

Annual report of the Medical Officer of Health 1906.

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The Royal Borough of Kensington.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

1906.



Ordered by the Council to be printed.

[The subjoined "FOREWORD" is transcribed from the Annual Report for the year 1905.]

The year 1905 completed half a century of Sanitary administration in London by popularly elected local authorities: between 1856-1900 by the late Vestries: between 1901-1905 by the Metropolitan Borough Councils. This fact lends additional interest to the statistical Tables relative to Kensington, set out in Appendix II., pp. 140-2, which show (*inter alia*)—

That during the fifty years the population of the Royal Borough increased by 122,000, viz., from 57,000 to 179,000;

That comparing the last quinquennial period (1901-1905) with the first (1856-1860) the birth rate has fallen from an average of 30.7 per 1,000 persons living, to 19.7—a decrease of 11.0 per 1,000, partly accounted for by the disproportion in the relative numbers of the two sexes;

That the general death-rate has fallen 6.6: viz., from 21.0 to 14.4 per 1,000, and

That the death-rate from the principal diseases of the zymotic class has fallen 2.0, viz., from 3.5 to 1.5 per 1,000.

It may be added that since 1871, my first year of office, the population has increased by 59,000; whilst, comparing the first with the last quinquennial period, there has been a decrease of 11.7 per 1,000 in the birth-rate; of 4.5 per 1,000 in the general death-rate, and of 1.46 per 1,000 in the zymotic death-rate.

The infantile mortality rate, *i.e.* the proportion of deaths under one year of age to 1,000 registered births, which averaged 159 in the quinquennium 1871-1875, was 144 in the last five years, a decrease of 15 per 1,000; but it is far too high.

The greatly reduced mortality from infectious diseases in the last 35 years is largely attributable to—

- (1) The provision of adequate and free hospital accommodation under a single authority, to which facile admission is obtainable without loss of social status;
- (2) The removal of sufferers from small-pox to hospitals without London;
- (3) The establishment of excellent land and river ambulance services, and
- (4) The compulsory notification of infectious disease.

As regards the future, the immediate objects to be aimed at seem to be, mainly, the following—

- (1) Compulsory notification of, and sanatorium provision for, persons suffering from Consumption;
- (2) Transference of administration of the Vaccination Act to the Public Health Authorities, and compulsory re-vaccination at school-age;
- (3) Reduction of child mortality—
 - (a) By appointment of Health Visitors, establishment of *Crèches*, and provision of a pure milk supply.
 - (b) By exclusion from Public Elementary Schools of children under five years of age, and institution of Day Nurseries or Nursery Schools under medical supervision.
- (4) Establishment of a comprehensive Metropolitan Ambulance Service.

The Royal Borough of Kensington.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1906.

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

SIR, AND GENTLEMEN,

The vital and mortal statistics in this report relate to the registration year, a period of fifty-two weeks, December 31st, 1905, to December 29th, 1906.

For the purposes of the report the population of the Royal Borough is estimated to have numbered 179,500 at the middle of the year; the estimated population of the sub-districts, parliamentary divisions, etc., is set out in the table at page 5.

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

Population at all Ages, March 31st, 1901.	Under Five Years.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.	85 to 95.	95 and upwards.	All Ages.
Females ... 107,544	7,092	13,805	24,769	23,482	15,877	10,953	6,985	3,818	1,515	243	5	107,544 Females
Males ... 69,084	7,056	12,595	13,461	11,491	9,440	7,220	4,586	2,306	820	107	2	69,084 Males
Excess of Females } 38,460	36	710	11,308	11,991	5,937	3,733	2,399	1,512	695	136	3	38,460 { Excess of Females
Total of both sexes } 176,628	14,148	25,900	38,230	34,973	24,817	18,173	11,571	6,124	2,335	350	7	176,628 { Total of both sexes

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

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

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

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

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

POPULATION AND RATEABLE VALUE.

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

The Year.	Population.	The Year.	Population.
1801 ...	8,556	1861 ...	70,108
1811 ...	10,886	1871 ...	120,299
1821 ...	14,428	1881 ...	163,151
1831 ...	20,902	1891 ...	170,071
1841 ...	26,834	1901 ...	176,628
1851 ...	44,053	1906 ...	179,500

The development of the Borough during the last 84 years is evidenced by the subjoined statement, showing the increase in rateable value. The present total is about one-sixteenth of that of the Administrative County of London.

Rateable Value of Property.	The Year.	Rateable Value of Property.	The Year.
£75,916 ...	1823	£975,046 ...	1873
93,397 ...	1833	1,711,495 ...	1883
142,772 ...	1843	2,037,221 ...	1893
257,103 ...	1853	2,395,590	(October) 1906
444,080 ...	1863		

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

	1856.	1906.	Increase in 51 years.
Population	57,000	179,500	122,500
Number of Inhabited Houses	7,600	23,000	15,400
Rateable Value of Property	£308,000	£2,395,590	£2,087,590

The increase in all respects within the last thirty-six years, 1871-1906, the period over which my official experience extends, has been very considerable, as the subjoined figures show:—

	1871.	1906.	Increase in 36 years.
Population	121,000	179,500	58,500
Number of Inhabited Houses	15,735	23,000	7,265
Rateable Value	£935,720	£2,395,590	£1,459,870

It thus appears that the population in 1906 was twenty-one times as large as in the first year of the nineteenth century, and the rateable value of property more than thirty-one times as great as in 1823, the first year in respect to which I possess information. Since 1856, the rateable value has increased nearly eight-fold; the increase in the last 36 years being nearly five times the total in 1856; since which date the population and the number of inhabited houses have increased more than three-fold.

