

The annual report on the health, sanitary condition, etc., etc., of the Royal Borough of Kensington for the year 1903.

Contributors

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

1903.

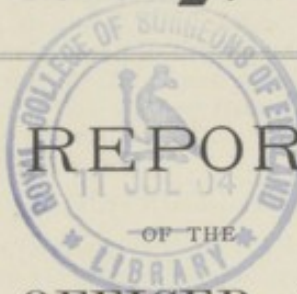


BY

T. ORME DUDFIELD, M.D.

Medical Officer of Health.

The Royal Borough of Kensington.



REPORT OF THE MEDICAL OFFICER OF HEALTH

For the Year 1903.

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

SIR, AND GENTLEMEN,

The vital and mortal statistics in this report relate to the registration year, a period of fifty-two weeks, January 4th, 1903, to January 2nd, 1904.

For the purposes of the report the population of the Royal Borough is assumed to have numbered 178,000 at the middle of the year; the estimated population of the sub-districts, parliamentary divisions, etc., is set out in the table at page 5.

The estimate of population of the entire borough is based on the subjoined summary table which shows the AGE AND SEX-DISTRIBUTION of the people as ascertained at the census of 1901.

Population at all Ages, March 31st, 1901.	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

The enumerated population comprised 38,349 FAMILIES or SEPARATE OCCUPIERS (an increase of 2,396 on the number, 35,953, in 1891) 28,770 in the Town sub-district, 9,579 in Brompton.

The tenements of less than five rooms, 20,052 in 1891, and 55·8 per cent. of total tenements, were 21,115 in 1901, and 55·1 per cent. of the entire number. In these tenements there were housed 73,425 persons (compared with 70,718 in 1891), or 40 per cent. of the population: the relative per centage in 1891 was 42·5.

NUMBER AND POPULATION OF TENEMENTS OF LESS THAN FIVE ROOMS IN 1901.

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 per cent. 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.

POPULATION AND RATEABLE VALUE.

The subjoined statement 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

The development of the Borough during the last 80 years is evidenced by the subjoined statement, 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
£2,288,992 (October)	1903

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.	1903.	Increase in 47 years.
Population	57,000	178,000	121,000
Number of Inhabited Houses	7,600	23,000	15,400
Rateable Value of Property	£308,000	£2,288,992	£1,980,992

The increase in all respects within the last thirty-two years, 1871-1903, the period over which my official experience extends, was very considerable, as the subjoined figures show :—

	1871.	1903.	Increase in 32 years.
Population	121,000	178,000	57,000
Number of Inhabited Houses	15,735	23,000	7,265
Rateable Value	£935,720	£2,288,992	£1,353,272

It thus appears that the population in 1903 was more than twenty times as large as in the first year of the nineteenth century, and the rateable value of property nearly thirty times as great as in 1823, the first year in respect to which I possess information. Since 1856, the rateable value has increased more than seven-fold, the increase in the last 32 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.

AREA OF THE BOROUGH.

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.

REGISTRATION DISTRICT AND SUB-DISTRICTS.

The "KENSINGTON" REGISTRATION DISTRICT (No. 1 B in the Registrar-General's list) comprises two sub-districts, respectively named 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.

POPULATION AND INHABITED HOUSES IN 1903.

The population of the borough, estimated at the middle of the year, was 178,000. It comprised, approximately, 69,620 males and 108,380 females: excess of females 38,760. In the Town sub-district (estimated population 129,020), the males numbered about 53,865, the females 75,155: excess of females 21,290. In the Brompton sub-district (estimated population 48,980), there were about 15,755 males and 33,225 females: excess of females 17,470. This population of 178,000 persons, was in occupation of about 23,000 houses; equal to 7·7 persons to a house. For the purposes of this report, the population of the borough, the sub-districts, the parliamentary divisions, and the wards, will be taken to be as follows:—

The Borough...	...	...	...	...	...	178,000
Sub-districts:—						
Kensington Town...	...	...	...	...	...	129,020
Brompton	...	...	...	...	...	48,980
Parliamentary Divisions:—						
North Kensington...	...	...	...	...	...	91,770
South Kensington...	...	...	...	...	...	86,230
Wards:—						
North Kensington	{	St. Charles	...	...	...	22,120
		Golborne	...	...	...	26,520
		Norland	...	...	...	23,650
		Pembroke	...	...	...	19,480
South Kensington	{	Holland	...	...	...	20,560
		Earl's Court	...	...	...	18,190
		Queen's Gate	...	...	...	14,380
		Redcliffe	...	...	...	18,840
		Brompton	...	...	...	14,260

MARRIAGES AND MARRIAGE RATE.

The marriages in the year were 1,623, compared with 1,543, 1,651, and 1,703, in the three preceding years respectively. Of these marriages there were celebrated—

By the Church (69·1 per cent. of total marriages) ...	...	...	...	...	1,121
At Roman Catholic places of worship	...	...	...	...	125
At other Nonconformist places of worship	...	...	...	...	50
At the Jewish Synagogue	...	...	...	...	5
At the Superintendent-Registrar's Office	...	...	...	...	322

The marriage-rate (*i.e.*, the number of persons married to 1,000 living) was 18·2, compared with 17·8, 18·7, and 19·2, in the three preceding years. The marriage-rate in England and Wales was 15·6 per 1,000, compared with 16·0, 15·9, and 15·8, in the three preceding years, and an average of 15·7 in the ten years 1893-1902. The rate in London was 17·4 per 1,000, compared with 18·0, 17·6, and 17·8, in the three preceding years.

BIRTHS AND BIRTH RATE.

The births registered were 3,565; viz., males, 1,826, and females, 1,739; the numbers being, in the Town sub-district (which includes the Borough Infirmary), 3,033, and in the Brompton sub-district, 532.

The births were 190 below the corrected decennial average (3,755): 151 of them were of illegitimate children: they were 77 more than in the year 1902; but fewer by 476 than the number in 1872 (4,041), when the population (127,400) was 50,600 less than in 1903.

The birth-rate, which of late years has been always considerably below that of London, has been declining since 1868, in which year it was 33·1 per 1,000 persons living. In 1903 it was 20·0 per 1,000, and 1·0 below the decennial average (21·0). The London birth-rate was 28·4 per 1,000, the same as that of England and Wales, and lower than that recorded in any one of the ten preceding years—and was in fact the lowest yet recorded.

The rate in the sub-districts was:—Town, 23·5, and Brompton, 10·9 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 2,605, and the birth-rate 28·4 per 1,000 living, being the same as the metropolitan rate.

The births in South Kensington, *i.e.*, the part of the borough south of those streets, were 960, and the birth-rate 11·1, or 17·3 per 1,000 below the metropolitan rate.

The birth-rate in the several wards—after distribution of the births at the borough infirmary—was as follows:—

North Kensington	{	St. Charles	642 births, or 29·0 per 1,000 persons living.
		Golborne	890 births, or 33·5 per 1,000 persons living.
		Norland	662 births, or 28·0 per 1,000 persons living.
		Pembridge... ..	411 births, or 21·1 per 1,000 persons living.
South Kensington	{	Holland	252 births, or 12·3 per 1,000 persons living.
		Earl's Court	206 births, or 11·3 per 1,000 persons living.
		Queen's Gate	123 births, or 8·5 per 1,000 persons living.
		Redcliffe	258 births, or 13·7 per 1,000 persons living.
		Brompton	121 births, or 8·5 per 1,000 persons living.

The births exceeded the deaths in the Borough by 1,110: in the Metropolis by 58,797.

In the Town sub-district the births were 1,035 more in number than the deaths: in the Brompton sub-district the excess of births was 75 only, without correction for births at the infirmary.

In North Kensington the births exceeded the deaths by 1,046; in South Kensington to the number of 64 only.

The excess of births over deaths in the several wards was as follows:—

North Kensington.	{	St. Charles ..	305	|	South Kensington.	{	Queen's Gate ...	3
		Golborne	413				Redcliffe	89
		Norland	169					
		Pembridge... ..	159					

The deaths exceeded the births by 19 in Holland Ward, by 3 in Earl's Court Ward, and by 6 in Brompton Ward.

The registered births of illegitimate children in the borough as a whole were 151 (ten fewer than in 1902). Of these births 135 were registered in the Town sub-district, which includes the workhouse, at which institution out of 115 live births (males 53, females 62) 80 were illegitimate. In the borough generally the illegitimate births formed 4·2 per cent. of total births as compared with rates of 5·1, 4·6 and 4·6 in the three preceding years.

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.			THE BOROUGH.
	Males.	Females.	Total.	Males.	Females.	Total.	Total.
1st Quarter ...	421	403	824	64	61	125	949
2nd „ ...	355	379	734	76	73	149	883
3rd „ ...	383	350	733	61	50	111	844
4th „ ...	388	354	742	78	69	147	889
	1,547	1,486	3,033	279	253	532	3,565
Illegitimate Births	25	20	45	—	—	—	45
	21	18	39	2	4	6	45
	12	12	24	—	3	3	27
	12	18	30	3	1	4	34
	70	68	138	5	8	13	151

The subjoined table shows the population, the number of births, and the birth-rate for each of the ten years, 1893-1902.

The Year.	Population.	Total Births.	Males.	Females.	Birth-rate per 1,000.
1893	167,900	3,661	1,893	1,768	21·8
1894	168,600	3,665	1,883	1,782	21·7
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
1901	177,000	3,602	1,840	1,762	20·4
1902	177,500	3,488	1,743	1,745	19·3

Totals ... 36,246 18,400 17,846 Average 21·0

Excess of male births in the ten years ... 554.

Birth-rate in the Metropolis, and in Kensington, and in certain Districts of the Borough, during the thirteen four-weekly periods ended January 2nd, 1904, and in the Registration Year, 1903.

FOUR WEEKS ENDED	METROPOLIS.	BOROUGH.	SUB-DISTRICTS.		PARLIAM-ENTARY DIVISIONS.		WARDS.									
			Ken-sington Town.	Brompton.	North.	South	St. Charles.	Gol-borne.	Nor-land.	Pem-bridge.	Hol-land.	Earl's Court.	Queen's Gate.	Red-cliffe.	Brompton.	
January 31 ..	28·9	23·2	27·8	11·1	34·6	11·1	27·6	45·1	34·6	28·0	15·7	8·6	9·0	13·8	7·3	
February 28 ...	29·4	21·3	24·9	11·9	30·3	11·7	31·1	34·3	29·7	24·7	13·3	16·4	5·4	14·5	6·4	
March 28 ...	28·9	19·6	23·7	9·0	28·5	10·2	27·6	29·4	30·2	26·0	12·6	10·0	6·3	12·4	8·2	
April 25 ...	28·5	19·0	23·2	8·2	25·8	11·9	27·0	33·3	24·7	15·3	20·2	7·9	9·0	13·1	6·4	
May 23 ...	29·3	21·9	24·9	11·1	30·9	12·4	31·7	39·2	29·1	20·7	6·9	15·7	7·2	17·9	13·7	
June 20 ...	27·8	18·6	21·5	11·1	26·5	10·2	21·7	33·3	30·2	18·0	9·5	10·7	3·6	16·6	9·1	
July 18 ...	29·8	21·0	24·2	12·5	28·9	12·5	24·7	34·3	31·3	23·3	15·8	7·9	10·8	16·6	10·0	
August 15 ...	28·2	19·5	22·9	10·6	26·6	11·9	32·3	34·3	21·4	16·0	15·8	9·3	9·0	17·3	5·5	
September 12 ..	28·7	19·2	23·3	8·5	28·5	9·3	31·7	31·4	28·0	21·4	10·1	10·0	9·9	7·6	9·1	
October 10 ...	27·2	16·4	20·2	6·4	23·5	8·7	30·6	25·0	24·2	12·7	12·6	7·9	9·9	6·2	6·4	
November 7 ...	27·9	19·7	22·6	12·2	28·0	10·9	34·1	28·9	24·7	24·0	12·0	12·1	3·6	13·8	10·9	
December 5 ...	27·0	19·8	22·3	13·3	26·9	12·2	24·1	33·3	26·9	21·4	6·3	16·4	13·6	15·9	9·1	
January 2nd, 1904	27·1	21·0	24·4	12·2	30·0	11·4	32·9	34·3	28·6	22·2	8·8	14·3	13·6	12·4	8·2	
Birth-rate for the year 1903	28·4	20·0	23·5	10·9	28·4	11·1	29·0	33·5	28·0	21·1	12·3	11·3	8·5	13·7	8·5	

Table A, Appendix II. (page 109) gives the number of births and the birth-rate for each of the forty-eight years, 1856-1903.

DEATHS AND DEATH-RATE.

The deaths registered, inclusive of 318 deaths of parishioners at outlying public institutions, etc., but exclusive of deaths of non-parishioners at public institutions, etc., within the borough, were 2,455 (males 1,160, females 1,295), and 420 below the corrected decennial average (2,875). Of these deaths, 1,998 were registered in the Town sub-district and 457 in Brompton.

The death-rate, which in the three preceding years had been 15·6, 15·0, and 15·2 per 1,000 respectively, was 13·8* in 1903: 2·3 below the decennial average (16·1), and 1·9 below the rate in the Metropolis as a whole (15·7); the decennial average for the Metropolis being 18·9.

The rate in the sub-districts was: Town 15·5, Brompton 9·3 per 1,000, as compared with 17·1 and 10·1 respectively in 1902.

The deaths in North Kensington were 1,559, and the death-rate 17·0 per 1,000.

The deaths in South Kensington were 896, and the death-rate 10·4 per 1,000.

The sex-rate was, males 16·7, females 11·9 per 1,000.

LOCALISED DEATH-RATES.—During some recent years the death-rate of localised portions of the borough, including the sanitary districts, was 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, in 1901, 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 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 calculation of the death-rate, and this was done.

The ward-rate for the year 1903 is set out below; the rate for each of the thirteen four-weekly periods in the table at page 11.

The ward-rate:—

North Kensington	{	St. Charles	337 deaths, or 15·2 per 1,000 persons living.
		Golborne	477 deaths, or 18·0 per 1,000 persons living.
		Norland	493 deaths, or 20·8 per 1,000 persons living.
		Pembridge	252 deaths, or 12·9 per 1,000 persons living.
South Kensington	{	Holland	271 deaths, or 13·2 per 1,000 persons living.
		Earl's Court	209 deaths, or 11·5 per 1,000 persons living.
		Queen's Gate	120 deaths, or 8·3 per 1,000 persons living.
		Redcliffe... ..	169 deaths, or 9·0 per 1,000 persons living.
		Brompton	127 deaths, or 8·9 per 1,000 persons living.

THE CORRECTED OR TRUE DEATH-RATE IN 1903.—The death-rate, 13·8 per 1,000, as calculated above, is a crude or uncorrected one, not taking cognizance 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 the 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. That excess in 1903 was approximately 38,760. The deaths among the 69,620 males were 1,160, and those among the 108,380 females 1,295. The crude death-rate in the male sex was 16·7, as compared with the rate of 11·9 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. The Registrar-General, in his annual summary, gives the "factor for correction for sex and age-distribution" in the seventy-six great towns of England and Wales; and the Medical Officer of Health of the London County Council, in his annual report for 1902, gave the corresponding factor for each of the Metropolitan Boroughs. Corrected after the manner indicated, the death-rate of Kensington in 1903 becomes, instead of 13·8, one of about 14·7 per 1,000; and the rate for London, as a whole, about 16·5, instead of 15·7. 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:—

* This is the crude death-rate. The rate corrected for age and sex-distribution was 14·7 per 1,000. The "true death-rate" is set out in the table at page 9.

† "The standard death-rate signifies the death-rate at all ages, calculated on the hypothesis that the rates for each sex at each of twelve age-periods in each town were the same as in England and Wales, during the 10 years 1891-1900, the rate at all ages in England and Wales during that period having been 18·21 per 1,000." (*Registrar-General's Annual Summary*).

The True Death-rate of Kensington, 1903.

AGE-PERIOD.	POPULATION.			DEATHS.			DEATH-RATE.		
	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.
Under five years of age ...	14,258	7,110	7,148	768	384	384	53·9	54·0	53·7
Five and under 15 ...	26,098	12,692	13,406	76	36	40	2·9	2·8	3·0
Fifteen and under 25 ...	38,526	13,565	24,961	80	31	49	2·1	2·3	1·9
Twenty-five and under 35 ...	35,245	11,580	23,665	116	60	56	3·3	5·2	2·4
Thirty-five and under 45 ...	25,009	9,514	15,495	205	91	114	8·2	9·6	7·4
Forty-five and under 55 ...	18,313	7,275	11,038	271	143	128	14·8	19·6	11·6
Fifty-five and under 65 ...	11,660	4,620	7,040	293	156	137	25·1	33·8	19·5
Sixty-five and under 75 ...	6,171	2,323	3,848	331	139	192	53·6	59·9	49·9
Seventy-five and upwards ...	2,720	941	1,779	315	120	195	115·8	127·5	109·6
Totals ...	178,000	69,620	108,380	2,455	1,160	1,295			

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 ...	277	309	586	57	74	131	717
2nd „ ...	197	217	414	56	52	108	522
3rd „ ...	227	233	460	41	56	97	557
4th „ ...	253	285	538	52	69	121	659
	954	1,044	1,998	206	251	457	2,455
The Births were, of Males ...	1,826			The Deaths were, of Males ...	1,160		
„ „ Females ...	1,739			„ „ Females ...	1,295		
Total Births ...	3,565			Total Deaths ...	2,455		
Deduct ...	2,455 Deaths						

Shows 1,110 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 109) gives the number of deaths and the death-rate for each of the forty-eight years 1856-1903.

INFANTILE MORTALITY.

The infantile mortality, or 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 641, 581 and 515 respectively, were 510 in 1903, being equivalent to 143 per 1,000 births, and 5 per 1,000 fewer than in 1902.

In the Town sub-district the deaths under one year (461) were equivalent to 152 per 1,000 births, those in Brompton (49) to 92 per 1,000.

The infantile deaths in North Kensington, after distribution of the deaths at the Borough Infirmary, were 411, or 158 per 1,000; the deaths in South Kensington 99, or 103 per 1,000.

In the several wards the rate was as follows :—

North Kensington	St. Charles	...	...	92 deaths, or 143 per 1,000 registered births.
	Golborne	...	...	148 deaths, or 166 per 1,000 registered births.
	Norland	...	...	126 deaths, or 190 per 1,000 registered births.
	Pembridge	...	...	45 deaths, or 109 per 1,000 registered births.
South Kensington	Holland	...	...	33 deaths, or 131 per 1,000 registered births.
	Earl's Court	...	...	26 deaths, or 126 per 1,000 registered births.
	Queen's Gate	...	...	7 deaths, or 57 per 1,000 registered births.
	Redcliffe	...	...	25 deaths, or 97 per 1,000 registered births.
	Brompton	...	...	8 deaths, or 66 per 1,000 registered births.

The infantile mortality rate in the Metropolis, always below that of Kensington, was 131, as compared with an average proportion of 158 per 1,000 in the ten preceding years.

The lowest rates in Metropolitan Boroughs were, Hampstead 88, Lewisham 92, Holborn 95 and St. Marylebone 96; the highest, Southwark 148, Poplar 154, Bermondsey 158 and Shoreditch 171.

In England and Wales the rate was 132, and 22 per 1,000 below the mean proportion in the ten years 1893-1902.

In the 75 great towns of England and Wales (excluding London) the rate averaged 149, ranging from 81 at Bournemouth, 84 at Hornsey and 93 at Burton-on-Trent, to 185 at Stockport, 186 at Middlesbrough and 217 at Burnley. The rate in Rural England was 118 per 1,000.

Table A, Appendix II. (page 109) gives the number of deaths under one year in Kensington, and the rate per 1,000 of births registered (the "infantile mortality"), for each of the thirty-three years, 1871-1903, during my tenure of office.

The deaths of children over one year and under five years of age were 258; the deaths under five years therefore, were 768, compared with 877, 876 and 790, in the three preceding years, being equal to 215 per 1,000 births; the relative proportion in London, as a whole, being 196.

The deaths of illegitimate children under five years of age, 86, 96 and 67, in the three preceding years respectively, were 79 in 1903, of which 73 were registered in the Town sub-district, and 6 in Brompton. These deaths were equal to 52.3 per cent. on the 151 births registered as illegitimate. Of the 79 children 19 only survived the first year of life.

SENILE MORTALITY.—At sixty years of age and upwards there were 803 deaths, as compared with 868, 800 and 956, in the three preceding years respectively. These deaths were equivalent to 315 per 1,000 deaths at all ages. The relative proportion in all London was 269 per 1,000.

DISTRICT RATES OF MORTALITY.—The table at page 11 shows (*inter alia*) the death-rate for the year in the sub-districts, the parliamentary divisions, and the wards, 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 (15.5 per 1,000) than in the Brompton sub-district (9.3), and the same observation applies to the parliamentary division of North Kensington (17.0), compared with the southern division of the borough (10.4). In three of the wards in North Kensington, viz., St. Charles (15.2), Golborne (18.0) and Norland (20.8), the death-rate exceeded that of the borough as a whole (13.8 per 1,000). The rate in Pembridge Ward (12.9) and 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) in Norland Ward the death-rate was 39.7 per 1,000, compared with 20.8 in the ward as a whole. The zymotic death-rate was 3.2 per 1,000 persons living, more than double that of the borough as a whole (1.5). The deaths at all ages were 23 more than the births; the deaths of children under one year of age being in the proportion of 338 per 1,000 on the births registered. The main facts with respect to vital and mortal statistics of this distressful area, in 1903, which are of a more favourable character than in any one of the seven preceding years, are summarised below.

"NOTTING-DALE" SPECIAL AREA.

VITAL AND MORTAL STATISTICS, 1903.

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

	1903.	1902.	1901.*	1900.	1899.	1898.	1897.	1896.
POPULATION (Estimated)	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000
Births ...	186	98	112	118	120	117	130	118
Birth-rate ...	46.5	24.5	28.0	29.5	30.0	29.3	32.5	29.5 per 1,000 persons living
Deaths ...	159	185	194	163	236	182	223	187
Death-rate ...	39.7	45.5	48.5	40.7	59.0	45.5	55.7	46.8 per 1,000 persons living
INFANTILE MORTALITY.								
Deaths under one year of age ...	46	41	46	54	61	49	56	51
Death-rate ...	388	427	411	478	508	419	431	432 per 1,000 births registered
ZYMOTIC DISEASES.								
Deaths from the Seven Principal.	18	14	37	18	12	22	25	30
Death-rate from do.	3.2	3.5	9.2	4.5	3.0	5.5	6.3	7.5 per 1,000 persons living

* The enumerated population in 1901 was 3,975.

Causes of Death.—In 7 cases *Diarrhœa*; in 4 cases *Whooping cough* and in 2 cases *Measles*.

The birth-rate was the highest—the general death-rate, and the Infantile mortality-rate, save one, the lowest yet recorded. The Zymotic death-rate was, with one exception (3·0 in 1899), lower than in either of the seven preceding years. There was no death from scarlet fever, diphtheria, or typhoid fever.

Among the principal causes of death were—diseases of the nervous system, 5 deaths; diseases of the respiratory system, 45 deaths; diseases of the circulatory system, 7 deaths; other visceral diseases, 10 deaths; tubercular diseases, 43 deaths (including 34 from consumption); wasting diseases of infants, 8 deaths; cancer, 6 deaths; syphilis, 5 deaths; and violence, 9 deaths, including 5 of infants from suffocation. Four deaths of infants prematurely born were registered, and 4 deaths from old age. Inquests were held in 16 cases.

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

(1)	58·5	(2)	45·5	(3)	22·7	(4)	45·5	(5)	39·0	(6)	29·2	(7)	39·0
(8)	35·7	(9)	39·0	(10)	39·0	(11)	45·5	(12)	48·7	(13)	29·2		

Fifty-six of the deaths occurred at the homes of the deceased persons, 89 at the Borough Infirmary (a fifth of the total deaths at this Institution—445), and 14 at other Public Institutions; 34 of the deaths were of persons who had previously resided at common lodging-houses in the Area; but only one of these deaths took place at a common lodging-house.

The deaths comprised 65 of males and 94 of females.

The ages at death were; under five years of age, 66 (including 46 under one year); between 5 and 20 years, 4 deaths; between 20 and 60 years, 63 deaths; at 60 years and upwards, 26 deaths.

The deaths were connected with streets as follows: Bangor Street, 47 deaths; Crescent Street, 34 deaths; St. Katharine's Road, 40 deaths; Kenley Street, 18 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 January 2nd, 1904, and in the Registration Year, 1903.

FOUR WEEKS ENDED.	METROPOLIS.	BOROUGH.	SUB-DISTRICTS.		PARLIAMEN- TARY 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 31 ...	18·7	17·9	20·4	11·4	21·9	13·6	19·4	23·5	28·6	14·7	19·0	13·6	13·6	10·3	10·0	
February 28 ...	17·1	15·3	17·2	10·1	19·0	11·3	15·3	20·6	22·5	16·7	15·8	16·4	3·6	9·7	8·2	
March 28 ...	16·6	15·7	17·5	10·9	19·3	11·9	13·5	29·4	18·7	12·7	13·3	13·6	11·7	9·0	11·8	
April 25 ...	16·0	13·4	14·3	10·9	14·4	12·2	18·8	13·7	17·0	7·3	17·7	10·0	9·9	9·7	12·8	
May 23 ...	15·3	11·4	12·8	7·7	14·0	8·6	11·2	9·8	21·4	14·0	12·0	10·0	6·3	8·3	4·5	
June 20 ...	13·3	10·2	10·8	8·8	12·0	8·3	11·2	10·3	16·5	10·0	9·5	11·4	3·6	7·6	8·2	
July 18 ...	13·4	13·2	15·1	8·2	16·0	10·2	11·2	20·1	21·4	9·3	13·3	7·9	10·8	9·0	10·0	
August 15 ...	13·4	12·3	13·6	9·0	15·2	9·3	14·1	15·7	16·5	14·0	9·5	10·7	9·9	7·6	9·1	
September 12 ...	14·5	11·8	13·6	7·2	15·6	7·8	17·6	12·7	21·9	9·3	9·5	8·6	7·2	6·9	6·4	
October 10 ...	15·0	12·8	14·9	7·2	17·3	8·0	15·9	19·6	20·3	12·0	11·4	12·1	4·5	4·1	6·4	
November 7 ...	15·6	13·4	15·4	8·2	16·9	9·8	18·2	13·2	21·4	14·7	13·3	8·6	8·1	9·0	9·1	
December 5 ...	17·1	16·2	17·4	13·0	19·0	13·3	15·3	23·0	21·9	14·0	13·9	12·1	9·9	16·6	12·8	
January 2nd, 1904	17·6	15·6	18·2	8·8	20·2	10·7	16·5	22·1	22·5	19·4	13·3	14·3	9·0	9·0	6·4	
Death rate for the Year 1903	15·7	13·8	15·5	9·3	17·0	10·4	15·2	18·0	20·8	12·9	13·2	11·5	8·3	9·0	8·9	

SUMMARY OF VITAL AND MORTAL STATISTICS, KENSINGTON.

In the table at page 13, the principal vital and mortal statistics of the year have been arranged in thirteen four-weekly periods corresponding to the dates of the monthly reports.

The birth-rate, as already stated, was 20·0 per 1,000, and 1·0 below the decennial average (21·0); the death-rate 13·8 per 1,000 and 2·3 below the decennial average (16·1). There were, as usual, considerable fluctuations in the rate at different periods of the year, ranging between the minimum (10·2) in the sixth four-weekly period, ended June 20th, and the maximum (17·9), in the first four-weekly period, ended January 31st. The rate was in five of the periods above, and in eight below, the average for the year. The deaths in the first half of the year (1,239) were 23 more than those in the second half (1,216); the death-rate in the two half-years being 13·9, and 13·7, respectively. The deaths from the principal diseases of the zymotic class were 268—five more than in 1902, and 69 below the decennial average; 116 of these occurred in the first half of the year, 152 in the second. Whooping-cough was the prevalent and most fatal disease in the first half, the deaths in the first sixteen weeks numbering 72 out of a total of 90 in the year. Measles began to prevail in a fatal form in November, in which month and December 23 deaths were registered, the total for the year being 34. Eighty-five of the 97 deaths (mostly infantile) from diarrhœa occurred in the second half of the year; 70 of them in twelve weeks, July 19th to October 10th. The deaths from diseases of the respiratory organs (479) were fewer by 135 than in 1902. Diseases of the heart were the causes of 192 deaths, compared with 238 in the preceding year. Phthisis was fatal to 212 persons against 221 in 1902; other tubercular diseases claimed 73 victims, compared with 54 in the preceding year.

THE STATISTICAL CHARACTERISTICS OF THE YEAR, as compared with preceding years, and as regards the metropolis, as a whole, and the Royal Borough, may be summed up as follows:—

The London birth-rate (28·4) and death-rate (15·7) were the lowest on record. The birth-rate has been declining for many years: never having been below 30 per 1,000 until the year 1898: the highest rate during my tenure of office (35·9) was recorded in 1876. The nearest approximations to the 1903 death-rate occurred in 1901 and 1902 (17·7 per 1,000) and in 1894 (17·8). Small-pox, which killed 1,314 persons in 1902 (and 7,912 in 1871) was the cause of only 13 deaths last year. The deaths from scarlet fever (362) were the fewest on record, the next lowest number (365) having been recorded in 1900: the maximum, 6,040, in 1870. Diphtheria caused 752 deaths—the lowest total since 1881 (657). Enteric fever shows the smallest number of deaths on record (387) the lowest previous annual total (436) having been recorded in 1892: the maximum (1,069) in 1869.

As regards Kensington, the birth-rate (20·0) showed a slight improvement upon that in 1902 (19·3) which was the lowest on record. The death-rate (13·8) was the lowest ever recorded, the nearest approaches to it being 15·9 in 1883, 15·0 in 1901, and 14·6 in 1889. The infantile mortality-rate (143 per 1,000 births registered) was the lowest on record, excepting in two years; 142 in 1883, and 132 in 1889. Among diseases of the zymotic class, enteric fever was distinguished by the smallest number of deaths on record (9), the nearest approximations to this figure being 11 in 1886, 1887, and 1901. Many complaints with regard to the water supply were made by analysts and others, especially in connection with the heavy rainfall in the second half of the year, but it is manifest that there was not any water-borne typhoid in the Borough, or in the Metropolis.

The mean temperature of the air at Greenwich during the year was 50°·1 Fahrenheit and 0·6 above the means of the preceding 50 years: the means of the four quarters being 44·1, 51·9, 59·8 and 44·4, respectively.

Summary of Vital and Mortal Statistics of the Royal Borough of Kensington, 1903.

During the Four Weeks ended	Births	Deaths	DEATH-RATE				DEATHS AT AGES.			DEATHS FROM ZYMOTIC DISEASES.								DEATHS FROM DISEASES OF RESPIRATORY SYSTEM.			Deaths from Phthisis.	Deaths from Heart Disease.	Deaths under Five from Tubercular Diseases	Mean Temperature.		
			KENSINGTON.		LONDON.		0-1	1-5	60 and upwards.	TOTALS.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-Cough.	Enteric Fever.	Typhus Fever.	Simple continued Fever.	Diarrhoea.	TOTALS.					Bronchitis.	Pneumonia.
			1903.	Decennial Average.	1903.	Decennial Average.																				
January 31 ...	318	245	17.9	18.9	18.7	21.6	44	23	94	21	...	...	...	16	...	...	...	5	74	41	28	17	19	...	40.9
February 28 ...	292	209	15.3	17.9	17.1	21.1	44	34	64	29	...	...	...	1	26	2	...	...	40	19	20	20	10	4	44.9
March 28 ...	269	215	15.7	19.6	16.6	22.0	44	24	70	22	...	...	1	3	15	1	...	...	42	22	13	28	15	4	45.8
April 25 ...	261	188	13.4	16.4	16.0	19.3	35	24	61	20	...	...	1	2	15	...	...	...	39	17	18	14	15	3	48.6
May 23 ...	300	156	11.4	15.2	15.6	17.2	25	12	61	7	...	...	...	2	4	...	...	...	32	19	7	11	11	5	50.8
June 20 ...	255	140	10.2	13.9	13.3	16.1	15	13	48	11	...	1	1	3	5	...	...	...	21	8	11	13	15	2	54.5
July 18 ...	287	181	13.2	13.6	13.4	16.2	19	14	69	15	...	1	4	3	4	1	...	...	19	7	10	20	18	3	62.3
August 15 ...	267	169	12.3	16.6	13.4	20.0	44	16	48	26	...	5	3	2	2	14	19	6	8	15	12	5	60.0
September 12 ...	263	162	11.8	14.8	14.5	18.9	53	19	41	42	...	2	...	4	...	1	35	18	6	9	12	10	8	58.2
October 10 ...	224	175	12.8	13.5	15.0	16.8	45	15	45	27	...	2	1	1	1	1	21	19	11	8	20	14	2	56.3
November 7 ...	270	184	13.4	14.9	15.6	17.4	37	15	53	14	...	...	3	1	1	1	...	...	32	13	12	18	18	5	49.8
December 5 ...	271	222	16.2	16.2	17.1	19.0	53	27	67	16	...	9	...	...	1	1	...	...	64	34	24	11	20	3	42.5
January 2, 1904...	288	214	15.6	18.4	17.6	20.3	52	22	82	18	...	14	...	2	...	1	...	...	60	26	29	13	15	2	39.1
TOTALS ...	3,565	2,455	13.8	16.1	15.6	18.9	510	258	803	268	...	34	14	24	90	9	...	...	479	229	197	212	192	46	50.1

* 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 GREATER LONDON.—The death-rate in England and Wales, in 1903, was 15·4 per 1,000, the lowest yet recorded, and 2·2 per 1,000 below the average for the ten years 1893-1902. The London rate was 15·7 per 1,000, and 2·2 below the decennial average and the lowest yet recorded.

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.

	1903.	1902.	1901.	1900.	1899.	1898.	1897.	1896.	1895.	1894.	1893.
Kensington.....	13·8	15·2	15·0	15·6	17·5	16·3	15·6	16·7	16·4	15·7	17·5
London.....	15·7	17·7	17·6	18·8	19·8	18·7	18·2	18·6	19·8	17·8	21·3
West Districts.....	14·6	16·7	15·7	17·6	19·0	17·0	16·1	17·6	18·5	17·1	19·7
North „.....	14·4	16·1	15·9	16·9	18·1	16·9	16·6	17·1	18·2	16·3	20·2
Central „.....	19·0	21·2	20·8	21·5	22·5	22·1	21·8	21·2	23·8	20·0	25·7
East „.....	18·6	20·0	20·7	22·1	23·0	21·7	21·2	21·3	23·4	20·8	24·9
South „.....	14·2	16·1	16·6	17·7	18·5	17·7	17·2	17·5	18·3	16·2	19·5
England and Wales	15·4	16·3	16·9	18·2	18·2	17·5	17·4	17·0	18·7	16·5	19·1

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 numbering 6,806,299 (viz., 4,613,812 in Inner or Registration London, which is co-terminous with the administrative County, and 2,192,484 in the Outer Ring) was 14·5 per 1,000 as compared with 17·7, 16·3 and 16·4 in the three preceding years respectively. The deaths properly belonging to the Outer Ring, as distinguished from those in the County of London, were equivalent to a rate of only 12·0 per 1,000, the rate in the County being 15·7.

The infantile mortality rate of Greater London was 126 per 1,000 births registered; of the County of London, 131, of Outer London, 114.

ASSIGNED CAUSES OF DEATH.

In my 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 medical 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 my annual reports, and 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. The other tables used in preceding annual reports, now numbered from VI. to X., will be found in Appendix I., pp. 90—100.

NEW LIST OF CAUSES OF DEATH.

The Registrar-General issued, in 1902, a "New List of Causes of Death" as used in the Annual Reports of England and Wales, together with "Suggestions to Medical Practitioners respecting Certificates of Causes of Death," in which it is stated to be "highly desirable that Medical Practitioners should use only those terms which are recognised by the Royal College of Physicians of London."* This List takes the place of that used in these reports for many years as Table III., and since 1900 as Table VIII. It comprises the "GENERAL DISEASES," i.e., those in which the whole body may be said to suffer, and the "LOCAL DISEASES," of various systems and organs, set out in Table VIII. at page 92, in which the first twenty diseases are those formerly described as "SPECIFIC, FEBRILE OR ZYMOTIC DISEASES;" chief among them being the nine "Principal Zymotic diseases;" three of which were formerly associated under the generic name "Fever," which comprises three distinct diseases, viz.: Typhus-fever, Enteric-fever, and Simple continued fever ("Pyrexia").

* The Registrar-General placed at my disposal a sufficient number of copies of the New List to enable me to forward one to each registered medical practitioner in the borough, which was done in October, 1902.

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
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
1901 ...	177,000	3,602	20.4	581	161	2,964	16.7	1,108	635	321	2,650	15.0
1902 ...	177,500	3,488	19.3	515	148	3,112	17.2	1,182	681	315	2,746	15.2
Averages for years 1893-1902.	171,840	3,625	21.0	618	170	3,119	18.1	1,127	655	312	2,776	16.1
1903 ...	178,000	3,565	20.0	510	143	2,803	15.7	1,094	666	318	2,455	13.8

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	178,000
		No. (approximate) of inhabited houses ...	23,000
		Average number of persons per house ...	7.7

* Rates calculated per 1,000 of estimated population.

