligation they lay under to their families, and the Council, to submit themselves to the trifling inconvenience incident to the operation, and all who had not been recently revaccinated were done—save one man in the service of the disinfecting contractor, who had been repeatedly urged to submit to the operation, and "intended" to do so but put it off from day to day. He contracted the disease but recovered after a fairly severe illness.

Action of the School Board for London.—The Local Government Board having addressed a communication to the School Board pointing out the desirability of permission being given to public vaccinators to examine, at the schools, the arms of the children with a view to ascertain their state as to vaccination, a special meeting of the Board was held, on 23rd September, when it was resolved—

"That facilities be given to the Public Vaccination Officers of the Metropolis, on the application of the proper local authority, to enter the schools of the Board, in infected areas, for the purpose of examining the arms of the children, with a view to advising the parents to allow their children to be vaccinated: provided that the School Board issue a circular to the parents of the children asking if they have any objection to this examination, and in case of such objection in any particular case, that such examination shall not take place; and that the Local Government Board and the Public Vaccination Officers be informed accordingly."

This resolution was communicated to the Council, as sanitary authority, and to the head teachers of schools, and to the clerks of the boards of guardians, who were requested to forward it to the public vaccinator—the person obviously intended by the expression "Public Vaccination Officer" employed in the resolution. In a circular letter the head teacher of each school was instructed that, if he should receive any application from the sanitary authority, he was to inform the Board at once, but meantime to take no other action. Whereas if the said authority applied to the Board, copies of a circular to parents would be sent to them. The circular read as follows—

"The London School Board have decided, on the request of the Local Sanitary Authority, to allow the Vaccination Officer to visit the school which your child is attending. He will examine the arms of those children whose parents do not object, in order to see whether they have been vaccinated, and, if necessary, to advise the parents. If you object to your child being examined, please sign the accompanying statement and send it at once to the Head Teacher."

The parent's objection form ran as follows:—"I object to my child (or children) being examined by the Vaccination Officer;" who, however, was not the person to make the examination, this being the duty of the Public Vaccinator.

The Kensington Guardians, having taken the School Board's letter into consideration (26th September), passed resolutions as follows—

"That the Clerk be instructed to prepare and issue a notice urging upon the inhabitants of the parish the importance of vaccination and revaccination as a protection against the threatened outbreak of an epidemic of small-pox, and stating, for their information and guidance, the conditions under which the operation can be performed.

"That in the event of the Borough Council applying for and obtaining the permission of the School Board for London to the inspection of the children in the Board schools in the parish, the Clerk be authorised to instruct the several public vaccinators to inspect the schools in their respective districts, and take all such steps as may be possible to secure the vaccination or revaccination of those children whom they consider not properly protected.

"That in the event of an inspection being made of the children in the schools of the London School Board, application be made to the managers of the several voluntary schools in the parish to allow the public vaccinators to inspect the children in such schools, and to take such steps as may be necessary to secure the vaccination or revaccination of those children whom they consider not properly protected.

"That a letter be addressed to the several medical practitioners in the parish asking them to be good enough to at once notify to the vaccination officer any case of small-pox in the parish which comes to their knowledge."

The Council at the meeting held September 28th, decided to make application to the School Board for the necessary permission to inspect the children, and the work was put in hand forthwith. In many cases children were absent from school when the examination was made, and a large number of parents, by signing the objection form, availed themselves of the loop-hole provided by the Board, enabling them to deprive their children of the proffered protection. Amongst the children examined many were found to be unvaccinated, mainly those who had been born outside the borough, and so were unknown to the vaccination officer. The School Board having refused permission for vaccination of children at the schools, the homes had to be visited and persuasion exercised to obtain parental consent, which was generally given. The managers of voluntary schools cordially acceded to the request of the Guardians for facilities to examine the children. In the result many children, and not a few adults, parents and others, at the houses visited, secured the desired protection.

Hospital Accommodation.—In view of the rapid development of the epidemic, in the autumn, the Managers of the Asylums Board deemed it necessary to close Gore Farm Hospital to fever and diphtheria convalescents, in order to its use for convalescent small-pox cases, the hospital having been built for the latter purpose. Somewhat later, a temporary hospital for 300 patients was erected at Long Reach, near the hospital ships, and was brought into use at the end of January, 1902. The accommodation provided at Gore Farm, and Long Reach, and the Hospital Ships, has, to the present writing (April), sufficed for the needs of the Metropolis, and to enable the Managers to admit some hundreds of patients from extra-metropolitan districts. The Hospital Committee when reporting on the subject, in October, expressed the belief that they were rightly interpreting the Board's policy in regarding the prompt isolation of small-pox patients as of paramount importance—a view from which the Managers did not dissent; and means to this end have been adopted, with lavish care and cost. (See further reference to the subject, page 56). But it will always be a matter for regret that the permanent hospital at Joyce Green should not have been taken in hand and completed long before the present epidemic began—not that I expect accommodation to fall short without it, but that a large and probably unnecessary outlay on temporary hospitals might have been avoided. (The general subject of hospital accommodation is dealt with at page 54).

MEASLES.

Measles was the cause of 77 deaths, compared with 120, 24, and 98, in the three preceding years, the corrected decennial average being 78. All but five of the deaths occurred under five years of age, and 15 under one year. Seventy-two of the deaths belong to the Town sub-district and five to Brompton.

The deaths from this cause in London, as a whole, were 1,958, and approximately 680 below the corrected decennial average (2,638).

In the report for 1900, reference was made to a communication from the Public Health Committee of the County Council intended to elicit the opinion of the Council whether it was advisable that the County Council should include measles in the term "dangerous infectious disease," for the purposes set out in certain sections of the Public Health (London) Act, 1891? The sections specified relate (*inter alia*) to the exposure of infected persons and articles (68); the conveyance of infected persons in public conveyances (70); the casting of infected rubbish into ash-pits (62); the disinfection of infected premises, articles and public conveyances (60, 61, 65 and 74); the letting of infected houses (63 and 64), and the removal to hospital of infected persons without proper lodging (66). In the last four-weekly report for 1900, I dealt with this matter, and in the early part of 1901 the Council, on the recommendation of the Public Health Committee, intimated to the County Council that they were in favour of the sections of the Act which prohibit the exposure in public places of persons suffering from an infectious disease, and the use of public vehicles for the conveyance of infected persons, being made applicable to measles. A copy of my report on the subject (No. 13, 1900) was, at the same time, forwarded to the County Council. The matter does not appear to have been carried any further at present; probably it will receive consideration in connection with the proposed Bill for the amendment of the Public Health (London) Act, 1891, the introduction of which cannot be much longer delayed.

SCARLET FEVER.

The cases notified as scarlet fever were 475, compared with 474, 443, and 367, in the three preceding years successively; 295 in North Kensington and 180 in South Kensington. The deaths were 15 (12 below the corrected decennial average); 12 and 3 in the Town and Brompton sub-districts respectively. The case-mortality was 3·2 per cent. Eight of the deaths were of children under five years of age; and 11 took place in hospitals to which 383 cases were removed. The deaths in the three preceding years were 23, 10, and 4, respectively.

The information as to scarlet fever mortality in the borough, 1856-1901, set out in Appendix II. (Tables B, C and D, pp. 123-124), shows the remarkable reduction which has taken place in recent years; concurrently, it must be added, with an increased fatality from diphtheria.

The deaths from scarlet fever in London, as a whole, were 584, compared with 583, 398, and 361, in the three preceding years, the corrected average being 847. Of the 584 deaths 510 or 87 per cent. occurred in public institutions. The cases notified numbered 18,387, compared with 13,812 in 1900; 18,812 in 1899; 16,917 in 1898; 22,876 in 1897; 25,638 in 1896; 19,757 in 1895; 18,440 in 1894; and 36,901 in 1893. The mortality was 3·2 per cent. on cases notified, against 2·6 in 1900; 2·2 in 1899; 3·4 in 1898 and 1897; 3·7 in 1896; 4·1 in 1895; 5·2 in 1896, and 4·3 in 1893. About 81·5 per cent. of notified cases were admitted to hospitals. The case-mortality in hospitals (admissions 14,944) was 3·64 per cent. These statistics indicate not merely a diminished prevalence of the disease, but also a mortality so reduced as to suggest a favourable change in the type of the disease.

The subjoined table shows the degree of prevalence of scarlet fever in the borough, and in London, as a whole, as indicated by the number of notifications, and of deaths registered, in thirteen successive four-weekly periods, as set out in my reports:—

SCARLET FEVER IN 1901.

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.	
January 26	26	819	...	19	678	...	2,078
February 23	18	722	...	15	627	...	1,834
March 23	23	719	...	18	606	...	1,598
April 20	18	765	...	12	702	...	1,526
May 18	31	1,528	...	26	1,289	...	2,052
June 15	32	1,497	...	24	1,295	...	2,594
July 13	47	1,718	...	36	1,464	...	2,918
August 10	56	1,639	...	46	1,442	...	3,148
September 7	44	1,360	...	36	1,212	...	2,994
October 5	48	2,210	...	42	1,770	...	3,157
November 2	49	2,240	...	42	1,651	...	3,391
November 30	44	1,692	...	37	1,455	...	3,278
December 28	39	1,478	...	30	1,218	...	3,137
	475	18,387		383	15,409		

The notifications are taken from the weekly returns of the Asylum Board; the admissions to, and the numbers in, the hospitals, and the deaths in London, from the weekly returns of the Registrar-General.

For the sake of comparison, I subjoin the corresponding table for 1900, taken from the report for that year.

SCARLET FEVER IN 1900.

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.	
January 27	31	951	...	26	763	...	2,287
February 24	28	834	...	18	650	...	2,009
March 24	27	873	...	22	652	...	1,715
April 21	29	883	...	23	711	...	1,676
May 19	21	966	...	18	770	...	1,733
June 16	22	1,063	...	13	823	...	1,766
July 14	33	1,097	...	29	866	...	1,861
August 11	21	868	...	18	740	...	1,838
September 9	23	828	...	20	686	...	1,736
October 6	25	1,348	...	21	1,143	...	2,071
November 3	40	1,634	...	29	1,304	...	2,570
December 1	32	1,365	...	26	1,075	...	2,727
December 29	35	1,102	...	27	899	...	2,535
	367	13,812		290	11,078		

NOTE.—Correction has not been made in the above tables for errors in diagnosis, either with respect to notifications or admissions to hospital.

The following tables exhibit certain particulars of interest with respect to scarlet fever prevalence, &c., during 1901, and the ten preceding years, 1891-1900:—

SCARLET FEVER CASES RECORDED IN KENSINGTON IN 1901, AND IN THE TEN PRECEDING 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.
1901 ...	26	19	22	18	31	32	45	56	46	48	52	43	37	475
1900 ...	32	26	28	28	20	22	32	21	23	25	41	31	35	364
1899 ...	26	20	20	27	26	38	40	47	35	47	42	55	22	445
1898 ...	31	40	34	39	31	31	40	45	38	31	33	38	34	478
1897 ...	43	32	40	28	33	58	68	51	55	133	88	84	34	747
1896 ...	79	90	57	45	37	68	93	94	92	81	104	91	77*	1011
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
Average 1891-1900	40.4	39.7	30.2	32.2	32.7	41.7	50.8	53.2	44.0	65.2	65.5	56.8	42.1	595†

* Return comprises five weeks.

† Without correction for increase in population.

STATISTICS OF SCARLET FEVER IN KENSINGTON IN 1901, AND IN THE TEN PRECEDING 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.		
1901 ...	92	383	475	81	4	11	15	27	73	3.2	584
1900...	74	290	364	79	—	4	4	—	100	1.4	361
1899...	101	344	445	77	2	8	10	20	80	2.2	398
1898...	117	361	478	76	1	22	23	3.4	95.6	4.8	583
1897...	188	561	747	75	3	26	29	10.3	89.7	3.9	780
1896...	248	763	1011	75	7	32	39	18	82	3.9	942
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

DIPHTHERIA.

Cases of diphtheria and membranous croup to the aggregate number of 250 were notified, compared with 222, 257, and 332, in the three preceding years: 142 in North Kensington, and 108 in South Kensington. The deaths registered were 38 (against 26, 42, and 27, in the three

preceding years), being 20 below the corrected decennial average (58): 35 of them belong to the Town sub-district and 3 to Brompton; 27 to North Kensington, and 11 to South Kensington. Twenty-seven of the deaths were of children under five years of age, including 3 under one year. Twenty-eight of the deaths took place at hospitals, to which 198 cases were removed, a case-mortality of 15·2 per cent.

Detailed information in regard to diphtheria mortality in the borough, 1871-1901, is set out in Appendix II., Tables B, C, and D, pp. 123-124.

The deaths in London, as a whole, (including deaths from membranous croup) were 1,344 and approximately 898 below the corrected decennial average, as compared with 1,772, 1,964, and 1,558, in the three preceding years. The notifications of diphtheria were 12,154, compared with 11,561, 13,701, and 11,998, in the three preceding years successively. The cases of diphtheria admitted to hospitals are stated by the Registrar-General to have been 7,719, and the deaths in hospitals 860, a case-mortality of 11·01 per cent.

The following table, based on the thirteen four-weekly reports, sets out some particulars with regard to diphtheria, in Kensington and in London:—

DIPHTHERIA IN 1901.

Report for four weeks ended	No. of Notifications.		No. of cases admitted to Hospital.		No. of Deaths.		No. of cases in Hospital at the end of the period.
	Kensington.	London.	Kensington.	London.	Kensington.	London.	
January 26	14	725	12	539	5	104	1,153
February 23	17	741	13	518	3	100	1,118
March 23	18	793	15	582	3	88	1,103
April 20	17	608	13	436	4	74	958
May 18	17	840	16	672	3	77	1,099
June 15	16	774	11	580	4	63	1,104
July 13	21	950	14	796	2	87	1,228
August 10	35	1,005	24	793	4	110	1,363
September 7	8	942	6	759	—	99	1,365
October 5	23	1,390	22	1,038	1	119	1,541
November 2	24	1,375	20	985	3	149	1,586
November 30	24	1,118	19	806	4	145	1,516
December 28	16	953	13	646	2	129	1,381
	250	12,154	199	9,150	38	1,344	

NOTE.—Correction has not been made in the above table for errors in diagnosis, either with respect to notifications or admissions to hospital. Cases of membranous croup are included.

The following table gives particulars with respect to diphtheria in North and South Kensington respectively.

PARTICULARS WITH REFERENCE TO DIPHTHERIA IN KENSINGTON, IN 1901.

Set out in Report for Four weeks ended	Total Cases Recorded.	Cases Recorded in North Kensington.*	Cases Recorded in South Kensington.*	Cases removed to Hospital from		Deaths (28 in Hospitals).	
				North Kensington.	South Kensington.	North Kensington.	South Kensington.
January 26	14	9	5	9	3	2	3
February 23	17	9	8	6	7	3	...
March 23	18	16	2	14	1	3	...
April 20	17	14	3	10	3	4	...
May 18	17	13	4	12	4	3	...
June 15	16	6	10	6	5	3	1
July 13	21	10	11	9	5	1	1
August 10	35	23	12	18	6	3	1
September 7	8	2	6	2	4	...	...
October 5	23	10	13	10	12	...	1
November 2	24	10	14	8	12	1	2
November 30	24	11	13	10	9	3	1
December 28	16	9	7	9	4	1	1
	250	142	108	123	75	27	11

* North Kensington and South Kensington are the districts to the north and the south of the centre of Notting-hill, High-street, and Holland-park-avenue, respectively.

WHOOPIING-COUGH.

Whooping cough was the cause of 62 deaths, compared with 52, 59, and 33, in the three preceding years successively; 57 in the Town sub-district and 5 in Brompton; the corrected decennial average being 60. All but one of the deaths were of children under five years of age, including 28 under one year. The deaths in London, as a whole, from this cause were 1,609, and approximately 647 below the corrected average (2,256).

FEVER.

Enteric Fever.—Ninety-seven cases of enteric fever were notified, compared with 104, 107, and 104, in the three preceding years. The deaths were 11 (and 8 below the corrected decennial average); 9 in the Town sub-district and 2 in Brompton. Six of the deaths took place in hospitals, to which 77 cases were removed. The deaths in the three preceding years were 12, 23, and 16, respectively.

A group of cases recorded in January and February deserves mention. The patients, eight in number, were occupants of three houses in North Kensington. The person first to be attacked was Mrs. L., aged 42, wife of a horsekeeper, who with her husband and seven children occupied three rooms (two of them in the basement) at a house in Lonsdale-road. The illness commenced in the last week of December, and she kept her bed "on and off" for three weeks, but had no medical attendance. Early in January, Mrs. L.'s son Edwin, aged 4, fell ill and was taken to a general hospital as an out-patient, his complaint being regarded as a "severe cold." He was kept in bed until the 21st January, on which day he was admitted to St. Mary's Hospital, together with his brother Harry, aged 9 years, who had fallen ill on or about 11th January. The nature of these children's illness was not immediately recognised. Michael L., aged 7 years, had fallen ill at about the same time as his brother Harry, and he too was admitted to hospital on 28th January. The notifications of the illness of these patients were received on Monday, January 29th. The house being visited, it was found that yet another child, Agnes L., aged 5 years, was ill; she was removed to hospital the same day, as was also Mrs. B., a married sister living at another house in the same street. At this date Mrs. L., the mother of all the patients, was very unwell, as was her daughter Annie, aged 18, who had fallen ill on or about January 15th. She had gone as an out-patient to a special hospital, and had been referred to St. Mary's Hospital, but failed to attend. On January 26th the case of John Y., aged 18, was notified from a house in Southam-street, but as he had been removed to hospital by the doctor, no history of his illness was forthcoming. During the investigation of the outbreak in the L. family, however, it came out that he had been a daily visitor at the house in Lonsdale-road, during the month of January. I formed the opinion that Mrs. L. and her daughter Annie had enteric fever. Mrs. L. was going to St. Mary's Hospital on the day of my visit, and she continued to attend as an out-patient until the 8th February, when the doctor insisted on her going in. On the 16th her case was notified as one of enteric fever—"in the stage of the fag end of a relapse." The girl Annie was treated at home. The source of infection in the first case, that of Mrs. L., was not traced. Having regard to the mode of occupation of the rooms (not "overcrowded" in the official sense); the four young children slept in one bed, in the back basement room, spread of the disease was practically inevitable; for, there having been no medical attendance, the nature of the illness was not recognised, and no precautions had been taken. All of the patients ultimately recovered.

The deaths in London, as a whole, from this cause, were 537, and approximately 107 below the corrected average. The notifications were 3,193 in number.

Typhus.—Two cases of typhus, of a man and his wife, were recorded in May. The man, a flower seller, aged 50, lived with his wife and two young children in the front room on the ground floor at a house in St. Katharine's-road. He fell ill on or about April 18th and was seen by the district medical officer at the parochial dispensary, Mary-place, on the 19th. On the 26th the doctor was asked to visit him at home. Being very ill, with influenza, as it was thought, he was removed to the infirmary forthwith. On the 28th the disease was diagnosed as typhus, and he was removed to hospital, where, after a severe illness, he made a good recovery. The source of infection, thought to be external to the borough, was not traced; but the home was found to be in a dirty and insanitary condition. The wife and children were removed to a lodging provided for them in the neighbourhood; the clothing was disinfected; the bedding was destroyed and replaced with new; the walls and ceiling of the room were scraped and cleansed. The family were kept under observation, and all continued well until after the period when danger of their having contracted infection from the sick man, whilst at home, was at an end. But the man having been placed on the danger list, was visited frequently by his wife, who thus became infected, although he lay in an airy, well-ventilated ward, and she was not allowed to sit near to him. On the 20th May the woman applied for admittance for herself and the children to the workhouse, whence she was removed to hospital, with typhus, on the 22nd May. She alleged

that she had not felt well since May 14th; but when she was visited by the sanitary inspector on May 18th, she was up and dressed, and made no complaint of illness. The inmates of the other tenements appear to have held no communication with the family, and all escaped.

The notifications of typhus in London, as a whole, were 20, the deaths 4, and one below the corrected decennial average.

Simple continued fever.—Notifications in the borough, 8; deaths, none. In London, as a whole, 48 cases were reported from this cause, and 7 deaths were registered, being 8 below the corrected decennial average.

DIARRHŒA.

The Registrar-General has recently issued to medical practitioners a memorandum with respect to certification of deaths from diarrhœa, as follows:—

“The Royal College of Physicians of London, in response to an earnest appeal for its authoritative guidance concerning the certificates of death from diarrhœa, has now expressed an opinion which, if loyally adopted by medical men throughout the country in granting certificates of death, will greatly improve the national records of mortality from this disease. The following is an extract from the proceedings of the College, dated January 25th, 1900:—

“The Royal College of Physicians is convinced, after careful inquiry:—(a) That various unauthorised and misleading terms, such as ‘*gastro-enteritis*,’ ‘*muco-enteritis*,’ ‘*gastric-catarrh*,’ etc., are now commonly employed to designate the disease officially known as ‘*epidemic diarrhœa*,’ whereby its specific character is in danger of being ignored, and great confusion ensues; (b) that the present confusion of terms renders it impossible to determine accurately either the prevalence of the disease in special places and at special times, the extent to which it influences the public health, or the effects produced by sanitary measures; (c) that there is a widespread objection on the part of medical practitioners to the employment of the term ‘*diarrhœa*’ in certifying the cause of death, probably because the term is generally held by the public to imply a mild disease, insufficient by itself to cause death.

“The College, therefore, has sought to discover as an alternative for the authorised term (*epidemic diarrhœa*) some other name, which, whilst equally accurate, should convey to the public the idea of a more serious affection. But the College regards it as essential that the idea of specificity, intended to be conveyed by the term ‘*epidemic*,’ should be retained.

“As the result of much deliberation, the College has agreed to authorise the use of the term ‘*epidemic enteritis*’ (or, if preferred by the practitioner, ‘*zymotic enteritis*’), as a synonym for *epidemic diarrhœa*. The College has further decided to urge upon practitioners the entire disuse, in medical certificates of death, of such terms as ‘*gastro-enteritis*,’ ‘*muco-enteritis*,’ or ‘*gastric catarrh*,’ as synonyms of *epidemic diarrhœa*.”

Hitherto, deaths from the diseases specified in the above memorandum, etc., have been certified, in the majority of cases, under the heading “*diarrhœa*.” In future a more careful classification of such deaths may be anticipated, and I certainly think it will be the duty of the medical officer of health, so far as practicable, to discard the use of the term “*diarrhœa*,” as being the description of a symptom only, substituting therefor one or other of the terms recommended.

The several diseases included in the expression *diarrhœa* were the causes of 115 deaths in Kensington, compared with 112, 101, and 105, in the three preceding years; 109 in the Town sub-district and 6 in Brompton; the corrected decennial average being 99. Of these deaths, 93 took place in the twelve weeks ended October 5th; viz., 47, 36, and 10, in the three successive four-weekly periods: one hundred and two were of children under five years of age, including 91 under one year.

The deaths in London, as a whole, from this cause were 3,888, and approximately 456 above the corrected decennial average (3,438).

INFLUENZA.

Twenty-eight deaths were registered from influenza, compared with 70, 103, and 85, in the three preceding years: 20 in the Town sub-district and 8 in Brompton. The deaths in London, as a whole, from this cause, were 664, compared with 679, 1,817, and 1,950, in the three preceding years.

OTHER DISEASES OF THE ZYMOTIC CLASS (CLASS I.).

Order 5 (Venereal Diseases) includes *Syphilis*, *Gonorrhœa*, and *Stricture of the Urethra*. *Syphilis* was the registered cause of 19 deaths, against 16, 17, and 19, in the three preceding years respectively. All of the deaths occurred in the Town sub-district, and 13 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 many deaths in excess of the record. There were two deaths from *Stricture of the Urethra*.

Order 6 (Septic Diseases) comprises *Erysipelas*, *Pyæmia*, *Septicæmia*, and *Puerperal Fever*: the total deaths registered were 13, as compared with 12, 17, and 14, in the three preceding years respectively. *Erysipelas* was the cause of 6 deaths,* all of them in the Town sub-district, as compared with 7, 8, and 9, in the three preceding years. There were 5 deaths from *Pyæmia* or *Septicæmia*.

Puerperal Fever was the registered cause of 2 deaths, in the Town sub-district, of women between 25 and 45 years of age as compared with 5, 5, and 5, in the three preceding years respectively. In addition to these 2 deaths, other 9 deaths (all but one of them in the Town sub-district), were registered as having occurred in childbed; compared with 6, 4, and 19, in the three preceding years respectively. The deaths registered as having been caused by diseases and accidents associated with parturition (11 in all) were equal to 3.1 per 1,000 live births, against 3.0, 2.5, and 6.7, per 1,000 in the three preceding years respectively. The notifications of puerperal fever were 10 in number. 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 the fourth and sixth reports for that year, I have since made it my duty to warn nurses, and 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 1901 with satisfactory results, there having been no spread of the disease.

CLASS III.—DIETETIC DISEASES.

The deaths from the diseases in this class were 18: 16 of them in the Town sub-district. *Delirium Tremens* was the cause of 4 deaths, as compared with 6, 2, and 5, in the three preceding years respectively; *Chronic Alcoholism* of 12 deaths, against 18, 17, and 14. It is scarcely necessary, perhaps, to remark that if all the deaths due, directly or indirectly, to the immoderate use of intoxicating liquors were correctly certified, alcoholism would occupy a more prominent position in the bills of mortality; but many deaths due to the misuse of alcohol get certified, and are necessarily classified, to visceral and degenerative diseases caused or aggravated by drink.

CLASS IV.—CONSTITUTIONAL DISEASES.

This important class comprises the causes of 551 deaths (20.8 per cent. of total deaths), including 61 of children under the age of five years: 453 of the deaths were registered in the Town sub-district, and 98 in Brompton.

Rheumatic Fever and *Rheumatism of the Heart* caused 10 deaths, 7 of them in the Town sub-district; *Rheumatism* 1. *Gout* was the cause of 5 deaths, and *Rickets* of 8, all of them in the Town sub-district.

Cancer, Malignant Disease, was accountable for 185 deaths; 143 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 the number of deaths classified to this cause may be due to greater accuracy in diagnosis. The deaths in Kensington in the ten preceding years, were 127, 129, 140, 143, 136, 173, 168, 193, 169, and 152 respectively. Deaths from malignant disease are usually more numerous proportionately 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, 164 of the deaths took place at ages above forty-five, and 15 between thirty-five and forty-five years.

Tubercular Diseases were the registered causes of 314 deaths, as compared with 333, 319, and 306, in the three preceding years respectively; viz., 268 in the Town sub-district, and 46 in Brompton: 53 of the deaths were of children under five years of age. In a few instances *Phthisis* was returned as the cause of death 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 with those ascribed to "*Other forms of Tuberculosis*," the total

* The notifications of erysipelas were 169, some of the cases being of traumatic origin, and others unimportant in character, such as the framers of the Act could scarcely have intended to be notified.

being 40, (of which 15 occurred under five years of age), including 36 registered in the Town sub-district. *Tabes Mesenterica*, popularly known as consumption of the bowels, was the cause of 5 deaths, 4 of them in the Town sub-district; four under five years of age, and three under one year. *Tuberculosis of the Meninges* was the cause of 35 deaths; 6 of them in Brompton, and 29 under five years of age. *Phthisis (Tuberculosis of the Lungs)* popularly known as decline or consumption, was the cause of 234 deaths; 199 in the Town sub-district and 35 in Brompton. The deaths from tubercular diseases were, proportionately to population, not nearly so numerous in Brompton as in the Town sub-district. The total deaths were in the proportion of 1·3 per 1,000 of the population, the London death-rate from this cause being 1·7. [Under the heading "The Prevention and Treatment of Consumption," further information on the subject of Tuberculosis will be found at page 36.]

CLASS V.—DEVELOPMENTAL DISEASES.

In this Class the total deaths were 203; viz., 170 in the Town sub-district, and 33 in Brompton. *Premature Birth* was the assigned cause of 83 deaths, 18 of them in the Brompton sub-district; *Atelectasis* of 13, 11 of them in the Town sub-district; and *Congenital Malformation* of 15, 14 of them in the Town sub-district. *Old Age* was the registered cause of 92 deaths, all but two of them at ages over sixty-five: between sixty-five and seventy-five there were 10 deaths so classified; between seventy-five and eighty-five, 51; and at eighty-five and upwards, 29.

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 1,274 deaths (as compared with 1,338 in 1900), or 48·1 per cent. of the deaths from all causes: 1,017 were registered in the Town sub-district, and 257 in Brompton; 277 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 246 deaths (as compared with 241, 291, and 257, in the three preceding years respectively); viz., 199 in the Town sub-district, and 47 in Brompton: 51 of the deaths were of children under five years of age, and 156 occurred at ages over forty-five. The fatal diseases were, *Inflammation of the Brain or Membranes*, 20 deaths; *Apoplexy, Softening of the Brain, Hemiplegia, Brain Paralysis*, 121 deaths (98 in the Town sub-district, 23 in Brompton); *Insanity, General Paralysis of the Insane*, 22 (seventeen of them in the Town sub-district); *Epilepsy*, 14; *Convulsions*, 31 (all under five, and 29 under one year); *Laryngismus Stridulus*, 1; *Disease of the Spinal Cord, Paraplegia, Paralysis Agitans*, 11; *Other Diseases of Nervous System*, 26.

3. *Circulatory System*.—The deaths due to diseases of the organs of circulation, heart and blood vessels, were 236, as compared with 200, 256, and 227, in the three preceding years respectively: 167 were registered in the Town sub-district, and 69 in Brompton. Heart diseases proper caused 213 deaths. To specified forms of disease, 60 deaths were ascribed; viz., *Pericarditis*, 3; *Acute Endocarditis*, 7; *Valvular Diseases of the Heart*, 50. *Other Diseases of the Heart* caused 153 deaths. *Aneurism* was the cause of 6 deaths, and *Embolism, Thrombosis*, of 11. *Other Diseases of Blood Vessels* caused 6 deaths.

4. *Respiratory System*.—The deaths from the diseases of the respiratory organs, *Phthisis* being excluded, were 511 (as compared with 572, 672, and 542, in the three preceding years respectively), and 19·3 per cent. of total deaths. Of these deaths 441 were registered in the Town sub-district, and 70 in Brompton. The deaths under five years of age were 168, or 32·9 per cent., as compared with 38·3, 27·2, and 31·5, per cent. in the three preceding years; and at fifty-five and upwards, 226, or 44·2 per cent., against 40·7, 47·5, and 47·9, per cent. in the three preceding years. *Bronchitis* was the cause of 346 deaths, *Pneumonia*, of 113; these diseases, therefore, were accountable for 459 deaths (including 160 under five years of age), of which 60 were registered in Brompton.

5. *Digestive System*.—The diseases of the various organs concerned in digestion were the causes of 157 deaths; 51 of them under five years of age; 125 in the Town sub-district, and 32 in Brompton. *Dentition* was the cause of 17 deaths under five, 11 of them under one year. *Diseases of the Stomach* caused 27 deaths; *Enteritis*, 23; *Gastro-enteritis*, 9; *Obstructive Diseases of Intestine*, 20; *Peritonitis*, 15. *Cirrhosis of Liver* caused 24 deaths; *Jawndice and other Diseases of Liver*, 15 (including three under one year); and *Other Diseases of Digestive System*, 7 deaths.

8. *Diseases of Urinary Organs*.—Of the 91 deaths ascribed to these causes, 60 were registered in the Town sub-district, and 31 in Brompton. The fatal diseases were *Nephritis*, 23 deaths; *Bright's Disease (Albuminuria)*, 40; *Diseases of Bladder or of Prostate*, 17; and *Other Diseases of Urinary System*, 11 deaths.

CLASS VII.—DEATHS FROM VIOLENCE.

One hundred and ten deaths, including 41 under five years of age, and 33 under one year, are distributed over two of the four Orders comprised in this Class: 20 of them belong to the Brompton sub-district.

1. *Accident or Negligence*.—Total deaths, 93, including 18 in Brompton, and 41 under five years of age; viz., from *Fractures and Contusions*, 44; *Burn, Scald*, 14; *Poison*, 1; *Gun-shot Wounds*, 1; *Suffocation*, mostly of infants overlaid, 30; *Otherwise*, 3. Thirty-three of these "accidents" occurred to children of less than one year old. Twenty-eight of the deaths from suffocation were registered in the Town sub-district.

3. *Suicide*.—Total deaths, 17; including 2 in Brompton; viz., by *Gun-shot Wounds*, 3; *Cut, Stab*, 3; *Poison*, 2; *Drowning*, 4; *Hanging*, 3; *Otherwise*, 2.

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

This Class includes the causes of 106 deaths, 89 of them under one year of age; 91 and 15 in the Town and Brompton sub-districts respectively. The causes named were: *Dropsy*, 1; *Debility, Atrophy, Inanition*, 87 deaths (all under one year); *Mortification*, 9; *Tumour*, 3; and *Abscess*, 3. To *Causes not Specified or Ill-defined*, 3 deaths were ascribed.

DEATHS IN PUBLIC INSTITUTIONS.

The only large public institution in which we are directly interested, is the borough 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 this is not classed by the Registrar-General as a public institution. The deaths of non-parishioners at the Marylebone Infirmary, Notting-hill (468), at the Brompton Consumption Hospital (108), and at St. Joseph's House (32), are excluded from our statistics, but will furnish occasion for a few remarks later on. The deaths of parishioners at the Parish Infirmary and Workhouse (497), at the Consumption Hospital (4), at St. Marylebone Infirmary (2), at St. Joseph's House (1), and at outlying institutions, &c. (321), were 823, or 31.1 per cent on total deaths; the percentage proportion of deaths in public institutions in the Metropolis, generally, being 32.5, viz., 16.5 in workhouses and workhouse infirmaries; 2.4 in Metropolitan Asylums Board Hospitals; 11.3 in other hospitals, and 2.3 in public lunatic and imbecile asylums. The Registrar-General in his Annual Summary states that "about one in every six deaths occurred in a workhouse or workhouse infirmary, one in 42 in a Metropolitan Asylums Board Hospital, one in nine in some other hospital, and one in 43 in a public lunatic or imbecile asylum." The increase in the number of deaths in public institutions has been great and continuous for many years.

THE PARISH INFIRMARY AND WORKHOUSE.—I am indebted to Dr. H. Percy Potter, the medical superintendent, for the statistics of mortality at these important institutions. The deaths, set out in the table below, were 497, compared with 497, 603, and 476, in the three preceding years respectively, and were equal to 18.8 per cent., not far short of one-fifth of the deaths in the borough. The quarterly numbers were 138, 110, 100, and 149: 248 deaths, therefore, occurred in the first and fourth or colder quarters, and 249 in the second and third or warmer quarters of the year. The deaths included 242 of males, and 255 of females. The ages at death were:—Under one year, 66 (compared with 64, 73, and 58, in the three preceding years respectively); between one and sixty, 234 (compared with 221, 309, and 213, in the three preceding years), and at sixty and upwards, 197 (compared with 212, 221, and 205, in the three preceding years).

SUMMARY OF CAUSES OF DEATH, 1901.

DISEASES.	Under 1 year.	Between 1 year and 60 years.	At 60 years and upwards.	Total.
Nervous System, Diseases of	2	22	19	43
Circulatory System, Diseases of	—	19	17	36
Respiratory System, Diseases of	14	40	37	91
Digestive System, Diseases of	3	15	18	36
Urinary System, Diseases of	—	14	9	23
Tubercular Diseases (including Marasmus)	22	87	15	124
Cancer	—	8	18	26
Whooping-Cough	1	3	—	4
Erysipelas	—	2	1	3
Syphilis	5	5	—	10
Gangrene	—	—	7	7
Premature Birth	4	—	—	4
Delirium Tremens and Alcoholism	—	2	—	2
Various other Diseases	15	17	7	39
Senile Decay	—	—	49	49
	66	234	197	497

Eighteen inquests were held: the cause of death was natural in seven cases, and injury, in some form, in 11 cases.

THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—In the Kensington portion of the Brompton Hospital there were 112 deaths, including four of parishioners. The remaining 108 deaths, of non-parishioners, are excluded from the borough statistics.

ST. MARYLEBONE INFIRMARY, NOTTING HILL.—At this institution 470 deaths were registered, all of which, excepting two of parishioners, are excluded from the borough statistics.

ST. JOSEPH'S HOUSE, NOTTING HILL.—The deaths at this quasi-public institution, with the exception of one, of a parishioner, are excluded from our statistics. They were 33 in number.

OUTLYING PUBLIC INSTITUTIONS.—The deaths of parishioners at public institutions, etc., without the borough, which in the three preceding years had numbered 286, 321, and 283, were 321 in 1901. All of these deaths are included in the borough statistics. The deaths occurred at the several institutions as follows:—

St. Mary's Hospital	50	London Hospital	1
St. George's Hospital	46	National Hospital	1
West London Hospital	12	Royal Chest Hospital	1
Middlesex Hospital	8	St. Saviour's Hospital	1
St. Thomas's Hospital	4	Samaritan Free Hospital	1
Charing Cross Hospital	3	Hostel of God	3
University Hospital	3	Friedenheim	3
Guy's Hospital	1	Boy's Home, Regent's Park Road	1
Westminster Hospital	1	British Home for Incurables	1
Western Hospital	29	St. Pelagio's Crèche	1
North-Western Hospital	11	H.M. Prison, Pentonville	1
Grove Hospital	5	Chelsea Workhouse	2
South-Western Hospital	2	Chelsea Infirmary	10
South-Eastern Hospital	1	Fulham Infirmary	2
Hospital Ship "Castalia"	1	Paddington Infirmary	1
London Fever Hospital	1	St. George's Infirmary	1
Cancer Hospital, Chelsea	6	Hanwell Asylum	14
Brompton Hospital (south wing)	2	Dartford Asylum	9
Children's Hospital, Paddington	10	Banstead Asylum	8
Children's Hospital, Great Ormond Street	1	Claybury Asylum	6
Victoria Hospital	2	Colney Hatch Asylum	4
German Hospital	4	Leavesden Asylum	3
French Hospital	3	Darenth Asylum	2
Royal Free Hospital	3	Manor Asylum, Epsom	2
Queen Charlotte's Hospital	3	Caterham Asylum	1
Bethlem Hospital	2	Camberwell House Asylum	1
Belgrave Hospital	1	Hoxton House Asylum	1
Convent Hospital	1		
Home Hospital, Fitzroy Square	1		
Hospital for Women, Euston Road	1		
Italian Hospital, Queen's Square	1		
			301

Other 20 deaths occurred without the borough, viz., two of females by drowning in the Thames and Serpentine, and two of males by drowning in the Thames and the Grand Junction Canal respectively; three of males, and one of a female in the streets; three of males on railway premises; one of a male at a hotel; and six of females and two of males on private premises.

Deaths from diseases of the zymotic class occurred at public institutions without the borough, as follows:—Western Hospital, 26 (*diphtheria*, 15; *scarlet fever*, 7; *enteric fever*, 3; *typhus fever*, 1); North-Western Hospital, 11 (*diphtheria*, 7; *scarlet fever*, 2; *enteric fever*, 2); Grove Hospital, 5 (*diphtheria*, 4; *scarlet fever*, 1); Children's Hospital, Paddington, 3 (*diphtheria*, 1; *diarrhoea*, 1; *whooping-cough*, 1); St. Mary's Hospital, 2 (*diphtheria*, 1; *diarrhoea*, 1); St. George's Hospital, 1 (*diarrhoea*); Fulham Infirmary, 1 (*enteric fever*); South-Western Hospital, 1 (*scarlet fever*); Hospital Ship "Castalia," 1 (*small-pox*).

UNCERTIFIED DEATHS.

There was no death in the borough that was not certified either by a registered medical practitioner or by a coroner. In England and Wales the deaths not certified were 1·8 per cent. of total deaths; the proportion in London was 0·3.

The subject of uncertified deaths was considered, in the session of 1893, by a Select Committee of the House of Commons, appointed "to enquire 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 the first two were 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, so far, to give effect to the recommendations.

INQUESTS.

Two hundred and thirty-two inquests were held on parishioners, including 43 at places without the borough, 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 119 cases. Thirty-four inquests were held on the bodies of non-parishioners who had died in Kensington. All inquests in the borough were held at the coroner's court at the Town Hall.

The causes of death may be classified as follows:—

Deaths caused by disease	...	...	...	...	...	...	122
Deaths caused by violence (110), viz. :—							
Accidental	...	...	...	...	...	...	92
Suicidal	...	...	...	...	...	...	17
Manslaughter	...	...	...	...	...	...	1
							— 110
Total	...						232

Of the 17 suicidal deaths, 2 belong to the Brompton sub-district and 15 to the Town sub-district.

The inquests on Kensington parishioners were in the proportion of 8·8 per cent. on total deaths, the rate in the Metropolis being 8·9 per cent. ; in England and Wales the rate was 6·7 per cent. The relative percentages in 1900 were 8·7, 9·4 and 6·3, respectively.

The deaths from violence (110) were equal to 0·62 per 1,000 of the population in Kensington ; 0·75 per 1,000 in London, as a whole, and 0·63 per 1,000 in England and Wales.

VACCINATION.

The table at page 35 is a return respecting vaccination in Kensington in 1900 (the complete return for 1901 not yet being due) compiled by Mr Shattock, the vaccination officer, whose diligent discharge of the onerous duties of his office under the new Act, and previously, deserves recognition. It appears that of 3,594 infants whose births were returned in "Birth List Sheets" (col. 2) during the year, 2,884 were successfully vaccinated, and 4 were returned as "insusceptible of vaccination." In 14 cases vaccination was postponed by medical certificate: 375 infants died before attaining the age for vaccination ; in 28 cases infants were removed to other districts, the vaccination officers of which were duly notified of the fact ; whilst some 245 cases, from "removal to places out of the parish unknown, or which cannot be reached, and cases not having been found," were unaccounted for. These cases are, with those of "conscientious objectors" (40, against 55, 5, and 31, in the three preceding years respectively), equivalent to a "loss" of 6·8 per cent., as compared with the number of births registered ; the losses in the ten preceding years having been 6·7, 8·0, 8·7, 7·7, 8·4, 9·0, 10·1, 10·7, 12·7 and 8·1 per cent. Kensington occupies a position superior to that of the Metropolis, as a whole ; for, as stated in a recent annual report of the Local Government Board, the average of lost cases in the metropolitan district so far back as 1896, was 26·4 per cent. ; so that at that date more than one-fourth of the children born were without the protection against small-pox afforded by vaccination : the proportion at the present time is even higher. It is but too probable, moreover, that a large proportion of the children not vaccinated prior to the new Act coming into operation, will remain unvaccinated, and be liable to small-pox. Mr. Shattock states that false registration, *i.e.*, wrong addresses entered on the birth list sheets, is his greatest difficulty : the children cannot be traced. But, on the whole, the tide appears to have turned, the "loss" of cases, in Kensington, having been sensibly less in 1900 than in 1899. The current epidemic of small-pox has given a great stimulus to vaccination, and led to much revaccination. One good feature in the new Act, apart from its relatively greater success in increasing the number of vaccinations, is that it provides for the use of glycerinated calf-lymph, and so cuts the ground from under the feet of

those who objected to vaccination because of the possibility of enthetic disease being conveyed in humanised lymph. Public vaccination stations have been abolished by the Act, which is entailing considerably increased expenditure upon the ratepayers.

Official returns show that the unvaccinated children in the Metropolis, and in the country generally, are a great host, whose unprotected condition involves a serious danger to the community as well as to themselves. In this borough, as already shown, there had been recorded, up to 1898, a yearly increasing "loss" of cases of children who, from removal to places out of the parish, or which cannot be reached, and cases not having been found, are deemed to be unvaccinated. In London, as a whole, in 1885, the "lost" cases, or the proportion of unvaccinated children to births registered (after deducting deaths of children before the age for vaccination), was only 7 per cent. In 1898 the proportion had increased to 31·2 per cent. This is an average proportion; in some of the metropolitan boroughs the unvaccinated cases were more numerous than the vaccinated. The lost cases in Kensington, 6·7 per cent. in 1890 had increased to 12·7 per cent. in 1898; but in 1899, as above shown, they fell to 8·1 and in 1900 to 6·8 per cent. under the operation of the new Vaccination Act. Probably in no other part of London is there a better vaccinated population than in this borough.

The actual figures, showing loss, both for town and country, during the fourteen years 1885-98, as set out in the report of the Local Government Board for 1900-1901, are as follows—

	Metropolis. Cases lost.	Rest of England. Cases lost.		Metropolis. Cases lost.	Rest of England. Cases lost.
1885	7·0 per cent.	5·5 per cent.	1892	18·4 per cent.	14·3 per cent.
1886	7·8 "	6·1 "	1893	18·2 "	15·7 "
1887	9·0 "	6·7 "	1894	20·6 "	19·0 "
1888	10·3 "	8·2 "	1895	24·9 "	19·8 "
1889	11·6 "	9·6 "	1896	26·4 "	22·3 "
1890	13·9 "	10·9 "	1897	29·1 "	21·6 "
1891	16·4 "	12·9 "	1898	31·2 "	19·6 "

Vaccination Authority.—In October, 1901, the Stoke Newington Borough Council adopted a resolution to the effect that—

"Having regard to the fact that all other measures taken to stamp out the disease of small-pox are under the direction of the sanitary authority, it is an anomaly that vaccination and re-vaccination should not be also under their control."

The resolution was communicated to the Local Government Board, with a request that they should initiate legislation for the correction of the anomaly; and also to the Borough Councils, who were requested to support the action taken.

In November the Paddington Board of Guardians adopted a resolution as follows—

"That it is expedient that all powers and duties belonging to the Guardians in connection with vaccination be transferred to the Public Health Department of Borough Councils, so that all questions relating to public health can be dealt with by one authority."

This resolution was communicated to the Local Government Board, the several Boards of Guardians and the Borough Councils. The Kensington Guardians informed the Council that they agreed therewith. Both resolutions were referred to the Public Health Committee, who, in a report dated 19th November, recommended—

"That the Council do express their concurrence with the views of the Stoke Newington Borough Council and the Paddington Guardians, and that communications be addressed to the Local Government Board and the Metropolitan local authorities in support of their representations on the subject."

The report of the Committee was adopted by the Council.

For my own part, whilst concurring in the desirability of relieving the poor-law authority of responsibility in connection with the administration of vaccination law, I question whether it would be the better course to transfer the responsibility to twenty-nine separate authorities; viz., the Metropolitan Borough Councils. Some Boards of Guardians, it is well known, have all along grievously failed in their duty in this matter, and strange as it may seem, some of the Health Authorities of London are known to be hostile to vaccination. Elections to Boards of Guardians have been fought on this ground, and who shall say that the same thing might not happen at elections to Borough Councils? The interests of London are one and indivisible in regard to this subject, and it would be intolerable that any district should be exposed to danger because a neighbouring authority failed to enforce, or was half-hearted in enforcing, the law. The question is too important to be made the subject of party or municipal politics. I venture to think that the view first expressed in my annual report for 1877 (page 15) is deserving of consideration; viz., that the control of vaccination should be placed in the hands of a central authority, that, namely, having charge of the hospitals. This authority, at the present time, is the Metropolitan Asylums Board, and to that body I believe the control of arrangements connected with the administration of vaccination law might be entrusted, with confidence that the trust would be faithfully exercised in the interests of public health.

VACCINATION OFFICER'S RETURN RESPECTING THE VACCINATION OF CHILDREN WHOSE BIRTHS WERE REGISTERED IN 1900.* (Vide page 33.)

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 1, 2, 4, and 5 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 I. Success-fully Vaccinated.	Column II.		Column V. Dead, Unvacci-nated.	Postpone-ment by Medical Certificate.	Removed to other Districts and notified to Vaccina-tion Officers of the Districts.	Removal to places unknown, or which cannot be reached, and cases not having been found.	Total Number of Certificates of Successful Vaccinations received during each of the Calendar Years	
				Insuscep-tible of Vaccination.	Certificate of Conscien-tious Objection.					1900.	1901.*
1900.	1	2	3	4	6	7	8	9	10	12	13
1st January to 31st Dec.	Kensington Town	3,027	2,396	4	31	346	12	24	210	3,187	4,229
	Brompton	567	488	—	9	29	2	4	35		
	TOTAL	3,594	2,884	4	40	375	14	28	245	3,187	4,229

* The complete Return for 1901 will not be due until February, 1903.

Calf lymph.—Medical men complain bitterly of the difficulty of getting active lymph. Much of the lymph supplied during the currency of the present epidemic of small-pox, while being of sufficient strength to ensure a satisfactory result in primary vaccinations, has proved too feeble in cases of attempted revaccination. Great public advantage would accrue if the Local Government Board would supply doctors with lymph for revaccination, but hitherto the lymph cultivated upon calves at the Government establishments has been issued only to public vaccinators. Some of the private firms engaged in the production of calf-lymph send out material to which no exception can be taken; but it appears to me desirable that, should the Board be indisposed or unable to supply Government lymph to all applicants, they should, at least, be empowered to exercise such supervision over the production of lymph for the use of private practitioners as may be necessary to secure that persons upon whom it is used shall be "effectively revaccinated." Multitudes of persons, I doubt not, have been made happy recently, by the thought that they are immune to small-pox, as their revaccination did not "take;" the negative result of the operation being due, often, to the inertness of the lymph employed.

THE PREVENTION AND TREATMENT OF CONSUMPTION. INTERNATIONAL CONGRESS.

The most interesting event of the year in connection with the subject of consumption, a subject which is engaging the attention of the medical profession in all civilized countries, was the Congress on Tuberculosis,* held in the month of July, and of which the leading feature was a paper by Professor Koch, in which it was stated that bovine tuberculosis is not transmissible to man; so that, *quâ* tuberculosis, no danger need be apprehended from the drinking of the milk, or the eating of the flesh of tuberculous cattle. This view was combatted by Professor McFadyean in a paper on "Tubercle bacilli in cow's milk as a possible source of tuberculous disease in man." Professor Koch's views were opposed by other prominent members, and at the final general meeting of the Congress a resolution (5) was unanimously adopted to the effect—

"That in the opinion of the Congress, and in the light of the work that has been presented at its sittings, medical officers of health should continue to use all the powers at their disposal, and relax no effort to prevent the spread of tuberculosis by milk and meat."

In this connection it may be mentioned that in the eighth report, 1901, I expressed the opinion that, apart from the question of danger of the spread of tuberculosis, no effort should be spared to prevent the drinking of the milk of diseased cows, and (subject to the limitations prescribed by the Royal Commission on Tuberculosis) the eating of the flesh of any tuberculous animal, upon the ground that such articles being "diseased, or unsound, or unwholesome," are "unfit for the food of man." (*Public Health (London) Act, 1891, section 47.*)

The Congress, having regard to the weight due to the utterances of Dr. Koch, himself the discoverer of the tubercle bacillus, thought it right to pass a further resolution (6)—

"That, in view of the doubts thrown on the identity of human and bovine tuberculosis, it is expedient that the Government be approached and requested to institute an immediate enquiry into this question, which is of vital importance to the public health and of great consequence to the agricultural industry."

Though the Congress was indisposed to accept, without further proof, Dr. Koch's startling (but not uncomfoting) assurances as to the insusceptibility of man to bovine tuberculosis—he asserted in unqualified terms, as the result of experiment, the non-transmissibility of human tuberculosis to animals—there was absolute agreement between him and the members generally, as to the main cause of the spread of consumption; viz., direct infection by inhalation, in the moist or the dried state, of tubercle bacilli contained in the sputum of consumptives, especially in the overcrowded rooms, bedrooms particularly, of the poor, to whose "sad lot," when stricken with this disease, he made pathetic reference. The great reduction in mortality from tubercular disease generally was attributed, by Dr. Koch, and others, to improved sanitary conditions; and the most hopeful anticipations were expressed of further benefit from the carrying out of precautions now becoming generally known; and by the establishment of sanatoria, Dr. Koch believes that tuberculosis may, and will, ultimately be extirpated, as other plagues have been, now that it is known to be dependent upon a parasite. He emphasised the need for obligatory notification of tuberculosis in cases that, "owing to the domestic conditions, are sources of danger to the people about them"; and so that necessary precautions against spread, including disinfection of rooms, might be "effected when consumptives die or change their residence, in order that those who next occupy the infected dwelling may be protected against infection." It will be a comfort to many to learn that Dr. Koch attaches a minimum of importance to heredity in regard to the causation of tuberculosis. "Hereditary tuberculosis," he admits, is "not absolutely non-existent," but "it is extremely rare, and in considering our practical measures," we may "leave this form of origination entirely out of account."

* The proceedings at the Congress were ably summarised in a volume for which we are indebted to Dr. Vinrace, a Member of the Public Health Committee of the Council, and one of the Council's delegates at the Congress.

The Congress passed, in addition to the above resolutions (5 and 6), certain others, which are subjoined, it being desirable that sanitary authorities should be made acquainted with the views of so important a body: especial attention may be directed to the ninth resolution, bearing, as it does, upon matters over which such authorities have more or less control.

