Annual report for 1913 of the Medical Officer of Health.

Metropolitan Borough of Chelsea.

ANNUAL REPORT

For 1913,

OF THE

Medical Officer of Health,

LOUIS C. PARKES,

M.D.; D.P.H. Lond. Univ.; M.R.C.S. Eng.

Consulting Sanitary Adviser to H.M. Office of Works, and to the Metropolitan Police District;

Examiner in Public Health, Royal Colleges of Physicians and Surgeons;

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1914.

TABLE OF CONTENTS.

ANNUAL REPORT

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MEDICAL OFFICER OF HEALTH

For 1913.

Section I.—STATISTICAL.

POPULATION OF CHELSEA.

The estimated population of the Borough for the middle of the year 1913 is 66,400. From 1901 to 1911 the population decreased from 73,842 in 1901 to 66,385 in 1911, according to the censuses of those years. It has been asumed that a corresponding decrease ensued in 1912; but, in 1913, owing to the opening of the new Sutton Trust Dwellings in Cale Street, and to the new houses being erected and occupied on the Vale Estate and elsewhere, it would appear that the population of Chelsea is again on the increase. The increase for 1913 may be taken approximately as 1,000 over 1912, so that the population of the Borough is estimated at 66,400 for the past year.

BIRTHS IN 1913.

TABLE I.

	Number of Births.		
	Male.	Female.	Total.
North Chelsea	324	290	614
South Chelsea	293	263	556
Chelsea	617	553	1,170

The above Table relates to births registered in the Borough. Excluding 13 births of non-parishioners, and including 53 births taking place amongst Chelsea mothers in Lying-in Hospitals and Homes outside the Borough, the total number of births for the year is 1,210, exactly the same figure as in 1912.

The birth-rate for 1913 is **18·2 per 1,000.** The average birth-rate of the Borough for the years 1901-12 is 21·2 per 1,000. The average birth-rate of the Home District of Chelsea Parish for the 5 years 1896-1900 was 24·1 per 1,000. The birth-rate of 1913 is the lowest yet recorded. The birth-rate for London in 1913 was 24·5 per 1,000.

During the year 1913, 65 births of parishioners were registered as having occurred in the Chelsea Workhouse, equivalent to 5·4 per cent. of the total number of births in the Borough, as compared with 4 per cent. in each of the years 1912 and 1911.

DEATHS AND DEATH-RATES FOR 1913.

The total number of deaths registered in the Borough was 1,444. Of this number 743 were deaths within the Borough of non-parishioners—chiefly occurring in Hospitals, and in the St. George's Infirmary; and 194 deaths of parishioners occurred outside the Borough in various public institutions. There were, therefore, 895 deaths of parishioners of Chelsea. These 895 deaths are equivalent to a death-rate for the year of **13·5 per 1,000,** as against 14·8 in 1912. The death-rate for 1913 is the lowest yet recorded in Chelsea.

Table II. gives the death-rates of the Home District of Chelsea Parish, of Chelsea Borough, and of London during the past 23 years.

TABLE II.

Year.	Chelsea.*	London.
	Death-rate.	Death-rate.
1891	22·1	21·4
1892	21·9	20·7
1893	21·6	21·4
1894	17·6	17·8
1895	20·8	19·9
1896	19·0	18·6
1897	17·9	18·2
1898	18·1	18·7
1899	20·0	19·8
1900	18·1	18·7
1901	16·6	17·6
1902	18·6	18·2
1903	15·7	15·9
1904	17·1	17·0
1905	15·7	15·5
1906	16·7	15·7
1907	16·2	15·3
1908	16·1	14·9
1909	16·1	14·9
1910	14·2	13·7
1911	15·7	15·0
1912	14·8	13·8
1913	13·5	14·0

*1891-1900, Chelsea Home District.

Zymotic Death-rate.—The death-rate in Chelsea from the seven principal zymotic diseases was 0·87 per 1,000 in 1913, the corresponding rate for London being 1·45 per 1,000. In 1912 the zymotic death-rate in Chelsea was 0·8 per 1,000.

TABLE III.—*For the year 1913.*

	Zymotic death-rate.	Diarrhœa death-rate.	Phthisis death-rate.	Other tubercular diseases death-rate.	Respiratory diseases death-rate.	Cancer death-rate.	Influenza death-rate.	Deaths under 1 year to 1000 births.	Percentage of deaths under 5 to total deaths.	Deaths in Public Institutions per cent. of total.
Chelsea	0·87	0·48	1·17	0·29	2·65	1·28	0·18	92·5	17·4	52·1
London	1·45	0·79	1·29	0·31	2·70	1·13	0·19	105	27·6	43·5

Small-pox.—There was no small-pox in Chelsea in 1913.

Measles.—This disease caused 17 deaths in 1913, as compared with 21 in 1912. Eleven deaths were registered in North Chelsea, and 6 in South Chelsea. Two of the deaths were of infants under one year of age, 11 between 1 and 2 years, 3 between 2 and 5 years, and one of a young adult. Twelve of the deaths occurred in the first quarter of the year, and 5 in the second, there being no deaths in the latter half of the year.

Scarlet Fever.—This disease caused 3 deaths in 1913, all being South Chelsea cases. All of the deaths occurred in hospital.

Diphtheria.—Only one death was attributed to diphtheria in 1913, the death occurring in hospital. It was a South Chelsea case.

CASES.

1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
172	162	163	200	207	273	429	242	153	136	150	106	131	99	61	52	161	158	138	97	81	83	89	59

DEATHS.

1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
32	20	32	43	41	52	96	45	22	13	14	9	13	4	5	5	16	8	13	14	5	5	4	1

* 1890-1900, Chelsea Home District.

Whooping Cough.—This disease caused 4 deaths in 1913, as compared with 14 in 1912. Three were deaths of infants under one year, and one was between 1 and 2 years of age. Three of the deaths were in North Chelsea, and one in South Chelsea.

Enteric Fever.—There was one death from enteric fever—a man, aged 26, who died in hospital.

TABLE V.—*Zymotic Disease Mortality in Chelsea in 1913.*

	Actual number of deaths in Chelsea.	Chelsea's proportion of total London deaths according to its population.	Average number of deaths annually in Chelsea, 1901-1912.
Measles	17	22	27
Scarlet Fever	3	2	5
Diphtheria	1	6	8
Whooping Cough	4	11	19
Enteric Fever	1	2	3
Diarrhœa	32	52	47

Diarrhœa.—The deaths in Chelsea in 1913 from diarrhœal diseases (diarrhœa and enteritis) were 32 in number, as compared with 10 only in 1912. Twenty-two of the deaths were of infants under one year of age, as compared with 8 in 1912; 4 were between one and 5 years of age; and 6 were of old people. Seventeen of the deaths were of North Chelsea residents, and 15 of South Chelsea.

TABLE VII.—*Mortality from Diarrhœal Diseases.*

Year.	Chelsea.	London.
	Death-rate per million.	Death-rate per million.
1896	1037	1112
1897	1340	1446
1898	1258	1556
1899	1282	1663
1900	1187	1251
1901	788	1182
1902	714	756
1903	555	849
1904	897	1295
1905	652	977
1906	1188	1325
1907	550	570
1908	731	857
1909	443	588
1910	418	501
1911	939	1368
1912	153	395
1913	482	788

Thirteen deaths occurred in the third or summer quarter of the year, as compared with 2 in 1912, and 48 in 1911. The average temperatures of the summer quarters of these 3 years are as follows:—1911, 65·8° F.; 1912, 58·9° F.; and 1913, 60·2° F. In London, summer diarrhœa mortality commenced to rise somewhat late in the season, and did not reach its maximum until the middle of September. It continued high until quite late in October, probably owing to the exceptional warmth of this month.

Influenza.—The number of deaths attributed to influenza in 1913 was 12, as against 13 in 1912, and 11 in 1911. Four deaths occurred in North Chelsea, and 8 in South Chelsea. In London generally, the disease was far more prevalent than in 1912, 840 deaths being registered as due to this cause in 1913, as compared with 535 in 1912. Of the 840 fatal cases in London, 401 occurred during the first quarter of the year, 247 in the second, 44 in the third, and 148 in the fourth quarter. March was the month of greatest prevalence and mortality.

Respiratory Diseases.—The death-rate from these diseases in Chelsea in 1913 was 2·65 per 1,000, as compared with 2·9 per 1,000 in 1912. The London death-rate from respiratory diseases in 1913 was 2·7 per 1,000.

Tubercular Diseases.—The death-rate from phthisis and other tubercular diseases in Chelsea in 1913 was 1·46 per 1,000, as against 1·63 per 1,000 in 1912. The death-rate in London from these diseases in 1913 was 1·60 per 1,000.

Of the 78 deaths from phthisis in Chelsea in 1913, 32, or 41·0 per cent., occurred in the Chelsea Workhouse Infirmary, and 17, or 21·8 per cent., occurred in other public institutions, making a total of 62·8 per cent. of the total 78 fatal cases dying in public institutions away from their own homes. In 1911, 73·7 per cent. of the fatal cases died in public institutions, and in 1912, 72·7 per cent., so that there was a considerable fall in the percentage last year. Whether this decline is due to the domiciliary treatment of insured persons suffering from phthisis under the sanatorium benefit provisions of the National Insurance Act, will be more apparent after the lapse of another two or three years. The decrease in 1913 was due to fewer deaths occurring in the Chelsea Infirmary.

Of the 78 deaths from phthisis in Chelsea in 1913, 55 were deaths of males, and 23 of females. Other tubercular diseases caused 8 deaths in males, and 10 in females. The death-rate of males from all tubercular diseases in Chelsea in 1913 was 2·25 per 1,000, the corresponding rate for females being only 0·87 per 1,000. In 1912, the male rate was 2·5 per 1,000, and the female 0·9 per 1,000, so that there was a satisfactory decline last year in the high male death-rate of previous years.

Diseases of the Heart.—These diseases caused 99 deaths in Chelsea in 1913 The average number of annual deaths from heart disease during the period 1901-12 was 122.

Cancer.—Malignant cancerous diseases caused 85 deaths in Chelsea in 1913. Forty of the fatal cases were North Chelsea residents, and 45 were South Chelsea.

TABLE VII.—*Cancer Mortality in Quinquennia.*

	Average Annual Number of Deaths.	Average Annual Death-rate.
1891-5	66	0·87 per 1,000
1896-1900	74	1·00 ,, ,,
1901-5	78	1·08 ,, ,,
1906-10	79	1·16 ,, ,,
1911-12	96	1·44 ,, ,,
1913	85	1·28 ,, ,,

There was a slight diminution in the cancer mortality in 1913 as compared with the two previous years, but the death-rate is now considerably higher than it was 20-25 years ago.