AREA OF THE BOROUGH.

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

REGISTRATION DISTRICT AND SUB-DISTRICTS.

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

The PARLIAMENTARY DIVISIONS are two in number; NORTH KENSINGTON and SOUTH KENSINGTON—High-street, Notting-hill, and Holland-park-avenue forming the line of demarcation.

The Wards are nine in number, of which four—GOLBORNE, ST. CHARLES, NORLAND, and PEMBRIDGE are in (and constitute) the Parliamentary Division of NORTH KENSINGTON; and five—HOLLAND, EARL'S COURT, QUEEN'S GATE, BROMPTON, and REDCLIFFE, are in (and constitute) the Parliamentary Division of SOUTH KENSINGTON.

POPULATION AND INHABITED HOUSES IN 1906.

The population of the borough, estimated to the middle of the year, was 179,500.* It comprised 70,210 males and 109,290 females: excess of females, 39,080. In the Town sub-district (estimated population 130,100), the males numbered about 54,310, the females, 75,790; excess of females, 21,480. In the Brompton sub-district (estimated population 49,400), there were about 15,900 males and 33,500 females: excess of females 17,600. This population was in occupation of about 23,000 houses; equal to 7·8 persons to a house. For the purposes of this report, the population of the borough, the sub-districts, the parliamentary divisions, and the wards, will be taken to be as follows:—

The Borough...	...	...	...	...	...	179,500
Sub-districts:—						
Kensington Town...	...	...	...	...	...	130,100
Brompton	...	...	...	...	...	49,400
Parliamentary Divisions:—						
North Kensington...	...	...	...	...	...	92,550
South Kensington...	...	...	...	...	...	86,950
Wards:—						
North Kensington	{	St. Charles	...	...	...	22,300
		Golborne	...	...	...	26,750
		Norland	...	...	...	23,860
		Pembroke	...	...	...	19,640
South Kensington	{	Holland	...	...	...	20,740
		Earl's Court	...	...	...	18,840
		Queen's Gate	...	...	...	14,500
		Redcliffe	...	...	...	18,990
		Brompton	...	...	...	14,380

* The Registrar-General's estimate of the population of the Royal Borough in the middle of 1906 was 180,952. I have thought it desirable to adopt the more conservative estimate given in the text.

MARRIAGES AND MARRIAGE RATE.

The marriages in the year were 1,690, compared with 1,623, 1,672 and 1,574, in the three preceding years respectively. Of these marriages there were celebrated—

By the Church (64·8 per cent. of total marriages)	1,086
At Roman Catholic places of worship	161
At other Nonconformist places of worship	54
At the Jewish Synagogue	11
At the Superintendent-Registrar's Office	378
	1690

The subjoined table shows the Marriage-Rate in Ten Years 1896-1905, and in 1906, in Kensington in London, and in England and Wales.

YEAR.	KENSINGTON.		LONDON.	ENGLAND AND WALES
	No. of Marriages.	Marriage Rate.	Marriage Rate.	Marriage Rate.
1896 - - - -	1,706	20·1	18·0	15·8
1897 - - - -	1,681	19·7	18·5	16·0
1898 - - - -	1,648	19·2	18·8	16·2
1899 - - - -	1,693	19·6	18·6	16·4
1900 - - - -	1,543	17·8	18·0	15·9
1901 - - - -	1,651	18·7	17·6	15·9
1902 - - - -	1,703	19·2	17·8	15·8
1903 - - - -	1,623	18·2	17·4	15·6
1904 - - - -	1,672	18·7	17·0	15·2
1905 - - - -	1,574	17·6	16·9	15·3
Average 1896-1905 -	1,649	18·9	17·9	15·8
1906 - - - -	1,690	18·8	17·1	15·6

In his Annual Summary for the year 1906 the Registrar-General states that during the past 36 years the marriage-rate of England and Wales, based on total population, has decreased by about 12 per cent, while based on the total number of marriageable persons in the community, it has shown a decrease equivalent to a fall of nearly 21 per cent. The latter figure, he adds, may be said to represent with approximate accuracy, the fall in the marriage-rate in the period under review, *i.e.*, 36 years.

The rate in 1906, (15·6 per 1,000 of the population at all ages) was 0·3 per 1,000 above the corresponding rate in 1905; but it was 0·2 per 1,000 below the average rate in the ten years 1896-1905.

The London Marriage-rate (17·1 per 1,000 of the population at all ages) was 0·2 per 1,000 above the rate in 1905; but 0·8 below the average rate in the ten years 1896-1905.

The Kensington marriage-rate (18·8 per 1,000 of the population at all ages) was 1·2 per 1,000 above the rate in 1905; but 0·1 below the average rate in the ten years 1896-1905.

BIRTHS AND BIRTH-RATE.

The births registered, including 107 that occurred at Queen Charlotte's Lying-in Hospital, were 3,428: Males 1752, Females 1676: in the Town sub-district (which includes the Borough Infirmary) 2912, and in the Brompton sub-district 516.

The male births were to the female births in the proportion of 1,045 to 1,000.