- "1. That tuberculous sputum is the main agent for the conveyance of the virus of tuberculosis from man to man, and that indiscriminate spitting should therefore be suppressed.
 - "2. That it is the opinion of this Congress that all public hospitals and dispensaries should present every patient suffering from phthisis with a leaflet containing instructions with regard to the prevention of consumption, and should supply and insist on the proper use of a pocket spittoon.
 - "3. That the voluntary notification of cases of phthisis attended with tuberculous expectoration, and the increased preventive action which it has rendered practicable, has been attended by a promising measure of success, and that the extension of notification should be encouraged in all districts in which efficient sanitary administration renders it possible to adopt the consequential measures.
 - "4. That the provision of sanatoria is an indispensable part of the measures necessary for the diminution of tuberculosis.
- * * * *
- "7. That the educational work of the great national societies for the prevention of tuberculosis is deserving of every encouragement and support. It is through their agency that a rational public opinion may be formed, the duties of public health officers made easier of performance, and such local and State legislation as may be requisite called into existence.
 - "8. That this Congress is of opinion that a permanent international committee should be appointed; (a) to collect evidence and report on the measures that have been adopted for the prevention of tuberculosis in different countries; (b) to publish a popular statement of these measures; (c) to keep and publish periodically a record of scientific research in relation to tuberculosis; (d) to consider and recommend measures of prevention. This Congress is further of opinion that all international and great national societies whose object is the prevention of tuberculosis should be invited to co-operate.
 - "9. That in the opinion of this Congress, overcrowding, defective ventilation, damp and general insanitary conditions in the houses of the working classes, diminish the chance of curing consumption and aid in predisposing to and spreading the disease.
 - "10. That the following question be submitted for the consideration of the next Congress on tuberculosis:—The constitutional conditions of the individual which predispose to tuberculosis, and the means by which they may be modified.
 - "11. That, while recognising the great importance of sanatoria in combatting tuberculosis in all countries, the attention of Government should be directed to informing charitable and philanthropic individuals and societies of the necessity for anti-tubercular dispensaries as the best means of checking tubercular disease among the industrial and indigent classes."

A NEW ROYAL COMMISSION.—The views expressed by Dr. Koch, contravening the general belief in the practical identity of human and bovine tuberculosis, led to a suggestion that the stringency of procedures intended to prevent the sale for food of man of the milk of tuberculous cows, and the flesh of tuberculous animals, should be relaxed; notwithstanding that the Congress (in resolution 5) had deprecated any relaxation, by medical officers of health, of efforts to prevent the spread of tuberculosis by milk and meat. Such a suggestion could not be entertained: the Congress, nevertheless, was so far impressed by Dr. Koch's views as to have passed the further resolution (6) already cited, which had the desired effect, having led to the appointment of a Royal Commission—

"To enquire and report (1) whether tuberculosis in animals and man is one and the same disease; (2) whether animals and man can be reciprocally infected with it; (3) under what conditions, if at all, the transmission of the disease from animals to man takes place, and what are the circumstances favourable or unfavourable to such transmission."

The usual ample powers were vested in the Commission, who are now conducting the enquiry, which will extend over a considerable period of time.

Their Report will be awaited with interest; but, whatever the issue, it is not to be supposed that anyone will be found to justify the use, as food for man, of the milk of a tuberculous udder; and presumably there will be no limitation put to the present restrictions on the sale of the flesh of tuberculous animals which, being "diseased, unwholesome, or unsound," must, as already stated, be regarded as "unfit for the food of man."

Tuberculous Milk and Meat.—The Local Government Board, in a circular letter addressed, (6th September), to the Borough Councils and other sanitary authorities, on the subject of tuberculosis, advised that, pending the investigations and report of the Royal Commission, there should be no relaxation on their part, or on that of their officers, in the taking of proper measures for dealing with milk from tuberculous cows, and with tuberculous meat which may be intended for the food of man. The Board, moreover, with reference to representations that the action of the officers of local authorities in the seizing of tuberculous meat was not uniform, cited the

views of the Royal Commission on Tuberculosis, as to the degree of tubercular disease which should cause a carcase, or part thereof, to be seized. The principles to be observed in the inspection of tuberculous carcasses of cattle—whether the whole or part thereof should be seized—were set out in their Report (1898). In view of the greater tendency to generalisation of tuberculosis in the pig, the Commission considered that the presence of tubercular deposit in any degree should involve seizure of the whole carcase, and of the organs; and in respect of foreign dead meat, that seizure should ensue in every case where the pleuræ have been “stripped.” The Board advised the Council to direct those of their officers employed as meat inspectors to act in accordance with the principles laid down by the Royal Commission, as expounded in their circular letters addressed to the councils of boroughs, etc., on the 11th March, 1899. The qualifications, legal and technical, proper to the office of a meat inspector were set out, and the Board trusted that, in making appointments of officers on whom would devolve the duty of acting as meat inspectors, the Council would satisfy themselves that the person appointed possesses adequate knowledge on the subjects specified. The circular letter concluded with a reference to the duties of a sanitary inspector in relation to the inspection and seizure of meat, as set out in the Board’s Sanitary Officers (London) Order, 1891.

THE ACTION OF THE LATE VESTRY.—In this place mention may be made of the action of the late Vestry with reference to measures for the prevention of consumption. The matter had been dealt with in my first monthly report, 1899. The report was referred to the Sanitary Committee, who appointed a sub-committee to deal with the reference. The sub-committee’s report, after material modification by the Committee, was adopted by the Vestry, and is printed in the minutes of the meeting held 22nd March, 1899 (page 1,037).^{*} Briefly it may be stated that the report dealt with the causation of consumption and other forms of tuberculosis; referred to the evil influence of insanitary surroundings, and stated that the means of prevention were largely within the power of sanitary authorities, by—

- (a) Enforcement of the provisions of sanitary law for the prevention of overcrowding, and the abatement of nuisances generally, so as to secure healthy homes for the lower classes; and by systematic inspection of tenemented houses and houses let in lodgings.
- (b) Education of consumptives as to the danger of spitting about rooms, or in public places, vehicles, etc.; and the necessity of the destruction of expectorated matters by disinfection, or preferably by fire; viz., by the issue of a circular of advice in which also might be explained the necessity for thorough cooking of meat and boiling of milk.
- (c) By advising, and in suitable cases carrying out, disinfection of rooms in which consumptives have died, or from which they may have removed.

The Committee in their report recommended—“That the vestry be advised to adopt means for the prevention and cure of consumption and tuberculous disease generally—

- (1) By spreading information as to the nature and cause, the preventability and curability of tuberculosis, and especially of consumption; and by inculcating the necessity for thorough cooking of meat and the boiling of milk.
- (2) By disinfection of houses after the occurrence of fatal cases of consumption, and after removal of consumptives to new abodes.

[A further recommendation, contained in the draft report prepared for the sub-committee, but which was not adopted, read as follows—

“By provision of a hospital or hospitals, or by making other arrangements, so as to enable poor consumptive persons to be isolated and treated under the best attainable conditions, and to secure restoration to health.”]

The report, after adoption by the Vestry, having been remitted to the Sanitary Committee to “draw up a detailed scheme for giving effect to the suggestions embodied therein,” I was requested to state my views as to the action that should be taken. Briefly, I advised the preparation and circulation of a leaflet on the subject; disinfection of houses, a procedure which would involve “further assistance in the disinfecting department;” a voluntary system of notification of consumption; and, especially, enforcement of the provisions of sanitary law for the prevention of overcrowding, and the abatement of other nuisances, so as to secure healthy homes for the working classes. The leaflet† was prepared and circulated, and in a few cases disinfection of houses was carried out, upon request of medical practitioners.

THE ACTION OF THE KENSINGTON GUARDIANS.—In my first monthly report for 1900, the subject of tuberculosis was again dealt with. The Local Government Board had refused an application by the Guardians for authority to provide further accommodation at the workhouse, on the ground that there were already a sufficient number of persons on the site; and as it appeared to me that

^{*} See also Minutes, June 14th, 1899 (p. 204). Other details of the proceedings of the Vestry and the Sanitary Committee, will be found in the Annual Report of the Medical Officer of Health for 1899 (pp. 113—130). The subject is further dealt with in the Report for 1900 (pp. 31—33).

† The leaflet is printed in the Annual Report of the Medical Officer of Health for 1899, p. 125.

the additional accommodation required could be obtained by the removal of consumptives to a separate establishment for isolation and treatment, the view was expressed that "the Guardians, if their attention were called to the subject by the Vestry, as sanitary authority, might entertain favourably the suggestion to provide, apart from their present infirmary, requisite accommodation for consumptive persons dependent upon their assistance." No action having been taken, I addressed a communication to the Clerk to the Guardians, calling attention to the action taken by certain provincial poor law authorities, "to secure separation of consumptives from other sick persons," and stating that I should be glad if the Kensington Guardians, "alone or in combination with other boards," should see their way to adopt this plan. Subsequently the Guardians fitted up and set apart a sunny south ward for the separate treatment of tuberculous women and children: it contains 24 beds, and was brought into use in November, 1900. At this institution the proportion of tuberculous males to females is four to one, so that there is a difficulty in finding sufficient accommodation with facilities for open-air treatment. A ward for males (No. x) was opened in July, 1901, and it having proved inadequate to receive the number of inmates requiring separate treatment, the Infirmary Committee appointed a sub-committee to consider and report to them on the whole question. The medical superintendent having stated that forty beds would be required for the segregation of men suffering from tuberculous disease, the sub-committee (after referring to the costliness of alterations, which would be necessary to adapt old wards for the treatment of infectious cases, and the disadvantages attending the use of such wards) pointed out, in their report, that "in the new portion of the infirmary certified for men, the wards with their teak floors, cement walls, and latest structural improvements, are already well adapted for the separate classification and treatment of cases of tuberculous disease." They recommended, therefore, that "the whole (of these) cases be removed from the general wards, and classified in Wards xxx. and xxxi., in the new pavilion nearest to the Marloes-road, which will afford accommodation for 40 men, with the increased cubic-space required, and that the necessary arrangements be made for keeping the airing court on the east side entirely for the inmates of that pavilion." The Committee approved the report, and at the meeting of the Guardians held on the 8th October, advised—

"That the recommendations of the sub-committee be carried out, and that a letter to that effect be now addressed to the Local Government Board."*

The recommendation was adopted, and carried out forthwith. "Open-air treatment" can hardly, in any effective sense, be carried out at this institution, but it is a great point gained to have secured the segregation of phthisical cases from other cases treated in the general wards.

THE ACTION OF THE BOROUGH COUNCIL.—The Council having received, and referred to the Public Health Committee, certain communications (mentioned below) on the subject of the prevention of consumption, a sub-committee was appointed to consider and report thereon. The report of the sub-committee (Alderman Canon Pennefather, Chairman of the Committee, Councillor Dr. Alderson, and Councillor Dr. Vinrace) was adopted by the Committee, and is as follows:—

"The Public Health Committee on appointing us a Sub-Committee to report as to any further action which may be desirable on the part of the Council, referred to us certain documents recently received by the Council, viz.:—

- (1) The report of the Council's delegates at the Congress on Tuberculosis submitting certain resolutions unanimously passed at the last meeting of the Congress. (*See report of the Medical Officer of Health, No. 8, August 15th, page 110.*)
- (2) A letter from the Local Government Board with reference to the views of Professor Koch relative to the question of the transmissibility of tuberculosis from animals to man.
- (3) A letter from the Council of the Borough of Battersea relative to the letter from the Local Government Board above cited, expressive of that Council's views as to the inadequacy of the powers vested in sanitary authorities with regard to prevention of disease through the agency of the milk of tuberculous cows, and the flesh of tuberculous animals, and recommending the provision of public abattoirs in lieu of private slaughter-houses.
- (4) The eighth report of the Medical Officer of Health, dated August 15th, 1901, para. 7, page 108; subject: 'The Congress on Tuberculosis.'
- (5) The ninth report of the Medical Officer of Health, dated September 14th, 1901, para. 7, page 126, subject 'Tuberculosis—A new Royal Commission.'

* In this connection it may be mentioned that the President of the Board, in October, 1901, when laying the first stone of the Sanatorium which the Guardians of Liverpool and the neighbourhood are erecting for consumptives, eulogised the work, and commented on the benefits science had conferred in minimising the prevalence of the disease, and by providing, by improved sanitation, and open-air treatment, for the chances of recovery in the early stages. He also promised that, so long as he presided over the Local Government Board, the Guardians might be sure there would be no restrictive red tapeism influence, but every encouragement of this kind of work.

"We have also had before us the two reports of the Sanitary Committee on 'The Prevention of Consumption,' which were adopted by the late Vestry on March 22nd and June 14th, 1899, respectively. (See *Minutes*, March 22nd, 1899, page 1,037, and June 14th, 1899, page 203.)

"We find that the action hitherto taken by the Sanitary Authority of the borough has been:—

- (a) Circulation of a leaflet setting out the measures proper to be taken to prevent the spread of consumption and other forms of tuberculosis; and
- (b) Disinfection of a few houses in which death from consumption had occurred.

"We now beg to report that the late Congress on Tuberculosis recommended (*inter alia*):—

- (1) Voluntary notification of cases of consumption attended with tuberculous expectoration—the main agent for the conveyance of tuberculosis from man to man;
- (2) The supply to consumptives, by hospitals and dispensaries, of pocket spittoons, with a view to the suppression of the dangerous habit of indiscriminate spitting;
- (3) The supply to consumptives, by these institutions, of printed instructions with regard to the prevention of consumption.
- (4) The provision of sanatoria as an indispensable part of the measures necessary for the diminution of tuberculosis; and
- (5) The provision of anti-tubercular dispensaries, as the best means of checking tubercular disease among the industrial and indigent classes.

"It may be observed that the Congress advocated notification of cases of consumption only in districts 'in which efficient sanitary administration renders it possible to adopt the consequential measures;' including disinfection, which is now generally recognised as necessary for the prevention of the spread of the disease. Disinfection, it may be mentioned, formed the subject of one of the recommendations of the Sanitary Committee of the late Vestry, but it has not yet, to any great extent, been carried into effect, nor can it be without further assistance in the disinfecting section of the Public Health Department,—as the Medical Officer of Health stated in a report to the Sub-Committee appointed by the Sanitary Committee, to draw up a detailed scheme for giving effect to the recommendations of the Committee adopted by the late Vestry, March 22nd, 1899. (See *Minutes of the Vestry*, June 14th, 1899, page 204.) With regard to the measures suggested in (2) and (3) we entertain no doubt that the authorities of public hospitals and dispensaries will, sooner or later, give effect to the recommendations of the Congress.

"The provision of sanatoria (4) as regards the well-to-do classes, has already been taken in hand in many directions. Provision for the poor may be made by the Sanitary Authority, in the Metropolis, under the powers conferred by section 75 of the Public Health (London) Act, 1891; but on the whole we think it may be done better by a central authority, the Asylums Board or some other, as recommended by the Conference of Poor Law Authorities referred to in the eighth report of the Medical Officer of Health, dated August 15th, 1901, page 113.

"The action of the Board of Guardians in this borough in providing a ward for the treatment of females and children suffering from tuberculosis, was referred to in the said report, and we are glad to observe that the Guardians now propose to set apart accommodation at the infirmary for men suffering from tuberculous disease, so that the sick poor in that establishment will no longer be exposed to the risk of catching consumption whilst under treatment on account of non-specific illness.

"We agree as to the desirability of the establishment of anti-tubercular dispensaries (5); at the same time we think that this also is a matter which should be undertaken mainly by a central authority.

"The late Congress expressed an opinion that 'overcrowding, defective ventilation, damp, and general insanitary conditions in the houses of the working classes,' not only 'diminish the chance of curing consumption,' but also 'aid in predisposing to and spreading the disease.' With this view we concur; the malign influence of domestic insanitary conditions was, in fact, insisted on in the report of the Sub-Committee of the Sanitary Committee of the late Vestry on 'The Prevention of Consumption.' (See *Minutes of the Vestry*, March 22nd, 1899, page 1,038.) It is to be hoped that with the increased staff of sanitary inspectors, and through the other steps the Council have in contemplation in connection with the housing of the working classes, much may be done to remove the causes and prevent the spread of consumption.

"Time will necessarily be required, and must be allowed, for giving effect to the recommendations of the late Congress. As regards action by the Council we recommend:—

- 1. (a) The adoption of a system of voluntary notification by medical men of cases of consumption attended with tuberculous expectoration.
- (b) Payment to medical men of the customary fee for notification of such cases; and
- (c) An arrangement for bacteriological examination of expectoration suspected to be tuberculous.
- 2. The further circulation of the leaflet on 'The Prevention of Consumption.' (See *Minutes of the late Vestry*, June 14th, 1899, page 206.)
- 3. (a) The appointment of an assistant disinfecter; and
- (b) Disinfection of houses after the occurrence of fatal cases of consumption, and after the removal of consumptives.

4. An appeal to the Local Government Board to give effect to the opinion of the aforementioned Conference of Poor Law Authorities, viz.:—'That the time has come when provision should be made for the open-air treatment of the sick poor of the Metropolis suffering from consumption,' the recommendation of the Conference being, that the matter should receive 'the consideration of the Local Government Board, with a view to the necessary steps being taken by that Board for the carrying out of the proposals.'

"We have not thought it necessary to deal with the question of the transmissibility of tuberculosis from animals to man, through the agency of meat or milk, this being the subject about to be dealt with by the Royal Commission adverted to in the letter of the Local Government Board to which reference was made at the beginning of this report.

"We conclude by stating, as evidence of the importance of the subject referred to us, that in this borough consumption alone—apart from all other diseases of the tuberculous class—destroys, year by year, very many more lives than small-pox, scarlet fever, diphtheria, and 'fever' combined."

The report having been unanimously adopted by the Council, on November 13th, the necessary steps were forthwith taken to give effect to the scheme of voluntary notification of phthisis therein recommended; primarily by the issue of a circular letter to medical practitioners within the borough, as follows:—

"The enclosed report of the Public Health Committee, on The Prevention of Consumption, having been adopted by the Borough Council, I am instructed to inform you:—

- (a) That the Council desire to receive, on and after January 1st, 1902, notifications—given with the consent of the patient or those in charge of the patient—of cases of consumption attended with tuberculous expectoration, and will pay for each such notification, but for one notification only in respect of each case, the same fee as is paid for compulsory notification certificates under the Public Health (London) Act, 1891.
- (b) That the Council have entered into an arrangement with the Jenner Institute for the bacteriological examination of expectoration suspected to be tuberculous, and will, when necessary, defray the cost of such examination.
- (c) That at the discretion of the Medical Officer of Health, a visit will be paid by one of his staff to give verbal advice and instruction as to precautions to be taken to prevent the spread of disease through the sputum, the utmost pains being taken to act in complete agreement with the medical attendant.
- (d) That copies of an enclosed leaflet on 'The Prevention of Consumption' will be placed at the disposal of the notifying medical practitioner for the use and information of the consumptive person, and the members of his or her family.
- (e) That the Council will disinfect, free of cost, any room vacated by the death or removal of a consumptive person, and that bedding, clothing, etc., will, if desired, be removed for disinfection, no charge being made.

"In requesting your assistance, I think it right to state that there will be no official interference with the patient, as the result of notification, either at his home or in connection with his employment. The measures to be taken on behalf of the Council will be confined, mainly, to inspection of the house, disinfection, and the distribution of information with reference to the disposal of sputum, and the general precautions proper to be observed with a view to prevent the spread of disease.

"Duplicate notifications cannot be accepted, excepting in case of a change in the patient's abode.

"Notification of moribund cases is not necessary: registration of death supplies the required information.

"Notification is especially to be desired in cases where public good may be expected to arise therefrom—that is, in cases where the sanitary authority can co-operate with the medical attendant, by measures for removing or ameliorating insanitary conditions at the home of the sufferer, and generally by improving his surroundings.

"The importance of correct and early diagnosis in doubtful cases need not be emphasised. The best means to assure this is by the examination of sputum. The sputum outfit, provided by the Council, can be obtained at the Town Hall; but the specimen must be forwarded direct to the Jenner Institute, Chelsea-gardens, S.W., by the medical attendant, to whom the result of the examination will be communicated forthwith on receipt of the report.

"In offering the services of the Council's disinfecting staff, I would point out that, whatever care may be taken to ensure safe disposal of sputum, disinfection of a house or a room vacated by a consumptive person should invariably be carried out before reoccupation. Disinfection will be carried out, whenever desired by the medical attendant, whether the case has been notified or not. In this connection, I may observe that periodical wet cleansing of the floor and the washable surfaces of the sick room, with a view to prevent spread of disease by dust-infection, cannot be too strongly insisted on.

"The Council earnestly hope that in this new departure they may receive your sympathy and support. For myself, I can only say that I shall be happy at all times to co-operate with you in preventive measures. The remarkable reduction in mortality from consumption, and tubercular diseases generally, during the last fifty years, encourages the hope that, by the adoption of the means above indicated, still further improvement to the public health may be secured.

"I trust you may find the information contained in the enclosures of practical use in connection with any case of consumption that may come under your care."

With the above letter a notification card was issued and a short memorandum for the information and guidance of consumptive persons, to the following effect:—

CAUSE AND PREVENTION OF CONSUMPTION.

"Consumption is a catching disease, and is caused by a living germ or microbe. The germs abound in the expectoration or spit of the consumptive person and infect everything they touch. Falling on to the ground, in spit, and becoming dry, the germs rise into the air, and, as dust, are taken into the lungs in breathing. This is the common cause of the spread of consumption, especially to those who are naturally liable to the disease.

"The germs of consumption may live for months in dark and dirty rooms and keep their power to infect. **SUNLIGHT AND FRESH AIR KILL THE GERMS.**

"If there were no spitting about in improper ways and places, there would be little reason to fear the spread of consumption.

"NOTE.—Over-fatigue, intemperance, foul air from bad drains, the re-breathing of air owing to want of ventilation, dampness and filthy conditions in houses, yards, etc., and dusty occupations, are chief causes of consumption in persons exposed to infection, and especially to those who have a natural or an acquired liability to the disease."

PRECAUTIONS FOR CONSUMPTIVE PERSONS.

"Spit, when at home, into a proper receptacle containing a disinfectant; put the contents into the fire; then cleanse the receptacle with boiling water: but small paper bags or pieces of paper may be used for the spit, and these should be at once burned.

"Spit, when out-of-doors, into a suitable corked bottle, which should be washed out with boiling water after the contents have been burned; but a small paper handkerchief may be used, and this should be burned before becoming dry. Ordinary handkerchiefs, if used, should be put into boiling water and washed while still wet.

"Do NOT SWALLOW THE SPIT, as it may carry the disease to other parts of the body.

"Sleep with windows open, top and bottom, but protected against draughts. Use a separate bedroom, if possible, and in any case sleep alone.

"Cleanse rooms with WET cloths and not by sweeping or dusting: it is dangerous to stir up dust.

"Neglect of these precautions will delay, and may prevent, recovery of health.

"NOTE.—Anyone in health may live with a consumptive person without serious risk of catching the disease if the above directions are carried out. Warmly clad, the consumptive person can hardly be too much in the open air."

A copy of the Council's leaflet on "The Prevention of Consumption" accompanied the above documents, and also leaflets, issued by The National Association for the Prevention of Consumption, etc., on "Ventilation" and "Disinfection." A stock of sputum outfits was provided for the use of medical men, on application. It will take some time, probably, to obtain any large effect from the proceedings above described, *quâ* notification; but there is plenty of immediate work in the way of disinfection, and in the inculcation of the proper steps to be taken for preventing the spread of disease in infected houses, in which deaths from consumption have occurred. Second only in importance to destruction of sputum, and disinfection, comes the cleansing of rooms, &c.; and, as I pointed out in the last report for 1901, it may turn out that in order to make the new movement a success the Council will have to take steps to this end, through the agency of an official staff of cleaners and scrubbers, as at Manchester and Brighton, among other places.

SANATORIA.—It unfortunately happens that the consumptives met with in workhouse infirmaries are mostly in the third stage of the malady, being thus practically incurable; and when admission is sought at an earlier and more hopeful stage of the disease, difficulty is experienced in getting the sufferers to stay long enough to derive material advantage from treatment. The respectable man, as breadwinner, feels it his duty, when "better," (and how hopeful the consumptive person is!), to go out and earn a subsistence for those dependent on him. Moreover, he regards the workhouse infirmary as a place of "relief" in more than the medical sense of the expression, and its associations as not of the happiest. All this points to the superior advantages of Sanatoria in the country.* Such places would be looked upon as hospitals for the cure of the disease, and sufferers in the early stages, entering them with the hope of being cured, would probably remain long enough to secure permanent improvement to health.

* In this connection it may be mentioned that the Brompton Hospital is about to establish a Country Branch and Convalescent Home, with one hundred beds, at Heatherside, near Bagshot, in which the open-air treatment will be adopted. It has been stated that the result of this treatment in the South Wing of the present hospital has been most encouraging. Other hospitals, of greater or less importance, have been or are about to be established up and down the country—notably one for which a large sum of money has been placed by a private gentleman at the disposal of H.M. the King.

In connection with the recommendations contained in the foregoing Report of the Public Health Committee (page 39), a letter was addressed to the Local Government Board stating that—

"The Borough Council have decided to adopt voluntary notification of Phthisis, and have given instructions to the Medical Officer of Health to take such consequential measures for the prevention of the spread of the disease as he may deem necessary.

"Among other matters in connection with this subject to which the attention of the Council has recently been given, is that of accommodation, in suitable sanatoria, for the treatment of poor consumptive persons. The Council have observed with satisfaction the arrangements made by the Kensington Guardians for the separation, at the infirmary, of sufferers from consumption from other inmates; but being strongly impressed with the value of the open-air treatment of the disease in its early and more hopeful stages, they would very earnestly represent to the Board the desirability of steps being taken to give effect to the resolution of the Conference of Poor Law Authorities, held on the 15th October, 1900, to the following effect:—

"That this Conference of Poor Law Authorities, having discussed the question of the open-air treatment of consumption, are of opinion that the time has come when provision should be made for the treatment by this method of the sick poor of the Metropolis suffering from phthisis, and it recommends the matter for the consideration of the Local Government Board, with a view to the necessary steps being taken by that Board for the carrying out of the proposal.

"The Council understand that the holding of the Conference was in a measure the outcome of the Board's general approval of the course proposed to be taken; and further, that the views expressed in the resolution received the unanimous support of the delegates of practically all the Metropolitan Boards of Guardians: these views, moreover, are in harmony with the resolution adopted at the recent Congress on Tuberculosis. The Council therefore feel assured that the Board will agree with them as to the desirability, with the least practicable delay, of provision being made, by some central authority, of sanatoria for the open-air treatment of consumptive persons chargeable to the rates in the Metropolis."

Formal acknowledgment only of the above communication has, so far, been received.

Should the Board not see their way to further the formation, or appointment, of a central authority to make provision of Sanatoria for Consumptives (the Asylums Board are willing to undertake the duty if called upon to do so), it must be remembered that this is a matter with which the sanitary authorities themselves can deal, under Section 75 of the Public Health (London) Act, 1891. The Council might lead the way, either by promoting joint action or on independent lines. The treatment of consumption should be placed on the same footing as the treatment of other infectious diseases; *i.e.*, it should, for the generality of people, be severed from association with poor-law relief. As already indicated, Boards of Guardians could, if they thought fit—with the sanction of the Local Government Board, which there is reason to believe would be given—provide for those actually dependent on the rates; but for people above that status, and who, but for sickness and inability to work, would have no occasion to "go on the rates," the sanitary authorities could make provision. It might well be deemed a worthy object of ambition to be first in such a cause.

A final remark may illustrate the importance of the whole question here dealt with. The sub-committee of the Public Health Committee referred in their report to the greater mortality in the borough from consumption, compared with the diseases more popularly regarded as "infectious." It will suffice to mention that, whilst in the three years, 1898-1900, the deaths from scarlet fever, diphtheria and "fever" totalled 183, the deaths from consumption in 1900 alone, were 27 in excess of that number.

PAYMENT OF FEES FOR VOLUNTARY NOTIFICATION.—A question having been raised as to the legality of payments for voluntary notification of phthisis, the matter was referred to the Local Government Board by the Council of the Borough of Southwark, to the courtesy of whose Medical Officer of Health and Town Clerk I was indebted for a copy of the correspondence between that Council and the Board. The said Council being, as was stated, "desirous of carrying out the principle of voluntary notification," instructed the Town Clerk "to inquire whether, in the event of their so doing, the Local Government Board would be prepared to sanction the expenditure of monies in payment of the usual fees to medical practitioners?" The Board in their reply, dated 31st October, 1901, stated that "the Council of the Borough of Southwark have power, without any sanction on the part of the Board, to pay a reasonable fee to medical practitioners for the voluntary notification of cases of phthisis occurring in their respective practices." In this connection, it may be mentioned that the late Vestry of Kensington, upon my recommendation, adopted a system of voluntary notification of what are now called the "notifiable diseases," in 1887, two years before the passing of the Compulsory Notification Act, and that no question of the legality of the payment of fees for certificates was ever raised by the auditors. A suggestion was thrown out at a meeting of the Council that notification of phthisis should be made compulsory, but the general consensus of opinion was adverse to the proposal which, moreover, there is reason to believe would not be favourably entertained by the Local Government Board.

INFECTIOUS DISEASE AND THE MILK SUPPLY.

In the sixth report (June 19th, page 69) reference was made to the then recent prevalence of scarlet fever in some of the Metropolitan Boroughs, mainly in the east of London, the cause of the endemic having been traced to its source in specifically infected milk obtained from the country, and supplied by a dealer to numerous retailers in the Metropolis. The outbreak, which affected some 300 persons, and ceased on the stoppage of the milk from a particular farm where cases of scarlet fever had occurred, formed the subject of an enquiry by the County Council's medical officer, and of two reports by the Public Health Committee of that body which were forwarded to the several Borough Councils. In these reports the necessity of legislation, to prevent or limit the spread of infectious diseases through the agency of milk, was urged, and the Council expressed the hope that the Borough Councils would support the proposals of the Committee in respect to the amended legislation thought to be desirable. The state of the law was set out in the first report of the Committee (9th May), wherein it is stated that medical officers of health in London possess powers for this purpose (under section 71 of the Public Health (London) Act, 1891), as follows—

"On finding evidence that any person in his district is suffering from dangerous infectious disease attributable to milk supplied from any dairy, situated either within or without his district; or that the consumption of milk from such dairy is likely to cause such infectious disease, the Medical Officer of Health, if authorised by an order of a justice having jurisdiction in the place where the dairy is situated, may inspect the dairy; and, if accompanied by a veterinary surgeon, may inspect the animals therein. If, on such inspection, he is of opinion that any such infectious disease is caused by the consumption of the milk supplied from such dairy, he is required to report thereon to his authority, and his report must be accompanied by any report furnished to him by the veterinary surgeon. The sanitary authority is then empowered to serve on the dairyman notice to appear before them within not less than 24 hours; and, if he fails to show cause why an order should not be made, they may make an order requiring him not to supply any milk from the dairy within their district."

This procedure, if strictly followed, involves considerable delay, and in the outbreak referred to, when a considerable number of persons were infected daily during the period in which the infected milk was being supplied, had the supply of the milk been continued pending the carrying out of the procedure, numerous cases which ought to and might have been prevented, would have occurred. Moreover, in the event of disease being produced by milk from one source, in more than one district, the medical officer of each of the infected districts would have separately to inspect the offending dairy, and comply with all legal requirements before the implicated milk could be excluded from his district.

In regard to this the Committee observed that—

"When disease has been traced to a particular milk supply the sale of such milk should be altogether stopped, and not merely that it should be excluded from the district in which the outbreak had occurred."

They added that—

"The County Council has no power to exclude from London even a particular milk known to be the cause of disease. Moreover, when a sanitary authority in London excludes from its district the milk from a particular farm, notice is required to be given to the council of the county in which the farm is situated; but we know of no power of the County Council to stop the sale of the milk."

The Committee pointed out that sanitary authorities in Scotland have much wider powers and duties in connection with the distribution and sale of milk than similar authorities in London, and which are as follows—

"Under section 60 (2) of the Public Health (Scotland) Act, 1897, if the medical officer of any district has evidence that any person in the district is suffering from an infectious disease attributable to milk from any dairy without the district, or that the milk from any such dairy is likely to cause any such disease to any person residing in the district, such medical officer shall forthwith intimate the same to the local authority of the district in which such dairy is situate, and such other local authority shall be bound, forthwith, by its medical officer, to examine the dairy and the persons aforesaid; and by a veterinary surgeon to examine the animals therein, previous notice of the time of such examination having been given to the local authority of the first-mentioned district, in order that its medical officer or veterinary surgeon may, if they so desire, be present at the examinations referred to, and the medical officer of the second-mentioned local authority shall forthwith report the results of his examination, accompanied by the report of the veterinary surgeon, if any, to that local authority.

"Sub-section 3 of the same section requires the local authority of the district in which the dairy is situate, to meet forthwith and consider the reports and any other evidence by parties concerned, and either to make an order requiring the dairyman not to supply any milk from the dairy until the order has been withdrawn by the local authority, or to resolve that no such order is necessary.

"Under sub-section 5 the local authority may, if the dairy is within the district, require the dairyman not to supply milk either within or without the district, and shall give notice of the fact to the local authority of any district within which they believe milk to be supplied from such dairy.

"Provision is made in sub-section 7 for appeal to a sheriff by any local authority or dairyman aggrieved, and for the order to remain in force pending the disposal of such appeal.

"Section 61 enables the local authority, in cases where infectious disease is attributable to milk supplied by any dairyman, whether wholesale or retail, or to milk supplied by one or other of several such dairymen, whether wholesale or retail, to require such dairyman, whether within or without its district, to furnish a full and complete list of the names and addresses of all his customers within the district, on payment at the rate of 6d. for every 25 names, and also a full and complete list of the farmers, dairymen, or other parties from whom, during a period to be specified, the milk or any part of the milk which they sell or distribute was obtained, and if required to produce and exhibit to the medical officer, or person deputed by him, all invoices, pass books, accounts or contracts connected with the consignment or purchase of milk during such period."

The Committee were of opinion that there would be great advantage if these or similar powers were given to authorities in England and Wales, the need for legislation on the subject being urgent; and, so far as London is concerned, they concurred with the views expressed by their officers, set out in a second report (11th June), that the following powers are urgently needed, viz.:—

"(1) Power to require a dairyman to supply to the Medical Officer of the district a list of his customers on payment of a small sum for the service.

"(2) Power to require a dairyman to furnish to the Medical Officer of the district a list of the sources of his supply.

"(3) Power to the sanitary authority to compensate a milk vendor whose milk supply is stopped at the request of the authority on account of suspicion that it is infective, and whose milk is, as the result of further inquiry, subsequently determined not to have been infective.

"As to (1) provision should be made for the requirement to apply (a) to the supply to retail vendors by wholesale vendors, (b) to the supply to consumers by retail vendors.

"As to (2) it would be requisite to provide machinery by which milk distributed to consumers could, if necessary, be traced to the farm from which the milk is received."

The Committee observed that—

"There is no power to exclude an infective milk supply from London, as a whole, inasmuch as the Council has no power in the matter, and each of the twenty-nine sanitary authorities can only exclude the milk from its own district, and that after adopting a procedure involving considerable loss of time. Such power, it is urged, should be given to the County Council, and along with it, the necessary powers of inspection of dairies and cattle outside as well as inside London. The Council should also be enabled to exercise the powers numbered 1, 2, and 3, should it find it necessary to do so, for the purpose of dealing with some widespread prevalence of disease involving more than one district."

The Committee stated that "the necessity for the sanitary authority to obtain a magistrate's order before making an inspection of a dairy and of cows, ought to be obviated," for "the loss of time in obtaining an order may mean loss of life among the consumers." They further pointed out that—

"The procedure provided in section 71 of the Public Health (London) Act, by which a meeting of the sanitary authority is needed before the supply of milk within its district from a particular dairy can be stopped, may lead to serious loss of time. The procedure adopted in connection with the closure of a school under the Education Code, by which any two members can act on the advice of the medical officer of health, is much more convenient."

The Committee referred to powers of a stringent and important character, recently obtained by a number of municipalities, dealing with the question of milk from cows affected with tubercular disease of the udder, which were briefly stated as follows—

"Samples of milk are examined, and, if found to contain tubercle bacilli, the medical officer of health is authorised, after obtaining a magistrate's order, to inspect the farm from which the milk comes, and, if accompanied by a veterinary surgeon, to inspect the cattle. The local authority is then empowered to exclude from its district the milk from such farm, if it finds it necessary to do so."

The Committee thought that—

"If this power were possessed by the London County Council, the owners of cows, and the authorities of districts outside London, might possibly be led to institute a periodical examination of cows, and thus, by the early exclusion from the milk supply of the milk of a particular cow suffering from tubercular disease of the udder, to obviate the risk of the whole milk supply of the farm being prohibited from coming into London."

They said further, that—

"Some of the special acts referred to contain other provisions which would be useful in this connection. Thus, the Dairies, Cowsheds, and Milkshops Order of 1899, which is in London enforced by the County Council, makes it illegal to sell milk from a cow having a tubercular udder, only after that disease has been certified by a veterinary surgeon. In Manchester, however, a dairyman is liable to a penalty if he knowingly sells milk from a cow which is suffering from this disease, and if he does not properly isolate such cow, irrespective of whether the disease has been certified. Further, dairymen are required under the Manchester Act to notify to the medical officer of health any cow affected with, or suspected of, or exhibiting signs of, tuberculosis of the udder."

The Committee expressed the opinion that—

"In connection with the administration of the Dairies, Cowsheds, and Milkshops Order of 1899, in London, additional power is needed by the Council; viz., that of seizing cows which the veterinary inspector is of opinion are suffering from tubercular disease of the udder, and of requiring such cows to be at once slaughtered."

The Royal Commission on tuberculosis recommended that if the veterinary surgeon's opinion proved to be incorrect the owner should receive the full value of the animal, but only the value of the carcase if the opinion proved to be correct, and the Committee concurred in this view.

The need for legislation being recognised, the Committee observed that the question would have to be carefully considered, "whether any or all of the powers desired can be obtained by a clause in one of the Council's Bills, or whether a Public Bill would be necessary to give effect to any or all of the Committee's proposals?" and they concluded as follows—

"The matter is, in our opinion, one of great moment as affecting the health of the consumers of milk in London, and in which it is desirable to proceed without delay. It is necessary under the standing order for proposals for legislation next session to be brought before the Council at its first meeting in June. We accordingly now submit our proposals, but we have not yet had time to consult the Borough Councils with regard to them. We hope to enlist the sympathy and support of these bodies, and accordingly suggest that a copy of this report be sent to each, with an intimation that any suggestions they may make will be considered. We recommend—

"(a) That the Parliamentary Committee be instructed to seek legislation in the next session of Parliament to give effect to the proposals contained in the foregoing report;

"(b) That a copy of this report be sent to each of the Metropolitan Borough Councils, with an intimation that any suggestion they may make thereon will receive consideration."

Both of the reports of the Committee were adopted by the County Council. The matters dealt with in them are of such high importance from the public health point of view, that I felt it my duty to set them out fully for the information of the Council. They affect all parts of the metropolis equally; it is obviously desirable, therefore, that the proceedings to obtain legislation should be undertaken by the County Council who have jurisdiction in the County of London, as a whole. So far as I am able to form an opinion, the proposals of the Council are adequate and reasonable; and in principle they have already received the sanction of Parliament in Bills promoted by sundry provincial municipalities.

ICE CREAMS.—The Public Health Committee of the County Council also had under consideration the question whether it is desirable to promote legislation to secure further powers in regard to the preparation for sale of ice creams in London, outbreaks of infectious disease (notably at Deptford in 1891) having been caused by the consumption of this commodity, the preparation of which is almost a speciality of Italians. References to the subject will be found in my annual report for 1894, page 173 ("Ice Creams"), and page 176 ("The Ice Harvest"). The Glasgow Corporation, in 1895 obtained power to extend to ice creams the provisions of the Dairies, Cowsheds, and Milkshops Order relating to milk; and in 1898 Liverpool, which had had experience, in 1897, of the spread of enteric fever by ice cream (much in the same way as occurred at Deptford), obtained the sanction of Parliament to the inclusion in the Liverpool Corporation Act, of 1898, of provisions, designed to prevent contamination in the manufacture, sale, or storage of the commodity, as follows—

(1) Any person being a manufacturer of, or merchant, or dealer in ice-creams or other similar commodity, who within the city—

(a) Causes or permits ice-cream or any similar commodity to be manufactured, sold, or stored in any cellar or room in which there is an inlet or opening to a drain; or

(b) In the manufacture, sale, or storage of any such commodity, does any act or thing likely to expose such commodity to infection or contamination, or omits to take any proper precaution for the due protection of such commodity from infection or contamination; or

(c) Omits on the outbreak of any infectious or contagious disease amongst the persons employed in his business to give notice thereof to the medical officer of health for the City—

shall be liable for every such offence, on summary conviction, to a penalty not exceeding forty shillings.

A number of other boroughs, by local Acts, have obtained powers similar to those of Liverpool. The Public Health Committee of the County Council, in their report (4th July), stated that the great difficulty hitherto experienced in seeking powers, had been as regards registration, Committees of Parliament having rejected provisions requiring registration, apparently for the reason that such registration would apply to confectioners, hotels, &c.; no sufficiently precise definition of the particular class of ice cream, with which it was intended to deal, having been formulated. The Committee, therefore, suggested that it would suffice, for all practical purposes, if the itinerant vendor of ice creams were required to exhibit on his barrow a notice showing the name and address of the person from whom he obtained his supply; and they limited their proposals for legislation to the Liverpool provisions, plus this requirement. They were of opinion, moreover, that the provisions of legislation should be administered by the Borough Councils.

The County Council adopted the report of the Committee, and their proposals were embodied in a General Powers Bill introduced during the current session of Parliament.

NOTIFICATION OF INFECTIOUS DISEASE.

The tables at pages 48-50 show (1) the number of notifications in London in 1901; (2) the relative prevalence of the several diseases at different periods of the year, in Kensington and in London; (3) the notifications in the wards, &c., of the Borough, and (4) the case-rate and the death-rate of infectious diseases in Kensington, 1891-1901. The Kensington notifications were 1,025; viz., in the Town sub-district 840, and in Brompton 185. The notifications in the ten preceding years were 787, 1,182, 1,811, 972, 1,289, 1,781, 1,457, 1,004, 1,046, and 986 respectively. Table XIV. (appendix, p. 116) shows the streets, &c., where cases of the scheduled diseases occurred in 1901. The cases notified in London, 40,361, were 5,057 more than in 1900. The notifications of each of the scheduled diseases during the twelve years, 1890-1901, are set out in the subjoined table—

Year.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever.	Erysipelas.	Group.	Cholera.	Relapsing Fever.	Total.
1890	60	15,330	5,870	2,877	35	237	206	4,598	550	25	7	29,795
1891	114	11,398	5,907	3,372	27	152	221	4,764	505	23	39	26,522
1892	423	27,096	7,791	2,465	20	147	347	6,934	565	54	7	45,849
1893	2,813	36,901	13,026	3,663	22	205	397	9,700	668	86	4	67,485
1894	1,192	18,440	10,655	3,360	21	162	253	6,080	535	21	2	40,925
1895	978	19,757	10,772	3,506	14	105	236	5,660	451	29	3	41,511
1896	225	25,638	13,361	3,189	6	102	278	6,438	446	13	3	49,699
1897	105	22,876	12,811	3,113	4	65	264	5,801	388	38	1	45,465
1898	35	16,917	11,561	3,032	17	55	250	5,180	310	23	—	37,380
1899	29	18,112	13,363	4,460	14	69	329	5,615	338	15	—	42,344
1900	87	13,812	11,788	4,309	7	73	237	4,776	210	5	—	35,304
1901	1,702	18,387	11,967	3,193	20	48	250	4,604	187	3	—	40,361

PLAGUE was made notifiable by the Local Government Board in 1901; but no case of the disease occurred in the metropolis.

Cases of Infectious Disease notified to the several Metropolitan Medical Officers of Health, under the provisions of the Public Health (London), Act, 1891, in the Fifty-two Weeks ended Saturday, 28th December, 1901.

	Name of District.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever.	Erysipelas.	Croup.	Cholera.	Totals.	Population, 1901.
West.	Kensington ...	14	475	247	97	2	8	10	169	3	...	1,025	176,628
	Paddington ...	21	505	336	92	...	...	13	141	4	...	1,112	143,976
	Hammersmith ...	44	346	225	77	...	2	3	116	1	...	814	112,239
	Fulham ...	16	600	640	133	...	1	7	132	4	1	1,534	137,289
	Chelsea ...	5	190	106	41	...	...	4	47	1	...	394	73,842
	City of Westminster ...	101	477	253	105	...	2	6	117	2	...	1,063	183,011
North.	St. Marylebone ...	79	397	258	82	...	...	4	183	1	...	1,004	133,301
	Hampstead ...	7	219	151	50	...	1	5	48	2	...	483	81,942
	St. Pancras ...	256	991	937	186	...	2	13	253	6	...	2,644	235,317
	Islington ...	62	1,291	906	281	2	4	33	287	9	...	2,875	334,991
	Stoke Newington ...	19	172	139	26	...	...	4	41	5	...	406	51,247
	Hackney ...	41	933	962	193	1	1	16	326	17	1	2,491	219,272
Central.	Holborn ...	216	260	166	39	1	...	2	89	1	...	774	59,405
	Finsbury ...	93	502	297	68	...	1	5	135	...	...	1,101	101,463
	City of London ...	8	112	63	21	...	...	1	13	3	...	221	26,923
East.	Shoreditch ...	18	556	320	97	...	10	6	142	6	...	1,155	118,637
	Bethnal Green ...	33	841	439	108	1	2	8	211	24	...	1,667	129,680
	Stepney ...	161	1,177	821	267	2	...	16	372	24	...	2,840	298,600
	Poplar ...	71	560	604	172	...	...	6	187	14	...	1,614	168,822
South.	Southwark ...	89	1,301	549	135	...	...	5	241	9	...	2,329	206,180
	Bermondsey ...	107	932	328	150	1	...	5	155	1	...	1,679	130,760
	Lambeth ...	51	1,037	513	144	...	6	14	239	14	1	2,019	301,895
	Battersea ...	53	602	266	91	...	...	8	126	1	...	1,147	169,907
	Wandsworth ...	32	689	475	99	...	1	14	225	3	...	1,538	232,034
	Camberwell ...	54	1,474	854	155	...	1	19	228	13	...	2,798	259,339
	Deptford ...	4	549	417	63	9	2	2	111	10	...	1,167	110,398
	Greenwich ...	11	419	183	68	...	...	6	110	5	...	802	95,770
	Lewisham ...	12	465	298	61	1	1	7	87	1	...	933	127,495
	Woolwich ...	23	310	214	69	...	1	8	70	3	...	698	117,178
	Port of London ...	1	5	...	23	...	2	...	8	...	...	34	...
Grand Totals ...		1,702	18,387	11,967	3,193	20	48	250	4,604	187	3	40,361	

* In addition, 399 cases of *chicken-pox* were notified; viz., 182 from St. Pancras; 111 from Bethnal Green; 53 from Greenwich; 48 from Holborn; and 5 from Hampstead.

Table showing the number of Cases of Infectious Disease Notified in Kensington and in London, in 1901
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...	1-4	1	26	13	8	...	...	...	6	1	...	55	3	819	705	318	...	2	33	348	20	...	2,248	1-4	January 26
February 23...	5-8	...	18	16	13	...	...	1	14	1	...	63	3	722	724	223	9	1	24	300	17	...	2,023	5-8	February 23
March 23...	9-12	...	23	18	7	...	...	1	8	...	...	57	...	719	714	154	1	2	13	273	19	...	1,895	9-12	March 23
April 20...	13-16	...	18	17	4	...	...	1	10	...	...	50	1	765	600	115	1	1	11	248	8	...	1,750	13-16	April 20
May 18...	17-20	...	31	17	3	1	...	...	11	...	...	63	2	1,528	828	121	1	3	23	300	12	...	2,818	17-20	May 18
June 15...	21-24	...	32	16	2	1	1	...	10	...	...	62	2	1,497	767	155	1	2	15	307	7	...	2,753	21-24	June 15
July 13...	25-28	...	47	21	2	...	1	2	13	...	...	86	13	1,718	947	181	3	5	16	333	3	1	3,220	25-28	July 13
August 10...	29-32	...	56	34	13	...	2	1	17	1	...	124	17	1,639	989	268	...	5	16	367	16	...	3,317	29-32	August 10
September 7...	33-36	...	44	8	10	...	...	1	18	...	...	81	116	1,360	933	368	2	1	19	311	9	2	3,121	33-36	September 7
October 5...	37-40	5	48	23	12	...	1	1	7	...	...	97	173	2,210	1,375	449	1	6	22	465	15	...	4,716	37-40	October 5
November 2...	41-44	1	49	24	10	...	3	2	21	...	...	110	303	2,210	1,347	337	1	10	15	470	28	...	4,751	41-44	November 2
November 30...	45-48	3	44	24	9	...	...	...	19	...	...	99	413	1,692	1,101	307	...	8	25	478	17	...	4,041	45-48	November 30
December 28...	49-52	4	39	16	4	...	...	...	15	...	...	78	656	1,478	937	197	...	2	18	404	16	...	3,708	49-52	December 28
Totals.....		14	475	247	97	2	8	10	169	3	...	1025	1702	18,387	11,967	3,193	20	48	250	4,604	187	3	40,361		Totals.

TABLE III.

(Required by the Local Government Board to be used in the Annual Report of the Medical Officer of Health.)

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1901.

NOTIFIABLE DISEASE.				Cases Notified in Kensington.							Total Cases Notified in each Sub-District.		Number of Cases removed to Hospital from each Sub-District.	
				At all Ages.	At Ages—Years.						Kensington Town.	Brompton.	Kensington Town.	Brompton.
					Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.				
Small-pox	...	...	...	14	...	...	1	6	7	...	10	4	10	4
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	...	...	247	9	85	98	35	20	...	207	40	175	22
Membranous croup	...	...	...	3	...	3	...	...	...	...	2	1	1	...
Erysipelas	...	...	...	169	3	2	11	15	108	30	150	19	5	2
Scarlet fever	...	...	...	475	6	124	243	70	32	...	376	99	314	69
Typhus fever	...	...	...	2	...	...	...	...	2	...	2	...	2	...
Enteric fever	...	...	...	97	...	3	22	37	35	...	77	20	61	16
Relapsing fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued fever	...	...	...	8	...	...	1	5	2	...	7	1	5	...
Puerperal fever	...	...	...	10	...	...	...	2	8	...	9	1	...	1
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	...	...	...	1,025	18	217	376	170	214	30	840	185	573	114

TABLE SHOWING THE NOTIFICATIONS, IN 1901, IN THE BOROUGH, THE SUB-DISTRICTS, THE PARLIAMENTARY DIVISIONS, AND THE WARDS.

AREA.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	TOTALS.	Population.	Notifications per 1,000 of the population.
THE BOROUGH	14	475	247	97	2	8	10	169	3	1,025	177,000	5·8
SUB-DISTRICTS—												
Kensington Town	10	376	207	77	2	7	9	150	2	840	128,300	6·5
Brompton	4	99	40	20	...	1	1	19	1	185	48,700	3·8
PARLIAMENTARY DIVISIONS—												
North Kensington	9	295	140	57	2	7	8	115	2	635	91,250	6·9
South Kensington	5	180	107	40	...	1	2	54	1	390	85,750	4·5
WARDS—												
St. Charles	5	73	41	15	...	...	3	15	1	153	22,000	6·9
Golborne	1	112	68	18	...	4	4	38	...	245	26,370	9·3
Norland	2	67	16	7	2	1	1	47	...	143	23,510	6·1
Pembridge	1	43	15	17	...	2	...	15	1	94	19,370	4·8
Holland	1	57	49	17	...	...	1	14	...	139	20,440	6·8
Earl's Court ... ..	...	41	18	6	...	1	...	8	...	74	18,090	4·1
Queen's Gate ... ..	...	12	17	4	...	...	...	19	...	52	14,300	3·6
Redcliffe	4	43	13	9	...	...	...	9	1	79	18,740	4·2
Brompton ... ..	...	27	10	4	...	...	1	4	...	46	14,180	3·2

TABLE V.*

COMPARISON OF PREVALENCE OF SICKNESS AND DEATH FROM INFECTIOUS DISEASES.

(Rates calculated per 1,000 persons on the population estimated to the middle of each year.)

Year.	Small-pox.		Erysipelas.		Diphtheria and Membranous Croup.		Scarlet Fever.		Typhus Fever.		Enteric and Continued Fever.		Puerperal Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1891	0.00	0.00	1.22	0.05	1.19	0.17	1.94	0.09	0.00	0.00	0.64	0.15	0.03	0.03
1892	0.00	0.00	1.15	0.06	1.15	0.18	4.28	0.21	0.02	0.00	0.36	0.10	0.02	0.05
1893	0.57	0.05	1.63	0.10	2.19	0.49	5.69	0.30	0.00	0.00	0.64	0.10	0.05	0.06
1894	0.11	0.00	1.09	0.02	1.65	0.44	2.31	0.13	0.00	0.00	0.58	0.14	0.05	0.03
1895	0.05	0.00	1.59	0.05	2.23	0.53	3.10	0.16	0.00	0.00	0.61	0.09	0.04	0.02
1896	0.07	0.00	1.63	0.02	2.18	0.42	5.95	0.23	0.00	0.00	0.59	0.09	0.05	0.04
1897	0.00	0.00	1.39	0.05	1.94	0.48	4.33	0.17	0.00	0.00	0.74	0.13	0.09	0.03
1898	0.00	0.00	1.05	0.04	1.29	0.15	2.75	0.13	0.05	0.01	0.63	0.07	0.06	0.03
1899	0.00	0.00	1.22	0.05	1.49	0.24	2.57	0.06	0.00	0.00	0.72	0.13	0.06	0.03
1900	0.03	0.00	0.92	0.05	1.92	0.16	2.12	0.02	0.00	0.00	0.66	0.09	0.05	0.03
1901	0.08	0.00	0.95	0.03	1.41	0.21	2.68	0.08	0.01	0.00	0.59	0.06	0.05	0.01

* This table is recommended for use by the Society of Medical Officers of Health, as a record of "the frequency and mortality of infectious diseases in the whole district for a series of years."