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.			
	YEAR.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
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	3,633	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
1901 ...	177,000	3,602	2,650	581	128,300	3,046	2,192	506	48,700	556	458	75
1902 ...	177,500	3,488	2,746	515	128,660	2,956	2,243	449	48,840	532	503	66
Averages of years 1893-1902.	171,840	3,625	2,776	618	123,516	3,048	2,252	545	48,324	577	524	73
1903 ...	178,000	3,565	2,455	510	129,020	3,033	1,998	461	48,980	532	457	49

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 1903.

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 ...	...	...	...	...	...	...	...	...	...	...
Measles ...	34	6	27	1	...	...	...	34	...	4
Scarlet Fever ...	14	1	9	4	...	...	...	11	3	12
Whooping-Cough ...	90	41	48	1	...	...	...	83	7	5
Diphtheria, Membranous Croup	24	1	17	4	...	1	1	19	5	17
Croup ...	...	...	...	...	...	...	...	...	...	...
Fever { Typhus ...	...	...	...	...	...	...	...	...	...	...
Enteric ...	9	...	...	1	3	5	...	9	...	7
Other continued ...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza...	41	2	2	...	3	20	14	31	10	5
Cholera ...	...	...	...	...	...	...	...	...	...	...
Plague ...	...	...	...	...	...	...	...	...	...	...
Diarrhoea ...	97	75	14	...	1	2	5	90	7	6
Enteritis ...	18	9	4	...	...	2	3	12	6	6
Puerperal Fever ...	2	...	...	...	...	2	...	2	...	...
Erysipelas ...	6	2	1	...	1	1	1	5	1	2
Other septic diseases ...	19	4	2	2	...	6	5	17	2	8
Phthisis ...	212	1	2	9	31	160	9	192	20	117
Other tubercular diseases ...	73	20	26	12	4	9	2	65	8	32
Cancer, Malignant disease ...	187	1	2	1	...	102	81	136	51	63
Bronchitis ...	229	56	20	1	1	50	101	203	26	81
Pneumonia ...	197	56	43	7	6	55	30	166	31	48
Pleurisy ...	13	...	1	...	1	7	4	11	2	9
Other diseases of Respiratory Organs	43	3	3	1	4	16	16	33	10	11
Alcoholism ...	43	...	...	...	...	31	12	27	16	9
Cirrhosis of Liver ...	...	...	...	...	...	...	...	...	...	...
Venereal Diseases ...	14	12	1	...	...	1	...	14	...	9
Premature Birth ...	61	61	...	...	...	...	...	51	10	10
Diseases and Accidents of Parturition	6	...	...	...	2	4	...	5	1	4
Heart Diseases ...	196	...	...	4	2	93	97	143	53	55
Accidents ...	79	23	9	4	1	26	16	68	11	33
Suicides ...	25	...	...	...	4	18	3	14	11	4
All other causes ...	723	136	27	24	16	274	246	557	166	220
All causes ...	2,455	510	258	76	80	885	646	1,998	457	772

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. in Appendix I., page 92 (Table III. in annual reports prior to 1900), shows the number of deaths from diseases comprised in the "New List of Causes of Death," as used in the Annual Reports of the Registrar-General for England and Wales, referred to in the following pages; to which I have added the deaths from violence, and certain diseases comprised in the old classification under the heading Ill-defined and Not Specified Causes, *e.g.*, *Debility, Atrophy, Inanition*, terms which find no place in the New List.

						No. of Deaths.
GENERAL DISEASES	...	...	...	...	...	1,066
LOCAL DISEASES—						
Diseases of Nervous System...	...	...	...	...	...	123
Diseases of Organs of Special Sense ...	...	...	...	...	...	9
Diseases of Heart ...	...	...	...	...	...	196
Diseases of Blood-vessels ...	...	...	...	...	...	129
Diseases of Respiratory Organs ...	...	...	...	...	...	482
Diseases of Digestive System ...	...	...	...	...	...	158
Diseases of Lymphatic System ...	...	...	...	...	...	6
Diseases of Urinary System ...	...	...	...	...	...	105
Diseases of Generative System ...	...	...	...	...	...	11
Accidents of Childbirth ...	...	...	...	...	...	6
Diseases of Locomotive System ...	...	...	...	...	...	3
Diseases of Integumentary System ...	...	...	...	...	...	2
						1,230
DEATHS FROM VIOLENCE—						
Accident or Negligence ...	...	...	...	...	...	79
Homicide ...	...	...	...	...	...	—
Suicide ...	...	...	...	...	...	25
						104
ILL-DEFINED AND NOT SPECIFIED CAUSES ...	...	...	...	...	...	55
TOTAL						2,455

GENERAL DISEASES.

The Deaths from the "Principal diseases of the Zymotic Class" were 268, and 69 below the corrected decennial average (337). These deaths, of which 246 belong to the Town sub-district and 22 to Brompton, were equivalent to 1.51 per 1,000 persons living (1.96 in the Town sub-district and 0.45 in Brompton) as compared with 1.81 in 1901, the decennial average being 1.96.

The rate in the Metropolis, as a whole, was 1.77 per 1,000 (2.23 in 1902); the decennial average being 2.70.

The subjoined table shows the number of deaths from the several diseases occurring in the sub-districts and at outlying public institutions, etc.

Disease.	Sub-Districts.		In Hospital.		Total Deaths.	Decennial Average.	
	Town.	Brompton.	Town.	Brompton.		Uncor-rected.	Corrected for increase of Population.
Small-pox ...	—	—	—	—	—	2.1	2.2
Measles ...	34	—	—	—	34	77.7	80.5
Scarlet Fever ...	—	2	11	1	14	24.1	24.9
Diphtheria ...	5	2	14	3	24	55.4	57.4
Whooping-cough ...	82	7	1	—	90	51.0	52.8
Typhus Fever ...	—	—	—	—	—	0.3	0.3
Enteric Fever ...	4	—	5	—	9	17.0	17.6
Simple-Continued Fever...	—	—	—	—	—	0.6	0.6
Diarrhoea ...	89	7	1	—	97	96.9	100.4
214						325.1	336.7

With the exception of whooping-cough, the mortality from all of the above-named diseases was below the average.

Distribution of the fatal cases of the Principal Zymotic Diseases during the year 1903:—

		Measles.	Scarlet Fever.	Diph- theria.	Whooping Cough.	Enteric Fever.	Diarrhoea.	Total.
SUB-DISTRICTS—								
Kensington Town	...	34	11	19	83	9	90	246
Brompton	...	...	3	5	7	...	7	22
PARLIAMENTARY DIVISIONS—								
North Kensington	...	31	11	18	72	7	85	224
South Kensington	...	3	3	6	18	2	12	44
WARDS—								
North Kensington	(St. Charles	7	1	4	21	1	27	61
	Golborne	12	5	12	26	2	33	90
	Norland	6	...	1	20	3	20	50
	Pembridge	6	5	1	5	1	5	23
South Kensington	(Holland	2	...	1	9	1	3	16
	Earl's Court	...	2	3	3	1	5	14
	Queen's Gate	1	...	...	1	...	1	3
	Redcliffe	...	1	2	5	...	3	11
	Brompton	...	...	...	...	...	...	...

DISTRICT ZYMOTIC RATE.—The deaths from these diseases in North Kensington were 224, and the rate 2·44 per 1,000 persons living. In South Kensington the deaths were 44, and the rate 0·51 per 1,000. The rate in the several wards was as follows:—

North Kensington	St. Charles	...	61 deaths, or 2·8 per 1,000 persons living.
	Golborne	...	90 deaths, or 3·4 per 1,000 persons living.
	Norland	...	50 deaths, or 2·1 per 1,000 persons living.
	Pembridge	...	23 deaths, or 1·2 per 1,000 persons living.
South Kensington	Holland	...	16 deaths, or 0·8 per 1,000 persons living.
	Earl's Court	...	14 deaths, or 0·8 per 1,000 persons living.
	Queen's Gate	...	3 deaths, or 0·2 per 1,000 persons living.
	Redcliffe	...	11 deaths, or 0·6 per 1,000 persons living.
	Brompton	...	No death.

The table at page 13 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 Appendix II., statistical information is given in Tables B, C and D, pages 110 and 111, showing the number of deaths from the several diseases during the forty-eight years, 1856-1903; viz., in Table B, the annual number of deaths from each disease 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.

In England and Wales the deaths from the principal zymotic diseases were at the rate of 1·46 per 1,000 persons living. In the seventy-six great towns, including London, the average rate was 1·89.

In London, as a whole, the mortality from these diseases last year was 1·77 per 1,000 and 0·93 below the corrected decennial average; the total deaths were 8,166. The mortality from all of these diseases shows a considerable decrease compared with the decennial average.

The following table shows the rate of mortality per 1,000 persons living from the principal zymotic diseases in Kensington and London, and in England and Wales, in 1903.

	Small pox.	Measles.	Scarlet Fever.	Diph- theria.	Whooping Cough.	Fever.	Diarrhoea.
Kensington ..	0·00	0·19	0·08	0·13	0·51	0·05	0·54
London ...	0·00	0·45	0·08	0·16	0·35	0·08	0·64
England and Wales ..	0·02	0·27	0·12	0·18	0·27	0·10	0·50

SMALL-POX.

There was no death from Small-pox in the Royal Borough, in 1903, the corrected decennial average number of deaths being 2·2. Six cases of the disease were recorded, all at common lodging-houses, and under somewhat remarkable circumstances; four of them, and yet another outside London (case 6) to be hereafter referred to, being due, it was thought, to a case which was not definitely recognized to be small-pox so as to be notified. This case was that of Florence B., aged 31, of no confessed occupation, a resident at No. 33, Crescent-street, Notting-dale, a common lodging-house. Failing in health on February 5th, she applied for medical aid at the Relief Offices, Mary-place. She had a rash and was removed to the Infirmary with a provisional diagnosis of measles. The medical certificate was endorsed with a suggestion for further careful examination of the patient before her admittance to the sick ward. The medical superintendent believing the woman to have small-pox, sent her to the South Wharf, whence she was returned to the Infirmary on the following day, the diagnosis of small-pox not having been confirmed. The patient remained in isolation at the Infirmary until March 25th, when she returned to her former place of abode in Crescent-street.

The further cases were as follows :—

Case 2. John F., aged 38, flower-seller, was admitted to the Infirmary April 11th from a furnished room in Bangor Street, having shortly before lived at No. 30, Crescent Street, a common lodging-house opposite to No. 33. He appears to have failed in health on the day of admittance. On the 15th he was found to have small-pox, and was removed to the hospital.

Case 3. Julia H., aged 42, "deputy" at No. 30, Crescent Street, was removed to hospital on April 15th.

Case 4. James S., aged 38, labourer, was removed to hospital April 16th from No. 33, Crescent Street.

Case 5. Thomas R., aged 26, dealer in old clothes, resident at No. 30, Crescent Street, applied for medical aid at the Relief Offices April 20th. He was found to have premonitory symptoms of small-pox, and was removed to hospital forthwith.

Case 6. On April 16th a communication was received from the Medical Officer of Health for Croydon, intimating that Laurence W., aged 45, travelling cutler, had sickened with small-pox on April 11th at Penge, having previously resided at No. 30, Crescent Street, where, doubtless, he contracted the disease.

Case 7. Sidney W., aged 25, tinman, who had spent but one night at a common lodging-house, at Hesketh Place, in the Potteries district, Notting Dale, was removed, April 18th, from the Relief Offices. This case appeared to have no connection with the others.

In the course of enquiry into cases 2, 3, and 4, the facts relative to the illness of Florence B. (case 1) came to light. She was still living at 33, Crescent-street, and bore the marks of a rash which two medical men who examined her believed to have been that of small-pox.

The facts and dates suggested an antecedent case at No. 30, Crescent-street as the source of infection in cases 3 and 5 and the Penge case (6), but none such could be traced. Nor was evidence forthcoming of any case at No. 33, antecedent to that mentioned above (case 4) other than that of Florence B.

Having regard to the freedom with which residents at common lodging-houses mix together, and to the close proximity of the two houses (33 and 30), there is no improbability in the supposition that Florence B. was the source of infection of cases 2, 3, and 4 (possibly 5 also), and the Penge case (6), other than as suggested by the fact that she did not return to Crescent-street until seven weeks after her admittance to the Infirmary. At the beginning of her illness she had left wearing apparel at the house, and this may have conveyed the infection, for it was not disinfected until 16th April, after notification of the subsequent cases which led to disclosure of the facts of her illness as above set out. The clothing she wore when admitted to the Infirmary was destroyed at that institution.

There was no further spread of the disease, a rather remarkable fact in the circumstances, and not another case in the Borough during the year.

SMALL-POX IN LONDON.—There were thirteen deaths from this cause in London during the year, the corrected decennial average number being 201. The deaths in the three preceding years had been 4, 242, and 1,300 respectively. The cases notified were 417, compared with 7,796 in 1902. The mortality case-rate was low, only 3·1 per cent. on notifications, compared with 16·9 per cent. in 1902.

MEASLES.

Measles was the cause of 34 deaths, as compared with 98, 77 and 93, in the three preceding years, successively, all of them in the Town sub-district, the corrected decennial average being 81: twenty-three of the deaths were registered in the last eight weeks of the year. All of the deaths save one were of children under five years of age; six were of infants in the first year of life. The rate of mortality was 0.19 per 1,000 of the population.

The deaths from this cause in London, as a whole, were 2,054, and approximately 504 below the corrected average number (2,559).

MEASLES SCHEDULED AS A "DANGEROUS INFECTIOUS DISEASE."—In 1898 the Public Health Committee of the County Council, having received from the School Board for London a communication urging the desirability of including measles in the class of "dangerous infectious diseases" expressed a desire, "before coming to any decision in the matter," to "learn the views of the London Sanitary Authorities," and to be informed if they "would be in favour of the extension to measles of the provisions contained in the Public Health (London) Act, 1891, relating to notification, etc., of infectious disease."

The replies of the Vestries, etc., having shown a "considerable divergence of opinion," the matter fell through, but in a further communication, in 1900, the same Committee thought it desirable to consult the Councils of the Metropolitan Boroughs "with a view to ascertain whether they were in favour of the extension to measles of the provisions contained in any, or all, of certain sections of the Act," it being expressly observed that "these sections do not relate to the question of notification."

It is to be presumed that the general trend of the replies was favourable to the proposal, as the County Council last year made an Order (which, having been approved by the Local Government Board, came into force on the 1st April), applying to measles in the Administrative County the sections of the Act, cited below, with respect to dangerous infectious diseases.

The Order was duly advertised and a copy of it was forwarded to each medical man residing or practising in London, in accordance with the requirements of section 56.

The following sections thenceforth became applicable to measles in common with other dangerous infectious diseases—

Section 62, which relates to infectious rubbish cast into ashpits without previous disinfection.

Section 63, which relates to the letting of a house or part of a house in which infected persons have been residing, without having the house or room, and infected articles therein, disinfected.

Section 64, which relates to the letting for hire, or showing for that purpose, any house, or part of a house, and the making of false statements as to the fact of there being, or within six weeks previously having been, therein, any person suffering from any dangerous infectious disease.

Section 65, which relates to a person ceasing to occupy a house in which any person has within six weeks previously been suffering from any dangerous infectious disease, without disinfection, or notice to the owner, or making a false answer to questioning on the subject.

Section 68, which relates to the exposure of infected persons and things in any street, public place, shop, or inn.

Section 69, which prohibits an infected person carrying on business.

Section 70, which prohibits conveyance of an infected person in a public conveyance.

Section 72, which prohibits retention of an infected dead body in a room used as a dwelling-place, sleeping-place, or workroom, in certain cases.

Section 73, which prohibits the body of a person dying of infectious disease in hospital, etc., being removed therefrom excepting to a mortuary, or for burial.

Section 74, which requires disinfection of any public conveyance after being used for carrying an infected corpse.

For each of the offences dealt with in the foregoing sections a penalty is prescribed.

All of the above sections have been in force since 1892, in respect to the notifiable diseases, named in section 55 (8), but the offences specified have been of rare occurrence; or, at any rate, rarely heard of, and probably it will not be otherwise now that measles is added to the list.

But the main significance of the Order is in connexion with other sections, 60 and 61, which provide for the cleansing and disinfecting of infected premises and articles therein, a course which, if carried out thoroughly, will certainly involve, at times, but for limited periods only, considerable labour and no little expense to the sanitary authority.

In this connexion it may be pointed out that measles becomes epidemic about every second year, continues with variable severity for a time, and then dies down. In some years the deaths are relatively few. Thus, in Kensington, they were but 29, 18, 33, 33 and 24 in the years 1891, 1893, 1895, 1897 and 1899 respectively; in other years the deaths have been numerous, *e.g.*, 109, 108, 173, 120 and 98 in the years 1892, 1894, 1896, 1898 and 1900. The average number in the ten years 1892--1901 was 79; whilst those from scarlet fever, diphtheria, and enteric fever within the same period were only 26, 57 and 17 respectively. The deaths from scarlet fever exceeded 30 on three occasions only in the ten years—the maximum number being 59; the maximum from diphtheria was 89, whilst 23 was the highest number recorded from enteric fever.

There is no very wide variation in the annual number of the deaths from notifiable diseases, as a class, nor in the prevalence of them (as shown by notifications), and no difficulty has been, at any time, experienced in regard to disinfection after them. With measles it is otherwise; for in consecutive periods of a few weeks the cases may range from, practically, zero to thousands.

I may take 1896, the year of maximum fatality in the Borough during the past decennium, for an illustration.

During the first four-weekly period there were only three deaths from this cause. In the second period the number rose to 17; in the following five periods the deaths were 20, 32, 45, 24 and 19 respectively: 157 in 24 weeks. During the remainder of the year only thirteen deaths were registered, seven of them in the eighth four-weekly period.

The case-mortality of measles may be taken at, say, 4 per cent.* On this basis there were some 3,925 cases in 24 weeks, and only 400 in the remaining 28 weeks.

The greatest number of deaths was in the fifth four-weekly period, 45, corresponding to, say, 1,100 cases.

It must be obvious that disinfection—if it could be carried out universally—would, with so many cases in so short a period, involve a heavy strain; probably, however, the greater proportion of the cases would remain unknown.

Heads of families too commonly make light of measles, rarely seeking the help of the sanitary authority, and oftentimes not even that of the doctor, in regard to it. What will happen consequent to the steps taken by the County Council in making known the provisions of the Order remains to be seen.

With a view to arrive at an approximate estimate of the number of cases in which disinfection might be required, I made a study of the subject in the light of the mortal statistics for 1902.

The deaths were 93 (11 above the corrected decennial average): 86 in the first half-year, 7 in the second. They occurred in 92 houses.

Seventy-seven of the deaths belonged to North Kensington—in St. Charles Ward 26, Golborne 13, Norland 25, Pembridge 13; and 16 to South Kensington—in Holland Ward 6, Earl's Court 1, Queen's Gate 1, Redcliffe 5, and 3 in Brompton.

The deaths were spread over 61 streets; there was one death in each of 40 streets; there were two deaths in each of 13 streets; three in each of two streets; four in each of four streets and five in one street.

* The case-mortality at Edinburgh in ten years 1880-89 (30,000 cases) was 3.1 per cent.

Assuming the case-mortality to be 4 per cent., the cases would have numbered 2,325 : 2,150 in the first half-year and 175 in the second.

Of the notifiable diseases after which disinfection has been carried out hitherto, there were in the same year 734 cases only : 403 in the first half-year, 331 in the second. But all cases of small-pox, scarlet-fever, diphtheria, enteric-fever, etc., are notified; whilst of measles cases no information is forthcoming in respect to the great majority.

The 93 deaths occurred, as already stated, in 92 houses, and I heard of 182 other houses in which the disease was alleged to have occurred. For the bulk of information received in respect to the non-fatal cases I am indebted to the head teachers of Board Schools acting under official instructions. The cases in children attending school were 173 : 63 other children were excluded on account of disease in the family or the house, children not being permitted to attend school from an infected house.

Assuming the accuracy of the reports and figures, we should have had to disinfect 274 houses (267 in four months—January to April—and 7 in the remaining eight months), whilst, on an average of three cases to a house, about 500 houses would have gone without disinfection. It may be anticipated that in the future, the publicity given to the Order will lead to the disclosure of a larger proportion of infected houses.

How do the facts set out bear on the probable effects to be anticipated as a result of the issue of the Order?

Measles is infectious from the onset of illness. It takes about two weeks to incubate, and so the first case in the family may recover before a second child falls ill.

It will be thought, naturally, that disinfection should be done on recovery of the first case, in hope of preventing a second; but the probability is that a second child (and others if there be more than one susceptible) will have developed the disease at the date when disinfection would have become possible after the first case.

It is always probable that the disease, once it has found admittance, will spread to all of the families occupying a tenemented house; parents, as a rule, not being in dread of measles; indeed they commonly prefer that all of their children should have the malady at one time, and so get the trouble over.

The same feeling, or a sense of the inevitability of measles, often makes parents in the house generally, indifferent to the risk of infection, especially if the first case should be of a benign description. Not seldom, moreover, the disease spreads in a tenemented house whatever care may be taken by the heads of families.

Theoretically, the proper course would be to disinfect after a first case—though it will generally be ineffectual to prevent spread—and after the last case, when more than one occurs; but then, the fire having gone out for want of fuel, it matters little whether disinfection be carried out or not.

A question arose as to the extent to which disinfection should be carried out; whether of infected rooms and contents only, or also by removal of infected articles to the disinfecting station?

After due consideration of the matter, it was finally decided, as a tentative measure, to disinfect infected articles in the room by spraying with formalin, and experience, so far, has justified the propriety of the practice. But disinfection was not at all generally resorted to, either because householders objected to it, or because, in many cases, the occurrence of the disease was not revealed. The assumed number of cases of measles was 900, in an unknown number of families and houses, the number of disinfections was 56 only.

It will be manifest, I think, from the foregoing observations, that if it should be deemed imperative to enforce disinfection after measles, the disease must be made notifiable. Hitherto, however, I have not seen reason for believing that any substantial gain, commensurate with the expense (to say nothing of the trouble) that notification would entail, is likely to accrue therefrom.*

SCARLET FEVER.

The notifications of scarlet fever were 330, compared with 367, 475 and 372, in the three preceding years successively; 237 in North Kensington and 91 in South Kensington. The deaths were 14 (11 below the corrected decennial average); 11 and 3 in the Town and Brompton sub-districts respectively. The case-mortality was 4.2 per cent. Ten of the deaths were of children under five years of age, and 12 took place in hospitals to which 277 cases were removed. The deaths in the three preceding years were 4, 15 and 21, respectively. The rate of mortality was 0.08 per 1,000 of the population.

* The question of Notification of Measles was considered in the third monthly report, 1903, page 60.

The information as to scarlet fever mortality in the borough—1856-1903—set out in Appendix II. (Tables B, C, D, pp. 110-111) shows the large reduction which has taken place in recent years.

The deaths in London, as a whole, were 362 (the lowest total on record), compared with 365, 584 and 563, in the three preceding years, the corrected decennial average being 785. Of the 362 deaths 336 or 92·8 per cent. occurred in public institutions. The notified cases were 12,536, compared with 13,809, 18,390 and 18,258, in the three preceding years. The mortality was 2·9 per cent. on cases notified, against 2·6, 3·2 and 3·1 in the three preceding years. The admissions to hospitals were 10,580 (against 10,734, 14,159 and 14,883, in the three preceding years), or about 84·3 per cent. of cases notified. At the close of the year there were 1,632 cases under treatment in the hospitals, compared with 2,460, 3,080 and 2,327, at the corresponding period in the three preceding years. The case-mortality in hospitals was 3·1 per cent.

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 1903.

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 31	18	1,032	...	13	869	...	—	37	...	2,019
March 28	32	989	...	25	837	...	—	31	...	1,851
February 28	12	944	...	10	857	...	1	26	...	1,756
April 25	31	851	...	24	794	...	1	19	...	1,698
May 23	27	1,094	...	25	934	...	—	37	...	1,759
June 20	17	913	...	16	750	...	1	23	...	1,649
July 18	37	1,050	...	37	971	...	4	26	...	1,710
August 15	46	1,022	...	38	897	...	3	31	...	1,758
September 12	28	936	...	21	865	...	—	29	...	1,772
October 10	21	1,133	...	21	1,029	...	1	23	...	1,881
November 7	24	969	...	18	840	...	3	33	...	1,854
December 5	17	827	...	13	694	...	—	26	...	1,715
January 2, 1904 ...	20	776	...	16	697	...	—	21	...	1,632
	330	12,536	...	277	11,034	...	14	362		

For the sake of comparison, I subjoin the corresponding table for 1902, taken from the report for that year.

SCARLET FEVER IN 1902.

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 25	35	1,412	...	29	1,150	...	4	55	...	2,658
February 22	30	1,220	...	27	982	...	1	51	...	2,406
March 22	28	1,295	...	18	1,016	...	4	36	...	2,185
April 19	30	1,168	...	25	1,011	...	1	41	...	2,155
May 17	34	1,266	...	28	1,067	...	4	43	...	2,207
June 14	22	1,388	...	17	1,191	...	—	43	...	2,347
July 12	30	1,360	...	28	1,181	...	—	40	...	2,352
August 9	20	1,599	...	18	1,408	...	—	46	...	2,591
September 6	26	1,411	...	24	1,227	...	1	45	...	2,718
October 4	35	1,545	...	33	1,364	...	2	38	...	2,749
November 1	38	1,721	...	32	1,462	...	2	43	...	2,869
November 29	18	1,482	...	16	1,242	...	—	30	...	2,761
January 8, 1903 (five weeks)...	26	1,489	...	16	1,218	...	2	52	...	2,378
	372	18,246	...	311	15,514	...	21	563		

NOTE.—Correction has not been made in the above tables for errors in diagnosis, either with respect to notifications, or admissions to hospital. The notifications are taken from the weekly returns of the Asylums Board; the admissions to, and numbers in, the hospitals, and the deaths in London, from the weekly returns of the Registrar-General.

The following tables exhibit certain particulars of interest with respect to scarlet fever prevalence, &c., during 1903, and the ten preceding years, 1893-1902:—

Scarlet Fever Cases Recorded in Kensington in 1903, 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.
1903	18	12	32	31	27	17	37	46	28	21	24	17	20	330
1902	36	31	27	30	33	21	32	20	26	35	37	18	26*	372
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	34	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	84	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
Average 1893-1902	40.0	37.7	31.3	31.2	31.7	40.8	49.9	50.7	43.6	60.7	63.6	52.5	41.7	576†

* Return comprises five weeks.

† Without correction for increase in population.

Statistics of Scarlet Fever in Kensington in 1903, 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.		
1903	53	277	330	84	2	12	14	14	86	4.2	362
1902	61	311	372	84	2	19	21	10	90	5.6	563
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	749	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	1,596

DIPHTHERIA.

The notified cases of diphtheria and membranous croup (which is classified by the Registrar-General as diphtheria) were 160, compared with 332, 250 and 184, in the three preceding years: 106 in North Kensington and 54 in South Kensington. The deaths registered were 24 (against 27, 38 and 20, in the three preceding years), and 33 below the corrected decennial average (57): 19 belong to the Town Sub-district, and 5 to Brompton; 18 to North Kensington and 6 to South Kensington. The mortality was 15.0 per cent. on cases notified as diphtheria. Seventeen of the deaths took place in hospitals, to which 135 cases were removed—a case mortality of 12.6 per cent. Eighteen of the deaths were of children under five years of age, including one under one year. The rate of mortality was 0.13 per 1,000 of the population.

Detailed information in regard to diphtheria mortality in the borough—1871-1903—is set out in Appendix II., Tables B, C, and D, pp. 110-111.

The deaths in London, as a whole (including those from membranous croup) were 752, and only slightly above a third of the corrected decennial average, 2,183; compared with 1,558, 1,344 and 1,181, in the three preceding years. The rate of mortality was 0.16 per 1,000 of the population. The notified cases were 7,738 compared with 11,988, 12,154, and 10,735, in the three preceding years. In 1903, 5,113 cases were admitted to the hospitals* (compared with 8,777, 9,090 and 8,086, in the three preceding years), and the deaths in hospital were 508, a case-mortality of 9.9 per cent. At the close of the year there were 739 cases under treatment in the hospitals, compared with 1,343, 1,369 and 927, at the corresponding period in the three preceding years.

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 1903.

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 31	7	662	6	527	—	64	942
February 28	6	734	5	614	1	79	1,037
March 28	11	639	11	497	3	83	900
April 25	12	550	8	439	2	66	767
May 23	10	549	10	469	2	54	791
June 20	20	557	16	453	3	46	765
July 18	18	642	16	541	3	44	815
August 15	12	550	11	457	2	45	810
September 12	18	462	15	387	4	48	665
October 10	19	586	15	481	1	47	700
November 7	7	596	7	484	1	59	782
December 5	10	510	8	419	—	50	754
January 2, 1904	10	534	7	430	2	67	739
	160	7,571	135	6,198	24	752	

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

*Including many cases of mistaken diagnosis

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

Particulars with Reference to Diphtheria in Kensington, in 1903.

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 (17 in Hospitals).	
				North Kensington.	South Kensington.	North Kensington.	South Kensington.
January 31	7	4	3	4	2	...	...
February 28	6	2	4	2	3	1	...
March 28	11	6	5	6	5	3	...
April 25	12	8	4	5	3	1	1
May 23	10	8	2	8	2	2	...
June 20	20	15	5	13	3	3	...
July 18	19	17	2	15	1	2	1
August 15	12	9	3	9	2	2	...
September 12	19	16	3	13	2	2	2
October 10	19	10	9	9	7	...	1
November 7	7	5	2	5	2	1	...
December 5	10	3	7	3	5	...	...
January 2, 1904	10	5	5	5	2	1	1
	162	108	54	97	39	18	6

* 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.

WHOOPING-COUGH.

Whooping-Cough was the cause of 90 deaths compared with 33, 62, and 21, in the three preceding years; 83 in the Town sub-district, and 7 in Brompton; the corrected decennial average being 53. It was the only disease of the zymotic class the mortality from which exceeded the corrected decennial average. All but one of the deaths were of children under five years of age, including 41 under one year. The rate of mortality was 0.51 per 1,000 of the population.

The deaths in London, as a whole, were 1,631, and 443 below the corrected decennial average (2,074). The rate of mortality was 0.35 per 1,000 of the population.

FEVER.

The notified cases of Enteric Fever were eighty in number, compared with 104, 97, and 80, in the three preceding years. The deaths were 9 (nine below the corrected decennial average and the smallest annual number on record); all of them belong to the Town sub-district. Five of the deaths took place in hospitals, to which 28 cases were removed. The deaths from this cause in the three preceding years were 16, 11, and 19, respectively. In a few of the cases there was ground for suspicion that the illness had been caused by the eating of shell-fish—oysters in seven of the cases.

The deaths in London, as a whole, were 387, and 276 below the corrected decennial average (663). The notifications were 2,237 (3,412 in 1902): the admissions to hospitals 967 (compared with 2,074, 1,480, and 1,806, in the three preceding years); and at the close of the year there remained 246 cases under treatment, against 403, 195, and 210, at the corresponding period of the three preceding years. The rate of mortality was 0.08 per 1,000 of the population.

No case of Typhus Fever was notified in the Borough; and 22 cases only in London, as a whole, there being three deaths from this cause.

No death occurred in the Borough from simple continued fever (Pyrexia); one case was notified. The deaths and notifications in London, as a whole, were 6 and 40 respectively.

DIARRHŒA.

Diarrhœa was the cause of 97 deaths, compared with 105, 115, and 78, in the three preceding years; 90 in the Town sub-district and 7 in Brompton; the corrected decennial average being 100. The rate of mortality was 0·54 per 1,000 of the population.

[For an account of an enquiry made with respect to fatal cases of infantile diarrhœa in the Borough in 1903, see page 44.]

The deaths in London, as a whole, were 2,958, and 786 below the corrected decennial average (3,744): 2,643 of the deaths were of children under five years of age, including 2,168 of infants under one year. The rate of mortality was 0·64 per 1,000 of the population.

The advice given by the Registrar-General in 1901, as to certification of fatal cases of this disease,* has been followed to a fair extent by medical practitioners in the Borough during the past year, and it may be anticipated that in course of time the object of the Royal College of Physicians and the Registrar-General, accuracy in nomenclature, will be attained. In this connection it is interesting to note that in London, as a whole, of the 2,958 total deaths from this cause 1,397 were certified as *Epidemic Diarrhœa* and *Infective Enteritis* and 1,561 as *Diarrhœa, Dysentery*.

INFLUENZA.

Forty-one deaths were registered from influenza, as compared with 85, 28, and 68, in the three preceding years; 31 in the Town sub-district, and 10 in Brompton. The deaths in London, as a whole, from this cause were 644, against 1,950, 664, and 1,073, in the three preceding years; and 635 below the corrected decennial average.

OTHER "GENERAL DISEASES."

Syphilis was the cause of 13 deaths, all of them in the Town sub-district: *Gonorrhœa, Stricture of Urethra*, of one. *Puerperal Diseases* were the causes of two deaths—between 25 and 45 years of age—both of them in the Town sub-district. Six deaths, five of them in the Town sub-district, were registered as having occurred from accidents connected with childbirth. The deaths thus registered as having been caused by diseases and accidents associated with parturition (eight in all), were equal to 2·2 per 1,000 live births, compared with rates of 6·7, 3·1, and 2·9, per 1,000 in the three preceding years respectively.

Bearing in mind the disastrous series of cases of *Puerperal Fever* 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, etc. This course was adopted in respect of the cases notified in 1903 with satisfactory results, there having been no spread of the disease.

Erysipelas was the cause of six deaths, five of them in the Town sub-district. The notifications of *Erysipelas* were 177; some of the cases were of traumatic origin, and others unimportant in character, such as the framers of the Act could scarcely have intended to be notified.

Tuberculosis in its various forms was the cause of 285 deaths, as compared with 306, 314, and 310, in the three preceding years; 257 in the Town sub-district and 28 in Brompton; 49 of them under five years of age. *Tubercular Phthisis (Pulmonary Tuberculosis)* was the certified cause of 161 deaths (144 and 17 in the Town and Brompton sub-districts respectively) and "*Phthisis*" of 51—Total 212 or 1·19 per 1,000 of the population. *Tubercular Meningitis* was the cause of 31 deaths; *Tubercular Peritonitis* of 10; and *General Tuberculosis* of 25. The deaths from Tubercular Diseases were, proportionately to population, not so numerous in Brompton as in the Town sub-district. The total deaths were in the proportion of 1·6 per 1,000 of the population.

[Under other headings—"The Prevention and Treatment of Consumption"; "Sanatoria," and "Notification of Consumption," further information on the subject of Tuberculosis will be found at pages 37-44.]

The deaths from Tubercular Diseases in London, as a whole, were 10,088, the corrected decennial average being 11,410. Of these deaths 7,347 were due to Phthisis, the corrected decennial average being 8,176. The death-rate from Phthisis in London, in 1903, per 1,000 persons living, was 1·60 against 1·79, 1·71, and 1·64, in the three preceding years.

* *Vide* Annual Report of the Medical Officer of Health for 1902, page 38.

Alcoholism, Delirium Tremens, was the cause of 16 deaths, eight in each of the sub-districts. The deaths in London, as a whole, were 644. 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.

Rheumatic Fever, Acute Rheumatism, was the cause of 12 deaths, all of them in the Town sub-district.

Malignant Disease, Cancer, was accountable for 187 deaths; 136 in the Town sub-district and 51 in Brompton. *Carcinoma* was the registered cause in 85 cases, *Sarcoma* in 11, and *Malignant Disease, Cancer*, in 91. 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 140, 143, 136, 173, 168, 193, 169, 152, 185, and 155 respectively. The deaths in 1903 were equal to 10.5 per ten thousand living, and to 7.6 per cent. of all deaths registered. 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 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 161 of the deaths took place at ages above forty-five, and 18 between thirty-five and forty-five years.

In London as a whole, the deaths from *Malignant Disease, Cancer*, were 4,695, and 603 above the corrected decennial average.

Premature Birth was the cause of 61 deaths, 51 in the Town sub-district and 10 in Brompton; *Old Age* of 60; 47 and 13 in the two sub-districts respectively; including 6 between 65 and 75 years, 35 between 75 and 85, and 18 at 85 years and upwards.

LOCAL DISEASES.

Nervous System.—The deaths from the diseases of this system were 123; 100 in the Town sub-district and 23 in Brompton—as compared with 257, 246, and 146, in the three preceding years—32 of them occurred under five years of age. Twenty of the deaths were due to *Convulsions* (an objectionable term), and 23 to diseases which, not being named specifically in the "New List," are classified to "Other Diseases" of the System. The number of deaths from the several other diseases are set out in Table VIII, page 92.

Circulatory System.—The deaths from *Diseases of the Heart* were 196; 143 in the Town sub-district and 53 in Brompton—as compared with 227, 236, and 251, in the three preceding years. The larger number of the deaths, 98, were registered from "*Syncope, Heart Disease (not specified)*." *Valvular Disease* was accountable for 59 deaths, *Angina Pectoris* for 9, *Dilatation of Heart* for 15, and *Fatty Degeneration* for 10.

Diseases of Blood Vessels were the causes of 129 deaths, 99 in the Town sub-district and 30 in Brompton, including 69 from *Cerebral Hemorrhage, Embolism, Thrombosis*; and 40 from *Apoplexy, Hemiplegia*, conditions which generally connote cerebral hemorrhage.