The births were 245 below the corrected decennial average number (3,673), and also fewer by 151 than in the year 1905; and by 613 than in the year 1872 (4,041), when the population (127,600) was 51,900 less than in 1906; 158 of them were illegitimate.

The birth rate, which of late years has always been considerably below that of London (26.7 in 1906) has been declining since 1868, in which year it was 33.1 per 1,000 persons living. In 1906 it was 19.1 per 1,000, and 2.0 below the decennial average (21.1), and the lowest on record.

The rate in the sub-districts was:—Town 22.4; Brompton 10.4 per 1,000.

The births in North Kensington, *i.e.*, the part of the Borough north of Holland park-avenue and High-street, Notting-hill, were 2,429; the birth-rate 26.2 per 1,000 living, and 0.5 below the metropolitan rate.

The births in South Kensington, *i.e.*, the part of the borough south of the streets named, were 999; the birth-rate 11.5, and 15.2 per 1,000 below the metropolitan rate.

The birth-rate in the several wards—after distribution of the births at the borough infirmary, and at Queen Charlotte's Hospital—was as follows:—

North Kensington—					
St. Charles	...	...	...	637 births =	28.6
Golborne	...	...	...	884 births =	33.0
Norland	...	...	...	587 births =	24.6
Pembridge	...	...	...	321 births =	16.3
South Kensington—					
Holland	...	...	...	286 births =	13.8
Earl's Court	...	...	...	229 births =	12.5
Queen's Gate	...	...	...	118 births =	8.1
Redcliffe	...	...	...	232 births =	12.2
Brompton	...	...	...	134 births =	9.3
				} per 1,000 persons living.	

The births exceeded the deaths by 931: in the Town sub-district they were 928 more in number than the deaths, whilst in the Brompton sub-district the births exceeded the deaths to the number of 3 only.

In North Kensington the births exceeded the deaths by 865; in South Kensington to the number of 66 only.

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

North Kensington.	{ St. Charles	..	250	South Kensington.	{ Holland	...	34
	{ Go'borne	...	447		{ Queen's Gate	...	12
	{ Norland	...	127		{ Redcliffe	...	31
	{ Pembridge	..	41				

The deaths exceeded the births by 5 in Earl's Court Ward, and by 6 in Brompton Ward.

The registered births of illegitimate children in the borough, as a whole, were 158—one more than in 1905. Of these births 143 were registered in the Town sub-district, which includes the workhouse, at which institution out of 102 live births (males 55, females 47) 27 were illegitimate. In the borough generally the illegitimate births formed 4.8 per cent. of total births, as compared with rates of 4.2, 4.5, and 4.5, in the preceding three years.

The subjoined table shows the quarterly number of births of males and females in the borough, including those in Queen Charlotte's Hospital, and in each of the sub-districts:—

	KENSINGTON TOWN.			BROMPTON.			THE BOROUGH.
	Males.	Females.	Total.	Males.	Females.	Total.	Total.
1st Quarter ...	383	384	767	78	66	144	911
2nd „ ...	382	348	730	61	72	133	863
3rd „ ...	388	353	741	57	55	112	853
4th „ ...	344	380	674	59	68	127	801
	<u>1,497</u>	<u>1,415</u>	<u>2,912</u>	<u>255</u>	<u>261</u>	<u>516</u>	<u>3,428</u>
Including Illegitimate Births	24	20	44	3	1	4	48
	23	21	44	—	3	3	47
	11	13	24	—	3	3	27
	15	16	31	1	4	5	36
	<u>73</u>	<u>70</u>	<u>143</u>	<u>4</u>	<u>11</u>	<u>15</u>	<u>158</u>

The following table shows the population, the number of births, including those at Queen Charlotte's Hospital and the birth-rate for each of the ten years, 1896-1905:—

The Year.	Population.	Total Births.	Males.	Females.	Birth-rate per 1 000.
1896	170,000	3,821	1,996	1,825	22.5
1897	170,700	3,765	1,884	1,881	22.1
1898	172,000	3,715	1,869	1,846	21.6
1899	172,400	3,682	1,842	1,840	21.4
1900	173,000	3,682	1,830	1,852	21.3
1901	177,000	3,708	1,892	1,816	20.9
1902	177,500	3,599	1,800	1,799	20.3
1903	178,000	3,677	1,892	1,785	20.7
1904	178,500	3,568	1,779	1,789	20.0
1905	179,000	3,579	1,821	1,758	20.0
Totals ...		36,796	18,605	18,191	Average 21.1
Excess of male births in the ten years			...	...	414

Birth-rate in the Metropolis, and in Kensington, and in certain Districts of the Borough, in each of the thirteen four-weekly periods ended December 29th, 1906, and in the Registration Year, 1906.