THE METROPOLITAN ASYLUMS BOARD.

Under the provisions of the (now repealed) Sanitary Act, 1866 (sec. 37), the local sanitary authority was endowed with power to provide, for the use of the inhabitants within their district, hospitals for the reception of the sick; a provision re-enacted in section 75 of the Public Health (London) Act, 1891. But, excepting in a few districts, and for a limited period, in time of emergency; *e.g.*, when small-pox was epidemic, this power was not exercised, despite official pressure brought to bear to induce sanitary authorities to erect local hospitals. The late Vestry led the opposition to the establishment of such hospitals, with little support at first, but ultimately with complete success; and no one now doubts that the policy of that body, adopted in 1877, was wise, and fruitful in benefit to the entire Metropolis. In 1867, the Metropolitan Poor Act brought the Asylums Board into existence, and this body soon set to work to provide infectious disease hospitals for the "sick poor," *i.e.*, paupers. As a matter of fact, however, and despite the disabilities attaching, in theory, to the use of these hospitals, they were largely used from the beginning by non-paupers; and in course of time legislation gradually secured to the inhabitants of the Metropolis all the advantages desired and contended for by the late Vestry. The hospitals are now free to all, no disability of any kind attaching to the use of them by any person whatsoever. The Managers, as the central authority, have fulfilled their duties admirably, and have created for London a hospital system unequalled elsewhere, and which, it is perhaps not too much to say, is the admiration of foreign nations. Be this as it may, the Managers fulfil the duties originally devolving upon local sanitary authorities; duties which those authorities would undoubtedly have had to perform but for the creation of the Board, and the subsequent legislation which has so enhanced their powers as to leave almost nothing to be desired. During the past year more than one of the Borough Councils approached the Managers with a suggestion that they should provide accommodation for poor persons suffering from consumption, and it will have been observed that the Conference of Metropolitan Guardians, held in October, 1899 (see page 40), regarded the Managers as the proper authority to act for them in fulfilment of this duty—for it is nothing less. The Managers have expressed willingness to assume the position of hospital authority for this purpose, should the local authorities be anything like unanimous in the desire to see it entrusted to their hands, and it is to be hoped that ere long some joint action may be taken by the sanitary authorities to bring about such a desirable new departure. But whether the work be done by the Board at the instance of the Poor Law or the Health Authorities, the assistance to be afforded to poor sufferers from this dire disease must be dissociated from poor "relief" in the legal sense of the expression.

REPORT OF THE HOSPITALS COMMITTEE FOR 1900.—Prior to 1898, the work of the Asylums Board was summarised annually in three reports, prepared respectively by the Chairman of the Board, the Ambulance Committee, and the Statistical Committee. The three reports overlapped in many directions. For 1899 a single report, issued by the Statistical Committee, covered the entire ground. The report was comprised in two volumes, the second of which, dealing with matters relating to the work of the Managers as the Hospital and Ambulance Authority of London, has naturally the greater interest for sanitary authorities. In 1900, a further development took place, a Hospitals Committee having been appointed, presumably with the intention of unifying administration at the several institutions of the Board. The first report—at present the one only report—of the new Committee deals with a period of 18 months ended December, 1900. To this report various appendices are attached, and among them "extracts from the Annual Report of the Statistical Committee for 1900." In the absence of information relating to the year 1901, a short *résumé* of the report for 1900 may be not without interest as an indication of the magnitude and importance of the work of the Board.

Notification Statistics show that during the year 1900 there were notified in the Metropolis 35,247 cases of infectious disease (compared with 42,825 cases in 1899),* of which 30,243 (36,338) were legally admissible to the Managers' hospitals, and 21,361 (24,732), or 70·63 (68·08) per cent. were admitted. In no previous year had the proportion of admissions to notifications been so great. In 1890 the proportion was only 33·59 per cent. The increase in the ratio of diphtheria to scarlet fever again shows further progress. In 13 (7) districts the number of diphtheria notifications exceeded those of scarlet fever. Tables are given which show the great variation from week to week in the percentages of cases admitted to hospital; ranging from 65·32 (63·05) to 85·40 (87·40) in the case of scarlet fever; from 62·23 (56·91) to 87·91 (83·55) in the case of diphtheria, and from 35·00 (20·63) to 65·57 (75·00) in the case of enteric fever. The Committee observe that the proportion which the hospital admissions bear to the total number of cases is of great importance to the Managers in considering the question of the amount of accommodation which should be provided to meet the wants of the Metropolis, and they give for each of the years 1890-1900, inclusive, a table showing the percentage of admissions to notifications of each admissible disease. The proportion of scarlet fever admissions has risen from 42·82 to 75·15; of diphtheria cases from 17·87 to 72·48; and of enteric cases from 22·49 to 47·70; a very satisfactory state of affairs, from the public health point of view. Enteric fever was more prevalent in the years 1899 and 1900 than in any previous year since the introduction of compulsory notification. The Committee observe that, notwithstanding a more than double increase in accommodation for fever cases since 1891, it may still become necessary to make further provision, as the present accommodation would prove inadequate should scarlet fever and diphtheria again become as prevalent as they were in the year 1893 [an observation which naturally could not take count of

* Note that italic figures in brackets are the corresponding figures for 1899.

the very large extension of accommodation necessitated by the current epidemic of small-pox, and which, it is to be supposed, will be available for fever, when the demand arises, should small-pox be then, as it generally is, in abeyance.] As usual, the Committee furnish illuminative maps spotted to show the distribution of the principal fevers throughout the Metropolis; scarlet fever cases being spotted on four (quarterly) maps; diphtheria on two (half-yearly) maps; enteric fever on one map; small-pox and typhus on one map; spots and crosses indicating cases of the two diseases respectively. Certain tables exhibit the age and sex of notified cases. Of scarlet fever and diphtheria, over two-thirds of the cases are children under ten years of age; scarlet fever being most prevalent amongst children from five to ten years of age; diphtheria amongst those under five years.

Ambulance Work.—During 1900 21,524 (24,945)* fever, diphtheria and small-pox patients were conveyed to the hospitals; 5,394 (7,973) convalescent patients were transferred to the Northern and Gore Farm Hospitals; and 5,416 (7,904) recovered patients were brought back from these hospitals to London. Some 327 (369) private persons were removed, on payment, to other places than the Managers' hospitals; and 210 (247) enteric patients were removed from their homes to the general hospitals under arrangements for their reception made by the Managers. Altogether 33,791 (42,119) removals were effected by the land ambulance service during 1900, and the various vehicles made 24,808 (28,184) journeys, and ran 232,848 (260,367) miles. The steam-boats of the river ambulance service conveyed 1,635 (1,468) passengers to and from the hospital ships at Long Reach, an insignificant number of whom, only 64 (11) were patients.

[The table at page 56 in the present report shows the accommodation at the several hospitals at the early part of the present year, together with the additional accommodation in course of being provided to meet the demand created by the epidemic of small-pox.]

Hospital Statistics.—The year 1900 commenced with 4,895 patients in the fever hospitals then open; by May 5th the number under treatment had fallen to the minimum, 2,948 (April 20th, 1899, 3,208). The number rose to 3,220 by the end of May, and varied little from that figure until the middle of August, thereafter falling until on the 1st September it was reduced to 2,998. It then began to rise; the maximum for the year, 4,779, being attained on November 27th (November 21st, 1899, 5,710), and it then declined until the end of the year, when 4,142 (4,895) patients remained under treatment. The distribution of patients amongst the various hospitals on November 27th, is shown in a table (at p. 41), and other tables (i. to viii.), and an accompanying chart, summarise the particulars relating to the several fever hospitals.

The total number of patients treated in 1900 was 2,920 fewer than in 1899, which was the highest on record, and due to the exceptional prevalence of diphtheria and enteric fever. The maximum monthly death-rate was: for scarlet fever in June; for diphtheria in January; and for enteric fever in February, the same rate being also attained in October. The minimum rate was: for scarlet fever in January; for diphtheria in April; and for enteric fever in May. Of diphtheria, the admissions from Kensington (240) were considerably in excess of those for 1899 (166).

Duration of stay in Hospital.—The average duration of residence of scarlet fever cases was 66.1 (69.1) days, including deaths; and 68.6 (70.4) days, if the fatal cases be excluded. At the convalescent hospitals both averages were 80.0 (77.4) days, including residence in the London hospitals. So that, on the whole, the total residence of cases completing their recovery at the country hospitals was 11.4 days longer than that of cases at the London hospitals—a fact which possibly may be accounted for by greater original severity of the cases sent to the convalescent hospitals. The average length of residence of diphtheria patients at the London hospitals was 52.3 (51.2) days, including deaths, and 58.9 (59.2) if the fatal cases be omitted. At the convalescent hospitals, where there was no death, the average residence, including residence in the London hospitals, was 76.1 (66.7) days, or 17.3 days longer than in the London hospitals. Great variations in the duration of stay in different hospitals, of patients from both diseases, are shown to have occurred in 1900, as in previous years. The average residence of enteric fever patients was 52.7 (50.7) days, including deaths, and 59.1 (58.6) days if the fatal cases be excluded.

The Committee state that the length of residence of patients in the hospitals is of the utmost importance from an economical point of view. Not only would any shortening of the period of residence effect a saving in the cost of maintenance; it would also enable the Managers to treat a larger number of patients without increasing the number of beds, which is of very much greater importance. The subject is receiving the careful consideration of the Hospitals Committee.

Small-pox.—Only 66 (18) cases of small-pox were admitted during the year, of whom 3 (3) died.

Mistaken Diagnosis: Fever.—In the course of the year 1,706 (1,583) patients, or a percentage on the total admissions of 7.8 (6.3) were, after admission at the fever hospitals, found not to be suffering from the diseases notified in the medical certificates on which they were admitted. The proportion of such cases at the Park Hospital was 10.7 per cent. on the total admissions; viz., on scarlet fever cases 5.5; diphtheria cases 8.3; and enteric fever cases 18.2. Amongst the 608 (542) cases wrongly certified as scarlet fever, there were 63 (53) of measles; 106 of röteln; 129 (120) of tonsillitis; 104 (100) of erythema, and 60 (102) had no obvious disease. Amongst the 709 (693) cases wrongly certified as diphtheria were 40 (38) of measles; and 498 (491) of tonsillitis. Amongst the 386 (322) cases wrongly certified as enteric fever, were 21 (25) of influenza; 89 (76) of pneumonia; and 14 (15) of bronchitis. A considerably higher percentage of errors occurred with respect to the cases sent to the Shelters for examination (having been certified as small-pox), prior to removal of true cases to the ships.

Statistics since the Establishment of the Hospitals in 1870.—At page 53 is a table showing the admissions and deaths of patients and mortality per cent. at the fever hospitals, together with the annual mortality per 1,000 persons living of the population of the Metropolis, from scarlet, typhus, and enteric fevers, and diphtheria, extracted from the Registrar-General's Annual Summaries. The total admissions were:—Scarlet fever 161,646; diphtheria (since 1888) 48,529;

* Note that italic figures in brackets are the corresponding figures for 1899.

typhus 2,351; enteric 15,632; other diseases 16,048; total 244,206. Of small-pox cases the admissions (1871—1900) were 62,145, including 13,139 between February 4th, 1871, and January 31st, 1872. Decreased percentage of mortality amongst scarlet fever patients is a noticeable feature; but more noticeable is the decline in the percentage mortality amongst diphtheria patients—from 40·74 in 1889 to 29·29 in 1894; to 22·85 in 1895 (when the anti-toxic serum treatment was first adopted); to 21·2 in 1896; to 17·69 in 1897; to 15·38 in 1898; to 13·95 in 1899, and to 12·27 in 1900.

Staff Illness.—There were 4,333 (4,765)* persons employed at the fever hospitals during the course of the year 1900, of whom 216 (243) or 4·9 (5·1) per cent. fell ill with fever or diphtheria, and 3 (3) died, while 1,397 (1,280) or 32·2 (26·8) per cent. suffered from other forms of illness.

The Committee, in their report for 1892, pointed out that nurses and other members of a hospital staff could be brought with almost absolute impunity into contact with small-pox, provided they were properly protected by vaccination; and the evidence of each succeeding year has confirmed them in that opinion; it being the Board's practice to insist on the revaccination of all officers and servants before they join the hospital or ambulance service—unless they can satisfy the medical superintendent that they are already sufficiently protected. During the current epidemic the immunity enjoyed by staff, of all degrees, bears eloquent testimony to the effectiveness of revaccination when successfully carried out.

KENSINGTON CASES.—The admissions of Kensington patients were 613; viz., scarlet fever, 267; diphtheria, 240; enteric fever, 55; "other diseases," 51. The deaths, from all diseases combined, were 38, or 6·2 per cent. on admissions.

REMOVAL OF THE SICK TO HOSPITAL.—The removal of the sick to hospital, whether by land or by water, is now effected in a satisfactory manner. The use of public vehicles by, or for, persons suffering with infectious disease is unlawful. Occasionally we hear of the use of a cab, wittingly or unwittingly, and in such cases the vehicle is usually lost sight of before discovery of the nature of the illness, and so does not get disinfected. This is no doubt a danger to the public, but it is now of rare occurrence compared with the time before the passing of the Public Health (London) Act, 1891; the 70th section of which forbids the employment of public vehicles. No case of wilful breach of the law came to my knowledge during the year.

AMBULANCE ARRANGEMENTS.—Kensington patients are removed by the staff at the Western Station, which adjoins the Western Hospital, at Seagrave-road, Fulham. In the early part of 1900, the Managers, on removing to their new offices, Victoria Embankment (corner of Carmelite-street), E.C., arranged for the reception of applications for the removal of the sick to hospital between the hours of 9 in the morning and 8 in the evening, on all days of the year; so that it is now necessary to apply at the ambulance stations between 8 in the evening and 9 in the morning, only. It cannot be too widely known that the sick are admitted to hospital on the application of any person whatsoever, the sole condition being the presentation of a certificate signed by a registered medical practitioner, showing the nature of the disease, and the fitness of the patient for removal. The application may be made personally, or by letter, or by telegram, or by telephone. The telegraphic address is "Asylums Board London": the telephone numbers are 1601 and 1602, "Holborn."

HOSPITAL ACCOMMODATION.

In the annual report for 1893 (pages 117—130 inclusive), I dealt with "The Needs of the Metropolis in respect of Hospital Accommodation for the Infectious Sick"; detailed the steps taken by the Asylums Board to supply the then existing deficiencies, and referred to the difficulties by which their efforts had been confronted and, to a certain extent, foiled. Those difficulties have now been largely overcome; and the needs of the Metropolis have been met to an extent beyond my estimate of them, made in the tenth monthly report for 1892, which, at the time, was thought to be excessive; viz.; "at least 5,000 beds for scarlet fever, 'fever,' diphtheria, and isolation."

FEVER HOSPITAL ACCOMMODATION.—It is an accepted axiom that provision for the isolation of infectious disease should be made at the rate of not less than one bed for each thousand of the population. The subject, as regards the Metropolis, was dealt with by the Royal Commission in 1881-2, 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. The Commissioners, presumably, desired that provision should be made for a lengthened period in advance, and the amount of accommodation they advised, as necessary, is even now in excess of the standard requirement, the estimated population being under 4,600,000. But circumstances they could scarcely have anticipated 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, the depauperisation of medical relief in the hospitals, and the opening of the several institutions to all classes of the people (measures advocated in these reports many years before they formed

* Note that italic figures in brackets are the corresponding figures for 1899.

the subject of legislation); the admission of patients, on whatever form of application, subject only to the production of a medical certificate; gratuitous treatment; the popularity of the hospitals themselves; and the increasing recognition by the public of the advantages accruing from the isolation of the infectious sick. The operation of compulsory notification, moreover, has been very effective; for now that the 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 of. 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. Since that date the Brook Hospital, for upwards of 500 patients, has been erected and opened at Shooter's-hill, and the Park Hospital at Hither-green, Lewisham, also for upwards of 500 patients. An equally large hospital, the "Grove," was opened in 1899 at Tooting, adjoining the "Fountain" hospital. These three hospitals, for acute cases of fever, scarlet fever, and diphtheria, and isolation wards, have added upwards of 1,600 beds to those previously provided by the Managers, who, moreover, have acquired a site of 135 acres at Carshalton, Surrey, for a convalescent fever hospital for 800 patients;* having already, at Winchmore-hill, north of the Thames, at the Northern Convalescent Hospital, accommodation for about 650 patients. In addition to the new hospitals on new sites, previously existing accommodation has been extended and improved by the more or less complete reconstruction, with additions, of some of the older hospitals. During the last few years the Gore Farm Small-pox Convalescent Hospital has been used for fever and diphtheria convalescents, small-pox having been in practical abeyance in the Metropolis. In September last the Managers of the Asylums Board informed the medical officers of health that it would be necessary to close this hospital against fever cases, it being required for small-pox patients. They observed that by the consequent loss of the beds, and of certain accommodation held in reserve for a possible outbreak of plague, they had about 1,000 fewer beds for fever purposes than in the preceding year, and this at a time when fever and diphtheria were more prevalent than in 1900. The accommodation set apart for these diseases was, at the time, practically exhausted, so that the Managers, it was expected, would be able to admit patients only as vacancies might be made by discharges or deaths. The medical officers, therefore, were requested to select for removal to hospital, until the height of the fever season should have been passed, and the decline of fever and diphtheria enabled the Managers to admit all applicants, only those patients whose surroundings rendered it most desirable that they should be isolated in hospital. I ventured to represent to the Managers that it would be better, in the public health interests of the Metropolis, to make provision for small-pox patients on their land adjacent to the hospital ships—in huts, as at Darenth in 1881, than to suddenly deprive London of the advantages accruing from the use for fever and diphtheria convalescents of the Gore Farm Hospital. Similar representations were subsequently made by the Council, upon the advice of the Public Health Committee, based largely on the consideration that the Hospitals Committee had received authority to provide temporary accommodation for small-pox at Long Reach. A copy of the Council's communication was forwarded to the Local Government Board, and to the several Borough Councils, by some of which the views of the Council were endorsed in communications to the Managers and the Local Government Board. The Board, in their reply to the Council's communication, stated that "having carefully considered the matter, in view of the present prevalence of small-pox in London, and of the possibility that plague may be introduced, they did not feel able to recommend the Managers to adopt any course which would diminish the amount of accommodation now set apart for those diseases. It is to be observed that, at present (*i.e.*, 16th November), Gore Farm is in use for the reception of convalescents from small-pox, and the Board are advised that persons suffering from scarlet fever or diphtheria would incur risk of contracting small-pox if they were treated on a site where cases of small-pox were at the same time under treatment, or on one contiguous thereto."

The last paragraph of the letter indicates continued belief in the theory of "distal aerial convection" of small-pox contagium; a theory which assumes that infective matter may be carried through the air so as to infect persons at considerable distance from a small-pox hospital. That small-pox was wont to prevail in the vicinity of such institutions is well-known—Fulham Hospital is a classical example; and everybody is agreed that it is dangerous to maintain such hospitals in populous localities. But at Gore Farm there are two hospitals, and, under careful management, one might have been used for fever and diphtheria convalescents without danger to the inmates from small-pox convalescents housed in the other. Be this as it may, Gore Farm Hospital was lost to the Metropolis, for the time being, as a hospital for fever and diphtheria convalescents; but, so far as I know, the Managers were able to provide, in other directions, all the needed accommodation for these diseases. Certainly none of our cases were denied admittance on the score of want of accommodation. Reference is made below to the huge extension of accommodation for small-pox, with respect to which I shall only say, here, that the hospitals now existing, or in course of erection, for that disease will, in the long run, find their most useful application as institutions for the reception of patients, convalescing or otherwise, suffering from fever and diphtheria.

* This hospital the building of which is shortly to be put in hand will comprise detached blocks, each to contain a moderate number of patients, a desirable arrangement as it will diminish opportunities for the spread of disease, such as post-scarlatinal diphtheria. The estimated cost is £284,312, including furnishing, &c.

SMALL-POX HOSPITAL ACCOMMODATION.—The subject of hospital provision for small-pox, referred to incidentally in the preceding paragraph, and also, in connection with the present epidemic, at page 23, occupied a considerable share of the attention of the Managers of the Asylums Board towards the close of the year, and especially in connection with a report of the Hospitals Committee on the 2nd November. In view of the necessity for making increased provision for acute cases with the utmost rapidity, the Committee recommended the erection of a temporary hospital on the Managers' land at Long Reach, near the Ships, for 300 patients, so as to raise the accommodation in that locality to 550 beds. The Managers adopted the recommendation, and, moreover, authorised the Committee to take all necessary steps for equipping temporary hospitals, and any other steps that might seem to them requisite, for making all emergency accommodation available as rapidly as possible, and to communicate direct with the Local Government Board on the Managers' behalf. With regard to Joyce Green, the Committee explained that in July, 1896, the Managers submitted to the Local Government Board plans for a hospital for 940 beds: the Board did not assent to the proposal, but a partial scheme, for the erection of the whole of the administrative buildings for a hospital on this scale, received sanction, and was then (and still is) in course of being carried out. The provision to be made for patients, was at that date restricted to ten blocks, to contain 436 beds; of the remaining 12 blocks, and the isolation block, which together should accommodate 504 patients, the foundations and the drains only had been laid, the contract price being £222,459. The Committee pointed out that the value of the hospital would be more than doubled by the comparatively small cost (estimated at £77,339) entailed in the completion of the whole of the wards, and they recommended, with a view to steps being taken, to that end, as early as practicable, that it be an instruction to the Works Committee to advise the Board as to the course that should be adopted for the erection of the remaining 12 blocks for patients, and the isolation block. The recommendation was adopted: the consent of the Local Government Board was obtained, and the work was put in hand forthwith. Had this hospital been ready for use in 1901, I entertain little doubt that the accommodation that would have thus been provided—a total of about 2,400 beds with those available at the Ships and at Gore Farm—would have sufficed for the needs of the Metropolis. As it was, the Managers felt constrained to make arrangements for still another hospital of a temporary character on a part of the Joyce Green Estate site, where, at the present time, the "Orchard Hospital," for 800 beds, is making rapid progress towards completion, at an estimated cost of £123,000; Long Reach Hospital having cost £57,000. The actual present accommodation (April, 1902) is for about 1,750 patients; the total will be raised to about 4,100 when the two new hospitals and certain additions to the Gore Farm Lower Hospital shall have been completed. The estimated requirements of the Metropolis, indicated by the Royal Commission in 1882 (2,700 beds) will thus be seen to have been far more than supplied. Whether so many beds for small-pox will ever be needed is open to question: hitherto, during the present epidemic the total cases at any one time under treatment, including many extra-metropolitan patients, has not much exceeded 1,500. But, as before hinted, any excess of accommodation provided, should be capable of profitable employment in the event of a serious outbreak of fever or diphtheria.

SUMMARY.—I am indebted to Mr. T. Duncombe Mann, Clerk to the Asylums Board, for the subjoined statement of existing and projected accommodation for various classes of the infectious sick: it cannot fail to be read with interest.

"RETURN showing the permanent Fever Hospital Accommodation existing and projected:—

(i.) Accommodation existing—						Beds.
Eastern Hospital	...	...	...	...	...	362
North-Eastern Hospital	...	...	...	...	...	520
North-Western Hospital	...	...	...	...	...	460
Western Hospital	...	...	...	...	...	450
South-Western Hospital	...	...	...	...	...	366
Fountain Hospital	...	...	...	...	...	402
Grove Hospital	...	...	...	...	...	522
South-Eastern Hospital	...	...	...	...	...	432
Park Hospital	...	...	...	...	...	548
Brook Hospital	...	...	...	...	...	560
Northern Hospital	...	...	...	...	...	652
Total						5,274
(ii.) Accommodation projected—						
<i>Southern Hospital</i>	...	...	...	...	...	800
Grand total						6,074

"For Small-pox Patients the existing accommodation is as follows:—

						Beds.
Hospital Ships	...	...	...	...	...	250
Long Reach Hospital	...	...	...	...	...	300
Gore Farm Upper Hospital	...	...	...	...	...	1,000
Gore Farm Lower Hospital*	...	...	...	...	...	850
Accommodation in course of being provided is:—						2,400
Joyce Green Hospital	...	...	...	...	...	940
Orchard Hospital	...	...	...	...	...	800
Grand total						1,740
						4,140

* A proportion of the beds at the Gore Farm Lower Hospital is not immediately available.

The permanent hospital on the Joyce Green estate, is now making rapid progress to completion, at an estimated cost of £336,568. This estate, it may be mentioned, comprises an area of 300 acres, irrespective of intervening lands connecting it with the hospital ship at Long Reach.

It thus appears that the Metropolis is endowed, in possession, or in prospect, with accommodation for 6,074 patients in "fever" hospitals, a number more than double that recommended by the Royal Commission, in 1882; irrespective of thousands of beds at Gore Farm, Long Reach, and Joyce Green, which should be generally available for convalescents in the abeyance of small-pox. For small-pox, when it prevails epidemically, the accommodation will exceed by 1,440 beds the maximum recommendation of the Royal Commission, and be equal to any imaginable requirements, seeing how much more effectually the disease has been controlled since the practice was adopted of removing the sick out of London for isolation and treatment, initiated upon my advice in May, 1881, and perfected by the Managers in 1884; since when they have ceased to use the town hospitals for small-pox, removing direct, from their homes to the ships, all patients suffering from this disease, with beneficent results, as the statistics of mortality eloquently testify.

THE HOUSING OF THE WORKING CLASSES.

No subject during the year received greater attention from the sanitary authorities of London than the housing of the working classes. Hitherto, what has been done under "Schemes" framed under the various Acts by the late Metropolitan Board of Works, and, since 1889, by the County Council, has scarcely touched the fringe of this most difficult of sanitary problems; the principal result of the operations of these bodies having been the eviction of the indigent poor, by the pulling down of their wretched abodes, to provide space for the building of more or less elaborate "Dwellings," let at rents beyond the means of the previous inhabitants.

The most ambitious of the schemes carried out, so far, by the Council—"THE BOUNDARY STREET SCHEME," was fully described in my annual report for 1900 (page 60). Obviously a great local improvement was effected; comfortable homes were provided for nearly as many persons as were evicted; but none of these unfortunates are to be found amongst the occupants of the flats. What has become of them? One asks in vain. But it may safely be assumed that many have gone to increase overcrowding in other already overcrowded slums. Hitherto, it has always been so. The late Metropolitan Board of Works carried out some 22 schemes of a similar sort; 59 acres of land were acquired and cleared, on which accommodation was provided for upwards of 38,000 persons. The amount expended exceeded a million and a half sterling (about £40 per head), this amount being irrespective of the outlay on dwellings erected on some of the cleared sites by associations like the Peabody Trustees. The Board, after taking steps for giving effect to eight additional schemes, stayed proceedings on account of the tremendous cost to the ratepayers that would have been involved in carrying them into effect. It was alleged that a third part of the cost of acquiring sites was due to excessive valuation of house property so bad that demolition was the only possible remedy for the evils to which it gave occasion.

When referring to the Boundary-street scheme in 1890, I said it was to be feared that the cost would be even greater, relatively, than that of the aggregate of schemes carried through by the Metropolitan Board, and so it proved; the cost of purchasing the slum properties, including the land, was £333,000, or about £60 per head of the displaced population (5,566). The families evicted were 860; the expenditure on properties and land was therefore equal to £387 per household. For a smaller outlay, as I remarked in 1890, "freehold cottages and gardens might be provided, a little way out of London, and handed over, as a gift, to the dispossessed people, whose travelling expenses, to and fro, would amount to less than they now pay in rent for the dens in which they rot, and will have to pay for the rent of rooms in the new 'Dwellings'—should they ever set foot therein." But, as already said, the old tenants did not return. The "scheme," admirable in itself, contributed in no appreciable degree to the solution of the difficulty of housing the poorest, a difficulty never likely to be effectually dealt with under Part I. of the Act of 1890, but which might possibly be to some extent solved under the provisions of Part III., should Parliament see fit to enable the Borough Councils to acquire slums at their proper value—that is, the value of the land, as housing sites, *plus* the value of the materials of the buildings thereon. There is the more reason for a drastic measure of this sort, as it would appear that the County Council, alarmed at the cost of acquisition of properties, is not likely to undertake other such large and expensive schemes. As stated below, the Council would not entertain the request of the late Vestry to deal with our "Special Area" (no "slum"!) under Part III., though there was every reason to believe that the properties proposed to be acquired as lodging-houses, might have been purchased on terms to yield a good profit in rent; and although the death-rate of the district exceeded that of the Boundary-street area—40 per 1,000—a rate which was deemed to justify the gigantic outlay on the scheme, made at the charge of the Metropolis generally, mainly for the benefit of Bethnal-green and Shoreditch.

All that has been here said goes to show the practical impossibility of giving effect to the provisions of the Act, under Part I., to any adequate extent, excepting at a prohibitive cost. The more hopeful plan for dealing with the question of the housing of the working classes would seem to be that of securing a reduction of rents in town, by bringing the country into competition; by the erection of cottages, and by increased travelling facilities—a subject to which attention has been called in these reports on more than one occasion, long years ago. The Amending Act of 1900 affords facilities to the County Council, and to Borough Councils which may adopt Part III. of the Act of 1890, for the acquisition of land outside the county, and beyond the district of the Borough Council; it may be expected, therefore, that steps will be taken, ere long, to give at least experimental trial to the plan which, if associated with increased travelling facilities, may do something towards the solution of the most difficult sanitary problem of the new century. Be this as it may, I think it may be safely concluded that Part III., rather than Part I., will, in the immediate future, engage the attention of the County Council and the Borough Councils; as it is, practically, the only Part under which they can hope to contribute in any substantial degree to the solution of the problem.

Some account of the powers under Part III. exercisable by a Borough Council, may fitly be preceded by a retrospect of the proceedings which brought about the desired amendment of the law. The late Vestry, in 1897, requested the County Council (then sole local authority under Part III. for London, without the City), to acquire a number of houses in the Notting Dale district of Kensington, with a view to adapt them for occupation by the working classes. The request was endorsed, in a petition, by many influential persons, and by the Ruri-decanal Chapter, which comprises the entire body of the Clergy in Kensington.* The Council being of opinion that the Vestry possessed "ample powers, under section 94 of the Public Health (London) Act, 1891, for dealing with the evils existing in connection with the houses," suggested that that body should "exercise their powers of inspection and regulation of houses let in lodgings under the section . . . with a view to mitigating such evils." The said "powers," relating to registration, inspection, &c., of houses let in lodgings or occupied by members of more than one family—exercised since 1886—had been found inadequate: hence the application to the Council; for, as was stated at the time, "what is needed is such regulation and inspection as the local authority under the Housing Acts can alone exercise with effect, by becoming the owners of the houses, and the landlords of the occupiers, with powers of regulation by bye-laws." The Vestry's application having failed, a further recommendation was made by me; viz.—that the Council should be requested to "include in their next General Powers Bill a clause to enable the sanitary authority to put Part III. in force in their District." But no action was taken. The subject received attention again in July, 1898, a Conference of the sanitary authorities on "the housing of the working classes" having been convened by the Bermondsey Vestry. The resolutions adopted by the Conference are set out in the minutes of the Vestry (21st September, 1898, page 404). One directed—

"That the County Council be approached with a view to the insertion of a clause in their General Powers Bill for 1899, to enable the Vestries to erect Municipal Dwellings under Part III. of the Housing of the Working Classes Act, 1890."

This resolution was referred by the Vestry to the Sanitary Committee, together with—(a) a letter from the Vestry of Battersea stating that they had requested the County Council to insert a clause in their next General Powers Bill empowering local authorities to erect dwellings for the working classes, and asking the Vestry to take similar action; (b) a letter from the North Kensington Ratepayers' Association supporting the view expressed by the Battersea Vestry; and (c) my seventh monthly report (July 20th, 1898, p. 86) dealing with the subject, and again urging the Vestry to request the County Council to include in their next General Powers Bill a clause "giving to sanitary authorities concurrent power with the Council to put in force Part III. of the Housing of the Working Classes Act, 1890." The Sanitary Committee recommended the Vestry to do this, and their report was adopted. A communication was forthwith addressed to the Council, which elicited the satisfactory reply that they were in favour of local authorities being empowered to adopt Part III., and had referred it to their Parliamentary Committee to report as to the proper steps to be taken to give effect to this view. This power was conferred on the Borough Councils by the London Government Act, 1899 (sec. 5), but was "to be exercised only within the borough." But by section 1. of the Housing of the Working Classes Act, 1900, it is enacted that, "where any Council . . . have adopted Part III. . . . they may, for supplying the needs of their district, establish lodging-houses for the working classes under that Part outside their district."

With this introduction, I proceed to a consideration of the provisions of Part III., which consolidated, with certain amendments, the repealed Lodging-Houses Acts, 1851 to 1885, formerly known as Shaftesbury's Acts; its object being to secure the provision of suitable homes

* The correspondence between the Vestry and the County Council was set out in the tenth monthly report for 1897 (Oct. 13th, p. 188), and also the petition, which was signed by the members for the Parliamentary Borough, the members of the County Council for North Kensington, Mr. T. W. Wheeler, E.C., Mr. W. F. Crales, and (officially) by the Chairman and the Clerk of the Board of Guardians, and the Churchwardens of St. Clement's, Notting Dale.

for the working classes. Section 53 defines the expression "lodging-houses for the working classes," as including "separate houses or cottages for the working classes, whether containing one or several tenements;" and "the purposes of this Part of the Act" include "the provision of such houses and cottages." The local authority (under section 54) can exercise the same powers, whether of contract or otherwise, as in the execution of their duties under the Metropolis Management Act, 1855, and the Acts amending the same; and these powers appear to be ample for the purpose (section 56). Under section 57 they may acquire land for the purposes of this Part, in like manner as if those purposes were purposes of the Public Health Act, 1875; sections 175 to 178 inclusive. The same section enables them to contract for the purchase or lease of any lodging-houses for the working classes already, or hereafter to be built, and to appropriate them for the purposes of this Part of the Act. Section 59 provides for the erection of lodging-houses; its reads as follows—

"The local authority may, on any land acquired or appropriated by them, erect any building suitable for lodging-houses for the working classes, and may alter, enlarge, repair, and improve the same respectively, and fit up, furnish, and supply the same respectively, with all requisite furniture, fittings, and conveniences."

Section 61 vests in the local authority the general management, regulation, and control of the lodging-houses established or acquired, and enables them to "make such reasonable charges for the tenancy or occupation" of them "as they may determine by regulations," which (by section 62) they are empowered to make "for the management, use, and regulation of the lodging-houses." The section makes it obligatory on the local authority—"except in the case of a lodging-house which is occupied as a separate dwelling"—by by-laws "to make sufficient provision for the following purposes, set out in the Sixth Schedule, to wit—

- "For securing that the lodging-houses shall be under the management and control of the officers, servants, or others appointed or employed in that behalf by the local authority;
- "For securing the due separation at night of men and boys above eight years old from women and girls;
- "For preventing damage, disturbance, interruption, and indecent and offensive language and behaviour, and nuisances; and
- "For determining the duties of the officers, servants, and others appointed by the local authority."

By section 63, tenants of lodging-houses become disqualified for continuing to be such tenants by the receipt of parochial relief, "other than relief granted on account only of accident or temporary illness;" and by section 64, it is provided that any lodging-houses, established for seven years or upwards, and "determined by the local authority to be unnecessary or too expensive to be kept up," may be sold.

It would thus appear that the local authorities have power to provide separate tenement dwellings for families of the working classes, and lodging-houses that would be available for the nomadic poor—tramps, wayfarers, travellers, &c. Failing action by the local authorities, or concurrently with action by these bodies, a third course is open; for the Public Works Loan Commissioners are authorised, by section 67, to lend money to any "company, society, or association established for the purpose of constructing, improving, or of facilitating or encouraging the construction, or improvement, of dwellings for the working classes"; and any such body is, for the aforesaid purposes, authorised to acquire land; and "for the purpose of holding such land," if not already a body corporate, shall nevertheless be "deemed a body corporate with perpetual succession." Thus any body of philanthropic or business persons may assist in providing a remedy for an evil which all deplore, and all profess a desire to remedy. But, it may be asked—What about the cost? Well-managed, I think it probable that judicious schemes would be nearly if not quite self-supporting. It is needless to elaborate this point, however, as enquiry would necessarily precede action. Much, obviously, would depend on the prime cost of the properties to be acquired, and in order to keep this within reasonable limits, fresh legislation may be necessary, to facilitate the purchase of slums under conditions at present applicable only in the case of houses acquired under the provisions of Part II. of the Act. If it become necessary to have recourse to arbitration under that Part, certain principles apply, the application of which to Part III. would tend to keep down prices. "Rental value" would, no doubt, have to be taken into consideration; but evidence would be receivable by the arbitrator to prove—

- "(1st) That the rental of the dwelling house was enhanced by reason of the same being used for illegal purposes, or being so overcrowded as to be dangerous or injurious to the health of the inmates; or
- "(2ndly) That the dwelling house is in a state of defective sanitation, or is not in reasonably good repair; or
- "(3rdly) That the dwelling house is unfit, and not reasonably capable of being made fit, for human habitation—

and if the arbitrator is satisfied by such evidence, then the compensation—

- "(a) Shall in the first case, so far as it is based on rental, be based on the rental which would have been obtainable if the house was occupied for legal purposes, and only by the number of persons whom the dwelling house was, under all the circumstances of the case, fitted to accommodate, without such overcrowding as is dangerous or injurious to the health of the inmates; and
- "(b) Shall in the second place be the amount estimated as the value of the dwelling house if it had been put into a sanitary condition, or into reasonably good repair, after deducting the estimated expense of putting it into such condition of repair; and
- "(c) Shall in the third place be the value of the land, and of the materials of the buildings thereon."

The above quotations are from section 41 (*Settlement of Compensation*), in Part II., dealing with "*Scheme for Reconstruction*" (section 39), in relation to "*Obstructive Buildings*" (section 38); and the principles laid down should be made applicable in respect to the purchase, under Part III., of houses "in a state of defective sanitation," or "not in reasonably good repair," or the rental value of which is enhanced "by reason of the same being used for illegal purposes, or being so overcrowded as to be dangerous or injurious to the health of the inmates." If it should be thought that this reference to the provisions of Part II. of the Act is out of place in connection with the consideration of the provisions of Part III., I would observe that in metropolitan boroughs, practically covered with buildings, sites for lodging-houses within the district may have to be obtained by purchasing, for pulling down, houses which come within the above-mentioned conditions of defective sanitation, disrepair, disreputable use, or overcrowding; such houses, therefore, could be obtained at a reasonable rate under Part II., whereas, should they be purchased under and for the purposes of Part III., the full "value" would have to be paid for them *plus* ten per cent. for compulsory sale.

In connection with the consideration of the subject information was obtained with regard to the action of the local authorities of Liverpool, West Ham, Hornsey, &c., for providing self-contained houses, or lodgings, for the working classes. A feature of such buildings as have been erected is the smallness of the space, superficial and cubic, of the rooms. The privacy they secure is, no doubt, appreciated by the classes by whom the accommodation is utilised; and in so far, on however a limited scale, one object of the Acts has been attained. But probably overcrowding, on any reasonable standard of air-space per person, exists, or is likely to arise—and to a greater extent, probably, than usually happens when, as in so many houses in this borough, a single room is occupied by an entire family; in 1901, as we have seen (page 6), there were 5,695 such tenements (more than a sixth of total tenements) occupied by 11,334 persons.

ACTION OF THE LONDON COUNTY COUNCIL.—In the early part of the year the County Council adopted a scheme for the acquisition of 225 acres of land at Tottenham, at £400 per acre, on which they propose to build some 6,000 cottages, to accommodate 42,500 persons of the working classes at an estimated cost of between 1½ and 2 millions. The carrying out of the scheme will, no doubt, be to the advantage of the large population which will occupy the cottages, which will be rendered all the more attractive by the provision of private gardens, public pleasure grounds, and other means of making life pleasant; and the Council may be trusted to see that the undertaking does not entail any ultimate loss. But to what extent competition by the Council will hinder the provision of house accommodation for the poorer classes by private builders—by "spoiling the market"—remains to be seen. In any case, however, it must be obvious that provision of houses of the sort contemplated in the scheme will not touch the question of the proper housing of the lower strata of the working classes, the common labourer and his like; for the rents of the cottages will be altogether above the means of any but the better paid artisans, &c. One might have expected that an attempt would have been made in the first instance to help the poorest classes—those least able to help themselves; but the difficulties in the way of doing this, it must be admitted, are great, and possibly well nigh insuperable.

ACTION OF THE BOROUGH COUNCILS.—In April a conference of the Borough Councils (to which medical officers of health were not invited) was held at the Town Hall, Islington, having been convened by the Mayor of that borough. The following resolutions were adopted—

- "(1) That inasmuch as the adoption of Part III. of the 'Housing of the Working Classes Act, 1890,' by the Metropolitan Borough Councils, will lead to dual control, and possibly to overlapping expenditure, it is desirable that some arrangement should be come to with the London County Council as to the respective spheres of action of the County Council on the one hand and the Borough Councils on the other.
- "(2) That the Mayor of Islington be requested to communicate with the London County Council with a view to effect being given to the preceding resolution, either by a meeting between this Conference and the representatives of the County Council or otherwise.
- "(3) That it is desirable that no Bill involving the displacement of the working classes in any Metropolitan Borough should be passed through Parliament, until clauses are introduced providing for the re-housing of those displaced, to the satisfaction of the Council of such borough as well as of the central authority.

- "(4) That it is desirable the period for the repayment of loans for workmen's dwellings should be extended to 100 years, and that the Metropolitan Borough Councils represented be urged to petition Parliament in favour of such a proposal, and to request their members in Parliament to support the same.
- "(5) That the summary procedure for acquisition of land for street improvements by compulsion, conferred by Michael Angelo Taylor's Act, on London local authorities, should be extended to the acquisition of land for the purposes of the Housing of the Working Classes Acts, in lieu of the cumbrous, expensive and dilatory procedure provided by the Housing Acts."

The Housing of the Working Classes Committee of the County Council, having received the above resolutions, reported thereon to the Council, on May 8th, but with especial reference to the first two, stating that "the conference was held for the discussion of the relations of the Metropolitan Borough Councils to the question of housing of the working classes, and whether or not it is desirable to take common action as regards their respective boroughs." The committee further observed that "the consideration of the whole question of action under Part III. of the Housing of the Working Classes Act, 1890, as amended by the Housing of the Working Classes Act of 1900, must, of course, be approached from different points of view by local authorities and a central authority." They were of opinion, therefore, that "the Council should convene a conference of representatives of the Metropolitan Borough Councils in order to discuss the steps which they may propose under Part III. of the Act, and to arrive at a working basis of action between the Borough Councils and the County Council, so as to avoid the danger of two or more public authorities seeking to acquire the same areas"—presumably outside their districts, and under the power conferred by the Act of 1900. The Committee recommended, and the Council, by adopting their report, resolved, that a conference should be held at the County Hall, Spring Gardens, on June 28th. The object of this Conference, which was presided over by the Chairman of the County Council, was to determine the respective spheres of action of the County Council and the Borough Councils, under Part III. of the Housing of the Working Classes Act, 1890, as amended by the Housing of the Working Classes Act, 1900. Eleven resolutions to be proposed by the representatives of various Borough Councils appeared on the agenda, of which the majority were ruled out of order, only those numbered 10, 6, and 7 (in that order) having been adopted, as follows—

"Consultations between Metropolitan Borough Councils and the County Council.

- "(a) That it is desirable, with a view to avoiding dual control and overlapping expenditure, that no scheme for the housing of the working classes in any metropolitan borough should be promoted by either the London County Council, or the council of any metropolitan borough, pursuant to Part III. of the Housing of the Working Classes Act, 1890, except after due consultation between the two councils (a) as to the desirableness of the scheme, and (b) with a view to ascertaining whether the cost of such scheme can be fairly apportioned between the county and the particular borough.

"Statistical inquiries.

- "(b) That in order to ascertain the immediate responsibility or requirements of each Borough Council, a simultaneous special inquiry be made by each council as to the number of the working class that it may be necessary, by the conditions and circumstances of their employment, to house within the area of each borough.

"Building laws and regulations.

- "(c) That reasonable modifications of the existing building laws and regulations are essential in order to facilitate the further erection of industrial dwellings."

The Conference, for no apparent determinate purpose, was adjourned to a date to be fixed in the autumn, but no further meeting took place.

Subsequently to the meeting of the Conference, the County Council addressed a circular letter to the Borough Councils requesting to be furnished with copies of any reports by the Medical Officers of Health, on the question of the housing of the working classes, in relation to the respective boroughs—for the use of the Council's Housing of the Working Classes Committee, "who are considering the whole question in all its bearings."

ACTION OF THE COUNCIL.—At the date of the reception of the County Council's circular letter above mentioned, an enquiry was in progress in this borough by direction of the Public Health Committee, arising out of a resolution adopted by the Council December 19th, 1900, to the effect—

- "That a full inquiry and investigation be made into the nature and extent of overcrowding in the borough, and that a report thereon be presented to the Council at the earliest possible date, with a view to the speedy adoption of remedial measures if necessary."

The results of the investigation were summarised in the report, which will be found in Appendix III. to the present report (page 125). The Public Health Committee accepted the report and presented it to the Council, in October, with an introductory statement as follows:—

"We beg to report that we have had before us, pursuant to the reference by the Council of the 19th December last, the question of the nature and extent of the overcrowding in the borough, and have fully enquired into the subject. We have also had before us, in pursuance of the reference by the Council of the 6th February, paragraph 7 of the report of the Medical Officer of Health, No. 1, 1901, under the heading 'Housing of the Working Classes Acts, 1890-1900,' and, in accordance with a further reference of the 1st May, the letter from the Chelsea and District Branch of the National Democratic League, urging the Council to at once erect suitable buildings, at fair rentals, for the industrial classes. In connection with the foregoing references, we directed the medical officer of health to obtain and tabulate, under certain specified headings, the particulars required by the Council with regard to overcrowding in the borough, and we also selected a number of streets in which house-to-house visits by the sanitary inspectors were thought desirable; such streets fairly representing the description of thoroughfares in the borough, in which it might be anticipated that congestion to any appreciable extent would be found to exist.

"We have now received the report of the Medical Officer of Health referred to, and beg to submit the same for the information of the Council. We do not deem it necessary to comment upon the statistics furnished as a result of the house-to-house inspections which have been made, but having carefully considered the report, as a whole, and the suggestions embodied therein by the Medical Officer of Health, we have come to the conclusion that it is expedient that the Council should adopt Part III. of the Housing of the Working Classes Act, 1890, in order that they may be vested with the powers conferred on a local authority by that Part of the Act, and be the better able to deal with this important question. We accordingly recommend:—

"That the Council do by formal resolution adopt Part III. of the Housing of the Working Classes Act, 1890."

In accordance with the recommendation contained in paragraph 1 of the Committee's report it was, on October 30th, 1901, unanimously resolved—

"That this Council do, under and pursuant, to the provisions of the London Government Act, 1899, and the Housing of the Working Classes Act, 1890, hereby adopt Part III. of the last-mentioned Act within the Borough."

On the matter again coming before the Public Health Committee, a sub-committee was appointed to deal therewith, but at the present writing the labours of this body have not borne fruit. Two courses would appear to be open to the Council: (1) the acquisition of land, of which little is available, as sites for houses for the working classes; (2) the acquisition of existing houses and their conversion to lodging-houses. The latter plan is that which has always commended itself to my judgment, in the belief that a large scheme might be carried through with little, if any, ultimate charge upon the rates and with manifest advantage to the classes intended to be benefited, to whom the Council would stand in the relation of landlords. Having regard to the terms on which houses of this sort commonly change hands, I am of opinion that it would be practicable to provide lodgers with two rooms for little more than the present cost of single-room tenements, and to do this upon a purely commercial basis.

THE SMALL DWELLINGS ACQUISITION ACT, 1899.—In the thirteenth report, 1901, I drew the attention of the Council to the provisions of this Act, which empowers local authorities to "advance money for enabling persons to acquire the ownership of small houses in which they reside." The first section of the Act reads as follows—

1. (1) A local authority for any area may, subject to the provisions of this Act, advance money to a resident in any house within the area for the purpose of enabling him to acquire the ownership of that house, provided that any advance shall not exceed—
 - (a) Four-fifths of that which in the opinion of the local authority is the market value of the ownership; nor
 - (b) Two hundred and forty pounds; or, in the case of a fee simple or leasehold of not less than ninety-nine years unexpired at the date of the purchase, three hundred pounds;
 and an advance shall not be made for the acquisition of the ownership of a house where, in the opinion of the local authority, the market value of the house exceeds four hundred pounds.
- (2) Every such advance shall be repaid with interest within such period not exceeding thirty years from the date of the advance as may be agreed upon.
- (3) The interest shall be at such rate as may be agreed upon, not exceeding ten shillings above the rate at which the local authority can at the time borrow from the Public Works Loan Commissioners the money for the advance.
- (4) The repayments may be made either by equal instalments of principal, or by an annuity of principal and interest combined, and all payments on account of principal or interest shall be made either weekly or at any periods not exceeding a half year, according as may be agreed.
- (5) The proprietor of a house in respect of which an advance has been made may, at any of the usual quarter days, after one month's written notice, and on paying all sums due on account of interest, repay to the local authority the whole of the outstanding principal of the advance, or any part thereof being ten pounds or a multiple of ten pounds, and where the repayment is made by an annuity of principal and interest combined, the amount so outstanding and the amount by which the annuity will be reduced where a part of the advance is paid off, shall be determined by a table annexed to the instrument securing the repayment of the advance.

The remaining sections (2 to 10) relate to procedure, and measures for securing the local authority against loss in carrying out the provisions of the Act. I recommended that it be referred to the Public Health Committee and the Law and General Purposes Committee, jointly or severally, to consider and report as to the practicability and advisability of the Council adopting the Act. The report was referred to the Law and General Purposes Committee, who in due course reported in favour of adopting the Act, as follows—

"We have considered (pursuant to a reference by the Council December 10th, 1901) paragraph 8 of the report of the Medical Officer of Health, No. XIII., under the heading of 'The Housing of the Working Classes,' in reference to the question of the adoption by the Council of the Small Dwellings Acquisition Act, 1899.

"We have also received a report from the Town Clerk on the subject, in which it is pointed out that it might tend to the provisions of the Act being more widely known, so far as Kensington is concerned, if this Council were to adopt the same, and that the Act might be found of some assistance, later on, if not in the immediate future, in dealing with the housing problem. At any rate, the Act being purely a permissive one, and it being quite open for the Council to decline to make advances in accordance with its provisions, should they not deem it expedient to do so, it would seem that the Council might very appropriately adopt the Act. Attention has also been directed by the Town Clerk to the fact that, should the Council adopt the Act at the present time, there would be no liabilities to come over to them from the County Council in respect of advances already made under the Act, but this might not be so in the future should the Council postpone the adoption of the Act and afterwards be desirous of doing so.

"We have come to the conclusion that the Council should constitute themselves the 'Local Authority' for the working of the Act in this borough, and we accordingly recommend—

"That the Council do adopt the provisions of the Small Dwellings Acquisition Act, 1899."

The Report was adopted, but no further action in the matter has been taken at the date of the present writing (April, 1902).

THE POWERS OF RAILWAY COMPANIES.—In connection with the housing of the working classes question I called the attention of the Council (in the XIIIth report, page 182) to the fact of the Great Western Railway Company having obtained powers to acquire a large number of houses in the northern part of the borough for the purpose of widening their line. I referred to the expectation that, within a twelvemonth, the necessary steps would be taken for acquiring 73 houses on one side of Wornington-road; 11 houses in Admiral-terrace; 15 in Admiral-place; and 9 in Admiral-mews. At some later date the Company would, it was understood, require a number of houses in Southam-street and St. Ervan's-road. Assuming only 12·5 persons to a house, upwards of 3,000 persons in occupation of 240 houses would thus be displaced. The Company's Act of 1897 (60 & 61 Vict., ch. 248, section 76) places restrictions on the displacement of persons of the labouring classes, when the purchase or acquisition of "*twenty or more houses*" is in question; and the approval of the Home Secretary must be obtained to a scheme for providing new dwellings for such number of persons as were residing in such houses (at a date named), or for such number of persons as that authority should, after inquiry, deem necessary, under circumstances indicated in this part of the section (*viz.*, (1) (*a*)). I added that communications were passing between the Company and the Home Office; that land had been acquired by the Company; and that certain plans had been prepared. I also pointed out that if fewer than 20 houses (say 19) be taken at one time, a railway company (or, for the matter of that, a School Board) are not under obligation to make provision of housing accommodation for the persons displaced; and stated that it was well known that such bodies had in the past availed themselves of the knowledge by limiting the acquisition of houses to a less number than 20 at any one time, taking a larger number in instalments, and so defeating the intention of the legislature. The matter being so important, and it being desirable to take steps to ascertain what was being done in regard to it, by an application to the Home Office, I recommended a reference to the Public Health Committee and the Law and General Purposes Committee, jointly or severally, with a view to enquiry. The report was referred to the Law Committee.