Alcoholism.—Twenty-six deaths were registered in 1913 as being due to alcoholism and cirrhosis of the liver, as against 20 in 1912.

Deaths in Lunatic Asylums.—Forty-one deaths of Chelsea parishioners occurred in 1913 in lunatic asylums. The average number of annual deaths in the four preceding quinquennial periods are as follows:—1891-5, 31; 1896-1900, 30; 1901-5, 39; 1906-10, 38; 1911-12, 46.

Deaths in Public Institutions.—In 1913, 52·1 per cent. of the total deaths of parishioners of Chelsea occurred in public institutions, as compared with 53·5 per cent. in 1912. In London generally 43·5 per cent. of the total deaths occurred in public institutions in 1913. The deaths in the Chelsea Infirmary in 1913 formed 20·9 per cent. of the total deaths of borough residents, as compared with 23·6 per cent. in 1912.

Deaths of Common Lodging House Inmates.—Nine deaths of inmates of common lodging houses occurred in Chelsea in 1913. All were males. Three of the deaths (33·3 per cent. of the total) were due to pulmonary tuberculosis. The common lodging house accommodation in Chelsea is the same as in 1912.

DEATH-RATES OF SPECIAL CLASSES OF THE POPULATION.

The following Table gives the birth-rate, the general death-rate, the zymotic disease death-rate, the tubercular disease death-rate, and the deaths under 1 year to 1,000 births, during the year 1913, for the Borough, for the inhabitants of the Borough Council's Dwellings, for the inhabitants of other Industrial Dwellings in Chelsea, and for the inhabitants of seven of the streets occupied by the poorer classes in the Borough. The industrial dwellings are the Marlborough Buildings, Guinness Buildings, Peabody Buildings, and Chelsea Park Dwellings, with a total population of 1,748; and the streets are Dartrey-road, Francis-street, Gillray-square, Ives-street, Riley-street, Slaidburn-street, World's End-passage, and the courts adjacent, with a total population of 3,480. The Borough Council's Dwellings are Sir Thomas More Building, Pond House, Onslow Dwellings and Grove Buildings, with a total population of 1,467.

TABLE VIII.—*For the Year 1913.*

	Birth-rate.	Death-rate.	Zymotic Death-rate.	Tubercular Diseases Death-rate.	Deaths under one year to 1,000 births.
Chelsea	18·2	13·5	0·9	1·5	92
Borough Council Dwellings	36·8	13·6	0·0	2·0	74
Industrial Dwellings ...	29·7	12·0	1·7	2·3	58
7 Poor-class Streets ...	33·9	15·2	2·6	1·1	59

The year 1913 was one of exceptionally low mortality in the seven poor-class streets, and the infantile mortality rate was also very low. The following Table gives the mortality statistics for the poor-class streets in four-yearly periods from 1893 up to the present time :—

TABLE IX.

Years.	Birth-rate.	Death-rate.	Zymotic Death-rate.	Tubercular Diseases Death-rate.	Deaths under one year to 1,000 births.
1893-6	—	34·6	7·5	4·3	—
1897-1900	—	33·7	7·0	4·6	—
1901-4	—	26·3	3·7	4·1	—
1905-8	38·0	24·4	4·2	3·4	183
*1909-12	36·8	24·1	3·0	3·8	137
*1913	33·9	15·2	2·6	1·1	59

1893-1908 statistics based on populations of 11 streets.
*1909-1911 ,, ,, ,, 10 ,,
*1912-1913 ,, ,, ,, 7 ,,
* In consequence of demolitions.

INFANTILE MORTALITY.

CHELSEA.

TABLE X.—*Mortality Rates per 1,000 Births, 1901-4, 1905-8, 1909-12, and 1913.*

	1901-4.	1905-8.	1909-12.	1913.
Infectious Diseases	10·0	11·5	8·0	4·1
Diarrhœal Diseases	23·5	26·0	18·0	18·2
Developmental Defects and Wasting	48·0	37·0	34·5	33·8
Other Causes	58·0	44·0	36·0	36·4
Total Rate	139·5	118·5	96·5	92·5

This Table shows that the recent drop in the Infantile Mortality Rate has affected all the chief divisions of mortality, even such causes as Premature Birth and Developmental Defects showing a diminution of mortality in recent years.

The infectious diseases concerned in infantile mortaliy are principally measles and whooping cough. Developmental defects include premature birth, congenital defects of the infant, and injury at birth. Other causes include tubercle, syphilis, meningitis, convulsions, overlaying, bronchitis, and pneumonia.

TABLE XI.

Year.	Chelsea.				London.			
	Deaths under one to 1,000 births.		Deaths 1–5 years.		Deaths under one to 1,000 births.		Deaths 1–5 years.	
1901	139		101		150		9,514	
1902	145	146	151	112	141	142	9,893	9,209
1903	144		94		131		8,514	
1904	155		102		145		8,915	
1905	116		65		131		8,209	
1906	140	121	122	88	133	124	8,639	8,122
1907	122		101		118		8,435	
1908	108		64		115		7,207	
1909	107		85		107		7,555	
1910	102	98	63	71	102	107	6,807	6,928
1911	112		77		128		7,804	
1912	70		57		92		5,544	
1913	92		44		105		5,716	

The infantile mortality rate of 92 for 1913 is considerably above the very low rate of 70 in 1912, when exceptionally favourable summer conditions prevailed. The rate for 1913, however, compares favourably with all rates previous to the year 1912, as will be seen from a study of Table XI.

The attention paid to newly-born infants by the Lady Sanitary Inspector and by the Lady Visitors of the Chelsea Health Society, and the advice and practical assistance given to the mothers by the home visits and by the weekly "infant consultations" held under the management of the Health Society, is evidently becoming more and more effective in the saving of the lives of many infants who would formerly have died before reaching the end of their first year. This saving of life is undoubtedly accompanied by a saving of health to many infants who survive the first year, but who formerly suffered in strength and physique as the result of preventable illness.

TABLE XII.—*For the Year 1913.*

	Birth Rate.	Infantile Mortality Rate.
Hans Town Ward	14·1	71
Royal Hospital ,, ...	15·6	55
Church ,, ...	18·3	104
Cheyne ,, ...	16·8	74
Stanley ,, ...	21·6	111
Chelsea Borough	18·2	92

The above Table shows the infantile mortality rates and the birth-rates in the five wards of the Borough. The births occurring in the Chelsea Workhouse and other maternity institutions have been distributed amongst the various wards.

From Table XVII. (Local Government Board, Table IV.) it will be seen that out of a total of 112 deaths of infants under one year of age in 1913, 46 or 41·1 per cent. occurred in the first four weeks of life, as compared with 37·6 per cent. in 1912, and 27·3 per cent. in 1911. Thirty deaths occurred in the first week of life, equal to 26·8 per cent. of the total, the corresponding figure for 1912 being 21·2 per cent., and for 1911, 14·4 per cent.

The majority of these deaths in the first month of life are due to prematurity, congenital defects, injury at birth, wasting, and congenital syphilis. For deaths under one month the rate of mortality in 1913 was 38 per 1,000 births, as against 26 in 1912, the average rate for the 8 years 1905-1912 being 37.

Between the ages of 1 month and 12 months, 66 deaths, or 58·9 per cent. of the total, occurred in 1913, as compared with 62·4 per cent. in 1912, 22 of these deaths being due to diarrhœa, as compared with only 7 in 1912.

The principal causes of death amongst infants under one year in 1913 were :—Diarrhœa, 22 ; pneumonia, 17 ; prematurity, 15 ; wasting, 13 ; congenital malformations, 7 ; and congenital syphilis, 4.

Illegitimate Births.—The following Table shows, for each of the years 1905-1913, the number of illegitimate births belonging to the Borough, the number known to be alive at the end of each year, the number known to be dead, and the number unaccounted for.

TABLE XIII.—*Borough of Chelsea.*

Year.	Illegitimate Births.					
	Number.	Per cent. of total births.	Alive at end of year.	Dead at end of year.	Unaccounted for.	Deaths under 1 to 1,000 births.
1905	88	5·5	19	10	59	114
1906	73	4·8	21	7	45	96
1907	76	5·2	28	9	39	118
1908	96	6·2	37	11	48	115
1909	74	5·3	44	13	17	176
1910	80	5·8	63	8	9	100
1911	64	5·2	51	7	6	109
1912	59	4·9	49	9	5	153
1913	87	7·2	73	10	4	115

The infantile mortality rates in the above Table are evidently minimum rates from 1905 to 1908, owing to the considerable numbers each year unaccounted for by change of residence, or other cause. During the past four years it has been possible to trace the subsequent histories of the illegitimate infants with some approach to accuracy.

TABLE XIII.—(I.)

VITAL STATISTICS OF WHOLE DISTRICT DURING 1913 AND PREVIOUS YEARS.

Year.	Population estimated to Middle of each year.	Births.			Total Deaths Registered in the District.		Transferable Deaths ‡		Nett Deaths belonging to the District.			
		Uncorrected No.	Nett.						Under 1 year of Age.		At all Ages.	
			No. †	Rate.	No. *	Rate.	of non-residents registered in the District †	of Residents not registered in the District †	No. *	Rate per 1,000 Nett Births.	No. *	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1908	68,371	1479	1540	22·5	1653	24·2	705	156	166	108	1104	16·1
1909	67,649	1330	1400	20·7	1625	24·0	740	202	150	107	1087	16·1
1910	66,935	1298	1376	20·6	1427	21·3	632	157	141	102	952	14·2
1911	66,228	1187	1238	18·8	1527	23·1	709	216	139	112	1034	15·7
1912	65,397	1160	1210	18·6	1449	22·2	668	186	85	70	967	14·8
1913	66,400	1170	1210	18·2	1444	21·7	743	194	112	92	895	13·5

NOTES.—This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates probably will not be available. The rates should be calculated per 1000 of the estimated gross population. In a district in which large Public Institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

* In Column 6 are to be included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is to be entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are to be similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

† The Medical Officer of Health will be able from the returns made to him by the local Registrar of Deaths to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths must be included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a Statement of the number of births requiring to be added to or subtracted from the total supplied by the local Registrar.

‡ **"Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided.** The deaths of persons without fixed or usual residence, *e.g.*, casuals, must not be included in Columns 8 or 9, except in certain instances under 3 (*b*) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of "non-residents" which are to be deducted, and will state in Column 9 the number of deaths of "residents" registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths :—

(1) Persons dying in Institutions for the sick and infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If a person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are to be referred (*a*) to the district of residence, under the general rule; (*b*) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (*c*) failing this, to the district where death occurred, if known; and (*d*) failing this, to the district where the body was found.

Area of District in acres (land and inland water)..660

Total population at all ages at Census of 1911..66,404
Number of inhabited ordinary dwelling houses.. 6,115
Average number of persons per house .... 7·5

TABLE XIV.—(II.)