FOUR WEEKS ENDED	METROPOLIS.	BOROUGH.	SUB-DISTRICTS.		PARLIAM-ENTARY DIVISIONS.		WARDS.								
			Ken-sington Town.	Bromp-ton.	North.	South.	St. Charles.	Gol-borne.	Nor-land.	Pem-bridge.	Hol-land.	Earl's Court.	Queen's Gate.	Red-cliffe.	Bromp-ton.
January 27 ...	28.4	21.7	24.6	13.9	29.2	13.6	30.9	40.3	29.0	12.6	13.8	15.6	12.6	17.1	7.2
February 24 ..	27.4	18.1	21.6	8.9	25.6	10.2	32.1	27.2	28.3	12.6	10.7	12.1	9.0	11.6	6.3
March 24 ...	26.8	18.2	21.1	10.5	25.0	10.9	23.9	32.6	23.4	17.9	9.4	17.7	8.6	7.5	16.3
April 21 ...	27.0	22.4	25.7	13.7	31.0	13.1	25.1	36.9	27.8	33.8	14.4	14.2	8.1	17.1	9.9
May 19 ...	28.2	18.8	22.2	10.0	25.4	11.8	27.4	33.0	24.0	14.6	15.7	12.8	9.0	10.9	9.0
June 16 ...	26.1	16.1	19.5	7.1	22.9	8.8	25.1	27.7	17.4	20.5	10.0	7.8	9.9	12.3	2.7
July 14 ...	27.0	18.9	21.3	12.6	24.7	12.7	23.3	32.6	24.0	16.5	16.9	7.1	7.2	17.1	13.6
August 11 ...	26.3	18.9	22.5	9.5	26.0	11.4	29.7	32.6	24.5	14.6	19.4	7.1	6.3	11.6	9.9
September 8 ...	27.0	18.5	21.8	9.7	24.9	11.7	28.0	33.5	24.0	10.6	18.2	12.1	6.3	10.9	8.1
October 6 ...	25.3	16.9	20.6	7.4	24.0	9.4	33.2	29.6	18.0	13.2	10.0	12.1	8.1	8.2	8.1
November 3 ...	26.3	18.3	21.3	10.5	24.6	11.7	28.0	32.6	22.9	11.9	11.9	13.5	7.2	13.7	10.8
December 1 ...	26.1	18.0	21.1	9.7	25.1	10.3	26.2	28.2	27.8	16.5	10.7	12.1	10.8	10.9	6.3
December 29 ...	24.0	15.8	18.3	9.2	21.8	9.4	26.8	29.6	19.1	8.6	11.3	11.3	7.2	6.2	10.8
Birth-rate for the year 1906	26.7	18.5*	21.6	10.2	25.4	11.2	27.7	32.0	23.8	15.7	13.3	11.9	8.1	11.9	9.2

* The births in Queen Charlotte's Hospital raise the rate to 19.1 per 1,000.

The Registrar-General states in the Annual Summary for 1906, that the London birth-rate (26.7 per 1,000 of the total population, of both sexes and at all ages) was the lowest recorded in the Metropolis since civil registration was established; it was 0.3 per 1,000 below that recorded in 1905, and was 2.3 per 1,000 below the average rate in the ten years 1896-1905. He further states that in the year 1867 the birth-rate in London attained the highest point on record viz., 36.5 per 1,000 persons living. Since that date the ratio has, with trifling exceptions, steadily fallen. In 36 years the fall, calculated on the total population, amounted to 24 per cent. Based on the proportion of births to the number of possible mothers, *i.e.*, the total number of women living at child-bearing ages, the fall amounted to 27 per cent. in the same period. "The lowest fertility rates were recorded in the City of London and in the City of Westminster, Hampstead, Stoke Newington, St. Marylebone, Holborn, and Kensington." The observations of the Registrar-General on this subject derive additional interest from the fact that, for the first time, an attempt has been made to distribute to their respective districts, the births occurring in the principal Lying-in institutions. Last year there were 1,646 births in Queen Charlotte's Hospital alone, including 107 to Kensington mothers. The Kensington birth-rate, corrected by the addition of these births, for the five years 1901-5, was 20.4 per 1,000 (*viz.*, 20.9, 20.3, 20.7, 20.0, and 20.0, in the five years successively) and 19.1 per 1,000 in 1906. Calculated on the married female population per 1,000 living, aged 15-45 years, the legitimate birth-rate in the borough—after distribution of births in the principal Lying-in institutions in the years 1901-5, is stated to have been 196.0, 183.4, 193.9, 186.2 and 183.9 (average 188.7), and in 1906, 176.5. In the tables at pages 122 and 123 (appendix) the number of births, in the eleven years 1896-1906 and the birth-rate, have been corrected by the addition of births at Queen Charlotte's Hospital, the Secretary at that institution having courteously allowed me to extract the necessary particulars from the register

Table A, Appendix II. (page 140) gives the number of births and the birth-rate for each of the fifty-one years, 1856-1906.

DEATHS AND DEATH-RATE.

The registered deaths, inclusive of 349 of parishioners at outlying public institutions, etc., but exclusive of 663 of non-parishioners at public institutions, etc., within the borough, were 2,497 (males 1,172, females 1,325), and 272 below the corrected decennial average (2,769). Of these deaths, 1,984 belong to the Town sub-district and 513 to Brompton.

The death-rate, which in the preceding three years had been 13.8, 14.2 and 14.0, per 1,000 respectively, was 13.9* in 1906. It was 1.5 below the decennial average (15.4) and 1.2 below the rate in the Metropolis, as a whole, 15.1.

The rate in the sub-districts was: Town 15.2, Brompton 10.4 per 1,000, as compared with 15.2 and 10.9, respectively, in 1905.

The deaths in North Kensington were 1,564, and the death-rate 16.9 per 1,000.

The deaths in South Kensington were 933, and the death-rate 10.7 per 1,000.

The sex-rate (entire borough) was, males 16.7, females 12.1 per 1,000.