Subsequently by direction of the Public Health Committee I caused inquiries to be made to ascertain the exact number of houses in the streets (or parts of streets) proposed to be taken, and the number of inhabitants likely to be displaced. The result of the enquiry was as follows—

Street.	Houses.	No. of Persons.
Southam Street	78	1,430
St. Ervan's Road	50	608
Wornington Road	73	1,034
Admiral Mews	9	66
Admiral Place	15	108
Admiral Terrace	11	124
Total	236	3,370

The matter subsequently came before the Law and General Purposes Committee, who did not think that the matter called for immediate action as a letter had been received from the Great Western Railway Company stating that they were in communication with the Home Office as to the erection of model dwellings.

BY-LAWS FOR HOUSES LET IN LODGINGS OR OCCUPIED BY MEMBERS OF MORE THAN ONE FAMILY.—During the past year the Council, upon the recommendation of the Public Health Committee, resolved to register other 377 houses in North Kensington: but it was thought desirable to delay the final steps in the procedure until such time as the Local Government Board should have confirmed the proposed new by-laws. These houses therefore are not included in the list on pp. 65-66. Under the provisions of the Sanitary Acts of 1866 and 1874, regulations were made by the late Vestry, in 1885, and upwards of 1,700 houses have been registered thereunder. The Acts having been repealed, and modified provisions in respect to by-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. The Board pointed out that the powers conferred by the new Act (section 94) "differ in some respects from those exercisable 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 Kensington) 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 case 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 was added, "can be otherwise dealt with: in some cases by by-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 by-laws made by the London County Council." The Board at the same time forwarded "a model series of by-laws, which they had caused to be prepared for the use of sanitary authorities, under section 94 of the Act, drawn up after very careful consideration of the regulations which might be properly enforced in the case of the class of houses to which the enactment applies;" and it was suggested that existing regulations should be modified on the basis of the model clauses. The matter was referred to the Sanitary Committee to consider, and report what modifications were necessary or desirable to bring the existing regulations into conformity with the provisions of the Act of 1891.

The subject being new to many members of the late Vestry, I gave an outline of former proceedings in regard to it, in the annual report for 1894. To what was then said (pp. 191-199) there is little to add now, inasmuch as the matter stands in much the same position as seven years ago when the Sanitary Committee approved the modified series of by-laws I had drafted for their consideration. Towards the close of 1901 the Public Health Committee resumed consideration of the proposed amended by-laws, but at the close of the official year nothing had been definitely settled.

Proposed additional by-laws.—It is a common practice with people having large families to conceal the number of their children until after taking possession of their lodging—often a single room; and then, should it be desired to get rid of them, the tedious process, by notices and police-court proceedings, described in the annual report for 1889 (page 119), has to be gone through, occupying many (at least six) weeks before possession can be obtained; during which interval the unfortunate landlord may not receive rent on peril of failure to obtain an ejectment order. In regard to registered houses, the "keeper" is equally liable with the "lodger" for the offence of overcrowding, and as was pointed out in the ninth report for 1896 (August 13th, page 111), it would be well if a by-law were made requiring him, under penalty, to report to the sanitary authority any case of overcrowding coming to his knowledge. On consideration of the report, the late Vestry decided to apply to the Local Government Board for sanction to a by-law requiring the keeper to report overcrowding, as follows—

"If any lodger in a registered house cause or suffer any room under his control to be occupied by a greater number of persons than is allowed by this by-law, it shall be the duty of the keeper of the registered house, upon his becoming aware of the fact, to notify such fact to the medical officer."

In the sixth report for 1897 (25th June, page 79) a further suggestion for a new by-law was made with a view to secure the provision and maintenance at "furnished" rooms in registered houses, of bedding which should be clean and wholesome, and free from noxious insects. The matter was referred to the Sanitary Committee, who (on 6th October, 1897) recommended, and it was resolved—

"That the Vestry do approve of a draft by-law in the following terms, and that the same be submitted to the Local Government Board for their approval; viz. :—

"The landlord or keeper of a registered house in which rooms are let in furnished lodgings, shall cause the bedding and other articles in such rooms to be at all times maintained in a clean and wholesome condition, and free from noxious insects."

The Local Government Board's final views on the subject of these proposed new by-laws have not yet been received.

The by-laws adopted in 1885, still in force, have worked well, and, personally, I could be content that they should continue unaltered: but with the above proposed additions. It is true that certain matters with which they deal are "otherwise" (but not differently) "dealt with" in the Public Health Act, and in by-laws framed by the County Council and the sanitary authority. There is, nevertheless, a manifest advantage in dealing with such matters in the lodging-house by-laws, for the information of owners, keepers, and lodgers having duties in regard to them. Sanitary administration in relation to registered houses is facilitated by the by-laws which enable the Council to secure conditions necessary to healthiness of the habitation, without recourse to the tedious process of proving nuisance to the satisfaction of the justices, by proceedings under the second section of the Public Health Act.

By request of the Sanitary Committee of the late Vestry a return was prepared in 1896, showing the streets in which houses had been registered, and the number of the houses registered, and the number not registered in each street. This return is here submitted, corrected to date:—

SOUTH KENSINGTON.

Name of Street.	Number of Houses in Street.	Number of Houses Registered.	Number of Houses not Registered.
Ashley Cottages	27	15	12
Barker Street	16	8	8
Blithfield Street	17	17	—
Campden Street	68	59	9
Childs Place	21	16	5
Childs Street	20	11	9
Clifton Place	8	8	—
Cousins Terrace	7	5	2
Dartmoor Street	60	57	3
Duke's Lane	10	10	—
Edge Street	35	19	16
Ernest Street	21	20	1
Farmer Street	26	20	6
Fenelon Road	36	26	10
Ifield Road	152	136	16
Jameson Street	31	29	2
Johnson Street	26	16	10
Kensington Place	44	36	8
Lorne Gardens	32	23	9
Merton Road	33	32	1
Newcombe Street	18	16	2
North Row	21	15	6
North Street, St. Mark's	15	15	—
Peel Street	70	44	26
Pembroke Place	11	9	2
Pembroke Road	16	12	4
Prince Teck Buildings	12	6	6
Radnor Terrace	5	4	1
St. Alban's Road	17	10	7
St. Mark's Road	22	16	6
Seymour Place	56	35	21
Shaftesbury Road	25	16	9
South End	11	2	9
South End Row	6	4	2
South Street, St. Mark's	19	16	3
Stamford Cottages	10	7	3
Trafalgar Place	5	3	2
Uxbridge Street	44	22	22
Wallgrave Road	27	23	4
Wallgrave Terrace	13	13	—
Warwick Road (late Lily Terrace)	6	5	1
Warwick Road (late Warwick Terrace)	25	15	10
West Pembroke Place	16	14	2
William Street	17	15	2
Yeoman's Row	48	41	7
Totals	1,225	941	284

NORTH KENSINGTON.

Name of Street.	Number of Houses in Street.	Number of Houses Registered.	Number of Houses not Registered.
Adair Road	33	26	7
Admiral Terrace	11	10	1
Appleford Road	58	55	3
Bangor Street	39	32	7
Barandon Street	18	10	8
Bolton Road	33	29	4
Bosworth Road	33	23	10
Bransford Street	13	11	2
Branstone Street	11	10	1
Calverley Street	13	11	2
Convent Gardens	28	22	6
Crescent Street	39	24	15
Edenham Street	33	31	2
Edinburgh Road	10	7	3
Golborne Gardens... ..	51	43	8
Grenfell Road	27	12	15
Kenley Street	51	39	12
Lonsdale Road	54	2	52
Martin Street	15	5	10
Portland Road	95	70	25
St. Katharine's Road	112	102	10
Sirdar Road	93	60	33
Southam Street	129	125	4
Treverton Street	62	3	59
Totals	1,061	762	299

During the past year two temporary inspectors were (successively) employed in measuring rooms in the registered houses. The houses visited for this purpose were 1,768 in number. Between November, 1900, and the end of March, 1901, 938 houses were dealt with, and 830 in the remaining nine months of the latter year. The dimensions of the several rooms in each of the said houses were entered in the register in the columns provided for the purpose.

THE ADVANTAGES OF REGISTRATION.—Whilst facilitating the work of the public health department, registration of houses let in lodgings has given rise to none of the evils feared by the owners and occupiers of houses proposed to be registered; and practically there has been little objection by any of the parties affected by them. The extension of the operation of by-laws to all tenemented houses, 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 the people who, in regard to such matters, have little power to help themselves.

REGISTERABLE LODGING-HOUSES.—Reference was made in the report for 1900 (page 63) to an interesting question in connection with the registration of houses let in lodgings or occupied by members of more than one family. A case heard before a police magistrate raised the point whether flats or single rooms in artisans' dwellings could be brought, as lodging-houses, within the provisions of section 94 of the Public Health (London) Act, 1891. Proceedings had been taken at the Southwark Police Court by the late Vestry of St. George-the-Martyr, who had decided to register Gun's-buildings in that district; the offence alleged against the owner being his refusal to comply with the Vestry's by-law requiring him to furnish particulars with respect to the tenements, and the manner of occupation, and the names, sex, &c., of the occupants—in a word, the particulars set out in the Council's first by-law, with respect to registered houses, and which are necessarily precedent to registration. The Vestry's contention was that the occupants of the tenements were lodgers, and that each block of buildings was a house let in lodgings. For the defendant it was claimed that each tenement, though it might comprise only a single room, was a separate dwelling-house, and that the persons residing therein were not lodgers but occupying tenants: their names were on the rate books; they were in possession of the Parliamentary franchise, and in a position similar to that of occupiers of West-end flats, or chambers in the Temple. The learned magistrate dismissed the summons, following, as he stated, decisions of judges of the High Court, in regarding the tenements not as lodgings but as separate houses. The Vestry appealed. The case (*Weatheritt v. Cantlay*) has since been before the Divisional Court, who upheld the magistrate's decision. The Lord Chief Justice regarded the "buildings" as a collection of houses for the purpose of the section: there was no front door,

but a common passage, and common staircases on which open a number of front doors which may be locked, the tenements being separately occupied. If any one of those tenements were let in lodgings, or if a room were occupied by members of more than one family, then the particular landlord of that particular house would come within the terms of the section. His lordship expressed the opinion that it would be going too far to say that the whole structure of bricks and mortar was a house, or part of a house, let in lodgings or occupied by members of more than one family, simply because these were separate tenements, and separate occupations, under the circumstances stated in the case. He thought, therefore, the judgment of the magistrate was quite right; and, the other judges concurring, the appeal of the late Vestry, whose district is now merged in the Metropolitan Borough of Southwark, was dismissed with costs.

In this borough we have never attempted to register artisans' dwellings. Many houses let in tenements have been registered, but I do not think the judgment in the case cited can be held to apply to such houses: each has its "front door," and there is no "common staircase," or "common passage," open to the public, giving access to the doors of the several tenements: the landlord, moreover, "exercises control," being responsible for the condition of the sanitary and other conveniences used in common by the "lodgers."

COMMON LODGING-HOUSES.—The County Council in 1894 took over from the police the supervision of common lodging-houses, under the circumstances set out 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 common lodging-houses in this borough, which are 33 in number, and contain accommodation for 1,019 persons.

COMMON LODGING-HOUSES.

Sanitary District.	Name of Keeper.	Address of Common Lodging-House.	No. of Single Lodgers, for which registered, in 1901.			No. of Double Beds Authorised.
			Male.	Female.	Total.	
N.	Phipps, William ...	194, Kensal Road ...	75	...	75	...
"	Marsh, Hy. Chas. ...	88, Wornington Road ...	35	...	35	...
N.W.	Moore, John ...	21, Bangor Street ...	30	...	30	...
"	Do. ...	23, do. ...	...	9	9	10
"	Do. ...	25, do. ...	...	18	18	5
"	Do. ...	29, do. ...	...	21	21	5
"	Phipps, William ...	18, do. ...	...	32	32	...
"	Do. ...	20, do. ...	...	54	54	...
"	Reynolds, Charles ..	35, do. ...	35	...	35	...
"	Phillips, Thos. Jno. ...	5, do. ...	25	...	25	...
"	Do. ...	7, do. ...	29	...	29	...
"	Do. ...	9, do. ...	24	...	24	...
"	Hankins, George ...	10, Crescent Street ...	32	...	32	...
"	Do. ...	28, do. ...	30	...	30	...
"	Do. ...	30, do. ...	30	...	30	...
"	Do. ...	40, do. ...	24	...	24	...
"	Phipps, William ...	25, do. ...	39	...	39	...
"	Do. ...	27, do. ...	...	16	16	5
"	Do. ...	31, do. ...	34	...	34	...
"	Do. ...	33, do. ...	20	...	20	7
"	Hallett, Thomas ...	4, Hesketh Place ...	13	...	13	3
"	Do. ...	6, do. ...	...	6	6	3
"	Do. ...	8, do. ...	14	...	14	3
"	Simpson, James ...	37, Mary Place ..	16	...	16	...
"	Do. ...	35, do. ...	21	...	21	...
"	Hartwell, Wm. ...	66, St. Ann's Road ...	43	7	50	11
"	Phipps, Wm. ...	34, Sirdar Road ...	13	...	13	7
"	Do. ...	36, do. ...	35	...	35	...
"	Do. ...	38, do. ...	...	...	...	11
"	Do. ...	40, do. ...	...	26	26	...
"	Bayley, Henry ...	31, do. ...	30	...	30	...
C.	Redman, John ...	21, Peel Street ...	20	...	20	...
"	Do. ...	22, do. ...	23	...	23	...

Twenty-three of the common lodging-houses, with accommodation for 706 persons (100 of them in double beds) are comprised in the "Notting-dale" special area.

In connection with the inquiry by the special committee of 1896, as to the causes of the high death-rate in the "Notting-dale" special area, an application was made to the County Council to define the meaning of the term "common lodging-house," to which a reply was received to the following effect:—

"The Council is advised that in order to bring a house within the operation of the Common Lodging-Houses Acts, 1851 and 1853, it is essential that the following facts should exist:—

- (1) The house must be kept by somebody for the purpose of gain.
- (2) It must be open for the reception of all comers as lodgers.
- (3) That persons resorting to the house must be of such a class as, if left to themselves, would either be unwilling or unable to secure cleanliness and prevent overcrowding.
- (4) Some one room or rooms in the house must be used in common by all the lodgers.

"A large variety of circumstances might arise in any particular case which might come before the Council, but it is safe to say that if in any case one of the four facts above-mentioned were absent, it would be a doubtful question whether the house could be regarded as a common lodging-house within the meaning and intention of the statutes, and such a case would need special and particular consideration.

"This opinion has been come to after a careful study of the decisions in the following cases:—

"BOOTH V. FERRETT.—Decision by Lord Chief Justice Coleridge and Mr. Justice Mathews;
 "LANGDON V. BROADBENT.—Decision by Mr. Justice Grove and Mr. Justice Lindley."

It thus became manifest that houses in the "Notting-dale" special area could not be dealt with as common lodging-houses, excepting in so far as they should have been registered as such by the County Council upon the application of the owners, a fact which the "special committee" had recognised in their report.

DRAINAGE BY-LAWS.

The by-laws made by the London County Council and confirmed by the Local Government Board last year, are for "regulating the dimensions, form, and mode of construction, and the keeping, cleansing, and repairing of the pipes, drains, and other means of communicating with sewers, and the traps and apparatus connected therewith." These by-laws, made under the provisions of the Metropolis Management Act, 1855 (sec. 202), are the first made by the central authority for the purposes named—45 years after the Act came into force, and 16 years after attention had been called in these reports to the need for such by-laws. They had been in preparation during five years—an unduly long period it may be thought; but having regard to the necessity for consulting the sanitary authorities, and, so far as practicable, meeting the objections of interested parties, and, not least, satisfying the legal requirements of the Local Government Board, as the confirming authority, the delay is, in a measure, explicable.

It is the duty of the Borough Council to enforce these by-laws, which, for the most part, deal with the drainage of buildings newly erected; but, "so far as practicable... apply to any person who shall construct or reconstruct any pipe or drain, etc., in any building "already existing, as if the same were being constructed in a building newly erected." (See By-law 21.) A brief abstract of their provisions will therefore not be out of place.

Drainage of Sub-soil and of Surface Water.—1 and 2. Provision is made to secure in new buildings the drainage of the sub-soil and the drainage of surface water: [important matters as affecting the dryness and consequently the healthfulness of the dwelling-house].

Rain Water Pipes.—3. Rain water pipes must be made to discharge in the open air over a properly trapped gully, or into such a gully above the level of the water in the trap thereof, and no such pipe or channel may receive any solid or liquid matter from any water closet, urinal, slop or other sink or lavatory.

Materials, &c., for Drains.—4. A sewage drain must be constructed of glazed stoneware or of cast iron, "or of other equally suitable material;" the joints cemented or caulked, as the case may be. The drain must not pass under any building if any other mode of construction be practicable. It must not be of a less internal diameter than four inches. It must be laid on and partially embedded in concrete, and with a suitable fall. It must be water-tight, and be capable of resisting a pressure of at least two feet head of water. The thickness and weight of iron pipes in proportion to diameter are prescribed. Whenever practicable, adequate means of access to the drain is to be provided at each end of such portion thereof as is beneath a building. The composition of the concrete is prescribed. Every inlet to the drain, other than that of the ventilating pipe, is to be "properly trapped by an efficient trap so constructed as to be capable of maintaining a sufficient water seal." No bell-trap, dip-trap, or D-trap may be used in connection with the drain.

Drains to be Trapped from Sewer.—5. This by-law reads as follows:—"Every person who shall erect a new building shall provide in every main drain or other drain of such building which may immediately communicate with any sewer, a suitable and efficient intercepting trap at a point as distant as may be practicable from such building, and as near as may be practicable to the point at which such drain may be connected with the sewer. He shall, except in cases where the means of access to be provided in compliance with the preceding by-law shall give adequate means of access to such trap, provide a separate manhole or other separate means of access to such trap for the purpose of cleansing it."

Access to Trap.—6. Means of access to the drain must be "water-tight up to the level of the adjoining ground surface or roadway, and be fitted with a suitable manhole cover," which must be air-tight if placed within a building.

No Right-angled Junctions.—7. No right-angled junction, either vertical or horizontal allowed in the main drain. Branch or tributary drains to join another drain obliquely in the direction of the flow, and as near as practicable to the invert thereof.

Ventilation of Drains.—8. At least two untrapped openings to the drain are to be provided. *Alternative arrangements* are specified, which may be adopted "as the circumstances of the case may render the more suitable and effectual." *Gratings or covers to openings* (to secure free passage of air, with apertures of indicated aggregate extent) are to be provided to every such opening to the drain for the purpose of preventing any obstruction in or injury to any pipe or drain. *No bends or angles* in the ventilating pipe are to be allowed, except where unavoidable. *Size of pipes.*—The internal diameter is to be "not less than four inches." *Use of soil pipes as ventilating pipes.*—The soil pipe of any water closet, or the waste pipe of any slop sink, constructed or adapted to be used for receiving excremental filth, may be used to provide the necessary opening for ventilation, where the said pipe satisfies the conditions prescribed in the case of an ordinary ventilating pipe. It is provided that a soil pipe or waste pipe, of an internal diameter of not less than three and a half inches, and complying with the previously prescribed conditions, may be used for the ventilation of a drain having an internal diameter of not more than four inches.

No Inlets to Drains within Buildings.—9. There may be no inlet to a drain within a building, except such as may be necessary from the apparatus of any water closet, slop sink, or urinal.

Material of Waste Pipes.—10. Waste pipes for carrying off water from a lavatory or sink (not being a slop sink or urinal constructed or adapted for carrying off excremental filth) may be constructed of lead, iron, or stoneware, and must be trapped immediately beneath such lavatory or sink by an efficient syphon trap—of lead, iron, or stoneware, and with means for inspection and cleansing—for ventilation into the external air whenever such ventilation may be necessary to preserve the seal of such trap. *Traps to waste pipes.*—It will not be lawful to construct or fix, in connection with a waste pipe, lavatory, or sink, any trap of the kind known as a bell-trap, a dip-trap, or a D-trap. *Waste pipes to discharge in the open air.*—Every pipe for carrying off waste water to a sewer must be made to discharge in the open air over a properly trapped gully, or into such a gully above the level of the water in the trap thereof.

Soil Pipes.—11. Whenever practicable, the soil pipe is to be outside the building and constructed in drawn lead or of heavy cast iron; where it is necessary to construct the soil pipe within the building the pipe must be constructed in drawn lead, with proper wiped plumbers' joints, and so as to be easily accessible. The weights of leaden pipes, and the thickness and weight of iron pipes are prescribed. *Joints.*—The socket joints of a cast-iron soil pipe are to be made with molten lead properly caulked; flanged joints to be securely bolted together with some suitable insertion. *No connection with rain water and waste pipes.*—The soil pipe is not to be connected with any rain water pipe or with the waste of any bath, or of any sink, other than that which is provided for excremental filth. *No traps.*—There is to be no trap in the soil pipe, or between it and any drain with which it is connected. *Diameter.*—The soil pipe is to be circular: not less than $3\frac{1}{2}$ inches in internal diameter, and is to be continued upwards, full bore, and (except where unavoidable) without any bend or angle, to such a height, and in such a position as to afford by means of the open end a safe outlet for foul air.

Connection of Lead Soil Pipe, &c., with Iron Drain, &c.—12. Prescribes the method of connecting a lead soil pipe, waste pipe, ventilating pipe or trap with an iron pipe or drain communicating with a sewer.

Connection of Stoneware Trap of Closet, &c., with Lead Soil Pipe, &c.—13. Prescribes the method of connecting a stoneware or semi-vitrified ware trap or pipe with a lead soil pipe, waste pipe or trap communicating with a sewer.

Connection of Lead Soil Pipe, &c., with Stoneware Drain, &c.—14. Prescribes the method of connecting a lead soil pipe, waste pipe, ventilating pipe or trap with a stoneware or semi-vitrified ware pipe or drain communicating with a sewer.

Connection of Iron Soil Pipe, &c., with Stoneware Drain, &c.—15. Prescribes the method of connecting an iron soil pipe, waste pipe, ventilating pipe or trap with a stoneware or semi-vitrified ware pipe or drain communicating with a sewer.

Connection of Stoneware Trap of Closet, &c., with Iron Soil Pipe, &c.—16. Prescribes the method of connecting a stoneware or semi-vitrified ware trap or pipe with an iron soil pipe, waste pipe, trap, or drain communicating with a sewer.

Ventilation of Trap of Water Closet.—17. In the case of any water closet the soil pipe of which communicates with a sewer, and is in connection with any other water closet, the trap of every such water closet is to be ventilated into the open air at a point as high as the top of the soil pipe, or into the soil pipe at a point above the highest water closet connected with such soil pipe; the said ventilating pipe to have in all parts an internal diameter of not less than two inches, and to be connected with the arm of the soil pipe or the trap at a point not less than three and not more than twelve inches from the highest part of the trap, and on that side of the water seal which is nearest to the soil pipe; the joint between the ventilating pipe and the arm of the soil pipe or the trap to be made in the direction of the flow. Such ventilating pipe to be constructed in drawn lead or of heavy cast iron: of drawn lead only if necessarily within a building. The weight of lead and iron pipes is prescribed. The joints in and the connections to such ventilating pipe to be made in the same manner as if it were a soil pipe.

Slop Sinks for Filth, and Urinals.—18. Beneath any sink for receiving excremental filth for conveyance to a sewer, an efficient syphon trap is to be fixed, so constructed as to be capable of maintaining a sufficient water seal between such sink, etc., and any drain, soil pipe or waste pipe in connection therewith. In connection with such sink there shall not be a bell trap, a dip-trap or a D-trap. The ventilation of the trap of the slop sink or urinal, and the construction of the waste pipe thereto, are to be in compliance with the preceding by-laws which are applicable to the ventilation of the trap of a water closet, and the construction of a soil pipe: the internal diameter of the waste pipe of the sink, etc., to be not less than three inches. The weight of lead and iron pipes is prescribed.

Maintenance in state of Repair.—19. "The owner of any building shall, as respects such building, at all times maintain in a proper state of repair all pipes, drains, and other means of communicating with sewers, and the traps and apparatus connected therewith."

Penalty.—20. For any offence against any of the foregoing by-laws two pounds, and in the case of a continuing offence, a further penalty of twenty shillings for each day, after written notice of the offence, given in accordance with section 202 of the Metropolis Management Act, 1855.

Application of By-laws to Existing Buildings.—21. "These by-laws shall, so far as applicable, apply to any person who shall construct or reconstruct any pipe or drain, or other means of communicating with sewers, or any trap or apparatus connected therewith, so far as he shall effect any such works in any building erected before the confirmation of these by-laws, as if the same were being constructed in a building newly erected."

The importance of the last-cited by-law will be obvious; and generally, it may be observed, that the by-laws (*e.g.*, by-law 5) justify the past action of the Sanitary Authority of Kensington, and the practice of their officers in the Public Health Department, in regard to the several matters relating to the construction and trapping of drains.

Enforcement of By-laws.—The work of the sanitary inspectors during the year was facilitated by a resolution of the Public Health Committee requiring them to enforce strict compliance with the provisions of the above and other by-laws.

FACTORY AND WORKSHOP LEGISLATION.

The Home Secretary did good service to sanitary authorities, among others, during last session, having introduced and carried a measure for amending and consolidating the Factory and Workshop Acts, and which gives effect to several important provisions contained in the Bill of 1895. That Bill comprised 52 clauses, in respect to 31 of which ample consideration was given by the Grand Committee on Trade. The Government having resigned, the remaining clauses were adopted *en bloc*: it was the desire of all Parties in the House of Commons that the Bill should become law, and the House of Lords passed it without alteration. Clause 30 proposed to make provision for securing and maintaining a temperature of not less than 60 degrees Fahr. in each room "in which any person is employed, in which the business of making wearing apparel is carried on." Reporting on the subject, I stated that this "useful provision . . . should be qualified so as to secure that the means employed for obtaining the necessary warmth shall be such as will, at the same time, improve the ventilation, and not deteriorate the air to be breathed by the persons who spend so many hours of each day in the workroom." "No special provision," it was added, "is made in the Bill, or in any Act, for ventilation, with a view to secure necessary change of air in workshops." The clause (sec. 32 in the Act) was modified so as to require 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 late Vestry adopted my view that the use of gas burners, intended for lighting purposes, should be prohibited as a means for securing warmth, but such prohibition found no place in the Act. The need for it was exemplified in a case which not long since came before a police magistrate. The proceedings were instituted against a "court dress-maker," for not having provided "adequate" means for securing a "reasonable temperature" in a workroom. The room was warmed solely by open gas jets, all means of ventilation being closed, with the result that the air became vitiated. The temperature being 61 degrees Fahr., the magistrate, after commenting adversely on the unhealthy condition of the room, dismissed the summons, holding that the word *adequate* meant adequate to produce a reasonable temperature, by whatever means. The Act of 1895 defined overcrowding, incidentally, by requiring a definite amount of cubic space for each person employed in a workroom: viz., 250 cubic feet, this being the amount adopted, as a standard, by the late Vestry on the appointment, in 1893, of lady inspectors of workshops, laundries, &c., where women are employed. The practice, initiated by the late Vestry, of requiring the affixing in every workroom of a card specifying the number of persons who may lawfully be employed therein was legalised by the Act. The Sanitary Committee of the late Vestry endorsed generally the views set out in my report relating to the above matters, as well as certain recommendations relating to infectious diseases, stoves for heating irons, prohibition of the use of gas irons emitting effluvia, provision of suitable means for warming workrooms, flooring of laundries, outworkers, &c., all of which were set out in a

memorial to the Secretary of State; and practically the whole of the recommendations then made are embodied, more or less effectively, in the new Act, which came into force at the beginning of the present year.

The provisions which more particularly concern the Council are the following:—

PART 1.—Division (1), Sections 1-9.—“HEALTH.”—*Overcrowding of Factory or Workshop.*—Section 3 (3) enables the Secretary of State, by a Special Order, to substitute a higher number of cubic feet of space (than 250 for each person), in any workshop or workplace occupied by day as a workshop, and by night as a sleeping apartment, and not being a domestic workshop. [It may be questioned whether such double occupation of a workshop-room should rightly have been countenanced.]

Temperature.—Section 6 (Clause 30 of the Bill) enacts that in every factory and workshop a reasonable temperature shall be maintained, and the measures taken to secure this must not be of a character to interfere with the purity of the air in any room in which any person is employed. [This section, in effect, prohibits the use of unventilated gas burners for securing warmth, at the cost of vitiation of the air. Successful efforts to prevent the use of gas jets for warming workrooms in this borough, date back to 1893, when lady inspectors of workshops, etc., were first appointed. The section is administered by the factory inspector and not by the health authority.]

Ventilation.—Section 7 (Clause 15 of the Bill) makes provision to secure means of ventilation of a workshop, etc., and for the maintenance of sufficient ventilation; and a workshop in which there is a contravention of the provisions of the section will be deemed to be a nuisance liable to be dealt with summarily under the law relating to Public Health.

Bakehouses*—PART V.—Sections 97-102 (Clause 28 of the Bill) deal with this business. Section 101 (1) enacts that “an underground bakehouse shall not be used as a bakehouse unless it was so used at the passing of this Act”; and (2) that, subject to this provision, after January 1st, 1904, “an underground bakehouse shall not be used unless certified by the District Council to be suitable for that purpose.” Sub-section (3) defines the meaning of the expression “underground bakehouse,” and (4) prescribes the conditions necessary to make an underground bakehouse “suitable” to be certified, as regards “construction, light, ventilation, and in all other respects.” Power of appeal, by complaint to a court of summary jurisdiction, against the refusal of a certificate by the Council, is given by (7), which enables the court to override the decision of the sanitary authority, by granting a certificate of suitability. Section 102 provides for the enforcement of the law as to retail bakehouses by the sanitary authority.

Laundries.—Clause 26 of the amending Bill not having been passed, the provisions of existing legislation as regards laundries, re-enacted in section 103 of the new Act, will continue in force until the Government shall have fulfilled their pledge to deal with the subject at an early date. One improvement in regard to laundries may possibly have been effected, indirectly, by section 8 (clause 15 (2) of the Bill), which enacts that in any room in a “factory or workshop in which any process is carried on which renders the floor liable to be wet . . . adequate means shall be provided for draining off the wet.” Should this provision apply to the case of laundries (the expression “process” causes doubt), it will strengthen the hands of the Council by enabling them to require, when necessary, the drainage of washhouse floors, in workshop laundries, and so to deal with an evil at once common and detrimental to the health of the workers.

Outworkers.—PART VI.—Section 107 (Clause 9 of the Bill) provides that copies of the lists of outworkers in certain trades, required to be kept by the occupiers of factories and workshops and others, shall be sent by the occupier to the Council of the district, half-yearly (instead of to the Factory Department, as formerly); and requires the Council to “furnish the name and place of employment of every outworker in such list whose place of employment is outside its district, to the Council of the district in which his place of employment is.”

Places Injurious to Health.—Section 108 (Clause 11 of the Bill) enables the Council of the district to give the notice in writing mentioned in section 5 of the Factory and Workshop Act, 1895, relating to the employment of persons in places dangerous or injurious to health. The Act of 1895 authorised a factory inspector (the new Act forbids him) to give such notice; the giving of such notice is discretionary, and the provision can only be applied in the case of persons employed in such classes of work as the Secretary of State may specify by Special Order.

* See Report on legislation with reference to Bakehouses, page 78.

Infectious Disease.—Sections 109-110 (Clause 10 of the Bill) extend the prohibition of home work in a house where there is infectious disease (which in the Factory and Workshop Act, 1895, is limited to houses where wearing apparel is made, repaired, cleaned, &c., and in which scarlet fever or small-pox exists): the prohibition to apply to such other classes of work as may be specified by an Order of the Secretary of State; and the infectious diseases to which the section applies, are the notifiable diseases; thus including plague, "fever," diphtheria, erysipelas, &c. But the prohibition is of a limited character, not coming into force save by an Order made by the Council of the district, or, in case of emergency, by any two members of the Council, acting on the advice of the Medical Officer of Health.

Abstract for Domestic Workshops.—Section 113 (Clause 13 of the Bill) enacts that the "Secretary of State" (and not the "District Council," as, in the Bill) shall give notice of the provisions of the Act relating to domestic factories and workshops, by publication of the prescribed Abstract, or otherwise, as he thinks fit; section 114 (2) enacts that if manual labour for the purposes of gain, in the making, altering, or adapting for sale of any article, is carried on in a private house or room by the family (or any member of it) dwelling therein, and does not furnish the whole or principal means of the family, the work shall not of itself constitute that house or room a workshop.

Power of Entry.—Section 125 (Clause 14 of the Bill) relates to the power of entry conferred by Section 3 (2) of the Factory and Workshop Act, 1891, with respect to workshops; and which is extended to workplaces, as defined in section 91 of the Public Health Act, 1875, and is also extended to all District Councils, so that the officials of the Borough Council will, for the purpose of their duties with respect to workshops, &c., be empowered to enter all workshops, &c., the same as an inspector, under this Act, as well as under the Public Health (London) Act, 1891.

Register of Workshops.—PART VIII.—Section 131 (Clause 16 of the Bill) requires every District Council to keep a register of all workshops situate within their district.

Report of Medical Officer of Health.—Section 132 (Clause 17 of the Bill) requires the Medical Officer of Health, in his annual report, to report specially on the administration of the Act in workshops and workplaces, and to send a copy of his report to the Secretary of State.

Miscellaneous Provisions.—Section 133 restricts the notice to be given by the Medical Officer of Health of the employment of a woman, young person, or child, in a workshop, to those workshops in which no Abstract of the Act is affixed, as by the Act required. This "Abstract," however, can be purchased by the occupier, and its presence in a workshop, therefore, is not necessarily evidence that the Factory Department have knowledge of the existence of the workshop; but under Section 27 of the Public Health (London) Act, 1891, the Metropolitan Medical Officer of Health is empowered to notify the addresses of all workshops, without restriction, where "protected" persons are known to be employed.

Saving for Existing Powers of the Council.—PART X.—Section 155 enacts that the powers conferred by the Act on District Councils shall be in addition to, and not in substitution for, any other powers which they may possess.

Men's Workshops.—Section 157 excludes from the operation of the Act, in respect of men's workshops, certain provisions, among others the sections in Part I. relating to temperature, thermometers, means of ventilation, drainage of floors, sanitary conveniences, etc.; "men" being workers over 18 years of age. Workshops in which persons of the male sex, under 18 years of age are employed, are subject to the same regulations as women's workshops.

REGISTER OF WORKSHOPS.—Having regard to the duties devolved upon the Council with respect to men's workshops, I thought it well to ask permission to copy the list of such workshops kept at the Factory Department, at the Home Office, and it was courteously granted. The list comprised 282 premises, at which trades were carried on, as follows:—Baker 73, bootmaker 21, builder 10, carpenter 7, cabinet maker 6, coach builder 10, cycle maker or repairer 14, dental work 5, farrier 10, firewood maker 5, frame maker 11, jeweller 20, portmanteau maker 5, saddler 7, tailor 33, upholsterer 5, wig maker 4, zinc worker 3, and sundry other trades, 33. The list bore on the face of it evidence of incompleteness, due to the fact that only places where "young persons" are employed are included therein, and it has since been largely supplemented as the result of inquiries by the inspectors. The register which has been prepared is of a simpler character than that of workshops, workplaces, laundries, &c., where women (*i.e.*, females over 18), young persons (*i.e.*, persons of both sexes under 18), and children (*i.e.*, persons of both sexes between 12 and 14) are employed, some of the provisions of the Act not being applicable to men's workshops.

WORK OF THE LADY INSPECTORS OF WORKSHOPS, ETC.—An effort to cope with the responsibilities devolved upon the sanitary authority by the various Acts, now repealed, was made by the late Vestry, on my recommendation, in October, 1893, by the appointment of two Lady Inspectors. The ladies originally appointed are now factory inspectors, and the successor to one of them is a factory inspector in New South Wales. The present inspectors, Miss de Chaumont and Miss Looker, were appointed in 1896 and 1901 respectively. The initiative of the Vestry in employing women to assist in the work of sanitary administration has been followed by many sanitary authorities, metropolitan and provincial. In London about one half of the Borough Councils have made appointments, of some 20 inspectors in all, and other appointments are not unlikely to follow at an early date.

It is a matter for satisfaction that there has become manifest, on the part of employers, an increasing willingness to conform to the requirements of the law, with which many of them had been more or less unacquainted, until they were made known by the visits of the first lady inspectors, and by the notices issued by the sanitary authority. The inspectors' visits are now received, as a rule, with cordiality. In no respect have they done greater good than by the prevention of overcrowding, and the improvements effected with regard to the warming of workrooms, and the ventilation of gas iron-heaters, &c. The good work begun by Miss Deane, Miss Squire, and Miss Duncan, has been efficiently carried on by the present inspectors who have performed their duties with tact and discretion.

The new Act has added materially to the duties of the sanitary authority and their officers, as already indicated. The scope of the work, moreover, has been extended by a judicial decision (*see* footnote, page 74), which has led to the registration of many workplaces previously thought to be outside the Act.

Outworkers.—One of the most onerous of the new duties devolving upon the Council's officers is that relating to "outworkers." With a view to make known to the occupiers of workshops, &c., the duties devolved upon them by the Act in this regard, an advertisement was inserted in the local newspapers, a copy of which, moreover, was forwarded to upwards of 1,000 persons, being occupiers of premises where the scheduled businesses are carried on, together with a print of the "Home Work Order," issued by the Secretary of State, and the schedule attached thereto, indicating the particulars required, and the proper form for the return. A list of outworkers has been compiled, and the names and addresses of all working within the borough, but not residing therein, have been forwarded to the medical officers of the boroughs in which the outworkers reside. Corresponding information has been received by me with respect to outworkers living in the borough but employed in other districts.

Without further preface I submit the report of the lady inspectors as follows:—

"We have the honour to present our report for the year 1901. At the beginning of the year 818 workshops, &c., where women are employed, were on the register. During the year 167 new premises were placed on the register, and 96 were removed therefrom. The particulars are as follows:—

WORKSHOPS, &c.	NORTH KENSINGTON.				SOUTH KENSINGTON.				TOTAL FOR BOROUGH.
	Dress-makers.	Laundries.	Miscellaneous.	Total.	Dress-makers.	Laundries.	Miscellaneous.	Total.	
Added to Register ...	18	38	7	63	67	7	30	104	167
Removed from Register ...	31	13	8	52	30	5	9	44	96

"The net result for the year, therefore, is an increase of 11 registered premises in North Kensington, and of 60 in South Kensington: total increase for whole Borough, 71. At the end of the year, 869 places (comprising an aggregate of 1,817 rooms) were on the register, viz.:—

WORKSHOPS, &c.	NORTH KENSINGTON.				SOUTH KENSINGTON.				TOTAL FOR BOROUGH.
	Dress-makers.	Laundries.	Miscellaneous.	Total.	Dress-makers.	Laundries.	Miscellaneous.	Total.	
Number on Register ...	115	325	43	483	305	24	57	386	869
Number of Rooms therein.	145	926	61	1,132	562	58	65	685	1,817

"The Factory and Workshop Act, 1901, which came into force on January 1st, 1902, has considerably enlarged the duties of the sanitary authority with respect to workshops and workplaces, as evidenced by a Memorandum issued by the Secretary of State 20th December, 1901. This Memorandum states, *inter alia*, that in a case arising under section 38 of the Public Health (London) Act, 1891, it had been held that the expression 'Workplace' is not to be limited to places where something is being manufactured or made, but includes any 'place where work is done permanently, and where people assemble together to do work permanently of some kind or another.' It is therefore a word of wider signification than the word 'workshop.' In the case in question, a stable and stable yard, where men were employed as cab cleaners and horse-keepers, was held to be a workplace.* Similarly, the Secretary of State has been advised that the kitchens of restaurants, &c., though they are not workshops, come within the meaning of the term 'workplace.' Accordingly, we received instructions to register as workplaces all kitchens of dining-rooms, type-writing offices, &c., where women are habitually employed, and have done so, the result being a large increase to the number of premises on the register: 41 in North Kensington, and 103 in South Kensington, raising the total, on January 31st, 1902, to 1,013; viz., 524 in North Kensington, and 489 in South Kensington, and the number is increasing.

"The subjoined table comprises the businesses at present registered at which women are employed—

Trade or Business.	North Kensington.	South Kensington.	Total for Borough.
Art needlework	2	2	4
Blind-maker	—	2	2
Blouse-maker	1	1	2
Boot beader	1	—	1
„ closer	2	—	2
„ maker	—	1	1
Cardboard box maker	—	1	1
Corset maker	1	3	4
Cracker maker	1	—	1
Dressmakers and ladies' tailors	115	312	427
Dyer and cleaner	6	4	10
Embroiderer	—	1	1
Eyelet hole finisher	1	—	1
Furrier	1	—	1
Hair wash manufacturer	1	—	1
Hosier	—	1	1
Lace goods maker	3	—	3
Lamp shade maker	1	2	3
Laundries (workshop)	287	24	311
„ (factory)	38	—	38
Machinist	—	1	1
Mantle makers	1	6	7
Milliners	4	37	41
Outfitters	—	4	4
Photographers	3	9	12
Printers	—	3	3
Restaurants and dining rooms	31	59	90
Starch manufacturer	1	—	1
Tailors	19	4	23
Typists	—	4	4
Upholsterers	1	8	9
Waistcoat makers	3	—	3
Grand total	524	489	1,013

"*Cubic Space.*—In the 167 premises newly registered last year, 297 rooms were measured in order to ascertain the number of persons who may lawfully occupy each room, upon the scale of 250 cubic feet per person, in conformity with the Factory and Workshop Act, 1895 (section 1). The Secretary of State, by Order, under section 3 of the Factory and Workshop Act, 1901, has modified the requirement as to space in respect of rooms at workshops (not being domestic workshops), which are also used by night as sleeping apartments, a minimum of 400 cubic feet being now required for each person employed therein.

* The case referred to is that of *Bennett v. Harding*, High Court—Queen's Bench, June 14th, 1900, sec. 38, Public Health (London) Act, 1891.—Stables and a stable yard were kept by a cab proprietor, and a number of men were employed therein as cab cleaners and horse-keepers, and cab drivers were daily in attendance there for the purpose of hiring horses and cabs. Held, that the stables and stable yard were a "workplace" within the meaning of the statute, and that the cab drivers were "in attendance" there, although they were as customers, and that sanitary conveniences must be provided.

"Overcrowding."—In North Kensington 6 rooms only were found to be overcrowded, and none seriously; while in South Kensington 56 cases were recorded. In several instances infringement of the law was persistent. Written intimations having been sent, on re-inspection the nuisance was found to have been abated for the time, only to recur on subsequent occasions. The premises in question are being kept under observation, and should an infringement of the law again be observed further proceedings will be advised.

"Sanitary Conveniences, &c."—118 water-closets, found to be either dirty, or dilapidated, or defective in water supply, were renovated, more or less satisfactorily. One closet with no direct light or ventilation to the outer air was abolished, and one found to be directly supplied from the drinking water cistern was provided with a separate flushing cistern. In three cases defective drains of workshops were reconstructed.

"Defective Workshops, Yards, &c."—At many of the registered premises, chiefly laundries in North Kensington, roofs and floors were found in a defective state. In some of the laundries in Kensal New Town, the washhouses were found to be roofed only by the floor of the ironing room above, thus allowing the steam to penetrate and render the boards rotten and unsafe. These washhouses have now all been matchboarded; in one case the floor of the laundry above was almost entirely renewed. In one street in the North district, mostly composed of laundries, the staircases in the houses on one side of the street are very awkwardly constructed, and during the past six years no less than five accidents have occurred, in different laundries, from slipping on the stairs. The attention of the owner having been called to the fact, he contended that the stairs belonged to the houses, and were not intended to be used by the workers, there being an outside staircase from the laundry to the yard. As the clothes have to be taken from the laundry to the packing room on the same floor, it is hardly to be expected that the employer should wish the finished work to be taken (especially in bad weather) down these outside stairs through the yard and washhouse, and up the inside stairs to a room next the laundry, when it could be done in a few seconds by opening the communicating door between the laundry and the house and ascending three or four steps. We are pleased to report that we have reason to believe the owner is now willing to make an alteration at one house, as a trial, and we trust, if this proves satisfactory, he will eventually carry out a similar alteration at the others. Numerous yards and washhouse floors were levelled and repaired, and in two cases, in the North district, the latter were drained by means of a channel through the wall into the yard gully. In one laundry, in the South district, in which the washing is carried on in the basement, the back washhouse was found to be without either light or ventilation from the outer air, the floor being composed of rotting boards. The premises were visited by the Medical Officer of Health, and deemed by him to be unfit for the purposes of laundry work. The use of this room was therefore discontinued and all work is now carried on in the front basement room. Several staircases leading to workrooms were repaired, having been found dilapidated and unsafe, and in two cases (laundries) almost entirely renewed.

"Ventilation and Warming of Workrooms."—These matters chiefly concern the workrooms in the South district, where 91 dressmaking workrooms were found either insufficiently warmed, or warmed in such a manner, by open gas jets, as to impair the purity of the air. In one large establishment six of the workrooms were found on a very cold day with no means of warming, the temperature being 48° to 50° F. In the remaining workrooms gas jets were used. We are happy to be able to report, that, at our instance, the chimneys and grates were put in order, and the workers now benefit by good fires in all the rooms. At another large business premises, recently rebuilt, five large workrooms were found with one gas stove only in each room, and so placed, at one end, that a portion only of the room derived any benefit, the temperature, even at this part, being only 42° to 46°. The manager, on our representation of the facts, at once caused extra stoves to be placed at the opposite end of each room, and the temperature at the last inspection was found to average 60°. Numerous written intimations were sent *re* ventilation, especially to the proprietors of dressmaking and tailoring businesses. In one case windows not made to open were sashed, thus rendering the workroom, in the basement, more healthy for the occupants. In several other workrooms gas iron-heaters were either removed from the room, or properly ventilated by means of a hood and flue, or placed in a grate. Much, however, remains to be done to improve the ventilation of workrooms at present warmed only by open gas-jets. On a cold day in December at one large dressmaking establishment, at which from 60 to 80 women and girls were employed, the 7 workrooms were found with no other means of warming than these gas-jets, the air being close and oppressive. It is unfortunately the case that the local authority has now no power to enforce the law regarding 'reasonable temperature' of a workroom, this being the duty of the factory inspector, the ventilation merely being under the control of the local authority.

"Infectious Disease."—Notifiable cases of illness occurred at twelve workshops or houses connected therewith; viz.: *Diphtheria*—at a dressmaker's in the South district, and at 3 laundries in the North district; *Scarlet Fever*—at a dressmaker's, 5 laundries, and 2 tailors, all in the North district. In all cases but one, the patient was at once removed to hospital, and, after disinfection of the premises, work proceeded as usual. In the case nursed at home (child of a

dressmaker, in the North district) all work was at once stopped until a certificate of recovery was received from the doctor attending, and disinfection had been carried out.

Excessive Moisture.—Mention was made in the Report for 1900 of the excessive moisture found in some of the laundries recently transferred to the borough, owing to the washhouses being filled with steam to an unnecessary extent. Additional means of ventilation have been provided in some of the worst cases, by the alteration of the windows near the coppers, or by additional openings over the latter. We are pleased to report that, though still not as satisfactory as we could wish, the atmosphere of these washhouses is distinctly improved, and we have received expressions of satisfaction at the result both from employers and employed.

Restaurants and Dining-Rooms.—In conformity with instructions received, we inspected during the year all the restaurants, to the number of 111, giving special attention to lavatory accommodation. It is a noteworthy fact that the kitchens of workmen's dining-rooms and coffee-houses were, as a rule, found to be cleaner and better kept generally, than those of the higher-class restaurants. We are pleased to report that in all cases we were received with courtesy. A detailed report on the results of the inspection was made, from which the subjoined summary has been compiled:—

	NORTH KENSINGTON.		SOUTH KENSINGTON	
Number of restaurants, &c., inspected	...	38	...	73
Premises found to be dirty	...	5	...	8
Sanitary conveniences out of order	...	1	...	6
Dustbins wanting	...	3	...	10
Kitchen situated in the basement	...	5	...	38
Do. insufficiently ventilated	...	1	...	15
Complaints referred to Medical Officer of Health	...	3	...	2
Women only employed in the kitchens (number of places)	...	21	...	38
Men only employed in the kitchens (number of places)	...	6	...	18
Persons of both sexes employed in the kitchens (number of places)	...	11	...	21
Total number of persons employed in the kitchens—				
Men	...	28	...	68
Women	...	58—86	...	92—160

"Lavatory accommodation for customers, where provided, was satisfactory; but at a number of restaurants, chiefly those kept by foreigners, no provision had been made. There would appear to be an obligation* to provide such accommodation, and the matter is one deserving the attention of sanitary authorities. Twenty-eight written intimations of nuisance were served with satisfactory results. Minor defects were corrected upon verbal attention being drawn to them.

Photographers.—The business of a photographer is one of those registered by the Factory Department at the Home Office. Accordingly 20 photographic establishments were visited for enquiry, 7 in the North district and 13 in the South district; women were found to be employed in 14 of them (3 in the North and 11 in the South), the total number of women employed being 40; 7 and 33 in the two districts respectively. Four written intimations were served in respect of dirty premises or defective sanitary conveniences, with satisfactory results.

Complaints.—These are usually received from workers, visitors, or societies, such as the Industrial Law Committee, the Women's Industrial Council, etc. Complaints relating to sanitary matters in connection with workshops, &c., are always attended to as soon as practicable, whether anonymous or otherwise. They generally prove to be well-founded. Complaints regarding long hours of work are referred to the Lady Factory Inspectors' Department at the Home Office. His Majesty's Superintending Inspector of Workshops has forwarded complaints of nuisances observed by the factory inspectors, all of which have been dealt with.

General.—We are pleased to report that our visits, generally, are welcomed by employers, who, as a rule, willingly conform with the provisions of the law, when informed of them. Frequently, on a first visit to a workshop, when we find infraction of the law, e.g., as to overcrowding, the offence appears to have arisen, not so much from intentional disregard of the regulations relating to the matter, as from want of knowledge of the requirements of the law, as set out in the Abstract of the Factory Acts, with which the occupier was not acquainted, apparently, as no copy was affixed as required by the Act. But, in the south district, a few 'fashionable' dressmakers appeared to think that their business should be exempted from regulation and supervision; a contention which could not be entertained. Certain photographers also raised the point that their premises were not 'workshops,' but the recent judicial decision, referred in the footnote at page 74 shows this objection to be invalid. The matter was brought to the attention of the Public Health Committee, and letters were written to the proprietors pointing out the obligation resting on them to carry out the requirements of the Acts, and the duties imposed by the Orders issued by the Secretary of State, since when no further difficulty has occurred."

* See "case," foot-note, page 74, ante.

Appended to the Inspectors' report is the subjoined table, setting out certain particulars of the work of the year, so far as this admits of tabulation—

FACTORY AND WORKSHOP ACTS, 1878-1895.

Summary of the Work of the Lady Inspectors in 1901.

	NORTH KENSINGTON.				SOUTH KENSINGTON.				
	Dress-makers.	Laundries.	Miscellaneous.	Total.	Dress-makers.	Laundries.	Miscellaneous.	Total.	
1. Workshop inspections	251	824	167	1,242	886	76	189	1,211	2,453
2. „ re-inspections	62	402	19	483	329	36	95	460	943
3. Workroom inspections	252	2,727	107	3,086	1,477	176	318	1,971	5,057
4. Workrooms found overcrowded ...	4	2	—	6	51	—	5	56	62
5. „ insufficiently ventilated ...	5	16	—	21	91	—	4	95	116
6. „ in a dirty condition ...	26	214	13	253	78	39	52	169	422
7. Workshops, &c.; workrooms therein measured	27	115	9	151	120	4	22	146	297
8. Workshops, &c., reported to H. M. Inspector, on discovery	19	52	6	77	32	3	8	43	120
9. Workshops, &c., reported by H. M. Inspector	4	2	—	6	20	—	3	23	29
10. Workshops, &c., newly discovered and registered	18	38	7	63	67	7	30	104	167
11. Workshops, &c., removed from register	31	13	8	52	30	5	9	44	96
12. Houses visited where no female hands were employed*	28	21	29	78	119	25	107	251	329
13. Domestic workshops and workplaces inspected	19	30	52	101	90	9	7	106	207
14. Written intimations and statutory notices issued	15	293	15	323	130	27	53	210	533
15. Sanitary defects remedied :—									
(a) Additional means of ventilation provided	—	9	2	11	11	—	—	11	22
(b) Rooms cleansed and whitewashed ...	8	202	5	215	43	28	22	93	308
(c) Yards, floors, roofs, &c., repaired ...	1	135	—	136	17	5	3	25	161
(d) Sanitary conveniences; defects remedied	6	57	1	64	38	1	15	54	118
(e) Dustbins provided or repaired ...	—	27	2	29	8	1	13	22	51
(f) Miscellaneous defects remedied ...	4	84	2	90	14	4	7	25	115
16. Nuisances referred to Medical Officer of Health	8	45	4	57	18	1	14	33	90
17. Cases of overcrowding of workrooms abated	4	2	—	6	51	—	5	56	62
18. Cards distributed showing number of persons who may be employed in each workroom	40	—	11	51	227	2	36	265	316

* Houses where the business plate, or the local directory, or advertisements in newspapers implied, a probability that female workers would be employed, but at which none were found.