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1913.

Notifiable Disease.	Number of Cases notified.									Total Cases Notified in each Locality (*e.g.*, Parish or Ward) of the District		Total Cases removed to Hospital.
	At all Ages.	At Ages†—Years.										
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.		North Chelsea.	South Chelsea.	
Small-pox	..	..	..	..	..	..	..	..		..	..	..
Cholera	..	..	..	..	..	..	..	..		..	..	..
Plague	..	..	..	..	..	..	..	..		..	..	..
Diphtheria (including Membranous Croup)	59	1	21	29	6	1	1	..		19	40	48
Erysipelas	33	1	..	3	4	8	11	6		15	18	4
Scarlet Fever	199	..	48	122	19	10	..	..		113	86	181
Typhus Fever	..	..	..	..	..	..	..	..		..	..	..
Enteric Fever	7	..	..	1	3	3	..	..		3	4	6
Relapsing Fever	..	..	..	..	..	..	..	..		..	..	..
Continued Fever	..	..	..	..	..	..	..	..		..	..	..
Puerperal Fever	8	..	..	..	1	6	1	..		1	7	5
Cerebro-spinal Meningitis	..	..	..	..	..	..	..	..		..	..	..
Poliomyelitis	3	..	3	..	..	..	..	..		2	1	2
Pulmonary Tuberculosis	249	..	7	13	29	95	89	16		..	..	..
Other forms of Tuberc'losis	63	..	10	31	13	6	1	2		..	..	..
Totals	621	2	89	199	75	129	103	24		153	156	246

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

TABLE XV.—(III.)

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1913.

Causes of Death.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District *(a)*.									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District *(b)*.
	All Ages.	Under 1 Year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*
Enteric Fever	1	..	..	..	..	..	1	..	..	1
Small Pox	..	..	..	..		..	..	..	..	..
Measles	17	2	11	3	..	1	..	..	..	3
Scarlet Fever	3	..	1	..	2	..	..	..	..	..
Whooping Cough	4	3	1	..	..	..	..	..	..	1
Diphtheria and Croup	1	..	..	1	..	..	..	..	..	..
Influenza	12	1	..	..	..	..	1	2	8	5
Erysipelas	3	..	..	..	..	..	..	1	2	1
Phthisis (Pulmonary Tuberculosis)	78	..	..	1	3	9	27	24	14	146
Tuberculous Meningitis	10	1	3	2	2	1	..	1	..	26
Other Tuberculous Diseases	9	..	1	2	2	1	1	..	2	30
Cancer, malignant disease	85	..	..	..	..	2	10	36	37	192
Rheumatic Fever		..	..	..	..	..	..	..	..	..
Meningitis. *See* note (*d*)	9	3	1	..	2	3	..	..	..	10
Organic Heart Disease	99	2	..	..	3	3	11	21	59	76
Bronchitis	106	7	..	..	..	..	1	22	76	93
Pneumonia (all forms)	67	11	8	..	1	1	7	13	26	76
Other Diseases of Respiratory Organs.	3	1	..	..	1	..	..	..	1	6
Diarrhœa and Enteritis. *See* note (*e*).	32	22	3	1	..	..	..	2	4	52
Appendicitis and Typhlitis	8	..	..	..	2	1	3	2	..	4
Cirrhosis of Liver	19	..	1	..	..	..	6	9	3	8
Alcoholism	7	..	..	..	..	..	3	3	1	4
Nephritis and Bright's Disease	30	..	..	..	..	..	5	12	13	29
Puerperal Fever	2	..	..	..	..	..	2	..	..	..
Other accidents and diseases of Pregnancy and Parturition.	4	..	..	..	..	1	3	..	..	2
Congenital Debility and Malformation, including Premature Birth.	39	38	1	..	..	..	..	..	..	17
Violent Deaths, excluding Suicide	28	6	1	..	3	1	6	5	6	20
Suicides	8	..	..	..	..	..	2	3	3	3
Other Defined Diseases	108	10	1	..	4	3	14	32	44	92
Diseases ill-defined or unknown	63	5	1	..	..	..	3	17	37	61
Old Age	40	..	..	..	..	..	..	2	38	57
	895	112	34	10	25	27	106	207	374	1015

NOTES TO TABLE III.

(*a*) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the District who have died outside it, are to be included with the other deaths in columns *2-10*. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the district, are in like manner to be *excluded* from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.

The total deaths in column *2* of Table III. should equal the figures for the year in column *12* of Table I.

(*b*) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are to be entered in the last column of Table III.

(*c*) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."

(*d*) Exclusive of "Tuberculous Meningitis" (10), but inclusive of Cerebro-Spinal Meningitis.

(*e*) Title 19 should be used for deaths from Diarrhœa and Enteritis at all ages. (In the "Short List" deaths from Diarrhœa and Enteritis under two years are included under Title 19; those at two years and over being placed under Title 28.)

TABLE XVI.—(IV.)

INFANT MORTALITY.—1913. NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
Small-pox	..	..	..	..	..	..	..	..	..	..
Chicken-pox	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	2	2
Scarlet Fever	..	..	..	..	..	..	..	..	..	..
Whooping-cough	..	..	..	..	..	..	1	2	..	3
Diphtheria and Croup	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis	..	..	..	..	..	..	..	1	..	1
Abdominal Tuberculosis (*b*)	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	..
Meningitis (*not Tuberculous*)	..	..	..	..	..	..	1	1	1	3
Convulsions	1	1	..	..	2	..	1	..	..	3
Laryngitis	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	..	1	1	..	..	2	..	3
Pneumonia (all forms)	..	..	..	1	1	4	6	4	2	17
Diarrhœa	..	..	..	..	..	2	..	3	1	6
Enteritis	..	2	..	..	2	2	5	7	..	16
Gastritis	..	..	1	..	1	..	1	..	..	2
Syphilis	2	..	..	1	3	..	..	..	1	4
Rickets	..	..	..	..	..	..	..	..	..	..
Suffocation, overlying	..	..	..	..	..	1	1	..	..	2
Injury at Birth	3	..	..	..	3	..	..	..	..	3
Atelectasis	3	..	..	..	3	..	..	..	..	3
Congenital Malformations (*c*)	4	..	2	..	6	..	1	..	..	7
Premature Birth	11	1	1	..	13	1	1	..	..	15
Atrophy, Debility & Marasmus	6	2	1	..	9	3	1	..	..	13
Other causes	..	..	1	1	2	3	2	1	1	9
	30	6	6	4	46	16	21	21	8	112

Nett Births in the year { legitimate .. 1,123 ; illegitimate .. 87

Nett Deaths in the year of { legitimate infants ....102 ; illegitimate infants .. 10

NOTES TO TABLE IV.

(a) The total in the last column of Table IV. should equal the total in column 10 of Table I., and in column 3 of Table III.

(b) Under Abdominal Tuberculosis are to be included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.

(c) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, should equal the total in Table III. under the heading Congenital Debility and Malformation including Premature Birth.

Want of Breast Milk should be included under Atrophy and Debility.

(d) For references to the meaning of any other headings, *see* notes attached to Table III.

In recording the facts under the various headings of Tables I., II., III. and IV., attention has been given to the notes on the Tables.

Section II.

INFECTIOUS DISEASES.

Small-pox.—There were no cases of small-pox in Chelsea in 1913. In London, during 1913, only 5 cases of the disease were notified, as compared with 6 in 1912, and 73 in 1911. Of the five cases 2 were in Poplar, 1 in Shoreditch, 1 in Southwark, and 1 in Marylebone. There has not been a case notified in London since the commencement of September.

Scarlet Fever.—In 1913, 199 cases of scarlet fever were notified in Chelsea, equivalent to a case-rate of 30 per 10,000 of the population, as against 19·3 in 1912. The number of cases notified in the first quarter of the year was 18, in the second quarter 27, in the third quarter 74, and in the fourth quarter 80. Scarlet fever prevalence in Chelsea commenced to increase considerably early in June, and with but little intermission in August, during the school holidays, maintained a very high level until the end of the year. This prevalence in Chelsea formed part of a general prevalence throughout nearly the whole of London, which set in towards the end of August and continued to the end of the year. There was no special school incidence of the disease attaching to any school or schools in the Borough, but the prevalence was rather more marked in North Chelsea (113 cases notified) than in South Chelsea (86 cases notified). The disease was of very mild type, only 3 deaths from scarlet fever being registered throughout the entire year, which gives a case mortality of only 1·5 per cent. Knowledge was obtained of several missed cases of the disease, which were not recognised or notified, but it is doubtful if these cases had really much influence in causing the spread of infection.

The percentage of cases of school age (3 to 13 years) of the total number in the Borough was 76, as compared with 72 in 1912. The average duration of the stay in hospital of 138 cases, of which the records are to hand, was 55·4 days, as against 58·8 days in 1912. Only 3 cases admitted to M.A.B. hospitals were subsequently certified by the Medical Superintendents of the hospitals not to be suffering from scarlet fever or any other notifiable disease. The duration of stay in hospital of one of these cases was 22 days, the others not being given. One case on discharge from hospital was stated to be still suffering from chronic otorrhœa, as compared with 4 in 1912. There were no "return" cases in 1913. There was some delay in the removal of cases to M.A.B. hospitals late in the year, but all cases for whom applications were made were eventually removed after short delays of 12 to 48 hours.

Diphtheria.—In 1913, 59 cases of diphtheria were notified in Chelsea, equivalent to a case-rate of 8·9 per 10,000 of population, as compared with 13·6 in 1912. In the first quarter of the year 7 cases were notified, in

the second quarter 10, in the third quarter 13, and in the fourth quarter 29. The percentage of cases of school age (3 to 13 years) of the total number in the Borough was 69·5, as against 67 in 1912. In North Chelsea 19 cases were notified, and in South Chelsea 40, so that whilst scarlet fever was slightly more prevalent in North Chelsea, South Chelsea showed a large excess of diphtheria. For the whole Borough, however, the incidence of diphtheria was slight, and since 1890, when notification of infectious disease first became compulsory, there has only been one year (1905) when the incidence of diphtheria was less. The month of greatest prevalence was October (12 cases), and the month of least prevalence March (1 case). The type of disease was very mild, as there was only one death from diphtheria in the year. This gives the very low case mortality of 1·7, which is but very little above the 1913 case mortality of scarlet fever.

The average duration of stay in hospital of 32 cases, of which the records are to hand, was 52 days, as against 58 in 1912. There were no returns by M.A.B. hospital superintendents of cases admitted under a wrong diagnosis.