LOCALISED DEATH-RATES.—For many years the death-rate of localised portions of the borough (including the sanitary districts), has been given in these reports. The rate as regarded the sub-districts and parliamentary divisions, was calculated on the basis of the population of those areas enumerated at quinquennial census periods, corrected yearly for increase, and was closely approximate to the true rate. But as regarded the sanitary districts, only an estimated population and an estimated rate could be given; the continuity of the statistics, moreover, was always liable to be disturbed upon any change in the number of the said districts; and four changes had been made within a few years. Having, in 1901, received from the Registrar-General a statement of the population of the nine wards comprised in the borough, and regard being had to the improbability of any change in their number, and to the fact that the population of the wards will be ascertainable at censal

* This is the crude death-rate. The rate corrected for age and sex distribution was 14.93 per 1,000. The "true death-rate" is set out in the table at page 10.

periods, it was thought that the value of these localised statistics would be enhanced by adopting the ward, in place of the sanitary district, as the unit for calculation of the death-rate, and this was done.

The ward-rate in 1906 (entire year) is set out below; the rate in each of the thirteen four-weekly periods in the table at page 16.

North Kensington :				} per 1,000 persons living.
St. Charles	...	...	387 deaths = 17·4
Golborne	...	...	437 deaths = 16·3
Norland	...	...	460 deaths = 19·3
Pembridge	...	...	280 deaths = 14·3
South Kensington :				
Holland	...	...	252 deaths = 12·1
Earl's Court	...	...	234 deaths = 12·8
Queen's Gate	...	...	106 deaths = 7·3
Redcliffe	...	...	201 deaths = 10·6
Brompton	...	...	140 deaths = 9·7

THE CORRECTED OR TRUE DEATH-RATE.—The death-rate, 13·9 per 1,000, as calculated above, is a crude or uncorrected one, not taking cognizance of the relative number of the sexes, nor of the age-composition of the population. Correction for these data involves addition to, or subtraction from, the "recorded death-rate," as compared with the "standard death-rate."* The necessity for such correction is obvious, having regard to the great excess of females in the population, and to the lower death rate in the female sex as compared with the rate in the male sex. That excess in 1906 was approximately 39,080. The deaths among the 70,210 males were 1,172 and those among the 109,290 females 1,325. The crude death-rate in the male sex was 16·7 as compared with the rate of 12·1 in the female sex. It is obvious, therefore, that if the numbers of the sexes had been equal, the death-rate would have been higher than the recorded rate. The Registrar-General, in his Annual Summary, gives the "factor for correction for sex and age distribution" in each of the Metropolitan Boroughs. Corrected after the manner indicated, the death-rate of Kensington in 1906 becomes, instead of 13·9, one of 14·9 per 1,000; and the rate for London, as a whole, 15·9 instead of 15·1. The "true" death-rate is that which shows the mortality per 1,000 living of each sex at different age-periods, as set out in the subjoined table.

The True Death-rate of Kensington, 1906.

AGE-PERIOD.	POPULATION.			DEATHS.			DEATH-RATE.		
	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.
Under five years of age ...	14,377	7,169	7,208	693	358	335	48·2	49·9	46·5
Five and under 15 ...	26,317	12,798	13,519	54	28	26	2·1	2·2	1·9
Fifteen and under 25 ...	38,850	13,679	25,171	80	46	34	2·1	3·4	1·4
Twenty-five and under 35 ...	35,542	11,677	23,865	139	61	78	3·9	5·2	3·3
Thirty-five and under 45 ...	25,218	9,594	15,624	211	100	111	8·4	10·4	7·1
Forty-five and under 55 ...	18,466	7,335	11,131	255	120	135	13·8	16·4	12·1
Fifty-five and under 65 ...	11,758	4,659	7,099	308	142	166	26·2	30·5	23·4
Sixty-five and under 75 ...	6,222	2,341	3,881	357	167	190	57·4	71·3	49·0
Seventy-five and upwards ...	2,750	958	1,792	400	150	250	145·5	156·6	139·5
Totals ...	179,500	70,210	109,290	2,497	1,172	1,325	—	—	—

* The expression "standard death-rate" signifies the death-rate at all ages, calculated on the hypothesis that the rate for each sex, at each of twelve age-periods in each town, were the same as in England and Wales, during the 10 years 1891-1900; the rate at all ages in England and Wales during that period having been 18·2 per 1,000.

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

	KENSINGTON TOWN.			BROMPTON.		THE BOROUGH.	
	Males.	Females.	Total	Males.	Females.	Total.	Total.
1st quarter ...	226	260	486	44	78	122	608
2nd „ ...	248	255	498	62	70	132	630
3rd „ ...	272	240	512	52	68	115	627
4th „ ...	222	266	488	51	93	144	632
	<u>968</u>	<u>1,021</u>	<u>1,984</u>	<u>209</u>	<u>304</u>	<u>513</u>	<u>2,497</u>
The Births were, of	Males ...	1,752		The Deaths were, of	Males ...	1,172	
„	Females	1,676		„	Females	1,325	
Total Births	...	3,428		Total Deaths	...	2,497	
Deduct	...	2,497 Deaths					

Shows 981 excess of Births over Deaths.

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

Table A, Appendix II. (page 140) gives the number of deaths, and the death-rate, for each of the fifty-one years 1856-1906. For further details, see also Tables 6 and 7, Appendix I., pages 120-121.

INFANTILE MORTALITY.