WOMEN HEALTH VISITORS.

The following observations, being an excerpt from the fifth monthly report for 1900 (May 24th, page 50), deal with a question that is deserving of the consideration of the Council—

"The practice of employing women in sanitary administration, originated in 1893 by the late Vestry, in respect to inspection of workshops, laundries, &c., where women and children are employed, has undergone interesting development by the appointment by certain provincial sanitary authorities of 'women health visitors.' Manchester led the way, and in 1899 Birmingham adopted the system. The duties of the visitors are sufficiently indicated by the directions given to those (four in number) appointed by the Corporation of Birmingham, as follows:—

'To visit from house-to-house in such localities as the Medical Officer of Health shall direct. To carry with them disinfectant powder, and use it when required. To direct the attention of those they visit to the evils of bad smells, want of fresh air, and dirty conditions of all kinds. To give hints to mothers on the feeding and clothing of their children, and to use their influence in getting children sent regularly to school. In cases of sickness, to assist in promoting the comfort of the invalid by advice and personal help. To urge, on all possible occasions, the importance of cleanliness, thrift, and temperance.

"The visitors are instructed to note:—

'(1) The general sanitary condition of the house:—(a) The number of rooms and of occupants. (b) The existence of bad smells, and whether they arise from deficient ventilation, from bad drainage, or from accumulations of filth. (c) The state of the walls and floors; whether dirty from the tenant's or landlord's neglect, or in need of repair. (2) The general mode of living, particularly with regard to personal and domestic cleanliness. (3) The feeding and clothing of children, especially of those under two years old. Whether the baby is nursed by the mother or fed by hand; if the latter, what it is fed upon. (4) Any cases of illness in the house. (a) Nature of the disease. (b) Whether there is a medical man in attendance. (c) How far the necessary sanitary precautions are being carried out.'

"A hand-bill relating to cleanliness, ventilation, etc., is distributed, containing advice to householders—(a) as to the house, (b) as to the yard, closets, dust-bins, etc., and (c) as to food. Naturally the poorest streets receive the attention of the visitors, who, to the end of 1899, had visited nearly 12,000 houses with excellent effect. The Medical Officer of Health concludes his observations on the subject, in the annual report for 1899, by stating that it is 'the unanimous opinion of all who are brought into contact with the visitors that the work they do is urgently needed and has already proved very beneficial.' He adds that 'the general uplifting of the life of the very poor has been obtained'—and, assuming this to be a correct statement of the result of the movement in the capital of the Midlands, there can be no doubt that the moderate expenditure entailed by the appointment of the visitors has been amply justified. The movement may be expected to extend; and, personally, I should be gratified should the future Kensington Council see fit to appoint women, with the status of sanitary inspectors, to do the work of 'health visitors.' The matter, I may mention, is receiving attention from an organisation recently formed in London, one of whose meetings I was privileged to attend. On that occasion I ventured to express the opinion that it would be well to impress on school boards and the managers of other primary schools, the importance of adding to their subjects of teaching, elementary information on matters relating to health, sanitation, and domestic management, cookery, etc. The best hope of bringing home to the minds of the next generation of men and women the hygienic importance of cleanliness, would be to teach the children of to-day the evils of uncleanness. Needless, perhaps, to add that it would be well to inculcate the happiness which attends good management, in the attainment of a well-ordered and healthy home."

The consideration of the report led to an interesting debate at the meeting of the late Vestry held on the 18th July, 1900, but the proposal to appoint two health visitors was negatived by a small majority. The matter having been brought to the attention of the Council (March, 1901) was referred to the Public Health Committee for consideration, but no action was taken on the reference.

BAKEHOUSES.

The bakehouses in the borough, to the number of 114; viz., 70 in North Kensington and 44 in South Kensington, were periodically inspected during the year, and action taken, where necessary, to ensure compliance with the sanitary provisions of the Factory and Workshop Acts and the Public Health (London) Act, 1891. The new Factory and Workshop Act, which came into force on the first day of the present year, re-enacted the provisions of the repealed Acts (1878-1895) with an important addition contained in Section 101 which may materially affect the future of the underground bakehouses, a subject to which considerable attention had been given in these reports extending over a long series of years. Such being the case, I thought it well, recently, to summarise in a special report the contents of previous reports in order that the Council might be in a position to appreciate the position created by the fresh legislation referred to. The matter is one of pressing importance, and should be dealt with as speedily as practicable, in justice alike to the trade interests of the bakers and the interests of public health. The one imperative condition, if the object of the legislature and the Factory Department; viz., abolition of unsuitable underground bakehouses

is to be attained, is uniform action on the part of the Borough Councils, to which end it seems to me essential that there should be by-laws or regulations framed by the County Council, as Central Authority, in consultation with the Borough Councils—such by-laws, or regulations to be subject to confirmation by the Local Government Board. With this preface, I submit the special report above referred to as follows:—

“The Factory and Workshop Act, 1901: Bakehouses.—Regarded from the public health point of view, probably no part of the new Act is of more immediate or greater interest to the sanitary authority than that relating to bakehouses. As respects London, the defects of the places where bread is made are largely dependent on two factors; (1) that the premises were not constructed for the purpose, and (2) that they are underground. Ere long the Borough Councils will have to face the question whether these underground premises are sanitarily ‘suitable.’ When the Factory and Workshop Act, 1895, became law, it was hoped that (by sub-section (3) of section 27) a step towards the abolition of underground bakehouses had been achieved; but this hope was not realised; and although the defect in the sub-section had been demonstrated, under circumstances to be related later on, the Act of 1901 did nothing to immediately secure the desired object. But there is hope in the future, and I wish to draw the attention of the Council to the matter while yet there is time to avoid, in respect of bakehouses, the fatal mistake resulting from the inaction of the sanitary authorities, between 1856-1873, in regard to private slaughter-houses. The Metropolis Buildings Act, 1844, section 55, made provision for the discontinuance in London of certain offensive businesses, including that of a slaughterer of cattle, at the end of thirty years; but public *abattoirs* not having been established, the private slaughter-houses obtained a new lease*—under conditions, it must in fairness be admitted, which mitigated the danger to public health from their existence, often in crowded and insanitary localities. But to return. It would appear that by section 101 of the new Act, the legislature intended to confer power on ‘District Councils’ throughout England and Wales, enabling them to close, in January, 1904, insanitary underground bakehouses, which are in large measure (I think) peculiar to London. But if this is to be done, steps to that end should be inaugurated forthwith—in justice to the trade, and in the interests of public health—for the underground bakehouses (and the majority of bakehouses in London are underground) will surely not be closed, however unsuitable they may be, if steps be not taken, soon, to provide substitute establishments above ground.

“Before proceeding further it may be well to explain the course of legislation in regard to this matter. By *The Bakehouse Regulation Act, 1863*, bakehouses were first brought under a measure of control by the sanitary authorities; and if no material structural improvement resulted from such powers of supervision as were then conferred, at least some effort was made, by periodical inspection, to ensure cleanliness of the premises. In 1879, by the *Factory and Workshop Act, 1878* (the ‘Principal Act’), control of the bakehouses was taken from the sanitary authorities, and handed over to the factory inspector—apparently with a view to the protection of ‘young persons’ employed thereat.† The result was disastrous. The factory inspectors, two or three in number, at the most, in London, were unable to discharge the duties which had been carried out, more or less satisfactorily, by numerous sanitary officers, and the bakehouses fell into a deplorable condition, some account of which was given in my annual report for 1881 (page 109) in the form of extracts from a report by an assistant factory inspector. In Kensington the sanitary inspectors continued their supervision of bakehouses, in 1879 and subsequently, with manifest advantage; but to a large extent in London generally, such supervision practically ceased to be exercised. The evils resulting from change of authority, at last became so patent that reversion to the original system was inevitable. In 1881, the (then) Chief Factory Inspector recommended that the duty of enforcing the provisions of law should be transferred, in London, from the factory inspectors, who could not do the work, to the Metropolitan Board of Works, a body which had neither medical officer nor sanitary inspectors; thus ignoring the sanitary authorities who, in all other parts of the kingdom, were recognised, by him, to be the proper bodies for the purpose. In 1881 I reported‡ on the subject to the late Vestry, as follows:—

‘The manufacture of bread, as carried on ordinarily, by semi-nude men, is open to objection, and this should be put an end to by a law requiring the substitution of machinery for manual labour. By-laws should be framed; to regulate the construction of bakehouses and flour stores; to provide for cleanliness, by cemented and painted walls, and by impermeable floors furnishing no holes for insects, and to secure light, ventilation, &c. There should be no drain inlet within the bakehouse, and no other possible source of nuisance within reach of it. . . . To sum up, what is required is a *Bakehouse Regulation Act*, providing for the licensing of bakehouses, and conferring on sanitary authorities the power . . . of regulating the trade by by-laws, uniform for the Metropolis, dealing with—

- ‘(1) The position and construction, including lighting and ventilation of bakehouses;
- ‘(2) The periodical cleansing of the premises; and
- ‘(3) The materials and utensils employed in the manufacture of bread.’

* By the passing of the Slaughter Houses (Metropolis) Act, 1874.

† See Annual Report for 1879, page 79.

‡ Annual Report for 1881, page 112.

"In 1882 the Vestry took the matter up, recognising that in the movement to secure reform of bakehouses the primary step must necessarily be transference to the sanitary authority of the duty of inspecting the premises and regulating the business. The support of the sanitary authorities was invoked, and support was given to the movement by the Society of Medical Officers of Health, who addressed to the Home Secretary a memorial* on the subject, which I had drafted, and requested an interview, which was not granted. At about the same time, the Operative Bakers and Confectioners' Union, who had taken up the matter in the interests of the personal health and welfare of the employes, were more favoured, having obtained audience not only of the Home Secretary, but also of the President of the Local Government Board, with whom the State Secretary had informed the medical officers that he was in communication on the subject. The deputation was introduced by Mr. Broadhurst, M.P., who quoted a paragraph from the operatives' memorial setting out their grievances, and alleging that 'almost any kitchen or cellar was turned into a bakehouse, often in close proximity to drains, many being even undrained, and totally unfit places for the manufacture of food.' The deputation laid emphasis on the fact that 'the unsatisfactory condition of bakehouses seriously affected the wholesome character of bread.' The Secretary of State in his reply said, that the Government proposed, by legislation, to prevent the construction of underground bakehouses in the future—a pledge which has some prospect of being fulfilled two years hence.

"The Chief Factory Inspector returned to the subject in his annual report for 1882, emphasising the necessity of conferring power on the authority who should have control over the construction of bakehouses, to make by-laws for regulating the conduct of the business. This 'authority' in London, had his views prevailed, would have been the Metropolitan Board of Works. With reference to this point, in the annual report for 1882 (page 146), I observed that—

'Having regard to the desirability of uniformity in by-laws . . . the power of framing such as are necessary for regulating the construction and sanitary supervision of bakehouses should be vested (in the Board), provided that the by-laws so framed are submitted to the Local Government Board for confirmation . . . but the duty of inspection, and generally of carrying out the by-laws, should be entrusted to the sanitary authorities.'

Twenty years afterwards we are still without by-laws!

"In 1883, the Government brought in another Factory and Workshop Bill—it became law in the last hours of the session—which restored to the Vestries their former position of 'local authority,' so far as related to cleanliness, ventilation, overcrowding, and other matters affecting the sanitary condition of bakehouses; viz., by enabling them to enforce sections 3, 33, 34 and 35 of the Factory and Workshop Act, 1878.† The measure was imperfect, falling far short of the recommendations of the Vestry, but it was a step gained; and the Society of Medical Officers of Health, desiring to make the most of it, embodied the provisions of law in a code of 'SUGGESTIONS FOR REGULATIONS WITH RESPECT TO BAKEHOUSES,' which the Vestry had printed in large type and mounted on cardboard, a copy being supplied for suspension in each of the bakehouses.‡

* See Memorial in my Annual Report for 1882, page 141.

† On the passing of the Act, I prepared an abstract of the provisions relating to bakehouses, with all necessary information for the guidance of master and journeymen bakers, a copy of which was furnished to the several occupiers of bakehouses in the parish.

‡ The Regulations were as follows:—

- "1. Every bakehouse shall be kept in a cleanly state, and free from effluvia arising from any drain, privy, water closet, or other nuisance. The floors shall be carefully swept at least once every twenty-four hours, and the sweepings shall be immediately placed in an impermeable covered receptacle, and removed from the bakehouse at not longer intervals than every seven days.
- "2. All the inside walls of the rooms of the bakehouse, and all the ceilings or tops of such rooms, and all the passages and staircases of the bakehouse, shall either be painted with oil, or varnished, or limewashed. Where painted with oil or varnished, there shall be three coats of paint or varnish, and the paint or varnish shall be renewed once at least in every seven years, and shall be washed with hot water and soap once at least in every six months. Where limewashed the limewashing shall be renewed once at least in every six months. The cleansing should be done in the months of April and October.
- "3. The troughs and all the utensils used in the making of bread and pastry shall be kept scrupulously clean.
- "4. A place on the same level with the bakehouse, and forming part of the same building, shall not be used as a sleeping place—
 - (a) Unless it is effectually separated from the bakehouse by a partition extending from the floor to the ceiling.
 - (b) Unless there be an external glazed window of at least 9 superficial feet of area, of which at least 4½ superficial feet are made to open for ventilation.
- "5. No water closet, earth closet, privy, or ash-pit shall be within, or communicate directly with, the bakehouse.
- "6. Any cistern for supplying water to the bakehouse shall be separate and distinct from any cistern for supplying water to a water closet.
- "7. No drain or pipe for carrying off fecal or sewage matter shall have an opening within the

"When in 1891 a fresh Bill was brought in to 'amend the law relating to factories and workshops,' the Vestry, on my advice, made a further effort in the direction of bakehouse reform. A Public Health (London) Bill having also been brought in, the Vestry's appeals were directed both to the Secretary of State and the President of the Local Government Board, who had charge of the two measures respectively. In the third monthly report for that year, specific recommendations were made to secure power of entry to bakehouses by sanitary inspectors, and power to sanitary authorities to make by-laws for regulating the structure of the premises and the conduct of the business. The Factory Act gave the desired power of entry, and, with the Public Health (London) Act, of the same year, increased the powers of the sanitary authority to enforce measures for securing such improved sanitary conditions in bakehouses as were practicable in underground premises. At this time the Public Health Committee of the County Council issued a report covering a good deal of the subject matter of reform in bakehouses as dealt with in my report for 1881. The co-operation of the Committee was welcomed, and there was no hesitation in agreeing to their suggestion that the Council 'should be empowered to make regulations;' but the Committee went too far in proposing that 'the Council, as Central Metropolitan Authority, rather than the local sanitary authority, should have charge of the bakehouses of London.' 'The precedent of the Public Health (London) Act, 1891 (I said) was in point: the Council should be empowered to make by-laws, but the duty of enforcing the by-laws should rest with the sanitary authorities.'

"In 1895 another Factory and Workshop Act was passed, section 27 (3) enacting that—

'A place underground shall not be used as a bakehouse unless it is so used at the commencement of this Act'—i.e., January 1st, 1896.

"It was hoped, as already stated, that this sub-section would enable the sanitary authorities, from time to time, to close insanitary underground bakehouses on vacation of premises—a hope that was disappointed by magisterial decisions. The point, moreover, came before the High Court in *Schwerzerhof v. Wilkins*,* on an appeal from a conviction by a Metropolitan Magistrate under the Summary Jurisdiction Acts. In the statement of the case, it appeared that the premises in question had been fitted up with an underground bakehouse in 1879, and had been occupied and used as a baker's premises down to October, 1895, when the tenant left. The owner then put the premises into repair, and the work was completed at about Christmas, 1895. The appellant became tenant of the premises in February, 1896, and at once commenced to use the underground bakehouse for the purposes of his business, and had continued to do so down to October 15th, 1897. It was contended for the appellant that the premises were 'used as a bakehouse' within the meaning of the Act, at the time when the Act came into operation. The magistrate, however, held that the place was not 'used as a bakehouse' on January 1st, 1896, and convicted the appellant, but stated a case for the opinion of the Court. It was held by the Court (Wright and Darling, J.J.) that the premises were 'used as a bakehouse' at the commencement of the Act—but Mr. Justice Wright was 'far from saying that there might not be cases in which the Court would take a different view.' The conviction was quashed.

* Law Reports, 1898, 1 Q.B., p. 640.

bakehouse, and every sink-waste, or other pipe used for carrying off surface water within the bakehouse, shall be efficiently trapped and disconnected from any drain.

"8. Every bakehouse shall be efficiently lighted, shall be ventilated so as to render harmless all gases and dust, and shall not be overcrowded while work is carried on therein.

"9. Every bakehouse shall be used for the purposes of the trade only.

"10. No animal shall be kept in the bakehouse on any pretence whatever.

"11. No person suffering, or who has recently suffered, from any infectious disease shall be permitted to enter the bakehouse, or take part in the manufacture or sale on the premises, of bread, biscuits or confectionery.

"12. The owner or occupier of a bakehouse shall give immediate notice to the Medical Officer of Health of any case of infectious disease occurring on the same premises as the bakehouse.

"Penalties.—Every bakehouse in which there is a contravention of sections 3, 33, or 34 of the Factory and Workshop Act, 1878, which provide for the sanitary condition and cleansing of the bakehouse, shall be deemed to be not kept in conformity with the Act, and the occupier thereof is liable for default to a fine not exceeding *Ten Pounds*.

"The use of a bakehouse for sleeping purposes, or of a room on the same level as the bakehouse, insufficiently separated from it and insufficiently ventilated and lighted, is punishable under the 35th section of the same Act by a fine not exceeding *Twenty Shillings* for the first offence, and of a sum not exceeding *Five Pounds* for every subsequent offence.

"An infringement of the 15th section of the Factory and Workshop Act, 1883, which prohibits—

"A direct communication between a water closet, earth closet, privy, or ash-pit, with the bakehouse;

"The supply of water to a bakehouse from a cistern also supplying a water closet;

"The opening into a bakehouse of a drain carrying off faecal or sewage matter—is punishable by a fine not exceeding *Forty Shillings*, and a further fine not exceeding *Five Shillings* for every day during which the infringement is continued after a conviction."

"In the Factory and Workshop Act, 1901, sub-section (1) of section 101, re-enacting in almost identical words sub-section (3) of section 27 of the Act of 1895, reads as follows:—

'An underground bakehouse shall not be used as a bakehouse unless it was so used at the passing of this Act'—i.e., August 17th, 1901.

Under this sub-section proceedings were recently instituted by direction of the Council's Public Health Committee in a case, the undisputed facts of which are as follows:—An underground bakehouse at North Kensington ceased to be used on August 4th, 1901, the occupying tenant having been ejected by his landlord, who, late in September (as I was informed), began to repair the house (which had gone out of rating though still occupied in tenements), and white-washed the bakehouse, with a view to its future use as a bakehouse. Hearing, in October, 1901, that the premises were advertised to be let as a bakehouse, I called the agent's attention to the provisions of the sub-section, and subsequently saw the owner, who admitted that the bakehouse was not 'used' on August 17th, 1901. The bakehouse remained out of use until December 31st. On that day (it was stated) the owner, who carries on a baker's business at Islington, began to bake bread on the premises, and continued to carry on the business, by a resident *employé*, thereafter. The Council took proceedings against the owner (under sub-section (6) of section 101), for using the bakehouse in contravention of the Act. The case was heard before the magistrates of the Kensington Division on March 11th, 1902. The solicitor for the defendant relied on the decision of the High Court in the case above cited (*Schwerzerhof v. Wilkins*), which he held to be on 'all-fours' with the case under consideration; and with this view the magistrates concurred, dismissing the summons, without costs, at the same time offering to state a case. The matter in due course came before the Law Committee, who decided not to proceed to appeal, so that no opportunity was afforded for ascertaining whether this was a case, in which, as Mr. Justice Wright had suggested, 'the Court might take a different view' to that taken in the case cited.

"So far, then, the attempt to close unsuitable underground bakehouses—if that was the object aimed at by the legislature in the Acts of 1895 and 1901—has failed in regard to individual cases. But the Act of 1901 goes much further than the Act of 1895, as it provides (section 101 (2) that, subject to the provisions of sub-section (1)—

'After the first day of January, 1904, an underground bakehouse shall not be used unless certified by the District Council to be suitable for that purpose.'

The following sub-section (3) defines an underground bakehouse to mean—

'A bakehouse, any baking room of which is so situate that the surface of the floor is more than three feet below the surface of the footway of the adjoining street, or of the ground adjoining or nearest to the room. The expression 'baking room' means any room used for baking or for any process incidental thereto.'

And then follows the crucial sub-section (4), which enacts that—

'An underground bakehouse shall not be certified as suitable, unless the District Council is satisfied that it is suitable as regards construction, light, ventilation, and in all other respects.'

With few exceptions the bakehouses in the borough are underground bakehouses, being generally the two basement rooms—kitchen and scullery—of an ordinary dwelling house, adapted by the construction of one or more ovens under the footway of the adjoining street; imperfectly lighted by a hinged sash in the stall-board of the shop; this, moreover, being the principal if not the only means of ventilation. In practice, however, the window is seldom opened—for operative bakers who work in great heat are very susceptible to the ill effects of draughts—and when opened it admits dust and other street filth blown in from the carriageway. It would seem impossible to a sanitary authority to 'certify' a bakehouse so situated, so constructed, so ill-lighted, and practically unventilated, to be 'suitable' for the purposes of a business demanding the utmost cleanliness.

"But we have not yet done with the new provisions of law, for it is further enacted, in sub-section (7), that—

'In the event of the refusal of a certificate by the District Council, the occupier of the bakehouse may within twenty-one days from the refusal, by complaint apply to a court of summary jurisdiction, and if it appears to the satisfaction of the court that the bakehouse is suitable for use as regards construction, light, ventilation, and in all other respects, the court shall thereupon grant a certificate of suitability of the bakehouse which shall have effect as if granted by the District Council.'

"In a word, a single magistrate, who may be without practical knowledge or experience in regard to the matter, may override the decision of the District Council—a sanitary authority acting upon the advice of their expert officers.

"It is, of course, to be hoped that no such conflict will arise in the execution of the law, but that the trade will themselves take steps to bring matters to a satisfactory settlement in

conformity with the requirements of the Act and the necessities of the case. It should not be difficult to establish co-operative bakeries, if it were found impracticable for each baker to provide himself with a 'suitable' bakehouse above or under ground. Probably a solution may be found in a new system, under which bakers' shops should become, in the main, distributing agencies, or places for the sale of bread made in large wholesale bakeries, where this staple article of human food shall have been prepared by machinery. Nothing better could be desired—looking at the matter from the point of view proper to the sanitary authority. In any case, the matter should not be allowed to drift, for if the bakers do nothing, and if the sanitary authorities fail to make their views known, it may be alleged, and not unreasonably, on the expiration of the period of grace, that the people cannot be supplied with the 'staff of life' should 'unsuitable' underground bakehouses be closed, in conformity with the express provisions of the new Act."

The above report was referred to the Public Health Committee with a view to an expression of their opinion as to the desirability of consulting the sanitary authorities generally, as to their views on the subject; and as to the desirability of joint action by those bodies, through the agency of a conference or otherwise.

PUBLIC HEALTH (LONDON) ACT, 1891.

The need of amendments to this Act is recognised, and it was expected that the County Council would have introduced a Bill during the session of 1900. In February, 1899, a letter had been received by the late Vestry, from the Public Health Committee of the Council, desiring information as to amendments which, in their opinion, should be made. The communication was referred to a sub-committee of the sanitary committee, together with reports by the vestry clerk, the surveyor, and the medical officer of health; and also a communication from the Society of Medical Officers of Health, embodying suggestions for amendments and additions to the Act. The sub-committee made recommendations for amendment of section 2, especially for the definition of "overcrowding," corresponding to the provisions of the Council's second by-law for registered houses. They also proposed that section 5 should be amended, so as to enable the sanitary authority, upon obtaining a closing order, to evict the tenants. Other proposed amendments dealt with offensive trades, slaughter-houses, cow-houses and dairies; with the disposal of refuse; regulations as to water-closets, unsound food, notification of infectious disease, cleansing and disinfection of premises after infectious disease; isolation in hospital; exposure of infected persons, etc. A number of additions to the Act were suggested, especially with regard to the control of infectious disease. The report, subject to a slight variation in regard to proposed amendments to section 55 (notification of infectious disease) was approved by the committee, and submitted to the Vestry. Some of the amendments were adopted; others, and all but two of the proposed additions, were rejected. The somewhat barren result of the enquiry was communicated to the County Council, but no further action has since been taken by that body.

THE WORK OF THE SANITARY INSPECTORS.

In no respect, perhaps, has the municipalisation of London produced greater effect than in the stimulus it has given to the appointment of additional sanitary inspectors by the Borough Councils. In reports to the late Vestry I summarised returns prepared by the Medical Officer of Health for the County of London, showing the number of inspectors employed by the several Vestries and District Boards of Works. In June last a revised return was issued, containing the subjoined summary (p. 84).

The borough staff, which was enlarged during the year by the appointment of four additional male inspectors and one lady inspector, now comprises a chief inspector, ten male inspectors and two lady inspectors of workshops, workplaces and laundries where women are employed. The Council not only increased the number of inspectors but also made a liberal addition to the salary of those officers—an act of consideration highly appreciated, and which will assuredly have an excellent effect as regards the *morale* of the staff.

The services of the two street inspectors were dispensed with, and the duties formerly performed by them, in connection with the Food and Drugs Adulteration Acts, inspection of mews, etc., are now executed by the male inspectors.

The table at page 85 contains a summary of the work of the male inspectors (so far as it admits of tabulation) in districts since June 15th when the borough, previously divided into six inspecting districts, was re-arranged to constitute ten districts, of which six are in North Kensington; *i.e.*, north of High-street, Notting-hill and Holland-park-avenue; and four in South Kensington, three of them to the south of Kensington High-street and Kensington-road; the remaining district lying between the principal thoroughfares named. The work of the inspectors is carried out under the supervision of the Public Health Committee, the Council having conferred on that body authority to enforce the provisions of the Public Health (London) Act, 1891, the Housing of the Working Classes Acts, 1890-1900 and the Factory and Workshops Act, 1901.

METROPOLITAN SANITARY INSPECTORS, 1898 AND 1901. (See page 83.)

Metropolitan Boroughs.	Enumerated population 1901 (preliminary census.)	Number of sanitary inspectors.*		Increase (+) or Decrease (—) in 1901 compared with 1898.	Population to each sanitary inspector.	
		1898.	1901.		1898.	1901.
Paddington	143,954	†6	†6	...	20,751	23,992
Kensington	176,623	7	13	+ 6	24,352	13,586
Hammersmith	112,245	7	8	+ 1	14,886	14,031
Fulham	137,289	5	6	+ 1	22,756	22,881
Chelsea	73,856	3	4	+ 1	32,215	18,464
Westminster	182,977	†15	11	— 4	12,874	16,634
St. Marylebone	133,329	6	7	+ 1	23,531	19,047
Hampstead	81,942	5	5	...	15,090	16,388
St. Pancras	235,284	10	14	+ 4	24,076	16,806
Islington	334,928	18	†20	+ 2	18,709	16,746
Stoke Newington	51,247	†2	2	...	16,742	25,623
Hackney	219,288	14	†15	+ 1	15,217	14,619
City of London	26,897	††14	†14	...	2,212	1,921
Shoreditch	118,705	6	6	...	20,391	19,784
Bethnal Green	129,681	7	§11	+ 4	18,452	11,789
Stepney	298,548	15	17	+ 2	19,639	17,562
Poplar	168,833	7	8	+ 1	24,181	21,105
Southwark	206,128	13	†18	+ 5	15,891	11,452
Bermondsey	130,486	7	†7	...	19,655	18,641
Lambeth	301,873	13	13	...	22,695	23,221
Battersea	168,896	10	9	— 1	16,511	18,766
Wandsworth	232,030	13	13	...	14,405	17,848
Camberwell	259,258	12	12	...	21,090	21,605

* Excluding inspectors employed in districts mentioned in Schedule C of the Metropolis Local Management Act.

† Including one temporary inspector (but since the publication of the return the Paddington staff has been increased by five male and two female inspectors).

†† Including one vacancy.

§ Including three vacancies.

|| Including seven inspectors, who are concerned only with meat inspection; if these be omitted, the population per sanitary inspector is, in 1898, 4,424; and in 1901, 3,812.

WRITTEN INTIMATIONS of nuisance were served by the inspectors to the number of 2,688. As a result of these intimations, many works of sanitary amendment were carried out forthwith, thus realising the object of the legislature, and obviating the necessity for service of statutory notices. In the intimation form a red ink note authorises the person liable to abate a nuisance to make what, for convenience, may be called an "appeal" to the Committee, against the requirements of the sanitary inspector. Appeal, which is of rare occurrence, usually takes the form of an application for extension of time for carrying out works.

STATUTORY NOTICES for the abatement of nuisances to the number of 779 were issued during the year, by direction of the Committee; and 1,288 notices were served under the by-laws for houses let in lodgings.

SUPERVISION of underground sanitary work generally, including the reconstruction and trapping of drains, is exercised by the Borough Engineer, and information on the subject must be sought in that officer's report. A considerable number of drains were reconstructed by the owners or occupiers of houses, without the issue of sanitary notices, on the deposit of plans for the approval of the Public Health Committee. Particulars on this head also will be found in the Borough Engineer's report.

DRAINAGE, ETC.—In connection with this subject it may be mentioned that the Royal Institute of British Architects addressed a communication to the several Borough Councils asking that the detection only of nuisances arising from sanitary apparatus or drains should remain in the department of the Medical Officer of Health; matters relating to the construction, reconstruction, amendment, and repair of drains and sanitary appliances, and the structural removal of nuisances in connection therewith, being placed in the department of the Borough Engineer. The Institute was informed that substantially the course they recommended was carried out in the borough. In nearly every other borough in the Metropolis this work is entrusted to the Public Health department, save as to the construction of new drains. The practical universality of the rule cannot be the result of accident: Kensington is almost the only borough in which the sanitary inspectors are relieved from this duty. Here, work in connection with underground drainage, etc., is carried out by a staff—chief and second officer and two assistants—in the Borough Engineer's department. Were this staff transferred to the Public Health department, and the several officers qualified as sanitary inspectors, a considerable economy would be effected, as half the salaries would be repayable to the Council out of monies voted by Parliament.

SUMMARY OF THE WORK OF THE SANITARY INSPECTORS DURING THE YEAR 1901. (See page 83.)

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 Nuisance served.*	Notices served by order of the Sanitary Committee.	Notices served under the Lodging-House By-laws.	Final Notices (signed by Medical Officer) served.	Houses, Premises, &c., Cleansed, Repaired, Whitewashed, &c.	Houses disinfected after illness: Infectious disease.†	Repaired, Cleansed, &c.	Ventilated, Trapped, &c.	Repairs, &c.	Supplied with Separate Water Service.	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.	Regularly Inspected.			Legal proceedings, i.e., Summonses.		
																							Bakehouses.	Licensed Cow-houses.	Licensed Slaughter-houses.			
All Districts to June 15 ...	364	3,028	5,303	995	373	592	127	577	270	297	151	501	119	97	86	98	14	157	1	29	323	6	114	2	14	8		
No. I. District since June 15	23	358	1,303	186	64	39	22	68	37	43	30	123	3	20	48	26	1	60	—	59	61	2	2	—	—	—		
No. II. " " " "	49	493	1,395	259	89	76	23	107	100	76	62	158	—	24	28	16	4	55	—	141	68	4	14	—	2	—		
No. III. " " " "	34	522	941	161	27	225	54	189	36	28	5	141	3	4	16	18	—	19	—	35	1	9	1	2	1			
No. IV. " " " "	49	491	1,268	237	62	54	16	71	34	13	4	49	3	2	6	12	—	12	—	65	—	—	17	—	1	—		
No. V. " " " "	53	514	1,051	247	15	18	5	85	71	20	22	72	4	16	8	2	2	10	2	82	10	1	14	—	—	—		
No. VI. " " " "	39	418	819	142	50	25	17	90	36	41	8	47	2	4	19	6	3	19	—	1	24	3	14	1	2	—		
No. VII. " " " "	57	590	693	131	25	101	24	84	96	29	23	30	16	5	4	6	—	13	—	—	36	—	9	—	5	2		
No. VIII. " " " "	43	547	671	84	12	56	24	44	33	13	8	13	1	—	9	5	1	7	—	—	10	1	9	—	1	—		
No. IX. " " " "	59	547	749	158	26	81	25	61	63	21	3	42	30	18	23	17	12	12	—	—	55	—	16	—	—	2		
No. X. " " " "	43	488	844	88	36	21	19	65	29	19	14	63	11	8	21	7	—	11	2	—	28	—	10	—	1	—		
	813	7,996	16,036	2,688	779	1,288	356	1,441	805	620	320	1,239	192	198	268	213	37	375	5	377	650	12	114	2	14	13		

* Under the provisions of sec. 3 Public Health (London) Act, 1891.

† Done under the supervision of a Special Officer.

‡ The total number of houses on the Register in December, 1901, in round figures, was 2,080. (Vide page 64.)

LEGAL PROCEEDINGS.—In 13 cases proceedings were instituted: in one instance for an offence under the by-laws for registered houses. The other cases were as follows:—For failure to periodically remove manure, in two cases, the fines amounting to £4; in one case for failure to comply with the magistrates' orders, a fine of £3 being inflicted; in seven cases for non-compliance with the Council's notices, a fine of £5 being inflicted in one case; one for black smoke, a fine of £10 being inflicted; and in one case for removing offensive matter during prohibited hours, a fine of £2 being inflicted. The fines in all amounted to £24.

Neglect to carry out the requirements of notices issued by order of the Public Health Committee within the specified time is still somewhat common, the result being waste of the time of the inspectors in fruitless visits to premises. In every such case—or at least in every case when the work has not been put in hand at a date when it should have been completed—application for the fine “not exceeding ten pounds” prescribed by section 4 (4) of the Public Health Act, should be made. Failure to comply with the requirements of notices, besides leading to waste of the officers' time, is also disrespectful to the sanitary authority, and merits punishment.

SMOKE NUISANCES.—Complaints have been received, from time to time, of nuisance from smoke at the generating station, at Shepherd's Bush, of the Central London Electric Railway, and the Council have been urged to take proceedings against the Company. Some time since I put myself in communication with the Medical Officer of Health of the Borough of Hammersmith, offering the co-operation of the Council's officers if desired. The Borough Council of Hammersmith, however, had already instituted proceedings, and after considerable, but unavoidable, delay, the matter came on for final hearing at the West London Police Court. Twelve summonses had been issued, and the Company were fined £5 in respect of each offence, or £60 in all, with costs. Later, proceedings were again taken, on more than one occasion, the aggregate amount of the fines imposed being considerable. A number of cautionary notices were issued with respect to offences in the borough, and further proceedings taken in one case, a fine of £10 being inflicted on the offenders.

OFFENSIVE BUSINESSES.

The County Council forwarded to the Council last year lists of slaughter-houses, and premises where offensive trades are carried on in the borough; lists of dairies, milkshops, cow-houses, etc., and also copies of the by-laws and regulations in force with respect to these establishments, which, under the Local Government Act, 1899, it is the duty of the Council to enforce. The said by-laws, etc., were referred to me, with instructions to see that the several requirements were duly complied with, and to report any infringement thereof.

The only business coming under the statutory description “offensive,” other than that of a slaughterer of cattle, carried on in the borough, is that of a **FAT EXTRACTOR**, at Tobin-street, in the Potteries, Notting-dale. The conduct of this business still gives rise to more or less effluvia nuisance, at times, despite improved arrangements, care on the part of the proprietor, and supervision by the Council's inspector, as well as by the inspector of the County Council. The improvements carried out consequent on proceedings instituted by the County Council in 1899, included the provision of a scour, or condensing apparatus, and elevation of the chimney shaft. Complaints have been less frequent since these works were completed.

LICENSED SLAUGHTER-HOUSES.

Fourteen slaughter-houses were licensed by the County Council in October—seven in North Kensington and seven in South Kensington. The several premises were regularly visited by the sanitary inspectors, and were inspected, in September, by the Public Health Committee. The business of a slaughterer of cattle has not been established anew in the borough since the passing of the Slaughter-houses (Metropolis) Act, 1874, in which year there were 56 licensed premises. The number of slaughter-houses in the metropolis, as a whole, has undergone a considerable diminution; viz., from 1,500 in 1874, to 381 in 1901. In the annual report for 1898 (pp. 98-102) I dealt with the subject of “*Abattoirs versus Private Slaughter-houses*,” in connection with an abortive attempt by the Public Health Committee of the County Council to substitute public for private slaughter-houses. The report of the committee (dated 21st July, 1898), containing the recommendation, was shelved by the Council on a motion to proceed to the next business—much to my regret, as an advocate, for 30 years, of public abattoirs. No further action in the matter has since been taken.

The names of the licensees and the localities of the Kensington slaughter-houses are as follow:—

NORTH KENSINGTON.			SOUTH KENSINGTON.		
Lonsdale Mews ...	...	Mr. Grove.	60, Kensington High Street ...	...	Mr. Evans.
13, Archer Mews ...	...	„ Bawcombe.	35, Earl's Court Road ...	...	Mrs. Matson.
10, Edenham Mews ...	...	„ Goddard.	21, Peel Place, Silver Street ...	...	Mr. Osborne.
195, Clarendon Road ...	...	„ Simmons.	25, Silver Street ...	...	„ Wright.
235, Walmer Road ...	...	Mrs. Van.	133, High Street, Notting Hill	...	„ Candy.
4, Royal Crescent Mews ...	...	Mr. Brooker.	113, Holland Park Avenue ...	...	„ Holloway.
273, Kensal Road ...	...	„ Miles.	128, Marlborough Road ...	...	„ Bolton.

The premises in Kensal-road and Marlborough-road were transferred from Chelsea to Kensington in November, 1900. At the same time, a Kensington slaughter-house at Silchester-road passed to the control of the Borough Council at Hammersmith.

LICENSED COW-HOUSES.

Two cow-houses, in North Kensington, were licensed by the County Council in October. The premises were regularly visited by the sanitary inspectors, and were inspected, in September, by the Public Health Committee. There were only five cows in the houses; not many years ago there were 28 houses, containing about 500 cows. There has been a considerable reduction in the number of cow-houses in the Metropolis, as a whole; viz., from 1,044 in 1880, to 298 in 1901. The County Council have intimated to cowkeepers that their Public Health Committee are of opinion that in the case of premises newly licensed, the recommendation of the Royal Commission on tuberculosis, that no cow-house should be erected within 100 feet of a dwelling-house should be observed. The Council can, of course, enforce this condition if they think fit.

The names of the licensees and the localities of the Kensington cow-houses are as follow:—

187, Walmer Road	Mr. Arnsby.		5, Ledbury Mews	Mr. Liddiard.
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Dairies Order.—The Council, as Local Authority for the registration of milkshops, etc., received last year numerous applications for registration, a subject with which I dealt in a report to the Public Health Committee (24th September) in relation to applications where the premises could not be deemed suitable for the storage of milk. At many small general provision shops milk is sold in insignificant quantity—not more than can be contained in a small vessel standing on the counter. It is kept on sale mainly for the convenience of customers, but also in self-defence, lest customers should be induced to transfer their dealings to shops where this necessary article of diet is to be obtained. The local authority appear to have no power to refuse compliance with applications for registration, but power only to enforce the regulations made under the provisions of the Order. The medical officer of health of the County Council informed me that the Council, when local authority, had always acted on the principle that all applicants for registration must be registered; but that a letter was usually sent to persons whose premises were regarded as unfit. The vendor in such a case was told that “the premises are quite unsuitable for carrying on the sale of milk,” and was requested without delay, to “provide a suitable place for storing milk, and for washing and storing the utensils, or at once cease the sale of milk.” The regulations dealing with the subject are to the following effect:—

- “3. Every purveyor of milk, or person selling milk by retail, shall not keep milk for sale in any place where it would be liable to become infected or contaminated by gases or effluvia arising from any sewers, drains, gullies, cesspools, or closets, or by any offensive effluvia from putrid or offensive substances, or by impure air, or by any offensive or deleterious gases or substances.
- “4. Every purveyor of milk, or person selling milk by retail, shall only keep milk for sale in clean receptacles; and all utensils used in connection with the keeping or sale of such milk shall be at all times kept clean.
- “5. Every purveyor of milk, or person selling milk by retail, shall at all times employ such means, and adopt such precautions as may be necessary for preserving the purity of milk, and for protecting it against infection or contamination.”

The containing vessels at the little shops referred to are kept clean; but the air of the premises cannot be described as “pure”; the commonly prevailing odour being that of mineral oil, or that of some one or other of the miscellaneous articles of food, cooked and uncooked, vended thereat. I should be glad to see a better state of affairs, but do not know how the poor people in the localities referred to would be able to obtain the modicum of milk they want were the regulations strictly enforced.

At the close of the year 274 premises were on the register.

FRIED-FISH SHOP BUSINESS.—In connection with proposed amendments to the Public Health (London) Act, 1891, elsewhere mentioned (page 83), the Sanitary Committee of the late Vestry, in a special report, expressed the opinion that the business of a fried-fish seller should be added to the list of the businesses specified in section 19, in order to the regulation of the conduct of the business, so as to prevent it from being an annoyance to adjoining occupiers. The business gives rise to nuisance when negligently carried on, and without necessary precautions to prevent the escape of effluvia, and it is a not infrequent subject of complaint: decided cases, moreover, class it as an "offensive business." One of the latest of such cases, *Duke of Devonshire v. Brookshaw*, was tried, in 1899, in the Chancery Division, by Mr. Justice Kekewich; the plaintiff claiming an injunction to restrain the defendant from carrying on, at Eastbourne, the business of a fried-fish seller, or using the house for the business of a fried-fish seller, in breach of a covenant not to carry on any offensive trade or business on the premises. The business, it appeared, had been carried on since 1887, and in 1892 the Corporation took proceedings, but discontinued them on certain alterations to the premises being made. The defendant relied on laches and acquiescence on behalf of the plaintiff; but the judge decided that there had been a breach of the covenant, in the original conveyance, not to carry on an offensive trade or business, and granted an injunction.

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 to offensive smells, and it has been held by the Appeal Court to be *ejusdem generis* with the businesses scheduled, originally, in the (now repealed) Slaughter-houses (Metropolis) Act, 1874. Acting upon my advice, the late Vestry made application to the late Metropolitan Board of Works, in 1883 and subsequently, to schedule the business under that Act, but without success. And in 1896, upon receipt of complaints of nuisance arising in the conduct of the business, an application was made to the County Council to schedule the business under the provisions of section 19 of the Public Health (London) Act, 1891. This application, likewise, was unsuccessful. The subject was dealt with fully in my annual report for 1896—pages 119-123. I have only to add that the premises where the business is carried on are kept under observation by the sanitary inspectors.

REFUSE MATTER.

The prevention of nuisance in connection with the storage, collection, and conveyance through streets of offensive substances coming under the general description, REFUSE, which was formerly a matter of no little difficulty, has been facilitated by the County Council's by-laws made in 1893, under the provisions of section 16 of the Public Health (London) Act, 1891. But in order to prevent nuisance in the conveyance of offensive matter through streets, supervision is necessary; and as the police have constant opportunities for observing breaches of the by-laws, it appeared to the Public Health Committee of the County Council that good might be effected were they instructed to take note of offences, and to give information to the sanitary authority of the district. The Committee communicated their views to the Commissioner, who thereupon issued an instruction to the police to report to the sanitary authority any breach of the by-laws, and this is occasionally done.

HOUSE REFUSE.—The work of collection of ashes and miscellaneous rubbish from the 23,000 inhabited houses, has been systematised by division of the borough 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 Borough Engineer. A call is made at every house once a week, and further improvement is scarcely possible, until the objectionable practice of refuse-harbourage shall have given place to the more rational system of daily collection from movable receptacles. Nuisance from house refuse does not arise from the proper contents of the receptacle—ashes—but from the addition thereto of matters of organic origin. With the object of preventing nuisance from this cause, a printed notice was periodically issued by the late Vestry to every householder, calling attention to the danger to public health arising from the deposit of vegetable and other objectionable refuse in the dust-bin, and requesting that all such refuse should be burned. A portion of the refuse, from the northern part of the borough, is conveyed out of London on the Grand Junction Canal, the refuse from the southern district being taken down the Thames; but not to the Council's Purfleet dépôt, which lies below high-water mark, and is let to a contractor for the deposit of other matter of a presumably less objectionable sort. The time when the refuse will be cremated at the Council's land at Woodlane, Hammersmith, would appear to be at hand.

Defective Ash-pits.—The Public Health Committee, at my suggestion, last year requested the Works Committee that information might be given to the Public Health department whenever the inspectors of the dusting gangs should come across defective dustbins, and where no ash-pit was found. A large number of such cases has since been reported, and the necessary proceedings taken for the provision or repair of receptacles.

Removal of House Refuse.—At a conference of London Sanitary Authorities, on streets and street traffic, held last year, one of the resolutions passed was—

“That in the opinion of this conference, house refuse should be removed daily, where practicable.”

In connection with this resolution, the Public Health Committee of the County Council reported that they had had under consideration the question, whether any alteration might, with advantage, be made in the by-law framed by the Council in 1893, under section 16 (2) of the Public Health (London) Act, 1891, to the effect that—“The sanitary authority shall cause to be removed not less frequently than once in every week the house refuse produced on all premises within their district.” The Committee stated the reasons which make removal at frequent intervals necessary, and expressed the opinion that the time had arrived when an effort should be made to secure the collection of house refuse in London more often than once a week: in Edinburgh and some other places the system is to collect daily from every house. The Committee added that in certain parts of London, especially in business thoroughfares, a daily collection is in force, and they hoped that the effect of the resolution adopted at the conference would be to extend the system of daily removal. Having regard, however, to the extent of London, and the varying circumstances of the different districts, the Committee did not think it practicable then to make a by-law requiring a universal daily collection, but they thought a bi-weekly collection to be practicable, and that it should be made compulsory. They therefore proposed that the word “twice” should be substituted for “once” in the existing by-law, and that a copy of the proposed amended by-law should be sent to the sanitary authorities for their observations, pursuant to section 114 of the Public Health (London) Act, 1891. This was done.

The specific recommendation made by the Committee was that by-law No. 7 should be amended so as to read as follows:—

“The sanitary authority shall cause to be removed not less frequently than twice in every week the house refuse produced on all premises within their district.”

As a condition precedent to the proposed alteration in the by-law, provision should be made for the abolition of the fixed “ash-pit,” *i.e.*, the common brick dust-bin, “furnished with proper doors and coverings” (Public Health (London) Act, 1891, sec. 37 (1)). In the interpretation section (141) of the Act, the expression “ash-pit” is defined to mean “any ash-pit, dust-bin, ash-tub, or other receptacle for the deposit of ashes or refuse matter”; but the County Council’s by-law, 16, requires that any “ash-pit” newly provided shall be in the form of one or more movable metal receptacles, with one or more suitable handles and cover. By-law 18 requires that where any sanitary authority shall have arranged for the daily removal of house refuse in their district, or part thereof, the owner of any premises shall provide an “ash-pit,” in the form of a movable iron receptacle. Such receptacles would have (under by-law 6) to be deposited upon the kerbstone of the footpath, immediately in front of the house, or other conveniently accessible position, as the sanitary authority may prescribe, by written notice, in order to the collection therefrom of the refuse, between such hours of the day as the sanitary authority may have fixed, and notified by public announcement in their district. Such deposit of the “ash-pit” on the kerbstone, etc., would not be proper excepting in the case of a daily removal; but to facilitate even a bi-weekly removal it is imperative, with a view to avoid excessive increase in the cost of collection, that the refuse be stored in movable receptacles, which admit of being carried from the premises to the dust-cart. The proposal of the County Council did not meet with a favourable reception from the Borough Councils, and at present, as far as I am aware, no progress towards realisation of the views of their Public Health Committee has been made.

STABLE REFUSE.—In many former reports note has been taken of the frequency of complaints of effluvia nuisance arising in the storage, and especially in the removal, of stable refuse from pits underground. Thanks to the operation of the County Council’s by-law, carried out effectually in this borough, complaints in respect to private premises are now relatively few in number; and as a principal cause for complaint the sunken dung-pit, is almost a thing of the past, we may reasonably hope to have even less cause for annoyance on this score in the future. The subject was fully dealt with in the annual report for 1894 (pp. 184-189), to which I would refer anyone desirous of knowing what a serious difficulty was involved, until we were able, generally, to abolish the brick receptacle, above or below ground, and to substitute the iron cage now so familiar an object in the mews in this borough, not far short of two hundred in number.

The following statement shows the work done in giving effect to the by-law:—

	North Kensington.	South Kensington.	Total.
Iron cage receptacles erected	564	999	1,563
Brick receptacles abolished	171	554	725
Brick receptacles constructed or reconstructed... ..	281	45	326
Sunken pits, improved, allowed to remain	36	38	74
Sunken pits abolished	132	434	566

Sunken pits were necessarily allowed to remain in certain cases in which, owing to the construction of the stable premises—the entire frontage being occupied by doors—it was impracticable to provide any other form of receptacle. In each such case the pit was reconstructed to a reduced depth (the sides and floor being cemented) and drained to the sewer.

NUISANCE FROM STABLE REFUSE AND THE REMEDY.—The subject of nuisance from offensive collections, or delay in removal, of stable refuse, has found a place in these reports for nearly 30 years. Until within a comparatively recent date the principal cause of nuisance was the sunken dung-pits, now, as we have seen, generally displaced by the iron cage receptacles recommended by me in 1875. More than a quarter of a century ago the late Vestry made regulations with a view to secure the removal of stable refuse three times in each week, on alternate days; and on the whole the work of clearance has been effected of late years in a fairly satisfactory manner. Nuisance now arises most frequently in connection with the removal of peat refuse. The County Council appreciating the gravity of the complaints on this score, have recently made a new by-law requiring removal of this description of refuse under the conditions which apply to the removal of offensive matter generally. Improvement is likely to ensue under the by-law, but nuisance will not cease so long as peat refuse, on removal from the stable, continues to be placed in a fixed receptacle from which it must needs be transferred to the carriage provided for its conveyance through streets. Intolerable stink arises in the turning over of the refuse, and the only remedy, long practised in the borough, is its immediate deposit in the vehicle in which removal is to be effected, thus avoiding disturbance of it prior to removal with consequent emission of the characteristically foul stench. But nuisance in connection with the removal will never be entirely prevented until sanitary authorities shall have obtained power, and be required, to remove this (and other) offensive matter at the cost of the producer. In the (now repealed) Sanitary Act of 1866, power to do this, at their own cost, was given to the sanitary authority, but only with the consent of the owner of the refuse; and in many of these reports the late Vestry were advised to undertake the duty. As the law now stands, the occupier of any premises may "require" the sanitary authority to remove any *trade refuse* on payment (*see* Public Health Act, 1891, section 33); but the sanitary authority need only, "if they think fit," collect and remove "manure and other refuse matter from any stables . . . the occupiers of which signify their consent in writing to such removal"—a consent which may be withdrawn or revoked after one month's previous notice (section 36). The owner of such refuse cannot "require" the sanitary authority to remove it,* nor is he under any obligation to pay for the removal; although doubtless, many occupiers of stables would willingly do so, and be quit of a troublesome responsibility, and of liability to fine for non-compliance with the regulations. This subject engaged the attention of the Sanitary Committee of the late Vestry on more than one occasion, in connexion with my recommendations; but without effect until 1892, when, under the influence of a cholera scare, they reported (7th September) that—

"In considering general matters bearing upon the sanitary administration of the parish, they had been led to discuss the question as to the difficulty experienced in securing the periodical removal of manure and filth from stables and mews, and were of opinion that the time had arrived when the Vestry should, on sanitary grounds, undertake such removal."

The Committee recommended—

"That it be referred to the Wharves and Plant Committee to consider and report as to the practicability of a scheme being adopted for this work to be undertaken by the Vestry."

The reference was made, and on the 9th November, the said committee reported their opinion—

"That the expense of any scheme to give effect to the collection and removal of the manure from the mews would be so great as to render the proposal at the present time impracticable."

The report was adopted by the Vestry.†

The Sanitary Committee had not contemplated removal at the public expense, but relied on the willingness of the occupiers of stables to pay (as in the case of trade refuse) "a reasonable sum for such removal," and they were not uninfluenced by the opinion expressed in these reports, that the refuse would be of value sufficient to defray the cost of removal. Since the date of the afore-mentioned report, the question was not again seriously entertained until last year, when

* It is open to question, however, whether the refuse of an omnibus yard or cab yard may not be deemed to be "trade refuse" which the occupier of the premises may "require" the sanitary authority to remove on payment: certainly fish offal and the offal from slaughterhouses comes within the definition "trade refuse," and it is surprising that fishmongers and butchers should not have "required" the sanitary authority to remove it.