Respiratory System. The diseases of the Respiratory Organs (phthisis being excluded), were accountable for 482 deaths, 413 in the Town sub-district and 69 in Brompton—as compared with 542, 511, and 626, in the three preceding years. The principal causes were *Bronchitis* 229 deaths, and *Pneumonia*, in one or other of its forms, 197 deaths. The deaths under five years of age were 182, or 38.1 per cent. of the total number, as compared with 31.5, 32.9, and 31.8 per cent. in the three preceding years; and at 55 and upwards 206, or 43.1 per cent. against 47.9, 44.2, and 44.9 in the three preceding years. *Bronchitis* and *Pneumonia* were accountable for 426 deaths (including 175 under five years of age), of which 57 were registered in the Brompton sub-district.

Digestive System. The diseases of the Digestive System were accountable for 158 deaths; 112 and 46 in the Town and Brompton sub-districts respectively; 36 of them under five years of age. The chief causes were *Cirrhosis of the Liver* 27 deaths, *Other Diseases of the Liver and Gall Bladder* 15 deaths, *Intestinal Obstruction* 15, *Enteritis* 11, *Gastric Ulcer* 13, and *Appendicitis* 20.

Urinary System. One hundred and five deaths were due to diseases of the urinary system; 76 and 29 in the Town and Brompton sub-districts respectively; *Chronic Bright's Disease (Albuminuria)*, being the cause of 59 deaths, *Nephritis (Acute)*, of 8, *Bladder and Prostate Disease* of 14, and *other Diseases of the Urinary System* 21.

DEATHS FROM VIOLENCE.

One hundred and four deaths, including 32 under five years of age, and 23 under one year, were caused by violence; 82 belong to the Town sub-district, 22 to Brompton.

Accident or Negligence occasioned 79 deaths: 68 in the Town sub-district, 11 in Brompton; 32 of them under five years of age, and 23 under one year. *Fractures and Contusions* were responsible for 44 deaths, *Burn, Scald* for 6, and *Suffocation* for 23—of which 20 were of infants under one year.

Suicide accounted for 25 deaths, 14 and 11 in the Town and Brompton sub-districts respectively; viz., from *Gun Shot Wounds* 2, *Cut, Stab* 3, *Poison* 8, *Drowning* 2, *Hanging* 5, "*Otherwise*" 5.

Ill-defined and Not specified Causes of death were returned in 55 cases, 52 in the Town sub-district and 3 in Brompton: 51 were certified due to *Debility, Atrophy, Inanition*, all of them of infants under one year.

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 (526), at the Brompton Consumption Hospital (77), and at St. Joseph's House (16) are excluded from our statistics, but will furnish occasion for a few remarks later on. The deaths of parishioners at the Infirmary and Workhouse (460), at the Consumption Hospital (2), at St. Marylebone Infirmary (5), at St. Joseph's House (3), and at outlying institutions, etc. (318), were 788, or 32·1 per cent. on total deaths; the percentage proportion of deaths in public institutions in the Metropolis generally being 35·4; viz., 18·3 in workhouses and workhouse infirmaries; 1·6 in Metropolitan Asylums Board Hospitals; 12·4 in other hospitals, and 3·1 in public lunatic and imbecile asylums. The Registrar-General in his Annual Summary states that "about one in every five deaths occurred in a workhouse or workhouse infirmary, one in every 63 in a Metropolitan Asylums Board Hospital, one in every 8 in some other hospital, and one in every 33 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 BOROUGH 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, the causes of which are set out in the table below, were 460, compared with 476, 497 and 528, in the three preceding years respectively, and were equal to 18·7 per cent., not far short of one-fifth of all the deaths recorded in the borough. The quarterly numbers were 149, 94, 114 and 103; 252 deaths, therefore, occurred in the first and fourth or colder quarters, and 208 in the second and third or warmer quarters of the year. The deaths included 232 of males and 228 of females. The ages at death were:—Under one year, 65 (compared with 58, 66 and 61, in the three preceding years respectively); between one and sixty, 218 (compared with 213, 234 and 254, in the three preceding years), and at sixty and upwards 177 (compared with 205, 197 and 213, in the three preceding years).

SUMMARY OF CAUSES OF DEATH.

DISEASES.	Under 1 year.	Between 1 year and 60 years.	At 60 years and upwards.	Total.
Nervous System, Diseases of	3	17	16	36
Circulatory System, Diseases of	—	15	32	47
Respiratory System, Diseases of	13	38	64	115
Digestive System, Diseases of	4	10	10	24
Urinary and Generative Systems, Diseases of	—	10	6	16
Tubercular Diseases (including Marasmus)	14	94	6	114
Cancer	—	16	19	35
Measles	2	2	—	4
Syphilis	9	1	—	10
Gangrene	—	—	4	4
Premature Birth	5	—	—	5
Various other Diseases	15	15	11	41
Senile Decay	—	—	9	9
	65	218	177	460

Thirteen inquests were held; the cause of death was natural in six cases, and injury in some form in seven cases.

THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—In the Kensington portion of the Brompton Hospital there were 79 deaths, including two of parishioners. The remaining 77 deaths, of non-parishioners, are excluded from the borough statistics.

ST. MARYLEBONE INFIRMARY, NOTTING HILL.—At this institution 531 deaths were registered, all of which, save 5 of parishioners, are excluded from the borough statistics.

ST. JOSEPH'S HOUSE, NOTTING HILL.—The 19 deaths at this quasi-public institution, with the exception of 3 of parishioners, are excluded from the borough statistics.

OUTLYING PUBLIC INSTITUTIONS.—The deaths of parishioners at public institutions, etc., without the borough, which in the three preceding years had numbered 283, 321, and 315, respectively, were 313 in 1903. All of these deaths are included in the borough statistics. The deaths occurred at the several institutions as follows:—

St. Mary's Hospital	50	Samaritan Free Hospital	1
St. George's Hospital	26	Station Hospital, Rochester Row ...	1
West London Hospital	12	Hostel of God	4
St. Bartholomew's Hospital	6	Friedenheim	3
University Hospital	6	Hostel of St. John and St. Elizabeth	3
Middlesex Hospital	6	St. Peter's Home	2
St. Thomas's Hospital	4	Salvation Army Maternity Home ...	1
Westminster Hospital	4	St. Anne's House, Stoke Newington	1
King's College Hospital	3	Holloway Prison	1
Charing Cross Hospital	1	Fulham Workhouse	1
Guy's Hospital	1	Paddington Workhouse	1
M.A.B. { Western Hospital	35	St. Giles's Workhouse	1
North-Western Hospital	1	Fulham Infirmary	2
Cancer Hospital, Chelsea	5	Chelsea Infirmary	1
Brompton Hospital (south wing) ...	2	Paddington Infirmary	1
Children's Hospital, Paddington ...	9	Hanwell Asylum	17
Children's Hospital, Great Ormonde		Banstead Asylum	15
Street	6	Horton Asylum, Epsom	14
Victoria Hospital for Children ...	1	Colney Hatch Asylum	12
Infants' Hospital, Denning Road,		Caterham Asylum	5
Hampstead	1	Cane Hill Asylum	4
French Hospital	2	Dartford Asylum	4
Homœopathic Hospital	2	Claybury Asylum	3
Hospital for Women, Euston Road ...	2	Leavesden Asylum	2
Queen Charlotte's Hospital	6	Darenth Asylum	1
Lying-in Hospital, Endell Street ...	1	Camberwell House Asylum	1
Great Northern Hospital	1	City of London Asylum	1
Grosvenor Hospital	1	Licensed Victuallers' Asylum ...	1
Hampstead Home Hospital	1	Peckham House Asylum	1
Home Hospital, Fitzroy Square ...	1	Middlesex Asylum	1
National Hospital	1		
North-West London Hospital	1		
St. Saviour's Hospital	1		
			305

Other 13 deaths occurred without the borough, viz.: two of males by drowning in the Thames and the Grand Junction Canal respectively, and one of a female in the Serpentine; one of a male on the railway; two of males in the street; and four of males, and three of females, on private premises.

Deaths from diseases of the Zymotic class occurred at public institutions without the borough as follows:—Western Hospital, 31 (*diphtheria*, 17; *scarlet fever*, 11; *enteric fever*, 3); North-Western Hospital, 1 (*scarlet fever*); St. Mary's Hospital, 2 (*enteric fever*, 1; *whooping-cough*, 1); West London Hospital, 1 (*enteric fever*); Infants' Hospital, Denning Road, Hampstead, 1 (*diarrhœa*).

UNCERTIFIED DEATHS.

There was not one 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 1·7 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 two inquests were held on parishioners, including 35 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 85 cases. Thirty-nine inquests were held on the bodies of non-parishioners who had died in Kensington. All of the 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	...	...	...	...	...	...	...	98
Deaths caused by violence (104), viz. :—								
Accidental	...	...	...	...	...	...	...	81
Suicidal	...	...	...	...	...	...	...	23
								— 104
								—
Total	...	...	...	...	...	...	...	202

Of the 25 suicidal deaths, 11 belong to the Brompton sub-district and 14 to the Town sub-district.

The inquests on Kensington parishioners were in the proportion of 8·2 per cent. on total deaths, the rate in the Metropolis being 10·2 per cent.; in England and Wales the rate was 6·9 per cent. The relative percentages in 1902 were 8·2, 9·7, and 6·7, respectively.

The deaths from violence (104) were equal to 0·58 per 1,000 of the population in Kensington; the corresponding rates were 0·68 per 1,000 in London, as a whole, and 0·58 per 1,000 in England and Wales.

NOTIFICATION OF INFECTIOUS DISEASE.

The tables at pp. 33-36 show (1) the number of notifications of all the scheduled diseases in London in 1903; (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 comprised in the Borough, and (4) the case-rate and the death-rate of infectious diseases in Kensington in the year 1903, and in the ten preceding years.

The Kensington notifications were 738; viz., 610 in the Town sub-district, and 128 in Brompton. The notifications the ten preceding years were 1,811, 972, 1,289, 1,781, 1,457, 1,004, 1,046, 986, 1,025, and 1,608, respectively. The notifications in 1902 included 669 of chicken-pox, a disease only temporarily made notifiable. Omitting these cases the notifications were 939, the lowest number on record excepting in 1890 (787). The cases notified in 1903 were absolutely the smallest number on record since notification was made compulsory in 1889.

Table XII. (Appendix I., p. 104) shows the streets, etc., where cases of the scheduled diseases occurred.

The cases notified in London were 27,686, the lowest total in any year since 1891 (26,522).

The notifications of scarlet fever (12,536) were the fewest on record save in 1891 (11,398); those of diphtheria (7,571) the lowest save in 1890 (5,870) and 1891 (5,907); those of enteric fever (2,337), and of erysipelas (4,376), and of croup (156) being the lowest on record. The notifications of puerperal fever (231) were the lowest yet recorded save in the two years 1890 (206) and 1891 (221).

Notification has been in force since October, 1889. The notifications of each of the diseases during the fourteen years 1890-1903 are set out in the subjoined table.

Year.	Small-pox.	Chicken-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever.	Erysipelas.	Croup.	Cholera.	Relapsing Fever.	Total.
1890	60	...	15,890	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	2,818	...	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	40,721
1895	978	...	19,557	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	45,466
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	...	18,812	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
1902	7,794	25,708	18,246	10,542	3,405	4	48	313	5,537	192	1	—	71,790
1903	417	...	12,536	7,571	2,337	22	40	231	4,376	156	—	—	27,686

The Ages at Notification of certain of the diseases, in 1903, were as follows:—

Age.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Puerperal Fever.
0—1 year	7	170	176	—	140	—
1—5	29	4,134	2,990	1	188	—
5—	38	4,772	2,531	268	145	—
10—	17	1,851	840	346	182	—
15—	36	684	356	352	255	7
20—	47	435	272	351	267	51
25—	129	374	368	522	573	122
35—	62	89	148	260	809	52
45—	31	15	35	108	795	1
55—	14	4	15	32	511	—
65 and upwards	6	3	6	3	507	—
Age not stated	—	—	1	—	—	—
	416	12,531	7,738	2,243	4,372	233

Cases of Infectious Disease notified in the several Metropolitan Boroughs in the
Fifty-two Weeks ended Saturday, 2nd January, 1904.

Name of Borough.		Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever.	Erysipelas.	Membranous Croup.	Cholera.	Totals.	Population, 1901.
West.	Kensington ...	5	390	158	61	...	1	4	177	2	...	788	176,628
	Paddington ...	5	417	147	48	1	3	4	119	4	...	748	148,976
	Hammersmith ...	7	317	163	59	...	1	5	110	3	...	665	112,239
	Fulham ...	11	405	288	80	...	...	19	116	7	...	926	187,289
	Chelsea ...	7	209	97	18	...	...	6	55	1	...	389	73,842
	City of Westminster	45	352	185	71	...	2	5	111	1	...	772	188,011
North.	St. Marylebone ...	4	414	221	67	...	4	7	177	8	...	902	188,801
	Hampstead ...	1	174	86	29	...	...	1	41	...	...	332	81,942
	St. Pancras ...	31	659	514	88	...	...	5	224	8	...	1,529	285,317
	Islington ...	12	867	456	181	...	2	19	228	3	...	1,718	384,991
	Stoke Newington ...	2	87	88	36	...	1	2	30	2	...	198	51,247
	Hackney ...	4	667	592	271	...	6	21	281	14	...	1,796	219,272
Central.	Holborn ...	2	144	52	54	...	2	4	90	...	...	348	59,405
	Finsbury ...	2	293	126	52	...	...	8	106	3	...	590	101,463
	City of London ...	...	73	27	14	...	...	1	10	...	...	125	26,923
East.	Shoreditch ...	...	259	149	99	...	1	7	147	5	...	667	118,637
	Bethnal Green ...	3	392	231	59	2	1	6	213	11	...	918	129,680
	Stepney ...	26	878	528	202	1	...	11	376	14	...	2,086	298,600
	Poplar ...	28	451	412	93	...	...	6	146	13	...	1,149	168,822
	Southwark ...	40	512	345	122	...	...	13	239	9	...	1,280	206,180
	Bermondsey ...	7	401	171	76	16	...	9	182	3	...	865	180,760
	Lambeth ...	73	751	340	136	...	7	18	231	9	...	1,565	301,895
	Battersea ...	37	475	308	89	...	...	8	150	7	...	1,074	169,907
	Wandsworth ...	29	822	526	101	...	3	13	236	6	...	1,736	292,084
	Camberwell ...	20	666	363	103	...	2	6	233	2	...	1,395	259,339
South.	Deptford ...	2	502	445	31	2	1	6	134	11	...	1,134	110,398
	Greenwich ...	4	164	204	44	...	...	7	73	4	...	500	95,770
	Lewisham ...	1	463	277	49	...	...	8	82	2	...	882	127,495
	Woolwich ...	6	390	180	42	...	3	2	58	4	...	685	117,178
	Port of London ...	3	2	2	22	...	...	...	1	...	...	30	
	Grand Totals ...	417	12,536	7,571	2,337	22	40	231	4,376	156	..	27,686	

* The figures in this and the following table, collated from the Asylums Board's weekly returns, differ slightly from the revised returns issued by the Registrar-General as shown in the table at foot of page 32.

Table showing the number of Cases of Infectious Disease Notified in Kensington, and in London, in 1903:
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 31...	1-4	...	18	7	5	...	...	1	20	...	...	51	14	1,082	662	172	...	2	19	385	19	...	2,305	1-4	January 31
February 28...	5-8	...	12	6	4	...	...	...	5	...	...	27	11	944	794	126	2	3	26	397	8	...	2,191	5-8	February 28
March 28...	9-12	...	32	11	5	...	...	...	10	...	...	58	10	989	639	106	3	1	14	311	16	...	2,089	9-12	March 28
April 25...	13-16	5	31	12	1	...	...	...	15	...	...	64	39	851	550	66	13	3	16	287	15	...	1,840	13-16	April 25
May 23...	17-20	...	27	10	4	...	...	1	15	...	...	57	56	1,094	549	72	3	4	19	351	10	...	2,158	17-20	May 23
June 20...	21-24	...	17	19	1	...	1	...	8	1	...	47	55	913	557	101	...	2	21	328	7	...	1,984	21-24	June 20
July 18...	25-28	...	37	18	2	...	...	...	22	...	...	79	50	1,050	642	147	...	2	17	808	7	...	2,223	25-28	July 18
August 15...	29-32	...	46	12	4	...	...	...	19	...	...	81	34	1,022	550	156	...	3	16	333	10	...	2,124	29-32	August 15
September 12...	33-36	...	28	18	7	...	...	...	12	...	...	65	40	986	462	229	1	7	16	313	10	...	2,014	33-36	September 12
October 10...	37-40	...	21	18	6	...	...	...	13	1	...	59	14	1,133	586	343	...	5	17	356	9	...	2,463	37-40	October 10
November 7...	41-44	...	24	7	6	...	...	2	18	...	...	57	45	969	596	290	...	4	22	387	15	...	2,328	41-44	November 7
December 5...	45-48	...	17	10	10	...	...	...	13	...	...	50	29	827	510	314	...	3	10	342	19	...	2,054	45-48	December 5
Jan. 2, 1904...	49-52	...	20	10	6	...	...	...	7	...	...	43	20	776	534	215	...	1	18	338	11	...	1,913	49-52	Jan. 2, 1904
Totals ...	...	5	330	158	61	...	1	4	177	2	...	788	417	12,586	7,571	2,337	22	40	231	4,376	156	...	27,686	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, 1903.

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	5	...	...	...	...	5	...	5	...	5	...
Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	158	2	62	68	11	14	1	131	27	118	16
Membranous croup	2	...	1	1	...	...	...	2	...	1	...
Erysipelas	177	7	7	7	21	111	24	152	25	6	...
Scarlet fever... ..	330	4	105	174	28	19	...	276	51	246	31
Typhus fever ... ..	...	...	...	...	...	...	...	...	...	...	...
Enteric fever	61	5	8	19	29	...	...	39	22	23	5
Relapsing fever ... ..	...	...	...	...	...	...	...	...	...	...	...
Continued fever	1	...	...	...	...	1	...	1	...	1	...
Puerperal fever	4	...	...	...	1	3	...	4	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...
TOTALS	738	18	183	269	90	153	25	610	128	400	52

Table showing the Notifications, in 1903, in the Borough, the Sub-Districts, the Parliamentary Divisions, and the Wards.

AREA.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	TOTALS.	Population.	Notifications per 1,000 of the population.
THE BOROUGH	5	330	158	61	1	4	177	2	738	178,000	4.1
SUB-DISTRICTS—											
Kensington Town	5	276	131	39	1	4	152	2	610	129,020	4.7
Brompton ... ..	...	54	27	22	...	...	25	...	128	48,980	2.6
PARLIAMENTARY DIVISIONS—											
North Kensington	5	239	105	28	1	4	118	1	501	91,770	5.5
South Kensington ... ..	...	91	53	33	...	...	59	1	237	86,230	2.7
WARDS—											
North K. (St. Charles ... ..	...	53	17	3	...	1	24	...	98	22,120	4.4
North K. (Golborne ... ..	...	99	67	6	...	1	44	1	218	26,520	8.2
North K. (Norland	5	32	7	10	...	2	38	...	94	23,650	4.0
North K. (Pembroke ... ..	...	55	14	9	1	...	12	...	91	19,480	4.7
South K. (Holland ... ..	...	23	13	4	...	...	16	1	57	20,560	2.8
South K. (Earl's Court ... ..	...	23	8	14	...	...	7	...	52	18,190	2.9
South K. (Queen's Gate ... ..	...	11	9	1	...	...	14	...	35	14,380	2.4
South K. (Redcliffe ... ..	...	21	16	9	...	...	14	...	60	18,840	3.2
South K. (Brompton ... ..	...	13	7	5	...	...	8	...	33	14,260	2.3

TABLE V.*

Comparison of Prevalence of Sickness and Death from Infectious Diseases in 1903, and the Ten Preceding Years.

(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.
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
1902	0.53	0.06	1.06	0.03	1.04	0.11	2.09	0.12	0.00	0.00	0.47	0.11	0.08	0.03
1903	0.03	0.00	0.99	0.03	0.90	0.13	1.85	0.08	0.00	0.00	0.35	0.05	0.02	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 PREVENTION AND TREATMENT OF CONSUMPTION.

Matters relating to the prevention and treatment of consumption continue to engage public and medical attention in a high degree. The National Association for the Prevention of Consumption and other forms of Tuberculosis continues its beneficent work of diffusing information as to the nature and cause of the disease, and the measures necessary for its prevention and cure, and in many parts of the country sanatoria for open-air treatment have been established. The Kensington Sanitary Authority have since the establishment of the Association taken keen interest in its objects, as testified by the many references to the subject in my reports, from the first of them in 1899. In that year, in a draft report prepared for the Sub-committee of the Sanitary Committee of the late Vestry, appointed to consider the subject, I recommended among other means for the prevention and cure of consumption, the "provision of a hospital or hospitals, or other arrangements to enable poor consumptive persons to be isolated and treated under the best attainable conditions." Power in this respect is given by Section 75 of the Public Health Act, 1891, which reads:—

- (1) Any sanitary authority may provide for the use of the inhabitants of their district, hospitals, temporary or permanent, and for that purpose may—
 - (a) Themselves build such hospitals, or
 - (b) Contract for the use of any hospital or part of a hospital, or
 - (c) Enter into any agreement with any person having the management of any hospital for the reception of the sick inhabitants of their district, on payment of such annual or other sum as may be agreed upon.
- (2) Two or more sanitary authorities may combine in providing a common hospital.

The report of the Sub-committee, as modified by the Committee, having been adopted, and referred back for the preparation of a "detailed scheme for giving effect to the suggestions embodied therein," I advised the preparation and circulation of an instructional leaflet; voluntary notification, disinfection of infected houses, and enforcement of the law for the prevention of overcrowding, and the abatement of other nuisances, with a view to secure healthy homes for the working classes. The leaflet was prepared and circulated but no other action was taken.

In the first report in 1900, the subject was again dealt with. The Local Government Board had refused an application by the Kensington Guardians for authority to provide additional accommodation at the workhouse, there being already a sufficient number of persons housed on the site; and as the needed accommodation could have been obtained by removal of consumptive inmates to a separate establishment in the country, I called the attention of the Guardians to the action taken by certain provincial Boards "to secure separation of consumptives from other sick persons," and recommended that, alone or in combination with other Poor Law Authorities, they should adopt this plan. Subsequently the Guardians fitted up and set apart a sunny south ward, containing 24 beds, for the treatment of tuberculous women and children, which was brought into use in November, 1900. In July, 1901, a ward for men was opened, but proving inadequate for the number in need of isolation and treatment, the Guardians decided to allocate two wards, with accommodation for forty persons, in the new infirmary, for the separate classification and treatment of this class of patients.

In 1901 certain communications on the prevention of consumption addressed to the Council were referred by the Public Health Committee to a Sub-committee, whose report, unanimously adopted by the Committee and by the Council, was printed in my annual report for that year (page 39).

The Committee recited the recommendations of the Congress on Tuberculosis, held in 1901, as follows:—

- (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.

Premising that time would be required for giving effect to the recommendations, the Committee, as regarded action by the Council, advised—

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 Conference of Poor Law Authorities held in October, 1900. (*Vide page 89.*)

The report concluded by stating, as "evidence of the importance of the subject, that in Kensington, consumption alone—apart from all other diseases of the tubercular class—destroys, year by year, very many more lives than small-pox, scarlet fever, diphtheria, and 'fever' combined;" the fact being that in the three years 1898-1900, the deaths from these diseases had aggregated 183, whereas the deaths from consumption, in 1900 alone, were 210.

The Committee's report having been unanimously adopted by the Council, November 13th, 1901, a letter was addressed forthwith to the Local Government Board urging the desirability of steps being taken for giving effect to the resolution of the Conference of Poor Law Authorities, but nothing more than a formal acknowledgment was received. A scheme for voluntary notification of Phthisis was adopted, and came into operation on January 1st, 1902. Memoranda on the "Cause and Prevention of Consumption" and "Precautions for Consumptive Persons," were prepared for the information and guidance of sufferers; and, together with the Council's leaflet on "The Prevention of Consumption," the National Association's leaflets on "Ventilation" and "Disinfection," have since been given to the consumptive person, or the head of the family, in every case visited by the lady inspectors, to whom this duty was entrusted. Disinfection of rooms, offered always after a change of residence, or the death, of a consumptive person, has been generally accepted.

[Particulars of an inquiry arising out of the Notification of Consumption in the Borough are set out in a report by the Lady Inspectors at page 43.]

SANATORIA FOR PERSONS SUFFERING FROM CONSUMPTION.

This subject, which occupied so large a space in my last annual report, continues to engage public and professional attention in an ever increasing degree. Towards the close of 1902 the Metropolitan Asylums Board had decided to defer for twelve months the further consideration of the matter, as it had been brought to their attention by the Council and other Metropolitan Sanitary and Poor-Law Authorities, under the circumstances set out in my last annual report (page 49).

The matter came up again in November last, on a report by the General Purposes Committee to the effect that—

"Having given careful consideration to the whole question, and to the representations made in the several communications which have been addressed to the Managers on the subject, from time to time, during the past two years," they had "come to the conclusion that the question of the establishment of sanatoria for consumptive patients is one which calls for an authoritative expression of opinion on the part of the Local Government Board."

They accordingly recommended the Managers to adopt the following resolution, viz.:—

"That the Managers, having duly considered the question of the proposed establishment of sanatoria for consumptive patients, and the letters received from the Local Government Board and the various Metropolitan Local Authorities and Medical Officers of Health in regard thereto, are of opinion that the matter is one of such vital and far-reaching importance to the community at large, and the proposal one which, if adopted by the Managers, would entail so considerable an extension of their duties and responsibilities, and so large an increase in their expenditure, as to call for some authoritative expression of opinion by the chief health authority of the country, viz., the Local Government Board, before the Managers are asked to take any definite action in the matter, or to make any further inquiries in regard thereto; and that the Local Government Board, the several Boards of Guardians, the Borough Councils, and the Medical Officers of Health be so informed."

The resolution was adopted and communicated, with the report of the Committee, to the several bodies named therein.

It will be generally conceded, perhaps, that the course taken by the Managers (and which might just as well have been taken in 1902) was the best in the circumstances, throwing, as it does, the responsibility for a decision on the principle involved, upon the Local Government Board, without whose sanction no scheme for providing sanatoria for other than chargeable persons can be adopted, however favourably disposed the managers may be to give effect to the views and wishes of the Public Health and Poor-Law Authorities. The decision of the Local Government Board is being awaited with keen interest not unmingled with hope that it will be such as the Council desire, for the President is known to be favourably affected towards the movement,* and the Board have in several instances sanctioned expenditure by Boards of Guardians for the provision of sanatoria.

The matter being still in suspense it may not be without interest to give a *résumé* of past proceedings with reference to it, as follows:—

The first step taken was at a Conference of Metropolitan Poor Law Authorities held in October, 1900, to consider the question of "Open-air treatment of Phthisis," at which 26 out of the 32 Boards of Guardians were represented by 77 delegates. It was thereat unanimously resolved—

"That the time had come when provision should be made for the treatment by this method of the sick poor of the metropolis," and it was decided to "bring the matter to the consideration of the Local Government Board with the view to the necessary steps being taken by that Board for the carrying out of the proposal."

A deputation was appointed to wait upon the President to present the resolution of the Conference, it being understood that the Asylums Board would be designated as the proper body to act as Hospital Authority. There was no deputation, but a communication was received from the Local Government Board, stating that the matter would receive attention, together with applications of a similar nature which had been received from other public bodies."

The need of Metropolitan Sanatoria.—The Medical Poor Law Inspector to the Local Government Board had informed the Conference that, in July (1900) there were 1,562 consumptive patients in Metropolitan institutions—Infirmaries and Workhouses—of whom 1,000 could be moved to a sanatorium, or sanatoria, within 50 miles of London, and of the total number 400 were in the initial stage of the disease. How many non-chargeable sufferers there may be in the Metropolis at the present time, for whom no adequate provision exists, or can be provided excepting by a central authority, such as the Asylums Board, it is not possible to say. But that they are a great host may be inferred from the fact that in 1902 the deaths from phthisis in registration London numbered 7,621†, whereas the deaths from all of the diseases admissible to the Managers' hospitals were 3,643 only, including 1314 from small-pox, a disease rarely epidemic and which in 1903 was the cause of only thirteen deaths.

In December, 1901, as already stated, the Council represented to the Local Government Board the desirability of steps being taken to give effect to the resolution of the Conference, the holding of which was the outcome of the Board's general approval of the course proposed to be taken. The letter was simply acknowledged.

In the early part of 1902 many Public Health and Poor Law Authorities, in communications to the Asylums Board, signified their desire that the Managers should provide accommodation for the isolation and treatment of persons suffering from consumption. The several communications were referred to the General Purposes Committee in July, and on 29th November the Committee presented a report on the subject, as follows:—

"We have given due consideration to the whole question, but having regard to the important issues involved, and to the fact that there is not yet a general consensus of opinion amongst the Metropolitan Authorities in favour of the Metropolitan Asylums Board undertaking the treatment of consumptive patients, we have deferred consideration of the matter for twelve months."

The report was adopted.

* When laying the first stone of a sanatorium erected by certain of the Lancashire Boards of Guardians—including that of Liverpool—the President, Mr. Walter Long, said 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.

† The deaths from phthisis, in 1903, were 7,347 as compared with a corrected average number of 8,176 in the ten years 1893-1902.

The action of the Borough Council.—In the eleventh monthly report (November 6th, 1902), I made a definite suggestion that some of the disused small-pox hospitals should be utilized as Sanatoria. The small-pox epidemic was at an end, and for much of the hospital accommodation so lavishly provided, there was no longer (and in fact never had been) any need. The Council referred my report to the Public Health Committee, and on December 4th it was sent, with letters commendatory, to the Local Government Board and the Metropolitan Asylums Board. It was also sent to the Public Health and Poor Law Authorities, many of which endorsed the Council's views in communications addressed to the Local Government Board and the Managers, as did the National Association for the Prevention of Consumption and other forms of Tuberculosis.* But nothing came of the effort.

Action of the Society of Medical Officers of Health.—The subject of Prevention of Tuberculosis subsequently engaged the attention of the Incorporated Society of Medical Officers of Health, the several branches of which were invited to express their views on certain points, and especially on the question "Whether it was desirable to utilize existing Isolation Hospital accommodation, where practicable, for the isolation of phthisis?"

This question was fully considered by the Metropolitan Branch of the Society on the 23rd October, 1903, and a resolution was adopted as follows:—

"The Metropolitan Branch of the Incorporated Society of Medical Officers of Health, noting the intention of the Metropolitan Asylums Board to give almost immediate consideration to the question whether they should undertake the treatment of persons suffering from consumption, desire to express their opinion that, by reason of practical experience in regard to provision of hospitals, and the treatment of the infectious sick, the Board are eminently qualified for the discharge of this duty, the effective performance of which, by any competent authority, could not fail to be attended with great advantages in the interests of public health."

The Branch, moreover, having considered my proposal to utilise Gore Farm Hospitals for this purpose, further resolved:—

"That the above resolution be transmitted to the Board with an expression of the hope of the Branch that—should the Managers decide to undertake the treatment of consumptive patients—they may be pleased to take into consideration the question, whether the Gore Farm Hospitals, which have ceased to be reckoned as small-pox hospitals, would be suitable for the purpose, seeing that the said hospitals could be brought into use at an early date, and that the utilisation of them would save an otherwise necessarily large expenditure by the provision of hospitals specially erected for the purpose."

Both of these resolutions having been unanimously adopted, I thought it well to communicate them to the Medical Officers of Health who were unable to be present at the meeting, all but two of whom signified agreement therewith.

A communication embodying the resolutions, addressed to the Asylums Board by the Hon. Secretary of the Branch, was referred to the General Purposes Committee, at whose meeting in the following month (November), consideration of the reference of July, 1902 was resumed, with the result above set out.

The King's Sanatorium.—Public interest in the whole question was stimulated in connexion with the laying of the foundation stone, by the King, of a Sanatorium which his Majesty was graciously pleased to honour by calling it after his own name. This Sanatorium is intended for the reception of 112 sufferers from phthisis, all but twelve "belonging to a class above the very poor—teachers, governesses, and members of other ill-paid professions, clerks, shop-assistants, and the like, for whom no provision in sickness of this kind exists"—at present. The site, 151 acres in extent, on the southern slope of Easebourne Hill, in the Midhurst district of the county of Sussex, in the midst of beautiful scenery, would appear to lack nothing necessary to the realisation of the purpose—whether regard be had to altitude (500 feet), shelter, soil, vegetation, etc. It was a happy inspiration to make provision for the reception of a small number of the wealthier classes, for admission to such an institution is sure to be an object of desire to well-to-do sufferers, whose ample contributions will constitute a welcome addition to the interest of the endowment fund, which, together with the cost of the site and buildings, is the gift of one gentleman, Sir Ernest Cassel.

* The letters addressed by the Council to the Local Government Board, the Asylums Board, and the National Association were set out in my annual report for 1902 (pages 51-53), as also the letter which the Association addressed to the two Boards.

The Gore Farm Hospitals, which in 1902 I recommended for appropriation to Sanatorium uses, cannot compete with the King's Sanatorium in respect to beauty or suitability of construction, but, with some necessary modifications and additions, of no very costly sort (already £320,000 has been expended on site, buildings, etc.), they would provide all that is necessary. The site, larger than that at Midhurst, open and beautiful in itself, is not less charming in its surroundings. The two hospitals, Upper and Lower, are distinct, each being perfectly equipped in all respects and ready for immediate use. The Upper hospital, constructed mainly on two floors, and of brickwork, under the supervision of the late Sir Douglas Galton and the present Chairman of the Board (Sir Robert Hensley), is the more important, and the most suitable for patients of the classes for whose service the King's Sanatorium is designed. The Lower hospital, comprising single-floor wards, would serve well for the chargeable poor, to whom it would afford a welcome change from the wards of London infirmaries or the more dreary surroundings of the workhouse. The wards of both hospitals are well lighted and well ventilated. The Upper hospital provided accommodation for over 1,000 small-pox patients, allowing to each but little less cubic space than will be given to the patients in the King's Sanatorium. The same may be said of the Lower hospital, which, designed for the reception of 850 small-pox patients, has never received one, and is never likely to be required for small-pox isolation. The floor space in both hospitals is ample. The general lie of the wards of the Upper hospital is north and south, that of the Lower hospital, north-east and south-west. The Upper hospital stands on a plateau about 280 feet above ordnance datum, the elevation of the site of the Lower hospital ranging between 100 and 200 feet. In connexion with both hospitals there is abundant space for open-air shelters, gardens, graded walks, etc. The grounds are well-wooded with chestnuts, oaks, silver birches, etc., and in the summer are carpeted with wild flowers and beautified by shrubs. The locality is bracing, the air pure, the site dry, the chalk coming to within a little distance of the surface over most of the estate. The water supply is good and assured, the drainage satisfactory. The hospitals are well sheltered from north and east winds; and it may be taken as reliable evidence of the healthiness of site and buildings that in the year 1900, of 3,220 fever convalescents treated in the Upper hospital not one died. Gore Farm is only two miles distant from Dartford; and, therefore, not too far from the Metropolis—the Managers' motor ambulance could easily perform the double journey in one day—but far enough away to be out of the London soot and fog-area, a matter of no little consideration in dealing with a disease whose most fatal incidence is upon the respiratory system.

The alternative use of Gore Farm.—The Upper hospital when not required for small-pox patients has, on occasion, been utilised for fever and diphtheria convalescents: but that was when the accommodation for sufferers from these diseases was less than at present. The Managers now have about 5,000 beds at their disposal in the Town hospitals, and the Northern Convalescent Hospital at Winchmore Hill; a number which will be increased to nearly 6,300 on completion of the new South-Eastern Hospital and the Southern Convalescent Hospital at Carshalton. That fine site of 300 acres, moreover, would, if necessary, allow of the provision of a much larger number of beds than the 800 now in course of being provided. It is, of course, possible, that even this large total might not suffice for the needs of a great epidemic of scarlet-fever; it is rare, however, to have two zymotic diseases epidemically prevalent at the same time; and as Gore Farm, intended originally for convalescents from small-pox, has, in the abeyance of that disease, been used for convalescent fever patients, so, in case of an emergency, the bulk of the beds at the Joyce Green small-pox hospitals might be utilised for a like purpose should Gore Farm become a Sanatorium.

Are the Gore Farm Hospitals likely to be wanted for Small-pox?—I have been asked, What about Small-pox, should there be a serious epidemic? This question, I think, need not trouble us, for at Joyce Green, and lands adjacent to the pier and landing stage at Long Reach, there are some 2,040 beds in three hospitals—provided at a cost of half a million sterling—and abundant space for more—should more ever be needed—the estate comprising upwards of 300 acres. But never since 1871, my first year of office, have there been so many as 2,000 patients under treatment at any one time; and since 1886, when the plan was perfected of removing sufferers from Small-pox out of London—initiated on my recommendation in 1881—the largest number of patients in hospital, at any one time, was 1,600, in 1902, the next highest total being 593 in 1893. In this connection it may be mentioned that the Managers, at a meeting held 27th June, 1903, adopted a recommendation of the Hospitals Committee to the effect—

“That in view of the accommodation for Small-pox now possessed by the Board at Long Reach and Joyce Green, the Gore Farm Hospital is no longer reckoned as a Small-pox Hospital.”

The hospitals have in fact been disused since July, 1902, and it would be little less than a scandal should they be permitted to lie idle much longer in the presence of the great need for sanatoria.