The infantile mortality, or the proportion of deaths under one year of age to registered births, is an important factor in vital statistics. The deaths under one year, which in the three preceding years had been 510, 503, and 498, respectively, were 452 in 1906; being equivalent to 132 per 1,000 births, and 26 below the decennial average.

The deaths under one year in the Town sub-district (414) were equivalent to 142 per 1,000 births, those in Brompton (38) to 74 per 1,000.

The infantile deaths in North Kensington, after distribution of the deaths at the Borough Infirmary, were 365, or 155 per 1,000 births; those in South Kensington 87, or 87 per 1,000 births

In the several wards the rate was as follows:—

North Kensington—				
St. Charles	...	...	112 deaths =	176
Golborne	...	...	101 deaths =	114
Norland	...	...	113 deaths =	193
Pembridge	...	...	89 deaths =	121
South Kensington—				
Holland	...	...	30 deaths =	105
Earl's Court	...	...	15 deaths =	66
Queen's Gate*	...	...	10 deaths =	85
Redcliffe	...	...	16 deaths =	69
Brompton	...	...	13 deaths =	97
				per 1,000 registered births.

The lowest rates in the Metropolitan Boroughs were: Hampstead 77, City of London 101, Stoke Newington 102, and Paddington 105; the highest rates: Bethnal Green 155, Finsbury 160 and Shoreditch 163. The rate in eleven boroughs was higher, and in seventeen boroughs lower, than in Kensington.

* There were 13 deaths in the ward, but three of them occurred at the Borough Infirmary, the previous residence of the mothers not being known, and presumably not having been in this ward.

In England and Wales the rate was 133, the lowest yet recorded, and 14 per 1,000 below the mean proportion in the ten years 1896-1905.

In the 76 great towns of England and Wales (including London) the rate averaged 145 per 1,000. The rate in Rural England was 138 per 1,000.

INFANTILE MORTALITY RATE.

YEAR.	THE BOROUGH.		KENSINGTON TOWN		BROMPTON.		LONDON.
	Deaths under 1 year.	Deaths per 1,000 births.	Deaths under 1 year.	Deaths per 1,000 births.	Deaths under 1 year.	Deaths per 1,000 births.	Deaths under 1 year per 1,000 births.
1896 - -	656	172	578	181	78	124	162
1897 - -	609	162	531	166	78	140	159
1898 - -	655	176	593	188	62	110	167
1899 - -	642	174	574	184	68	122	167
1900 - -	641	174	581	187	60	104	160
1901 - -	581	157	506	161	75	132	149
1902 - -	515	143	449	148	66	119	141
1903 - -	510	139	461	147	49	89	131
1904 - -	503	141	451	148	52	98	146
1905 - -	498	139	442	145	56	107	129
Average } 1896-1905)	581	158	517	165	64	114	151
1906 - -	452	132	414	142	38	74	131

The infantile mortality rate in London in 1906, the Registrar-General states, was 131 per 1,000. The average rate in the ten years 1896-1905 had been 151 per 1,000—131, 115, 210, and 145, in the four quarters respectively; the quarterly rate in 1906 was 115, 97, 187, and 122. The reduction in 1906 as compared with the decennial average was 13 per cent.: ranging "from 11 per cent. in the third quarter, and 12 per cent. in the first quarter, to 16 per cent. in the second and fourth quarters respectively." After distribution of births in the principal Lying-in Institutions, and of deaths in all public institutions, etc., the average infantile mortality rate in the quinquennium 1901-5 was 137 per 1,000 in London and in Kensington 145. The Registrar-General points out that "the greatest loss of life usually occurs in the third quarter of the year, excessive mortality at this period being associated generally either with high temperature, or with deficient rainfall, or with these factors in combination." In 1906 the rainfall was markedly deficient, only 3.5 inches having been measured, compared with an average of 6.8 inches, in the third quarter of the past 36 years. The mean temperature of the earth at a depth of 42 inches was 62 Fahr. compared with 61.7 recorded in the summer of the preceding 36 years. It is satisfactory to note, therefore, that the rate of infantile mortality (in the third quarter) although fairly high, was below the average.

The Registrar-General states that "of the total deaths under one year of age recorded in London in the year 1906, nearly 29 per cent. took place in the first month of life, a ratio that was slightly below the average prevailing in the quinquennium 1901-1905."

Table A, Appendix II. (page 140) gives the number of deaths under one year in Kensington, and the proportion to 1,000 registered births for each of the thirty-six years, 1871-1906, during my tenure of office. The figures for the 11 years, 1896-1906, have been corrected by the addition of the births to Kensington mothers at Queen Charlotte's Hospital to those occurring, and registered, in the borough.

The deaths of children over one year and under five years of age were 241; the deaths under five years, therefore, were 693, compared with 768, 756, and 757, in the preceding three years, being equal to 278 per 1,000 deaths and 202 per 1,000 births; the relative proportions in London, as a whole, being 352 and 201. The deaths of illegitimate children under five years of age, 79, 63, and 94, in the preceding three years respectively, were 79 in 1906, of which 74 were registered in the Town sub-district, and 5 in Brompton. These deaths were equal to 50 per cent. on the 158 births registered as illegitimate. Of the 79 children 10 only survived the first year of life.

SENILE MORTALITY.—At sixty years of age and upwards, there were 934 deaths, as compared with 803, 883, and 873, in the preceding three years respectively. These deaths were equivalent to 374 per 1,000 deaths at all ages. The relative proportion in all London was 292 per 1,000.