† The subject was not new to the Vestry; for apart from my ordinary reports, it had been considered in 1886 upon a report of the Law and Parliamentary Committee on "Sanitary, Nuisances Removal and other Cognate Acts." The Committee, whilst recognizing "the necessity for making proper arrangements for the removal of manure and other refuse matter," stated that "the Vestry had not *dépôt* accommodation or staff or plant adequate to cope with so large a work," as I had recommended. For this reason they considered that the Vestry was not then "in a position to contract generally for the removal of manure and other refuse matter." In 1892 the circumstances were different, the Vestry not only having staff and plant, but also a *dépôt*, at Purfleet, to which refuse could have been conveyed from the river and canal-side wharves, and where, doubtless, a market could have been found for its use on the stiff clay lands in the vicinity.

the Borough Engineer, in a report dealing with the utilisation of the Council's land at the Wood-lane depôt, adjoining the West London Railway at Shepherd's-bush, stated that—

"Great and increasing difficulty is experienced in getting stable manure regularly removed. On the one hand, sanitary officials are pressing and prosecuting for more frequent removal, and on the other hand the occupiers of stables have the greatest difficulty in getting market gardeners and others to send for the manure. Take the Council's case, relative to their own stud of (about) 125 horses: a few years ago market gardeners were contracting to clear the manure regularly twice a week and pay £100 per annum for it: now it costs the Council a small sum per annum to get rid of the said manure, with a good deal of attendant bother to ensure regularity of removal. Stable manure should, in my opinion, be regularly collected by the Council, and should become their property, in the same way as the statutes deal with house refuse, and steps should be taken to get the law amended accordingly.

"I am of opinion (he adds) that under skilful and energetic management, the manurial refuse collection and disposal could be made to yield considerable profit to the Borough, with good results in the country districts absorbing the refuse."

It was gratifying that an officer of such wide practical experience as the Borough Engineer should thus have corroborated the views expressed in these reports during the last quarter of a century, and I hoped that our common, but independent, advice would have prevailed with the Council.

The report of the Special Committee dealing with the Wood-lane utilisation question was to the following effect—

"In the report of the Borough Engineer of the 23rd September, 1901, allusion is made to the increasing difficulty experienced by the owners of horses in getting stable manure regularly removed, and a suggestion is put forward that such manure should be collected and disposed of by the Council in a similar manner to that adopted in regard to house refuse.

"Under section 36 (1) of the Public Health (London) Act, 1891, the Council are empowered to remove manure from any stables and cow-houses within their district, the occupiers of which signify their consent in writing to such removal, and the Borough Engineer suggests that this law should be amended so that all stable manure shall become the property of the local authority of the district, and be collected by them accordingly.

"With the merits of this question we do not propose to deal, but we consider that as it will be necessary for railway sidings to be constructed in connection with the general development of the land, it is expedient that provision should be made for the necessary sidings which would allow of the Council, should they think fit at any time in the future to do so, to undertake the removal of manure from the stables in the Borough.

"We therefore recommend—

"That in the plans to be prepared for the utilisation of the depôt, railway sidings be included at an estimated cost of £2,500."

The report was adopted by the Council.

The Borough Engineer in his report proclaimed the need of legislation to place stable refuse in the same category as house refuse, both as regards the obligation to remove it, and as to property rights in the collected matter. It may be useful, therefore, to recall the fact that the subject, in these aspects, received special consideration in the annual reports for 1897 (p. 156), and 1898 (p. 142). Having regard to the practical uselessness of the enactment in the Public Health (London) Act, 1891, section 36 (2), the Public Health Committee of the County Council in 1897 had caused a communication to be addressed to the Metropolitan Medical Officers of Health, in which it was stated that they "from time to time, received complaints of nuisance arising from accumulations of manure at various premises in London." Reference was made to the provisions of section 36; but, finding that the sanitary authority had no power to charge, they were considering whether, with a view to facilitating removal, it was desirable to seek an amendment of the section, so as to give the said authority power to charge for the service, when required by the owner or the occupier of any premises to remove it; similar to that which they now have under section 33 in respect of trade refuse. The enquiry addressed to me was, whether I was in favour of such a proposed amendment of the law? In replying, I stated that, in reports during many years, I had advocated the view that not only should the sanitary authority have power to remove accumulations of manure, but also that, in the interests of public health, it should be made their statutory duty to do so, and that they should be authorised to charge the owner of the refuse a reasonable sum for the service.

As an outcome of the enquiry by the Committee, and on their recommendation, the Council, on 29th March, 1898, instructed the Parliamentary Committee to take the necessary steps to "obtain such an amendment of the law as would give the sanitary authorities power to charge for the removal of manure when required by the owner or occupier of any premises to remove it." The Parliamentary Committee reported (3rd November, 1898) that the instructions of the Council to take the necessary steps to obtain such an amendment of the law would involve an amendment of the Public Health (London) Act, 1891, and this would necessitate the introduction of a separate public Bill: it therefore occurred to them that there were probably

other respects in which amendments of the Act were desired, and which could most conveniently be dealt with at the same time. They accordingly consulted the Public Health Committee, and this Committee, being of opinion that the question was not of so urgent a character as to necessitate the introduction of a public Bill to deal with it alone, instructed the officers to report as to other amendments of the Public Health Act which could be dealt with in the same Bill; and hence the enquiry referred to at page 90 in the present report. The Council adopted the recommendation of the Parliamentary Committee, and discharged the reference.

It is hardly necessary to observe that the proposed "amendment of the law" would not have sufficed to give effect to the recommendation of the Borough Engineer, based on the views so long advocated in these reports. It would, moreover, be of small value; for, even now, when the sanitary authority is authorised to remove the refuse free of charge, occupiers of stables do not seek their aid. How much less likely would they be to do so if they had to pay for the service? No, the only useful amendment of law is that which I have advocated in these reports; viz., to make it the duty of the sanitary authority to remove the refuse at the reasonable cost of the owner. In this Borough there are besides nearly 200 mews, a great number of private stables, and some thousands of horses: the need, therefore, of regular removal of manure is pressing, and I suggest that it would be well for the Council to exercise their power to promote a Bill in Parliament for the purpose; an additional motive for speedy action in this direction may be derived from the large outlay (of £2,500) about to be incurred for "sidings" intended to be utilised in connection with this proposed work, and, so far as would appear at present, not otherwise likely to be immediately wanted.

CONVEYANCE OF OFFENSIVE MATTER THROUGH STREETS.—Reference has been made above to nuisance arising from the use of peat stable refuse, and to the necessity of depositing such refuse in a suitable carriage on removal from the stable, so as to allow of its conveyance from the premises without disturbance, such as takes place when the manure is stored in an ordinary brick receptacle; the stench complained of being due, as already explained, to such disturbance. Reference, moreover, has frequently been made in these reports to nuisance in connection with the storage and removal of other offensive matter—more particularly that of the trades of fishmonger, game dealer, poulterer, etc. Refuse of this latter description is required by the by-law of the County Council to be removed, within prescribed hours, in a "suitable carriage or vessel properly constructed," and covered, "so as to prevent the escape" of any of the contained matter, "and so as to prevent any nuisance arising therefrom." During some years, at the instance of the late Vestry, peat manure at the large stable yards occupied by omnibus companies and other large proprietors of horses, has been stored in waggons, and removed in them, without giving rise to serious complaint. With regard to other forms of offensive matter, the views expressed in these reports indicate the desirability of fish offal, and such like matters, being removed from the tradesman's premises in the storage vessels, and not, as now, in tank-vans, the use of which involves more or less nuisance, both when the contents of the shop receptacles are tipped into the tank, and in transit through the streets. Given properly covered, externally clean, and sound metal receptacles, no nuisance is likely to arise in transit through the streets, at whatever time of day removal may be effected, and on purely sanitary grounds there need be no limitation of hours for the removal.

The necessity for amendment of the by-law, especially with a view to prevent nuisance in connection with the removal of peat stable manure, had long been recognised, and during last year a new by-law on the subject was made by the County Council and approved by the Local Government Board, as follows:—

- "1. Every person who shall remove or carry, or cause to be removed or carried, 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 use, or cause to be used, therefor, a suitable carriage or vessel, properly constructed, and furnished with a sufficient covering so as to prevent the escape of any matter or liquid therefrom, and so as to prevent any nuisance arising therefrom.
- "Such person shall not remove or carry, or cause to be removed or carried, such matter or liquid by road in or through London, except during the following periods, viz.—
 - "Between 4 o'clock a.m. and 10 o'clock a.m. in any day during the months of March, April, May, June, July, August, September, and October.
 - "Between 6 o'clock a.m. and 12 o'clock at noon in any day during the months of November, December, January, and February.
 - "This by-law shall not apply to any person removing or carrying manure, consisting only of horse dung with a sufficient proportion of straw to render it inoffensive, and shall not apply to any person removing or carrying in a suitable carriage or vessel as aforesaid manure consisting of horse dung and litter other than straw.
- "2. Every person who shall offend against the foregoing by-law shall be liable for every such offence to a penalty of five pounds, and, in the case of a continuing offence, to a further penalty of forty shillings for each day after written notice of the offence from the sanitary authority.
- "Provided, nevertheless, that the justices or court before whom any complaint may be made or any proceedings may be taken in respect of any such offence may, if they think fit, adjudge the payment as a penalty of any sum less than the full amount of the penalty imposed by this by-law."

The new by-law, in effect, requires peat refuse to be removed under the same conditions as other offensive matter. It is satisfactory that the views approved by the late Vestry, in regard to the storage and removal of this material should have so far prevailed; but it is to be regretted that the Council did not see their way to adopt the views set out in these reports with regard to the removal of fish offal, and other like refuse, in the shop receptacles, rather than in tank-vans.

It may be mentioned that the Public Health Committee of the County Council, in their report on the new by-law, stated that the Local Government Board did not "see their way to allow removal of offensive matter either during the night or during hours of the day, when the streets are crowded, especially during the heat of summer." They added that "the extension of hours . . . would be of substantial benefit, although it would not remove all the difficulties" to which their attention had been called, and which "could only be overcome by allowing removal during the night," a course to which the Board "object, as it is then impossible to see that the refuse is not slopped or spilled, and that the vehicles conveying it are properly covered."

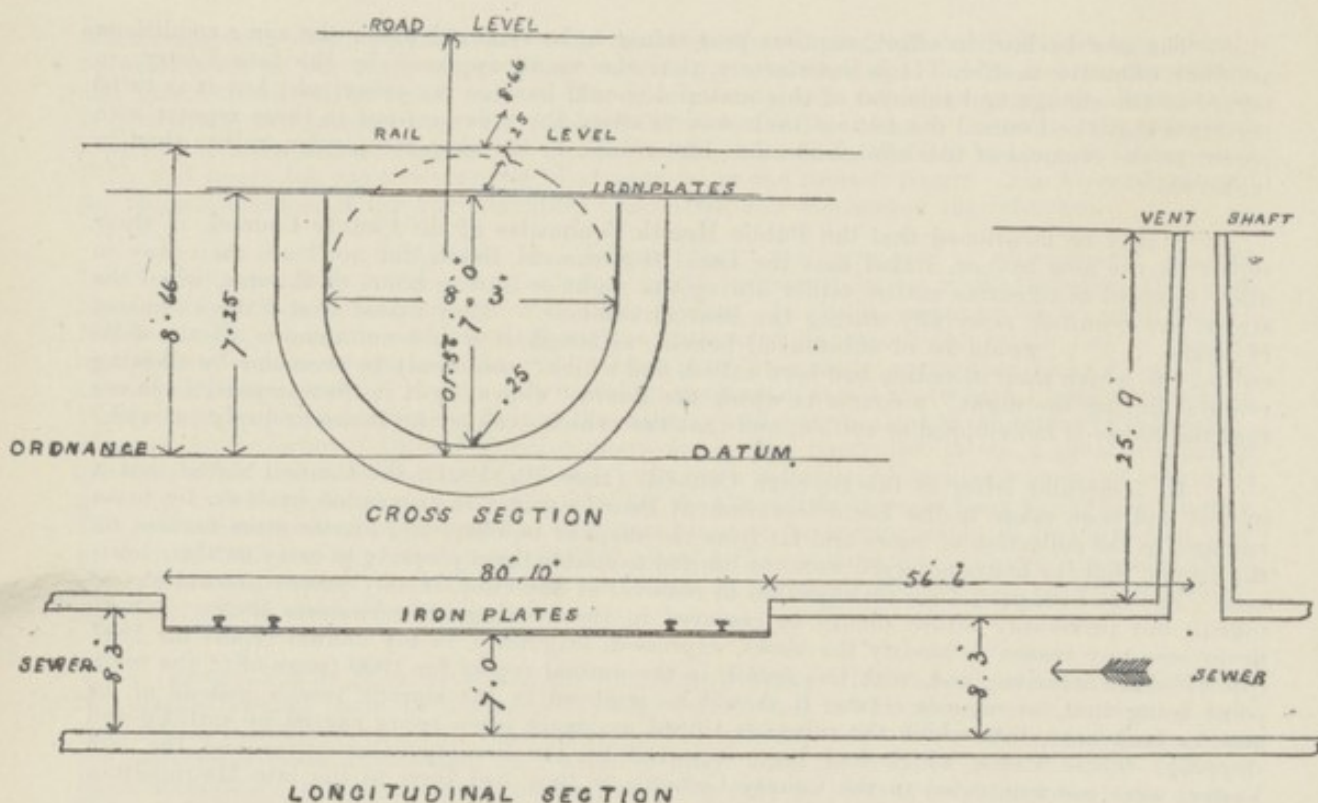
In a circular letter to the Borough Councils (May 9th, 1901), the Council stated that a protest had been made to the Local Government Board against the amended by-laws, by firms engaged in the collection of bones and fat from the shops of butchers and marine store dealers, on the ground that the hours proposed were too limited to enable them properly to carry on their business. For my own part, I see no objection to removal at any time, if only proper precautions be taken; but preferably refuse should be removed in the evening after business hours. I have never seen any reason to modify the views, expressed, originally, in my annual report for 1887 (pp. 176-189 inclusive), and, with less detail, in the annual report for 1900 (page 58); the main point being that, as regards refuse, it should be removed in the storage vessels instead of, as now, in tank vans, into which the refuse is tipped, nuisance often being caused by spilling and slopping. These views, which had been approved by the Sanitary Committee and the late Vestry, were communicated to the County Council, as they had been to the late Metropolitan Board of Works in 1887.

THE COUNTER'S CREEK SEWER.

Several complaints were reported to the Public Health Committee last year, with reference to offensive smells emanating from the Counter's-creek sewer, in different parts of its course from North Kensington to Lot's-road, Chelsea. This sewer which, south of Kensington High-street, is upwards of eight feet in diameter, is vested in the London County Council, with which body the late Vestry and the Council have had many communications arising out of complaints of smells, and also of the flooding of basements of houses at times of great and rapid rainfall. With respect to the smells, a memorial was addressed to the Council by numerous parishioners residing at South-row and adjoining streets in the Kensal Town district, taken over, in November, 1900, from Chelsea. The sewer in South-row, a branch of the Counter's Creek sewer, receives the drainage of the Queen's Park estate (the portion of the Kensal Town district which was transferred from Chelsea to Paddington), a circumstance to which the memorialists attribute the "increase of fever" which they erroneously alleged to exist in the locality. By direction of the Public Health Committee, a communication was addressed to the County Council embodying the complaint of the memorialists, together with my report thereon; and with a request that steps might be taken to remedy the evil by shaft ventilation of the sewer in South-row, closure of the ventilators at road level, and trapping of the street gullies. Certain ameliorative works have since been carried out, with what result remains to be seen.

Another locality in regard to which complaints were received is Warwick-road, between the railway bridge and the south end of Philbeach-gardens. Here, there is a circular ventilating opening to the sewer, the invert of which is 29 feet below the road level. The excessive offensiveness of the effluvia at this position, it has been suggested, may be due to a constriction of the sewer (underneath the railway, and about 56 feet south of the ventilator) to the extent of about one-seventeenth of its area, which was made when the District Railway was in course of construction. A segment, fifteen inches in depth, was removed from the crown and the side walls were carried up vertically to the under side of iron plates below the rail level. In accordance with the instructions of the Public Health Committee the Borough Engineer prepared sections (see reduced copy at page 94*), which better than any verbal description show the effect of the alteration. To what extent, if at all, the constriction accounts for the effluvia nuisance I am unable to say.

* It will be seen that the sewer, in cross section at the point indicated resembles the letter U. The projection into the sewer, due to the constriction, is 15 inches deep by a length of 81 feet.



Bad smells are frequently complained of in connection with other ventilating openings (not to mention street gullies) in the course of the sewer. Amongst the complainants none are more persistent than residents in Philbeach-gardens—a crescent-shaped road, the sewer in which falls, in either direction, from the summit, situated midway between the horns of the crescent, and discharges into the Counter's Creek sewer in Warwick-road. Objectionable smells prevail in Philbeach-gardens, for which I can suggest no other explanation than the want of proper ventilation of the main sewer. In this street there are seven oblong ventilators at road level, besides 22 untrapped gullies. The Public Health Committee, on my recommendation, requested the Works Committee to close the ventilating gratings and to substitute shaft ventilators carried up against houses, and to trap the gullies. The Works Committee, in their report on the reference, recommended—

"That shutter flaps be fixed in the outlets of the sewer at the north and south ends of Philbeach-gardens into the main line sewer in Warwick-road, and that a ventilating shaft from the summit (*sic*) of the sewer near No. 71, be carried up the flank wall of that house provided the necessary consents can be obtained."

The recommendation of the Committee was based upon a report by the Borough Engineer as follows:—"There are seven surface ventilating gratings in this street, and, except in one case, it is not practicable to carry up pipe shafts therefrom. The one exceptional case is on the flank of No. 71, at the entrance of the garden; it is practicable to carry a pipe up the flank of this house if the necessary assents were obtained. Shutter flaps could be erected at each end of the sewer where it connects with the main line sewer in Warwick-road." A suitable site for a ventilating pipe would be at the central entrance to the ornamental garden, between Nos. 88 and 89 (the summit of the sewer), but it would be necessary to make a new shaft to connect with the sewer. There are, moreover, other suitable sites for the purpose. The above cited recommendation made no reference to the closing of the road ventilators or to the trapping of the street gullies. The recommendation of the Committee has been carried into effect, with what result we have yet to learn.

Ventilating Lamp Columns.—Pursuant to a reference by the Public Health Committee, consequent on complaints of offensive smells from a sewer ventilator in Peel-street, Campden-hill, and as to the desirability of some improved method being adopted for the ventilation of the sewer in that street, the Works Committee recommended the erection of a ventilating lamp column on the west side of Campden-hill-road, opposite the west end of Peel-street. The column was erected; but further complaints having been made of smells from the same ventilator—at road level—it was abolished. Other similar columns will, no doubt, be provided from time to time, as occasion may require.

Some few years since, the engineer of the County Council informed the late Vestry that it was intended to ventilate main sewers at suitable positions, such as cross roads, and in the centre

of street refuges, by large and lofty iron shafts, and that the Council would be prepared to consider suggestions as to the erection of such ventilating shafts at places within the borough. Certain localities were indicated by the Surveyor, approved by the Vestry, and communicated to the engineer. Consequent on the Council's communications, the Public Health Committee of the County Council recommended, and on the 19th November the Council ordered the erection in suitable positions of 14 ventilating lamp columns of an approved pattern where some of the existing lamp-posts stand, and this work has been commenced. These columns, it is understood, are not to supersede, but will be additional to the "large and lofty iron ventilating shafts" above referred to.

FLOODING OF BASEMENTS.—Numerous complaints were received by the Council of the flooding of basements of houses during a heavy storm on Sunday, June 30th. The complaints came from Cornwall-road, Edinburgh-road, St. Mark's-road, and Silchester-road in North Kensington, and from Holland-road, Elsham-road, and Warwick-road in South Kensington. Houses were known to have been inundated in other parts of the borough, in regard to which no written complaint was received; notably St. George's-road and Talbot-grove, North Kensington. It was but a repetition of an old grievance, due to the insufficiency of the Counter's-creek sewer to carry off a heavy downpour of rain with requisite rapidity. It has been suggested that the "throttling" of the sewer under the District Railway, above referred to, may contribute to the occurrence of the floodings, a point on which I am not competent to speak with authority. The County Council are erecting at Lot's-road Chelsea, a pumping station designed to prevent a recurrence of the trouble; but, so far as I can ascertain, it would appear improbable that the work can be completed until 1903. The pumps will be operated by gas engines aggregating 1,040 horse power, and the pumps will be capable of lifting 12,000 cubic feet of water per minute, the calculated maximum discharge at the outlet of the sewer being 11,000 cubic feet. During heavy rainfall the pumped liquid will be discharged into the river. In ordinary circumstances the sewage is conveyed from the Counter's-creek sewer into the low level sewer.

UNTRAPPED STREET GULLIES.

The Sanitary Committee of the late Vestry gave attention to this subject in connection with a recommendation, in my twelfth report for 1899 (December 7th, page 126), that, "as soon as practicable, the brick flap-trapped street gullies should be replaced by pan syphon-trapped gullies." The Committee in a report, dated February 14th, 1900, recommended, and it was subsequently resolved, "that the Vestry do adhere to the course hitherto adopted of dealing with each complaint of smells from gullies on its merits." In the report referred to, I had suggested that, at the earliest practicable date, all brick, flap-trapped gullies, should be abolished in favour of pan syphon-trapped gullies. The Surveyor reported that there were about 5,000 brick flap-trapped gullies in the parish, and that the cost of fixing syphon-trapped pan gullies in lieu thereof would be about £3 per gully—say, £15,000 in all; a large sum, doubtless, but still less than has been expended recently on wood-paving in a single street, Cromwell-road. The Committee stated that under orders of the Vestry, all brick gullies proved to be offensive, are replaced with the newer pattern of gully; that any new gullies constructed are of this type, and that pan gullies are also fixed in roads converted from macadam to asphalt, or wood paved. They further observed that with the question of syphon-trapping street gullies, is closely involved the question of sewer ventilation, and that until some solution has been found of the difficulties encountered in dealing with this latter question, they could not see their way to advise the adoption of the scheme indicated in my report. For what it is worth, it may be mentioned that in some towns the gullies are trapped although the sewers are not ventilated. Bristol is a notable instance, and that city is by no means an unhealthy one. Means of ventilation, in any case, could surely be devised, and I feel it my duty again to urge that brick flap-trapped gullies should be displaced generally, by syphon-trapped gullies. The so-called "flap-trap" is not a trap at all in the sanitary sense of an apparatus for preventing the escape of sewer gas.

COMBINED DRAINAGE.

Several of the metropolitan sanitary authorities made representations to the County Council, in 1894, on the need of 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 the vestries and district boards waited upon the main drainage committee with reference to the subject. This committee reported (July 7th, 1894), 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 houses, and with the intention that the owners should be held responsible for their maintenance." The committee further came to the conclusion that "the Council, as the central authority, should 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 word *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 (Metropolitan Sewers and Drains) was brought in, on behalf of the Council, in 1896, but it did not become law. The Borough Councils have power to promote bills in Parliament, and it will probably be thought desirable to take joint action in this matter, as the County Council do not intend to repeat their effort to obtain an amendment of the Act. Legislation is necessary, seeing that many sanitary authorities have shown unwillingness to repair, as "sewers," conduits which they consider should be regarded as "combined drains," repairable at the expense of the owners of the houses drained in common thereby. Cases, moreover, are not unknown in which a sanitary authority have failed to abate nuisance in connection with drainage, upon the refusal of the owners of houses to comply with notices requiring them to execute work which, in the present state of the law, properly devolves upon the sanitary authority. Some authorities, on the other hand, have expended large sums of money in the repair, as sewers, of combined systems of drainage. With the view to facilitate inquiries as to whether any such system had been sanctioned by the late Commissioners of Sewers, the predecessors to the late Vestries, etc., and so determine, when practicable, whether it constitutes a "sewer" repairable by the sanitary authority, or is a combined "drain" repairable by the owner or owners of the houses drained thereby, the sanitary committee of the late Vestry, upon my advice, resolved, in July, 1898, to obtain an abstract of the records of the Commissioners relating to this borough. The abstract has proved of great service, by saving the labour of a search at Spring Gardens upon each occasion of dispute; and has already far more than repaid the cost of preparation, by throwing upon owners the responsibility for repair, or reconstruction, of combined drains which, without the information afforded by it, would have devolved upon the sanitary authority.

PUBLIC SANITARY CONVENIENCES.

There are only 19 public urinals in the parish—an inadequate provision, but supplemented by about 170 external urinals at public-houses. This latter accommodation is not of a satisfactory sort, as a rule, but it is better than none: it was improved, moreover, as the result of proceedings taken by the late Vestry in 1888, and subsequently. There are five sets of public water-closets, for the male sex only, situated, respectively, in Thurloe-place, Brompton; at the rear of the central public library, Kensington High-street; at the west-end of Westbourne-grove, Notting-hill (about to be reconstructed under ground); at Lancaster-road, Notting-hill, adjoining the public library; and at Talbot-road. Sanitary authorities have power, in section 88 of the Metropolis Management Act, 1855, "to provide and maintain urinals, water-closets, and like conveniences for both sexes in situations where they deem such accommodation to be required." Suitable sites exist; none better, perhaps, or where provision of the kind is more needed, than in Kensington High-street, opposite the parish church. Here, an underground retiring place for both sexes might be constructed without causing nuisance. Increased powers were conferred by the Public Health (London) Act, 1891, section 44 (2), which vests the subsoils of roadways in the sanitary authority, who, moreover, have power to compensate persons injured by the erection of these conveniences near to their houses, &c.

Domestic Sanitary Conveniences.—The attention of the Public Health Committee was called last year to the absence of sanitary conveniences at Station-buildings adjoining the South Kensington railway station. These premises are used, by day only, as shops. There is no place or means of drainage for sanitary conveniences, the shops being situated over the railway and at street level. The difficulty was got over by the railway company making an arrangement for the free use by their tenants of the lavatory accommodation at the station. The 26th by-law of the County Council requires the landlord or owner of any lodging-house to provide and maintain in connection with such house, water-closet . . . accommodation in the proportion of not less than one water-closet . . . for every twelve persons. And a similar provision is contained in the Borough Council's by-laws for houses let in lodgings or occupied by members of more than one family. In conformity with these by-laws a number of houses, the inhabitants of which exceeded twelve in number, were provided with a second water-closet. In some instances the owner or occupier preferred to reduce the number of lodgers to twelve or less, rather than incur the expense of erecting a second closet.

Separate Sanitary Conveniences for the Two Sexes.—Section 38 of the Public Health (London) Act, 1891, enacts that where persons of both sexes are employed at a factory, workshop, or workplace, separate sanitary conveniences for persons of each sex shall be provided. Steps were taken successfully in several instances during the year to give effect to this laudable provision of law.

THE PAVING OF YARDS.

During the year, a considerable number of yards were paved more or less satisfactorily—or unsatisfactorily; for it has not been the rule to require the entire surface of the small yards at the rear of houses inhabited by the poor to be paved; and too commonly the paving is not what it should be in material or workmanship. It would be well if this work were carried out syste-

matically throughout the borough; but individual cases only are dealt with as they arise out of casual or special inspections, or house-to-house inspection. The Special Committee on Nottingdale, in their report (June 18th, 1896), stated that the yards in the "special area" were "saturated with human ordure and filth of every description." The Committee were of opinion "that the yards should be asphalted or paved," and the first of their recommendations, all of which were approved by the late Vestry, was to the effect—

"That it be referred to the Works and Sanitary Committee to have notices served upon the owners or occupiers of the houses in the several streets . . . requiring them to asphalt, or pave with impervious material, the yards in the rear of such houses which are not in proper condition."

Effect has, in a measure, been given to this recommendation.

The paving of yards is one of the matters dealt with in the Council's by-laws, the tenth by-law requiring, in respect of "any yard or open space, where it is necessary for the prevention or remedy of insanitary conditions that all or part of such yard or open space shall be paved," that it be paved forthwith, by the owner of the dwelling-house with which such yard or open space is connected. It will be observed that the paving of yards is prescribed "for the prevention or remedy of insanitary conditions," a fact which is too often lost sight of. That paving is "necessary" for this purpose is indubitable, and the subject is deserving of the attention of sanitary authorities, by whom, generally, more, assuredly, would be done if due weight were attached to the hygienic importance of cleanliness and dryness in the surroundings of dwelling-houses—a matter to which attention was specially directed in my annual report for 1897 (page 146), the authority of the late medical officer of the Local Government Board being cited in support of the views therein expressed.

In connection with the subject, reference may be made to the rubbish not infrequently found in yards of houses let in tenements to the poorer classes: broken bedsteads, rotten straw palliasses, and other things of no value, once the "property," it may be, of dead or departed lodgers. In the report for 1889 it was observed that "it is nobody's business to remove the things, which simply serve as harbourage for collections of filth." The yards where they exist cannot be properly cleansed, and might fairly be regarded as premises "in such a state as to be a nuisance or dangerous to health." The importance of the matter is lost sight of in ordinary times, but let there be a cholera scare, and everybody recognises the necessity of that general clearance of filth and litter which should be effected systematically at all times.

In October, 1900, the late Vestry, upon my recommendation, appointed six temporary sanitary inspectors for a few weeks, whose chief duty, in house-to-house inspections, was to enforce a general clean-up of premises; an instruction, moreover, was issued, authorising the surveyor to remove from yards (with the necessary consents) all useless articles, rubbish, &c. A good deal of work of the kind was done; but unremitting attention is necessary to the attainment of the object in view; to wit, the maintenance of cleanliness in the surroundings of dwelling-houses—an object of much importance from the public health point of view; "dirt"—defined by the late Lord Palmerston as "matter in the wrong place"—being a fertile source of unhealthiness, and conducive to disease.

HYGIENIC STREET PAVING.

During the year further progress was made in the paving with asphalt of streets in poor localities, where traffic is small; such streets, moreover, being largely used by children as playgrounds. This practice, commenced in the Potteries district some years since, and subsequently carried out completely in the "Nottingdale" special area, with great and manifest advantage, should be largely extended. During 1901 the following streets, etc., were paved with this material:—Convent-gardens, Gorham-place, Sirdar-road, Princes-place, Ashley-cottages, and the approach road, Shaftesbury-road, Cottage-place, and Brompton Churchyard: the cost of the work executed was about £3,400—exclusive of what was expended on reparation of footways. In each of the roads named syphon-trapped pan gullies were substituted for brick gullies with flap-traps, and wherever practicable, sewer ventilators at road level were abolished, and ventilating pipes were carried up the fronts of adjacent buildings, the whole work thus constituting a great sanitary improvement.

PUBLIC MORTUARY.

Bodies were deposited at the Mortuary during the year to the number of 295, upon application, as follows:—

1.	At the request of the relatives of the deceased	...	...	...	...	4
2.	At the request of undertakers, mainly at the instance of the relieving officers	...	...	...	...	67
3.	At the request of the coroner (inquest cases):—					
	Cases of sudden death	...	...	...	...	125
	Cases of violent death	...	...	...	...	78
						203
4.	Brought in by the police	{	Found dead	...	...	15
		{	Accident cases	...	...	3
						18
5.	On account of death due to infectious disease	...	...	...	...	3
						295

In 115 of the above cases *post-mortem* examinations were made under the coroner's warrant.

On more than one occasion during the year, complaint was made of improper detention at the homes of the poor of the bodies of deceased relatives, on the supposition that the Council possesses arbitrary power to remove bodies to the public mortuary in suitable cases. What the law enables the Council to do is set out in the 89th section of the Public Health (London) Act, 1891, which provides that—

“When either—

- (a) The body of a person who has died of any infectious disease is retained in a room in which persons live or sleep; or
 - (b) The body of a person who has died of any dangerous infectious disease is retained without the sanction of the medical officer of health, or any legally qualified medical practitioner for more than forty-eight hours, elsewhere than in a room not used at the time as a dwelling place, sleeping place, or work-room; or
 - (c) Any dead body is retained in any house or room so as to endanger the health of the inmates thereof, or of any adjoining or neighbouring house or building;
- a justice may, on a certificate signed by a medical officer of health, or other legally qualified medical practitioner, direct that the body be removed, at the cost of the sanitary authority, to any available mortuary, and be buried within the time limited by the justice, etc.”

The great number of cases of improper deposit of dead bodies in living-rooms occurred in connection with the removal from the infirmary mortuary of deceased patients for private burial: there were 231 such removals during the year. But until recently the Council's officers were without information, and so were unable to exercise influence to effect the transfer of bodies to the public mortuary, however sanitariously unsuitable the place of temporary deposit—occasionally a single-room tenement—might be. In one case a dead body was detained unduly in the single room occupied by a family, but only pending the visit of the coroner's officer. The case being one for inquest, the body was in charge of the coroner, by whom alone the necessary order for its removal to the mortuary could be made—a fact unknown to those who thought a course should have been taken which would have brought the Public Health Department into conflict with the coroner. The North Kensington Ratepayers' Association thought fit to communicate in regard to this case with the Guardians and the County Council. The opinion of the solicitor to the latter body was in harmony with my own; viz.: “That the coroner is the official in charge of a dead body (in the circumstances set out), and no one but he can order the removal of the body to the mortuary.” Latterly, the Guardians have given instructions to the steward of the infirmary to report to me all necessary particulars when a dead body is removed from the mortuary at that establishment for private burial by the friends of the deceased.

CORONER'S COURT.

The coroner's court in the Town Hall, completed and brought into use in 1899, affords necessary accommodation for all parties concerned in the holding of inquests. For the use of the court the County Council pay an agreed rent under an arrangement authorised by section 92 of the Public Health (London) Act, 1891.

DISINFECTION.

The Public Health (London) Act, 1891, imposed additional duties on the sanitary authority in the matter of disinfection,* the practical effect of the legislation of late years having been to throw upon the rates the cost of disinfecting houses, disinfecting and cleansing of bedding, clothing, &c. The cost of this work has largely increased since the Act came into operation in 1892: the amount expended in 1901 was £869, compared with £381 in 1891. In the latter year the weight of the articles disinfected was under 20 tons, their number being about 9,400 only; whereas in 1901, 24,050 articles were dealt with, of an aggregate weight of 45 tons 6 cwt. Nine hundred and eleven rooms, in 805 houses, were disinfected after infectious disease, compared with 364 in 1891. The expenditure on disinfection, including cleansing of clothing, bedding, &c., varies from year to year, with the prevalence of infectious disease. Very few disinfections are now done at the cost of the occupiers of the houses, or the owners of clothing, bedding, &c. I append a statement of the monthly cost of this work in 1901, which is irrespective of the wages of the disinfectors.

January	...	...	...	...	...	...	...	...	£69 6 10
February	...	...	...	...	...	...	...	...	44 19 4
March	...	...	...	...	...	...	...	...	51 4 11
April	...	...	...	...	...	...	...	...	41 19 7
May	...	...	...	...	...	...	...	...	64 13 11
June	...	...	...	...	...	...	...	...	50 3 10
July	...	...	...	...	...	...	...	...	98 5 7
August	...	...	...	...	...	...	...	...	91 3 10
September	...	...	...	...	...	...	...	...	96 14 9
October	...	...	...	...	...	...	...	...	80 18 7
November	...	...	...	...	...	...	...	...	94 0 7
December	...	...	...	...	...	...	...	...	85 4 11

* In the report for 1893 (pp. 215-217), under the heading “Duties of the Sanitary Authority with respect to Disinfection,” I explained the state of the law, and described the late Vestry's practice in regard to the matter.

In previous reports an opinion was expressed that the expenditure might probably be reduced, were the work done without the intervention of a contractor, as recommended by the London County Council and the Metropolitan Asylums Board; this opinion is likely, ere long, to be subjected to the test of experience, the question of the desirability of erecting a disinfecting station having been taken in hand by the Public Health Committee with the result that the Council have recently decided to erect a station at the dépôt, Wood-lane, Shepherd's-bush.

TEMPORARY SHELTER OR HOUSE ACCOMMODATION.

The Public Health (London) Act, 1891 (section 60, sub-section 4), imposes on the sanitary authority the duty of making provision for housing poor persons during the time necessary for disinfection of rooms after infectious disease. The sub-section 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."

The need for this provision is shown by the fact that in this borough last year, 164 cases of infectious disease occurred in families in occupation of three rooms; 195 cases in families occupying two rooms, and 63 cases in families herded in single rooms. Of the sufferers in families occupying single rooms, 33 had scarlet fever, 19 had diphtheria, 7 had typhoid fever, 2 had typhus fever, and 2 had small-pox.

The subjoined table was prepared for the information of the Public Health Committee when recently considering the question of providing a shelter.

CASES OF INFECTIOUS DISEASE OCCURRING IN TENEMENTS OF LESS THAN FOUR ROOMS, DURING THE YEARS 1894-1901.

THE YEAR.	In Three Room Tenements.	In Two Room Tenements.	In One Room Tenements.	TOTAL.
1894	119	158	64	341
1895	165	268	101	534
1896	305	384	144	833
1897	195	372	98	665
1898	124	210	80	414
1899	127	192	73	392
1900	123	239	53	415
1901	164	195	63	422
Totals ...	1,322	2,018	676	4,016

CASES OF INFECTIOUS DISEASE OCCURRING IN ONE ROOM TENEMENTS.

THE YEAR.	Small-pox.	Scarlet Fever.	Diphtheria.	Typhus Fever.	Typhoid Fever.	TOTAL.
1894	4	34	19	—	7	64
1895	1	42	46	—	12	101
1896	5	88	43	—	8	144
1897	—	60	26	—	12	98
1898	—	44	18	—	18	80
1899	—	41	16	—	16	73
1900	—	22	22	—	9	53
1901	2	33	19	2	7	63
Totals ...	12	364	209	2	89	676

As pointed out in preceding reports, "the only satisfactory mode of dealing with this matter would be to erect a shelter and provide it with a proper equipment," which could be "most economically done in connection with a disinfecting station."

PUBLIC BATHS AND WASHHOUSES.

The baths and washhouses at the junction of Lancaster-road and Silchester-road, Netting-hill, opened in April, 1888, are well supported: the washers in the twelve months ended 31st March, 1902, were 70,776, practically the same number as in 1900; the bathers, 92,781 (including 2,997 persons—males 1,476, females 1,521—attending School Board Evening Continuation Classes, and 1,890 other boys); a decrease of 1,041. For the majority of parishioners the site of the establishment is not sufficiently central for baths, and is too remote for use by would-be washers. The same objection would apply to any single site in the borough. Much good might be effected by the provision, in convenient localities, of buildings, on a modest scale, to which the poor in the central and southern districts of the borough might resort for the purpose of washing clothing, &c.

CLEANSING OF PERSONS ACT.

This Act, passed in 1897, gives power to the sanitary authority to permit any person infested with vermin to have the use of the apparatus which the authority may have provided for cleansing the body and clothing, and authorises expenditure on buildings, appliances, and attendants that may be required for the carrying out of the Act. Nominal effect was given to the Act soon after it passed by an arrangement with the Guardians, whereby cleansing and disinfecting apparatus at the able-bodied workhouse, Mary-place, in the Potteries, was made available on payment of a small fee by the late Vestry—an arrangement still in force. But little use has been made of the apparatus, owing possibly to ignorance of the arrangement on the part of the poor intended to be benefited, and probably, to some extent, owing to the locality and ownership of the apparatus. In the borough of St. Marylebone, a proper equipment having been provided, thousands of cleansing operations are carried out in the course of the year; much to the comfort of dirty and verminous persons, who, for the most part, come from an adjacent Salvation Army shelter. The question of providing a place for the purposes of the Act is engaging the attention of the Public Health Committee.

THE JAMES STREET AREA.

The James-street improvement, which it was hoped would have been completed long ago, under the private Act obtained by the promoters, still hangs fire. The time allowed for compulsory purchase of properties required for the improvement expired in August, 1899, and the time allowed for the completion of the scheme in August, 1901. James-street is still in a woe-begone condition: many of the houses have been pulled down, and few of the old inhabitants remain. The need for a street improvement in the locality, to establish easy communication between South Kensington and Kensington High-street, west of the church, was imperative, and happily this part of the scheme has now been carried into effect.

UNDERGROUND ROOMS ILLEGALLY OCCUPIED.

In a number of instances rooms "underground" were found to be illegally occupied in various parts of the borough. The illegal occupation was in each case discontinued on the service of a written intimation or a statutory notice.

OVERCROWDING.

Overcrowding is occasionally brought about by the action of railway companies, school boards, etc., who are not required to provide for the rehousing of persons displaced by the pulling down of their houses, provided that fewer than twenty are compulsorily acquired at any one time. This subject was brought to the attention of the sanitary authorities in 1900 by the late Vestry of St. George-the-Martyr, Southwark, a suggestion having been made that the School Board should be compelled to provide housing accommodation for persons displaced by their action: the Vestry, moreover, advocated an amendment of the Standing Order of the House of Commons, so that all classes of "Promoters" should be required to make provision for rehousing, even where a smaller number than twenty houses are taken. The said Vestry, however, had overlooked the fact that Parliament dealt with the subject, in the Session of 1899, by bringing the School Board for London under the Standing Order, as regards liability for rehousing persons displaced, a clause with this object having been inserted in their Provisional Order Confirmation (London) Act, 1899; the clause, moreover, being made retrospective in its operation: it being provided therein that all houses or lands occupied by persons of the labouring class, taken by the Board in the previous five years, should be regarded as acquired under that Act. No houses have been so acquired in the borough within that period, but the subject is of interest to the Borough Council in view of the demolitions shortly expected—at Southam-street and Wornington-road more particularly—in connection with the proposed widening of the Great Western Railway in that locality, to which reference has already been made (see page 63).

NUISANCE FROM GAS WORKS.

Complaints were received during the year, of nuisance from the gas works at Kensal-green—a subject fully dealt with in the annual report for 1894 (page 166). There can be no doubt as to the genuineness of the complaints, which receive confirmation from Willesden, the inhabitants of that district suffering when Kensington people have no ground for complaint, and *vice versa*; the incidence of nuisance varying with change in the direction of the wind. The matter having been referred to the Law and Parliamentary Committee of the late Vestry, they reported that—

“By section 29 of the Gas Works Clauses Act, 1847, which applies to the Gas Light and Coke Company, the company is not to be exempted from indictment for nuisance, or any other legal proceeding to which they may be liable in consequence of making or supplying gas; and in a case decided in 1877 it was held that a gas company was not entitled to create a nuisance in exercising their statutory powers or in carrying out their statutory obligations. (*Attorney-General v. Gas Light and Coke Company*, 7 Ch. D. 217).”

The Committee therefore advised the Sanitary Committee that—

“If there be evidence of a substantial public nuisance caused by the Gas Light and Coke Company, the Vestry are entitled to proceed by indictment, or for an injunction to secure its abatement.”

The Vestry accordingly addressed a communication to the company intimating that observation would be kept up, and that on any recurrence of the nuisance proceedings would be instituted. A reply was received to the effect that, while objectionable smells did proceed at times from the works, such smells being caused by the elimination of sulphur impurities from the gas, according to the stringent requirements of the metropolitan gas referees, every known appliance for the prevention of nuisance was adopted. The company suggested a reference to the gas referees, being of opinion that they would be able to satisfy the Vestry that the best possible system was being carried out; but, in the event of improvement being suggested, the directors signified willingness to adopt and to carry out any recommendation. The Vestry adhered to the position taken up with regard to the legal responsibility of the Company to see that no nuisance should arise from smells from their works, and left it to the company to appeal to the gas referees, if they thought any useful purpose would be served by their so doing. That the cause of nuisance is more or less within control would appear from the intermittency of the complaints, and as the smells are at times not perceptible to any noxious degree in the vicinity of the works. No proceedings, whether by indictment or for an injunction, have hitherto been taken.

WATER SUPPLY.

No complaint was received during the year with respect to the quality of the water supplied by the companies who serve the borough, and which is good enough to satisfy reasonable requirements of consumers. The West Middlesex, the Grand Junction, and the Chelsea supplies are examined monthly by the public analyst, whose reports thereon are duly published in the minutes of the proceedings of the Council. Constant supply is given in all parts of the borough. There is nothing to be added to what has been said in previous reports in regard to the cutting-off powers of the companies, which should be abolished. The London County Council are still of the opinion that they should be empowered to buy out the companies who supply the metropolis, and a great deal more than the metropolitan area. The President of the Local Government Board, however, has lately introduced a Bill providing for the acquisition of the companies' property by a Water Board.

Water Regulations.—The most interesting event of the year in connection with water supply was an attempt on the part of the companies to obtain alterations in the water regulations, of what was deemed a one-sided character, the effect having been to unite the County Council with the Borough Councils in an opposition, which proved successful. The Local Government Board appointed persons of engineering experience, as required by the Act, to consider the proposed new regulations put forward by the companies, and at the outset there was every appearance of a long and costly fight; but the matter fell through, the companies at an early stage of the enquiry having thought it prudent to withdraw their proposals, so that the regulations made in 1872 are still in force. Seeing that the President of the Local Government Board had announced his intention of bringing in a Bill, in the Session of 1902, dealing with the Water Supply of the Metropolis, the time might well have been deemed unsuitable for the companies' move, the current regulations having worked well, and without serious objection on the part of owners or occupiers of houses. The conclusion arrived at therefore gave general satisfaction. Had the enquiry been carried to completion, it would probably have resulted in a compromise that would have pleased neither party, and it would certainly have involved an immense expenditure on both sides. In the five days over which it extended, only two witnesses were examined, to whom 2,664

questions were addressed by an imposing array of Counsel and others, the transcript of the shorthand writers' notes making a goodly volume of 320 pages foolscap. It may be hoped that the information elicited, more particularly from the engineering witness, will be found useful (when the new *régime* shall have been established) to those whose duty it will be to frame regulations to meet the altered circumstances of the water supply of the Metropolis.

CONCLUSION.

In bringing this report to a conclusion, I desire to acknowledge the valuable assistance received from Mr. E. R. Hill, chief clerk in the Public Health Department, in the collation of statistics, and generally. I desire also to bear testimony to the good work of the staff, as a whole, and especially to that of the inspecting staff. Mr. Pettit, the chief inspector, has rendered me great assistance in every respect, and especially in connection with measures, hitherto very successful, for preventing the spread of the prevailing epidemic of small-pox.

I have the honour to be,

Mr. Mayor, and Gentlemen,

Your most obedient Servant,

T. ORME DUDFIELD,

Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL, KENSINGTON, W.,
April, 1902.

APPENDICES

AND

INDEX.

APPENDIX I.

(Vide page 15.)

TABLE VI.

(Table I. in Annual Reports prior to 1900.)

Showing Population, Inhabited Houses, Marriages, Births, and Deaths, in 1901, and in the ten preceding years: gross numbers.

The Year.	Estimated Population.*	No. of Inhabited Houses.†	Marriages.	Registered Births.	DEATHS.			
					Total, all Ages.‡	Under One Year.	Under Five Years.	At Public Institutions.§
1901	177,000	23,000	1,651	3,602	2,650	581	876	801
1900	173,000	22,800	1,543	3,586	2,698	641	877	764
1899	172,400	22,750	1,693	3,590	3,021	642	932	942
1898	172,000	22,700	1,648	3,633	2,798	655	1,039	782
1897	170,700	22,669	1,681	3,683	2,667	609	912	839
1896	170,000	22,576	1,706 ^{**}	3,717 ^{**}	2,891 ^{**}	656	1,111	817
1895	169,300	22,483	1,455	3,621	2,748	624	951	762
1894	168,600	22,390	1,537	3,665	2,623	636	1,022	749
1893	167,900	22,297	1,540	3,661	2,916	625	965	740
1892	167,200	22,204	1,584	3,718	2,882	587	972	687
1891	166,500	22,084	1,569	3,847	3,066	633	968	773
Average, 10 years 1891-1900.	169,760	—	1,595	3,672	2,831	630	974	785

NOTES.—Census Population in 1861, 70,108; in 1871, 120,299; in 1881, 163,151; in 1891, 166,308; in 1896, 170,465; in 1901, 176,628.

Average Number of Persons to each house at Census: in 1861, 7·4; in 1871, 7·6; in 1881, 8·1; in 1891, 7·53; in 1901, 7·7.

Area of Borough, 2,291 acres. Number of persons to an acre (1901) 77.

* 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 number of inhabited houses, and by the average number of persons per house, as ascertained at the last census.

† The data are somewhat unreliable. See page 3.

‡ Inclusive of the deaths of parishioners at public institutions without the Borough, but exclusive of the deaths of non-parishioners at public institutions within the Borough.

§ Viz.: At the Borough infirmary and outlying public institutions, including the Asylums Board Hospitals.

** In 53 weeks.

TABLE VII.

(Table II. in Annual Reports prior to 1900.)

Showing the Annual Birth-rate and Death-rate; Death-rate of Children; and proportion of Deaths at Public Institutions to 1,000 Deaths, for the year 1901 and the ten preceding 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 at Public Institutions; Per 1,000 of Total Deaths.*
1901	20.4	15.0	161	219	331	302
1900	20.7	15.6	179	238	325	288
1899	20.8	17.5	179	213	309	311
1898	21.1	16.3	180	234	371	279
1897	21.6	15.6	165	229	342	315
1896	21.4	16.7	176	227	384	288
1895	21.4	16.2	172	227	346	277
1894	21.7	15.6	174	242	389	285
1893	21.8	17.4	170	214	331	254
1892	22.2	17.2	158	204	337	238
1891	23.1	18.4	164	206	315	252
Average of 10 years, 1891-1900.	21.6	16.6	172	223	350	278

* Includes Deaths of Parishioners at outlying Public Institutions, but excludes Deaths of Non-Parishioners at Brompton Consumption Hospital, St. Marylebone Infirmary, Notting-hill, &c.

TABLE IX.

(Table IV. in Annual Reports prior to 1900.)

Showing the number of Deaths in the Borough at all ages, in 1901, from certain groups of Diseases, and proportions to 1,000 of Population, and to 1,000 Deaths from all causes: also the number of Deaths of Infants under one year of age from other groups of Diseases, and proportions to 1,000 Births, and to 1,000 Deaths from all causes under one year.

Division I. (At all Ages.)					Total Deaths.	Deaths per 1,000 of Population.	Deaths per 1,000 of Total Deaths.
1.	Principal Zymotic Diseases...	...	...	...	320	1.8	121
2.	Pulmonary Diseases	...	...	...	511	2.9	193
3.	Principal Tubercular Diseases	...	...	...	287	1.6	108
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	...	...	...	172	47.7	296
5.	Convulsive Diseases...	...	...	...	49	13.6	84

NOTES.

1. Includes Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping-cough, Typhus Fever, Enteric (or Typhoid) Fever, Simple Continued Fever, and Diarrhoea. Fifty-two of the deaths occurred in Hospitals without the Borough.
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 VIII., 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 VIII.

(Table III. in Annual Reports prior to 1900.)

Deaths registered from all causes in the Year 1901.

(Exclusive of the Deaths of Non-Parishioners at Public Institutions within the Borough, but inclusive of the Deaths of Parishioners at Public Institutions, &c., without the Borough.)

For a Summary of this Table, see page 18.

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.
CLASSES.															
I. SPECIFIC FEBRILE or ZYMOTIC DISEASES...	152	140	20	10	7	14	10	3	11	9	4	292	383	350	33
II. PARASITIC DISEASES ...	2	2	...	...	1	4	8	3	...	1	...	4	5	5	...
III. DIETETIC DISEASES ...	2	...	...	...	...	...	...	...	...	...	...	2	18	16	2
IV. CONSTITUTIONAL DISEASES ...	23	38	22	38	65	88	100	76	64	35	2	61	551	453	98
V. DEVELOPMENTAL DISEASES ...	109	1	1	...	...	...	...	2	10	51	29	110	203	170	33
VI. LOCAL DISEASES ...	171	106	24	37	64	113	152	236	192	148	31	277	1274	1017	257
VII. DEATHS FROM VIOLENCE ...	33	8	6	6	9	11	12	10	10	5	...	41	110	90	20
VIII. DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES ...	89	...	...	1	1	2	3	...	5	5	...	80	106	91	15
	581	295	73	92	147	232	285	330	295	254	66	876	2650	2192	458
I. SPECIFIC FEBRILE or ZYMOTIC DISEASES.															
ORDER 1.—Miasmatic Diseases.															
Small-pox ...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1
Measles ...	15	57	4	...	1	...	...	...	...	...	...	72	77	72	5
Scarlet Fever ...	1	7	2	2	1	2	...	...	...	...	...	8	15	12	3
Typhus ...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...
Whooping-cough ...	28	33	1	...	...	...	...	...	...	...	...	61	62	57	5
Diphtheria ...	3	24	10	...	1	...	...	...	...	...	...	27	38	35	3
Simple Continued or Ill-defined Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric or Typhoid Fever ...	...	...	2	3	1	4	1	...	...	...	...	...	11	9	2
Other Miasmatic Diseases—Influenza ...	...	4	...	3	1	4	2	2	8	4	1	4	29	21	8
2.—DIARRHOEAL DISEASES.															
Simple Cholera ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea, Dysentery ...	91	11	...	...	1	...	1	...	5	5	1	102	115	109	6
3.—MALARIAL DISEASES.															
Remittent Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ague ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4.—ZOOGENOUS DISEASES.															
Cow-Pox, and effects of Vaccination ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases (e.g., Hydrophobia, Glanders, Splenic Fever) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5.—VENEREAL DISEASES.															
Syphilis ...	13	3	...	...	...	1	2	...	...	...	...	16	19	19	...
Gonorrhoea, Stricture of the Urethra ...	...	...	...	...	...	1	1	...	...	...	...	...	2	2	...
6.—SEPTIC DISEASES.															
Erysipelas ...	1	...	...	...	...	...	1	1	1	...	2	1	6	6	...
Pyæmia, Septicæmia ...	...	1	1	1	...	...	2	...	...	...	...	1	5	5	...
Puerperal Fever ...	...	...	...	...	1	1	...	...	...	...	...	...	2	2	...
	152	140	20	10	7	14	10	3	14	9	4	292	383	350	33
II.—PARASITIC DISEASES.															
Thrush, and other Vegetable Parasitic Diseases ...	2	2	...	...	...	...	...	...	...	1	...	4	5	5	...
Worms, Hydatids, and other Animal Parasitic Diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	2	2	...	...	...	...	...	...	...	1	...	4	5	5	...
III.—DIETETIC DISEASES.															
Want of Breast Milk—Starvation ...	2	...	...	...	...	...	...	...	...	...	...	2	2	2	...
Scurvy ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chronic Alcoholism ...	...	...	...	...	...	3	6	3	...	...	...	...	12	10	2
Delirium Tremens ...	...	...	...	...	1	1	2	...	...	...	...	...	4	4	...
	2	...	...	...	1	4	8	3	...	...	...	2	18	16	2
IV.—CONSTITUTIONAL DISEASES.															
Rheumatic Fever, Rheumatism of the Heart ...	...	...	1	4	3	1	...	...	1	...	...	...	10	7	3
Rheumatism ...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...
Gout ...	...	...	...	...	...	...	...	2	3	...	...	...	5	5	...
Rickets ...	4	4	...	...	...	...	...	...	...	...	...	...	8	8	...
Cancer, Malignant Disease ...	...	...	...	2	4	15	41	47	43	32	1	...	185	143	42
Tabes Mesenterica ...	3	1	1	...	...	...	...	...	...	...	...	...	4	4	1
Tubercular Meningitis, Hydrocephalus ...	9	20	5	1	...	...	...	...	...	...	...	29	35	29	6
Phthisis ...	...	5	7	25	55	62	45	20	12	2	1	5	294	199	35
Other forms of Tuberculosis, Scrofula ...	7	8	5	6	1	5	3	3	1	1	...	15	40	36	4
Purpura, Hemorrhagic Diathesis ...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...
Anæmia, Chlorosis, Leucocythæmia ...	...	...	...	...	1	1	5	3	...	...	...	...	10	8	2
Glycosuria, Diabetes Mellitus ...	...	...	1	...	1	4	6	1	4	...	...	...	17	12	5
Other Constitutional Diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	23	38	22	38	65	88	100	76	64	35	2	61	551	453	98

Continued.