There was no special school incidence of diphtheria in 1913 in respect of any of the schools in the Borough. Several "carrier" cases were found in the course of the year amongst children attending elementary schools, and were notified to the Public Health Department by the school medical officer. So far as can be ascertained, there was no spread of infection from any of these "carrier" cases; and it seems very doubtful if, at times when diphtheria is but little prevalent, these "carriers" are any source of danger to others. The Klebs-Lœffler bacillus is present in the throat, and sometimes in the nose secretions, but it seems to be without pathogenic power. I have no doubt, however, that when diphtheria is prevalent or becoming epidemic, these "carriers" are liable to be active propagators of infection.

During the year medical practitioners sent 134 throat swabbings to the Lister Institute for bacterioscopic diagnosis, as compared with 160 in 1912. Six were sent by myself from this department. The entire cost was defrayed by the Borough Council. Of the total swabs, 89, or 66 per cent., were sent by the medical staff of the Victoria Hospital in respect of Chelsea children. Of the total of 134 swabs, 23, or 17·2 per cent., afforded positive evidence of the presence of the specific Klebs-Lœffler bacillus, and 111, or 82·8 per cent., gave negative evidence. In 1912 the positives were 27 5 per cent., and the negatives 72·5 per cent. The presence of Hoffmann's pseudo-diphtheria bacillus was not recorded in any of the negative results.

No applications were made during the year by medical practitioners for anti-toxin, nor for repayments for the supply of anti-toxin by chemists in the Borough for the use of the poorer class of patients prior to removal to the fever hospitals.

Enteric Fever.—The number of cases of enteric fever notified in Chelsea in 1913 was 7, as against 10 in 1912, the case-rate being 1·05 per 10,000 of the population. One case was notified in the first quarter of the year, none in the second, 4 in the third, and 2 in the fourth quarter. Three cases were notified in North Chelsea, and 4 in South Chelsea.

Of the 7 cases notified, two were mistaken diagnoses. Of the remaining five, in three cases the infection must have been contracted outside the Borough. There were, therefore, only 2 cases in which it seems probable that the infection was contracted within the Borough. One of these cases proved fatal, and the other was discharged after 47 days in hospital.

Four specimens of blood from supposed enterics were sent to the Lister Institute in the course of the year for determining the Widal reaction. Two gave positive results—one being only a partial agglutination (viz., 1 in 25, not 1 in 100 dilution), and 2 gave negative results.

Removals to Hospital.—During the year 1913, 91 per cent. of the scarlet fever cases were removed to hospital, as against 90 per cent. in 1912; 81 per cent. of the diphtheria cases were removed, as against 90 per cent. in 1912; and 86 per cent. of the enteric fever cases were removed, as against 90 per cent. in 1912.

Case Mortality.—In 1913, the case mortality, or percentage of deaths to notifications, in the case of scarlet fever was 1·5, as against 1·6 in 1912; in the case of diphtheria, 1·7, as against 4·5 in 1912; and in the case of enteric fever, 14·3, as against 10·0 in 1912.

Cerebro-spinal Fever.—No cases of this disease were notified in Chelsea in 1913. In London, during the year 1913, 91 cases were notified, as against 103 in 1912. Five deaths were registered in London as due to this disease during the year, the case-mortality being 5·5 per cent., as compared with 4·0 per cent. in 1912, 7·8 in 1911, 8·7 in 1910, and 13·6 in 1909.

Acute Poliomyelitis.—Three cases of this disease were notified in Chelsea in 1913—one in September, one in October, and one in November. The first patient was a girl of 3 years, who was taken into St. George's Hospital. She was discharged almost completely recovered, no permanent paralysis being expected. The second patient was a female infant, one year of age, who was removed to the Victoria Hospital for Children. When discharged there was still some paralysis of both legs. The third patient was a boy of 4 years, who was treated at home. He recovered, but with paralysis of the right arm and forearm. Nothing was ascertained as to any probable source of infection in any of these cases, and there was no antecedent illness amongst inmates of the homes occupied by the patients.

In London 145 cases were notified during the year—namely, 10 in the first quarter, 22 in the second, 62 in the third, and 51 in the fourth quarter. The majority of the cerebro-spinal fever cases in London were notified in the first half of the year—namely, 61—and only 30 in the second half, so that these two diseases appear in London to have prevalences at opposite seasons of the year.

Ophthalmia Neonatorum.—In London during 1913, 627 cases were notified, as compared with 699 in 1912, and 680 in 1911 from the 11th March to the end of that year. Fourteen cases were notified in

Chelsea, as compared with 5 in 1912. Of the 14 cases, 10 made complete recoveries, 2 were left with some weakness of one or both eyes, and 2 infants died from other causes. Two of the cases were severe, 7 were of moderate severity, and 5 were slight cases. All the cases were visited by the Lady Sanitary Inspector, and steps were taken to ensure that the affected eyes received appropriate treatment. Altogether 44 visits were paid in respect of cases of ophthalmia neonatorum.

Puerperal Fever.—Eight cases of this disease were notified in Chelsea in 1913. Two of these cases ended fatally. Five cases were attended by midwives, and two by medical practitioners. The other case followed on a miscarriage.

Measles.—This disease was rather prevalent in Chelsea in the first quarter of 1913. Orders of the Medical Officer (L.C.C. Education) for the exclusion from school of unprotected children attending certain classes in the Infants' Departments were made in respect of the following schools:—St. Joseph's, Holy Trinity, Marlborough, Cook's Ground, Park-walk, and Ashburnham schools. During the year 103 children attending Chelsea schools were notified to the Public Health Department by the teachers of the schools as actually suffering from measles, whilst 117 children, who were "contacts," *i.e.*, living in houses invaded by measles, were excluded from school attendance for varying periods.

Fifty-five cases of measles were removed to M.A.B. hospitals during the course of the year. Six of these cases were removed on certificates given by the Medical Officer of Health that isolation hospital treatment was required, owing to the absence of proper attention and nursing, or to the risk of infection spreading to unprotected children in the house. The average duration of stay in hospital of 46 cases, of which records are to hand, was 52 days, as against 35 in 1912, and 38 in 1911. Sixteen cases were sent from the St. George's Infirmary.

Whooping Cough.—Seven cases of whooping cough were admitted to M.A.B. hospitals in 1913, namely, 4 from St. George's Infirmary, 2 from the Chelsea Infirmary, and one from a private address. The average duration of stay in hospital of 4 cases was 94 days, as against 91 in 1912, and 74 in 1911. Thirty-five children attending schools in Chelsea were notified to the Public Health Department by the teachers of the schools as actually suffering from whooping cough, whilst 6 "contacts" were excluded from school.

Notifications of Tuberculosis.

The following Table shows the number of notifications of males and females, at 11 different age-periods, from pulmonary and non-pulmonary tuberculosis, that were received under the Public Health (Tuberculosis) Regulations, 1912, from 1st February, 1913, when the regulations came into force, until the 3rd January, 1914.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications from 1st February, 1913, to end of week ended 3rd January, 1914.

	No. of Notifications on Form A.													*No. of Notifications on Form B.*					*No. of Notifications on Form C.*	
	Primary Notification.												Total Notification *i.e.*, including cases previously notified by other doctors.	Primary Notification.				Total Notification, *i.e.*, including cases previously notified.	Poor Law Institutions.	Sanatoria.
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and over	Total.		0 to 5	5 to 10	10 to 15	Total.			
Pulmonary																				
Males ..	—	2	3	1	7	6	14	23	20	13	6	95	108	—	—	—	—	—	110	10
Females ..	—	2	3	3	5	7	12	15	9	5	4	65	76	—	—	—	—	—	20	10
Non-Pulmonary																				
Males ..	—	4	6	4	8	—	1	1	—	—	—	24	27	—	1	2	3	3	1	1
Females ..	—	6	11	7	—	3	3	1	—	—	2	33	37	—	—	2	2	2	5	1
	—	14	23	15	20	16	30	40	29	18	12	217	248	—	1	4	5	5	136	22

Pulmonary Tuberculosis.

During the year 1913, 249 persons were notified as suffering from pulmonary tuberculosis, but only 160 of these were actually new cases not previously notified. There were 63 notifications of other forms of tuberculosis; and with 6 exceptions these were all new cases, that had not been previously notified, as prior to the 1st February notification was restricted to pulmonary cases.

Forty-one specimens of sputum were sent during the year by medical practitioners to the Lister Institute for free bacterioscopic diagnosis. Of these 13, or 32 per cent., showed the presence of tubercle bacilli, and 28, or 68 per cent., did not.

Of the notified cases of pulmonary tuberculosis on the register, 41 died during the course of the year. Ten of these cases were only notified a few days (1 to 10) before the fatal termination of the illness. Twenty-six of the cases had been notified for periods ranging from 1 to 11 months before death; and 4 of the cases had been notified between 1 and 2 years. One case had been on the register 4 years.

Of 83 new cases of pulmonary tuberculosis (mostly adults) entered in the register for the year 1913, of which fairly full notes have been obtained as the result of visits to, and enquiries made at the homes of the patients by the Lady Sanitary Inspector, in 16 there was a history of tuberculosis amongst near relatives, and circumstances pointed to direct infection from the tuberculous relative. In 28 cases the tubercular infection appears to have been preceded by an attack of bronchitis, influenza, pneumonia, or neglected nasal and bronchial catarrhs. In 3 cases the illness was attributed to constant exposure to cold and wet. Badly ventilated or dusty workrooms and offices are associated with 8 cases; phthisical fellow-workers with 3 cases; living in basement rooms with 2 cases; previous injury to the chest with 3 cases; and one case each is attributed to drink and bad habits, habitual over-fatigue, want of sufficient food, and nursing a phthisical patient.

Of these 83 cases, 45 were found on the date of the first visit by the Lady Sanitary Inspector to be sleeping alone (with a bed to him or herself), and 36 were sleeping in bed with some other person. In more than half of the latter cases the patients were induced subsequently to make arrangements to sleep alone. Four beds with the necessary bedding have been provided for this purpose by the Chelsea Borough Council, and were lent to necessitous cases during the year, with great advantage to the sufferers. About three-quarters of the cases visited are found to be able and willing to carry out sanitary precautions as regards disposal of sputa, burning of infected rags, having windows open, and keeping the rooms occupied clean and free from dust and dirt. About one-quarter of the cases are somewhat unsatisfactory to deal with, owing to carelessness and scepticism as to infection and the necessity for fresh air and cleanliness. In nearly every case, however, some improvement is effected as the result of the visits made.