DISTRICT RATES OF MORTALITY.—The table at page 14 shows (*inter alia*) the death-rate in the sub-districts, the parliamentary divisions, and the wards, for the year, and also for each of the thirteen four-weekly periods covered by the monthly reports. As usual the rate was far higher in the Town sub-district (15.2 per 1,000) than in the Brompton sub-district (10.4), and the same observation applies to the parliamentary division of North Kensington (16.9), compared with the southern division of the borough (10.7). In all of the wards in North Kensington, the death-rate exceeded that of the borough as a whole (13.9 per 1,000), whereas in each of the wards in South Kensington it was more or less largely below the rate for the borough as a whole. In the Notting-dale "special area" (estimated population 4,000) comprised in Norland Ward, the death-rate was 30.2 per 1,000 and the lowest on record, compared with 19.3 in the ward, as a whole; the zymotic death rate 5.7 per 1,000, and more than three times that of the borough, as a whole (1.55). The deaths at all ages were 17 more than the births; the deaths of children under one year of age being in the proportion of 308 per 1,000 registered births. The main facts with respect to vital and mortal statistics of this distressful area, which generally were of a more favourable character than in any one of the preceding ten years, are summarised below.

"NOTTING-DALE" SPECIAL AREA.

VITAL AND MORTAL STATISTICS, 1906.

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

POPULATION	1906.	1905.	1904.	1903.	1902.	1901.	1900.	1899.	1898.	1897.	1896.	
(Estimated) ...	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	
Births ...	104*	119	113	136	98	112	118	120	117	130	118	
Birth-rate ...	26.0	29.7	28.2	34.0	24.5	28.0	28.2	30.0	29.3	32.5	29.5	per 1,000 per-
Deaths ...	121	128	145	159	185	194	163	236	182	223	187	[sons living.
Death-rate ...	30.2	32.0	36.2	39.7	45.5	48.5	40.7	59.0	45.5	55.7	46.8	per 1,000 per-
												[sons living.
INFANTILE MORTALITY.												
Deaths under one year of age ...	32†	41	31	46	41	46	54	61	49	56	51	
Death-rate ...	308	345	274	338	427	411	478	508	419	431	432	per 1,000 regis-
												[tered births.
ZYMOTIC DISEASES.												
Deaths from the Seven Principal	23	15	18	13	14	37	18	12	22	25	30	
Death-rate ...	5.7	3.7	3.2	3.2	3.5	9.2	4.5	3.0	5.5	6.3	7.5	per 1,000 per-
												[sons living.

Causes of Death.—In 12 cases *Diarrhœa*; in 9 cases *Measles*; and in 1 case each *Scarlet Fever* and *Whooping Cough*. Among other principal causes were—diseases of the nervous system, 5

* Fourteen of the 104 births (9 of them illegitimate) occurred at the borough infirmary maternity ward;

† Eleven of the 32 deaths took place at the borough infirmary, including 7 of infants born there and who had never left the institution. The principal causes of death were, epidemic diarrhœa 8, enteritis 2, measles 4, whooping-cough 1, tuberculosis and marasmus 6, and diseases of the lungs 7.

deaths; diseases of the respiratory system, 27 deaths; diseases of the circulatory system, 13 deaths; other visceral diseases, 15 deaths; tubercular diseases, 28 deaths, including 20 from consumption (= 5.0 per 1,000 persons living); wasting diseases of infants, 4 deaths; cancer, 2 deaths, and violence, 2 deaths. Two deaths of infants prematurely born were registered. Inquests were held in 6 cases.

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

(1)	89.0	(2)	9.7	(3)	19.5	(4)	13.0	(5)	39.0	(6)	19.5	(7)	35.7
(8)	48.7	(9)	45.5	(10)	42.2	(11)	26.0	(12)	26.0	(13)	29.2		

Forty-seven of the deaths occurred at the homes of the deceased persons, 67 at the Borough Infirmary (an eighth of the total deaths at this Institution—539) and 9 at other Public Institutions; 23 of the deaths were of persons who had previously resided at common lodging-houses in the Area.

The deaths comprised 56 of males and 65 of females.

The ages at death were—under five years of age, 50 (including 32 under one year); between 5 and 20 years, 4 deaths; between 20 and 60 years, 41 deaths; at 60 years and upwards, 26 deaths.

The deaths were connected with streets as follows: Bangor Street, 22 deaths; Crescent Street, 30 deaths; St. Katharine's Road, 38 deaths; Kenley Street, 10 deaths; Sirdar Road, 21 deaths.

Death-rate in the Metropolis, and in Kensington, and in Localized Districts of the Borough, in each of the thirteen four-weekly periods ended December 29th, 1906, and in the Registration Year, 1906.