The National Aspect of the Movement.—The work of sanatorium provision, by whatsoever body or bodies undertaken, is clearly one of National importance, and if evidence were wanting of the beneficial results likely to accrue from the adoption of my proposal, reference might be made to the experience of Prussia. In that country all workers are required to insure their lives, and the insurance companies have found it worth their while to establish sanatoria for sufferers from consumption—to the extent of 7,000 beds. The average duration of stay in hospital of each patient is three months, some 30,000 cases being admitted in the year. The time spent in hospital is devoted not merely to treatment, but also to educative work, the sufferers being taught how to manage themselves, and carry on their "cure," after leaving. It is stated, on authority, that 87·7 per cent. of the cases are "cured," or improved in health; 67·3 per cent. of them so as to be fully restored to work; another 7·1 per cent. becoming fully capable of work, other than that of their previous occupation, whilst 14·6 per cent. become capable of partially resuming work. Only 11·0 per cent. leave the hospitals in a state so as not to be able to earn their living.^o

The Legal Aspect of the Case. It having been asked, whether the Managers could give effect to my views under existing circumstances? I have no hesitation in saying that, as regards the chargeable poor, they possess the power, under section 5 of the Metropolitan Poor Act, 1867, which authorises them to provide Asylums for "reception and relief of the sick, insane, or infirm, or other class or classes of the poor chargeable in unions and parishes in the Metropolis."

The Case as to Non-chargeable Persons. As respects the non-chargeable poor, presumably legislation would be necessary, as it was held to be (in 1889) to enable the Managers to undertake the treatment of persons suffering from diphtheria—an extension of their work which the late Vestry, acting upon my advice, were largely instrumental in bringing about. The necessary Bill, would probably meet with but little, if any, opposition if introduced, as doubtless it would be, by the President of the Local Government Board.

The Medico-legal Status of Consumption. In connection with the question of legality, the Council may be reminded that the Local Government Board, in a communication to the National Association for the Prevention of Consumption, summarised in *The Times* of 23rd May, made it clear that phthisis comes within the definition of an "infectious disease," and that provision may be made for persons suffering therefrom under the Isolation Hospitals Act, 1893, an Act "for enabling county councils" (other than the London County Council) "to promote the establishment of hospitals for the reception of patients suffering from Infectious Diseases." [The Act does not apply to the Metropolis, for the simple reason that long before it was passed, the powers conferred by it on Provincial County Councils, had been exercised by the Metropolitan Asylums Board.] The Board stated that the provisions of the Act "may be applied to any other infectious diseases" than those that are notifiable, in like manner "as if a county council were a local authority under the Act relating to the notification of infectious disease." And that, "although pulmonary tuberculosis is not one of these diseases, the provisions of the Act may, under section 26, be applied to that disease," by an order of the County Council, which, however, "requires the approval" of the Board. It may be assumed, therefore, that the Board would be prepared to give their approval, should the Managers desire authority for undertaking the care of persons suffering from consumption; and in this connexion it may be repeated that not only is the President of the Board in sympathy with efforts to provide Sanatoria, but also that the Board have, on more than one occasion, sanctioned the making of such provision for the chargeable poor.

The duty, which the Managers are invited to assume, is thus seen to be cognate to the work they have, since 1870, performed, in respect to other infectious diseases, with so much advantage to the public health interests of London.

The Question of Local Hospitals.—The Sanitary Authorities might, singly, or in any degree of combination, provide hospitals for the inhabitants of their several districts under the power conferred by the Public Health (London) Act, 1891, section 75 cited above (page 37). No action has hitherto been taken to exercise this power, though some of the South-Eastern Borough Councils made an attempt to form such a combination. It fell through however; and it may be doubted whether any arrangement of the sort would prove satisfactory, or be permanent.

* The statistics cited were published in *The Times*, 21st October, 1903, in an article on "Industrial Conditions in Germany."

The Need of a Central Authority.—The work, indeed, is one that can be carried out, effectively, only by a Metropolitan Authority, as the Local Government Board plainly intimated to the promoters of the Poor Law Conference of 1900. Were hospitals provided by a single Sanitary Authority, or a combination of such Authorities, it is more than probable that persons suffering from consumption would flock to the district from all parts of the Metropolis in the hope of getting admitted: surely an undesirable effect of what could not be described, otherwise, than as a legal and commendable course of proceeding, were it reasonably practicable.

The desiderated "General Consensus of Opinion" Attained.—It has long been believed that the Asylums Board are willing to take up the work and have only been waiting for evidence of a "general consensus of opinion on the part of the Metropolitan Authorities" before approaching the Local Government Board on the subject. In their annual report for 1902, after referring to the "diversity of opinion" amongst the Board of Guardians, as to the desirability of the Board undertaking the treatment of the tubercular disease *Lupus*, they went on to state that "there was a nearer approach to unanimity on the part of the Boards of Guardians, as well as on the part of the Sanitary Authorities of the Metropolis, on the suggestion that the Board should provide Sanatoria for Consumption." Surely the "consensus of opinion" is now "general" enough to satisfy the Managers and the Local Government Board, alike! Reference has already been made to the unanimity of the Poor Law Conference. May it not now suffice, that Public Health Authorities such as those of St. Pancras, St. Marylebone, Lambeth, Poplar, Shoreditch, Battersea, Finsbury, Fulham, Stepney, Stoke Newington, Kensington; and Boards of Guardians such as those of Paddington, Chelsea, Hammer-smith, Holborn, Poplar, Stepney, Wandsworth and Clapham, and Kensington, endorse the views of the Council and have invited the Board to undertake the proposed duty? Only two Borough Councils expressed dissent to the proposal, and one Board of Guardians. Some authorities—Poor Law and Public Health—who decided to take no action, cannot be deemed unfriendly to the movement—certain of them, indeed, expressed approval of the principle; whilst others who did not reply to the Council's letter, may be regarded as, at least, not hostile. And lastly, be it remembered that the Medical Officers of Health of the City and County of London, competent judges, surely, are unanimous in their desire that the Managers should become the Sanatorium Authority.

It will be a great and notable day for London should the Asylums Board be enabled by the Local Government Board to avail themselves of this superb opportunity of adding to the benefits they have already, in so many ways, conferred upon the inhabitants of London.

NOTIFICATION OF CONSUMPTION.

Towards the close of 1901, the Council having adopted my recommendation to make pulmonary phthisis voluntarily notifiable, I was authorised by the Public Health Committee to employ the services of the lady inspectors in an enquiry into the circumstances of the cases notified. The work, inaugurated in 1902, and continued in 1903, is still in progress.

The report of the Inspectors for 1903 was printed in the first report for the current year with appended tables showing distribution of cases in wards, etc., sex and age of cases notified, and of non-notified fatal cases, together with a variety of other interesting information, as "Status of the sick," "Rooms occupied," "Disinfection," etc. The cases investigated were 221 in number (compared with 247 in 1902) of which 66 proved fatal. Inquiry was made also with regard to 26 deaths of persons whose cases had been notified in 1902, and to 127 deaths of persons whose illness had not been notified. The total cases investigated were 374 (males 218, females 156) 276 in North Kensington and 98 in South Kensington. The 276 cases in North Kensington occurred in wards as follows:—St. Charles 36, Golborne 73, Norland 138 and Pembridge 29: the 98 cases in South Kensington, in Holland Ward 34, Earl's Court 11, Queen's Gate 28, Redcliffe 14 and Brompton 11.* Forty-seven of the cases notified were of persons resident at 21 common lodging-houses, the largest number being respectively 7, 5 and 4 in one house each, and 3 cases in each of two houses. The report gave information with regard to phthisical history in persons and families, and proximate causation of illness. It is satisfactory to note that in the majority of houses visited, the rooms occupied by the sufferers were found fairly clean and ventilated; a distinct improvement being noted (compared with the previous year) as regarded ventilation by open windows, and an increased appreciation of the value of fresh air to consumptive persons, as also of the danger arising from indiscriminate spitting. In each case visited, instructions were given to the patient, or the relatives, enjoining the necessity of wet cleansing of rooms, furniture, etc., and with respect to the treatment of sputa, and the Council's leaflet on 'The Cause and Prevention of Consumption' was also left at each infected house, together with a

* The population of the wards is set out in the table at page 5.

card containing clear and simple rules for the prevention of the spread of infection, such as could be carried out without interfering with the patient's daily avocations. When the patient was living at home, visits were paid at irregular intervals, to see that the instructions given were carried out, and, after registration of a death, whether the case had been notified, or had become known through the weekly returns of mortality, the house was visited and disinfection offered. It was gladly accepted as a rule, but in 60 instances was declined as "unnecessary." In 48 cases disinfection had already been, or was about to be, done under the superintendence of the medical practitioner in attendance. The proportion of deaths at the Borough Infirmary to total deaths in the borough from phthisis, was large; viz., 80 out of 212: males 47, and females 33. Sixty-seven of these deaths were of North Kensington persons, 13 of South Kensington persons. The notifications were 153: males 95, females 58: 114 of North Kensington persons, and 39 of South Kensington persons; High Street, Notting Hill, and Holland Park Avenue constituting the dividing line. A large number of cases primarily notified by District Medical Officers were subsequently removed to the Infirmary.

INFANTILE DIARRHOEAL MORTALITY.

With the view to an effort to reduce the customary high rate of infantile mortality in Kensington, arrangements were made in 1902, for an inquiry into the circumstances connected with the deaths of 257 children under one year of age. The Public Health Committee authorised me to employ the services of the lady inspectors in the delicate duty of interviewing bereaved mothers, in order to discover to what extent the mortality might reasonably be attributed to preventable causes. The results of the inquiry were set out in my annual report for 1902, page 60. In 1903 a similar inquiry with respect to infantile diarrhoeal mortality, was undertaken, limited to a period of twenty weeks: July 12th—December 5th.

The Lady Inspectors' report, which was printed in my first monthly report for 1904, embraced an account of the foods used, the condition of the homes, the status of the family, the occupation of the male parents, and of the mothers when, as in 6 cases, the infants were illegitimate. The deaths to which the enquiry related were 74 in number (out of a total of 97, at all ages, in the year): 67 in North Kensington and 7 in South Kensington. Of the deaths in North Kensington 25 belonged to St. Charles Ward, 20 to Golborne and 18 to Norland (including 7 in the "special area"), the aggregate population of the three wards being 72,300, that of the other six wards in which there were 11 deaths only, being 105,700.

The summer of 1903 was cool and wet; and as usual in the circumstances, there was but a moderate prevalence of diarrhoea at the period when, in ordinary years, the disease is most fatal. Thus in the Metropolis, as a whole, the diarrhoeal deaths at all ages in the 12 weeks, June 21st—September 12th, were 1,284 only, and 1,271 below the corrected decennial average, whilst in the following 12 weeks, to December 5th, the deaths (1,100) were 359 in excess of the average. The deaths at all ages in the Borough during these two successive twelve-weekly periods, were 50 and 35 respectively; fewer than the average in the former period, and more than the average in the latter period. Of the 74 deaths, under one year, within the period of the inquiry, 64 were registered in the 13 weeks, August 2nd—November 1st.

The information obtained led to the conclusion that the doctor but too often was called in too late to be of service; the delay being sometimes due to the little importance so commonly attributed to diarrhoea at the onset: it is, however, in part explained by the poverty of the people; their inability to pay fees, and their unwillingness to make application for "medical relief."

Particular enquiry was made as to the foods used. As regards milk, it appeared that little fresh cow's milk was given. The mothers alleged that the condensed milk used was "whole milk." But facts ascertained in 1902, in the enquiry into infantile mortality generally, led to the inference that large numbers of infants are fed on innutritious skimmed milk, whether liquid or condensed.

Liquid milk furnishes an admirable medium for the growth of bacteria, which multiply in it with amazing rapidity. The milk seldom arrives to the consumer till twelve or more hours after the "milking," and no adequate measures are taken to keep it cool, at the farm, or on the railway journey. It is liable to be fouled with dirt at every stage, and in poor localities is stored and vended at places where it becomes exposed to additional pollution, sustaining further contamination in the more or less insanitary homes of the poor. Condensed milk is heavily loaded with cane sugar, and when exposed to the air suffers bacterial infection. When one reflects on these things, and on the conditions of infant life generally, amongst the poor; the lack, too often, of maternal care, the

general denial to the babe of its natural food, etc., the wonder is, not that so many infants die, but that so many survive the age of infancy—often only to die, from one cause or another, before attaining the age of five years. It may be asked, how can this sacrifice of life be prevented or diminished? So many children, born weakly or prematurely, hold to life by such a slender thread, that infantile mortality must needs be high, always. But that there are many preventable deaths admits of no doubt, and I am persuaded that the remedies for the evil must be sought in improved homes, better training of girls to fit them for their duties as wives and mothers; and, if mothers cannot be induced to suckle their babes, in a purer milk supply. Probably, for the present, at least, the means last named is the more easy to be attained, and pre-eminently by the institution of "Municipal Milk Depôts for the supply of sterilized and humanised milk." When this system of infant feeding shall have become general, we may look for a reduction in mortality from diarrhoea, and other causes, amongst the children brought up by hand, who furnish by far the larger proportion of the victims. But, so far, the Local Government Board have not sanctioned provision of these establishments. Dairy-men have taken no steps to supply the want as regards the poor (to whom the mortality is practically confined), and are understood to be unfriendly to the adoption of the system by public health authorities. "Municipal milk" has been provided, in London, in one borough only—that of Battersea; and the Council, though surcharged, are continuing the good work. The sterilized milk is sent out in stoppered bottles, each of which contains the exact dose required for a meal; the bottle is not opened until it is wanted, and what milk is not consumed at the time is not given to the infant.

WOMEN HEALTH VISITORS.

In May, 1900 (No. 5 report), I recommended the late Vestry to appoint women as Health Visitors to perform duties analagous to those devolving upon this class of officers at Manchester, Salford, Birmingham, etc., and which were set out in the annual report for that year (page 52). The Sanitary Committee reported sympathetically on the proposal as one "deserving of the careful attention of sanitary authorities," though they felt it "undesirable that any new office should be created" at that "period of the Vestry's waning existence." Nevertheless, at the meeting of the Vestry, on 18th July, there was a strong expression of opinion that action should be taken forthwith. Ultimately, however, a motion to that effect was negatived.

Consideration of the facts with regard to infantile mortality in the borough, as set out in other parts of this report, led me to revive the subject in the first monthly report for the current year, in connexion with a report of the lady inspectors on infantile diarrhœal mortality in 1903.* My report having been referred to the Public Health Committee, I submitted a further note on the subject, showing that the excessive mortality was confined to three of the wards in North Kensington; viz., St. Charles, Golborne, and Norland. In these wards, which have a population of 72,300, the deaths under one year were 366, compared with 144 in the other six wards (Pembroke, in North Kensington, Holland, Earl's Court, Queen's Gate, Redcliffe, and Brompton, in South Kensington), having a population of 105,700: or, to put it in another way, the deaths under one year in the three wards were in the proportion of 167 to every 1,000 births registered, compared with 98 per 1,000 in the other six wards. The only satisfactory feature in the case is the high birth-rate in the three wards, which in 1903 was 30·4 per 1,000 of the population (compared with 13·0 in the remaining wards). The births were 2,194, and more numerous by 1,828 than the deaths under one year, whilst the births in the other six wards were only 1,371, and only 1,227 more than the deaths under one year. The disparity would have been far greater had the general death-rate been equal; but the death-rate in the three wards was 18·8 per 1,000, compared with 10·9 in the other six wards. The most unsatisfactory feature in the case is that in the southern division of the borough (population 86,230) the births exceeded the deaths by 64 only, having been *more* than the deaths in Redcliffe ward by 99 only, and *fewer* than the deaths, by 25, in the remaining wards (Holland, Earl's Court, Queen's Gate and Brompton). The growth of population by natural increase, was, in fact, practically confined to St. Charles, Golborne and Norland Wards. I venture to think that an effort should be made to save some of the excessive waste of infant life in these three wards, as by the suggested appointment of Women Health Visitors, one of whose duties it would be to visit mothers as soon as practicable after the birth of children, to advise them with respect to the proper feeding, and, generally, as to the up-bringing of their offspring.

The Public Health Committee, after consideration of the subject (February 23rd), thought it desirable to refer it, and my reports, to the Housing sub-Committee for consideration, and there the matter rests for the present.

* Vide page 44.

MIDWIVES ACT, 1902.

On December 16th, 1902, I reported to the Public Health Committee with respect to this Act, as follows:—

“The Act so entitled comes into operation on the 1st day of April, 1903—except as otherwise provided by the Act. Its purpose is to secure the better training of Midwives, and to regulate their practice.

“A Central Midwives' Board, which has already been appointed, will be the Authority for administering the Act. The duties and powers of this Board are set out in Section 3 (3).

“The London County Council will be the ‘local supervising authority’ over Midwives within the area of the Administrative County; but they may delegate, with or without any restrictions or conditions, as they may think fit, any powers or duties conferred or imposed upon them, to a District Council. Any powers or duties so delegated may be exercised by a Committee appointed by the District Council, and consisting either wholly or partly of members of the District Council. Women will be eligible to serve on any such Committee.

“The duties of the local supervising authority, *i.e.*, the County Council, or if they delegate their powers, the District Council, are set out in Section 8.

“The Westminster City Council, being of opinion that the Metropolitan Borough Councils should be entrusted with the carrying out of the provisions of the Act in London, have passed a resolution to ask the County Council whether they intend themselves to carry out the provisions of the Act, or to delegate their powers to the Metropolitan Borough Councils. They have expressed their willingness to undertake the carrying out of the Act in Westminster, and they ask the Councils, generally, to take similar action. Uniformity of action is desirable. Delegation, if adopted, should be universal. It remains to be seen whether the County Council will think fit to delegate to the District Councils any or all of their powers and duties.

“The question whether the District Councils should undertake such powers and duties might, I think, be allowed to stand over until the views of the County Council on the subject shall have been made known.”

On 20th October, 1903, the General Purposes Committee of the London County Council submitted a report containing recommendations on the subject, as follows—

“(a) That, so far as concerns the part of the Administrative County of London outside the City of London, the powers of the Council under the Midwives Act, 1902, be delegated to the Metropolitan Borough Councils, such delegation to be subject to such restrictions or conditions as the Council may hereafter determine.

“(b) That it be referred to the General Purposes Committee to consider and report as to the restrictions or conditions subject to which the delegation of the Council's powers is to take effect.”

On the motion to adopt recommendation (a), an amendment was moved and carried, “That the consideration of the recommendation be postponed, in order that the Council may first consider the restrictions and conditions which the Committee may wish to recommend.”

Subsequently, the Council referred to the Committee several petitions from Nurses' and Midwives' Associations, etc., urging that the powers under the Act should not be delegated to the Metropolitan Borough Councils.

The Committee, in a further report, dated 7th December, stated that “the ordinary duties (of the supervising authority) consist of inspection and clerical work,” and power “to prosecute in the case of any offences under the Act punishable on summary conviction. If the powers were delegated to the Borough Councils,” the Committee went on to say, “the Council might impose conditions as to the frequency of inspection of midwives' case-books, appliances, etc., and as to the class of officer to be employed for the purpose of inspection;” and, also, “as to the limit of expenditure which the Council would repay.” They thought, however, that “it would be difficult and inexpedient to impose restrictions or conditions excepting as regards the limit of expenditure.”

The Committee further explained that the recommendation (in their October report), that "the Council's powers should be delegated to the Borough Councils," was influenced by "the fact that a majority (of those bodies) had expressed their willingness to undertake the duties imposed on the Council by the Act, and partly by the opinion . . . that the supervision of midwives could be equally well carried out by the local authorities as part of their local sanitary service." They had, however, since "come to the conclusion that in the absence of experience in the working of the Act, and in view of the novel features of some of its provisions in regard to administration, it would not be possible for reliable estimates to be prepared for the purpose of determining the amounts to be repaid by the Council." They thought, therefore, "that if the necessary duties of inspection were discharged by the Council itself, the inspection of all the midwives in the country could be undertaken by a comparatively small staff employed for the purpose, and . . . that this would involve very little increase of expenditure." The petitions referred to, "which represent the opinions of midwives practising within the country, point out that the areas within which such midwives practise in London are generally extensive, and that even where the area is small, it would probably be within two or more Metropolitan boroughs," so that if "the powers be delegated, . . . a midwife would be under the necessity of giving notice to all the local supervising authorities in whose areas she practised, or intended to practise;" the petitioners therefore submitted that "differences in administration would produce confusion as to the character of the regulations, and as to the degree of strictness that the authorities might be expected to exercise." It was contended, moreover, that "the differences in administration would necessarily so harass the midwife as to discourage effort to comply with the regulations of the various authorities." The Committee, therefore, came "to the conclusion that . . . it would be advisable for the Council to retain in its own hands the powers conferred on it by the Act;" a conclusion to which, I may add, the majority of County Councils throughout the kingdom also appear to have arrived.

At the meeting of the County Council on 7th December, the chairman of the Committee, by leave of the Council, substituted the following, for the above recited recommendation (a)—

"That the Council do itself exercise its powers under the Midwives Act, 1902, and that it be referred to the General Purposes Committee to consider and report as to the administration of the Act."

The motion was carried, and the recommendation (b) in the second paragraph of the Committee's report was, by leave, withdrawn.

For myself, having regard to the necessity for "uniformity" of administration throughout the Metropolis, I think the decision at which the County Council have finally arrived is the right one in the interests of the community.

VACCINATION.

The table at page 49 is a return respecting vaccination in Kensington in 1902 (the complete return for 1903 not yet being due) for which I am indebted to Mr. King, the vaccination officer. It shows that of 3,411 infants, whose births were returned in the "Birth List Sheets" (col. 2), during the year, 2,836 were successfully vaccinated, and that 19 were returned as "insusceptible of vaccination." In 20 cases vaccination was postponed by medical certificate; 311 infants died unvaccinated; in 131 cases infants were removed to other districts, the vaccination officers of which were duly notified of the fact; whilst some 186 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" (23 against 31, 40 and 46, in the three preceding years respectively), equivalent to a "loss" of 6.1 per cent., as compared with the number of births returned in the Birth List Sheets, the losses in the ten preceding years having been 8.7, 7.7, 8.4, 9.0, 10.1, 10.7, 12.7, 8.1, 6.8, and 7.6 per cent. Kensington, in this respect, always compares favourably with the Metropolis, as a whole; for according to the most recent return it appears that the "loss" in the Metropolis in 1900, was 25.8 per cent., as compared with 6.8 per cent. in Kensington. False registration, *i.e.*, fictitious addresses entered in the birth list sheets, largely accounts for the "loss"; the children cannot be traced.

The actual figures, showing loss, both for the Metropolis and the rest of England, during the twenty years 1881-1900, as set out in the report of the Local Government Board for 1902-3, are as follows:—

	Metropolis. Cases lost.	Rest of England. Cases lost.	Metropolis. Cases lost.	Rest of England. Cases lost.
1881	5.7 per cent.	4.3 per cent.	1891	16.4 per cent.
1882	6.6 "	4.5 "	1892	18.4 "
1883	6.5 "	4.9 "	1893	18.2 "
1884	6.8 "	5.3 "	1894	20.6 "
1885	7.0 "	5.5 "	1895	24.9 "
1886	7.8 "	6.1 "	1896	26.4 "
1887	9.0 "	6.7 "	1897	29.1 "
1888	10.3 "	8.2 "	1898	33.0 "
1889	11.6 "	9.6 "	1899	27.7 "
1890	13.9 "	10.9 "	1900	25.8 "

These figures show both the great increase in annual "loss," from 1881 onward to 1898, and that the new Act which came into operation in 1899 has brought about a considerable increase in the number of primary vaccinations. The cost to the country has been great, but the Act clearly has justified the policy of the Local Government Board, at whose instance it was introduced. The Board, in their annual report for 1901-2, referring to the vaccination returns for 1899, observed that "the increased acceptance of primary vaccination"—at a time precedent to the epidemic of small-pox—is to be "referred to the altered conditions under which, consequent upon the Vaccination Act, 1898, and their regulations made thereunder, vaccination is now performed, and the increased facilities which now exist for its performance." One of the most potent influences tending to the increase in the number of vaccinations in normal years, is the provision for the use of glycerinated calf lymph, which has cut the ground from under the feet of those who objected to vaccination because of the possibility of enthetic disease being conveyed in humanized lymph.

Vaccination Authority.—The question as to the future vaccination authority was brought to public attention again in the early part of 1903 by a deputation of the Imperial Vaccination League to the President of the Local Government Board. The deputation and the President were agreed as to the desirability of transferring the administration of vaccination law from the Boards of Guardians to some other authority. The President, however, did not commit himself as to what that other authority should be, and, with other questions, this one stands in abeyance, pending a suitable opportunity for fresh legislation.

Calf Lymph.—The statutory duty of the Local Government Board in respect to the supply of lymph only requires them to provide for the needs of public vaccinators for primary vaccinations, but the Board actually provide the lymph required for re-vaccinations also. And this is a necessity, for arm-to-arm vaccination, *i.e.*, the use of humanized lymph, is discouraged, and indeed is now impracticable owing to the abolition of public vaccination stations since the passing of the *Vaccination Act*, 1898. The President of the Board informed the deputation referred to in the preceding paragraph that it would be impossible to supply lymph generally to medical men all over the country. But having regard to the enormous production of the lymph during the small-pox epidemic of 1901-2, one cannot but think that such a supply as was indicated by the President—50,000 charges a week—equal to 2,600,000 charges a year, would suffice for all requirements. In 1902, public vaccinators made 82,214 applications for calf lymph, and 962,000 charged capillary tubes were sent out. These officers were accountable for just under 50 per cent. of the vaccinations performed in that year at the public expense, and I think it reasonable to assume that the needs of private practitioners would have been amply met by the balance of more than one million and a half of tubes.

Re-vaccination.—The most urgent need of the time, as regards protective measures against small-pox, is a provision for promoting re-vaccination of children at twelve or thirteen years of age—a time of life at which the protection afforded by infant vaccination is beginning to be, or has been, largely impaired. This question was also dealt with by the deputation to the President of the Local Government Board from the Imperial Vaccination League, last year. The plan has long been practised in Germany with the result that small-pox amongst the natives of that empire is almost unknown. The President made no revelation of the intentions of the Government, nor, indeed, of his own views, which he thought it more prudent to suppress till the time for action should have come. During the current Session a Bill to give effect to the proposal, introduced into the House of Commons at the instance of the League, has received extensive municipal, scholastic, and medical support.

Vaccination Officer's Return respecting the Vaccination of Children whose Births were Registered in 1902.* (Vide page 47.)

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 Dis- tricts and notified to Vaccination Officers of the Districts.	Removal to places unknown, or which cannot be reached, and cases not having been found.	Total Number of Successful Vaccinations received during each of the Calendar Years.		
				Insuscep- tible of Vaccination.	Certificate of Conscien- tious Objection.					1902.	1903*	
1902.	1	2	3	4	6	7	8	9	10	12	13	
1st January to 31st Dec.	Kensington Town	2,889	2,400	12	21	266	14	12	161	4,229	3,369	
	Brompton... ..	522	436	7	2	45	6	1	25			
	TOTAL	3,411	2,836	19	23	311	20	13	186	4,229	3,369	

* The complete Return for 1903 will not be due until February, 1905; but (to February 19th, 1904) it will be seen that 3,369 certificates of successful vaccinations in 1903 had been received.

THE METROPOLITAN ASYLUMS BOARD.

Under the provisions of the (now repealed) Sanitary Act, 1866, the local sanitary authority was endowed with power to provide, for the use of the inhabitants of 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 was wise, and fruitful of benefit to the entire Metropolis. In 1867 the Metropolitan Poor Act brought the Asylums Board into existence, and this body set to work forthwith to provide infectious disease hospitals, nominally for paupers only. As a matter of fact, however, and despite the disabilities attaching, in theory, to the use of the hospitals, they were largely used from the beginning by non-paupers; and in course of time legislation secured to the inhabitants of the Metropolis all of the advantages contended for by the late Vestry, at my instance, from 1877 onwards. The hospitals are now free to all, no disability 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 the 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 little or nothing to be desired.

Details of the work of the Managers as hospital and ambulance authority in respect to infectious disease, are set out in their annual report, which had not been published when this report went to press.

AMBULANCE SERVICE.

AMBULANCE ARRANGEMENTS.—Kensington patients are removed to hospital by the staff at the WESTERN STATION, which adjoins the Western Hospital, 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 on the application of any person whatsoever, the sole condition being the presentation of a certificate signed by a registered medical practitioner as evidence of the nature of the disease and the fitness of the patient for removal. The application may be made personally, or by letter, or by telegraph, or by telephone. The telegraphic address is "Asylums Board, London": the telephone numbers are 1601 and 1602, "Holborn."

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 persons suffering from infectious disease is unlawful. Very rarely do we now hear of the use of a cab, wittingly or unwittingly, for this purpose. In any such case 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 of extremely 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 breach of the law came to my knowledge last year.

TRANSPORT OF SMALL-POX PATIENTS FROM LONDON TO THE SMALL-POX HOSPITALS.—In 1902 the Asylums Board adopted a recommendation of the Ambulance Committee authorising the Committee—

"To take all the necessary preliminary steps with the view of securing sufficient freehold land for the purpose of an ambulance station and shelter for patients midway between London and Gore Farm Hospital."

* *Vide* page 37.

The ground alleged for the proposed new departure, was the risk of interruption to the river-ambulance service by fog, frost, etc., in view of which the Committee thought "no time should be lost in considering and settling how arrangements could be made whereby, at a few hours' notice, road transit might be set up and worked efficiently to whatever extent necessary." They stated that, if no better arrangement could be made than to carry no more than two patients in one ambulance, the number of vehicles, horses, drivers, and nurses required would be "enormous," to remove, say, 100 patients a day, from their homes to the Gore Farm Small-pox Hospital at Darenth.

In due course the Committee brought up a report recommending the purchase, for the sum of £6,000, of 13½ acres of land on the Bexley Road, near Blendon, as a site for the proposed half-way establishment, which they said would necessarily be "on a considerable scale." The proposals of the Committee were dealt with in my monthly reports,* one of which was referred to the Public Health Committee, who presented a special report† to the Council adverse to the adoption of the scheme, "without further consideration and proved necessity." Ultimately the Managers declined to adopt the recommendation of the Ambulance Committee; but they decided to seek, and they obtained, the sanction of the Local Government Board to the purchase of a motor ambulance which would be capable of making the journey, to and fro, between the London hospitals and Gore Farm in one day; whereas the Committee had stated that horse ambulances could not make the double journey in one day; so that if horse traction were employed, a large and costly plant and staff would be required. The motor ambulance has been supplied, but its services have not hitherto been required for transport of patients between London and Gore Farm, or elsewhere, without London.

It was understood that the views of the Ambulance Committee not having been approved by the Managers, the last had been heard of the proposed half-way establishment. But the matter was revived last year in a report of the Committee on "Proposed Establishment of resting-place midway between London and Dartford," consequent on the agent of the owner of the land having re-opened negotiations. The land for which £6,000 (subsequently reduced to £5,000) was asked in 1902, was offered at about £240 per acre, a total of £3,180 for the 13½ acres. The Committee in the report adverted to, stated that the primary object they had in view in recommending (in 1902) the purchase of the land was its use in connection with the road transport of small-pox cases. Last year they said there were "other reasons why a midway resting-place should be provided"; viz., the convenience of convalescing fever and diphtheria patients in transit to Gore Farm Hospital, and the need of a break in the journey of over 20 miles for refreshment of the patients, mostly young children unaccustomed to long journeys. "Even should the journeys be made by motor vehicles instead of horse traction," the Committee considered "that the accommodation should be provided." They were of opinion, however, that "the only buildings required would be a few stalls for horses, sheds under which two or three omnibuses could be drawn up, rooms for lavatory conveniences for the use of patients, and a caretaker's lodge with a bedroom for one assistant;" buildings which might be "constructed of corrugated iron with fire-proof linings at a cost not exceeding £1,200." Such an amount of accommodation, it might have been thought, could be provided on the odd quarter of an acre: how the Committee proposed to utilise the remaining 13 acres was not stated.

Assuming that the journey by motor carriage could be made in from two to three hours, there did not appear to be any great need for the proposed half-way establishment; though to the provision of it on the modest scale suggested, and on a merely sufficient site, there would seem to be no serious objection. But for small-pox patients it is not probable that such a station will ever be needed, as these cases, doubtless, will be treated henceforth in the vicinity of the river at Long Reach and Joyce Green, where ample accommodation for the needs of the Metropolis has been provided.

Gore Farm Hospitals had been used in the past as convalescent hospitals for fever and diphtheria, and the Committee assumed that they might be so used again; although it is to be hoped that the Northern Convalescent Hospital, at Winchmore Hill (650 beds), and the Southern Hospital (800 beds), now being erected at Carshalton, will suffice for these classes of patients. In the result the Managers decided not to adopt the recommendation of the Committee with respect to the proposed "half-way house."

*No. 3 Report, March 29, 1902 (page 61), "Ambulance Service"; No. 6, June 19 (page 108), and No. 7, July 17 (page 125), "Transport of Patients," etc.

† The Report of the Public Health Committee was published in No. 7 Report, 1902, page 127.

PROPOSED METROPOLITAN AMBULANCE SERVICE FOR THE NON-INFECTIOUS SICK, ETC.—
 The many references in former reports to the Ambulance Service of the Metropolis, had relation to the conveyance of persons suffering from dangerous infectious disease to the hospitals of the Asylums Board, or to the conveyance, on payment of a prescribed fee, of persons so suffering, to and from hospitals and places other than hospitals provided by the Managers, as authorised by the Public Health (London) Act, 1891, section 79 (3).*

But there are other sides to the Ambulance question, one of which was dealt with in a report by the Medical Officer of Health of the London County Council at the latter end of 1902, and in a prefatory note thereto by Sir William J. Collins, Chairman of the Ambulance Sub-Committee of the General Purposes Committee; that, namely, of the conveyance to hospitals, or elsewhere, of persons seized with illness, or meeting with accidents, in the streets or other public places, a duty hitherto discharged mainly by the police.

In the first monthly report last year (February 5th, page 5) after referring to the proceedings of the County Council in regard to the Ambulance service, I dealt with another branch of the subject, that, namely, which concerns persons who, owing to non-infectious illness, or accident, require facilities for conveyance to hospitals, or from house to house. It was pointed out that for the indigent poor requiring to be removed to the parochial infirmaries, the arrangements made by the boards of guardians are fairly satisfactory, but that for sick persons of a higher class, and for private lunacy cases, needing to be removed from home, or school, or place of business, to a hospital, nursing home, asylum, or any other place, and able to pay a moderate fee for such service, no adequate provision exists.

No small proportion of these cases, and they are numerous, are to be found at the West-end of London, and it would be an undoubted advantage could some provision be made to meet their requirements.

No other public authority, I remarked, is so well fitted to make the necessary provision for dealing with such cases as the Asylums Board, who, at their ambulance stations, have an abundant "plant" and staff available for the purpose. In this connexion especial reference was made to the "Mead" Ambulance Station, erected in 1902 near Wandsworth Bridge, in the Borough of Fulham, in anticipation of an expected need (which did not arise) of additional means for the conveyance to hospital of persons suffering from small-pox. This station has stabling for 26 horses, and buildings capable of adaptation for 24 more; 12 brougham ambulances, and other vehicles; and quarters for a large staff of men, nurses, domestics, etc. It was used for a few weeks only, and probably it will not be wanted again for years, for the service of the infectious sick. What better use, then, I asked, could be made of the appliances so lavishly provided, than to place them at the service of the non-infectious sick, and persons suffering from accident, and requiring to be removed to hospital or elsewhere?

The station, it is true, is situated in the extreme west, but this, probably, is the part of London where the required facilities are most in demand; the demand, moreover, being as a rule, not so urgent as in the case of the removal of the infectious sick. Be this as it may, there was a large station lying idle; the Managers, presumably, would be glad to make such good use of it, and it could hardly be doubted that the Local Government Board would be willing, on a suitable representation of the need, to take steps to obtain an Act to enable the Managers to carry out the plan suggested. It was further pointed out, that should the demand outgrow the capacity of the Mead Station, the Managers could extend facilities in connexion with their other six stations, under conditions which would exclude any risk of spreading infectious disease. The proposed scheme, it was thought, would prove self-supporting; anyhow, the subject was one of no small importance, and worthy of the consideration of the Board as the sole Public Ambulance Authority acting within the Metropolis.

In the second monthly report (March 9th, page 33), I had the satisfaction of stating that the Managers had at their meeting held 7th March, given consideration to the subject and adopted a resolution—

"That it be referred to the General Purposes Committee to consider and report on the question of the desirability and practicability, or otherwise, of extending the operations of the Managers' ambulance service so as to include the transport of medical cases and surgical cases, and persons of unsound mind, and—if considered desirable and practicable—to suggest what steps should be taken to place the Board's ambulances at the service of the public, and upon what terms."

* In addition to the cases of the dangerous infectious diseases which are admissible to the Managers' hospitals, persons suffering from cholera, erysipelas, puerperal fever, chicken-pox and measles, are now removable to and from hospitals and other places.

The General Purposes Committee (16th March), requested the Ambulance Committee to submit to them a report on the question.

The report of the Ambulance Committee (2nd November) recorded the steps taken by them to ascertain the views of the 60 Metropolitan Public Health and Poor Law Authorities, and showed that 33 of these bodies would support an application by the Managers to the Local Government Board, for the necessary legal authority to enable them to use their ambulance carriages for the conveyance of non-infectious cases: only 16 of these bodies were averse to the proposal. The Committee, moreover, having written to the secretaries of 33 London hospitals, to enquire whether they considered it would be of advantage to the public if the Asylums Board were empowered to place ambulance carriages at the service of the public at moderate charges? received replies which, with one exception, were emphatically in favour of the proposal.