In the period 13th July, 1912, to 31st December, 1913, during which the Sanatorium provisions of the National Health Insurance Act, 1911,

have been in operation, 25 cases of notified pulmonary tuberculosis have received institutional treatment in open-air sanatoria as patients of the Insurance Committee of the County of London. The average duration of stay of these 25 persons in the sanatoria has been 2½ months. Three of the patients died whilst undergoing treatment in sanatoria. Ten of the cases have been treated at the Downs Sanatorium, 5 at Winchmore Hill, 2 at Frimley, 2 at Hawthorndene, and one each at various other sanatoria. Six patients are still undergoing treatment. Eight notified cases have had hospital treatment, the average duration of stay in hospital being 2 months; and 6 cases have had both sanatorium and hospital treatment. A good deal of work and correspondence has been carried on in the Public Health Department in respect of advising and putting the patients in the way of obtaining sanatorium benefit, corresponding with panel doctors and the Insurance Committee, and obtaining grants for extra nourishment for cases in which such was advised as being ancillary to medical treatment. No portable open-air shelters or tents have been as yet provided by the Council for the use of phthisis patients in the Borough.

The number of new cases of phthisis visited in the course of the year was 112, and of non-pulmonary tuberculosis 44. The total number of visits paid in respect of pulmonary and non-pulmonary tuberculosis was 815.

Eight patients were sent to sanatoria by the Invalid Children's Aid Association, one by the Charity Organisation Society, and two by private individuals. Twenty patients were sent to convalescent homes by private individuals. Eight out-patient and four in-patient letters were given to patients for the Brompton Hospital, and five in-patient letters for the Victoria Hospital for Children. Nineteen pocket spittoons were given to persons requiring them. Four iron truckle bedsteads with hair mattresses and bolsters have been obtained by the Borough Council, and have been lent to necessitous cases of phthisis, where the patient was not sleeping alone and could not afford the expense of an additional bed.

Five tubercular children were reported by the School Medical Officer of the County of London, and were referred to the Invalid Children's Aid Association, who arranged for the appropriate treatment in each case. Two tubercular children were reported by Poor Law Medical Officers. Three "contacts" were sent to the Brompton Hospital for examination, and two of them were found to be suffering from tuberculosis.

Non-Pulmonary Tuberculosis.

The majority of cases of non-pulmonary tuberculosis notified were children. Of 38 cases about which fairly full information was obtained as the results of home visits, 18 were cases of tuberculosis of the cervical glands, 5 were generalised tuberculosis, 4 were spinal cases, 3 ankle or knee cases, 3 hip cases, 2 abdominal gland cases and 2 bronchial gland cases, and there was one case of lupus.

Sixteen of these cases were helped by the Invalid Children's Aid Association to obtain proper surgical treatment in hospitals; and the majority were sent by the Association during convalescence to country or

seaside homes. In this way the Invalid Children's Aid Association has been engaged in a most beneficent work, which has enabled a considerable number of children to recover from lengthy illnesses, and has restored them to a condition of health, which would have been impossible under existing conditions without the Association's timely help and assistance.

Of 64 cases of non-pulmonary tuberculosis entered in the register, 26 were cervical gland cases, 21 of which were children under 15 years of age; 10 were hip cases, 5 of which were 15 years or under; 8 were spinal cases, all being 15 or under; 5 were cases of peritoneal tuberculosis, 4 being 15 or under; 3 were leg cases; 3 were skin cases; 3 were generalised tuberculosis; and 2 each were arm cases and bronchial gland cases. It is evident that the tubercular infection of the lymphatic glands of the neck is by far the most common form of non-pulmonary tuberculosis. In these cases there can be little doubt that the route of entry of infection is by means of the tonsils; but whether the infection is airborne or conveyed in food by means principally of tubercle-infected cow's milk, is still a matter *sub judice*. There can, however, be little question that the unhealthy conditions of the tonsils and naso-pharyngeal cavities, so largely prevailing amongst the children of the poorer classes, must form a strong predisposing factor to the lodgment of the tubercle bacillus in the tonsils, and its subsequent invasion of the cervical glands.

A scheme for the establishment of a Tuberculosis Dispensary for the Borough of Chelsea in connection with the Brompton Hospital for Consumption has been formulated and approved by the Borough Council, and is set out below. The scheme now only awaits the approval of the London County Council to come into operation; and it may be expected to be in working order about the beginning of June, 1914.

21st November, 1913.

Scheme for a Tuberculosis Dispensary for the Metropolitan Borough of Chelsea.

The Brompton Hospital for Consumption is prepared to make special arrangements to act as a tuberculosis dispensary for the examination and treatment of patients from the Borough of Chelsea.

The Committee of the Brompton Hospital are prepared to appoint a junior member of the Visiting Staff of Physicians of the Hospital as Tuberculosis Officer for Chelsea, and suggests that the remuneration of the Tuberculosis Officer should be at the rate of £150 per annum. It is proposed to enter into similar arrangements with the Royal Borough of Kensington for the Hospital to act as a Tuberculosis Dispensary for South Kensington patients, as have been arranged for Chelsea patients.

The Tuberculosis Officer appointed by the Committee of the Brompton Hospital undertakes to work in close co-operation with the Medical Officer of Health of Chelsea, and to perform such duties as may be required by the Local Government Board under the special circumstances of the case, such duties to include (1) attendance at meetings of

the Insurance Committee of London, if and when required; (2) examination of any "contacts" or "suspects," who come to the Hospital; and (3) examination of such cases at their own homes, as required. The Tuberculosis Officer will also undertake to carry out the duties of "Consulting Officer" within the meaning of the Local Government Board's Order of the 26th July, 1912, unless other arrangements are approved by the Board.

The Chelsea patients attending at the Dispensary will be (*a*) insured persons recommended for Dispensary treatment by the Medical Officer of the Insurance Committee for London, or by a local medical practitioner on the panel; provided that the Insurance Committee for London is prepared to defray its share of the cost of the treatment or examination of insured persons attending at the Dispensary, and also its proportional share of the salary of the Tuberculosis Officer. Non-insured persons (*b*) may be sent to the Dispensary (for examination or treatment) by the Medical Officer of Health, provided that they are resident in the Borough of Chelsea.

The visiting of the homes of persons recommended for, or receiving Dispensary treatment, will be carried out by the Medical Officer of Health and his staff; the closest possible co-operation being maintained between the Medical Officer of Health and the Tuberculosis Officer.

The Brompton Hospital is prepared to enter into an agreement to examine and treat all Chelsea patients at a sum of two shillings per head per attendance for a period of six months as from the date upon which the scheme comes into operation.

The cost of initial establishment of the scheme will be *Nil*, as the Hospital is already fully equipped for dealing with tuberculous patients.

The annual cost of working and maintenance of the Tuberculosis Dispensary, and the amounts of contributions from the various authorities are estimated as below:—

	£	s.	d.
Cost of treatment of insured persons	133	6	8
,, ,, uninsured persons	266	13	4
Salary of Tuberculosis Officer	150	0	0
	£550	0	0

	£	s.	d.
Contribution of Insurance Committee	183	6	8
,, from Treasury Grant	183	6	8
,, ,, London County Council	91	13	4
,, ,, Chelsea Borough Council ...	91	13	4
	£550	0	0

Section III.

HOUSING OF THE WORKING CLASSES.

Sir Thomas More Buildings.

The Buildings have been fully occupied during the year. During the year 41 tenants voluntarily terminated their tenancies, as against 25 in 1912, and two were given notice to quit, the same number as in 1912.

During 1913, 28 births (13 boys and 15 girls) were registered as occuring in the Buildings, and 9 deaths of residents occurred.

The deaths were as follows :—

Age.	*Sex.*	*Disease.*
6 days ...	Male ...	Hereditary syphilis.
14 days . .	Male ...	Inanition.
14 days ...	Female ...	Gastric catarrh.
5 months ...	Male ...	Broncho-pneumonia ; meningitis.
21 years ...	Female ...	Tubercular meningitis.
34 ,, ...	Female ...	Puerperal fever.
51 ,, ...	Male ...	Gastric ulcer ; myocarditis
57 ,, ...	Male ...	Duodenal ulcer.
58 ,, ...	Male ...	Quinsy.

Two cases of scarlet fever and 3 cases of diphtheria were notified in the Buildings during the year.

Pond House.

During the year Pond House was fully occupied. Six tenants voluntarily terminated their tenancies. Two births—both males—were registered during the year, and there were 3 deaths, namely :—Male, 33 years ; rheumatism and heart disease ; male, 46 years, mitral heart disease ; male, 71 years, bronchitis. One case of scarlet fever, and one of diphtheria were notified during the year.

Onslow Dwellings.

The Dwellings were fully occupied during the year. Seventeen tenants voluntarily terminated their tenancies, and one was given notice to quit. During the year 5 births (3 males, 2 females) were registered and four deaths. The deaths were :—Female, 29 years, pulmonary tuberculosis ; male, 37 years, pulmonary tuberculosis ; male, 76 years, bronchitis ; male, 80 years, paralysis agitans. No cases of scarlet fever or diphtheria were notified.

Grove Buildings.

The Buildings were fully occupied throughout the year. Thirty-three tenants voluntarily terminated their tenancies, and four were given

notice to quit. Nineteen births (8 males, 11 females) were registered during the year, and 4 deaths. The deaths were:—Female, 28 years, puerperal septicæmia; male 56 years, heart disease; female, 62 years, Bright's disease; male, 69 years, pericarditis, dilated heart. Two cases of scarlet fever were notified during the year.

The following Table shows the population (Census, 1911) of the Council's Dwellings, including the resident staff and their families:—

Sir Thomas More Buildings	767
Pond House	115
Onslow Dwellings	332
Grove Buildings	253
	1,467

The Sutton Model Dwellings were completed during 1913, and are now (January, 1914) nearly or quite fully occupied. They are capable of housing about 2,200 people.

The Lewis Trust Buildings are in course of erection, and will probably be ready for occupation in about twelve months.

During the year 6 houses in Petyt-place, Church-street, were closed and demolished. These houses were situate in a back court entered from the west side of Church-street by means of an archway under a house in that street. Three of the houses were without back windows or through ventilation, and all the houses were very old and dilapidated. There were only two w.c's in the court for the occupants of all six houses. The original leases had all expired, and a fresh lease for a short term had been granted to the former leaseholder. The six houses were represented by the Medical Officer of Health to the Public Health Committee as unfit for human habitation; and the Committee decided that, before taking any action, a copy of the Medical Officer's report should be forwarded to the freeholder, Mr. Sloane Stanley, who thereupon took steps in combination with the lessee to cause the premises to be vacated, and they were finally demolished after very little delay.

HOUSES DEMOLISHED OR VACATED FOR DEMOLITION DURING THE YEAR 1913.

	HOUSES.
Cale-street	3
Leader-street	1
Milman's-street	1
	5

Section IV.

THE SANITARY CONDITION OF THE BOROUGH.

The tabular statements prepared by the Sanitary Inspectors show that 1,158 separate premises were reported on by them during 1913, 321 of this number being with reference to cases of notifiable infectious disease, and 341 in the course of house-to-house inspections made in certain of the poorer streets of the Borough.