TABLE VIII.—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	83	...	...	...	...	...	...	...	...	...	...	83	83	65	18
Atelactasis	13	...	...	...	...	...	...	...	...	...	...	13	13	11	2
Congenital Malformation	13	1	1	...	...	...	...	...	...	...	...	14	15	14	1
Old Age ... ..	...	...	...	...	...	...	...	2	10	51	29	...	92	80	12
	109	1	1	...	...	...	...	2	10	51	29	110	203	170	33
VI.—LOCAL DISEASES.															
1.—DISEASES OF NERVOUS SYSTEM.															
Inflammation of Brain or Membranes	7	9	1	...	...	...	1	2	...	...	...	16	20	16	4
Apoplexy, Softening of the Brain, Hemiplegia, Brain Paralysis ... ..	...	...	1	...	3	5	13	32	37	26	4	...	121	98	23
Insanity, General Paralysis of the Insane ... ..	...	...	...	...	2	9	6	3	1	1	...	...	22	17	5
Epilepsy ... ..	...	...	...	3	1	3	4	1	1	...	1	...	14	13	1
Convulsions	29	2	...	...	...	...	...	...	...	...	...	31	31	27	4
Laryngismus Stridulus (Spasm of Glottis)	1	...	...	...	...	...	...	...	...	...	...	1	1	1	...
Diseases of Spinal Cord, Paraplegia, Paralysis Agitans ... ..	...	...	...	...	2	1	1	2	2	2	1	...	11	9	2
Other Diseases of Nervous System	2	1	1	2	4	1	...	5	5	3	2	3	26	18	8
2.—DISEASES OF ORGANS OF SPECIAL SENSE. (e.g., of Eye, Ear, Nose.)															
	...	1	...	...	...	...	...	...	...	...	...	1	1	1	...
3.—DISEASES OF CIRCULATORY SYSTEM.															
Pericarditis ... ..	...	...	1	2	...	...	...	...	...	...	...	...	3	3	...
Acute Endocarditis ... ..	...	...	...	1	2	1	...	1	2	...	...	...	7	6	1
Valvular Diseases of Heart ... ..	...	...	1	3	3	5	9	10	8	9	2	...	50	34	16
Other Diseases of Heart ... ..	...	...	7	4	8	16	27	38	33	19	1	...	153	112	41
Aneurism	1	...	...	...	...	2	...	2	1	...	...	1	6	3	3
Embolism, Thrombosis ... ..	...	...	...	1	...	3	...	1	4	1	1	...	11	5	6
Other Diseases of Blood Vessels ... ..	...	...	...	...	1	...	2	...	...	1	2	...	6	4	2
4.—DISEASES OF RESPIRATORY ORGANS.															
Laryngitis ... ..	...	2	1	...	1	...	1	...	...	...	...	2	5	5	...
Croup... ..	...	1	1	...	...	...	...	...	...	...	...	1	2	2	...
Emphysema, Asthma ... ..	...	...	...	...	1	...	1	4	1	4	...	...	11	9	2
Bronchitis	76	61	2	3	4	11	23	62	49	44	11	137	346	300	46
Pneumonia	9	14	2	6	11	21	18	24	4	3	1	23	113	99	14
Pleurisy ... ..	...	...	1	1	1	1	3	2	2	...	...	...	11	7	4
Other Diseases of Respiratory System	4	1	...	...	2	...	1	5	...	8	2	5	23	19	4
5.—DISEASES OF DIGESTIVE SYSTEM.															
Dentition	11	6	...	...	...	...	...	...	...	...	...	17	17	15	2
Sore Throat, Quinsy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of Stomach... ..	4	2	1	1	3	3	5	7	1	...	...	6	27	19	8
Enteritis	12	2	...	1	...	...	...	5	2	1	...	14	23	20	3
Gastro-Enteritis	6	1	...	...	...	1	...	...	...	1	...	7	9	8	1
Obstructive Diseases of Intestine	2	1	...	...	1	1	4	3	3	4	1	3	20	17	3
Peritonitis ... ..	...	...	2	6	1	1	3	1	1	...	...	...	15	13	2
Ascites ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cirrhosis of Liver ... ..	...	...	...	...	2	6	6	8	1	1	...	...	24	17	7
Jaundice and other Diseases of the Liver.....	3	...	...	...	1	1	3	2	2	3	...	3	15	11	4
Other Diseases of Digestive System...	1	...	...	1	1	...	1	...	2	1	...	1	7	5	2
6.—DISEASES OF LYMPHATIC SYSTEM. (e.g., of Lymphatics and of Spleen.)															
	...	1	...	...	...	...	...	...	1	...	...	1	2	2	...
7.—DISEASES OF GLAND-LIKE ORGANS OF UNCERTAIN USE. (e.g., Bronchocoele, Addison's Disease)															
	...	...	...	1	...	...	1	...	...	...	...	...	2	1	1
8.—DISEASES OF URINARY SYSTEM.															
Nephritis ... ..	...	...	2	1	1	3	3	5	6	2	...	...	23	16	7
Bright's Disease, Albuminuria ... ..	...	1	...	...	2	5	9	7	14	2	...	1	40	26	14
Disease of Bladder or of Prostate ... ..	...	...	...	...	...	1	...	1	5	9	1	...	17	8	9
Other diseases of the Urinary System ... ..	...	...	...	...	1	3	3	3	1	...	...	...	11	10	1
9.—DISEASES OF REPRODUCTIVE SYSTEM. A. Of Organs of Generation.															
Male Organs	1	...	...	...	...	...	...	...	...	...	...	1	1	1	...
Female Organs ... ..	...	...	...	...	1	3	3	...	1	1	...	...	9	4	5
B. Parturition.															
Abortion, Miscarriage ... ..	...	...	...	...	2	3	...	...	...	...	...	...	5	4	1
Puerperal Convulsions ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Placenta Prævia, Flooding ... ..	...	...	...	...	1	1	...	...	...	...	...	...	2	2	...
Other accidents of Childbirth ... ..	...	...	...	...	...	2	...	...	...	...	...	...	2	2	...
10.—DISEASES OF BONES AND JOINTS.															
Caries, Necrosis ... ..	...	...	...	...	1	...	1	...	...	...	...	...	2	2	...
Arthritis, Osteitis, Periostitis... ..	...	...	...	...	...	...	...	2	...	...	...	...	2	2	...
Other diseases of Bones and Joints ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11.—DISEASES OF INTEGUMENTARY SYSTEM.															
Carbuncle, Phlegmon... ..	1	...	...	...	...	...	...	...	...	1	...	1	2	1	1
Other Diseases of Integumentary System	1	...	...	...	...	...	...	...	...	1	1	1	3	3	...
	171	106	24	37	64	113	152	236	192	148	31	277	1274	1017	257

Continued.

TABLE VIII.—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.	Kensing- ton Town.			Brompton.	
VII.—DEATHS FROM VIOLENCE.																
1.—ACCIDENT OR NEGLIGENCE.																
Fractures and Contusions ...	2	4	3	1	5	5	7	6	7	4	...	6	44	34	10	
Gun-shot Wounds ...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
Cut, Stab ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burn, Scald ...	1	4	1	1	...	1	1	1	3	1	...	5	14	10	4	
Poison ...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...
Drowning ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation ...	28	...	1	...	...	...	1	...	...	...	...	28	30	28	2
Otherwise ...	2	...	1	...	...	...	...	...	...	...	...	2	3	2	1
2.—HOMICIDE.																
Manslaughter...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Murder ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3.—SUICIDE.																
Gun-shot Wounds ...	...	...	...	2	...	1	...	...	...	...	...	...	3	3	...
Cut, Stab ...	...	...	...	...	1	...	2	...	...	...	...	...	3	2	1
Poison ...	...	...	...	1	1	...	...	...	...	...	...	...	2	1	1
Drowning ...	...	...	...	...	...	2	...	2	...	...	...	...	4	4	...
Hanging ...	...	...	...	1	...	1	1	...	...	...	...	...	3	3	...
Otherwise ...	...	...	...	...	1	...	...	1	...	...	...	...	2	2	...
4.—EXECUTION.																
Hanging ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	33	8	6	6	9	11	12	10	10	5	...	41	110	90	20	
VIII.—DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES.																
Dropsy ...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...
Debility, Atrophy, Inanition...	87	...	...	...	...	...	...	...	...	...	...	87	87	78	14
Mortification ...	...	...	...	...	...	...	1	...	4	4	...	...	9	8	1
Tumour ...	...	...	...	1	1	...	...	1	...	...	...	...	3	3	...
Abscess ...	1	...	...	1	...	...	1	...	...	...	...	1	3	3	...
Hemorrhage ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sudden Death (cause not ascertained)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Causes not specified or ill-defined ...	1	...	...	...	...	...	1	...	...	1	...	1	3	3	...
	89	...	...	1	1	2	3	...	5	5	...	89	106	91	15

TABLE X.

(Table V. in Annual Reports prior to 1900.)

Showing the Number of Deaths from the Principal Diseases of the Zymotic Class in the ten years, 1891-1900, and in the year 1901.

DISEASES.		1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.	Annual Average of ten years, 1891-1900.	Proportion of Deaths to 1000 Deaths from all causes in ten years, 1891-1900.	Deaths in 1901.	Proportion of Deaths to 1000 Deaths from all causes in 1901.
Small-pox	...	...	...	9	...	...	...	...	...	...	...	0.9	0.3	1	0.4
Measles	...	29	109	18	108	33	173	33	120	24	98	74.5	26.3	77	29.1
Scarlet Fever	...	16	36	51	22	27	39	29	23	10	4	25.7	9.1	15	5.6
Diphtheria	...	28	31	83	75	89	72	82	26	42	27	55.5	19.6	38	14.3
Whooping-cough	...	84	63	65	61	39	99	19	52	59	33	57.4	20.3	62	23.4
Typhus Fever	...	...	...	...	...	...	...	...	2	...	...	0.2	0.0	1	0.4
Enteric Fever	...	24	15	17	21	15	15	21	12	23	16	17.9	6.3	11	4.1
Simp. Continued Fever...	...	1	2	...	3	1	1	1	...	...	...	0.9	0.3	...	...
Diarrhoea	...	91	77	98	56	118	61	125	112	101	105	94.4	33.3	115	43.4
TOTALS.	KENSINGTON.	273	333	341	346	322	460	310	347	259	233	327	115.5	320	120.7
	LONDON.	9,675	11,983	13,223	11,544	11,544	14,100	11,525	12,565	11,228	10,187	11,757	130.8	10,203	127.6
	ENGLAND & WALES.	53,221	56,032	73,499	52,771	64,901	66,936	67,051	69,714	69,820	64,059	63,800	115.2	66,531	120.7

TABLE XI.

(Table VII. in Annual Reports prior to 1900.)

Showing the Death-rate per 1,000 persons living; the 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 1901, and in the ten preceding years, 1891-1900.

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.	
1891	18.4	21.5	273	1.6	2.3	89	107	1891
1892	17.2	20.7	333	2.0	2.8	115	136	1892
1893	17.4	21.3	341	2.0	3.1	117	136	1893
1894	15.6	17.8	346	2.1	2.7	132	150	1894
1895	16.2	19.9	322	1.9	2.6	117	133	1895
1896	16.7	18.6	460	2.7	3.1	159	169	1896
1897	15.6	18.2	310	1.8	2.6	116	142	1897
1898	16.3	18.7	347	2.0	2.8	124	150	1898
1899	17.5	19.8	259	1.5	2.5	86	125	1899
1900	15.6	18.8	283	1.6	2.2	105	119	1900
Average of Ten Years 1891-1900	16.6	19.5	327	1.9	2.7	116	136	Average of Ten Years 1891-1900.
1901	15.0	17.6	320	1.8	2.3	121	128	1901

TABLE XII.

(Table VIII. in preceding Annual Reports.)

Comparative Analysis of the Mortality in all London, and in Kensington, in 1901.

				PERCENTAGE OF DEATHS TO TOTAL DEATHS.						
	Annual Death-rate per 1,000 living, from all causes.	Annual Death-rate per 1,000 living, from seven principal Zymotic diseases.	Percentage of Deaths under 1 year to Births Registered.							
				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 ...	17.6	2.3	14.9	21.8	26.2	11.3	3.8	8.9	28.9	0.3
Kensington ...	15.0	1.8	16.1	21.9	30.2	12.1	4.2	8.8	31.1	0.0

* Viz.—Borough 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, &c.

TABLE XIII.

(Table IX. in Annual Reports prior to 1900.)

Names of Streets, etc., in the Registration Sub-Districts, and in the Wards in which occurred the 320 fatal cases of the Principal Zymotic Diseases during the year 1901. The Registration Sub-Districts are Kensington Town (= K T), and Brompton (= B). The Wards, with their abbreviations, are St. Charles (= St. C), Golborne (= G), Norland (= N), Pembridge (= P), Holland (= H), Earl's Court (= E C), Queen's Gate (= Q G), Redcliffe (= R), Brompton (= B).

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Enteric Fever.	Typhus Fever.	Diarrhoea.	Total.
Acklam Road	K T	G	...	...	...	...	2	...	...	4	6
Adair Road	"	"	...	1	...	...	1	...	...	...	2
Addison Crescent	"	H	...	...	...	1	...	...	...	...	1
Admiral Mews	"	St. C	...	...	...	1	...	...	...	...	1
Admiral Place ... ..	"	"	...	...	...	...	...	...	...	1	1
Admiral Terrace	"	"	...	1	...	...	...	...	...	2	3
Adrian Terrace	B	R	...	1	...	...	1	...	...	...	2
Appleford Road	K T	G	...	...	...	...	1	...	...	1	2
Archer Mews	"	P	...	...	...	...	1	...	...	...	1
Archer Street ... ..	"	"	...	...	...	...	1	...	...	...	1
Bangor Street	"	N	...	7	...	1	...	...	...	3	11
Basing Road	"	G	...	...	...	...	2	...	...	...	2
Bassett Road	"	St. C	...	...	...	...	...	...	...	1	1
Bedford Gardens	"	H	...	...	...	1	...	...	...	...	1
Bevington Road	"	G	...	...	...	...	1	...	...	...	1
Blagrove Road ... ..	"	"	...	...	...	1	...	...	...	1	2
Blechynden Street	"	St. C	...	1	...	...	...	...	...	1	2
Blenheim Crescent	"	P	...	...	...	...	1	...	...	...	1
Bolton Road ... ..	"	"	...	...	...	...	1	...	...	1	2
Bosworth Road	"	G	...	1	...	...	1	2	...	1	5
Bramley Road	"	St. C	...	...	...	...	...	...	...	1	1
Bransford Street ... ..	"	"	...	...	1	...	1	...	...	...	2
Branstone Street ... ..	"	"	...	...	...	...	1	...	...	1	2
Brompton Road	B	B	...	...	...	...	...	...	...	1	1
Brunswick Mews	K T	P	...	...	...	...	...	1	...	...	1
Calderon Place	"	St. C	...	...	...	...	...	...	...	1	1
Calverley Street ... ..	"	"	...	...	...	...	...	...	...	1	1
Campden Street	"	H	...	...	...	...	1	...	...	...	1
Chepstow Villas	"	P	...	...	1	...	...	...	...	...	1
Church Street	"	H	...	...	...	...	2	...	...	...	2
Church Walk ... ..	"	"	...	...	...	...	...	...	...	1	1
Clarendon Road	"	N	...	1	...	...	1	...	...	...	2
Coleherne Mews	B	R	...	1	...	1	...	...	...	...	2
Cornwall Gardens	K T	Q G	...	...	...	...	...	...	...	1	1
Cornwall Road	"	P	...	2	...	...	1	...	...	1	4
Cranley Mews	B	R	...	...	1	...	...	...	...	...	1
Crescent Street	K T	N	...	1	...	...	...	...	...	2	3
Cromwell Road	B	R	1	...	...	...	...	...	...	...	1
Dartmoor Street	K T	H	...	...	...	2	...	...	...	1	3
Dawlish Yard	"	St. C	...	...	...	...	1	...	...	...	1
Denbigh Mews	"	P	...	...	...	1	...	...	...	...	1
Dulford Street	"	N	...	...	...	...	...	...	...	1	1
Earl's Court Square	B	E C	...	...	1	...	...	...	...	...	1
Edge Street	K T	H	...	...	...	...	1	...	...	...	1
Edinburgh Road	"	St. C	...	...	...	...	1	...	...	3	4
Edinburgh Terrace	"	N	...	...	...	...	1	...	...	...	1
Emma Place	"	E C	...	...	...	...	...	...	...	1	1
Ernest Street	"	H	...	...	...	...	...	1	...	...	1
Exmoor Street	"	St. C	...	...	...	...	...	...	...	1	1

Continued.

TABLE XIII.—continued.

STREET OR PLACE.	Registration Sub-District.	Ward.	Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Enteric Fever.	Typhus Fever.	Diarrhoea.	Total.
Faraday Road ...	K T	G	...	1	...	...	...	...	...	...	1
Farmer Street ...	"	H	...	...	...	1	...	...	...	...	1
Finborough Road ...	B	R	...	...	...	...	1	...	...	1	2
Fowell Street ...	K T	N	...	...	...	...	1	...	...	1	2
Gadsden Mews ...	"	G	...	1	...	...	...	...	...	...	1
Golborne Gardens ...	"	"	...	2	...	1	...	...	...	1	4
Golborne Road ...	"	"	...	...	...	...	...	...	...	1	1
Hazlewood Crescent ...	"	G	...	3	...	1	...	...	...	...	4
Hesketh Place ...	"	N	...	...	...	...	1	...	...	...	1
Hewer Street ...	"	St. C	...	1	...	...	...	...	...	2	3
Hogarth Road ...	B	E C	...	...	...	...	...	...	...	1	1
Holland Park Mews ...	K T	H	...	...	...	...	...	...	...	1	1
Hurstway Street ...	"	St. C	...	3	...	...	...	...	...	...	3
Ifield Road ...	B	R	...	1	...	...	1	...	...	1	3
Jameson Street ...	K T	H	...	...	...	...	...	...	...	2	2
Johnson Street ...	"	"	...	...	...	1	...	...	...	...	1
Kenilworth Street ...	"	N	...	...	...	...	...	...	...	1	1
Kenley Street ...	"	"	...	2	...	...	2	...	...	...	4
Kensal Road ...	"	G	...	3	1	1	...	1	...	4	10
Kensington Court Gardens ...	"	Q G	...	...	...	...	...	...	...	1	1
Kensington Infirmary ...	"	"	...	8	...	...	1	...	...	3	12
Kensington Park Road ...	"	P	...	...	...	...	...	...	...	1	1
Kensington Place ...	"	H	...	...	...	...	...	...	...	1	1
Ladbroke Grove ...	"	St. C	...	...	...	1	3	...	...	2	6
Lancaster Mews ...	"	P	...	...	...	1	...	...	...	...	1
Lancaster Road ...	"	St. C & G	...	...	...	...	...	1	...	1	2
Lansdowne Road ...	"	N	...	...	1	...	...	...	...	...	1
Ledbury Road ...	"	P	...	...	...	1	1	...	...	...	2
Lionel Mews ...	"	St. C	...	1	...	...	...	...	...	...	1
Lonsdale Road ...	"	P	...	...	1	...	...	...	...	...	1
Lorne Gardens ...	"	H	...	1	...	...	...	...	...	...	1
Mary Place ...	"	N	...	1	...	...	...	...	...	1	2
Mersey Street ...	"	St. C	...	...	1	...	...	...	...	...	1
Newcombe Street ...	"	H	...	...	...	...	...	...	...	1	1
Onslow Gardens ...	B	B	...	...	...	1	...	...	...	...	1
Park Terrace ...	K T	E C	...	...	...	...	...	...	...	1	1
Peel Street ...	"	H	...	...	...	...	...	...	...	1	1
Pembridge Road ...	"	P	...	...	1	...	...	...	...	...	1
Pembroke Mews ...	"	E C	...	...	...	...	...	...	...	1	1
Pembroke Road ...	B	"	...	...	...	...	...	1	...	...	1
Pembroke Square ...	K T	"	...	...	...	...	1	...	...	...	1
Portland Road ...	"	N	...	1	...	...	...	...	...	1	2
Portobello Road ...	"	G & S C	...	3	...	2	3	...	...	2	10
Princes Place ...	"	N	...	...	...	1	1	...	...	...	2
Prince Teck Buildings ...	B	E C	...	...	1	...	...	...	...	...	1
Rackham Street ...	K T	St. C	...	...	...	...	2	...	...	5	7
Raymede Street ...	"	"	...	...	...	1	1	...	...	...	2
Redfield Lane ...	B	E C	...	...	...	...	...	...	...	1	1
Rendle Street ...	K T	G	...	...	...	...	...	...	...	2	2
Richmond Road ...	B	E C	...	...	...	...	...	1	...	...	1
Rillington Place ...	K T	St. C	...	...	...	...	...	...	...	1	1

Continued.

TABLE XIII.—*continued.*

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Enteric Fever.	Typhus Fever.	Diarrhoea.	Total.
St. Ann's Road ...	K T	N	...	1	...	...	...	...	...	1	2
St. Ervan's Road ...	"	G	...	...	1	...	...	...	...	3	4
St. George's Road...	"	N	...	...	...	...	...	...	...	1	1
St. Katharine's Road	"	"	...	9	...	...	1	...	1	6	17
St. Luke's Mews ...	"	P	...	...	...	...	1	...	...	...	1
St. Lawrence Road	"	St. C	...	...	...	...	...	...	...	1	1
Seymour Place ...	B	R	...	1	...	...	...	...	...	...	1
Silchester Road ...	K T	St. C	...	...	...	1	1	...	...	1	3
Sirdar Road ...	"	N	...	3	...	...	...	...	...	2	5
Snarsgate Street ...	"	St. C	...	...	...	1	...	...	...	...	1
Southam Street ...	"	G	...	5	1	...	2	...	...	5	13
South End Gardens	"	Q G	...	...	...	...	...	...	...	1	1
South Row ...	"	G	...	...	...	...	...	...	...	1	1
Stanley Gardens ...	"	P	...	...	...	...	...	1	...	...	1
Stanley Gardens Mews	"	"	...	...	...	...	1	...	...	...	1
Swinbrook Road ...	"	G	...	3	...	...	1	...	...	2	6
Talbot Grove ...	"	N	...	...	...	...	2	...	...	...	2
Tavistock Crescent	"	G	...	...	...	1	...	...	...	1	2
Tavistock Road ...	"	"	...	...	...	...	...	...	...	1	1
Telford Road ...	"	"	...	1	...	...	...	...	...	...	1
Testerton Street ...	"	St. C	...	...	...	...	...	1	...	...	1
Thurloe Mews ...	B	B	...	...	...	...	...	...	...	1	1
Tobin Square ...	K T	N	...	...	...	1	...	...	...	...	1
Tottenham Street ...	"	G	...	...	...	1	...	...	...	...	1
Treverton Street ...	"	St. C	...	1	...	2	1	...	...	2	6
Uxbridge Street ...	"	H	...	...	3	...	...	...	...	...	3
Uxbridge Terrace ...	"	P	...	...	...	...	...	...	...	1	1
Wallgrave Road ...	B	E C	...	1	...	...	...	...	...	...	1
Walmer Road ...	K T	St. C & N	...	...	...	1	2	1	...	2	6
Walton Street ...	B	B	...	...	...	...	1	...	...	...	1
Wedlake Street ...	K T	G	...	...	...	...	1	...	...	...	1
Westbourne Grove	"	P	...	...	...	1	...	...	...	...	1
Western Terrace ...	"	"	...	...	...	1	...	...	...	...	1
Wetherby Mansions	B	E C	...	...	...	1	...	...	...	...	1
Wheatstone Road ...	K T	G	...	...	...	...	...	...	...	4	4
William Street ...	"	H	...	...	...	1	...	...	...	...	1
Wornington Road ...	"	G	...	2	...	4	4	...	...	4	14
Wynnstay Gardens	"	E C	...	1	...	...	...	...	...	...	1
Yeoman's Row ...	B	B	...	...	...	...	1	...	...	...	1

NOTE.—The deaths occurring in the Borough Infirmary have been allocated, where possible, to the streets from which the patients had been removed to the Infirmary.

TABLE XIV.

(Table IXa. in preceding Annual Reports.)

Names of Streets, etc., in the Registration Sub-Districts, and in the Wards, from which the 1,025 cases of Infectious Disease were notified, under the provisions of the Public Health (London) Act, 1891, during the year 1901. The Registration Sub-Districts are Kensington Town (= K T), and Brompton (= B). The Wards, with their abbreviations, are St. Charles (= St. C), Golborne (= G), Norland (= N), Pembridge (= P), Holland (= H), Earl's Court (= E C), Queen's Gate (= Q G), Redcliffe (= R), Brompton (= B).

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Abbey Road ...	K T	N	...	2	...	...	...	...	...	...	...	2
Acklam Road ...	"	G	...	4	1	...	...	...	...	...	...	5
Adair Road ...	"	"	...	2	...	...	...	...	...	1	...	3
Adams Cottages ...	"	N	...	1	...	...	...	...	...	...	...	1
Addison Crescent ...	"	H	...	...	1	...	...	...	...	...	...	1
Addison Road ...	"	"	...	2	...	...	...	...	...	...	...	2
Addison Road North ...	"	N	...	...	1	...	...	...	...	...	...	1
Adela Street ...	"	G	...	1	...	...	...	...	...	...	...	1
Admiral Mews ...	"	St. C	...	...	1	...	...	...	...	...	...	1
Admiral Place ...	"	"	...	...	1	...	...	...	...	...	...	1
Admiral Terrace ...	"	"	...	...	...	...	...	...	...	1	...	1
Adrian Terrace ...	B	R	...	4	1	...	...	...	...	...	...	5
Albert Mews ...	K T	P	...	4	1	...	...	...	...	...	...	5
Alexander Square ...	B	B	...	...	...	...	...	...	...	1	...	1
Alfred Mews ...	K T	N	...	...	...	1	...	...	...	...	...	1
All Saints Road ...	"	G	...	4	1	...	...	...	...	1	...	6
Appleford Road ...	"	"	...	1	3	2	...	...	...	1	...	7
Archer Street ...	"	P	...	1	1	...	...	...	...	...	...	2
Argyll Road ...	"	H	...	3	...	1	...	...	...	...	...	4
Arundel Gardens ...	"	P	...	...	...	...	...	...	...	1	...	1
Ashburn Mews...	B	R	...	...	1	...	...	...	...	...	...	1
Ashburn Place...	"	"	...	...	...	1	...	...	...	...	...	1
Ashley Cottages ...	"	E C	...	1	...	1	...	1	...	...	...	3
Ball Street ...	K T	Q G	...	1	1	...	...	...	...	...	...	2
Bangor Street ...	"	N	...	2	...	...	...	...	...	4	...	6
Barkston Gardens ...	B	R	...	3	1	...	...	...	...	...	...	4
Basing Road ...	K T	P	...	2	1	...	...	...	...	...	...	3
Beauchamp Place ...	B	B	...	2	1	...	...	...	...	1	...	4
Beaufort Gardens ...	"	B	...	...	1	...	...	...	...	...	...	1
Bedford Gardens ...	K T	H	...	...	2	...	...	...	...	...	...	2
Bedford Terrace ...	"	"	...	...	1	...	...	...	...	...	...	1
Bevington Road ...	"	G	...	4	3	1	...	...	...	...	...	8
Bina Gardens ...	B	R	...	...	...	...	...	...	...	1	...	1
Blagrove Road...	K T	G	...	2	2	...	...	...	...	1	...	5
Blenheim Crescent ...	"	P	...	2	...	...	...	...	...	...	...	2
Blechynden Street ...	"	St. C	...	3	...	...	...	...	...	1	...	4
Blithfield Street ...	"	E C	...	1	...	...	...	...	...	...	...	1
Bolton Road ...	"	P	...	3	...	...	...	...	...	...	...	3
Bomere Road ...	"	N	...	3	...	...	...	...	...	1	...	4
Bonchurch Road ...	"	St. C	...	...	1	...	...	...	...	...	...	1
Bosworth Road ...	"	G	...	1	1	2	...	1	...	1	...	6
Bramham Gardens ...	B	R	...	1	...	...	...	...	...	...	...	1
Bransford Street ...	K T	St. C	...	1	1	1	...	...	...	...	...	3
Branstone Street ...	"	"	...	1	...	...	...	...	...	...	...	1
Brompton Road ...	B	B	...	2	...	1	...	...	...	...	...	3
Brompton Square ...	"	"	...	...	1	...	...	...	...	...	...	1
Buckingham Mews ...	K T	P	...	...	1	...	...	...	...	...	...	1
Buckingham Terrace ...	"	"	...	1	...	...	...	...	...	...	...	1
Bulmer Terrace ...	"	"	...	...	1	...	...	...	...	...	...	1

Continued.

TABLE XIV.—continued.

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Cambridge Gardens ...	K T	St. C	...	1	1	2	...	...	...	...	...	4
Campden Grove ...	"	H	...	1	...	...	...	...	...	...	...	1
Campden Hill Court ...	"	"	...	...	1	...	...	...	...	...	...	1
Campden Hill Road ...	"	"	...	1	1	...	...	...	...	...	...	2
Campden Hill Square ...	"	"	...	1	...	...	...	...	...	...	...	1
Campden Houses ...	"	"	...	1	4	1	...	...	...	...	...	6
Campden Street ...	"	"	...	4	5	4	...	...	...	1	...	14
Cathcart Road ...	B	R	...	...	1	...	...	...	...	1	...	2
Chepstow Villas ...	K T	P	...	2	...	...	...	...	...	...	...	2
Chesterton Road ...	"	St. C	...	5	1	...	...	...	...	4	...	10
Childs Passage ...	B	E C	...	1	...	...	...	...	...	...	...	1
Childs Place ...	"	"	...	3	...	...	...	...	...	...	...	3
Childs Street ...	"	"	...	2	1	...	...	...	...	...	...	3
Church Street ...	K T	H	...	...	...	...	...	...	...	1	...	1
Clanricarde Gardens ...	"	P	...	...	...	1	...	...	...	...	...	1
Clarendon Place ...	"	N	...	1	...	...	...	...	...	...	...	1
Clarendon Road ...	"	"	...	3	1	...	...	...	...	...	...	4
Coleherne Mews ...	B	R	...	...	...	...	...	...	...	...	1	1
Coleherne Road ...	"	"	...	1	...	...	...	...	...	...	...	1
Collingham Gardens ...	"	"	...	...	3	...	...	...	...	...	...	3
Collingham Place ...	"	"	...	1	...	...	...	...	...	...	...	1
Colville Gardens ...	K T	P	...	...	...	...	...	...	...	1	...	1
Convent Gardens ...	"	"	...	1	...	...	...	...	...	...	...	1
Cornwall Road ...	"	P & N	...	6	...	...	...	...	...	3	...	9
Courtfield Gardens ...	B	R	...	1	...	1	...	...	...	1	...	3
Courtfield Road ...	"	"	...	1	...	...	...	...	...	...	...	1
Cousins Cottages ...	K T	H	...	...	...	...	...	...	...	1	...	1
Cranley Gardens ...	B	R	...	...	1	...	...	...	...	...	...	1
Cranley Mews ...	"	"	...	...	...	...	...	...	...	1	...	1
Crescent Place ...	"	B	...	...	...	...	...	...	1	...	...	1
Crescent Street ...	K T	N	...	2	...	...	...	...	...	1	...	3
Cromwell Road ...	B	E C Q G R & B	1	1	2	...	...	...	...	...	...	4
Darnley Road ...	K T	N	...	4	...	...	...	...	...	...	...	4
Dartmoor Street ...	"	H	...	3	6	1	...	...	...	3	...	13
Denbigh Mews ...	"	P	...	...	3	...	...	...	...	...	...	3
Denbigh Terrace ...	"	"	...	2	...	1	...	...	...	1	...	4
De Vere Gardens ...	"	Q G	...	2	...	...	...	...	...	...	...	2
Drayton Gardens ...	B	R	1	4	...	2	...	...	...	...	...	7
Drayton Villas ...	"	"	...	3	...	...	...	...	...	...	...	3
Dukes Lane Chambers ...	K T	H	...	1	1	...	...	...	...	...	...	2
Dulford Street ...	"	N	...	...	...	1	...	...	...	...	...	1
Durham Place ...	"	H	...	...	3	...	...	...	...	...	...	3
Earl's Court Road ...	K T & B	E C	...	1	1	...	...	...	...	...	...	2
Earl's Court Square ...	B	"	...	2	1	1	...	...	...	...	...	4
East Row ...	K T	G	...	3	1	...	...	...	...	1	...	5
Edenham Street ...	"	"	...	5	1	...	...	...	...	3	...	9
Edinburgh Road ...	"	St. C	...	...	1	...	...	...	...	...	...	1
Edwards Square ...	"	E C	...	1	...	...	...	...	...	...	...	1
Egerton Mews ...	B	B	...	1	1	...	...	...	...	...	...	2
Elgin Crescent ...	K T	N	...	...	1	...	...	...	...	2	...	3
Elvaston Mews ...	"	Q G	...	...	1	...	...	...	...	...	...	1
Elvaston Place ...	"	"	...	...	...	...	...	...	...	1	...	1
Emma Place ...	"	E C	...	1	...	...	...	...	...	...	...	1
Emperor's Gate ...	B	Q G	...	2	...	1	...	...	...	...	...	3
Ernest Street ...	K T	H	...	3	...	...	...	...	...	...	...	3
Evelyn Gardens ...	B	R	...	1	...	...	...	...	...	...	...	1
Faraday Road ...	K T	St. C & G	...	6	1	1	...	...	...	1	...	9
Farmer Street ...	"	H	...	...	2	...	...	...	...	1	...	3
Farnell Mews ...	B	E C	...	3	...	...	...	...	...	...	...	3
Fenelon Road ...	"	"	...	...	1	...	...	...	...	...	...	1

Continued.

TABLE XIV.—continued.

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Finborough Road ...	B	R	...	5	1	...	...	...	...	1	...	7
Fopstone Road ...	"	E C	...	1	...	...	...	...	...	1	...	2
Fulham Road ...	"	R & B	...	5	...	...	...	...	...	...	...	5
Gilston Road ...	R	R	...	1	...	...	...	...	...	...	...	1
Gloucester Road ...	K T & B	R & Q G	...	...	2	...	...	...	...	...	...	2
Golborne Gardens ...	K T	G	...	1	2	...	...	...	...	1	...	4
Golborne Road ...	"	"	...	5	1	1	...	1	...	2	...	10
Gordon Place ...	"	H	...	...	1	1	...	...	...	...	...	2
Hans Road ...	B	B	...	1	...	...	...	...	...	...	...	1
Harcourt Terrace ...	"	R	...	1	1	...	...	...	...	...	...	2
Harrington Road ...	"	B	...	...	...	2	...	...	...	...	...	2
Hazlewood Crescent ...	K T	G	...	5	2	...	...	...	...	...	...	7
Hesketh Place ...	"	N	...	1	...	...	...	...	...	1	...	2
Hewer Street ...	"	St. C	...	6	...	...	...	...	...	...	...	6
High Street, Notting Hill ...	"	P	...	1	...	...	...	...	...	...	...	1
Hippodrome Stables ...	"	N	...	...	...	...	...	...	...	1	...	1
Hogarth Road ...	B	E C	...	...	...	...	...	...	...	1	...	1
Holland Park ...	K T	H	...	1	...	...	...	...	...	...	...	1
Holland Park Avenue ...	"	"	...	4	...	...	...	...	...	...	...	4
Holland Park Mews ...	"	"	...	2	...	...	...	...	...	1	...	3
Holland Place ...	"	"	...	...	...	...	...	...	...	1	...	1
Holland Road ...	"	"	...	1	...	...	...	...	...	2	...	3
Holland Villas Road ...	"	"	...	1	...	...	...	...	...	...	...	1
Hollywood Road ...	B	R	...	1	...	1	...	...	...	1	...	3
Hornton Place ...	K T	H	...	1	1	...	...	...	...	...	...	2
Hurstway Street ...	"	St. C	...	...	...	1	...	...	...	1	...	2
Hyde Park Gate Mews ...	"	Q G	...	...	1	...	...	...	...	...	...	1
Ifield Road ...	B	R	...	...	...	...	...	...	...	1	...	1
Inverness Gardens ...	K T	H	...	...	1	...	...	...	...	...	...	1
James Street ...	"	Q G	...	...	1	...	...	...	...	...	...	1
Jameson Street ...	"	H	...	3	2	1	...	...	...	...	...	6
Johnson Street ...	"	"	...	1	6	1	...	...	...	...	...	8
Kenilworth Street ...	"	N	...	...	...	...	...	...	...	2	...	2
Kenley Street ...	"	"	...	4	1	1	...	...	...	2	...	8
Kensal Road ...	"	G	...	7	4	2	...	2	...	1	...	16
Kensington Buildings ...	"	E C	...	3	...	...	...	...	...	...	...	3
Kensington Court ...	"	Q G	...	2	...	...	...	...	...	...	...	2
Kensington Ct. Gardens ...	"	"	...	...	...	1	...	...	...	...	...	1
Kensington High Street ...	"	H & Q G	...	5	1	...	...	...	...	...	...	6
Kensington Infirmary ...	"	Q G	1	3	4	8	2	...	...	40	...	58
Kensington Palace Gdns. ...	"	H	...	...	1	...	...	...	...	...	...	1
Kensington Palace Mans. ...	"	Q G	...	...	1	...	...	...	...	1	...	2
Kensington Park Gardens ...	"	P	...	...	...	1	...	...	...	...	...	1
Kensington Park Road ...	"	"	...	1	...	...	...	...	...	1	...	2
Kensington Place ...	"	H	...	1	2	1	...	...	1	...	...	5
Kensington Road ...	"	"	...	1	...	...	...	...	...	...	...	1
King Street ...	"	Q G	...	1	...	...	...	...	...	...	...	1
Knaresborough Place ...	B	E C	...	1	...	...	...	...	...	...	...	1
Kramer Mews ...	"	"	...	1	...	...	...	...	...	...	...	1
Ladbroke Grove ...	K T	St. C, N & P	...	8	5	2	...	...	...	2	...	17
Ladbroke Road ...	"	P	...	1	...	...	...	...	...	1	...	2
Ladbroke Square ...	"	"	...	...	1	...	...	...	...	...	...	1
Lancaster Mews ...	"	"	...	...	...	1	...	...	...	1	...	2
Lancaster Road ...	"	St. C & G	4	8	...	1	...	...	...	4	...	17
Lausdowne Road ...	"	N	...	1	1	...	...	...	...	...	...	2
Latimer Road ...	"	St. C	...	...	1	...	...	...	...	1	...	2
Ledbury Mews ...	"	P	...	...	...	1	...	...	...	...	...	1
Ledbury Mews West ...	"	"	...	...	...	1	...	...	...	...	...	1

Continued.

TABLE XIV.—continued.

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Ledbury Road ...	K T	P	...	1	1	...	...	...	...	...	...	2
Lenthall Mews...	B	R	...	...	1	...	...	...	...	...	...	1
Lexham Gardens ...	"	E C	...	1	1	...	...	...	...	...	...	2
Linden Gardens ...	K T	P	...	1	...	1	...	...	...	...	...	2
Linden Mews ...	"	"	...	...	...	...	...	1	...	...	...	1
Lionel Mews ...	"	St. C	...	...	...	1	...	...	...	1	...	2
Lonsdale Road ...	"	P	...	1	...	8	...	...	...	2	...	11
Lorne Gardens...	"	H	...	2	...	...	...	...	...	...	...	2
Lower Phillimore Place	"	"	...	2	...	...	...	...	...	...	...	2
Manchester Road ...	"	St. C	...	...	1	...	...	...	...	...	...	1
Manson Place ...	B	B	...	...	1	...	...	...	...	...	...	1
Mary Place ...	K T	N	...	1	...	...	...	...	...	1	...	2
Melon Place ...	"	H	...	...	...	...	...	...	...	1	...	1
Mersey Street ...	"	St. C	...	1	...	...	...	...	...	...	...	1
Milborne Grove ...	B	R	...	1	...	...	...	...	...	...	...	1
Munro Mews ...	K T	G	...	3	2	...	...	...	...	...	...	5
Murchison Road ...	"	"	...	2	1	...	...	...	...	...	...	3
Nevern Mansions ...	B	E C	...	1	...	...	...	...	...	...	...	1
Nevern Road ...	"	"	...	...	1	...	...	...	...	...	...	1
Nevern Square...	"	"	...	1	1	...	...	...	...	...	...	2
Newcombe Street ...	K T	H	1	...	2	...	...	...	...	...	...	3
New Road ...	"	"	...	...	2	...	...	...	...	...	...	2
Norland Road ...	"	N	...	...	...	...	...	...	...	1	...	1
Norland Square ...	"	"	...	...	1	...	...	...	...	...	...	1
North Street, St. Mark's	"	R	...	1	...	...	...	...	...	...	...	1
Onslow Crescent ..	B	B	...	1	...	...	...	...	...	...	...	1
Onslow Gardens ...	"	"	...	...	3	...	...	...	...	...	...	3
Onslow Place ...	"	"	...	1	...	...	...	...	...	...	...	1
Ossington Street ...	K T	P	...	1	...	...	...	...	...	...	...	1
Osten Mews ...	B	Q G	...	...	1	...	...	...	...	...	...	1
Oxford Gardens ...	K T	St. C	...	1	2	...	...	...	...	...	...	3
Palace Gardens Terrace.	"	H	...	2	...	...	...	...	...	...	...	2
Park Terrace, East Row.	"	G	...	1	...	...	...	...	...	...	...	1
Peel Place ...	"	H	...	...	...	1	...	...	...	...	...	1
Peel Street ...	"	"	...	2	1	...	...	...	...	...	...	3
Pembridge Gardens ...	"	P	...	1	...	...	...	...	...	...	...	1
Pembridge Mews ...	"	"	...	1	...	...	...	...	...	...	...	1
Pembridge Road ...	"	"	...	3	...	...	...	...	...	1	...	4
Pembridge Villas ...	"	"	...	1	...	...	...	...	...	...	...	1
Pembroke Gardens ...	"	E C	...	...	1	...	...	...	...	...	...	1
Pembroke Place ...	"	"	...	...	1	...	...	...	...	...	...	1
Pembroke Road ...	B	"	...	3	1	1	...	...	...	...	...	5
Pembroke Square ...	K T	"	...	1	...	...	...	...	...	...	...	1
Pennant Mews...	B	Q G	...	...	2	...	...	...	...	...	...	2
Philbeach Gardens ...	"	E C	...	...	1	...	...	...	...	...	...	1
Phoenix Place ...	K T	N	...	1	1	...	...	...	...	...	...	2
Portland Road ...	"	"	...	9	1	...	...	...	...	2	...	12
Portobello Road ...	"	St. C G & P	...	17	9	2	...	...	1	1	...	30
Pottery Lane ...	"	N	...	1	...	...	...	...	...	...	...	1
Princes Place ...	"	"	...	1	1	...	...	1	...	...	...	3
Princes Road ...	"	"	...	2	...	...	...	...	...	...	...	2
Prince Teek Buildings...	B	E C	...	1	...	...	...	...	...	...	...	1
Priory Mansions ...	"	R	...	...	1	...	...	...	...	...	...	1
Queen Ann's Terrace ...	K T	G	...	...	2	...	...	...	...	...	...	2
Queen's Gate ...	K T & B	Q G & B	...	1	...	1	...	...	...	...	...	2
Queen's Gate Mews ...	K T	Q G	...	...	1	...	...	...	...	...	...	1
Queen's Road ...	"	N	...	6	...	1	...	...	...	...	...	7

Continued.

TABLE XIV.—continued.

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Rackham Street ...	K T	St. C	...	4	8	...	...	...	...	1	...	13
Raddington Road ...	"	G	...	1	...	...	...	...	1	...	...	2
Radley Mews ...	B	E C	...	1	...	...	...	...	...	...	...	1
Raymede Street ...	K T	St. C	...	1	1	...	...	...	...	...	...	2
Redcliffe Gardens ...	B	R	...	...	...	1	...	...	...	...	...	1
Redcliffe Mews ...	"	"	...	1	...	...	...	...	...	...	...	1
Redcliffe Road ...	"	"	...	1	...	...	...	...	...	...	...	1
Redcliffe Square ...	"	"	...	1	...	...	...	...	...	...	...	1
Redcliffe Street ...	"	"	...	1	...	...	...	...	...	...	...	1
Redfield Lane ...	"	E C	...	1	...	...	...	...	...	...	...	1
Rendle Street ...	K T	G	...	...	1	...	...	...	...	...	...	1
Richmond Road ...	B	E C	...	1	...	1	...	...	...	1	...	3
Roland Gardens ...	"	R	...	2	...	...	...	...	...	...	...	2
Roseland Place ...	K T	P	...	...	1	...	...	...	...	...	...	1
Royal Crescent ...	"	N	...	...	1	...	...	...	...	...	...	1
Russell Road ...	"	H	...	1	...	...	...	...	...	...	...	1
Rutland Street ...	B	B	...	1	...	...	...	...	...	...	...	1
St. Alban's Road ...	K T	Q G	...	...	2	...	...	...	...	3	...	5
St. Ann's Road ...	"	N	...	1	1	...	...	...	...	2	...	4
St. Ervan's Road ...	"	G	...	1	8	...	...	...	...	...	...	9
St. George's Road ...	"	N	...	...	...	...	...	...	...	2	...	2
St. Helen's Gardens ...	"	St. C	...	1	...	...	...	...	...	...	...	1
St. James's Place ...	"	N	...	...	1	...	...	...	...	2	...	3
St. James's Square ...	"	"	...	2	...	...	...	...	...	...	...	2
St. John's Place ...	"	"	...	...	1	1	...	...	...	...	...	2
St. Katharine's Road ...	"	"	1	...	...	...	...	...	...	3	...	4
St. Lawrence Road ...	"	St. C	...	1	...	...	...	...	1	...	...	2
St. Luke's Mews ...	"	P	...	...	...	1	...	...	...	...	...	1
St. Mark's Rd., Fulham Road	B	R	...	1	...	...	...	...	...	...	...	1
St. Mark's Road Notting Hill	K T	N	...	4	1	...	...	...	...	...	...	5
St. Quintin Avenue ...	"	St. C	...	1	...	...	...	...	...	...	...	1
Scarsdale Villas ...	"	E C	...	1	...	...	...	...	...	1	...	2
Seymour Place ...	B	R	2	...	...	...	...	...	...	...	...	2
Silechester Road ...	K T	St. C	...	1	...	...	...	...	...	...	1	2
Silver Street ...	"	H	...	...	...	1	...	...	...	...	...	1
Sirdar Road ...	"	N	...	4	...	...	...	...	...	3	...	7
Snarsgate Street ...	"	St. C	...	...	2	...	...	...	...	...	...	2
Southam Street ...	"	G	1	16	2	1	...	...	1	4	...	25
South Row ...	"	"	...	5	...	1	...	...	...	1	...	7
South Street, St. Mark's Road	B	R	...	...	...	...	...	...	...	2	...	2
South Street, Thurloe Square	"	B	...	1	...	...	...	...	...	...	...	1
Southwell Gardens ...	"	Q G	...	...	...	1	...	...	...	...	...	1
Stanley Gardens ...	K T	P	...	...	...	1	...	...	...	...	...	1
Stockton Mews ...	"	G	...	...	...	...	...	...	...	2	...	2
Stoneleigh Street ...	"	N	...	2	...	...	...	...	...	...	...	2
Sussex Place ...	B	B	...	1	...	...	...	...	...	...	...	1
Swinbrook Road ...	K T	G	...	2	1	1	...	...	...	5	...	9
Tabernacle Terrace ...	"	N	...	...	...	1	...	...	...	...	...	1
Tallot Grove ...	"	"	...	...	1	...	...	...	...	...	...	1
Talbot Mews ...	"	"	...	3	...	...	...	...	...	...	...	3
Talbot Road ...	"	P	...	1	...	...	...	1	...	...	...	2
Tavistock Crescent ...	"	G	...	9	1	...	...	...	1	...	...	11
Tavistock Road ...	"	"	...	3	1	...	...	...	...	1	...	5
Telford Road ...	"	"	...	2	1	...	...	...	...	...	...	3
Templeton Place ...	B	E C	...	...	1	...	...	...	...	...	...	1
Testerton Street ...	K T	St. C	...	...	...	2	...	...	...	...	...	2
The Triangle ...	"	"	...	1	...	...	...	...	...	...	...	1

Continued.

TABLE XIV.—continued.

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Thorp's Mews ...	K T	St. C	...	...	1	...	...	...	...	...	...	1
Thurloe Mews ...	B	B	...	...	1	...	...	...	...	...	...	1
Thurloe Place ...	"	"	...	...	...	1	...	...	...	...	...	1
Tobin Cottages ...	K T	N	...	...	...	...	...	...	1	...	...	1
Tobin Street ...	"	"	...	1	1	...	...	...	...	...	...	2
Tottenham Street ...	"	G	...	1	1	...	...	...	...	...	...	2
Treadgold Street ...	"	N	...	1	...	1	...	...	...	...	...	2
Trebovir Road ...	B	EC	...	...	1	...	...	...	...	...	...	1
Tregunter Road ...	"	R	...	1	...	1	...	...	...	...	...	2
Treverton Street ...	K T	St. C	...	7	6	1	...	...	1	...	...	15
Upper Phillimore Place..	"	H	...	1	...	...	...	...	...	...	...	1
Uxbridge Street ...	"	"	...	7	1	1	...	...	...	...	...	9
Victoria Gardens ...	"	P	...	1	...	...	...	...	...	1	...	2
Victoria Mansions ...	"	G	...	1	...	...	...	...	...	...	...	1
Walmer Road ...	"	St. C & N	1	4	2	2	...	...	...	3	...	12
Walton Street ...	B	B	...	1	...	...	...	...	...	...	...	1
Warwick Road ...	K T & B	EC	...	2	3	1	...	...	...	...	...	6
Westbourne Grove ...	K T	P	1	1	...	...	...	...	...	1	1	4
Western Terrace ...	"	"	...	...	1	...	...	...	...	...	...	1
Westgate Terrace ...	B	R	...	...	...	1	...	...	...	...	...	1
West Mall ...	K T	H	...	1	...	...	...	...	...	...	...	1
West Pembroke Place...	"	EC	...	4	1	...	...	...	...	...	...	5
Wetherby Mansions ...	B	"	...	...	1	...	...	...	...	...	...	1
Wheatstone Road ...	K T	G	...	4	5	...	...	...	1	1	...	11
Wilby Mews ...	"	P	...	1	...	...	...	...	...	...	...	1
Williams Place ...	"	EC	...	1	...	...	...	...	...	...	...	1
William Street ...	"	H	...	...	1	1	...	...	...	...	...	2
Wernington Road ...	"	G	...	15	17	3	...	...	...	4	...	39
Wynnstay Gardens ...	"	EC	...	...	1	...	...	...	...	...	...	1
Yeoman's Row ...	B	B	...	12	...	...	...	...	...	1	...	13

APPENDIX II.

TABLE A.

Population of Kensington, 1856-1901; Marriages, and Marriage-rate (1871-1901); Births, and Birth-rate; Deaths, and Death-rate (1856-1901); and Infantile Mortality (1870-1901).