The report of the Committee went on to state that it was "generally recognised that a public ambulance service for the conveyance of non-infectious cases is very much wanted in London," and that, in their opinion "the Asylums Board is in the best position of any public body to provide the service required." "Economy and efficiency," they said, "must result from all the ambulance arrangements of London being under the control of one central authority of great experience in such matters,"—a view which surely will be generally accepted—and, as is indisputable, "the Board can carry out the work more economically than any other body, because there is so much of its existing service which can be utilised for the purposes in view—such as its extensive telephone system, and its clerical staff"; it being possible, moreover, to "reserve a certain number of ambulance carriages exclusively for non-infectious work." Already, during 1903, the Mead Station vehicles had conveyed over 1,000 non-infectious cases—imbeciles and children—to the Managers' Asylums, and the work was still going on. The Committee further reported that, on an average of five years, the daily admissions to the asylums under the charge of the County Council, and those of the Managers, is twelve; and as the vehicles of the Mead Station are sufficient to effect at least 50 separate removals a day, they believed that there would be "an ample margin for surgical cases and medical cases,* sufficient to meet all probable demands." "On the grounds of economy and efficiency," therefore, the Committee thought that it would be advisable for the Asylums Board to undertake the proposed work," and that it would be "practicable for them to do so immediately the necessary legal authority can be obtained."

The report, having been approved by the General Purposes Committee (9th November), was submitted (14th November) to the Managers, with a recommendation in favour of the proposals contained therein being adopted. The report, after discussion, was referred back for further consideration. On 28th November the General Purposes Committee presented a further report, stating that they adhered to the opinion that it is "advisable for the Asylums Board to undertake the proposed work, and that it is practicable for them to do so immediately the necessary legal authority can be obtained."

The views of the two committees prevailed, and on the 28th November, the Managers adopted the subjoined resolutions—

"That, in the opinion of the Managers, it is desirable and practicable to extend the operations of their ambulance service so as to include the transport of medical, surgical, and mental cases, for which application may from time to time be made by any authority or person within the Metropolis; provided that such extension of the ambulance service shall not be held to include the removal of cases of street accident, nor of patients to and from the several lunatic asylums under the control of the London County Council, unless by special sanction of the Ambulance Committee, or, in emergency, of the Chairman of that Committee, or the Clerk to the Board.

"That, upon the necessary legal authority being obtained for the Managers by the Local Government Board, the work be immediately undertaken, and a charge of 7s. 6d. made in respect of each removal, and, in addition, a mileage of 1s. 6d. beyond the boundary of the Metropolis."

The decision of the Local Government Board on the matter had not been received by the Managers when this report went to press. It only remains to say that, in the interests of the inhabitants of the Metropolis, it is to be desired that the decision may enable the Managers to undertake the duty. It is to be hoped, moreover, that the County Council will see their way to establish an efficient street ambulance service, the need for which was strongly urged upon the candidates at the recent election, by the Metropolitan Street Ambulance Association.

* The reference to the Committee did not include street accident cases.

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 provision of hospitals should be extended so as to provide 5,700 beds; 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 over 3,860,000; consequently the recommendation of the Commissioners went, to the extent of 1,740 beds (at the least), 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 being necessary, is even now in excess of the standard requirement, the estimated population being under 4,600,000; but circumstances they did not anticipate have led to largely increased demands on the resources of the Asylums Board; not only by the sanitary authorities, but also by private medical practitioners and others. Among these circumstances may be mentioned, the depauperization 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 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. 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, of which in pre-notification days they would probably never have heard.

I am indebted to Mr. Duncombe Mann, Clerk to the Metropolitan Asylums Board, for the subjoined statement, showing the existing and projected accommodation: it leaves out of consideration the Gore Farm Hospitals (1,850 beds), not now in occupation, and in regard to which no decision has as yet been arrived at as to their future use.

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

(i.) Accommodation existing—	Beds.
Eastern Hospital	362
North-Eastern Hospital	596
North-Western Hospital	460
Western Hospital	452
South-Western Hospital	345
Fountain Hospital	402
Grove Hospital	518
Park Hospital	548
Brook Hospital	560
Northern Hospital	748
Total	4,991
 (ii.) Accommodation projected—	
<i>Southern Hospital</i>	800
South-Eastern Hospital (now being reconstructed)	488
Grand Total	6,279

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

	Beds.
Long Reach Hospital	300
Orchard Hospital	800
Joyce Green Hospital	940
	2,040

It is thus seen that the accommodation far exceeds the theoretical requirement of one bed for each thousand of the population. On that scale London would require not more than 4,600 beds, and it has, or soon will have, 10,000.

* The ordinary provision for small-pox was to be of 2,100 beds, but capable of being increased, on an emergency, to 2,700.

MUNICIPAL AID FOR HOSPITALS.

The question of the extent of the powers vested in Sanitary Authorities to give rate-aid to hospitals was raised towards the end of the year, by an inquiry addressed to the Local Government Board, by a private person, whether District Councils may maintain general hospitals, or whether the powers conferred by Section 131 of the Public Health Act, 1875,* apply only to the case of a hospital for infectious disease? The Board replied to the effect that the powers were "not limited to providing accommodation for persons suffering from infectious disease." Another inquiry addressed to the Board, by a local authority, elicited the reply that it appeared to the Board to be "competent for that body to make a contribution to the funds of an established hospital."

In several of these reports, extending over many years, reference has been made to the powers conferred on the Sanitary Authority to provide hospitals "for the use of the inhabitants of their district;" powers exercisable by any such authority singly, or by any two or more authorities in combination. And especially, in connection with the question of provision for the treatment of persons suffering from consumption, it had been pointed out that, failing action by the Asylums Board, Sanitary Authorities, alone or in combination, could themselves provide sanatoria, the powers conferred by the Act being unrestricted.

The hospitals in London being, many of them, in sore need of help, the above cited opinions of the Local Government Board led me to make an inquiry into the subject as it affects the Royal Borough, which, having no hospitals of its own, has to depend for the relief of its sick inhabitants (other than those chargeable to the poor-rate) on outlying institutions—to what an extent is shown by the statistics of mortality set out in the statement at page 30.

In 1902, at four of the hospitals, which might fairly be described as "local," 104 deaths of Kensington persons took place, viz., at St. Mary's Hospital 48, St. George's 23, West London 21, and the Children's Hospital, Paddington Green, 12. In 1903 the deaths in hospitals without the Borough, were 179, including 97 at the four above-named, the remaining institutions, all of them supported by voluntary contributions, being scattered over the Metropolis.

I thought it would be interesting to ascertain the approximate number of Kensington persons benefited by the four "local" hospitals named, and by the courtesy of the respective secretaries I was enabled to do so.

St. Mary's Hospital, it appeared, afforded relief, in 1903, to 596 Kensington in-patients, and some 7,000 out-patients, to say nothing of about as many "casualty" cases, and 350 "maternity" cases. With respect to St. George's Hospital, the latest available information was for 1901, in which year 290 Kensington in-patients were admitted; the number of out-patients being "very large." The West London Hospital, in 1903, admitted 186 Kensington in-patients, although 50 beds were closed from August to December. The out-patients were estimated at 3,500. The Paddington Green Children's Hospital received 130 Kensington in-patients (a fifth of the total admissions) and "a few thousands" of out-patients.

The Hospital Sunday Fund estimates the average cost of an out-patient at two shillings, the outlay on this class of cases must therefore have been very considerable.

As regards the extent of the indebtedness of the Royal Borough to these hospitals, I was informed that the average cost of an in-patient to St. Mary's Hospital is £6 6s., and to the Children's Hospital, £4 13s. 6d. The amount is somewhat less to the West London Hospital, a relatively poor institution, viz., £3 17s. 6d.: to St. George's Hospital the cost is £7 15s. 6d. The estimated cost to the four hospitals for the 1,180 Kensington in-patients, in 1903, was therefore upwards of £7,000.

The amount of rates paid by hospitals, &c., situated within the Borough, is but little over £300 per annum, the lion's share being paid by the Brompton Consumption Hospital, which admitted 21 Kensington in-patients last year. As the average cost of a patient is £25, the duration of residence being so much longer than in general hospitals, the inhabitants of the Royal Borough were benefited by this institution to the money value of £525.†

*Section 75 of the Public Health (London) Act, 1891, corresponds to the Section of the Act cited. *Vide* page 37.

†The aggregate amount of rates paid by London (? General) Hospitals in 1898-99, is stated to have been £21,301. In 1903 Guy's Hospital—now in dire straits owing to the depreciation in the value of land, paid £2,952, St. George's Hospital, £875, Middlesex Hospital, £714. The Brompton Consumption Hospital paid £270. Special consideration is shown by some rating authorities in assessing these institutions at less than their actual annual value.

Having regard to all the facts, and to the power of the sanitary authority to build hospitals for the inhabitants of their district, or to contract for the use of a hospital—in whole or in part—or to make an agreement with the managers of any hospital for the reception of the sick inhabitants, on payment of an annual or other sum, it would seem but reasonable that some arrangement should be made whereby municipal aid should be given to the hospitals. And if such an arrangement should seem equitable as regards the Metropolitan boroughs generally, it would be peculiarly so in the case of Kensington, which, having no general hospitals of its own, derives such remarkable benefits from those in adjacent districts and in the Metropolis generally. The principle involved is regarded by the Council in a favourable light, as they already contribute to hospitals both within and without the Borough.

The Council referred to the Public Health Committee the reports in which this matter was dealt with. The suggestion I submitted to the Committee was, that they should make a recommendation to the Finance Committee with a view to an increased subscription to the "local" hospitals now in receipt of assistance. No action was taken; nevertheless, I hope some good may result from the information laid before the Council.

It may be mentioned that a Bill has been introduced into Parliament during the current session to relieve hospitals from payment of rates. Should it become law, it would be desirable, as regards the Metropolis, to bring the matter within the provisions of the Equalisation of Rates Act; or, in the alternative, and seeing that patients are admitted to hospitals without regard to questions of residence, it would seem equitable that the hospitals should be reimbursed for their expenditure, to the extent of the rates paid by them, out of the "Common Poor Fund." The equity of an arrangement of the sort, if not effected by adjustments under the Equalisation Act, could not be called in question by us; for, excepting as to a portion of the Brompton Consumption Hospital, there are no important hospitals in the Royal Borough.

THE HOUSING OF THE WORKING CLASSES.

The most interesting event of the year in connection with this subject was the passing of "The Housing of the Working Classes Act, 1903," which introduced some important amendments into the law relating to the housing of the working classes. The effect of Sub-Section (1) of Section 1 is to extend the *maximum* period for the repayment of loans raised for the purpose of the "principal Act" (*i.e.* the Act of 1890), or any Acts amending it, to 80 years, leaving the actual period for repayment, subject to this limitation, to be determined, as heretofore, with the sanction of the Local Government Board. The Board, however, stated in a circular to Urban Sanitary Authorities calling attention to the provisions of the new Act, that they propose, in future, as a general rule, to allow the full term of 80 years for the repayment of money borrowed for the purchase of freehold land, and 60 years for the repayment of money borrowed for the erection of buildings under the Housing Acts, where the circumstances are such that this may properly be done. Where money has been borrowed in recent years for these purposes, they will consider applications for sanction to the re-borrowing of the outstanding balances for 80 or 60 years (as the case may be), from the date of the original borrowing, if the money has been borrowed on terms which will admit of this. Under section 75 of the principal Act, a condition is implied in any contract made after August 14th, 1885, for the letting of a house, or part of a house, for habitation for persons of the working classes (as such letting is therein defined), to the effect that the house is, at the commencement of the holding, fit for human habitation. As this enactment stood prior to the passing of the new Act, it seemed that there was nothing to prevent an agreement being made between the landlord and the tenant contracting themselves out of its provisions. Any such agreement made after the date of the passing of the new Act, is made void by Section 12. By an Order in Council, the housing work now under the jurisdiction of the Home Office may be transferred to the Local Government Board (Section 2).

In the case of default by a Local Authority in carrying out a necessary rehousing scheme, the Confirming Authority may, under Section 4, compel the Local Authority, by mandamus, to proceed, or itself execute the scheme. It is no longer necessary for a Local Authority, before proceeding to obtain an Order to close a house unfit for habitation, to serve a notice on the owner requiring him to abate the nuisance—a merely useless proceeding which only tended to delay (Section 8). Section 11 gives the Local Authority, with the consent of the Local Government Board, power to provide and maintain any building adapted for use as a shop, any recreation grounds, or other amenities which would be beneficial to persons inhabiting a lodging-house, a course adumbrated in a report of the Public Health and Housing Committee of the County Council in 1894.

A Schedule contains provisions in respect of the rehousing of displaced persons, applicable to rehousing schemes carried out by a Local Authority after the clearance of insanitary areas, and also to displacements effected by street improvements, and by companies acting under compulsory powers, such as railway company clearances. The provisions apply not only to the number of persons displaced, who are in residence at the time the improvement or clearance is carried out, but also to those who had resided in the area, and who were within the previous five years displaced in view of the improvement or clearance. This is likely to prove a really valuable bit of housing legislation.

The Board stated, in the afore-mentioned circular letter, that the new Act gives various facilities to the Councils of Boroughs, etc., for carrying out the Housing Acts, and they trusted that its effect would be to stimulate the Councils to exercise the very considerable powers which they possess under these Acts.

The new Act fulfils certain promises made by members of the Government, and will prove useful to Local Authorities in dealing with the housing question. But, for my part, I confess to having a less sanguine expectation than I had three years ago, that much can be done by Metropolitan Local Authorities to provide an effectual remedy for the admitted evils of overcrowding, etc., or to supply the very real need of largely increased accommodation for the working classes. I am, indeed, more than ever convinced that these matters, on any large scale, can be dealt with only by the Central Authority; not that it can be said that, hitherto, the Central Authority have worked to much purpose, despite their evident desire to improve the condition of the less prosperous classes of workers. But I think there is great hope for the future in a direction which, after all, is the more satisfactory, viz., by the self-help of the labouring classes themselves, rendered more and more feasible, each year, by the increase of facilities for migration to the suburbs, by electric tramways, cheap trains, and tube railways—a branch of the subject dealt with in these reports as far back as 1889-1891, under the heading "*Migration as a remedy for Overcrowding.*"

Schemes for carrying out the Acts must needs be costly in the Metropolis, whereas migration by lessening the demand for lodgings in town, may lead to reduction in rents, and so enable the poorer classes, who are compelled to live near their work, to obtain better accommodation at a cheaper rate. The best housing obtainable in London at the present time, is that supplied by the artisans dwellings erected by Public Companies, Philanthropic Associations, the County Council and others. But it cannot be said to be cheap; and probably a rent equal to that paid for two or three rooms in such blocks of dwellings, would provide a remunerative return for the outlay in building a cottage, within a moderate distance of the centre of the Metropolis. By a large scheme for migration, overcrowding would be diminished, and with it preventable disease resulting from this, the most perilous of insanitary conditions. The model dwellings erected on the sites cleared under Housing Acts, are not tenanted to any large (I might say to *any*) extent by the poorest grades of the labouring classes, or by those who have been displaced by the clearances. Clerks, and superior artisans able to command constant employment, commonly occupy these (relatively) healthy houses, and any number of the like classes, would doubtless be forthcoming were the accommodation to be greatly extended. These, however, are the classes for whom it should be practicable to provide out of London. It is matter of common knowledge that, largely owing to the action of the County Council, and others, in promoting legislation to secure cheap trains for the working classes,* thousands of self-contained houses have been erected, by private enterprise, within a few miles of London, which provide healthy homes for the classes above adverted to; and a great impetus has been given to the movement within the last few years, by the still further growth of facilities for cheap locomotion.

In illustration of the costliness of housing schemes in London, it may be mentioned that the late Metropolitan Board of Works carried through 22 such schemes, whereby 59 acres of land were acquired and cleared, on which accommodation has been provided for 38,231 persons. The amount thus expended by the Board, in giving effect to "Cross's Acts," exceeded a million and a half sterling (or about £40 per head), this being irrespective of the outlay on model dwellings erected on the cleared sites by such bodies as the Peabody Trustees. The work, as taken up by the County Council, has proved no less costly. At the present time that body is carrying out housing schemes on a large scale at Tottenham and near Croydon, but it is not expected that these will do much for

* Reference to the work of the County Council was made in the Annual Report for 1891, page 161, in which it was observed that "an impetus would be given (by cheap train arrangements) to the erection of houses for the working classes in the suburbs;" the hope being expressed "that care would be exercised to prevent the concessions being so misused as to lead to the creation of slums outside London. The houses to be built (it was said) should not be too large, nor too crowded on space, and working men should be encouraged to become the owners of their cottage homes."

the relief of the poorest classes of the labouring population. It is a question, moreover, whether they will do much for the artisan classes of London. The schemes have this merit, that, being framed on "commercial lines," they will, after the lapse of a certain number of years, endow the Council with extensive freehold estates and towns, of which the occupiers of the houses will have paid the cost in their rents. Payments of the same rents, as an investment, would probably, in a moderate number of years, suffice to endow the tenants of such-like houses with the freeholds.

By-laws for Houses let in Lodgings.—The negotiations with the Local Government Board with reference to the proposed new by-laws, commenced some years ago, have not yet been completed, the result being that no houses were placed on the register in 1903. The number now on the register is 2,050. The existing by-laws, framed in 1885, have worked satisfactorily; but a need for some modification of them has recently arisen as the result of decisions of the High Court (King's Bench Division), to the effect that certain by-laws made by the Stepney and the Islington Metropolitan Borough Councils, with regard to the cleansing of houses let in lodgings, are invalid as they do not provide for notice to be given before action is taken.

In the first of the cases referred to, *Stiles v. Galinski*, the appellant was a sanitary inspector of the Stepney Borough Council, and the respondent a landlord within the meaning of the by-laws in force in Stepney as to houses let in lodgings. At the Thames Police Court, on 23rd June, 1903, an information was preferred by the appellant against the respondent, that he, being the landlord of a lodging-house, did not in the first week of April, cause every part of the premises to be cleansed, as required by the by-laws in such case made and provided. In this case the magistrate dismissed the summons. In the second case, *Nokes and Nokes v. the Mayor, Aldermen and Councillors of Islington*, the appellants were the landlords within the meaning of the by-laws, the information preferred was similar to that in the first case, and the magistrate sitting at the Clerkenwell Police Court convicted the appellants, and fined them 10s. and costs.

The Lord Chief Justice, in delivering judgment in both cases, stated (*inter alia*) that in his opinion the by-laws were bad because they did not provide that the persons who were made responsible for seeing that the things were done, should receive the necessary notice. In his opinion, the by-laws in both cases required remodelling, with the point of view not of removing the liability of the landlord, but of giving him notice before subjecting him to penalties. Mr. Justice Wills was of the same opinion with regard to the by-law not providing for notice being given to the person made responsible. Mr. Justice Kennedy agreed that the by-laws could not be supported for the reasons given by the Lord Chief Justice.

The appeal in the first case was dismissed with costs. The appeal in the second case was allowed with costs.*

The by-laws which were the subject of the above decisions, were made under section 94 of the Public Health (London) Act, 1891, which provides that every sanitary authority shall make and enforce such by-laws as are therein specified, as to houses let in lodgings. Section 114 of the Act, provides moreover, that all by-laws made by any sanitary authority under the Act, shall be made subject and according to the provisions with respect to by-laws contained in sections 182 to 186 of the Public Health Act, 1875; and under section 184 of that Act, the by-laws require the approval of the Local Government Board. The Council's by-laws, made by the late Vestry, and approved by the Local Government Board, in 1885, are to the like purport as those above adverted to, but were made under powers conferred by now repealed Acts, the provisions of which were re-enacted in the Act of 1901. They make no provision for notice to be given, as now ruled to be necessary; notice, however, is invariably given, but this fact does not give validity to the particular by-laws. The defect should be cured by amended by-laws as soon as practicable, seeing that notices for the periodical cleansing of houses let in lodgings cannot be enforced, legally, under the by-laws as they now stand.

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 29 in number, and contain accommodation for 835 persons.

* A full report of these cases, and of the judgments pronounced by the Court, is set out in my first monthly report for 1904, page 6, together with an account of the Council's by-laws, and the procedure adopted in giving effect to them.

COMMON LODGING-HOUSES.

Ward.	Name of Keeper.	Address of Common Lodging-House.	No. of Single Lodgers, for which licensed, in 1903.			No. of Double Beds Authorised.	
			Male.	Female.	TOTAL.		
Golborne	Phipps, William ...	194, Kensal Road ...	75	...	75	...	
"	Marsh, Hy. Chas. ...	88, Wornington Road ...	35	...	35	...	
Norland	Boasley, Richd. Thos. ...	21, Bangor Street ...	24	...	24	...	
"	Do. ...	23, do. ...	}	48	48	...	
"	Do. ...	25, do.	10
"	Do. ...	29, do.
"	Phipps, William ...	18, do.	24	24	...
"	Do. ...	20, do. ...	...	45	45	...
"	Reynolds, Charles ...	35, do. ...	26	...	26	...	
"	Phillips, Thos. Jno. ...	5, do. ...	}	76	76	...	
"	Do. ...	7, do.
"	Do. ...	9, do.
"	Hankins, George ...	10, Crescent Street ...	25	...	25	...	
"	Do. ...	28, do. ...	...	...	...	13
"	Do. ...	30, do. ...	28	...	28	...	
"	Do. ...	40, do. ...	...	25	25	...
"	Phipps, William ...	25, do. ...	}	57	57	...	
"	Do. ...	27, do.	29
"	Do. ...	31, do.
"	Do. ...	33, do.
"	Simpson, James ...	37, Mary Place ...	}	26	26	...	
"	Do. ...	35, do.
"	Davis, Sagel ...	66, St. Ann's Road ...	66	...	66	...	
"	Phipps, William ...	34, Sirdar Road ...	...	26	26	...
"	Do. ...	36, do. ...	33	...	33	...	
"	Do. ...	38, do. ...	...	...	...	11
"	Do. ...	40, do. ...	...	...	...	13
Holland	Redman, John ...	24, Peel Street ...	}	34	34	...	
"	Do. ...	22, do.

Twenty-two of the common lodging-houses, with accommodation for 589 persons (152 of them in double beds) are comprised in the "Notting-dale" special area.

FACTORY AND WORKSHOP ACT, 1901.

THE WORK OF THE LADY INSPECTORS.—In the first monthly report for the current year the report of the Lady Inspectors of workshops, workplaces, and laundries, etc., where women are employed was printed *in extenso*, as well as the results of special enquiries made by these officers with respect to Notification of Consumption* and Infantile Diarrhœal Mortality.†

Inspection of workshops where women are employed, has been thoroughly carried out in Kensington since 1893, when the late Vestry, upon my recommendation, made the first appointments of two ladies (now His Majesty's Inspectors of Factories) to supervise the execution of the provisions of the then existing Factory and Workshop Acts in relation to workshops, etc. The initiative of the Vestry has been largely followed by Public Health Authorities, within and without the Metropolis, and ere many years I anticipate that the practice of employing the services of women in sanitary administration will have become general.

The inspectors' report shows that at the beginning of the year 1903, there were on the Register 984 workshops, laundries, etc., where women are employed; and that during the year, 98 premises were added to, and 104 were removed from, the Register, as follows:—

Workshops, etc.	NORTH KENSINGTON.				SOUTH KENSINGTON.				Total for Borough
	Dress-makers.	Laundries.	Miscellaneous.	Total.	Dress-makers.	Laundries.	Miscellaneous.	Total.	
Added to Register ...	12	8	20	40	48	1	9	58	98
Removed from Register ...	26	27	14	67	34	—	3	37	104

* Vide page 43.

† Vide page 44.

The net result was a decrease of 27 registered premises in the district of North Kensington, and an increase of 14 in the district of South Kensington; High Street, Notting Hill, and Holland Park Avenue constituting the dividing line. The decrease in North Kensington was attributed to the removal of prosperous dressmakers to more fashionable localities, and of laundresses to suburbs and other places with a view to better facilities for drying purposes.

At the end of the year, 971 places (comprising an aggregate of 1,974 rooms) were on the Register, viz. :—

Workshops, etc.	NORTH KENSINGTON.				SOUTH KENSINGTON.				Total for Borough
	Dress-makers.	Laundries.	Miscellaneous.	Total.	Dress-makers.	Laundries.	Miscellaneous.	Total.	
No. on Register ...	90	307	85	482	338	21	130	489	971
No. of Rooms therein ...	120	886	107	1,113	623	61	177	861	1,974

The businesses carried on at the registered premises are set out in the subjoined list :—

Trade or Business.	North Kensington.	South Kensington.	Total in the Borough.
Art needlework...	1	3	4
Blind-maker ...	—	2	2
Blouse-maker ...	3	3	6
Boot beader ...	1	—	1
„ closer ...	2	—	2
„ maker ...	—	1	1
Cardboard box maker ...	—	1	1
Corset maker ...	1	3	4
Cracker maker ...	1	—	1
Dressmaker and ladies' tailor ...	88	331	419
Dyer and cleaner ...	3	4	7
Eyelet hole finisher ...	1	—	1
Firewood manufacturer ...	1	—	1
Furrier ...	1	1	2
Haberdashery specialities ...	1	—	1
Hair wash manufacturer ...	1	—	1
Hosier ...	—	1	1
Lace goods maker ...	1	—	1
Lamp shade maker ...	1	1	2
Laundries (workshop) ...	249	21	270
„ (factory) ...	58	—	58
Machinist ...	—	1	1
Mantle maker ...	—	4	4
Milliner ...	3	25	28
Outfitter ...	—	3	3
Photographer ...	3	11	14
Printer ...	—	2	2
Restaurant and dining room ...	40	52	92
Tailor ...	19	5	24
Typist ...	—	4	4
Upholsterer ...	1	9	10
Waistcoat maker ...	2	—	2
Wig maker ...	—	1	1
Grand total ...	482	489	971

The subjoined table summarises the work done during the year :—

	NORTH KENSINGTON.				SOUTH KENSINGTON.				Total for Borough.
	Dress-makers.	Laundries.	Miscellaneous	Total.	Dress-makers	Laundries.	Miscellaneous	Total.	
1. Workshop inspections	192	478	294	904	861	84	161	1,056	1,960
2. „ re-inspections	34	225	11	270	188	6	25	219	489
3. Workroom inspections	251	2,168	257	2,676	1,471	91	296	1,798	4,474
4. Workrooms found overcrowded...	5	—	3	8	26	—	1	27	35
5. „ insufficiently ventilated ...	8	7	4	19	24	—	7	31	50
6. „ in a dirty condition... ..	8	174	10	192	27	2	4	33	225
7. „ measured ; number of ...	36	19	9	64	118	2	15	135	199
8. Workshops, &c., reported to H.M. Inspector, on discovery	6	10	2	18	39	2	5	46	64
9. Workshops, &c., reported by H.M. Inspector	6	10	1	17	22	—	5	27	44
10. Workshops, &c., newly discovered and registered	12	8	20	40	48	1	9	58	98
11. Workshops, &c., removed from register .	26	27	14	67	34	—	3	37	104
12. Houses visited for enquiry where no females were employed*	2	11	184	147	24	2	16	42	189
13. Domestic workshops and workplaces inspected	31	74	93	198	18	4	55	77	275
14. Written intimations issued	3	98	5	106	65	2	12	79	185
15. Statutory notices issued	2	42	3	47	8	—	—	8	55
16. <i>Sanitary defects remedied</i> :—									
(a) Additional means of ventilation provided	1	7	—	8	14	—	3	17	25
(b) Rooms cleansed and whitewashed ...	6	113	12	131	26	1	3	30	161
(c) Yards, floors, roofs, &c., repaired ...	—	54	—	54	—	1	1	2	56
(d) Sanitary conveniences ; defects remedied	3	30	3	36	29	—	4	33	69
(e) Dustbins provided or repaired ...	—	9	—	9	1	—	—	1	10
(f) Miscellaneous defects remedied ...	—	48	—	48	5	1	—	6	54
17. Nuisances reported to Medical Officer of Health	2	6	12	20	5	—	—	5	25
18. Cases of overcrowding of workshops abated	5	—	3	8	23	—	—	23	31
19. Workroom cards distributed, number of	28	—	9	37	132	2	15	149	186

* Houses, that is, at which 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.

Information was given in the report under several headings, *e.g.*, "Overcrowding,"—"Sanitary Conveniences,"—"Warming and Ventilation,"—"Defective Workshops, Yards, &c.," and "Infectious Disease."

Outworkers.—With respect to "Outworkers," the Inspectors reported that—

"Since the coming into operation, under the provisions of the Factory and Workshop Act, 1901 (sec. 107), of the 'Home Work Order,' which requires lists of outworkers to be forwarded to the Local Authority, we have found 800 premises at which home work is carried on. All of these premises have been visited, and reports have been forwarded to the Medical Officers of Health of other boroughs, giving the names and addresses of 250 outworkers not living, but employed by firms, in the Borough. We note with satisfaction that in the majority of cases the homes of outworkers were found in a satisfactory condition; in a few cases only was it necessary to serve cleansing notices. It is to be regretted that employers, generally, fail to realize their duty to send in lists of outworkers twice a year (in February and August), as the Act directs. Many of them appear to be under the impression that they should wait for a notice from the Council before doing so. The defaulting firms have all been communicated with, and an improvement in this respect may reasonably be hoped for. Should this hope not be realized, we think proceedings should be taken as the only remaining means of enforcing the provisions of the Order.

Restaurants and Dining Rooms.—The Inspectors under this heading report that "the inspection of these establishments, begun in 1901, has been continued with good results. At the end of the year, 92 premises where women are employed were on the register. Three premises were removed therefrom, the houses having been pulled down in connection with street improvements."

Complaints relating to overcrowding, whether anonymous or open, were duly attended to: those relating to illegal hours of work were referred to the Lady Factory Inspectors' Department, at the Home Office. Complaints of nuisances observed by the Factory Inspectors and forwarded to the Medical Officer of Health by His Majesty's Superintending Inspector of Workshops received immediate attention. It seldom became necessary to serve statutory notices; written intimations of nuisances nearly always sufficed to effect the desired object, and in no case did it become necessary to take proceedings before the Justices.

The report concludes with a reference to the courteous reception given to the Inspectors by employers, who, it was said, manifest increasing willingness to give proper attention to their representations and to remove cause for complaint.

OUTWORKERS.

The Factory and Workshop Act, 1901, section 107, requires the occupier of any workshop, or contractor employed by any such occupier in the business of the workshop, to keep lists showing the names and addresses of the persons employed by either of them in the business of the workshop, outside the workshop, and the places where they are employed, and to send, on or before the first day of February and the first day of August, in each year, copies of those lists to the "District Council" of the district in which the workshop is situate. The Council are required to furnish the name and place of employment of any outworker included in any such list whose place of employment is outside their district, to the Council of the district in which his place of employment is. With a view to make known to the occupiers of workshops, &c., the duty devolved upon them by the Act, an advertisement was inserted, at the beginning of 1902, in the local newspapers, a copy of which, moreover, was forwarded to upwards of 1,000 persons, being occupiers of premises where registered businesses were 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, moreover, was compiled, and the names and addresses of all persons working, but not residing, within the borough are now regularly forwarded to the Medical Officers of the Boroughs in which the outworkers reside.

But any advantage that might have been expected to accrue from the care taken in administering the section, has been reduced to the narrowest limits by the neglect of occupiers of workshops to forward the required lists—a contravention of the Act by which defaulters render themselves liable to a fine not exceeding forty shillings for a first offence, and in the case of a second or subsequent offence, to a fine not exceeding five pounds. The records relating to this matter, so far as they relate to workshops, etc., where women are employed, show that in February, 1902, seventy lists of

outworkers were received; 43 from North Kensington, and 27 from South Kensington; in August, 1902, only 21 lists, eighteen and three from the two districts respectively: 16 of these were fresh lists, and only four repeat lists; 39 of the occupiers of workshops who had sent lists in February, having failed to send any in August. During February, 1903, only 14 lists (9 and 5) were received, including four from occupiers who had previously sent in lists. In August, 1903, 13 lists (7 and 6) were received. There were 73 occupiers (50 in the North district and 23 in the South) who were known to employ outworkers but who did not send in the required lists; and probably there are still a larger number of occupiers who have never sent in lists.

WORKSHOPS WHERE MEN ARE EMPLOYED.

Considerable improvement with regard to workshop inspection, generally, took place in 1902, consequent on the appointment of additional male inspectors, which permitted of men's workshops being brought under supervision. Men's workshops (*i.e.* workshops conducted on the system of not employing any woman, young person or child therein) are in a somewhat different position to those where women are employed, inasmuch as (*inter alia*) the sections in Part I. of the Act relating to temperature, thermometers, means of ventilation, drainage of floors, sanitary conveniences, etc., are not applicable to them. Matters relating to ventilation of workshops where women are employed come within the purview of the Council: those relating to temperature are subject to control by the factory inspectors.

I have received from the Chief Sanitary Inspector the subjoined account of the administration of the Act in relation to men's workshops, in 1903.

"The businesses carried on at the workshops where men are employed, 747 in number, are set out in the subjoined list compiled from the register, in which the trades are classified, columns being provided for the address and the name of the occupier, and a column for the "Number of protected persons" employed at the date of inspection of the premises.

Trade or Business.	North Kensington.	South Kensington.	Borough.
Baker	68	43	111
Basket Maker	6		6
Blacksmith	16	20	36
Bootmaker	69	39	108
Box Maker	2		2
Builder	55	53	108
Cabinet-maker and Joiner	24	19	43
Carver and Gilder	1	5	6
Coach-builder	30	8	38
Cycle Maker	9	11	20
Firewood Manufacturer	15		15
French Polisher	1	2	3
Marble Mason	6	2	8
Printer	3	3	6
Saddler	5	11	16
Tailor	32	16	48
Trunk Maker	6	6	12
Umbrella Maker	3	2	5
Undertaker	7	4	11
Upholsterer	12	6	18
Watchmaker	18	20	38
Wig Maker		12	12
Sundry businesses	50	27	77
Grand Total	488	309	747

"The several premises were inspected from time to time to see that the provisions of the Act were duly carried out.

"Notices were served, when requisite, to secure the abatement of nuisances, and necessary works of reparation, etc.

"The works carried out, under supervision, consequent on the service of written intimations or statutory notices, or both, were as follows:—

	Number of Cases.
Drains repaired and made sound	25
Water-closets, new, provided	33
" existing, repaired	38
Soil-pipes re-constructed	24
" existing, repaired	6
Water cisterns, repaired and cleansed	10
Ashpits, new, provided	11
" existing, repaired	8
Sink waste-pipes repaired	10
Yards paved	14
Sundry repairs	33
Premises cleansed, etc.	65
Offensive accumulations removed	5

UNDERGROUND BAKEHOUSES.

The principal work of the Sanitary Inspectors during the year, and in 1902 also, had relation to section 101 (2) and (4) of the *Factory and Workshop Act, 1901*, which reads as follows:—

"(2) 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.

"(4) 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."

In the third monthly report, 1902, I had called the Council's attention to these provisions, and submitted a *résumé* of legislation with respect to bakehouses, beginning with the *Bakehouse Regulation Act, 1863*, and ending with the *Factory and Workshop Act, 1901*, which repealed all previously existing statutes dealing with the subject. The report was referred to the Public Health Committee, who decided to defer consideration of the subject until I should have completed an inspection of the underground bakehouses, 95 in number, then in progress.

Previous to this inspection, in which I had the assistance of the Chief Sanitary Inspector, the several sanitary inspectors had submitted detailed reports on the underground bakehouses in their respective districts, made on a uniform plan and under specified headings—including construction, lighting, ventilation, drainage, etc.

On September 23rd, 1902, I reported completion of the inspection, and recommended that a communication be addressed by the Town Clerk to each occupier of an underground bakehouse, directing attention to the provisions of the Act, and enquiring whether he intended to apply for a certificate to enable him to use the premises as a bakehouse after the 1st January, 1904? This was done, and every baker intimated intention to apply. Each one was then requested to submit a plan of his premises, and, except in a very few instances, this was done.

I recommended the appointment of a sub-committee to deal with the matter generally, and one was appointed in November. In December, 1902, the sub-committee inspected certain underground bakehouses—to the number of twenty, with a view to acquisition of information of existing conditions. In January, 1903, the sub-committee presented their report, which having been unanimously adopted by the Committee, was submitted (February 3rd) to the Council, and printed in the Minutes, page 138.

The report embodied the "Requirements" which it was considered ought to be complied with in the case of an underground bakehouse, as a condition precedent to the grant of the Council's certificate of suitability. Appended to the report was a list of the several premises grouped in wards.

Consideration of the report was deferred, it being understood that the master bakers desired a conference with the Committee. On February 10th, the Committee received a deputation of master bakers, who submitted a memorandum embodying the views of the trade, formulated by a meeting held on the preceding day. This memorandum was printed in my annual report for 1902, page 104. On February 17th the report of the Committee was unanimously adopted by the Council.

On March 10th the Town Clerk addressed a communication to the several occupiers of underground bakehouses as follows:—

"By direction of the Council, I forward herewith a copy of the Requirements for Underground Bakehouses, compliance with which is the condition on which the Council will be prepared to grant their certificate, under section 101 (a print of which has already been sent to you), that the premises in your occupation are, in the words of the Act, 'suitable for the purpose as regards construction, light, ventilation, and in all other respects.'

"For your further information, I also forward a statement showing in what particulars the premises in your occupation appear not to conform with the Council's Requirements.