It has been necessary to take legal proceedings for breaches of the Public Health (London) Act, in respect of one house only.

Drainage.—During the year 10 transferences were made to the Surveyor's Department, in accordance with the Council's resolution of the 15th April, 1908, of premises where re-drainage works were required.

Inspection of Restaurant Kitchens, 1913.

Number of	restaurant and hotel kitchens	52
,,	inspections made	73
,,	premises found satisfactory	39
,,	premises with sanitary defects ...	13
,,	notices served	13

Bakehouses.

Number of	bakehouses	27
,,	inspections	51
,,	notices served	3

Disinfection.—During the past year, 342 premises have been disinfected after cases of infectious or other disease, 95 of these being rooms which had been in occupation by persons suffering from phthisis. In addition, 265 rooms were disinfected for the presence of bugs and other vermin, and were subsequently stripped and cleansed by the owners of the property.

At the disinfecting station, 1,593 separate articles of bedding or clothing were disinfected, and 115 mattresses and other articles were destroyed in the incinerator.

Smoke Nuisance.—The working of the Generating Station, Lots-road, for the supply of electric current to the Underground Electric Railways of London, has continued to be satisfactory during the year, so far as the emission of smoke is concerned, no complaints having been received.

There have been, however, several complaints during the year from West Chelsea of the emission of large volnmes of grit or unconsumed cinder ash from the chimneys of the Generating Station. This grit falls in the neighbourhood, and even at times at as great a distance as half-a-mile or more from the station, on the roofs of houses and in the yards and areas, and causes choking of gutters, stack-pipes and gullies, and very

great inconvenience to the occupiers. On one occasion in the autumn, the discharge of grit assumed unparalleled proportions, and was complained of over a very large area. As the result of a communication addressed to the Underground Electric Railways of London Company, Limited, in the autumn there was no further very serious cause of complaint up to the end of the year.

Basement Workrooms.—During the year eighteen new basement workrooms have come into occupation, and three were closed, there being at the end of the year 73 basement workrooms in the Borough, with accommodation for some 500 workers.

As mentioned in my nine preceding Annual Reports, the sanitary conditions of these basement workrooms are by no means satisfactory in respect of lighting, warming, ventilation, and, in some cases, aerial disconnection of water-closets from workrooms.

On behalf of the Women's Industrial Council a Bill to amend the Factory and Workshops Acts (1901 and 1907), in respect of underground premises used as Factories, Workshops, or Workplaces in which persons of either sex are employed, was introduced in the House of Lords and read a third time, but failed to pass through the House of Commons. The Bill is drafted on lines similar to those contained in Section 101 of the Factory and Workshop Act, 1901, dealing with underground Bakehouses.

Water Supply.

From the reports of Dr. Houston, Director of Water Examinations, Metropolitan Water Board, it appears that for the 12 months ending 30th November, 1913, on an average the number of samples of Chelsea filtered water yielding negative results as regards the presence of typical *Bacillus Coli* (the common intestinal micro-organism) was 90·9 per cent., when 100 c.c. of water were taken as the basis of bacterioscopic examination, the corresponding figure for the previous year being 91 per cent. The worst months were January (39 per cent. of the samples gave a positive result as regards *B. Coli*), and December, 1912 (21 per cent. gave positive results); and the best month was June, when all examples examined proved negative to the *B. Coli* test. The percentage of negative results in the remaining months varied from 88·6 to 98·1.

The Sale of Food and Drugs Acts.

During the year 1913, 400 samples were taken for analysis; of these 400 samples, 163 were *milk*, 154 being returned by the Public Analyist as genuine samples, and 9 as adulterated, equivalent to 5·5 per cent. of the total samples as compared with 3 per cent. in 1912. Of the 9 adulterated samples proceedings were only taken in one case, in which 10 7 per cent. of the original fat had been abstracted, the vendor being fined 10s. and 10s. 6d costs. In 6 cases the amounts of adulteration (added water varying from 1·9 to 2·9 per cent.) were insufficient to warrant any legal proceedings. In one case (4 4 per cent. of added water) the vendor was protected by a warranty from the wholesale dealer; and in one case (13 7 per cent. of fat abstracted), the vendor was able to show that the sample taken was from the bottom of a counter pan, and that the cream had probably been extracted in the course of serving, so no proceedings were taken.

Of *butter*, 171 samples were taken, 166 being returned as genuine, and 5 as adulterated. No proceedings were taken in any of these cases, in 4 there being only excesses of water, less than 6 per cent. in each case; and in one case, 45·8 per cent. of foreign fat. This sample was not taken under the Acts. A later sample taken from the same vendor under the Acts proved to be genuine.

All the samples of butter were examined for preservatives.

Preservatives in Butter.	*No. of Samples.*	*Per cent.*
Boric acid less than 0 1 per cent.	26	16
,, ,, from 0·1 to 0·2 ,,	66	39
,, ,, ,, 0·2 to 0·3 ,,	38	22
,, ,, ,, 0·3 to 0·4 ,,	34	20
,, ,, ,, 0·4 to 0·5 ,,	6	3
	171	100

The Departmental Committee of the Local Government Board recommended that butter should not contain more than 0·5 per cent. of boric acid. All the butters noted above were, therefore, within the limit.

Of *margarine*, 18 samples were taken, all being returned as genuine. Of these 18 samples 12, or 67 per cent., contained from 0·4 to 0·5 per cent. of boric acid; 4, or 22 per cent., contained from 0·3 to 0·4 per cent. of boric acid; and 2 samples, or 11 per cent., contained less than 0·2 per cent. of boric.

Of *coffee*, 9 samples were taken, 8 being genuine, and one adulterated with 63 per cent. of chicory, of which declaration had been made on a label. Of *pepper*, 9 samples were taken, all being genuine. Of *mustard*, 9 samples were taken, 8 being genuine, and one containing 15 per cent. of foreign matter. Two *chocolate creams* were analysed, both being genuine.

Public Health (Milk and Cream) Regulations, 1912.

Milk.—One sample was examined by the Public Analyst for preservatives. None was found.

Cream.—Nineteen samples were purchased informally (not under the Sale of Food and Drugs Acts). Of these 19 samples 4 were reported to be free from preservatives. These 4 samples were not labelled. Twelve samples were labelled in accordance with the provisions of the Regulations (Label 1). These 12 samples contained boric acid in amounts as follows, namely:—

5	samples	less	than 0·1	per cent.
2	,,	from 0·1	to 0·2	,,
1	,,	,, 0·2	to 0·3	,,
4	,,	,, 0 4	to 0·5	,,

Three unlabelled samples were found to contain boric acid, namely, one sample, 0 5 per cent.; one sample, 0·3 per cent.; and one sample 0·25 per cent. Letters were written from the Public Health Department to the vendors of these three samples calling attention to the breaches of the Regulations.

The vendor of the 0·5 per cent. sample stated in reply that he purchased all his cream from a creamery guaranteed as "unpreserved," for which he paid an extra price.

The vendor of the 0·3 per cent. sample stated in reply that he purchased the large majority of his requirements from a reliable firm under a guarantee that the cream contains no preservative.

The vendor of the 0·25 per cent. sample stated in reply that he obtained his cream from a factory, but without any warranty as to absence of preservatives. By an oversight of an assistant the proper label had not been attached to the sample sold to the Inspector.

None of the samples of cream were examined for determination of percentages of milk fat, or for thickening substances.

Microscopical Examination of Milk Samples for Dirt Deposits and Cells or Nuclei.

In the autumn of 1913, 16 milk samples were submitted to the Lister Institute for examination. The process pursued was as follows :—150 c.c. of each sample was taken and centrifugalised for 30 minutes. The supernatant fluid was then removed and the deposit emulsified in 10 c.c. of normal saline, again centrifugalised for 30 minutes in Houston's graduated tubes, and the amount of deposit read off. The deposit was made up to 5 c.c. with a special gentian violet stain and shaken for 15 minutes. A small quantity was then taken, and the cells or nuclei counted by the Thoma-Zeiss method.

Seven of the samples were purchased at what may be termed high class dairies (class A), 5 at middle class dairies (class B), and 4 at small general shops (class C).

One of the samples from class B was an exceptional one, containing a very large number of cells and much deposit. Excluding this sample, the averages of the three classes are as follows :—

Class.	*Amount of deposit in 150 c.c.*	*No. of cells per c.c.*
A	0·036 c.c.	2·8 millions.
B	0·031 c.c.	3·4 ,,
C	0·060 c.c.	6·4 ,,

The number of samples examined is too small to allow of any very definite conclusions being reached, and it is proposed to continue the observations during the present year ; but, so far as they go, the results obtained seem to show that, whilst there is no very great difference between the high class and middle class dairies, which are engaged more or less exclusively in the sale of milk, there is a very considerable deterioration in the quality of the milk sold by the small general shops engaged in a mixed trade.

The smallest amount of dirt deposit in any milk was 0·02 c.c. per 150 c.c., and the largest 0·07. The smallest number of cells per c.c. in any milk was 1·2 millions, and the largest 11·5 millions.

REPORTS PRESENTED TO THE BOROUGH COUNCIL.

22nd January. The Provision of a Tuberculosis Dispensary for Chelsea.

26th November. Further Report on the Tuberculosis Dispensary Scheme.

SUMMARY OF WORK DONE DURING 1913.

By the Lady Sanitary Inspector.

The work done during 1913 has comprised the following:—

(1) Inspection of workshops and Laundries at which women are employed.
(2) Inspection of outworkers' premises.
(3) Visiting cases of pulmonary and non-pulmonary tuberculosis.
(4) Visiting cases of measles and other non-notifiable infectious cases notified by the school authorities.
(5) Visiting Special cases reported from hospitals, and other agencies, &c.
(6) Visiting to give instruction *re* management of infants.

Workshops and Laundries.—During the year 61 new workshops were registered, and 16 were removed from the register, the total number at the end of the year being 533. There were 20 laundries on the register at the end of the year, 3 being factory and one a domestic laundry. Forty-two inspections were made in connection with laundries. During the year 108 workrooms were measured, for which workroom cards were given. The total number of inspections made in connection with workrooms was 592, and with factories 8. In 21 instances notices were served for cleansing workrooms, for overcrowding, or for defective floors.

Classification of Workshops. (*Women Employees*)

Dressmaking and Millinery	408
Outfitting	40
Embroidery	16
Various	49
Laundries—	
Factory	3
Workshop	16
Domestic	1
	533

Outworkers.—The two half-yearly returns are as follows:—

Number of Lists received	54
Total number of Outworkers as per Lists	619
Number living in Chelsea	155
Number forwarded to other Boroughs	619
Received from other Boroughs	106

The number of inspections made of outworkers' premises was 107.