THE YEAR.	POPULATION.	MARRIAGES.	MARRIAGE RATE.	BIRTHS.	BIRTH RATE.		DEATHS.	DEATH RATE.		Deaths under One Year.	Deaths under One Year per 1,000 Births Registered.
					Kensington.	London.		Kensington.	London.		
1856	57,078	Information incomplete.	No Information.	1,804	31·6	33·6	1,235	21·6	22·0	Information incomplete.	Information incomplete.
1857	59,683			1,854	31·1	34·0	1,197	20·1	22·4		
1858	62,288			1,881	30·2	33·2	1,290	20·7	23·9		
1859	64,893			2,002	30·8	34·1	1,338	20·6	22·7		
1860	67,498			2,016	29·9	33·6	1,480	21·9	22·4		
1861	70,108			2,159	30·8	34·5	1,447	20·6	23·2		
1862	76,350			1,960	25·7	34·2	1,604	21·0	23·6		
1863	81,350			2,330	28·6	35·2	1,628	20·0	24·5		
1864	86,350			2,494	28·9	34·7	1,849	21·4	26·4		
1865	91,350			2,619	28·7	35·7	1,733	18·9	24·5		
1866	96,350	Information incomplete.	No Information.	3,080	31·9	35·7	1,966	20·4	26·5	Information incomplete.	Information incomplete.
1867	101,350			3,158	31·2	36·5	1,933	19·1	23·0		
1868	106,350			3,522	33·1	36·3	2,232	21·0	23·5		
1869	111,350			3,625	32·6	35·4	2,249	20·2	24·6		
1870	116,350			3,705	31·8	35·4	2,473	21·3	24·1		
1871	120,234	1,131	18·8	3,804	31·6	34·5	2,418	20·1	24·6	582	153
1872	127,606	1,132	17·7	4,041	31·7	35·6	2,256	17·7	21·5	626	155
1873	132,826	1,243	18·7	4,182	31·5	35·3	2,439	18·4	22·4	656	157
1874	138,616	1,311	18·9	4,356	31·4	35·6	2,696	19·4	22·4	762	175
1875	144,488	1,346	18·6	4,478	31·0	35·4	2,786	19·3	23·6	686	153
1876	148,338	1,417	19·1	4,499	30·3	35·9	2,896	19·5	21·9	771	171
1877	151,860	1,411	18·6	4,648	30·7	35·6	2,625	17·3	21·6	648	139
1878	154,305	1,331	17·2	4,607	29·9	35·5	3,120	20·2	23·1	823	179
1879	158,316	1,428	18·0	4,790	30·3	35·5	2,992	18·9	22·6	722	151
1880	161,462	1,483	18·4	4,605	28·5	35·3	2,884	17·9	21·7	719	156
1881	163,151	1,461	17·9	4,400	26·9	34·7	2,726	16·7	21·3	644	146
1882	163,540	1,474	18·0	4,327	26·5	34·5	2,691	16·4	21·5	635	147
1883	163,860	1,616	19·7	4,230	25·8	34·5	2,615	15·9	20·8	601	142
1884	164,180	1,498	18·2	4,394	26·7	34·3	2,638	16·1	20·9	678	154
1885	164,500	1,480	18·0	4,032	24·5	33·4	2,768	16·8	20·4	653	162
1886	164,820	1,605	19·5	4,149	25·2	33·4	2,756	16·7	20·6	636	153
1887	165,140	1,561	18·9	3,941	23·9	32·9	2,872	17·4	20·3	680	172
1888	165,450	1,497	18·1	3,776	22·8	32·1	2,825	17·1	19·3	604	160
1889	165,760	1,491	18·0	3,698	22·3	31·9	2,412	14·6	18·4	489	132
1890	166,080	1,511	18·2	3,864	23·3	30·7	2,951	17·8	21·4	651	168
1891	166,308	1,569	18·9	3,847	23·1	31·9	3,066	18·4	21·5	633	164
1892	167,200	1,584	18·9	3,718	22·2	31·0	2,882	17·2	20·7	587	158
1893	167,900	1,540	18·3	3,661	21·8	30·9	2,916	17·4	21·3	625	170
1894	168,600	1,537	18·2	3,665	21·7	30·3	2,623	15·6	17·8	636	174
1895	169,300	1,455	17·2	3,621	21·4	30·6	2,748	16·2	19·9	624	172
1896	170,465	1,706	20·1	3,717	21·4	30·2	2,891	16·7	18·6	656	176
1897	170,700	1,681	19·7	3,683	21·6	30·1	2,667	15·6	18·2	609	165
1898	172,000	1,648	19·2	3,633	21·1	29·5	2,798	16·3	18·7	655	180
1899	172,400	1,693	19·6	3,590	20·8	29·4	3,021	17·5	19·8	642	179
1900	173,000	1,543	17·8	3,586	20·7	28·6	2,698	15·6	18·8	641	179
1901	176,628	1,651	18·7	3,602	20·4	29·0	2,650	15·0	17·6	581	161

NOTE.—The Medical Officer of Health is not responsible for the accuracy of the Kensington figures above the horizontal line between the years 1870 and 1871, excepting as to estimated population and calculation of rates. Census years are indicated by dark type.

TABLE B.

Annual Number of Deaths in Kensington from the Principal Diseases of the Zymotic Class (1856-1901); and Zymotic Death-rate, in Kensington, and in London.

THE YEAR.	POPULATION.	DEATHS FROM THE SEVEN PRINCIPAL DISEASES OF THE ZYMOTIC CLASS.										ZYMOTIC DEATH-RATE.		
		Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.			Diarrhoea.	Total.	Per 1,000 persons living.		Deaths, per 1,000 Deaths from all Causes, Kensington.
							Typhus.	Enteric.	Simple Continued.			Kensington.	London.	
1856	57,078	13	30	20	Not separately classified.	19	Not separately classified.	15	Not separately classified.	62	159	2.8	No Information.	129
1857	59,683	...	15	26		87		17		83	178	2.9		149
1858	62,288	2	24	49		64		38		80	207	3.3		160
1859	64,893	11	42	53		11		17		72	206	3.2		154
1860	67,498	18	29	86		56		25		35	249	3.7		168
1861	70,108	2	53	57	No Information.	37	Not separately classified.	34	Not separately classified.	66	249	3.5	No Information.	172
1862	76,350	...	30	110		54		51		24	269	3.5		168
1863	81,350	49	83	89		22		54		54	351	4.3		215
1864	86,350	5	100	90		56		60		63	374	4.3		202
1865	91,350	18	52	31		37		77		104	319	3.5		184
1866	96,350	10	40	28		28		33		112	251	2.6		128
1867	101,350	29	19	35		68		46		78	275	2.7		142
1868	106,350	4	84	170		34		52		113	457	4.3		205
1869	111,350	6	27	106		71		42		108	369	3.3		164
1870	116,350	8	70	198		55		46		154	545	4.7		220
1871	120,234	120	64	95	11	72	6	26	16	129	539	4.5	6.0	223
1872	127,606	68	43	29	14	77	4	28	10	110	388	3.0	3.8	169
1873	132,826	1	38	10	11	44	6	27	8	145	290	2.2	3.3	119
1874	138,616	...	121	32	26	45	9	28	15	112	388	2.8	3.3	144
1875	144,488	...	23	83	23	107	2	21	6	107	372	2.6	3.9	133
1876	148,338	8	128	59	17	124	3	27	6	126	498	3.3	3.6	172
1877	151,360	84	54	31	10	34	2	14	5	99	333	2.2	3.5	127
1878	154,305	24	53	77	20	185	3	26	4	181	573	3.7	4.1	184
1879	158,316	24	60	51	26	93	1	14	8	71	348	2.2	3.3	116
1880	161,462	11	75	105	22	95	4	24	5	128	469	2.9	3.7	163
1881	163,151	55	67	38	8	85	2	22	5	101	388	2.3	3.6	140
1882	163,540	...	77	62	25	119	1	25	6	61	376	2.3	3.5	139
1883	163,860	1	39	28	24	44	2	30	3	80	251	1.5	2.7	96
1884	164,180	26	32	18	17	81	...	26	4	110	314	1.9	3.5	119
1885	164,500	25	111	7	22	98	...	12	...	86	361	2.2	3.0	130
1886	164,820	...	56	11	34	82	...	11	...	90	280	1.7	2.8	102
1887	165,140	1	108	44	40	86	...	11	2	124	416	2.5	3.1	145
1888	165,450	...	124	26	89	100	...	21	2	58	420	2.5	2.7	148
1889	165,760	...	14	28	111	26	...	19	...	71	269	1.6	2.3	111
1890	166,080	...	140	26	35	93	...	15	...	78	387	2.3	2.8	131
1891	166,308	...	29	16	28	84	...	24	1	91	273	1.6	2.3	89
1892	167,200	...	109	36	31	63	...	15	2	77	333	2.0	2.8	115
1893	167,900	9	18	51	83	65	...	17	...	98	341	2.0	3.1	117
1894	168,600	...	108	22	75	61	...	21	3	56	346	2.1	2.7	132
1895	169,300	...	33	27	89	39	...	15	1	118	322	1.9	2.6	117
1896	170,465	...	173	39	72	99	...	15	1	61	460	2.7	3.1	159
1897	170,700	...	33	29	82	19	...	21	1	125	310	1.8	2.6	116
1898	172,000	...	120	23	26	52	2	12	...	112	347	2.0	2.8	124
1899	172,400	...	24	10	42	59	...	23	...	101	259	1.5	2.5	86
1900	173,000	...	98	4	27	33	...	16	...	105	283	1.6	2.2	105
1901	176,628	1	77	15	38	62	1	11	—	115	320	1.8	2.3	121

NOTE.—The Medical Officer of Health is not responsible for the accuracy of the figures above the horizontal line between the years 1870 and 1871, excepting as to calculation of rates. Census years are indicated by dark type.

TABLE C.

Births, and Birth-rate; Deaths, and Death-rate; Deaths from the Seven Principal Diseases of the Zymotic Class; and Zymotic Death-rate, in Kensington, 1856-1900: Arranged in Quinquennial Periods.

QUINQUENNIAL PERIOD.	BIRTHS.	BIRTH-RATE.	DEATHS.	DEATH RATE.	DEATHS FROM ZYMOTIC DISEASES.										Zymotic Death-rate, per 1,000 persons living.
					Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-Cough.	Typhus Fever.	Enteric Fever.	Simple Continued Fever.	Diarrhoea.	Total.	
1856-1860	9,557	30·7	6,540	21·0	44	140	234	No informa- tion.	187	Not separately classified.	112	Not separately classified.	282	999	3·20
1861-1865	11,562	28·5	8,261	20·4	74	318	377		206		276		311	1,562	3·85
1866-1870	17,090	32·1	10,853	20·4	57	240	537		256		219		565	1,874	3·52
1871-1875	20,861	31·4	12,595	18·9	189	289	249	85	345	27	130	55	603	1,972	2·97
1876-1880	23,149	29·9	14,517	18·8	151	370	323	95	531	13	105	28	605	2,221	2·87
1881-1885	21,383	26·1	13,438	16·4	107	326	153	96	427	5	115	18	438	1,685	2·05
1886-1890	19,428	23·5	13,816	16·7	1	442	135	305	387	...	77	4	421	1,772	2·14
1891-1895	18,512	22·1	14,235	16·9	9 ^a	297	152	306	312	...	92	7	440	1,615	1·92
1896-1900	18,209	21·2	14,075	16·4	...	448	105	249	262	2	87	2	504	1,659	1·93

NOTE.—The Medical Officer of Health is not responsible for the accuracy of the figures above the horizontal line between 1866-1870 and 1871-1875, excepting as to calculation of rates.

* All in 1893.

TABLE D.

Death-rate in Kensington, per 1,000 persons living, from each of the Seven Principal Diseases of the Zymotic Class; Arranged, also, in two groups; viz. (1) The four notifiable infectious diseases—Small-pox, Scarlet Fever, Diphtheria, and "Fever"; and (2) The three non-notifiable diseases—Measles, Whooping-Cough, and Diarrhoea.

QUINQUENNIAL PERIOD.	1	2	3	4	5	6	7	Death-rate per 1,000 from—		
	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	"Fever."	Diarrhoea.	The Seven Diseases.	The Four Notifiable Infectious Diseases. (Columns 1, 3, 4, and 6.)	The Three Non-notifiable Infectious Diseases. (Columns 2, 5, and 7.)
1856-1860	0·13	0·45	0·75	No informa- tion.	0·60	0·36	0·91	3·20	1·25	1·95
1861-1865	0·18	0·78	0·93		0·51	0·68	0·77	3·85	1·79	2·06
1866-1870	0·11	0·45	1·01		0·48	0·41	1·06	3·52	1·53	1·99
1871-1875	0·28	0·44	0·37	0·13	0·52	0·32	0·91	2·97	1·11	1·86
1876-1880	0·19	0·48	0·42	0·12	0·69	0·19	0·78	2·87	0·92	1·95
1881-1885	0·13	0·39	0·19	0·12	0·52	0·17	0·53	2·05	0·60	1·45
1886-1890	0·00	0·53	0·16	0·37	0·47	0·10	0·51	2·14	0·63	1·51
1891-1895	0·02	0·35	0·18	0·36	0·37	0·12	0·52	1·92	0·67	1·25
1896-1900	0·00	0·52	0·12	0·29	0·31	0·11	0·59	1·93	0·52	1·41

APPENDIX III.

REPORT ON THE HOUSING OF THE WORKING CLASSES.

(Vide Page 61.)

To the PUBLIC HEALTH COMMITTEE OF THE BOROUGH COUNCIL.

MR. CHAIRMAN AND GENTLEMEN,

In accordance with the instructions of your Committee, an inquiry has been made "into the nature and extent of overcrowding in the borough." The names of 25 streets selected for the purposes of the investigation are set out in Addendum B (page 130), the form prepared for the use of the six district sanitary inspectors, with a view to uniformity of information, in Addendum C (page 132). Houses occupied by single families, a few cottages excepted, were excluded from the inquiry.

To a large extent, especially in the north, Kensington is a modern-built city. The streets are of statutory width, the houses of moderate height. Very generally they have a fair-sized open space at the rear. Courts and alleys there are none; nor back-to-back houses. With here and there an exception, the houses have through ventilation—restricted in many instances by "slip" rooms, which also interfere with the lighting of the passages and the lower flights of stairs. Basement rooms are general; but the use for habitation of such as come within the definition of "underground rooms" is prevented. Of "cellar dwellings," in the ancient sense of the expression, there are none.

Of the 905 houses inspected, 709* (=78·3 per cent.) are registered under the Council's by-laws: 441 have resident occupiers and are sublet in lodgings†; the remaining 464 are wholly let in tenements.

Addendum B shows the average number of rooms in the houses in the several streets; the total number of rooms in all of the houses being 6,925.

The tenements inspected numbered 3,563; the inhabitants 11,673 (=13 to a house), of whom 6,248 were above, and 5,425 under 12 years of age.‡

The one-room tenements, 1,796 (=50·4 per cent. of the entire number), were occupied by 4,026 persons; 3,127 above, and 939 under 12.

The two-room tenements, 1,074 (=30·1 per cent.), were occupied by 4,318 persons; 2,594 above, and 1,724 under 12.

The three-room tenements, 388 (=10·9 per cent.), were occupied by 1,807 persons; 1,170 above, and 637 under 12.

The tenements of four or more rooms, 305 (=8·6 per cent.), were occupied by 1,522 persons; 1,087 above, and 435 under 12.

Irrespective of age, the average number of persons to a room was; in one-room tenements, 2·24; in two-room tenements 2·01; in three-room tenements 1·53; and in four or more room tenements 1·25.

At the Census of 1891 (no later information is available) 70,718 persons (42·5 per cent. of the population) were in occupation of 20,052 tenements of *less* than five rooms; viz., in 6,398 one-room tenements, 13,655, an average of 2·13 per room; in 6,965 two-room tenements, 26,020, an average of 1·86 per room; in 4,115 three-room tenements, 18,119, or 1·47 per room;

* In the borough as a whole, the registered houses number 1,700.

† In some cases the resident occupier lives almost or quite rent free; and, usually, he obtains his own two, three, or four rooms for much less than he charges his lodgers for similar accommodation.

‡ For the purposes of the Council's by-laws for houses let in lodgings or occupied by members of more than one family, two children under 12 count as one adult.

in 2,574 four-room tenements, 12,924, or 1.26 per room. These average numbers it will be observed do not differ materially from those ascertained at the inquiry.

Average number of persons per room in tenements of—

					CENSUS, 1891.		INQUIRY, 1901.*
One room	...	...	...	...	2.13	...	2.24
Two rooms	...	...	...	...	1.86	...	2.01
Three rooms	...	...	...	...	1.47	...	1.53
Four rooms ("four or more" in 1901)...	...	...	...	...	1.26	...	1.25

The interest of the inquiry centres in the occupancy of the tenements of one and two rooms, which was as follows:—

		Cases in the North District.	Cases in the North-East District.	Cases in the North-West District.	Cases in the Central District.	Cases in the South-East District.	Cases in the South-West District.	TOTAL.
One-room tenements	Occupied by 6 persons ...	—	3	7	—	—	—	10
	" 5 " ...	10	4	49	—	3	—	66
	" 4 " ...	21	19	119	1	14	19	193
	" 3 " ...	53	25	168	—	11	27	284
	" 2 " ...	76	80	440	12	33	112	753
	" 1 " ...	61	60	124	7	29	209	490
						Total...		1,796
Two-room tenements	Occupied by 9 persons ...	5	—	1	1	1	—	8
	" 8 " ...	28	2	2	1	—	—	33
	" 7 " ...	37	6	5	4	4	9	65
	" 6 " ...	76	15	12	2	13	21	139
	" 5 " ...	94	23	16	1	12	30	176
	" 4 " ...	86	24	20	6	14	38	188
	" 3 " ...	79	27	12	5	8	56	187
	" 2 " ...	43	26	16	10	6	127	228
	" 1 " ...	10	5	—	4	2	29	50
						Total...		1,074

Taking two children under 12 as equal to one "adult" (i.e., for this purpose, a person over 12) the average number of persons per room, in terms of the adult, in the one-room tenements, was 2.0; in the two-room tenements, 1.61. But for the purposes of the inquiry the question of overcrowding has to be narrowed down to the mode of occupancy of the single room.

The Registrar-General† regards two as the standard number of persons who may, with due regard to health, &c., occupy a single room without overcrowding it. The rooms in municipal lodging-houses, or workmen's dwellings, being small, do not usually afford space, superficial or cubic, for healthy and comfortable occupation by more than two persons to a room; in regard to such rooms, therefore, the standard is reasonable: but it is scarcely applicable—regard being had to the size of rooms in the majority of the houses dealt with in the inquiry—to houses built for occupation by single families, and "made down" to be let in tenements to two or more families. There are many streets the houses in which contain single rooms adequate to the reception of a family comprising six persons; e.g., the parents and four children under 12, equal to four adults, without infringement of the Council's by-law, which requires for an adult 400 cubic feet of space in a room occupied both by day and night, and 300 feet in a room occupied by day or by night only. This standard space, it must be admitted, is low; but by it a room 15 feet × 12 feet × 9 feet = 1,620 cubic feet, would provide the necessary space for such a family without illegal "overcrowding." There are rooms, each containing 2,000 feet of cubic

* At the Census, 1901, the average number of persons per room, in the borough, as a whole, was, in tenements of

One room	...	...	...	...	...	...	...	2.00
Two rooms	...	...	...	...	...	...	...	1.78
Three rooms	...	...	...	...	...	...	...	1.41
Four rooms	...	...	...	...	...	...	...	1.21

Taking two persons to a room (irrespective of age) as a standard of healthy occupation, the number of tenements "overcrowded" was 4,599 (= 21.3% of tenements of less than five rooms): viz., one room tenements, 1,424 out of 5,695 (= 25%); two-room tenements, 2,208 out of 7,776 (= 28.4%); three-room tenements, 764 out of 4,757 (= 16.1%); and four-room tenements, 203 out of 2,887 (= 7.0%). See table at p. 6 (April, 1902).

† Census of 1891, Vol. iv. pp. 21 and 22.

space and upwards, which would not be "illegally overcrowded" with five adults, or two adults (parents) and six children under 12. The rooms are crowded—people and furniture being taken into account—and obviously such a mode of occupancy is undesirable, and incompatible with comfort, not to say decency.

Of cases of "overcrowding," judged by the standard of the by-laws, it is so far satisfactory to be able to report that few were found. Generally, it was a question of one child too many. The death of a child would abate overcrowding; the birth of a child create overcrowding. A case was noted of a family, comprising the parents and a two-year old child, occupying a room containing 1,200 cubic feet, or 200 feet more than the by-law exacts. The mother gave birth to twins, and overcrowding was thus brought about, the space required for the family being now 1,400 cubic feet. Had Nature been less bountiful, the room would have provided exactly the space required for the four persons = 3 adults. In about a dozen cases nocturnal overcrowding was brought about by "misuse of space;" as when, for example, all the members of a family slept in one room, another room being used by day only. Judged by the Registrar-General's standard of two persons (irrespective of age) to a room (irrespective of size), the cases of overcrowding in one-room tenements were 553; in two-room tenements, 417; in three-room tenements, 82; in tenements of four or more rooms, practically none. Cases of illegal overcrowding (*i.e.*, cases where less space was provided than required by the Council's by-laws) were brought to the attention of your Committee at successive meetings, when necessary, and proceedings in such cases were taken, by written intimation or statutory notice, for the abatement of the "nuisance."

A few cases of indecent occupation (eight in all; seven of them in one street) were observed; cases where more than two persons of different sex above the age of 12 were in occupation of the same sleeping room: an offence under the third by-law ("Separation of the Sexes"), but not an offence of which the sanitary authority can take cognizance (in the absence of overcrowding) in houses not registered. Generally, however, these cases were of the less objectionable kind; as when a boy or girl over 12 occupied the same sleeping room with the parents. These cases, likewise, were brought to the attention of your Committee, in ordinary course, when they occurred in registered houses.

It may be mentioned that only 214 empty rooms (= 3.1 per cent. of all visited) were observed. The large number of 564 tenements (nearly 16 per cent.) contained a single lodger to each. Very few and unobjectionable cases of subletting by lodgers or tenementers came under observation.

The general results of the inquiry are summed up in Addendum B, page 130.

[It is not within the reference, but it may nevertheless be interesting to state that advantage was taken of the occasion to investigate the sanitary condition of the 905 houses (6,925 rooms) visited, and that defects were observed as follows:—

						Cases.
In connection with W.C.'s	...	...	...	...	...	86
„ Cisterns	...	...	...	...	...	37
„ Roofs	...	...	...	...	...	38
„ Yards	...	...	...	...	...	14
„ Ashpits	...	...	...	...	...	28
General	...	...	...	...	...	214
Total	...	...	...	...	...	417

The several nuisances, etc., were reported to your Committee, and abatement notices served. The nuisances and structural defects observed, relatively to the number of houses, were greatest in the Notting Dale "Special Area," North-West Sanitary District.]

The information in Addendum B on the subject of rent of tenements relates exclusively to unfurnished rooms. It is interesting as showing what a large percentage of the earnings of the working classes goes in this way. The rent per tenement naturally varies much according to the size and position of rooms; basement and slip rooms fetching less than rooms on the ground, first, and second floors: front rooms more than back rooms. It cannot be said that the rents are always proportional to the quality of the accommodation: quite otherwise in many cases. The most striking illustrations of high rents were observed in the "Special Area," and particularly with respect to "furnished" rooms in tenemented houses. Cases could be cited of houses worth, perhaps, twelve to fifteen shillings a week unfurnished, let in "furnished" rooms so as to bring in thirty, forty, and, in a few cases, even fifty shillings a week. The rent per tenement for a single room ranges from 3s. to 7s. 6d. per week; for two rooms from 7s. 6d. to 10s. 6d. The "furniture," for the most part, is meagre in quantity; in quality wretched, and hardly deserving the name. With few exceptions the furnished rooms are found in the "Special Area"; in which district the unfurnished tenements of one room fetch from 1s. 6d. to 4s., the two-room tenements from 4s. 6d. to 7s., the three-room tenements from 5s. 6d. to 10s. per week,

according to size and position. A tenemented house let in unfurnished rooms by the middleman, commonly realizes double the amount of the weekly rent paid to the landlord. Considerable benefit would accrue to many of the labouring classes were the sanitary authorities of the Metropolis generally, to adopt and fully exercise the powers conferred by Part III. of the Housing of the Working Classes Act, 1890: they would be enabled, as landlords, to provide these classes, without any material charge upon the rates, with more and better accommodation than they can ever hope, unaided, to obtain for the money they now pay in rents to the existing landlords, who naturally study little beyond their own "interests."

The subject being "overcrowding," I think it but right to say that the results of the inquiry may be deemed to be affected, in a measure, by erroneous statements with regard to the number of persons in occupation of houses or rooms. The poor are naturally a little suspicious as to the motives underlying such inquiries, and apt to understate the number and age of their children.

I have not thought it desirable to burden the report with details, but a large mass of information has been acquired, and is available for reference.

I have the honour to be,

Mr. Chairman and Gentlemen,

Your most obedient Servant,

T. ORME DUDFIELD,

Medical Officer of Health.

DEPARTMENT OF PUBLIC HEALTH,
TOWN HALL, KENSINGTON,
July, 1901.

Postscriptum.—The reference by the Council to the Public Health Committee, to report on "the nature and extent of overcrowding in the Borough," was made "with a view to the speedy adoption of remedial measures, if necessary." On many occasions during the past thirty years the housing question, in its various aspects, has been dealt with in the annual reports of the Medical Officer of Health, and illustrations have been given of the difficulties (only recently in any degree removed) which precluded effective remedial action on the part of local sanitary authorities. The headings of some of the references to the subject, and the date of the reports in which they appeared, are set out in Addendum A, page 129. Attention may be directed to observations on the Report of the Royal Commission on the Housing of the Working Classes in the annual report for 1884-5. In 1889 the difficulties besetting attempts to abate overcrowding in the then (and largely in the present) state of the law, were set out in a report on a circular letter on the housing of the working classes addressed to the sanitary authorities by the Local Government Board. Overcrowding has always been the dominating evil; the efforts of the sanitary authority to cope with it are described in reports on the regulations for houses let in lodgings or occupied by members of more than one family. The Housing of the Working Classes Acts, 1890 to 1900, formed the subject of several reports. Part I. of the Act of 1890, with reference to "Unhealthy Areas," is administered by the County Council, as Cross's Act had previously been by the late Metropolitan Board of Works. There are no "Unhealthy Areas" in the Borough, but Kensington has to pay about one-sixteenth part of the charge for dealing with such Areas in the Metropolis generally. In the annual report for 1900 the costliness of "schemes" under this Part was illustrated with reference to the lately completed improvement at Bethnal Green (Boundary Street Scheme). Until 1900 the County Council was the sole local authority under Part III. for all London, save the City. Now, the Metropolitan Borough Councils may acquire the status of local authority by adopting the Part. To sum up, what appears to me to be necessary to enable sanitary authorities to deal effectively with the Housing Question, is—

1. Legislation to restrict compensation within reasonable limits for property in "Unhealthy Areas" acquired for Improvement Schemes under Part I. [Hitherto such schemes have been of no benefit to the indigent and evicted poor.]
2. The adoption by the Borough Councils of Part III.; combined action by these bodies and the County Council for the provision of dwellings for the labouring classes; and legislation to place reasonable limits to compensation for insanitary properties acquired for the purposes of the Part.
3. The registration of all houses inhabited by the labouring classes, and let in lodgings or occupied by members of more than one family; a matter now under the consideration of the Public Health Committee.

ADDENDUM A.

References to Reports of Medical Officer of Health on the Housing Question. (See postscriptum, page 128.)

Report of the Royal Commission on the Housing of the Working Classes (Annual Report, 1884-85, pp. 184-200).

The Housing of the Working Classes Act, 1890 (Annual Report, 1890, p. 136).

The Housing of the Working Classes Act, 1890, Part III. (Annual Reports, 1897, p. 142; 1898, p. 131; 1899, p. 167; 1900, p. 61). (*See also Monthly Reports III., IV., and X., 1897, and I., IV., and V., 1900.*)

Sanitary Administration: The Views of the Local Government Board (Annual Report, 1888, p. 128).

The Local Government Board on the Dwellings of the Labouring Classes (Annual Report, 1889, pp. 119-133).

The County Council on the Housing of the Working Classes (Annual Report, 1889, pp. 113-119).

Conference at the County Hall, followed by Conference at Paddington (Annual Report, 1890, pp. 153-164).

Municipal Lodging Houses (Annual Report, 1890, p. 147.)

The Boundary Street (Bethnal Green) Scheme (Annual Reports, 1890—at inception—p. 140; and 1900—on completion—p. 60).

Emigration considered as a Remedy for Overcrowding (Annual Report, 1888, p. 133).

Migration (Cheap Transit) considered as a Remedy for Overcrowding (Annual Reports, 1888, p. 132, and 1891, p. 160).

Regulations for Houses let in Lodgings or Occupied by Members of more than one Family (Annual Reports, 1872, p. 24; 1878, p. 72; 1883, p. 105; 1884, p. 181; 1885, p. 126—in which year the late Vestry framed the regulations now in force—1894, pp. 191-200; 1900, p. 61 and p. 80).

The Notting Dale "Special Area" (Annual Reports, 1896, pp. 144-158; 1897, pp. 126-142; 1898, p. 131; 1899, p. 161).

Etc., etc., etc.

ADDENDUM B.

Detailed Results of the Inquiry. (See par. 1, page 125.)

STREET.	No. of Houses dealt with.	No. of Houses with Resident Occupier.	Houses let in Tenements.	Average No. of Rooms in House.	Aggregate No. of Rooms in Houses.	No. of Lodgings or separately let Tenements.	No. of Persons in Houses.	Male Heads of Families, and other Adult Male Lodgers.	Female Heads of Families, and other Adult Female Lodgers.	Children.	No. of One-room Tenements.	Weekly Rent (range) of Unfurnished Room.	No. of Persons over 12.	No. of Children under 12.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Bangor Street.....	28	12	26	9	264	209	588	176	210	202	183	2/ to 3/6	349	140
Barker Street	8	—	8	15	125	37	155	33	34	88	—	—	—	—
Bolton Road	30	15	15	8	241	129	405	101	117	187	77	2/ to 5/	125	55
Convent Gardens	28	23	5	7	202	92	336	70	87	179	29	1/3 to 4/6	44	11
Crescent Street	29	3	26	8	226	157	406	140	164	102	188	2/ to 3/6	272	50
Edenham Street	32	10	22	9	279	124	571	115	121	335	21	1/6 to 5/	37	13
Golborne Gardens	45	19	26	9	401	186	746	142	187	417	65	1/3 to 4/	105	39
Ifield Road	141	94	47	10	1,347	603	1,532	369	583	580	257	2/6 to 4/	345	37
Kenley Street.....	47	16	31	5	211	160	446	144	156	146	138	2/6 to 3/	264	90
Kensington Buildings..	11	11	—	4	44	19	75	17	19	39	8	2/6 to 3/6	14	12
Lonsdale Road	41	29	12	8	331	180	603	138	167	298	85	2/ to 4/6	134	43
North Street, St. Mark's Road	15	14	1	6	89	33	113	25	29	59	6	2/6 to 3/6	8	3
St. Ann's Road	14	—	14	8	106	42	125	29	44	52	10	3/	14	3
St. James' Place	5	—	5	6	30	17	39	15	16	8	8	4/6	13	—
St. Katharine's Road ...	105	38	67	7	710	433	1,276	370	408	498	321	1/6 to 4/	580	213
St. Mark's Road	20	19	1	5	99	38	127	36	40	51	6	2/6	10	—
Siridar Road.....	31	13	18	7	227	152	437	135	149	153	126	2/ to 3/6	241	91
Southam Street	140	37	103	9	1,238	570	2,481	470	539	1,472	135	1/6 to 4/6	239	73
South Street	18	17	1	6	103	33	116	27	30	59	10	2/6 to 4/	13	3
Stamford Cottages	10	9	1	4	45	17	58	12	17	29	4	2/6 to 3/	7	1
Virginia Place.....	18	18	—	3	46	18	89	18	16	55	—	—	—	—
Wallgrave Road	24	21	3	6	148	76	206	58	69	79	37	2/6 to 4/	58	6
West Pembroke Place...	14	10	4	7	94	58	142	34	52	56	40	2/6 to 4/	54	15
Williams Place	5	5	—	2	11	5	13	5	4	4	—	—	—	—
Yeoman's Row	46	18	28	7	308	175	588	153	158	277	92	3/ to 7/	161	41
	905	441	464	—	6,925	3,503	11,673	2,832	3,416	5,425	1,796	—	3,087	939

ADDENDUM B.—(continued).

No. of Two-room Tenements.	Weekly Rent (range) of Unfurnished Rooms.	No. of Persons over 12.	No. of Children under 12.	No. of Three-room Tenements.	Weekly Rent (range) of Unfurnished Rooms.	No. of Persons over 12.	No. of Children under 12.	No. of Four or more Room Tenements.	Weekly Rent (range) of Unfurnished Rooms.	No. of Persons over 12.	No. of Children under 12.	Single Lodgers in occupation of Tenements.	No. of Houses Registered.	No. of Empty Rooms.
(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
18	4/6 to 6/	45	30	4	5/6 to 10/	10	5	4	12/	9	—	—	7	27
9	6/	22	16	27	7/	73	39	1	12/	5	—	—	2	7
27	4/6 to 6/	57	44	12	7/ to 10/	25	30	13	8/	42	27	7	8	27
33	3/6 to 6/6	71	53	14	7/ to 8/6	42	30	16	10/	46	39	5	6	28
10	6/	26	19	3	6/3 to 6/9	9	6	6	—	17	7	4	6	23
71	4/ to 6/6	186	155	20	5/6 to 7/6	70	45	12	7/6 to 10/	43	22	3	5	32
70	4/6 to 7/	181	122	30	5/ to 8/	107	51	21	8/ to 11/6	100	41	8	15	39
226	5/ to 7/6	481	200	59	6/6 to 8/6	154	45	61	9/ to 9/6	217	53	43	188	127
11	4/6 to 6/	23	18	9	5/6	28	13	2	—	8	2	2	11	39
2	5/	4	—	5	9/	18	11	4	10/	15	1	—	—	1
64	4/ to 8/	141	115	17	6/6 to 8/6	47	37	14	9/	60	26	11	18	2
12	5/ to 5/6	25	8	3	6/ to 7/6	5	4	12	8/ to 9/	36	24	1	2	14
20	6/	32	25	2	10/	6	—	10	10/6 to 11/	23	22	1	12	—
5	5/6	12	1	4	7/ to 8/	10	3	—	—	—	—	—	—	—
43	5/	98	79	27	6/ to 7/	67	35	42	—	142	62	6	34	93
17	4/ to 6/	36	14	7	3/6 to 6/9	21	6	8	7/ to 7/6	34	6	1	1	17
17	5/ to 7/	36	32	4	7/6	8	8	5	—	15	6	—	7	26
310	4/6 to 7/6	850	616	92	4/6 to 9/6	331	187	33	6/ to 9/6	138	47	9	32	115
5	5/ to 5/6	11	6	4	6/ to 7/	9	9	14	8/ to 9/6	47	18	3	3	10
4	5/ to 5/6	8	3	5	6/6	11	8	4	10/ to 11/	13	7	1	—	7
9	4/ to 5/	22	27	9	5/ to 6/	27	13	—	—	—	—	—	—	—
19	5/6 to 7/6	40	18	11	9/6	31	14	9	10/ to 10/6	30	9	17	16	23
8	4/6 to 5/6	17	13	5	7/6 to 8/6	13	8	5	9/ to 10/6	17	5	3	20	13
4	5/	7	2	1	7/	4	—	—	—	—	—	—	—	2
60	4/6 to 8/3	163	108	14	8/6 to 10/6	44	30	9	9/	30	11	27	19	46
1,074	—	2,594	1,724	388	—	1,170	637	305	—	1,087	435	152	412	709

ADDENDUM C.

(Form prepared for the use of the Sanitary Inspectors in making the Inquiry.)

HOUSING OF THE WORKING CLASSES.

Particulars with respect to occupation of rooms, &c., in certain streets inhabited by persons of the working class. (See par. 1, page 125.)

NAME OF STREET

No. of House _____

No. of rooms in house _____

Particulars as to occupation of rooms:—

BASEMENT.	GROUND FLOOR.	FIRST FLOOR.	TOP FLOOR.
1. FRONT ROOM.	3. FRONT ROOM.	6. FRONT ROOM.	9. FRONT ROOM.
2. BACK ROOM.	4. BACK ROOM.	7. BACK ROOM.	10. BACK ROOM.
	5. SLIP ROOM.	8. SLIP ROOM.	

No. of adults in house. ——— Males ——— Females.

No. of children in house and ages of same

Is house a tenement one?

Rent paid for house

Rent paid for each tenement

Is house Registered?

No. of rooms to each family

Are any rooms empty?

{ Any single men or women lodgers?

{ Any overcrowding caused by such lodgers?

Any overcrowding through misuse of space?

Date _____

Inspector.

INDEX.



	PAGE.
Age and Sex-Distribution of the Population of the Borough, in 1901 ...	4
Ambulance Service (Asylums Board); The Work of the, in 1900 ...	53
" " Arrangements for the Removal of Patients ...	54
Appendix I. Statistical Tables, Nos. VI.—XII., 1901, and 1891—1900 ...	104
" II. Statistical Tables, (1856—1901); Marriages, Births, Deaths, Zymotic Mortality, &c., (Tables A, B, C and D) ...	122
" III. Housing of the Working Classes: Special Report on the... ..	125
Asylums Board; The Work of the, in 1900 ...	52
Asphalte; Paving of Streets ...	97
Bakehouses ...	78
Bakehouse Legislation (1863—1901); The History of ...	79
" " Underground; May be closed in 1904, if not "Suitable," in Construction, Light, Ventilation, and in all other respects ...	82
Baths and Washhouses, Public; Number of Washers and Bathers at the, in 1901—2 ...	100
Births, and Birth-rate, 1856—1901 (Tables A and C) ...	122, 124
Births and Birth-rate in 1901 ...	8
Births; Excess of, over Deaths ...	8
Births; Illegitimate... ..	9
Borough; Development of the, since 1856, and since 1871 ...	7
Boundary Street Scheme: Housing of the Working Classes; Note on the ...	57
Brompton Consumption Hospital; Deaths at the ...	32
" " " Country Branch for Open-air Treatment to be Established (Footnote) ...	42
Cancer, Malignant Disease; Deaths from ...	29
Census (1901), The Kensington: Notes on ...	3
Chicken-pox made a Notifiable Disease ...	21
Circulatory System; Deaths from Diseases of the ...	30
Cleansing of Persons Act; Practically Inoperative in the Borough ...	100
Combined Drainage: Sewer or Drain? ...	95
Common Lodging-Houses; List of ...	67
" " " Definition of ...	68
Constitutional Diseases; Deaths from ...	29
Consumption and other forms of Tuberculosis; The Prevention of ...	36
" " International Congress on ...	36
" " Action of the Sanitary Authority, Past and Present; in order to the Prevention of ...	38, 39
" " Report of the Public Health Committee on... ..	39
" " Made Voluntarily Notifiable in Kensington... ..	41
" " Separate Wards for, Provided at the Borough Infirmary ...	38
" " Asylums Board Proposed as Hospital Authority for ...	40
Consumption; Sanatoria for, The Need of ...	42
Coroner's Court; Number of Inquests held at the ...	33
Counter's Creek Sewer; Nuisance and Flooding of Houses in connection with the ...	93, 95
Cow-Houses, Licensed ...	87
Dairies Order; Registration of Milk Shops, &c., by the Council as Local Authority ...	87
Death; Assigned Causes of (Tables, pages 18, 106) ...	15
" " Summary of Causes of ...	18
Death-Rate; In the Borough, Sub-Districts, Parliamentary Divisions and Wards ...	9
" " The True, in 1901 ...	10
" " Annual, 1856—1901 (Tables A and C) ...	122, 124
" " from Zymotic Diseases (Table D) ...	124
" " " in the Borough, the Sub-Districts, etc., etc. ...	18, 19
Death-Rate of England and Wales; and of Inner, Outer, and Greater London ...	15
" " of Indian and Foreign Cities ...	15
Deaths at Public Institutions within the Borough... ..	31
" " at Outlying Public Institutions, etc. ...	32
" " of Illegitimate Children under One Year ...	11
Developmental Diseases; Deaths from ...	30
Diarrhoea; In Kensington, and in London ...	28
" " Classification (Amended) of Deaths Attributed to; Recommended for use ...	28
" " Mortality from, in Kensington, 1856—1901 (Tables B, C and D) ...	123
Dietetic Diseases; Deaths from... ..	29
Digestive System; Deaths from Diseases of the ...	30
Diphtheria; In Kensington, and in London, 1901... ..	25
" " " 1871—1901 (Tables B, C and D) ...	123
Disinfecting Station; Proposed Borough ...	99
Disinfection; Cost of, in 1901 and preceding years ...	98
District Rates of Mortality (Table, page 13) ...	11
Drainage By-laws; Abstract of the Provisions of the New ...	68
England and Wales; Death-Rate of, in 1901 ...	15
Enteric Fever; In Kensington, and in London ...	27
" " Local Outbreak of... ..	27
" " Mortality (Kensington); 1856—1901 (Tables B, C, D)... ..	123

Factory and Workshop Act, 1901 ; Summary of the Sanitary Provisions of the...	71
Factory and Workshop Legislation	70
Summary of the Provisions of the Act of 1901	71
Fever ; Deaths from, In Kensington, and in London	27
" Mortality (Kensington), 1856—1901 (Tables B, C and D)	123
Fever Hospital Accommodation	54
Foreign and Indian Cities ; Death-Rate of, in 1901	15
Fried Fish Seller ; An Un-scheduled "Offensive Business" ; Judicial Decision	88
Gas-works ; Effluvia Nuisance at the	101
Health-Visitors (Women) ; Appointment of, Recommended	78
Hospital Accommodation for Infectious Disease	54
" " Fever	54
" " Small-pox	28, 56
Hospitals Committee of the Asylums Board ; Report of the, for 1900	52
Hospitals (Outlying) ; Deaths at	32
House Refuse ; Proposed Bi-weekly Removal of	89
Houses (Inhabited) ; Number of, Enumerated at the Census, 1901	3
" Increase in Number of ; since 1856, and since 1871	7
" Let in Lodgings ; Number of Registered...	65
" Proposed Amended By-laws for	64
Housing of the Working Classes ; Special Report on the (Appendix III.)	125
" " Conferences of the Sanitary Authorities and the County Council on the	60
" " Action of the County Council with respect to the	60
" " Action of the Borough Council with respect to the	61
" " Powers of Railway Companies and School Boards, as affecting the...	63
Housing of the Working Classes Act ; Part III. Adopted by the Council	62
Hygienic ; Street-Paving (Asphalte)	97
Illegitimate Children under One Year ; Deaths of...	11
Indian and Foreign Cities, Death-rate of, in 1901	15
Infantile Mortality ; Excessive, locally, in Kensington	11
" " Annual Rate of	11
" " In 1871—1901 (Table A)	122
Infectious Diseases ; Sickness and Death-rate from the Dangerous (Table)	51
Infectious Disease and the Milk Supply ; Action of the County Council ; Proposed Legislation	44
Infirmary ; Deaths at the	31
Influenza ; In Kensington, and in London	28
Inquests	33
James Street Area ; Street Improvement effected	100
Legal Proceedings (Summonses, &c.)	86
Local Diseases ; Deaths from	30
Local Government Board's New Statistical Forms (Tables I.—IV.)	16
London, Inner and Outer, and Greater London, Death-rate of, in 1901	15
Main Drainage ; Insufficiency of : Flooding of Basements of Houses	95
Marine Stores ; An Un-scheduled "Offensive Business"	88
Marriage ; Condition of the Population as to (Census 1901)	6
Marriages and Marriage-Rate, 1901	8
" " Annual, 1871—1901 (Table A)	122
Marylebone Infirmary (North Kensington) ; Deaths of Non-Parishioners at	32
Measles ; In Kensington and London	23
" Proposed to be Scheduled, for certain purposes, as a Dangerous Infectious Disease	23
Metropolitan Asylums Board ; Report of the Hospitals Committee of the, for 1900	52
Milk Supply and Infectious Disease : Action of the County Council ; Proposed Legislation	44
Mortality ; District Rates of	11
" Infantile...	11
" Senile	11
" Zymotic	18
Mortuary, Public ; Number of Bodies deposited at the	97
" " Limitation of the Powers of the Council to compulsorily remove Bodies to the	98
Nervous System ; Deaths from Diseases of the	30
Notification of Infectious Disease ; Local and Metropolitan (Tables)	47—50
Notting-Dale Special Area ; Statistics of the	12
Offensive Businesses	86
Offensive Sewer Smells in Streets	93
Offensive Matter ; New By-law for regulating conveyance of, through Streets	92
Parliamentary Divisions of Kensington ; Area, Population, Houses	5
Paving of Streets, Hygienic ; Roads paved with Asphalte in 1901	97
Plague ; made Notifiable by the Local Government Board	47
Population of the Borough, at the Census of 1901 (Table)	3
" " Age and Sex-Distribution of the, in 1901	4
" " at the Decennial Censuses, 1801—1901	6
" " Estimated Annual ; in 1856—1901 (Table A)	122

Public Health (London) Act, 1891 ; Proposed Amendment of the	88
Public Institutions ; Deaths at	81
Public (and Public House) Sanitary Conveniences	96
Public Mortuary ; Number of Bodies deposited at	97
" " Limitation of Power to compulsorily remove Bodies to the	98
Puerperal Mortality	29
Rateable Value of Kensington ; Increase in Seventy-eight years, 1823-1901	7
Refuse ; House	88
" Peat Stable ; New By-law with reference to the Conveyance of, through Streets	89
" Stable ; The Borough Engineer recommends the Removal of, by the Council	90
Registered Houses ; Number of	65
" " Proposed Amended By-laws for	64
" " Artizans' Dwellings not Registerable under Sec. 94, Public Health Act	66
Registration of Houses Let in Lodgings, etc. ; The Advantages of	66
Registration District and Sub-Districts	3
Respiratory System : Diseases of	30
Royal Commission (New) on Tuberculosis, Appointed	37
St. Joseph's House : Quasi-public Institution ; Number of Deaths at	32
Sanitary Conveniences ; Public, and Public-House	96
Sanitary Inspecting Districts ; Increased Number of	83
Sanitary Inspectors ; Improved Position of the	83
" " The Work of the	84
" " Metropolitan ; Increase in the Number of the (Table, page 84)	83
Scarlet Fever ; In Kensington, and in London	23
" " Mortality in Kensington ; 1856-1901 (Tables B, C and D)	123
Senile Mortality	11
Septic Diseases ; Deaths from	29
Sewer Ventilation : Ventilating Lamp Columns erected	94
Sewers ; Ventilation of	94
Sex and Age-Distribution of the Population of the Borough (Table)	4
Shelter for Persons during Disinfection of rooms : A Desideratum	99
" " " " The need of : Statistical Evidence	99
Slaughter-Houses ; Licensed	86
Small Dwellings Acquisition Act, 1899 ; Adopted by the Council	62
Small-pox ; In Kensington and in London	19
" " Notes on the Epidemic of	19
" " Diagnosis of	21
" " Precautionary Measures with respect to	20
" " Action of the Local Government Board and the School Board with respect to	21, 22
" " Action of the Council with respect to	23
" " Hospital Accommodation for	23, 56
" " Mortality, Annual ; 1856-1901 (Tables B, C, and D)	123, 124
Smoke Nuisance	86
Special Area (Notting Dale) ; Statistics of the	12
Statistical Tables : Forms for, Prescribed by the Local Government Board	16
" " Nos. vi.—xii. (Appendix I.)	104
" " Of Marriages, Births, Deaths, &c., 1856-1901 (Appendix II.) (Table A)	122
Statutory Notices ; Number of, Issued	84
Streets, etc., in which Cases of Infectious Disease were Notified in 1901 (Table XIV.)	116
" " Deaths from Zymotic Diseases occurred in 1901 (Table XIII.)	113
" " Asphalte-paved in 1901	97
Tables prescribed by the Local Government Board to be used :—	
(i.) Population, Births, Deaths under One Year, and at All Ages, and in Public Institutions, etc. ; in 1901, and ten preceding years	16
(ii.) Population, Births, Deaths at All Ages, and under One Year ; in the Borough, and the Sub-Districts ; in 1901, and ten preceding years	17
(iii.) Death ; Causes of, and Ages at, in 1901	50
(iv.) Infectious Diseases ; Cases of, Notified at different Ages, in the Borough, and the Sub-Districts, and Cases Removed to Hospital	17
Tables (Other) in the Report :—	
Population ; Age and Sex-Distribution of, in 1901	4
" " At the Censuses, 1801-1901	6
Death-rate in the Metropolis, the Borough, the Sub-Districts, the Parliamentary Divisions, and the Wards, in 1901	13
Death Summary of Borough ; Cause of, in the Borough ; in 1901	18
Zymotic Diseases ; Deaths from, in the Borough and the Sub-Districts ; occurring at Home and at Hospitals	18
Scarlet Fever : Notifications, Removals, Deaths, etc. ; in four-weekly Periods in 1901, and in ten preceding years	25
Diphtheria : Notifications, Removals, Deaths, etc., in four-weekly Periods	26
Infectious Disease Notification ; Kensington and London	49
(v.) " " Sickness and Death-rate, Kensington, 1890-1901	51
Vaccination Officer's Return for 1900 ; and Statistics of Vaccination, in London, and England and Wales, 1885-1898 (Table)	34, 85
Women Inspectors of Workshops, etc. ; Summary of the Work of the	77
Sanitary Inspectors ; Summary of the Work of the	85

Tables in Appendix I.—

(vi.) Population (Estimated), Inhabited Houses, Marriages, Births, Deaths, etc., in 1901 and ten preceding years	104
(vii.) Birth-rate and Death-rate; Death-rate of Children; and Deaths in Public Institutions; in 1901 and ten preceding years	105
(viii.) Deaths, From all Causes, in 1901	106
(ix.) Deaths from the Seven Principal Diseases of the Zymotic Class; Pulmonary and Tubercular Diseases; and Wasting and Convulsive Diseases of Infants: Gross and Proportional Mortality	105
(x.) Deaths, in 1901 and ten preceding years; from the Seven Principal Diseases of the Zymotic Class; in Kensington, and in London, and in England and Wales	111
(xi.) Death-rates, General and Zymotic; in Kensington and in London, and Proportion of Deaths from Zymotic Diseases to Total Deaths, in 1901 and ten preceding years	112
(xii.) Mortality, in London and in Kensington, from Various Causes, in 1901; Comparative Analysis of the	112

Tables in Appendix II. :—

Population (1856—1901); Marriages and Marriage-rate and Birth-rate (1871—1901); Births and Birth-rate; Deaths and Death-rate (1856—1901) and Infantile Mortality (1870—1901)	122
Zymotic Diseases (Principal); Annual Number of Deaths from, in Kensington; and Death-rate from, in Kensington and London (1856—1901)	123
Births and Birth-rate; Deaths and Death-rate; Deaths from the Principal Zymotic Diseases, and Zymotic Death-rate in Kensington, 1856—1900: Arranged in Quinquennial Periods...	124
Zymotic Diseases; Death-rate from each of the Seven Principal; in Quinquennial Periods (1856—1900), Grouped to show the Rate from the Four Notifiable, and the Three Non-Notifiable Diseases	124
Tenements of less than Five Rooms; Number and Population of, in 1891 and 1901; and Population of (Census Returns)	5
Towns (Large) in England, Wales, etc., Death-rate of, in 1901	15
Tuberculosis, Bovine; Koch's Views as to non-transmissibility of, to Man	36
" International Congress on; held in London	36
" Local Government Board's Advice to the Sanitary Authorities— <i>quâ</i> Milk and Meat, in connection with...	37
" Meat and Milk, as Agents in causing, in Man	37
" Prevention and Treatment of	36
" Royal Commission on, Appointed	37
Typhus Fever	27
Uncertified Deaths; in London, and England and Wales (None in Kensington)	32
Underground Rooms	100
Untrapped Street Gullies; Nuisance from	95
Urinary System; Deaths from Diseases of the	30
Vaccination Authority; Proposal to make Borough Councils the	34
" Officer's Report for 1900	33
" School Board and Guardians' Action with respect to	22
" Statistics; London and England and Wales	34
Venereal Diseases; Deaths from	29
Ventilation of Sewers: Lamp and other Ventilating Columns erected	94
Violence; Deaths from	30
Vital and Mortal Statistics (1901); Summary of	13
Wards; Population of, and Number of Inhabited Houses in the	5
Water Regulations; Proposed New, Withdrawn by the Companies	101
Water Supply	101
Whooping-cough; In Kensington, and in London	27
Women Health Visitors; Appointment of, Recommended	78
Women Inspectors; Appointment of (in 1893)	73
" The Work of the: Annual Report for 1901	73
Working Classes, Housing of the:	57
" " " Action of the London County Council with respect to the	60
" " " Action of the Borough Council with respect to the	61
" " " Conferences on the	60
Workshops, Laundries, etc.; Annual Report of the Women Inspectors of	73
Written Intimations of Nuisances; Number of, Issued in 1901	84
Yards; Hygienic Importance of the Paving of	96
Zymotic Diseases; Deaths and Death-rate from	18
" " Death-rate from; In Kensington, London, and England and Wales	19
Zymotic Mortality; In Kensington, 1856—1901 (Tables B, C, and D)	123