"The annexed Notes on certain of these Requirements will, it is hoped, be of service to you should you decide to apply for the Council's certificate.

"Should you so decide, will you be so good as to forward to the Medical Officer of Health, at your early convenience, a specification of the work you propose to carry out?

"I am to suggest that it would be undesirable to put any such work in hand until the said specification shall have been submitted."

Plans and specifications were sent in with respect to nearly all of the premises, the great majority of which were inspected by the sub-committee. After due consideration, the plans, etc., were approved; but in many instances, not without more or less important modifications suggested by the sub-committee. In a majority of the bakehouses (45* out of 78), the drains were reconstructed under the supervision of the Borough Engineer; other works were carried out under the direction of the several sanitary inspectors and supervised by the Chief Inspector. The sub-committee, who, in all, held 37 meetings, carried out the Council's instructions with all possible consideration for the interests of the occupiers of underground bakehouses. The improvements effected were great, and in many instances involved considerable outlay. Many of the master bakers expressed satisfaction with the results, and thanks to the sub-committee for the considerate manner in which they had carried out their arduous and responsible duties. Many operatives, moreover, manifested appreciation of the benefits conferred on themselves by the improvements effected.

The Council's "Requirements," as interpreted by the appended "Notes," were duly carried out, and the provisions of the Factory and Workshop Act (Section 101) were complied with as the following statement of the results attained clearly shows:—

CONSTRUCTION.—

- | | |
|------------------|--|
| 1. Floor space†. | In no case is this less than 200 superficial feet. |
| 2. Height. | In no case is this less than 7½ feet. |
| 3. Capacity. | In no case is this less than 1,500 cubic feet. |
| 4. Floor. | This in every case has been constructed of "hard, smooth, durable and impervious material,"—as granolithic paving, or rubbed york stone, or approved paving tiles,—laid on six inches of proper cement concrete. |
| 5. Walls. | In every case these are now covered with "hard, smooth, durable materials,—as white glazed bricks, or white glazed tiles, or crystalal or opalite, or Keene's cement," painted, or, more often, enamelled. |
| 6. Ceiling. | In every case this is now finished with "smooth and durable material, impermeable to dust and damp,"—usually Keene's cement, painted, or, more often, enamelled; in some cases steel plates were affixed. |
| 7. Access. | In every case this is now irrespective of the means of access from the shop, and (more or less) satisfactory both as to light and ventilation. |
| 8. LIGHT. | Every bakehouse is now "efficiently lighted by daylight obtained by means which do not permit of the entrance of dust or dirt"—very generally through the medium of prismatic lights. |
| 9. VENTILATION. | Every bakehouse is now "adequately ventilated by permanent inlet and outlet tubes with openings so placed as to prevent the entrance of dust and dirt." In some cases power has been brought to aid,—by electric fans. Stall-board ventilation has been absolutely excluded. |

* This number is irrespective of minor works of repair and of partial reconstruction.

† The number and title in each paragraph correspond to a "requirement" of the Council, the words within inverted commas are citations from the "requirements."

ALL OTHER RESPECTS.

10. Flour Store. Proper provision has been made for storage of flour "elsewhere than in the bakehouse."
11. Sanitary Conveniences. In every case "a suitable sanitary convenience separated from the bakehouse," has been provided.
12. Cellars, etc. Every coal cellar in connection with a bakehouse has now been provided with "a close fitting door," and no "washhouse, or area, or unpaved yard liable to cause contamination by foul air, dust or dirt," is in "direct communication with the bakehouse."
13. Water supply. In every case the water supply is obtained "direct from the rising main."
14. Drainage. Every drain that did not stand the hydraulic test has been reconstructed.
15. Dough-troughs. In every case the dough-troughs, and other moveable fittings, have been "mounted on castors or wheels, so as to allow of the whole of the floor and walls of the bakehouse being cleansed."

At every underground bakehouse a lavatory for ablution, and a clothes room for the use of the *employés*, have been provided.

The Council's certificate has been (or will be) granted in 78 cases, refused in none. But instead of 95 underground bakehouses, as at the beginning of the year, there are now only 78. The remaining cases are accounted for as follows:—The premises in 6 instances have been devoted to other uses; in 6 cases bakehouses above-ground have been substituted, whilst in 5 cases the bakehouse has gone out of use, the occupiers having decided, for one reason or another, to defer carrying out, or not to make, the necessary alterations.

The Council may, I think, be congratulated on the success which has attended the prolonged labours of the sub-committee, for whose assistance, and considered approval of all representations addressed to them, I cannot be too grateful. The sanitary inspectors are justly entitled to thanks for the intelligent and conscientious manner in which they caused effect to be given to the instructions of the Council; the Chief Inspector especially, upon whom fell the heaviest share of a laborious task. I should not do justice to my own feelings did I not bear testimony to the excellent spirit in which the bakers, generally, co-operated with the sub-committee in giving effect to the provisions of the law, and to the good feeling they, as a rule, displayed towards the staff in the Public Health Department. To some of them the outlay involved by the extensive improvements effected must have been a serious matter. But it was borne cheerfully, and, if I may say so, they have their reward in the possession of the Council's "certificate," and the advantage, shared by their *employés*, of now carrying on their arduous and trying occupation in bakehouses which, in the words of the Act, may honestly be described as "suitable as regards construction, light, ventilation and in all other respects."

In order that the several premises may be maintained in their present satisfactory condition, provision should be made, by by-laws, for regulating the conduct of the business, a subject to which reference is made in the following section.

THE NEED OF BY-LAWS FOR REGULATING THE STRUCTURE OF BAKEHOUSES AND OTHER PREMISES WHERE FOOD IS PREPARED FOR SALE, AND THE CONDUCT OF THE BUSINESS.

In 1902, I addressed a report on this subject to the Public Health Committee, as follows:—

"*Bakehouses.*— . . . I should be glad if the Committee would consider, with a view to advising the Council, as to the desirability of legislative power being obtained to enable the County Council to make by-laws for regulating the construction of bakehouses and the conduct of the business of a baker. Obviously it is desirable that some uniform standard of construction should be adopted for the Metropolis, as a whole, and this could be brought about were the County Council, as central authority, empowered to make by-laws, in consultation with the Borough Councils, such by-laws, of course, to be subject to confirmation by the Local Government Board."

I recommended that a communication be addressed to the County Council expressing the view that by-laws for bakehouses, uniform for the Metropolis, were desirable, and inviting them to take steps to acquire power to enable them, as Central Authority, to give effect to the suggestion.

No action was taken. Nevertheless, the necessity for regulation of the premises, where food of a perishable nature is handled, or prepared for sale, and the conduct of the business, is now generally recognised.

The subject is so important that it may not be out of place here, to give a *résumé* of legislation with regard to it.

The first by-laws dealing with the matter were framed by the late Metropolitan Board of Works, under the provisions of the Slaughter-houses (Metropolis) Act, 1874, in the year 1875.* This Act was repealed by the Public Health (London) Act, 1891, but provision was made for the continuance of the by-laws then in force, and no one questions the benefit that has accrued from their operation.

A more germane illustration of the value of by-laws for the purpose, may be found in connection with the question of milk supply, to which I drew attention in a paper read before the Society of Medical Officers of Health in 1875. To that paper was appended a code of by-laws with respect to Cow-sheds, Dairies, etc., which the Council of the Society reported to be, "with some slight alterations, suitable for the purpose."† The Society, "recognizing in the proposed by-laws a desirable standard of requirements," sent them to the President of the Local Government Board, who, when acknowledging the Society's communication, renewed the promise of "best attention" to the subject, which he had made when acknowledging the receipt of my paper. It was confidently expected that legislation would speedily follow, but it was not until 1878 that, by the Contagious Diseases (Animals) Act, power was given to the Privy Council to make Orders for various purposes; e.g., for the registration of persons carrying on the trade of Dairyman; for prescribing and regulating the lighting, ventilation, cleansing, drainage and water supply of dairies; for securing the cleanliness of premises and vessels; for prescribing precautions to be taken for protecting milk against infection or contamination, and for authorising a local authority to make regulations for the purposes aforesaid, or any of them, subject to such conditions, if any, as the Privy Council should prescribe. The powers of the Privy Council in this respect were subsequently transferred to the Local Government Board. The "local authority" under the Act was the Metropolitan Board of Works, and, subsequently, until 1900, the London County Council, whose powers as to enforcing by-laws relating to dairies, etc., were transferred to the Sanitary Authorities by the London Government Act, 1899.

The first Dairies Order, made in 1879, was rescinded when that of 1885, now in force, was issued. This Order provided for the registration of dairymen and other persons carrying on the trade of cow-keepers, dairymen or purveyors of milk, prescribed requirements relating to the sanitary state of dairies and cowsheds, and to contamination of milk, and authorised the local authority to make regulations against the infection and contamination of milk. With respect to "infection," it will suffice to say that any person suffering from a "dangerous infectious disease, or having recently been in contact with a person so suffering," is forbidden, by Section 9, to "milk cows or handle vessels used for containing milk for sale, or in any way to take part or assist in the conduct of the trade or business of the cowkeeper or dairyman, purveyor of milk or occupier of a milk store or milk shop, so far as regards the production, distribution or storage of milk; or, if himself so suffering, or having recently been in contact as aforesaid, to do any of the aforesaid acts until, in each case, all danger therefrom of the communication of infection to the milk, or of its contamination, has ceased." The "regulations" made under the Order deal with the lighting, ventilation, cleansing, drainage and water supply of dairies and cowsheds in the occupation of persons following the trade of cowkeepers and dairymen.

An effort made by the County Council in the session of 1902 to promote legislation for the further protection of the milk supply from contamination was not successful; but though the milk clauses (in PART VIII. of their General Powers Bill) failed to pass, PART IX. dealing with "ICE CREAMS" was more successful, and the provisions of the PART, which apply to all persons being manufacturers of, or merchants, or dealers in ice creams, or other similar commodity, are now in operation.‡

* The late Vestry, on the recommendation of the Sanitary Committee, had adopted, in 1874, certain conditions formulated by myself, as being "essential in order to fit a slaughter-house for the business," and decided to oppose, and did successfully oppose, the renewal of the license in every case where the premises did not come up to the standard; the "Conditions" (set out in the Annual Report for 1874, page 34) having been accepted as reasonable and proper by the licensing justices.

† The by-laws as adopted by the Society were printed in my Annual Report for 1875, page 41

‡ The provisions of the Part were printed in my annual report for 1902, page 60

As regards infection, to show that there is need for legislation for regulating the conduct of the business of bakers, a case that came under my observation last year may be cited. It was that of a journeyman baker, more especially concerned in the making of confectionery, who was reported by a registered medical practitioner to be following his employment at an underground bakehouse while suffering "with very active secondary syphilis," and, therefore, "a danger to the community in general." I saw the man who admitted that he had contracted syphilis three months previously, and had not been professionally treated, but had obtained medicines from a chemist. He was suffering from secondary syphilitic throat and mouth affection, and I took steps forthwith to get him admitted to the Lock Hospital.* This case emphasizes the need for a by-law prohibiting any person from plying his occupation of journeyman baker whilst suffering from any infectious or contagious disease. There is no statutory provision for the need, section 69 of the Public Health (London) Act, 1891, dealing only with persons suffering from a notifiable infectious disease. It reads as follows:—

"A person who knows himself to be suffering from a dangerous infectious disease shall not milk any animal, or pick fruit, and shall not engage in any occupation connected with food, or carry on any trade or business in such a manner as to be likely to spread the infectious disease; if he does so he shall be liable to a fine not exceeding ten pounds."

A further case may be cited (it was referred to in the third report last year) of a journeyman baker resident in the borough, who for two or three nights had worked at an underground bakehouse in an adjacent borough, with a person suffering from small-pox—which he himself subsequently developed at his own home, where he was detained under observation. The offence in this case, which comes within Section 69, was unwitting. Another case may be mentioned of a journeyman baker notified as suffering from facial erysipelas, and who was following his employment at an underground bakehouse; and yet another, that of a baker regularly following his occupation whilst suffering from epithelial cancer of the face.

Operative bakers are known to be liable to a form of eczema popularly described as "baker's itch." Exposed, moreover, as they are, to alternate heat and cold, they are prone to consumption. That a person suffering from this disease, with cough and spitting, is an unfit person to be employed at a bakehouse, or in any business connected with the preparation of food for man, is a self-evident proposition, and any reasonable code of by-laws would certainly prohibit such employment; but I am not sure that, at present, a consumptive person could be legally prevented from following his occupation even at a dairy.

By-laws applicable to bakehouses would presumably prohibit smoking, with attendant spitting, which is commonly practised, as the bakehouse sub-committee of the Public Health Committee can testify from personal observation.

Mention might be made of other matters pointing to the need of restrictive regulations—as the washing or drying of clothes in a bakehouse, general untidiness, and want of attention to cleanliness; but the desirability for regulation of the trade is really too obvious to need further insistence.

I called attention in 1881 to the need of by-laws; and in 1883 the Society of Medical Officers of Health prepared and circulated "Suggestions for Regulations with respect to Bakehouses."† Some little time since, the Metropolitan Branch of the Society of Medical Officers of Health put themselves in communication with the Secretary of State on the subject with, I fear, no great prospect of an immediately successful issue.

The Bakehouse Sub-Committee, in the report above referred to, and which was unanimously adopted by the Committee, and by the Council, stated that the "requirements" as to underground bakehouses, suggested therein, "only very indirectly refer to the user of the bakehouse," and that "the question of the necessity for by-laws regulating such user should . . . receive the attention of the Committee."

* This case was referred to in a letter to (and formed the subject of comment in) *The Lancet* of June 27. The patient had been seen at the out-patient department of a hospital and "found to have secondary syphilis with ulcerations of tonsils, lips, etc."

† The "Suggestions" were reprinted in my Annual Report for 1902, page 97.

Hitherto no further action has been taken in the matter. But the County Council, in their General Powers Bill for the current year, are proposing, by clause 23, to acquire powers, referred to in the margin as "Sanitary regulations for premises used for sale, etc., of food for human consumption." The proposed legislation, good as far as it goes, would enact as regards such places, the provisions contained in section 97 of the Factory and Workshop Act 1901; a provision with regard to a sleeping place adjacent to a room or place where food is prepared, etc., for sale, (similar to section 100) and a general provision that "No act or thing shall be done or permitted in any such room or place likely to expose any such article (of food, whether solid or liquid) to infection or contamination."

[This subject is further alluded to below in observations on the "Prospective Sanitary Legislation."]

PUBLIC HEALTH (LONDON) ACT, 1891.

The need of amendments to this Act is recognised, and it was expected that the County Council would introduce an amending Bill during the Session of 1900. In February, 1899, a letter had been received by the late Vestry from the Public Health Committee of that body, 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 amending section 2, and especially by a definition of "overcrowding," corresponding to the provisions of the Council's second by-law for registered houses. They further 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. Further additions to the provisions of 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 hitherto been taken by that body.

PROSPECTIVE SANITARY LEGISLATION.

Certain proposals in the form of Clauses of a Bill, recommended by the Public Health Committee of the County Council to be included in the Council's General Powers Bill in the current session, and submitted by that body to the Metropolitan Borough Councils (with an expression of the Council's hope that they would support the proposals contained in Part IV., dealing with sanitary provisions), were approved generally by those bodies, and also by the Metropolitan Branch of the Incorporated Society of Medical Officers of Health.

The Public Health Committee of the County Council had reported fully on the subject, and recommended—

"That application be made in the next Session of Parliament for powers—

1. Enabling Sanitary Authorities to require the cleansing or destruction of articles of clothing which are in a filthy, dangerous, or unwholesome condition. (Clause 18).
2. Enabling Sanitary Authorities to require the owners of premises to strip the walls, and cleanse any room or rooms infested with vermin, and enabling owners to recover the cost of the work from tenants in certain cases. (Clause 19).
3. Enabling Sanitary Authorities to require the reconstruction or removal of urinals or other conveniences opening on to streets, and constructed before the passing of the

- Public Health (London) Act, 1891, and so placed as to be a nuisance, or offensive to public decency. (Clause 20).
4. Enabling the Council to make by-laws, to be enforced by Sanitary Authorities, requiring the paving of stables with impervious material. (Clause 24.)
 5. Enabling Sanitary Authorities to require the removal of fixed dust receptacles after moveable receptacles have been provided. (Clause 21.)
 6. Enabling Sanitary Authorities to examine premises on which food is prepared for sale, and to require the removal of conditions likely to give rise to contamination. (Clause 23.)
 7. Amending PART VIII. of the London County Council (General Powers) Act, 1902, so as to make penalties against ice-cream manufacturers and vendors payable to the Metropolitan Borough Councils. (Clause 52.)
 8. Prohibiting the sorting and sifting of house refuse, by hand, in London. (Clause 22.)

The communication, and the proposed Clauses, were referred by the Council to a Special Committee, who made suggestions for amendments thought to be desirable—especially with reference to Clause 23 (relating to sanitary regulations for premises used for sale, &c., of food) as “being drawn too wide”; and to Clause 24 (relating to the making of by-laws as to the draining and paving of stables), the Committee being of opinion that the Borough Council, and not the County Council, should make the bye-laws referred to.

Under the heading “Prospective Sanitary Legislation” I dealt with the several proposals in the eleventh report (November 16th, page 177) to which reference may be made for a full expression of my views. Here it may suffice to submit a brief summary of them as follows:—

1 (Clause 18). **“Filthy, dangerous or unwholesome articles to be purified.”*—With this clause the Borough Council agree; for during several years, the Kensington Sanitary Authority have made efforts to obtain the sanction of the Local Government Board to a by-law for the purpose, applicable to the case of furnished rooms in registered houses.

2 (19). *“Houses infested with vermin to be cleansed.”*—Direct legislation for the purpose would be useful, though the object is largely achieved, in the borough, by the service of notices (commonly under the by-laws for registered houses), to cleanse vermin-infested houses.

3 (20). *“Sanitary Authority may require removal or alteration of sanitary conveniences.”* Efforts were made by the late Vestry in 1888, to improve the condition of urinals connected with public houses; efforts which were less effective than could have been desired owing to the want of such powers as the County Council propose to acquire for sanitary authorities.

4 (24). *“Power to Council to make by-laws as to paving and draining of stables.”*—A subject for a long time under my consideration with a view to ascertain whether something might not be done, under existing powers, to improve the sanitary condition of stables, by exclusion of filth-polluted air from dwelling rooms placed over them. The proposed by-laws should regulate the structure of the ceiling, and make provision for efficient separation of the staircase from the stable.

5 (21). *“Fixed ashpits to be removed where moveable ashpits provided.”*—A conference of sanitary authorities held at the County Hall, in 1900, was of opinion that “fixed ashpits should be abolished and moveable receptacles provided in their place.” At present there is no power to abolish an existing fixed receptacle if it be not a nuisance.

* The figures within brackets indicate the number of the clause: the italicised words, following them, the marginal description of the matters dealt with in the several clauses.

6 (23). "*Sanitary Regulations for Premises used for Sale, etc. of Food for Human Consumption.*"—This clause does not go far enough. Power should be given to the County Council to make by-laws with respect to places where food is prepared for sale, and so to "require the removal of conditions which are likely to give rise to contamination" of food at such places, including hotel kitchens and restaurants. The by-laws would be applicable to bakehouses. By-laws for such purposes cannot be deemed less necessary than by-laws as to "paving and draining of stables."

7 (52). This clause relating to payment of fines has been transferred to PART VIII.

8 (22). "*Prohibiting sorting or sifting of House Refuse by Hand.*"—The disgusting practice, in which women are sometimes employed, "under most objectionable and unsatisfactory conditions," should undoubtedly be prohibited.

At the present writing the Bill has passed the second reading in the House of Commons, and been referred to the Police and Sanitary Committee.

THE WORK OF THE SANITARY INSPECTORS.

The Sanitary Inspecting Staff comprises a chief inspector, ten male inspectors, and two lady inspectors of workshops, workplaces and laundries where women are employed. The table at page 72 contains a summary of the work of the male inspectors (so far as it admits of tabulation) in their several 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, 1890-1903, and the Factory and Workshop Act, 1901.

SUPERVISION of underground work, reconstruction and trapping of drains, being, at present, exercised by the Borough Engineer, information on the subject must be sought in that officer's report. A considerable number of drains were voluntarily reconstructed by the owners or occupiers of houses, after 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.

WRITTEN INTIMATIONS of nuisances were served by the inspectors to the number of 2,433. As a result of these intimations, many works of sanitary amendment were carried out forthwith, thus realising the object of the legislature, and obviating, in many instances, 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 an extension of the time specified for carrying out works. STATUTORY NOTICES for the abatement of nuisances to the number of 682, were issued by direction of the Committee; and 1,330 notices under the by-laws for houses let in lodgings.

LEGAL PROCEEDINGS.—In 30 cases proceedings were instituted: in 8 instances for offences under the by-laws for registered houses, the fines inflicted amounting to £4; in two cases for failure to remove manure periodically, the fines amounting to £2 10s.; in 13 cases for non-compliance with the Council's notices, fines to the amount of £18 being inflicted; in one case for removing offensive matter during prohibited hours, a fine of £5; and in five cases for carrying out alterations to soilpipes without giving due notice, fines amounting to £3 being inflicted; in one case, for failing to comply with magistrates' order, a fine of £3 being inflicted. The fines, in all, amounted to £35 10s.

SUMMARY OF THE WORK OF THE SANITARY INSPECTORS DURING THE YEAR 1903. (See page 71.)

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 Public Health Committee.	Notices served under the Lodging-Houses 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.	Repaired.	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.	Basehouses.	Dairies, Milkshops, &c.	Licensed Cow-houses.	Licensed Slaughter-houses.	Legal proceedings, i.e., Summonses.
No. I. District ...	55	754	2,487	377	117	48	15	178	92	49	2	314	8	—	105	95	2	150	—	—	133	11	8	19	—	—	1
No. II. „ ...	38	1,139	2,466	408	142	274	16	475	100	119	15	70	136	33	154	39	8	93	—	—	72	49	9	58	—	2	3
No. III. „ ...	42	892	2,820	258	91	377	50	320	59	57	12	113	41	24	34	21	2	43	—	—	82	3	9	36	1	1	3
No. IV. „ ...	62	892	1,614	242	55	54	9	77	62	16	15	90	4	22	18	5	2	20	—	—	5	—	15	45	—	1	1
No. V. „ ...	60	1,100	1,668	313	51	22	5	74	135	6	2	116	15	—	19	4	2	13	—	—	12	1	14	34	—	—	2
No. VI. „ ...	56	883	2,421	217	65	55	20	92	61	75	6	84	13	5	9	5	10	20	1	—	29	—	13	21	1	2	9
No. VII. „ ...	54	1,104	1,529	149	32	232	46	232	54	11	25	135	39	25	9	80	—	53	—	—	91	2	9	19	—	4	—
No. VIII. „ ...	86	789	1,800	88	19	64	13	113	52	36	2	13	22	2	18	24	—	15	—	—	25	3	9	15	—	1	2
No. IX. „ ...	75	888	2,069	250	52	147	15	109	73	39	20	132	81	3	30	30	19	53	—	—	105	2	16	25	—	—	4
No. X. „ ...	70	764	1,210	131	58	57	30	67	36	36	10	61	15	4	11	7	1	11	—	—	19	1	9	16	—	1	5
	598	9,145	20,079	2,433	682	1,330	219	1,737	724	444	109	1,128	374	118	407	310	46	471	1	—	573	72	111	288	2	12	30

* 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, 1903, in round figures, was 2,050, vide page 58.

OFFENSIVE BUSINESSES.

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 effluvia nuisance, 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 the elevation of the chimney shaft. Complaints have been less frequent since these works were completed; but the locality is obviously unfit for the carrying on of so offensive a business.

LICENSED SLAUGHTER-HOUSES.

Twelve slaughter-houses were licensed by the County Council in October—six in North Kensington and six in South Kensington. The several premises were regularly visited by the sanitary inspectors, and 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 (now repealed) Slaughter-houses (Metropolis) Act, 1874, in which year there were 56 licensed premises.

The names of the licensees, and the localities of the premises, are as follows:—

NORTH KENSINGTON.			SOUTH KENSINGTON.		
Lonsdale Mews	-	Mr. Grove.	85, Earl's Court Road	-	Mr. Matson.
18, Archer Mews	-	Mr. Bawcombe.	21, Peel Place, Silver Street	-	Mr. Osborne.
10, Edenham Mews	-	Mr. Goddard.	25, Silver Street	-	Mr. Wright.
195, Clarendon Road	-	Mrs. Simmons.	133, High Street, Notting Hill	-	Mr. Candy.
235, Walmer Road	-	Mrs. Van.	113, Holland Park Avenue	-	Mr. Holloway.
278, Kensal Road	-	Mr. Miles.	128, Marlborough Road	-	Mr. Little.

The number of slaughter-houses in the administrative county has undergone a considerable diminution; viz., from 1,500 in 1874 to 346 in 1903. In the annual report for 1898 (pages 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—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 by the County Council.

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 inspected, in September, by the Public Health Committee. Only six cows were found on the premises; in bygone days, within my experience, there were 28 licensed premises, containing 500 cows.

The names of the licensees, and the localities of the premises, are as follows:—

187, Walmer Road (licensed for 4 cows), Mr. Arnsby. | 5 Ledbury Mews (licensed for 19 cows), Mr. Liddiard.

There has been a considerable reduction in the number of cow-houses in the administrative county: viz., from 1,044 in 1880, to 277 in 1903. The County Council intimated to cowkeepers, some time since, that their Public Health Committee were 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 the condition if they think fit.

DAIRIES ORDER.—The Council, as Local Authority for the registration of milkshops, etc., received last year 14 applications for registration. At the close of the year 288 premises were on the register. The several premises are frequently inspected. At many small general provision shops, milk is sold in insignificant quantity, usually from a glazed earthenware vessel standing on the counter, and mainly for the convenience of customers; but also in self-defence, lest customers should be induced to transfer their dealings to other shops where this necessary article of diet can be obtained. The containing vessels at these little shops are kept clean; but the air of the premises is far from "pure;" the commonly prevailing odour being that of mineral oil, or some one or other of the miscellaneous articles of food, cooked or uncooked, vended thereat. I should be glad to see a better state of things; but the Local Authority appear to have no power to refuse registration to would-be vendors of milk.

FRIED-FISH SHOP BUSINESS.—In connection with proposed amendments to the Public Health (London) Act, 1891, elsewhere referred to (page 69), the Sanitary Committee of the late Vestry, expressed the opinion that the business of a fried-fish seller should be added to the list of those specified in section 19, in order to the regulation of the conduct of the business, and so as to prevent it from being an annoyance to adjoining occupiers. This business, undoubtedly, gives rise to nuisance when carried on negligently, 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." The several premises are kept under observation.

MARINE STORES.—The business of a marine store dealer is not scheduled in the Public Health (London) Act, 1891, as an "offensive business," though it gives rise to objectionable smells, and 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, a similar application was made to the County Council 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 the annual report for 1896—pages 119-123. The premises where the business is carried on are kept under observation.

REFUSE.

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 ash-pits, 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. The arrangements for domestic storage at 'flats' are often found unsatisfactory, the receptacles being placed in unsuitable positions: complaints are common. In some instances, the Works Committee have made arrangements for clearing the receptacles two or three times a week, and in certain cases daily. Nuisance from house refuse does not arise from ashes, the proper contents of the receptacle, but from the addition thereto of matters of organic origin.

REMOVAL OF HOUSE REFUSE.—At a Conference of the Sanitary Authorities held in 1901, on the subject of streets and street traffic, one of the resolutions adopted 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, in their judgment, made 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 refuse is collected daily. The Committee added that in certain parts of London, especially in business thoroughfares, a daily collection was 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, they did not think it practicable, then, to make a by-law requiring a universal daily collection, but 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 the word '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 proposal of the County Council did not meet with a favourable reception at the hands of the Metropolitan Borough Councils, and no progress towards realization of the views of their Public Health Committee has, so far, been made.

With regard to this matter I am of opinion that, as a condition precedent to the proposed alteration of the by-law, provision should be made for the abolition of the fixed 'ashpit,' *i.e.*, the common brick receptacle, 'furnished with proper doors and coverings' (Public Health (London) Act, 1891, sec. 37 (1)).

REMOVAL OF OFFENSIVE TRADE AND OTHER REFUSE.—This subject came under the notice of the Council last year, a communication having been received (in February) from the County Council, arising out of the Conference of Metropolitan Borough Councils, held at the County Hall in June, and, by adjournment, in November, 1900, at which, among others, the subjoined resolutions were adopted:—

"(a) That, in the opinion of the Conference, the sanitary authority should be empowered to employ a sufficient number of scavengers, or contract with any scavengers, whether a company or individuals, for collecting and removing trade refuse of an offensive or noxious nature from any premises within their district, at a charge to be fixed by the local authority, or, in the event of dispute, by a police magistrate.

"(b) That, in the opinion of the Conference, the sanitary authority should be empowered to employ, if they think fit, a sufficient number of scavengers, or contract with any scavengers, whether a company or individuals, for collecting and removing the manure and other refuse matter from any stables and cow-houses within their district, at a charge to be fixed by the local authority, or, in the event of dispute, by a police magistrate."

The County Council in the aforesaid communication, stated that, regarding the matter of removal of manure "as not one of great urgency," they had "noted it for consideration in connexion with any general amendment of the Public Health (London) Act, 1891," and meantime were "considering the question of the collection of all offensive trade refuse by the sanitary authorities," and desired, "before proposing any amendment of the law in this direction.....to hear the views" of those bodies thereon. Appended to the letter were draft clauses "proposed for the purpose of enabling sanitary authorities to undertake the duty referred to," and the County Council desired to be informed "whether such clauses would meet with the support" of the Council.

The suggested clauses were as follows:—

"It shall be the duty of every sanitary authority—

1. (a) To employ a sufficient number of scavengers, or to contract with any scavengers, whether a company or individuals, for collecting and removing at proper periods, of which sufficient notice shall be given, all trade refuse of an offensive or noxious nature, from any premises within their district, and also for the due cleansing at proper periods of all receptacles for storing such offensive or noxious refuse.

(b) Where such refuse is not removed from any premises in the district at the period so fixed as aforesaid, and the owner or occupier serves on the sanitary authority a written notice requiring removal of such refuse, to comply with such notice within 48 hours after that service, exclusive of Sundays and public holidays.

2. If a sanitary authority fail, without reasonable cause, to comply with this section, they shall be liable to a fine not exceeding twenty pounds.

3. Offensive or noxious trade refuse shall mean all trade refuse in such a condition as to be, or to be liable to become, offensive or noxious

If any dispute or difference of opinion arises between the owner or occupier and the sanitary authority, as to what is considered as offensive or noxious trade refuse, a petty sessional court, on complaint made by either party, may by order determine whether the subject matter of dispute is offensive or noxious trade refuse, and the decision of that court shall be final.

4. The owner or occupier of any premises from which such refuse is removed shall pay to the sanitary authority a reasonable sum, either by way of annual payment, or in respect of each such removal, and such sum in case of dispute shall be settled by the order of a petty sessional court."

The County Council's communication was dealt with in my third report, 1903, from the point of view that it was desirable that the sanitary authority should have power, and be required, to remove offensive trade and other refuse, as recommended by the conference in 1900, and that the suggested clauses were suitable for giving effect, by legislation, to the resolutions arrived at by the conference.

The subject was one in which the Kensington Sanitary Authority had long taken an interest, and on which I had made many reports, the first of them in the year 1878*. In 1883, I called attention, more particularly, to nuisance from 'stenches arising in the collection and storage of fat, and other animal matters, in a putrid condition,' on the premises of marine store dealers, which led the late vestry to make representations to the Metropolitan Board of Works, which, apparently fruitless at the time, subsequently led to consideration of the subject, generally. And in 1885, in a special report on 'Sanitary, Nuisances-Removal and other Cognate Acts' (March 13th), made at the request of the Law and Parliamentary Committee,† I drew attention to unused powers vested in the Metropolitan Board of Works; section 202 of the Metropolis Local Management Act, 1855, enabling them to make by-laws for 'works of cleansing and of removing and disposing of refuse.'

In 1887 the subject came under the consideration by the Special Purposes and Sanitary Committee of the late Metropolitan Board of Works, who caused a circular letter to be addressed to the Sanitary Authorities thereon. The Committee, recognising that "serious nuisance arose in the removal of offensive matter through the streets," invited information, and asked for advice as to the best means of dealing with the matter. In my report on the said communication (17th November, 1887), I stated that "nuisance was experienced in the collection of offensive material, and in its conveyance through the streets, and in its storage prior to removal," and dealt fully with the question under the several headings,—"*Fish and Poultry Offal*"—"Blood"—"*Kitchen Stuff*"; and "*Other Offensive Refuse*," including "*Cowshed Refuse*" and "*Stable Refuse*."‡ The report, ended with the expression of a hope that the Metropolitan Board might "come to the conclusion at which the Vestry had long since arrived, that the matter could be dealt with only by by-laws," which should be made by the Board, and entail an adequate and fixed penalty for offences; the enforcement of the by-laws to be entrusted to the local sanitary authorities. "Such by-laws, with respect to offensive substances of animal origin," it was observed, "should make provision with regard—

"(1) To storage vessels, which should be of metal, impervious and covered.

"(2) To removal in iron tank-vans (but it would be better to provide for the removal of the storage vessels themselves).

"(3) To time of daily removal (in the evening): and

"(4) To measures for disposal of the refuse."

I added that it was "open to consideration whether the duty of removing all offensive substances should not be devolved upon the Sanitary Authority, at the reasonable cost of the producers thereof."

The report was approved by the Vestry, and the Metropolitan Board were informed, 12th December, 1887—

"That nuisance is experienced . . . in the storage and in the collection of offensive material, and in its conveyance through the streets . . . and is aggravated by the objectionable character and condition of the vehicles used for conveying the offensive material."

The Vestry, moreover, ordered the report to be sent to the Board as "containing a fuller exposition of their views on the important questions" dealt with in their circular letter. But nothing came of the matter, for the Board's existence having been endangered by the introduction of the London Government Bill in 1888, the Special Purposes and Sanitary Committee did not so much as report the result of their inquiry—a fact which led to the remark, in my annual report for that year, that "the materials collected were available for the use of the County Council, whose attention would probably be given to it in connection with the subject of by-laws"—which could be made under Section 202 of the Metropolis Management Act, 1855.

In 1889, the Vestry forwarded to the County Council the Special Report on "Sanitary, Nuisances-Removal, and other Cognate Acts" referred to above, "believing that legislation framed upon the lines of the reports would be conducive to the interests of public health in the Metropolis." Shortly afterwards, a circular letter was received from the Council enquiring, whether the Vestry had made by-laws, in pursuance of section 202, for the purposes indicated therein—including "works of cleansing and of removing and disposing of refuse"?—to which the reply given was, that "no such by-laws had been made by the Vestry, for the reason that the Vestry had no power to make such by-laws"; the power to make such by-laws, (originally vested in the Metropolitan Board of Works,) vesting in the London County Council only."

* Report on "Filth Removal," No. 9, July 24th, 1878.

† The Committee had been instructed to enquire "whether the provisions of the various Acts have been and are being enforced by the Vestry as fully as the circumstances of the Parish demand; and, if not, to advise as to the steps it is desirable to take for their better enforcement; and also, whether any amendment of the law may appear necessary?"

‡ Vide No. 3 Monthly Report, 1903, pages 46-49.

So much for the history of the question. With regard to the circular letter (1903) of the County Council, it only remains to say that the reply of the Borough Council was to the effect that in their opinion "it should not be made obligatory upon the Sanitary Authority to remove trade refuse of an offensive or obnoxious nature, but that the power to remove such refuse should be of a permissive character, and should be subject to the provision as to payment contained in the fourth clause, and, further, that the provision as regards the Sanitary Authority undertaking the cleansing of receptacles should be expunged from the clause."

[Since the foregoing observations were written, a further communication (15th April, 1904) has been received from the County Council intimating that "a number of the sanitary authorities were opposed to the proposal (a) that it should be their duty to collect offensive trade refuse"; and that "with a view to meeting their objection the clauses (printed above) had been redrafted, so as to enable, but not to compel, sanitary authorities to undertake such collection." "With regard to manure (it was further stated that) the Council was advised that a clause to give effect" to the resolution (a) "would more properly be in the nature of an amendment of the Public Health (London) Act, 1891, and the matter had therefore been noted for consideration in connection with general amendments of that Act."]

This subject had engaged the attention of the Sanitary Committee of the late Vestry on my recommendations; but without effect until 1892, when they reported 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 a reference 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 the Committee reported "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," but the Sanitary Committee had not contemplated removal at the public expense, having relied on the willingness of the occupiers of stables to pay (as in the case of trade refuse) a reasonable sum for such removal. The report was adopted by the Vestry."

In a special report dealing with the question of the utilization of the Council's *depôt* at Wood Lane, Shepherd's Bush, the Borough Engineer, in 1901, referred to the "great and increasing difficulty in getting stable manure regularly removed," and expressed the opinion that "under skilful and energetic management the manurial and refuse collection and disposal could be made to yield considerable profit to the Borough." The special committee then dealing with the Wood Lane *depôt* question, after consideration of the Borough Engineer's report, did not endorse the recommendation that "stable manure should be collected by the Council . . . and that steps should be taken to get the law amended accordingly"; but, as it would be "necessary for railway sidings to be constructed in connection with the general development of the land," they deemed it 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." They accordingly recommended "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.