The names and addresses of outworkers living in other districts, but working for Chelsea firms, were forwarded to their respective Boroughs or District Councils, as stated in the first column of the Table below. The number of notifications received from other Boroughs of Chelsea residents working for outside firms are given in the second column.

Notifications sent to—		*Notifications received from—*	
Battersea	58	Kensington	55
City of London	31	Marylebone	13
Fulham	73	Westminster	20
Hammersmith	19	Other Boroughs	18
Islington	25		
Kensington	38		
Lambeth	17		
Marylebone	58		
Paddington	19		
St. Pancras	22		
Stepney	16		
Wandsworth	19		
Westminster	87		
Other Metropolitan Boroughs	63		
District Councils	74		
Total	619		106

School Cases —The number of notifiable and non-notifiable cases of infectious diseases reported by the schools in 1913 was 978. There is still a great variation in the number of children notified by the different schools, as is shown by the following table.

In some cases the homes are visited, and advice is given to the parent, when there is no medical practitioner in attendance. Information is also given to the various schools, if there are contacts continuing to attend school, who have not suffered from the disease notified. Altogether 78 visits were paid, in connection with measles.

SCHOOL NOTIFICATIONS OF NON-NOTIFIABLE DISEASES.

	Numbers of Children notified from—
Ashburnham School	187
Christ Church ,, ...	73
Cook's Ground ,, ...	46
Holy Trinity ,, ...	17
Hortensia ,, ...	1
Marlborough-road School	267
Oratory School	25
Park-walk ,, ...	191
St. Mark's College School	6
St. Joseph's School	14
St. Luke's ,, ...	36
Servite ,, ...	78
Walton-street ,, ...	3
Whitelands ,, ...	0
Schools outside Borough	34
	978

Numbers of Cases of Disease, Contacts and Suspects notified from Schools.

	Suffering from.	Excluded as Contacts.	Excluded as Suspects.
Scarlet fever	69	112	57
Diphtheria	19	56	15
Chicken-pox	102	65	—
Eczema	10	—	—
Impetigo	32	—	—
Itch	1	—	—
Measles	103	117	—
Mumps	24	1	—
Ophthalmia	55	—	—
Ringworm	85	—	—
Whooping-cough ...	35	6	—
Tubercle...	2	—	—
Vermin	6	—	—
Other diseases	6	—	—
	549	357	72
		978	

From the commencement of September until the end of the year a considerable number of scarlet fever "contacts" and "suspects," who had been excluded from School, were visited by the Medical Officer of Health at their homes, as there was an unusual prevalence of the disease in the autumn. The great majority of the "suspects" visited were found to be suffering from ordinary sore throats and colds or other illnesses not of an infectious nature. Twenty-four cases of scarlet fever occurred in Slaidburn Street between the 14th July and the 25th October, very largely amongst children of school age. Sixteen of these cases were notified in September. All the cases were promptly removed to hospital. On the matter being reported to the Borough Surveyor, arrangements were made for the daily watering of the street with a weak disinfectant, and for the more frequent removal of house refuse from the back yards of the houses.

Verminous School Children.—During the year 1913, 187 children attending elementary schools in the Borough, were reported by the School Medical Officer for the County of London, as being found by the School Nurses to be in a verminous condition as regards their heads, their bodies, or both heads and bodies. The corresponding number reported in 1912 was 242 children. Of the total 187 in 1913, 155 were reported once only, 21 were reported twice, 7 three times, and 4 four times.

The homes of these children were visited by the Lady Sanitary Inspector; altogether 227 visits were paid in connection with this work. There appears to be a certain improvement as regards the cleanliness of the children in 1913 as compared with 1912, but the 32 cases reported more than once belonged to homes where the sense of parental responsibility is so slightly developed that but little good can be effected by home visiting. To aid the mothers of the children in cleansing the heads and freeing them from vermin, the Public Health Committee authorised the purchase of tooth-combs of the best quality, which are too expensive for the very poor to buy, and these are now given to necessitous cases with careful instructions as to how they are to be used.

The following Table shows the action taken as the result of these visits to verminous homes :—

	HOMES.
No action necessary, or rooms and bedding cleansed voluntarily by the parents	114
Disinfected by the Public Health Department	19
Rooms cleansed after service of notices on owners of the houses	17
Bedding destroyed and new bedding provided by the Council	1
Unable to obtain admission	4
Incorrect addresses	5
Little or no improvement effected	4
Prosecutions of parents by London County Council... ...	7

The Notification of Births Act, 1907.—The notifications received during the year have been as follows :—

Notification of Births, 1913.

	NUMBER.
Living children	1,010
Still-born children	33
	1,043
Notified by Medical Practitioners	350
,, St. George's Hospital	88
,, Midwives	443
,, Chelsea Workhouse...	67
,, Parents	85
Dual Notifications	10
	1,043
Total number of births registered	1,170

From the above Table it will appear that the notifications under the 1907 Act fell short of the registrations by the number of 127. In 1912 the discrepancy was 203, and in 1911 220.

In proportion to the number of births, there is in 1913 a considerable increase in notifications by medical practitioners, a slighter increase in notifications by midwives, and a considerable decrease in notification from St. George's Hospital. The hospital decrease is probably due to the maternity benefit now in operation under the National Health Insurance Act, as the women are now able to make their own arrangements for attendance at their confinements, and are less dependent upon the assistance of the medical charities.

Visits of Instruction re *Management of Infants.*—During the year 1913, the homes of 178 recently-born infants were visited by the Lady Sanitary Inspector. In 46 cases revisits were made, and there were 43 miscellaneous calls at houses in connection with this work. Owing to the large amount of additional work now undertaken by the Public Health Department in connection with tuberculosis cases, it was found desirable in the course of the year to hand over the bulk of the work in connection with "infant visiting" to the Chelsea Health Society. During the

summer months, 12 cases of infantile diarrhœa were brought to the notice of the Lady Sanitary Inspector, and numerous visits were paid to the homes to give advice as to the proper carrying out of medical instructions and nursing. All the cases made a satisfactory recovery.

Dinners for Chelsea Nursing Mothers.—This Society provides dinners for mothers for three months before the baby is born, and for nine months after if the child is being breast-fed. A charge of 1d. is made for each dinner. The dinners are given at three centres in the Borough, each centre having a Lady Superintendent and a staff of Visitors. During the year 1913, 205 mothers were on the books of the Society, and 11,841 dinners in all were provided. There can be no donbt that the encouragement given by this system of cheap meals to the breast-feeding of infants is of great advantage to the health of both mothers and infants; without it, many of the poorest mothers would be unable to suckle their babies.

Chelsea Health Society.—The Society reports that during 1913, the average attendance of mothers with babies at the weekly "infant consultations" was 20. During the last quarter of the year a "medical inspection centre," under the direction of Dr. Reginald Jewesbury, physician to out-patients at the Victoria Hospital, was inaugurated, at which children up to the age of five years are seen and examined weekly, and advice is given as to health conditions and the prevention of any latent defects that may be detected on examination. The average attendance at these medical inspections was 26.

The total number of cases referred to the Society in 1913 was 937, of which number 865 were infants. The deaths of infants under one year of age amounted to 32, corresponding to an infantile mortality rate of 37, as compared with 92 for the entire borough. From St. George's Hospital 77 maternity cases were referred to the Society, and 649 visits were paid in connection with these cases. Five of the infants were still-born, two died under the age of three months, and one at twelve months.

The Society has worked in co-operation with the Public Health Department and with the various charitable, relief,and district visiting organisations of the Borough, and has undoubtedly been the means of doing an immense amount of good work in the prevention of disease and suffering, and in enabling the poor to make the best use of their own means and of existing organisations for improving their own and their children's health. The work of the Society should tend not only to the reduction of infantile mortality, but to the rearing of children of better physique and constitutional stamina than is possible where the poorest class of mothers are left to their own unaided guidance.

Administration of the Factory and Workshop Act, 1901, in connection with Factories, Workshops, Workplaces and Homework.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

PREMISES.	Number of		
	Inspections.	Written Notices.	Prosecutions.
1	*2*	*3*	*4*
Factories .. .. (including Factory Laundries.)	4	—	—
Workshops .. .. (including Workshop Laundries.)	739	6	—
Workplaces .. .. (other than Outworkers' premises included in Part 3 of this Report.)	—	—	—
Total	743	6	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

PARTICULARS.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
1	*2*	*3*	*4*	*5*
*Nuisances under the Public Health Acts:**				
Want of cleanliness	15	15	—	—
Want of ventilation	—	—	—	—
Overcrowding	5	5	—	—
Want of drainage of floors	1	1	—	—
Other nuisances	7	7	—	—
Sanitary accommodation .. insufficient	—	—	—	—
Sanitary accommodation .. unsuitable or defective	2	2	—	—
Sanitary accommodation .. not separate for sexes	1	1	—	—
Offences under the Factory and Workshop Act:—				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	10	10	—	—
Other offences .. .. (Excluding offences relating to outwork which are included in Part 3 of this Report.)	—	—	—	—
Total	41	41	—	—

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act as remediable under the Public Health Acts.

3.—HOME WORK.

NATURE OF WORK.*	OUTWORKERS' LISTS, SECTION 107.									OUTWORK IN UNWHOLESOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending of lists.	Prosecutions.							
	Sending twice in the Year			Sending once in the Year.				Failing to keep or permit inspection of lists.	Failing to send lists.						
	Lists.†	Outworkers.†		Lists.	Outworkers.†					In-stances.	Notices served.	Prose-cutions.	In-stances.	Orders made (Sec. 110).	Prose-cutions (Secs. 109, 110)
		Con-tractors	Work-men.		Con-tractors	Work-men.									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Wearing Apparel—															
(1) Making, &c.	54	177	354	1	—	1	59	—	—	—	—	—	—	—	—
(2) Cleaning and washing	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Household linen	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lace, lace curtains and nets ..	—	8	3	—	—	—	—	—	—	—	—	—	—	—	—
Curtains and furniture hangings ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Furniture and Upholstery	—	10	5	—	—	—	—	—	—	—	—	—	—	—	—
Electro-plate	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—
File making; brass and brass articles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cables & chains; anchors & grapnels	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Cart gear; locks, latches and keys ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Umbrellas, &c.	—	12	—	—	—	—	—	—	—	—	—	—	—	—	—
Artificial flowers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nets, other than wire nets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tents; sacks	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Racquet and Tennis Balls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paper bags and boxes	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Brush making	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carding, &c., of buttons, &c. ..	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Stuffed toys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Basket making	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Processes incidental to the above ..	—	25	7	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	54	249	369	1	—	1	59	—	—	—	—	—	—	—	—

* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list should be included among those in column 2 (or 5 as the case may be) against the principal class *only*, but the outworkers should be assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote should be added to show that this has been done.

† The figures required in columns 2, 3 and 4 are the *total* number of the lists received from those employers who comply strictly with the statutory duty of sending *two* lists each year, and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be *even* numbers, as there will be two lists for each employer—in some previous returns odd numbers have been inserted. The figures in columns 3 and 4 will usually be (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer the same outworker's name will often be repeated.

4.—REGISTERED WORKSHOPS.

	Workshops on the Register (s. 131) at the end of the year. (1)	Number. (2)
Important classes of workshops, such as workshop bakehouses, may be enumerated here.	Bakehouses	33
	Laundries	20
	Dressmaking and Millinery	408
	Outfitting (Women's)	40
	Various (Women's)	65
	Various (Men's)	132
	Total number of Workshops on Register	698

5.—OTHER MATTERS.

CLASS. (1)		Number. (2)
Matters notified to H.M. Inspector of Factories :—		
Failure to affix Abstract of the Factory and Workshop Act (s. 133)		—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)	Notified by H.M. Inspector	27
	Reports (of action taken) sent to H.M. Inspector	27
Other		—
Underground Bakehouses (s. 101) :—		
Certificates granted during the year		—
In use at the end of the year		28

NOTE.—The Factory and Workshop Act, 1901 (s. 132), requires the Medical Officer of Health in his Annual Report to the District Council to report specifically on the administration of that Act in workshops and workplaces, and to send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State (Home Office). If the Annual Report is presented otherwise than in print, it is unnecessary to include in the copy sent to the Home Office the portions which do not relate to factories, workshops, workplaces or homework. The duties of Local Authorities and the Medical Officer of Health under the Act of 1901 are detailed in the Home Office Memorandum of December, 1904. A further Memorandum, on the Home Work Provisions of the Factory Act, was issued to all District Councils and Medical Officers of Health in October, 1906.

PROCEEDINGS DURING 1913.

PREMISES.	NUMBER OF PLACES.				Number of inspections, 1913.	Number of Notices, 1913.	Number of prosecutions, 1913.
	On register at end of 1912.	Added in 1913.	Removed in 1913.	On register at end of 1913.			
Milk premises ...	112	14	13	105	159	4	—
Cowsheds ...	1	—	—	1	6	—	—
Slaughter-houses	5	—	1	5	30	—	—
Other offensive trade premises	—	—	—	—	—	—	—
Ice cream premises ...	28	1	2	27	39	1	—
Registered houses let in lodgings	—	—	—	—	—	(a)* — (b)* —	(a)* (b)*
Bakehouses ...	33	1	1	33	51	10	—
Restaurant Kitchens	68	2	1	69	73	13	—

* (a) For overcrowding. * (b) For other conditions.

Total number of Intimation Notices served for all purposes ... 769

Overcrowding, 1913—

Number of dwelling rooms overcrowded	2
Number remedied	2
Number of prosecutions	—

Underground rooms—

Illegal occupation dealt with during the year ...	—
Number of rooms closed	—

Insanitary houses—

Number closed under the Public Health (London) Act, 1891	—
Number closed under the Housing of the Working Classes Act	—
Number of verminous rooms cleansed	265

Shelters provided under sec. 60 (4) of the Public Health (London) Act, 1891—

Number of persons accommodated during the year	45

Revenue Acts—

Number of Houses for which applications were received during the year	17
Number of tenements comprised therein	397
Number of tenements for which certificates were (a) granted...	376
" " " " (b) refused...	21
" " " " (c) deferred	—
Common Lodging-houses—certificates granted ...	—

Mortuaries—

Total number of bodies removed	127
Total number of infectious bodies removed ...	—

SUMMARY OF NUISANCES AND OTHER MATTERS REPORTED ON AND WORK DONE DURING THE YEAR, 1913.

HOUSES AND PREMISES :—

House-to-house inspections	341
*Reported on respecting nuisances complained of ...	496
Reported on with reference to infectious cases ...	321
Cleansed, whitewashed, and repaired	199
Defective roofs repaired	80
Disinfected after communicable diseases	247
Disinfected for Tubercular and other diseases ...	95
Rooms disinfected for verminous conditions ...	265
Cases of overcrowding abated	2
Dust-bins, new, provided	67
Ashpits demolished	3
Underground rooms occupied contrary to Act ...	—
Inspections of restaurant kitchens	73

DRAINAGE :—

Drains opened, cleansed, and made sound ... ... „ trapped with stoneware gullies	74
Water-closets cleansed and repaired	63
Water-closets, new pans and traps provided ...	54
Spout drains cleansed, repaired, or renewed ...	57
Sink, bath, and lavatory waste pipes provided and repaired	69
Drains and soil pipes ventilated or repaired ...	27
Soil pipes, new, provided	17
Additional w.c. accommodation provided	3

WATER SUPPLY :—

For domestic purposes, provided where cut off by Water Board	13
For water-closets, or check cisterns provided and repaired	56
Main cisterns cleaned or repaired	36
„ new covers provided	11
„ new, provided	2
Water certificates, issued in respect of newly erected dwelling-houses	—

*This does not include re-visits to premises to ascertain works in progress, or premises visited where no nuisances are found to exist, which, if added, would at least be treble the number of visits made.

NUISANCES ABATED ARISING FROM :—

Keeping of animals	13
Accumulations of manure and other filth	34
Yards, areas, and wash-houses paved or drained ...	54
Smoke	1

MISCELLANEOUS :—

Dead bodies removed to public mortuary for sanitary reasons	8
Goods disinfected after infectious cases at station ...	1593
Goods destroyed after infectious cases	115
Number of samples taken for analysis (Food and Drugs Act)	400
Special milk samples	16
*Unsound Food. Number of boxes of fruit, fish, rabbits, &c., condemned and destroyed	1
Library books destroyed at Librarian's request ...	22
Animals destroyed in Incinerator	—

PROCEEDINGS TAKEN :—

Statutory notices issued	143
Intimations issued for sanitary works, &c., including infectious disease cases	769
Legal proceedings in respect of defective sanitary arrangements, nuisances, &c.	1
Legal proceedings in respect of food adulteration ...	1

CORRESPONDENCE :—

†Number of letters written in connection with sanitary matters	546
Daily returns of infectious cases sent to Metropolitan Asylums Board	116
Notification of infectious cases sent to School Authorities	299
Entries in Inspectors' Report Books	467
Entries in Inhabitants' Complaint Book	29
Certificates of disinfection given	516
Certificates of infectious diseases for removal cases ...	240
Notices sent to Public Library of premises where infectious disease has occurred	76
Postcards sent *re* Samples under Sale of Food and Drugs Act	163

*This does not include unsound food condemned in the streets and destroyed, for which no condemn note was given.

†The department is now connected with the telephone, and consequently the work in connection with the Infectious Diseases is done more expeditiously, and considerable time is also saved by its use in other matters.

The cow-houses and slaughter-houses were inspected by the Medical Officer of Health prior to licences being renewed in October last, and a list of the retail bakehouses under inspection in Chelsea forms a separate Appendix.

There are 105 Dairies and Milkshops, and 30 Ice Cream vendors in the Borough. These have been registered and periodically inspected by the Sanitary Inspectors.

All places where fish and potatoes are cooked have been periodically inspected.

Sanitary Inspectors :

ALEXANDER GRANT (Chief).

G. R. METZLER.

F. C. COOK.

F. TETTENBORN (Lady).

MAGISTERIAL PROCEEDINGS DURING 1913 UNDER THE SALE OF FOOD AND DRUGS ACT.

Street where purchased.	Articles purchased.	Extent of Adulteration or Abstraction.	Date of Hearing.	Result.
Draycott-avenue	Milk	10·7% of fat abstracted	11th Feb.	Fine 10s.; 10s. 6d. costs.

MAGISTERIAL PROCEEDINGS UNDER THE PUBLIC HEALTH (LONDON) ACT, 1891.

Situation of Premises.	Nature of Nuisance or Complaint.	Petty Sessions.	Date of Hearing.	Result.
3, Woodfall-street	Failing to comply with the Borough Council's notices to provide a receptacle for dust.	Kensington	17th June	Summons withdrawn; work done.
	Removing fish offal during prohibited hours in the Borough.	,,	16th Dec.	Fined £1.

BAKEHOUSES IN USE ON JANUARY 1ST, 1913.

Street.	Occupier.	Above Ground.	Below Ground.
74, Arthur-street ...	Vacated	...	Vacated, Dec.,'06.
93, Beaufort-street ...	A. Coventry ...	...	Below.
55, Burnaby-street ...	Schmitt	...	,,
1, Cadogan-street ...	S. Spells	...	,,
2, Cale-street	J. Humphry & Son	Above.	...
77, Cheyne-walk... ...	H. Judkins ...	...	Below.
20, Church-street ...	E. Bauer	...	,,
60, College-street ...	Samuel Mills Vines	..	,,
17, Coulson-street ...	Frank Andrea ...	...	,,
3, Dartrey-terrace ...	G. M. Weiss ...	...	,,
67, Flood-street... ..	J. Venner	..	,,
95, ,, ...	C. Gass	...	,,
153, Fulham-road ...	C. M. Nash ...	...	,,
*187, ,, ..	E. Pinnock ...	...	,,
323, ,, ...	W. H. Summers ...	...	,,
53, Godfrey-street ...	H. Becker	...	,,
145, King's-road... ...	J. Humphry & Son	Above.	...
†88, ,, ...	G. Nash	...	Below.
134, ,, ...	Buckea	...	,,
351, ,, ...	Hart	...	,,
399, ,, ...	H. Kohler	...	,,
488, ,, ...	Matthiae	...	,,
502, ,, ...	W. Schafer ...	...	,,
517, ,, ...	W. James	...	,,
48, Lots-road	M. & C. West ...	...	,,
83, Lower Sloane-street	Burrows	Above.	...
62, Draycott-avenue ...	Emil Schuster ...	...	Below.
100, ,, ...	C. Reitze	...	,,
110, ,, ...	William Herwig ...	Above.	...
7, Pavilion-road ...	Mason	,,	...
3, Pont-street	Hue & Co.	...	Below.
29, Riley-street	F. W. Fox	...	,,
150, Sloane-street ...	Reuben Jeffries ...	...	,,
25, Walton-street ...	Burrows	...	,,

*Not used, bakes at 11, Motcomb-street. †Now used as kitchen only.

SLAUGHTER-HOUSES.

Street.	Occupier.
169, Fulham-road	Philp, J.
341, ,, ...	Vaughan, T.
52, King's-road	Cobb, G. A.
54, ,, ...	
413, ,, ...	Goulding, F.
82, Draycott-avenue ...	Iggulden, F.

COW-HOUSES.

Church street	...	...	—	Walker, E. J.