NUISANCE FROM STABLE REFUSE.—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, generally displaced by the iron cage-receptacles† recommended by me in 1875. More than a

* The subject was not new to the Vestry; for, apart from my 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 recognising 'the necessity for making proper arrangements for the removal of manure and other refuse matter,' stated that 'the vestry had not *depôt* 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 *depôt*, at Purfleet, to which refuse could have been conveyed from the river and canal-side wharves, and where, doubtless, a market would have been found for its use on the stiff clay lands in the vicinity. The *depôt* has since been sold.

† About 1,600 stables in the Borough have been provided with these iron cage receptacles; whilst upwards of 700 brick receptacles above ground, and nearly 600 sunken pits have been abolished in the mews, which are not far short of 200 in number.

quarter of a century ago, the late Vestry made regulations with a view to secure the removal of the 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, made a new by-law in 1901, requiring removal of this description of refuse under the conditions applicable to the removal of offensive matter generally. But nuisance will not cease so long as peat refuse, on removal from stables, is placed in a fixed receptacle from which it must needs be transferred to the carriage provided for its conveyance through the streets. Intolerable stink arises in the turning over of the refuse, and the only remedy, long practised in the borough, is by the immediate deposit of it in the vehicle in which removal is to be effected. I fear, however, that nuisance in connection with peat refuse will never be wholly prevented until sanitary authorities shall have obtained power, and be required, to remove stable refuse at the cost of the owner. 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; 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 (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.

GLANDERS.

A communication was received last year from the Council of the Borough of St. Pancras, asking the Council to support action they had taken by addressing a communication to the President of the Board of Agriculture, requesting that a Departmental Committee might be appointed to "investigate the subject" of Glanders, with the view of ascertaining the manner in which the disease is communicated to people and animals, and also as to the best method of stamping out the disease.

This important subject—referred by the Council to the Public Health Committee,—was brought to the attention of the St. Pancras Council by their Medical Officer of Health, who, in an appendix to his report, furnished a Return of Glanders in the nine years, 1894-5 to 1902-3, supplied to him by the chief officer of the Public Control Department of the London County Council.

The Return shows the distribution of Glanders in London from 1st April, 1894, to 31st March, 1903, nine years, the number of cases recorded during that period being 10,582, an annual average of 1,176 cases; the number ranging from 832 in 1898-9, to 1,857 in 1901-2. The number in the Western District (which comprises the Boroughs of Kensington, Fulham and Hammersmith), in the same nine years, was 892, an annual average of 99, the number ranging from 53 in 1899-1900 to 155 in 1901-2. The cases recorded in Kensington were 131; an annual average of 14.5; the number ranging from 6 in 1897-8 to 30 in 1894-5. The number in 1902-3 was 10.

The Council complied with the request of the St. Pancras Council by addressing a communication of like import to the Board of Agriculture. Nothing however came of the intervention, the Board being "disposed to think that the information already available as to the mode in which Glanders is communicated to men and animals, is sufficient to enable the disease to be dealt with administratively under the *Diseases of Animals Acts 1894 to 1903.*"

This subject had a considerable interest for me owing to the facts that Glanders had proved fatal to two residents of Kensington in 1879, and that the disease had seriously invaded the late Vestry's stud in 1879-80. [References to these matters were set out in the 10th and 13th monthly reports 1903, pp. 152 and 203.]

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

FLOODING OF BASEMENTS OF HOUSES: INSUFFICIENCY OF MAIN SEWERS.

This old standing grievance was brought to the attention of the Council in several of my reports last year, the number of occasions on which complaints had been received from inhabitants, consequent on excessive rainfall, being unprecedented. The nuisance arises from the insufficiency of the Counter's-creek sewer to carry off storm water from the extensive area drained by it, the pumping station, erected by the County Council, at Lots Road, Chelsea, for the purpose of lifting the sewage, etc., for immediate discharge into the river, at high water, not having been completed. The first batch of complaints followed a severe flooding on June 13th, the second, an equally severe one on July 18th, concerning which I had a letter from a ratepayer residing at St. Mark's Road, Notting Hill, a frequent sufferer, as follows:—

“ On 3rd July, 1901, I received from you a communication that the new station, Lots-road, would relieve the sewers here. But from time to time I have the same nuisance just as bad if not worse than ever. It is so bad as to wash up rats and other filth (from the sewer). This I have to clear away, and still have to pay sewer rates. . . . I must ask you to compensate me for the work done (in clearing away the filth), and the damage done through the (County) Council's neglect. I do not think your inspectors have seen a worse case, where the (house) drains are in order.”

After subsidence of the inundation the floor of the entire basement of this particular house was left an inch deep in mud and other objectionable matters washed up from the sewer.

On 11th August a repetition of the nuisance occurred, consequent on a sudden storm in the middle of the night; and again on September 4th, after a severe thunderstorm, a similar disaster befell, unprecedented, whether regard be had to the number of houses invaded or the depth of the inundation. The sanitary inspectors, who, upon my instructions, made enquiry into the matter, reported that they had knowledge of 881 houses to which storm water and sewage had found entrance. On this occasion the largest number of floodings occurred in Holland Ward; 326 houses in four streets having suffered, including 198 in Holland Road alone. In other Wards the reported cases were:—Norland, 268 houses in 16 streets; Pembridge 145 in 7 streets; St. Charles 78 in 9 streets; Earl's Court 60 in 3 streets; and Brompton Ward 4 in 2 streets.

Thirty-three houses where laundry work was carried on were invaded by the filthy deluge, whilst underground bakehouses to the number of 14, were flooded to a depth ranging from a few inches to 3½ feet. The Bakehouse Sub-Committee of the Public Health Committee had previously had under consideration applications made by the occupiers of eight of these premises for the Council's certificate of “suitability” for the purpose; and the Council, upon the recommendation of the Committee, had conditionally sanctioned the specifications submitted; in five of the cases the required works of amendment, etc., were in progress at the time. A common-lodging-house at North Kensington, under the jurisdiction of the County Council, was inundated to the depth of about 2½ feet, to the great inconvenience of the “drowned-out” guests in the common “living-room.” This house—like many others—had suffered on previous occasions, but never to the same extent.

It is almost needless to say that I received many complaints, of which the subjoined letter from an owner of many of the flooded houses may be cited as a specimen:—

“ I beg to call your attention to a few but important facts in connection with this constant flooding; it is not storm water only that enters the houses, but solid sewage is deposited For instance, I have a house vacant, No. ——— Road. About 19 inches of water invaded the premises, and, when drained off, through the floor boards and openings, half a cart load of solid sewage had to be shovelled-up and carted out into the garden, where it now lies for inspection; the rest is under the flooring, stinking. The boards may be scraped and cleaned to meet the eye, but the walls remain saturated with sewage. What I particularly desire to call your attention to is the awful condition of this and other houses under the floors. I took up some boards and, of course, found them black with sewage, as was bound to be, and, in common with other houses, in a stinking condition. I, with workmen at my disposal, have been a fortnight trying to get the house fit to allow anyone to see it, and habitable, but feel that I am not justified, at present, in trying to get anyone to live in it. And what of others more helpless, and who are living in the midst of it? If the sewage does not happen to shoot up the drain of a favoured house, it pours through the party walls from the next.”

The only consolation I could offer to persons aggrieved, was the *hope* that when the pumping station should have been brought into full operation the evil would cease, or at least be largely mitigated.

Lots Road Pumping Station.—The Main Drainage Committee of the County Council reported that some of the engines would be in readiness for working at the end of July; but, as shown above, there was a severe flooding in August. Upon the occasion of the September deluge, I put myself in communication with the Chief Engineer of the Council, with a view of ascertaining “whether the pumping apparatus had been in operation on the occasion, and, if so, whether working to its full capacity, or to what lesser extent?” it being desirable to know “whether the disastrous inundations were due to the non-use of the pumps, or to their inability to cope with the rainfall?” The reply received was to the effect that “only one of the pumps was working on the 4th September.”

On the morning of the 15th October there was another but less serious flooding at the time of high-water in the river, so that the storm water, etc., not being able to flow out of the sewer, had to be lifted into the river by the pumps. I made inquiry of the Chief Engineer how many pumps were at work and at what times, respectively, they had started? for obviously it would take some little time for storm water to flow from North Kensington to the outfall of the sewer at the river side at Chelsea. I was informed that three engines had started to work at 6.48, 7.5 and 7.8 a.m. respectively, and had been stopped at 8, 8.11 and 9.8 a.m. respectively, “all the water having been pumped out.” The Sanitary Inspector of the district, where the flooding occurred, reported that it began at 6.10 a.m., or 38 minutes before the first pump started—a fact which I think justifies apprehension as to the efficacy of the costly remedy provided by the County Council.

There is no means of acquainting the superintendent at the station of the onset of excessive rainfall at North Kensington, but the fact above stated suggests a doubt whether, if such provision were made, the starting of the pumps as soon as danger threatened, would save the houses from inundation, seeing that the sewer would not run full for, say, half-an-hour after the storm began.

The County Council do not appear to be sanguine as to the efficiency of the station, to judge from a report by their Main Drainage Committee (4th February, 1904) on further “Proposed Relief Works,” which reads as follows:—

“The floodings in North Kensington have been very severe, the reason being that there is a storm overflow from the Middle Level sewer to the Counter’s Creek sewer, but instead of this storm-water being carried by a special sewer, it reaches the Counter’s Creek sewer by going through a number of local sewers. All the floodings occur on each side of these local sewers, and as it is obvious that these latter become surcharged very quickly, a new storm-water sewer ought to be constructed from the Middle Level sewer near Notting Hill to the Counter’s Creek sewer. The total cost of constructing such a sewer is estimated at £20,000.”

The report was adopted. Time alone can show whether the pumps, plus the new sewer, will suffice for the object in view. In any case, it is to be hoped that the construction of the sewer will be put in hand as soon as practicable. It has only to be added that since October last there has been no storm of such severity as to test the efficacy of the unaided pumping station.

SEWER SMELLS: UNTRAPPED STREET GULLIES, ETC.

Complaints are made from time to time, usually by residents in the vicinity, of untrapped street gullies and ventilating grids in the carriage ways, of offensive smells arising therefrom. All such cases are reported by me to the Public Health Committee and are usually referred to the Works Committee, with a view to the proper trapping of the gullies, and the closing of the offensive ventilating openings, which is done in some cases. When the sewer is under the jurisdiction of the London County Council, the complaints are referred to that body.

The Sanitary Committee of the late Vestry gave attention to this subject of untrapped street gullies in connection with a recommendation, in my twelfth report for 1899 (December 7th, page 126), that, “as soon as practicable, brick flap-trapped street gullies should be replaced by 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 had then recently been expended on the wood-paving of a single street, Cromwell Road. The Committee reported (February 14th, 1900), that all brick gullies proved to be offensive, are replaced with the newer pattern of gully; that any new gullies constructed were of this type, and that pan gullies were also fixed in roads converted from

macadam to asphalt, or wood-paved. They further observed that, with the question of syphon-trapping of street gullies, was closely involved the question of sewer ventilation, and that until some solution had 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; they recommended therefore, and it was resolved, that the Vestry "do adhere to the course hitherto adopted of dealing with each complaint of smells from gullies on its own merits." Means of ventilation surely could be devised, and I again 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 subject is one deserving of further attention, and having regard to the large interests involved, it would seem desirable that the Borough Councils should take joint action to promote legislation as the County Council will take no further action in the matter.

SMOKE NUISANCE.

In several instances complaints were made of nuisance from emission of black smoke—by the Smoke Abatement Society, the London County Council, private persons, and the Sanitary Inspectors. Cautionary letters were addressed to the occupiers of the premises to which the complaints related. No further proceedings became necessary.

SANITARY CONVENIENCES.

There are only 19 public urinals in the borough—an inadequate provision, supplemented, however, by about 170 external urinals at public-houses. This latter accommodation is not of a satisfactory sort, as a rule, but is better than none: it was improved, moreover, as the result of proceedings taken by the late Vestry in 1888, and subsequently. There are three sets of public water closets, for the male sex only, situated, respectively, at Thurloe Place, Brompton; at the rear of the central public library, Kensington High Street; and at Lancaster Road, adjoining the public library; and two for both sexes, viz.: at the west end of Westbourne Grove, and at Talbot Road. Sanitary authorities have power (under 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." Increased powers were conferred by the Public Health (London) Act, 1891, section 44 (2) of which vests the subsoil of roadways in the sanitary authority, who, moreover, have power to compensate persons injured by the erection of these conveniences near to their houses, etc.

Domestic Sanitary Conveniences.—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, at a considerable number of houses, the inhabitants of which exceed twelve in number, a second water-closet has been provided. In some instances the owner preferred to reduce the number of persons 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 are taken, when necessary, to give effect to this laudable provision of law.

THE PAVING OF YARDS.

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 probably would be done, were due weight 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.

HYGIENIC STREET PAVING.

In recent years some progress has been made in the paving with asphalt of streets in poor localities where traffic is small; particularly in streets used by children as playgrounds, in default of more suitable provision. This practice commenced in the Potteries district some years since, was subsequently carried out to completion in the Notting Dale "special area" with manifest advantage. I recommended, last year, the paving of several streets, which were viewed by the Public Health Committee and reported to be suitable for the purpose, but no action has, so far, been taken to give effect to the recommendation.

This question of the paving of carriageways was ably dealt with, some ten years, since by the present Mayor of the Royal Borough, in a paper read before the Society of Arts, which obtained the silver medal of the Society. The comparative merits and demerits of the several materials used for paving purposes—granite, wood, asphalt—were passed in review. To asphalt, the second place was assigned in respect of noiselessness, safety for horses, and durability; the third place with respect to economy, and the first with respect to the points which most concern a sanitary authority, viz., public hygiene and cleansing. "On the score of hygiene" (the author said) "asphalt holds pre-eminently the first place owing to its impermeability, and the consequent impossibility of absorption on its part; and in addition to this it may be stated in its favour, that it is more easily cleansed, and dries more readily than any other pavement." No one acquainted with the asphalted streets in the borough can be in doubt as to the advantages of this material, and on sanitary grounds I should be glad to see the use of it largely extended, a course which would have for its justification the admirable virtue of economy.

PUBLIC BATHS AND WASH-HOUSES.

The washers in the year ended 31st March, 1904, were 71,709, compared with 65,456 in the preceding twelve months; the bathers 94,050 (males 77,786, females 16,264) compared with 83,028 in 1902-3. The total of males includes pupil teachers 732 (males 441, females 291), members of evening continuation classes 2,839 (males 1,788, females 1,051), school children 4,596 (males 1,484, females 3,112), and 825 members of a boys' club. In the preceding year (1902-3) there was a large falling-off in the number of bathers which was more than recovered in the twelve months under consideration. The increase in the number of washers is apparent rather than real, the laundry having been closed for repairs for three weeks in August 1902, a fact which accounted for the smaller number of washers in 1902-3, compared with those in 1901-2. I have remarked in former reports that for the majority of parishioners the site of the establishment is not sufficiently central for bathers, and is too remote for would-be washers. The same objection would apply to any single site in the borough. What is to be desiderated is the provision, in convenient localities, of buildings, on a modest scale, to which the poor in the central and southern districts might resort for laundry purposes.

CLEANSING OF PERSONS ACT, 1897.

This Act 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 made by the late Vestry 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—an unsatisfactory arrangement which is still in force. 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, several thousand cleansing operations are carried out in the course of the year; much to the comfort, doubtless, of dirty and verminous persons, who, for the most part, come from an adjacent Salvation Army Shelter.

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.

NUISANCE FROM GAS WORKS.

Complaints were occasionally received 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. That the cause of nuisance is more or less under 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 an indictment or for an injunction, have hitherto been taken.

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 up on the rates the cost of disinfecting houses, and of disinfection and cleansing of bedding, clothing, etc. The cost of this work has largely increased since the Act came into operation in 1892; the amount expended in 1903 was £843, 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 1903 some 21,959 articles were dealt with, of an aggregate weight of 45 tons 4 cwts., whilst seven hundred and eighty-six rooms, in 724 houses, were disinfected after infectious disease, compared with 364 in 1891.

The expenditure on disinfection, including cleansing of clothing, bedding, etc., varies from year to year, with the prevalence of infectious disease. Very few disinfections are now done at the cost of the occupiers of houses, or the owners of clothing, bedding, etc. I append a statement of the monthly cost of this work in 1903, which is irrespective of the wages of the disinfecting officer.

	£	s.	d.
January ...	49	11	2
February ...	45	7	9
March ...	78	19	3
April ...	77	16	1
May ...	75	0	1
June ...	75	7	6
July ...	86	10	10
August ...	88	19	1
September ...	78	8	7
October ...	61	8	5
November ...	65	5	7
December...	65	16	2

* 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 on disinfection might possibly be reduced, were the work done without the intervention of a contractor: this opinion will be subjected to the test of experience, when the Council's station at Wood Lane, Shepherd's Bush, shall have been erected.

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 need for this provision is shown by the fact that last year, 70 cases of infectious disease occurred in families in occupation of three rooms; 167 cases in families occupying two rooms, and 40 cases in families herded in single rooms. Of the sufferers in families occupying single rooms, 19 had scarlet fever, 16 had diphtheria and 5 had typhoid fever.

The subjoined statement, now brought up to date, was originally prepared for the information of the Public Health Committee when considering the question of providing a shelter.

CASES OF INFECTIOUS DISEASE WHICH OCCURRED IN TENEMENTS OF LESS THAN FOUR ROOMS, DURING THE YEARS 1894-1903.

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
1902	116	198	61	375
1903	70	167	40	277
Totals ...	1,508	2,383	777	4,668

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
1902	18	20	18	—	5	61
1903	—	19	16	—	5	40
Totals ...	30	403	243	2	99	777

As stated 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." The Council, however, have decided, rightly I think, that the depôt at Wood Lane, where the disinfecting station is to be erected, is not a suitable situation for a shelter. I recommended the Wharf at Kensal Road, as a suitable and convenient site for the disinfecting station and a shelter, as well as for carrying out the provisions of the Cleansing of Persons Act, all under a single management, but the recommendation did not commend itself to the Council.

PUBLIC MORTUARY.

Bodies were deposited at the Mortuary during the year to the number of 300, upon application, as follows:—

1.	At the request of the relatives of the deceased	...	...	...	5
2.	At the request of undertakers, mainly at the instance of the relieving officers				84
3.	At the request of the coroner (inquest cases):—				
	Cases of sudden death	...	...	...	99
	Cases of violent death	...	...	...	88
					—
					187
4.	Brought in by the Police	{ Found dead	...	...	16
		{ Accident cases	...	...	4
					—
					20
5.	On account of death due to infectious disease	...	...	...	4
					—
					300
					—

In 77 of the above cases *post-mortem* examinations were made under the coroner's warrant.

CORONERS' DISTRICTS.—The districts of coroners do not in all cases correspond with the municipal areas, and in certain parts of the borough bodies of persons upon whom it became necessary to hold inquests are removed to Paddington for that purpose. A communication was addressed to the London County Council in January, 1902, calling attention to the desirability of steps being taken to secure the adjustment of boundaries of the coroners' districts, so that every borough shall be wholly situated in one of such districts. The matter remains *in statu quo*, but it is anticipated that the desired re-arrangement of the districts will ere long be taken in hand.

People sometimes complain of the improper detention at the homes of the poor of the bodies of deceased relatives, on the supposition that the Council possess absolute power to remove bodies to the public mortuary. 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 48 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.”

Many of the cases of improper deposit of dead bodies in living rooms occur in connexion with removals for private burial from the infirmary mortuary. 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 unsuitable the place of temporary deposit—occasionally a single-room tenement—might be.

CHAPEL OF REST FOR THE DEAD.

With a view to correct the evil dealt with in the preceding paragraph, I recommended (No. 3 report, 29th March, 1902) the provision of a mortuary chapel at North Kensington. The grounds for this recommendation were fully set out in the annual report for 1902, page 124. The Council, upon the advice of the Public Health Committee, adopted the recommendation, and also my further proposal to place the building at the south-east corner of Avondale Park adjacent to the park keeper's residence. The building has now been completed, at a total cost of about £1,300. It comprises a mortuary chapel, two waiting rooms for mourners, which are in course of being suitably furnished, sanitary conveniences, etc. It only remains to hope that by the combined influence of ministers of religion, medical men, district visitors, the poor-law and sanitary authorities, etc., the people may be induced to avail themselves of the accommodation provided, for their benefit and for the reverent care of the dead, and so put some limit to a state of things inimical to health, and, from a social point of view, scandalous.

CREMATION.

In the report for 1902, reference was made to the passing of the Cremation Act, 1902, described as "an Act for the burning of Human Remains, and to enable Burial Authorities to establish Crematoria." The Act, the provisions of which were summarised in the preceding report, came into operation 1st April, 1903. It imposes on the Secretary of State the duty of making regulations, "prescribing in what cases, and under what conditions, the burning . . . may take place . . . and the forms of the notices, certificates and declarations to be given or made before any such burning is permitted to take place."

The Secretary of State appointed a Departmental Committee to consider the subject of regulations, who, in their report, stated that the point they had considered of "prime importance," was to "frame regulations which, while avoiding unnecessary restrictions, such as might discourage cremation, or involve unnecessary delay in the disposal of the body, would reduce to a minimum the risk of cremation being used to destroy the evidence of murder by violence or poison." The regulations proposed are stringent enough, and, with the report, furnish interesting reading to Burial Authorities and others proposing to "run" a crematorium.

It is not to be expected that the practice of cremation will make rapid progress in this conservative country, and not probable, therefore, that burial authorities will be in a hurry to avail themselves of the powers conferred by the Act. When Metropolitan Borough Councils do take action, it is to be desired that they should unite for the purpose of erecting crematoria for the common use of combined districts. With respect to the Council's cemetery at Hanwell, I think it doubtful whether a crematorium could be erected thereat, having regard to the restrictions imposed by the Act. Closely adjacent to it there is a cemetery under the jurisdiction of the Council of the City of Westminster, somewhat larger, and having a considerable area of ground in which interments have not yet taken place. It should, I think, be possible to erect at that cemetery a crematorium which would not infringe the provisions of law, *quá* distance from houses and highways, if there be available unconsecrated ground. Should the Council of the Royal Borough, and the Council of the City of Westminster, think it desirable to make provision for cremations, obviously the more economical procedure would be to erect a suitable building at one or other of the cemeteries for their joint use.

WATER SUPPLY.

The Water Bill introduced into the House of Commons in the Session of 1902, became law, and in conformity with its provisions a representative "Water Board" has been elected, which will shortly take over the undertakings of the several waterworks companies. With respect to the supply of the three companies (Chelsea, Grand Junction, and West Middlesex) which serve Kensington, there has been no complaint on the score of quantity, but last year, and especially in the latter part of it, the Public Analyst had occasion to make adverse reports as to the quality of the water. The cause for complaint arose out of the bad condition of the river due to excessive rainfall and consequent flooding of adjoining lands, whence large quantities of solid matter became washed into the stream. The difficulty of filtration was thus greatly increased, especially in respect to those companies unprovided with a sufficiency of subsidence reservoirs; the Grand Junction

Company, for example. So far as my experience goes, the public made few complaints; and certainly there was no evidence forthcoming of injury to health from the use of the water. It might, perhaps, have been expected that there would have been an increased prevalence of enteric fever; but, in fact, the prevalence of this disease, and the mortality therefrom, were the lowest on record. Constant supply has long been given in all parts of the borough. What policy the Water Board will adopt in regard to the important duties devolved upon them by the legislature, remains to be seen; it is to be hoped, in any case, that they will find means of avoiding the practice of cutting-off the supply to houses for non-payment of rates—a practice which, happily, has for some years been largely on the decline, consequent on remonstrances addressed to the expiring companies by the late Vestry, at my instance, and by other public bodies.

CONCLUSION.

In bringing this report to a conclusion, I desire to acknowledge the able 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 particularly to that of the inspecting staff, male and female. Mr. Pettit, the chief inspector, rendered me great assistance in every respect, and especially in connexion with the important work devolved upon the Council, under the Factory and Workshop Act, in relation to the Underground Bakehouses, a subject elsewhere dealt with in this report.

I have the honour to be,

Sir, and Gentlemen,

Your most obedient servant,

T. ORME DUDFIELD,

Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,

TOWN HALL, KENSINGTON,

May, 1904.

APPENDICES

AND

INDEX.



APPENDIX I.

TABLE VI.

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

Showing Population, Inhabited Houses, Marriages, Births and Deaths in 1903, and in 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.§
1903	178,000	23,000	1,623	3,565	2,455	510	768	772
1902	177,500	23,000	1,703**	3,488**	2,746**	515	805	832
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
Average 10 years 1893-1902.	171,840	—	1,616	3,625	2,776	618	949	803

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.

‡ 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 1903, and 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.*
1903	20.0	13.8	143	208	313	314
1902	19.3	15.2	148	187	293	303
1901	20.4	15.0	161	219	331	302
1900	20.7	15.6	179	238	325	283
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	283
1895	21.4	16.2	172	227	346	277
1894	21.7	15.6	174	242	389	285
1893	21.8	17.6	170	214	331	254
Average of 10 years. 1893-1902.	21.0	16.1	170	223	342	289

* 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 1903, from certain groups of Diseases, and proportion 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	...	...	268	1.5	109
2.	Pulmonary Diseases	...	...	482	2.7	196
3.	Principal Tubercular Diseases	...	...	291	1.6	118
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	...	...	118	33.1	231
5.	Convulsive Diseases	...	...	40	11.2	78

NOTES.

1. Includes Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping-cough, Typhus Fever, Enteric (or Typhoid) Fever, Simple Continued Fever, and Diarrhœa. Thirty-six of the deaths occurred in Hospitals without the Borough.
2. Includes Phthisis, Scrofula, Tuberculosis, Rickets, and Tabes.
3. Includes Debility, Atrophy, Inanition, Want of Breast-milk, and Premature Birth.
4. 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 1903.

(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 17.

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
GENERAL DISEASES	264	165	42	46	56	92	108	100	91	76	26	429	1066	896	170
LOCAL DISEASES	172	84	30	29	52	103	148	178	233	158	43	256	1230	968	262
DEATHS FROM VIOLENCE	23	9	4	5	7	10	14	18	7	7	5	32	101	82	22
DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES	51	...	...	...	1	...	1	2	...	...	...	51	55	52	3
	510	258	76	80	116	205	271	293	331	241	74	768	2455	1998	457
GENERAL DISEASES.															
Small-pox { Vaccinated ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Not Vaccinated ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Doubtful ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cow-pox, Effects of Vaccination ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	2	1	...	...	...	...	...	...	...	...	...	3	3	3	...
Measles (Morbilli)	6	27	1	...	...	...	...	...	...	...	...	33	34	34	...
Epidemic Rose Rash, German Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	1	9	4	...	...	...	...	...	...	...	...	10	14	11	3
Typhus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever	2	2	...	3	3	4	6	7	3	8	3	4	41	31	10
Influenza	41	48	1	...	...	...	...	...	...	...	...	89	90	83	7
Whooping-Cough ... ..	...	1	...	...	...	...	...	...	...	...	...	1	1	1	...
Mumps	1	17	4	...	1	...	...	...	...	...	...	18	21	19	5
Diphtheria, Membranous Croup ... ..	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...
Cerebro-Spinal Fever ... ..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Simple Continued Fever "Pyæmia" ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	9	9
Enteric Fever ... ..	...	...	1	3	2	1	1	1	...	...	...	...	...	9	9
Asiatic Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...	...	59	59	56
Epidemic Diarrhoea, Epid. (or Zym.) Enteritis	51	8	...	...	...	...	...	...	...	...	...	...	30	38	34
Diarrhoea, Choleraic Diarrhoea	24	6	...	1	...	1	...	1	2	2	1	...	...	...	4
Dysentery ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malarial Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hydrophobia ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Glanders, Farcy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anthrax, Splenic Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tetanus	12	1	...	...	...	...	...	...	...	...	...	13	18	18	...
Syphilis ... ..	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...
Gonorrhoea, Stricture of Urethra ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...
Puerperal Septicæmia, Sepsæmia ... ..	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1
Puerperal Pyæmia ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Phlegmasia Dolens ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Puerperal Fever ... ..	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1
Infective Endocarditis ... ..	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1
Epidemic Pneumonia, Pneumonic Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	2	1	...	1	...	1	...	...	1	...	...	3	6	5	1
Septicæmia (not Puerperal)	1	2	1	...	...	...	2	2	1	...	...	3	9	7	2
Pyæmia (not Puerperal)	1	...	1	...	...	...	...	...	1	...	...	1	3	3	...
Phlegmon, Carbuncle (not Anthrax)	1	...	...	...	...	...	1	...	2	1	...	1	5	5	...
Phagedæna ... ..	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Other Septic Diseases	1	...	...	...	...	...	...	...	...	...	...	1	1	1	...
Tuberculous Phthisis (Pulm. Tuberculosis)	1	1	7	27	27	37	41	16	3	1	...	2	161	144	17
"Phthisis" ... ..	...	1	2	4	8	15	12	4	5	...	...	1	51	48	3
Tuberculous Meningitis	8	15	6	2	...	...	...	...	...	...	...	23	31	27	4
Tuberculous Peritonitis	2	2	3	1	...	...	1	1	...	...	...	4	10	7	3
Carried forward	157	142	81	42	43	61	64	33	18	12	5	299	608	546	62

Continued

TABLE VIII.—continued.

CAUSES OF DEATH.	AGES.											Total under Five Years of Age.	Grand Total all Ages.	SEA-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.
Brought forward	157	142	31	42	43	61	64	83	18	12	5	209	608	546	62
GENERAL DISEASES.—continued.															
<i>Typhus Mesenterica</i> ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lupus ... ..	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...
Tubercle of other Organs ... ..	...	1	1	1	1	1	1	...	...	...	...	1	6	6	...
General Tuberculosis	10	8	2	...	1	...	1	2	1	...	...	18	25	24	1
<i>Serofula</i> ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Parasitic Diseases															
Starvation ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scurvy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholism, Delirium Tremens ... ..	...	...	...	...	3	6	2	5	...	...	...	...	16	8	8
Opium, Morphia Habit ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ptomaine Poisoning ... ..	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...
Industrial Poisoning { by Lead ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ by Phosphorus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ by Arsenic and other Metals ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rheumatic Fever, Acute Rheumatism ... ..	...	...	5	1	1	2	2	1	...	...	...	...	12	12	...
<i>Rheumatism of Heart</i> ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chronic Rheumatism ... ..	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...
Rheumatic Arthritis, Rheumatic Gout ... ..	...	...	...	...	...	...	...	1	2	...	1	...	4	3	1
Gout ... ..	...	...	...	...	...	...	...	1	1	...	1	...	3	1	2
Carcinoma ... ..	...	...	...	...	1	10	15	25	23	11	...	...	85	62	23
Sarcoma	1	2	1	...	2	...	1	1	3	...	...	3	11	11	...
<i>Malignant Disease, Cancer</i> ... ..	...	...	...	...	1	8	16	22	27	15	2	...	91	63	28
Rickets ... ..	...	6	...	...	...	...	...	...	...	...	...	6	6	5	1
Purpura ... ..	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...
Hæmophilia, Hæmorrhagic Diathesis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anæmia, Leucocythæmia ... ..	...	...	...	...	1	2	...	3	...	...	...	...	6	5	1
Diabetes Mellitus ... ..	...	...	1	1	1	2	4	5	10	2	...	...	26	14	12
Premature Birth	61	...	...	...	...	...	...	...	...	...	...	61	61	51	10
Congenital Defects	11	1	1	...	...	...	...	...	...	...	...	12	13	12	1
Injury at Birth	2	...	...	...	...	...	...	...	...	...	...	2	2	1	1
Atelectasis	7	...	...	...	...	...	...	...	...	...	...	7	7	4	3
Want of Breast Milk	6	...	...	...	...	...	...	...	...	...	...	6	6	4	2
Teething	9	5	...	...	...	...	...	...	...	...	...	14	14	13	1
Old Age ... ..	...	...	...	...	...	...	...	1	6	35	18	...	60	47	13
	264	165	42	46	56	92	108	100	91	76	26	429	1066	896	170
LOCAL DISEASES.															
DISEASES OF NERVOUS SYSTEM.															
Meningitis, Inflammation of Brain	4	5	3	...	...	1	1	1	2	4	1	9	13	9	4
Softening of Brain ... ..	...	...	...	...	2	10	5	4	1	...	...	...	23	20	3
General Paralysis of Insane ... ..	...	...	1	...	...	2	...	...	...	...	...	...	2	1	1
Insanity (not Puerperal) ... ..	...	...	...	...	...	2	...	...	...	...	...	...	1	1	...
Chorea ... ..	...	...	1	...	...	...	...	...	...	...	...	...	7	6	1
Epilepsy ... ..	...	...	...	...	4	...	2	...	...	1	...	...	20	20	...
<i>Convulsions</i>	19	1	...	...	...	...	...	...	...	...	...	20	20	2	1
Laryngismus Stridulus	3	...	...	...	...	1	1	...	1	...	...	3	3	2	1
Locomotor Ataxy ... ..	...	...	...	...	...	2	3	3	1	...	...	...	9	7	2
Paraplegia and Disease of Cord ... ..	...	...	...	...	2	1	1	1	...	...	...	...	5	3	3
Neuritis, Periph, Poly-Neuritis ... ..	...	...	...	...	1	...	1	...	1	1	...	...	4	3	1
Brain Tumour (not specific) ... ..	...	...	...	...	1	2	3	4	5	7	1	...	23	20	3
Nervous System, Other Diseases ... ..	...	...	...	...	1	2	3	4	5	7	1	...	23	20	3
DISEASES OF ORGANS OF SPECIAL SENSE.															
Otitis, Mastoid Disease	3	1	1	1	1	...	2	...	...	...	...	4	9	6	3
Epistaxis, Nose Disease ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia, Eye Disease ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
DISEASES OF HEART.															
Valve Disease, Endocarditis (not infective) ... ..	...	...	4	2	1	7	14	7	12	11	1	...	59	41	18
Pericarditis ... ..	...	...	...	...	...	...	...	1	2	1	...	...	4	3	1
Hypertrophy of Heart ... ..	...	...	...	...	...	...	...	4	4	1	...	...	9	8	1
Angina Pectoris ... ..	...	...	...	...	...	...	...	4	7	1	1	...	15	11	4
Dilatation of Heart ... ..	...	...	...	...	1	1	4	4	7	2	...	...	10	7	3
Fatty Degeneration of Heart ... ..	...	...	...	...	1	3	1	3	3	2	...	...	98	73	25
Syncope, Heart Disease (not specified) ... ..	...	...	...	...	1	6	17	24	30	17	3	...	98	73	25
Carried forward	29	7	10	3	14	33	54	54	71	46	7	36	328	249	79

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.
Brought forward ...	29	7	10	3	14	33	54	54	71	46	7	36	328	249	79
LOCAL DISEASES.—continued.															
DISEASES OF BLOOD VESSELS.															
Cerebral Hemorrhage, Embolism, Thrombosis ...					3	8	11	13	13	15	6		69	54	15
Apoplexy, Hemiplegia ...					3	3	6	9	14	5			40	29	11
Aneurysm ...								1	1	1			3	2	1
Senile Gangrene ...								1	5	1			7	7	
Embolism, Thrombosis (not Cerebral) ...					2								2	2	
Phlebitis ...										1			1	1	
Varicose Veins ...															
Blood Vessels, Other Diseases ...			1			1		1	3		1		7	4	3
DISEASES OF RESPIRATORY ORGANS.															
Laryngitis ...	1	2	1									3	4	2	2
Membranous Laryngitis (not Diphtheritic) ...															
Croup (not Spasmodic or Membranous) ...															
Larynx, Other Diseases (not specified) ...															
Bronchitis ...	56	20	1	1	1	4	14	31	48	39	19	76	329	203	26
Lobar, Croupous-Pneumonia ...		3	2	1	2	1		2				3	11	10	1
Broncho, Catarrhal, Lobular Pneumonia ...	40	26	2	1	1	1	2	4	4	5	2	66	88	75	13
Pneumonia ...	16	14	3	4	7	11	12	12	10	8	1	30	98	81	17
Emphysema, Asthma ...					2	1	1	4	3	4			15	14	1
Pleurisy ...		1		1	1	4	1	1	1	3		1	13	11	2
Fibroid Disease of Lung ...				2									2	2	
Respiratory Diseases, Other ...	2	1		2	1	3	3	1	5	2	2	3	22	15	7
DISEASES OF DIGESTIVE SYSTEM.															
Tonsillitis, Quinsy ...		1	1									1	2	2	
Mouth, Pharynx Disease (not Specific) ...	2											2	2	1	1
Gastric Ulcer ...				4	2	1	5	1					13	8	5
Gastric Catarrh ...	2											2	2	2	
Stomach, Other Diseases (not Malignant) ...	7							1	1	1		7	10	8	2
Enteritis (not epidemic) ...	6	1					1	1	2			7	11	7	4
Gastro-Enteritis ...	3	3								1		6	7	5	2
Appendicitis, Pertyphlitis ...		2	4	4	1	3	1	4	1			2	20	13	7
Hernia ...								2	6	2			10	10	
DISEASES OF DIGESTIVE SYSTEM.—continued.															
Intestinal Obstruction ...	1	1			2	1	1	2	6	1		2	15	9	6
Other Diseases of Intestines ...					1	1		1	1				3	3	
Peritonitis (not Puerperal) ...	2	1	2	2	2	3	1	2	1			3	16	12	4
Cirrhosis of Liver ...					2	8	5	10	2				27	19	8
Liver and Gall Bladder, Other Diseases ...	2				1	2	1	2	1	6		2	15	10	5
Digestive System, Other Diseases ...	1	1					1	2				2	5	3	2
LYMPHATIC DISEASES.															
Spleen Disease ...													3		3
Lymphatic System, Other Diseases ...					1		1		1				1	1	
Thyroid Body Disease ...													2	2	
Supra-Renal Capsules Disease ...						2									
DISEASES OF URINARY SYSTEM.															
Nephritis, Acute ...	1				1	3	1	1	1			1	8	6	2
Chronic Bright's Disease, Albuminuria ...			1		2	7	11	13	18	6	1		59	40	19
Calculus (not Biliary) ...							1	1	1	1			3	2	1
Bladder and Prostate Disease ...							1	1	7	3	2		14	11	3
Urinary System, Other Diseases ...			1	1		2	4	6	5	1	1		21	17	4
DISEASES OF GENERATIVE SYSTEM.															
Ovarian Tumour (not Malignant) ...													1	1	
Other Diseases of Ovary ...						1							5	2	3
Uterine Tumour (not Malignant) ...						2	2	1					4	3	1
Other Diseases of Uterus and Vagina ...						2	1		1						
Disorders of Menstruation ...															
Generative and Mam. Organs, Other Diseases ...							1						1		1
ACCIDENTS OF CHILD-BIRTH.															
Abortion, Miscarriage ...						1							1		1
Puerperal Mania ...													1	1	
Puerperal Convulsions ...						1							2	2	
Placenta Previa, Flooding ...						1							2	2	
Other Accidents of Pregnancy and Childbirth ...					1	1							2	2	
JOINT DISEASES.															
Caries, Necrosis ...															
Arthritis, Periostitis ...															
Other Diseases of Locomotor System ...			1				1		1				3	3	
Carried forward ...	171	84	30	29	52	103	147	178	233	158	43	255	1228	966	262

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.
Brought forward ...	171	84	30	29	52	108	147	178	233	158	43	255	1228	966	262
LOCAL DISEASES.—continued.															
SKIN DISEASES.															
Ulcer, Bedsore ...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...
Eczema ...	1	...	...	...	...	...	...	...	...	...	...	1	1	1	...
Pemphigus ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Skin Diseases, Other ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	172	84	30	29	52	108	148	178	233	158	43	256	1230	968	262
DEATHS FROM VIOLENCE.															
1.—ACCIDENT OR NEGLIGENCE.															
Fractures and Contusions ...	...	3	2	1	3	6	6	8	6	4	5	3	44	34	10
Gunshot Wounds ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cut, Stab ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burn, Scald ...	...	4	1	...	1	...	...	...	...	...	...	4	6	6	...
Poison ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Drowning ...	...	1	1	...	...	...	...	1	...	...	...	1	3	3	...
Suffocation ...	20	1	...	...	1	...	...	...	1	...	...	21	25	22	1
Otherwise ...	3	...	...	...	...	...	...	...	...	...	...	3	3	3	...
2.—HOMICIDE.															
Manslaughter ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Murder ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3.—SUICIDE.															
Gunshot Wounds ...	...	...	...	...	...	1	1	...	...	...	...	...	2	1	1
Cut, Stab ...	...	...	...	...	2	...	...	...	...	1	...	...	3	2	1
Poison ...	...	...	...	2	...	1	3	1	...	1	...	...	8	2	6
Drowning ...	...	...	...	...	...	1	1	...	...	...	...	...	2	1	1
Hanging ...	...	...	...	1	...	1	1	1	...	1	...	...	5	4	1
Otherwise ...	...	...	...	1	...	1	2	1	...	...	...	...	5	4	1
4.—EXECUTION.															
Hanging ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	23	9	4	5	7	10	14	13	7	7	5	32	104	82	22
DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES.															
Dropsy ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Debility, Atrophy, Inanition ...	51	...	...	...	...	...	...	...	...	...	...	51	51	49	2
Tumour ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abscess ...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...
Hæmorrhage ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sudden Death (cause not ascertained)
Causes not Specified or Ill-defined	1	2	3	2	1
	51	1	...	1	2	51	55	52	3

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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, 1893-1902, and in the year 1903.

DISEASES.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.	1901.	1902.	Annual Average of ten years, 1893-1902.	Proportion of Deaths to 1000 Deaths from all causes in ten years, 1893-1902.	Deaths in 1903.	Proportion of Deaths to 1000 Deaths from all causes in 1903.	
Small-pox	9	...	...	...	...	...	...	...	1	11	2.1	0.8	...	...
Measles	18	108	33	173	33	120	24	98	77	93	77.7	28.0	34	13.8	
Scarlet Fever	51	22	27	39	29	23	10	4	15	21	24.1	8.7	14	5.7	
Diphtheria	83	75	89	72	82	26	42	27	38	20	55.4	19.9	24	9.8	
Whooping-cough	65	61	39	99	19	52	59	33	62	21	51.0	18.4	90	36.7	
Typhus Fever ... ..	...	...	...	...	...	2	...	...	1	...	0.3	0.1	...	...
Enteric Fever	17	21	15	15	21	12	23	16	11	19	17.0	6.1	9	3.7	
Simp. Continued Fever ..	...	3	1	1	1	...	...	...	...	...	0.6	0.2	...	...
Diarrhœa	98	56	118	61	125	112	101	105	115	78	96.9	34.9	97	39.5	
TOTALS.	KENSINGTON	341	346	322	460	310	347	259	283	320	263	325.1	117.1	268	109.2
	LONDON	13,223	11,544	11,544	14,100	11,525	12,565	11,228	10,187	10,203	10,393	11,651	138.2	8,166	113
	ENGLAND & WALES	73,499	52,771	64,901	66,936	67,051	69,714	69,820	64,059	66,531	53,795	64,907	118	49,150	96

TABLE XI.

(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 268 fatal cases of the Principal Zymotic Diseases during the year 1903. 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.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Enteric Fever.	Diarrhoea.	Total.
Acklam Road	K T	G	...	...	...	...	...	1	1
Adair Road ... ..	"	"	...	...	...	1	...	1	2
Adela Street ... ..	"	"	...	...	...	1	...	...	1
Admiral Place	"	St. C	...	...	...	1	...	...	1
Admiral Terrace ... ..	"	"	...	...	...	1	...	...	1
Albert Mews	"	Q G	...	...	...	...	...	1	1
Allen Street	"	E C	...	...	...	1	...	...	1
Appleford Road	"	G	...	...	...	4	...	4	8
Archer Mews	"	P	1	...	...	...	...	...	1
Astwood Road	B	R	...	...	...	1	...	...	1
Bangor Street... ..	K T	N	...	...	...	2	...	1	3
Blechynnden Street	"	St. C	1	...	...	1	...	5	7
Blenheim Crescent	"	P	1	2	...	...	...	...	3
Bonchurch Road	"	St. C	...	...	...	...	...	1	1
Bosworth Road	"	G	...	...	1	...	...	2	3
Bramley Road	"	St. C	...	...	...	2	...	1	3
Bransford Street ... ..	"	"	...	...	...	1	...	...	1
Branstone Street ... ..	"	"	...	...	...	...	...	1	1
Buckingham Terrace... ..	"	P	1	...	...	...	...	...	1
Bulmer Terrace ... ..	"	"	...	...	1	...	...	...	1
Calderon Place	K T	St. C	...	...	...	...	...	1	1
Cambridge Gardens ... ..	"	"	...	...	...	1	...	...	1
Campden Street	"	H	...	...	...	...	...	1	1
Clarendon Road	"	N	...	...	...	2	...	...	2
Clydesdale Road	"	P	...	...	...	...	...	1	1
Coleherne Mews	B	R	...	...	...	...	...	1	1
Colville Mews	K T	P	...	...	...	1	...	1	2
Colville Terrace ... ..	"	"	...	...	...	1	...	...	1
Convent Gardens ... ..	"	"	...	...	...	1	...	...	1
Cornwall Road	"	N & P	...	...	...	3	1	...	4
Crescent Street	"	N	...	...	...	...	...	1	1
Dartmoor Street	K T	H	...	...	...	1	...	...	1
Eardley Crescent	B	E C	...	1	...	...	...	...	1
East Row	K T	G	...	...	...	1	...	...	1
Edenham Street ... ..	"	"	...	...	...	...	...	1	1
Edinburgh Road	"	St. C	...	...	...	1	...	...	1
Elgin Crescent	"	N	...	...	...	1	...	...	1
Elgin Mews	"	P	...	...	...	...	...	1	1
Faraday Road... ..	"	G	...	...	...	...	...	1	1
Farmer Street	"	H	1	...	...	...	1	...	2
Fenelon Road... ..	B	E C	...	...	...	1	...	...	1
Finborough Road	"	R	...	1	...	2	...	...	3
Fowell Street	K T	N	...	...	...	1	...	...	1
Fulham Road	B	R	...	...	1	1	...	...	2
Gadsden Mews	K T	G	...	...	...	...	...	1	1
Golborne Gardens	"	"	2	...	...	1	...	...	3

Continued.

TABLE XI.—continued.

STREET OR PLACE.	Registration Sub-District.	Ward.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Enteric Fever.	Diarrhœa.	Total.
Golborne Road	K T	G	...	...	...	...	...	1	1
Hazelwood Crescent ... ..	"	"	...	...	1	1	1	2	5
Hewer Street	"	St. C.	...	...	...	...	...	1	1
Highlever Road ... ..	"	"	...	...	...	...	...	1	1
Hippodrome Mews	"	N	...	...	...	...	...	1	1
Hogarth Road	B	E C	...	1	...	...	...	...	1
Hurstway Street	K T	St. C	2	...	...	1	...	1	4
Ifield Road	B	R	...	...	...	1	...	...	1
Johnson Street	K T	H	...	...	...	2	...	...	2
Kempsford Gardens	B	E C	...	...	1	...	...	...	1
Kenley Street... ..	K T	N	...	...	...	1	...	...	1
Kensal Road	"	G	...	...	2	2	...	5	9
Kensington Infirmary	"	Q G	1	...	...	1	...	1	3
Kensington Pal. Grdns.Stables	"	H	...	...	...	1	...	...	1
Kensington Park Road	"	P	...	...	...	...	1	...	1
Kensington Place	"	H	...	...	...	1	...	1	2
Ladbroke Dwellings	K T	G	1	...	...	...	...	...	1
Ladbroke Gardens	"	P	...	...	...	...	...	1	1
Ladbroke Grove	"	St. C	...	1	...	...	...	2	3
Ladbroke Square	"	P	...	1	...	...	...	...	1
Latimer Road... ..	"	St. C	...	...	...	1	...	...	1
Lockton Street ... ..	"	"	...	...	1	2	...	...	3
Longridge Road	B	E C	...	...	...	1	...	...	1
Lonsdale Road	K T	P	2	...	...	...	...	...	2
Lorne Gardens	"	H	...	...	...	2	...	...	2
Manchester Road	"	St. C	1	...	...	...	...	...	1
Martin Street	"	"	1	...	...	...	...	...	1
Milborne Grove	B	R	...	...	1	...	...	...	1
Nevern Mansions	"	E C	...	...	...	...	...	1	1
Peel Street	K T	H	...	...	...	1	...	...	1
Pembroke Place	"	E C	...	...	...	...	1	...	1
Portland Road	"	N	1	...	1	1	...	2	6
Portobello Road	"	St. C & G	...	...	...	2	...	1	3
Powis Terrace	K T	P	...	1	...	...	...	...	1
Prince's Place... ..	"	N	...	...	...	1	...	...	4
Prince's Road... ..	"	"	...	...	...	1	...	...	1
Queen's Road	"	N	...	...	...	...	...	3	3
Rabbit Row	"	H	...	...	...	...	...	1	1
Rackham Street	"	St. C	...	...	...	2	...	...	2
Raddington Road	"	G	...	...	...	1	...	...	1
Radley Mews	B	E C	...	...	...	...	...	1	1
Raymede Street	K T	St. C	...	...	1	...	...	2	3
Redfield Lane... ..	B	E C	...	...	1	...	...	...	1
Rillington Place	K T	St. C	...	...	...	1	...	...	1
Royal Crescent	"	N	...	...	...	...	1	...	1
Royal Crescent Mews ... ..	"	"	...	...	...	...	...	1	1
Russell Road	"	H	...	...	...	1	...	...	1
St. Ann's Road	"	N	...	...	...	...	...	1	1
St. Ervan's Road	"	G	1	...	3	...	...	2	6
St. James's Place	"	N	...	...	...	...	...	1	1
St. John's Place ... ..	"	"	...	...	...	1	...	...	1
St. Katharine's Road... ..	"	"	2	...	...	1	...	5	8

Continued.

TABLE XI.—*continued.*

STREET OR PLACE.	Registration Sub-District.	Ward.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Enteric Fever.	Diarrhoea.	Total.
St. Lawrence Road	K T	St. C	...	...	...	1	...	...	1
St. Luke's Mews	"	P	1	...	...	...	...	...	1
St. Mark's Road, Notting Hill .	"	N	...	...	...	1	...	...	1
St. Mary's Road	"	G	...	1	...	...	...	...	1
Seymour Place	B	R	...	...	...	...	...	1	1
Sheffield Terrace	K T	H	...	...	1	...	...	...	1
Silchester Street	"	St. C	...	...	...	...	...	1	1
Silchester Terrace ... ..	"	"	...	...	1	...	...	1	2
Sirdar Road	"	N	...	...	...	1	...	...	1
Snarsgate Street	"	St. C	...	...	...	...	1	...	1
Southam Street	"	G	6	1	...	1	...	7	15
South Row	"	"	1	...	1	...	...	2	4
Stoneleigh Street	"	N	1	...	...	1	...	...	2
Stratford Road	B	E C	...	...	1	...	...	...	1
Swinbrook Road	K T	G	...	...	...	3	...	...	3
Tabernacle Terrace	"	N	...	...	...	...	...	1	1
Talbot Grove ... ..	"	"	...	...	...	1	...	...	2
Tavistock Crescent	K T	G	...	...	...	1	1	...	2
Testerton Street	"	St. C	1	...	...	...	...	1	2
The Triangle ... ..	"	"	...	...	...	1	...	...	1
Thomas Place... ..	"	N	...	...	...	...	...	1	1
Thorpe Mews	"	St. C	1	...	...	...	...	...	1
Tobin Street	"	N	...	...	...	...	...	1	1
Treadgold Street	"	"	1	...	...	...	...	...	1
Treverton Street	"	St. C	...	...	1	1	...	3	5
Upper Phillimore Place	"	H	1	...	...	...	...	...	1
Wallgrave Terrace	B	E C	...	...	...	...	...	1	1
Walmer Road... ..	K T	St. C & N	1	...	...	1	...	4	6
Warwick Road	K T & B	E C	...	...	...	...	...	2	2
Western Dwellings	K T	G	...	2	...	...	...	...	2
Western Terrace	"	P	...	1	...	...	...	...	1
Westgate Terrace	B	R	...	...	...	...	...	1	1
Wheatstone Road	K T	G	...	...	...	3	...	1	4
Wornington Road	"	"	1	1	4	6	...	2	14

NOTE.—The deaths in the Borough Infirmary have, as far as practicable, been allocated to the several streets from which the patients were admitted.

TABLE XII.

(Table IXa. in Annual Reports, prior to 1900.)

Names of Streets, etc., in the Registration Sub-Districts, and in the Wards, from which the 738 cases of Infectious Disease were notified, under the provisions of the Public Health (London) Act, 1891, during the year 1903. 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.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Abbey Road	K T	N	...	...	...	...	...	...	1	...	1
Abingdon Road	"	E C	...	1	...	...	...	...	...	...	1
Acklam Road	"	G	...	14	3	...	...	...	2	...	19
Adair Road	"	"	...	2	1	1	...	...	2	...	6
Addison Road	"	H	...	1	...	...	...	...	...	...	1
Addison Road North	"	N	...	1	...	...	...	...	...	...	1
Albert Mews	"	P	...	...	1	...	...	...	...	...	1
Alfred Place West	B	B	...	1	...	...	...	...	...	...	1
All Saints Road	K T	G & P	...	4	2	...	...	...	1	...	7
Appleford Road	"	G	...	5	2	...	...	...	3	...	10
Archer Street	"	P	...	...	1	...	...	...	1	...	2
Astwood Mews	B	R	...	...	...	...	...	...	1	...	1
Ball Street	K T	Q G	...	2	...	...	...	...	...	...	2
Bangor Street... ..	"	N	1	5	...	...	...	...	5	...	11
Barkston Gardens	B	R	...	...	...	2	...	...	...	...	2
Bennett's Terrace	K T	St. C	...	...	...	...	...	...	1	...	1
Bevington Road	"	G	...	1	...	...	...	...	1	...	2
Bina Gardens	B	R	...	...	...	1	...	...	...	...	1
Blechynden Street	K T	St. C	...	4	...	...	...	...	2	...	6
Blenheim Crescent	"	N & P	...	3	...	1	...	1	1	...	6
Blithfield Street	"	E C	...	...	...	...	...	...	1	...	1
Bolton Gardens	B	R	...	1	...	...	...	...	...	...	1
Bolton Road	K T	P	...	5	3	...	...	...	...	...	8
Bomore Road	"	N	...	1	...	...	...	...	...	...	1
Bosworth Road	"	G	...	2	1	...	...	...	2	...	5
Bramley Road	"	St. C	...	...	...	...	...	...	2	...	2
Bransford Street	"	"	...	2	1	...	...	...	...	...	3
Branstone Street ... ..	"	"	...	...	...	...	...	...	1	...	1
Brompton Square	B	B	...	1	...	...	...	...	1	...	2
Bulmer Terrace	K T	P	...	...	1	...	...	...	...	...	1
Cambridge Gardens	"	St. C	...	3	...	...	...	...	...	...	3
Campden Grove	"	H	...	1	...	...	...	...	...	...	1
Campden House Mews.. ..	"	"	...	...	1	...	...	...	...	...	1
Campden Houses	"	"	...	3	...	...	...	...	1	...	4
Campden Street	"	"	...	1	2	...	...	...	...	...	3
Cathcart Road	B	R	...	...	...	...	...	...	1	...	1
Catherine Cottages	K T	H	...	...	1	...	...	...	...	...	1
Chesterton Road	"	St. C	...	7	...	...	...	...	...	...	7
Church Street... ..	"	H	...	...	1	...	...	...	1	...	2
Clarendon Road	"	N	...	5	...	...	...	...	1	...	6
Clareville Grove	B	B	...	...	1	...	...	...	...	...	1
Claro Terrace... ..	"	R	...	3	...	...	...	...	1	...	4
Clifton Place ... ..	"	"	...	...	1	...	...	...	...	...	1
Coleherne Mews ... ..	"	"	...	...	...	...	...	...	1	...	1
Coleherne Road ... ..	"	"	...	...	...	...	...	...	1	...	1
Colville Square	K T	P	...	1	...	1	...	...	...	...	2
Colville Terrace ... ..	"	"	...	...	1	...	...	...	...	...	1
Cornwall Gardens	B	Q G	...	1	...	...	...	...	...	...	1
Cornwall Road	K T	N & P	...	10	...	1	...	...	...	...	11

Continued.

TABLE XII.—*continued.*

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Cottesmore Gardens ...	K T	Q G	...	...	1	...	...	...	...	...	1
Courtfield Road ...	B	R	...	...	1	...	...	...	...	...	1
Crescent Street ...	K T	N	8	...	...	...	...	...	4	...	7
Cromwell Mansions ...	B	E C	...	...	1	...	...	...	...	...	1
Cromwell Road ...	"	"	...	1	...	...	...	...	...	...	1
Dartmoor Street ...	K T	H	...	2	...	1	...	...	4	...	7
Denbigh Terrace ...	"	P	...	...	...	...	...	...	1	...	1
De Vere Gardens ...	"	Q G	...	...	1	...	...	...	...	...	1
Duke's Lane Chambers ...	"	H	...	...	...	...	...	...	...	1	1
Durham Place... ..	"	"	...	...	...	...	...	...	1	...	1
Eardley Crescent ...	B	E C	...	2	...	...	...	...	...	...	2
Earl's Terrace ...	K T	"	...	1	...	...	...	...	...	...	1
East Row ...	"	G	...	1	...	...	...	...	1	...	2
Edenham Mews ...	"	"	...	1	...	...	...	...	1	...	2
Edenham Street ...	"	"	...	8	4	...	...	...	2	...	9
Edge Street ...	"	H	...	...	1	...	...	...	...	...	1
Edinburgh Road ...	"	St. C	...	...	...	...	...	...	8	...	8
Edwardes Square ...	"	E C	...	...	...	2	...	...	...	...	2
Edwardes Square Mews ...	"	"	...	...	1	...	...	...	...	...	1
Egerton Crescent ...	B	B	...	...	1	...	...	...	...	...	1
Egerton Gardens ...	"	"	...	...	1	1	...	...	...	...	2
Egerton Terrace ...	"	"	...	...	1	...	...	...	...	...	1
Eldon Road ...	K T	Q G	...	...	...	...	...	...	1	...	1
Elgin Crescent ...	"	N	...	...	...	1	...	...	...	...	1
Elgin Mews ...	"	P	...	...	...	8	1	...	1	...	5
Elsham Road ...	"	H	...	1	1	1	...	...	...	...	3
Ernest Street ...	"	"	...	1	...	...	...	...	...	...	1
Faraday Road ...	"	St. C & G	...	4	...	...	...	...	...	...	4
Farmer Street ...	"	H	...	1	...	1	...	...	...	...	2
Farnell Mews... ..	B	E C	...	1	...	...	...	...	...	...	1
Finborough Road ...	"	R	...	4	1	...	...	...	1	...	6
Fulham Road... ..	"	R & B	...	7	3	...	...	...	...	...	10
Gaspar Mews ...	"	R	...	1	...	...	...	...	...	...	1
Gledhow Terrace ...	"	"	...	...	...	...	...	...	1	...	1
Gloucester Road ...	"	"	...	...	...	1	...	...	...	...	1
Golborne Gardens ...	K T	G	...	2	8	...	...	...	2	...	7
Golborne Road ...	"	"	...	1	1	1	...	...	1	...	4
Golden Mews ...	"	"	...	...	...	...	...	...	1	...	1
Gordon Place ...	"	H	...	...	1	...	...	...	...	...	1
Gt. Western Terrace ...	"	G	...	...	...	...	...	...	1	...	1
Handover Dwellings ...	"	"	...	...	1	...	...	...	...	...	1
Hazelwood Crescent ...	"	"	...	8	8	1	...	...	...	...	7
Hesketh Place ...	"	N	1	...	...	...	...	...	1	...	2
Hewer Street ...	"	St. C.	...	1	1	...	...	...	...	...	2
High Row ...	"	H	...	...	1	...	...	...	...	...	1
High Street, Notting Hill ...	"	"	...	...	1	...	...	...	1	...	2
Hogarth Road... ..	B	E C	...	2	...	...	...	...	...	...	2
Holland Park ...	K T	H	...	...	...	...	...	...	1	...	1
Holland Park Avenue ..	"	"	...	1	...	...	...	...	...	...	1
Holland Road... ..	"	"	...	2	...	...	...	...	1	...	3
Holland Villas Road ...	"	"	...	1	...	...	...	...	...	...	1
Hollywood Road ...	B	R	...	2	1	1	...	...	...	...	4
Hurstway Street ...	K T	St. C	...	...	1	...	...	...	...	...	1
Ifield Road ...	B	R	...	1	1	2	...	...	1	...	5
Ilchester Mansions ...	K T	E C	...	1	...	...	...	...	...	...	1
Iverna Court ...	"	"	...	...	...	1	...	...	...	...	1

Continued.

TABLE XII.—*continued.*

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Jameson Street	K T	H	...	1	...	...	...	...	...	...	1
Kempsford Gardens	B	E C	...	1	1	1	...	...	...	...	2
Kendrick Mews	"	B	...	1	...	...	...	...	...	...	1
Kenilworth Street	K T	N	...	1	...	...	...	...	1	...	2
Kenley Street	"	"	...	1	...	...	...	...	1	...	2
Kensal Road	"	G	...	7	4	1	...	...	5	...	17
Kensington High Street	"	EC & QG	...	1	2	1	...	...	...	...	4
Kensington Infirmary... ..	"	Q G	...	1	...	...	...	...	14	...	15
Kensington Palace Gardens	"	H	...	...	...	1	...	...	...	...	1
Kensington Park Road.. ..	"	P	...	2	...	2	...	...	1	...	5
Kensington Place	"	H	...	1	...	...	...	...	1	...	2
Kensington Square	"	Q G	...	1	...	...	...	...	...	...	1
King Street ... ..	"	"	...	...	1	...	...	...	...	...	1
Ladbroke Dwellings	"	G	...	1	...	...	...	...	...	...	1
Ladbroke Grove	"	St C & P	...	3	1	...	...	...	3	...	7
Ladbroke Road	"	P	...	2	...	...	...	...	...	...	2
Ladbroke Square	"	"	...	3	...	...	...	...	1	...	4
Ladbroke Terrace Mews	"	"	...	1	...	...	...	...	...	...	1
Lancaster Mews ... ..	"	"	...	...	...	...	...	...	1	...	1
Lancaster Road	"	St C, G, N & P	...	9	3	1	...	...	5	...	18
Latimer Road... ..	"	St. C	...	4	...	...	...	...	1	...	5
Ledbury Road... ..	"	P	...	1	1	...	...	...	...	...	2
Lexham Gardens	B	E C	...	4	...	5	...	...	...	...	9
Lloyd's Place	"	B	...	1	...	...	...	...	...	...	1
Lockton Street	K T	St. G	...	...	1	...	...	...	1	...	2
Long's Terrace	"	E C	...	1	...	...	...	...	...	...	1
Lonsdale Road	"	P	...	1	1	...	...	...	1	...	3
Mary Place	"	N	...	...	...	...	...	1	4	...	5
Mersey Street... ..	"	St. C	...	...	...	2	...	...	...	...	2
Merton Road	"	Q G	...	1	4	...	...	...	...	...	5
Milborne Grove	"	R	...	1	1	...	...	...	...	...	2
Marchison Road	K T	G	...	1	...	...	...	...	...	...	1
Nevern Mansions	B	E C	...	1	...	...	...	...	...	...	1
Newcombe Street	K T	H	...	...	1	...	...	...	...	...	1
Norburn Street	"	St. C	...	...	...	...	...	1	...	...	1
Norland Road North	"	N	...	1	...	...	...	...	...	...	1
Norland Square	"	"	...	1	...	...	...	...	...	...	1
Oakfield Street	B	R	...	...	...	...	...	...	2	...	2
Oakwood Court	K T	H	...	...	1	...	...	...	...	...	1
Old Manor Yard	B	E C	...	1	...	...	...	...	...	...	1
Onslow Gardens	"	B	...	...	...	1	...	...	...	...	1
Oxford Gardens	K T	St. C	...	1	1	...	...	...	1	...	3
Pamber Street	"	"	...	2	...	...	...	...	...	...	2
Peel Street	"	H	...	...	...	...	...	...	2	...	2
Pelham Mews... ..	"	P	...	4	...	1	...	...	...	...	5
Pelham Place... ..	B	B	...	...	1	...	...	...	...	...	1
Pelham Street... ..	"	"	...	1	...	...	...	...	1	...	2
Pembridge Crescent	K T	P	...	1	...	...	...	...	...	...	1
Pembridge Square	"	"	...	1	...	...	...	...	...	...	1
Pembridge Villas ... ..	"	"	...	...	1	...	...	...	1	...	2
Pembroke Gardens	"	E C	...	1	...	...	...	...	...	...	1
Pembroke Mews	"	"	...	1	...	1	...	...	...	...	2
Pembroke Place ... ..	"	"	...	...	...	1	...	...	...	...	1
Pembroke Road	B	"	...	1	...	...	...	...	...	...	1
Phillimore Mews	K T	H	...	1	...	...	...	...	...	...	1
Portland Road	"	N	...	4	3	1	...	...	...	...	8

Continued.

TABLE XII.—continued.

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Portobello Road	K T	St. C, G, & P	...	10	4	1	...	...	2	...	17
Powis Terrace... ..	"	P	...	3	...	...	...	...	...	...	3
Prince's Gate Mews	B	B	...	1	1	...	...	...	...	...	2
Prince's Road... ..	K T	N	...	...	...	1	...	...	4	...	5
Prince Teck Buildings..	B	E C	...	...	...	1	...	...	...	...	1
Providence Terrace ... ..	"	"	...	...	1	...	...	...	...	...	1
Queen Ann's Terrace... ..	K T	G	...	1	...	...	...	...	...	...	1
Queen's Gate	K T & B	Q G & B	...	...	1	2	...	...	...	...	3
Queen's Gate Terrace... ..	K T	Q G	...	2	...	...	...	...	...	...	2
Queen's Road	"	N	...	...	...	2	...	...	...	...	2
Rackham Street	"	St. C	...	2	1	...	...	...	2	...	5
Radley Mews	B	E C	...	1	...	...	...	...	1	...	2
Raymede Street	K T	St. C	...	...	1	1	...	...	...	...	2
Redcliffe Gardens	B	R	...	...	1	...	...	...	...	...	1
Redcliffe Road ... ..	"	"	...	...	1	...	...	...	...	...	1
Redfield Lane... ..	"	E C	...	1	1	...	...	...	...	...	2
Rendle Street... ..	"	G	...	1	1	...	...	...	...	...	2
Richmond Mansions	B	E C	...	2	...	...	...	...	...	...	2
Richmond Road	"	"	...	1	...	...	...	...	...	...	1
Roland Gardens	"	R	...	...	1	...	...	...	...	...	1
Rosary Gardens	"	"	...	1	1	...	...	...	...	...	2
Royal Crescent	K T	N	...	...	...	1	...	...	1	...	2
Royal Crescent Mews... ..	"	"	...	...	...	...	...	...	1	...	1
Russell Road	"	H	...	1	...	...	...	...	...	...	1
Ruston Mews	"	St C	...	1	...	...	...	...	...	...	1
St. Ann's Road	"	N	...	...	...	...	...	...	1	...	1
St. Charles's Square	"	St. C	...	2	...	...	...	...	...	...	2
St. Ervan's Road	"	G	...	1	16	...	...	...	4	1	22
St. George's Road	"	N	...	...	...	...	...	...	1	...	1
St. Helen's Gardens	"	St. C	...	1	...	...	...	...	...	...	1
St. Katharine's Road... ..	"	N	...	...	1	2	...	...	6	...	9
St. Lawrence Road	"	St. C	...	2	...	...	...	...	1	...	3
St. Mark's Road, Fulham Road	B	R	...	...	...	...	...	...	1	...	1
St. Mark's Road, Notting Hill	K T	St. C & N	...	1	1	...	...	...	1	...	3
St. Mary Abbot's Terrace	"	H	...	...	...	...	...	...	1	...	1
St. Marylebone Infirmary	"	St. C	...	...	1	...	...	...	...	...	1
St. Mary's Road	"	G	...	2	...	...	...	...	...	...	2
Seymour Place	B	R	...	1	1	2	...	...	...	...	4
Sheffield Terrace	K T	H	...	...	1	...	...	...	...	...	1
Silchester Mews	"	St C	...	1	...	...	...	...	...	...	1
Silchester Road	"	"	...	2	...	...	...	...	...	...	2
Silchester Terrace ... ..	"	"	...	...	1	...	...	...	...	...	1
Silver Street	"	H	...	...	...	...	...	...	1	...	1
Sirdar Road	"	N	...	...	...	...	...	...	2	...	2
Southam Street	"	G	...	8	1	...	...	1	4	...	14
Southend Gardens	"	Q G	...	...	1	...	...	...	...	...	1
Southend Mews	"	"	...	1	...	...	...	...	...	...	1
South Row	"	G	...	...	1	...	...	...	...	...	1
South Street, St. Mark's Road.	B	R	...	1	1	...	...	...	1	...	3
South Street, Thurloe Square.	"	B	...	...	...	...	...	...	1	...	1
Southwell Gardens	"	Q G	...	1	...	...	...	...	...	...	1
Stamford Cottages	"	R	...	...	...	...	...	...	2	...	2
Stanley Gardens	K T	P	...	1	...	...	...	...	...	...	1
Stoneleigh Street	"	N	...	...	...	...	...	...	1	...	1
Stratford Road	B	E C	...	...	1	...	...	...	...	...	1
Sumner Place... ..	"	B	...	1	...	...	...	...	...	...	1
Swinbrook Road	K T	G	...	6	...	...	...	...	3	...	9
Talbot Grove	"	N	...	2	...	...	...	...	1	...	3

Continued.

TABLE XII.—*continued.*

STREET OR PLACE.	Registration Sub-District.	Ward.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Talbot Mews ...	K T	N	...	2	...	...	...	...	1	...	3
Tavistock Crescent ...	"	G	...	3	2	1	...	...	1	...	7
Tavistock Road ...	"	"	...	1	...	...	...	...	...	...	1
Telford Road ...	"	"	...	2	...	...	...	...	...	...	2
Testerton Street ...	"	St. C	...	1	...	...	...	...	2	...	3
The Mall ...	"	H	...	...	...	...	...	...	1	...	1
The Triangle ...	"	St. C	...	2	...	...	...	...	...	...	2
Thorpe Mews ...	"	"	...	1	...	...	...	...	...	...	1
Tobin Square ...	"	N	...	1	1	...	...	...	...	...	2
Treadgold Street ...	"	"	...	1	1	...	...	...	1	...	2
Tregunter Road ...	B	R	...	1	...	...	...	...	...	...	1
Treverton Street ...	K T	St. C	...	1	3	...	...	...	1	...	5
Upper Phillimore Gardens ...	"	H	...	1	...	...	...	...	...	...	1
Uxbridge Street ...	"	"	...	1	...	...	...	...	...	...	1
Vernon Mews...	"	P	...	2	...	...	...	...	...	...	2
Victoria Dwellings ...	"	G	...	...	1	...	...	...	...	...	1
Victoria Gardens ...	"	P	...	2	...	...	...	...	...	...	2
Victoria Road...	"	Q G	...	...	...	...	...	...	1	...	1
Vine Cottages...	"	H	...	1	...	...	...	...	...	...	1
Virginia Place ...	"	N	...	...	1	...	...	...	...	...	1
Walmer Road...	"	St. C & N	...	5	1	...	...	...	1	...	7
Walton Street...	B	B	...	...	1	1	...	...	...	...	2
Warwick Gardens ...	"	E C	...	...	...	1	...	...	...	...	1
Warwick Road ...	K T & B	"	...	...	1	...	...	...	4	...	5
Westbourne Grove ...	K T	P	...	1	...	...	...	...	...	...	1
Western Dwellings ...	"	G	...	3	1	...	...	...	...	...	4
Western Terrace ...	"	P	...	6	...	...	...	...	...	...	6
West Pembroke Place...	"	E C	...	...	...	...	...	...	1	...	1
West Row ...	"	G	...	...	4	...	...	...	...	...	4
Wheatstone Road ...	"	"	...	3	...	1	...	...	1	...	5
Wornington Road ...	"	"	...	13	14	...	...	...	3	...	30
Wright's Lane ...	"	Q G	...	...	...	1	...	...	...	...	1
Yeoman's Row ...	B	B	...	3	...	...	...	...	3	...	6

The notifications from the Borough Infirmary have, as far as possible, been allocated to the several streets from which the patients were admitted.

APPENDIX II.

TABLE A.

Population of Kensington, 1856-1903; Marriages and Marriage-rate (1871-1903); Births and Birth-rate; Deaths and Death-rate 1856-1903; and Infantile Mortality (1870-1903).

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			1,804	31·6	33·6	1,235	21·6	22·0		
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			3,080	31·9	35·7	1,966	20·4	26·5		
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	151,360	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
1902	177,500	1,703	19·2	3,488	19·3	28·5	2,746	15·2	17·2	515	148
1903	178,000	1,623	18·2	3,565	20·0	28·4	2,455	13·8	15·7	510	143

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 (1856-1903); 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.			Diarrhœa.	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		19		15		62	159	2·8		129
1857	59,683	...	15	26	Not separately classified.	37		17		83	178	2·9		149
1858	62,288	2	24	49		64		38		30	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		37		34		66	249	3·5		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	No Information.	37		77		104	319	3·5	No Information.	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	360	3·3		164
1870	116,350	8	70	198		55		46		154	531	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	383	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	383	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	284	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
1902	177,500	11	93	21	20	21	...	19	...	78	263	1·5	2·2	96
1903	178,000	...	34	14	24	90	...	9	...	97	268	1·5	1·8	109

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.

QUINQUEN- NIAL 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.	Diarrhœa.	Total.	
1856-1860	9,557	30·7	6,540	21·0	44	140	234	No information.	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	No information.	206	Not separately classified.	276	Not separately classified.	311	1,562	3·85
1866-1870	17,090	32·1	10,853	20·4	57	240	537	No information.	256	Not separately classified.	219	Not separately classified.	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	25	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*	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 Diarrhœa.

QUINQUEN- NIAL PERIOD.	1	2	3	4	5	6	7	Death-rate per 1,000 from—		
	Small-pox.	Measles.	Scarlet Fever.	Diph- theria	Whooping Cough.	"Fever."	Diarrhœa.	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	No informa- tion	0·51	0·68	0·77	3·85	1·79	2·06
1866-1870	0·11	0·45	1·01	No informa- tion	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	0·60	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

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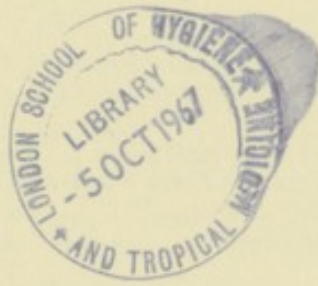
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