FOUR WEEKS ENDED.	METROPOLIS.	BOROUGH.	SUB-DISTRICTS.		PARLIAMEN- TARY DIVISIONS.		WARDS.								
			Ken- sington Town.	Bromp- ton.	North.	South.	St. Charles.	Gol- borne.	Nor- land.	Pem- bridge.	Hol- land.	Earl's Court.	Queen's Gate.	Red- cliffe.	Bromp- ton.
January 27 ...	16.9	13.8	14.9	10.8	16.8	10.5	18.1	20.4	17.4	9.9	10.0	14.9	7.2	8.2	11.8
February 24 ...	16.0	13.0	15.0	7.6	16.8	8.8	20.4	14.1	19.1	13.9	12.5	7.8	7.2	6.8	9.0
March 24 ...	16.8	13.5	14.6	10.8	15.5	11.5	16.9	17.5	15.8	10.6	11.3	12.8	16.1	10.3	7.2
April 21 ...	18.0	15.8	16.6	13.7	17.7	13.8	15.7	17.5	19.1	18.5	15.0	18.4	8.1	11.6	14.5
May 19 ...	15.7	16.3	17.3	13.7	19.5	12.9	22.2	15.5	20.2	21.2	12.5	11.3	9.9	15.1	15.4
June 16 ...	12.9	10.9	12.5	6.8	13.1	8.7	11.1	12.1	19.1	9.3	13.2	12.0	2.7	9.6	2.7
July 14 ...	12.3	12.2	13.6	8.7	15.6	8.7	12.8	17.0	17.4	14.6	9.4	7.8	7.2	11.6	6.3
August 11 ...	13.1	14.6	15.6	12.1	17.1	11.9	18.1	15.1	22.3	12.6	14.4	11.3	8.1	11.6	13.6
September 8 ...	18.5	14.6	17.8	6.3	20.6	8.2	21.0	19.4	26.7	14.6	8.1	12.1	6.3	7.5	6.3
October 6 ...	16.5	14.3	16.2	9.2	19.2	9.0	21.6	19.4	20.7	14.6	8.1	13.5	2.7	11.6	7.2
November 3 ...	13.8	11.9	12.7	10.0	13.8	10.0	14.0	14.1	14.2	12.6	13.2	14.2	6.3	10.3	3.6
December 1 ...	15.4	13.0	14.6	8.7	16.2	9.6	15.7	12.1	21.8	15.2	9.4	13.5	6.3	5.5	13.6
December 29 ...	18.9	16.9	17.0	16.6	17.7	16.0	18.1	18.0	16.9	17.9	20.7	16.3	7.2	17.8	15.4
Death rate for the Year 1906	15.7*	13.9	15.2	10.4	16.9	10.7	17.4	16.3	19.3	14.3	12.1	12.8	7.3	10.6	9.7

* The adjusted rate for the whole year was 15.1 per 1,000.

SUMMARY OF VITAL AND MORTAL STATISTICS.

In the table at page 16, the principal statistics have been arranged in thirteen four-weekly periods corresponding to the dates of the monthly reports. The annual birth-rate in 1906 was 19.1 per 1,000 of the population, the death rate 13.9. There were considerable fluctuations in the death-rate at different periods, ranging between the minimum (10.9) in the sixth, ended June 16th, and the maximum (16.9) in the thirteenth, ended December 29th. The rate in six periods was above, and in seven below the average for the year. The deaths in the two halves were 1,238 and 1,259 respectively. The deaths from the principal diseases of the zymotic class were 278: 31 more than in 1905, but 30 below the decennial average: 87 occurred in the first half of the year and 191 in the second. Measles was the prevalent and most fatal disease in the first half, 52 of the total deaths (81) having been registered therein. Diarrhoea was the cause of 142 deaths: 7 in the first half of the year and 135 in the second; of which 122 (mostly of infants) were registered in twelve weeks, July 15th—October 8th. The deaths from diseases of the respiratory organs were 458, and 79 fewer than in 1905. Diseases of the heart were accountable for 220 deaths, compared with 209 in 1905; and phthisis for 214, as compared with 199. Other tubercular diseases claimed 85 victims, against 74 in the preceding year.

COMPARATIVE VITAL AND MORTAL STATISTICS.

LONDON.—The birth-rate, 26.7 per 1,000 (2.3 below the decennial average), was the lowest on record. The rate has been declining for many years, never having been below 30 per 1,000 prior to 1898: the highest rate during my tenure of office, 35.9 per 1,000, was recorded in 1876.

The adjusted death-rate was 15.1 per 1,000 (the same as in 1905), and 2.2 below the average of the preceding ten years.

Small-pox, the cause of 242, 1,300, 13, 25, and 10, deaths, respectively, in 1901, 1902, 1903, 1904 and 1905, was unattended by fatality in 1906.

Scarlet-fever was the cause of 533 deaths, compared with 549 in 1905, and a decennial average of 567.

Diphtheria was the cause of 691 deaths; 145 more than in 1905, and 845 below the decennial average.

Enteric-fever was the cause of 260 deaths, 26 more than in 1905, but less than half the decennial average.

The four diseases above-named, commonly spoken of as the "dangerous infectious diseases," were the causes of 1,484 deaths: the deaths from the other three principal diseases of the zymotic class totalled 7,642, being 646 below the decennial average; viz., measles 1,909 (average 2,398), whooping-cough 1,226 (average 1,944), and diarrhoea 4,507 (average 3,946).

KENSINGTON.—The birth-rate, 19.1 per 1,000, and the lowest on record, was 0.9 below the rate in 1905, and 2.0 below the decennial average. Having regard to the disproportion in the number of the sexes, a high birth-rate is not possible; but the fall from the maximum during my tenure of office, viz., 31.7 in 1872, is unduly great.

The death-rate, 13.9 per 1,000; was 0.1 below that in 1905, and 1.5 below the decennial average. The infantile mortality-rate, measured by the proportion of deaths under one year to 1,000 registered births, was 132; a decrease of 7 per 1,000, compared with the rate in 1905.

Scarlet-fever was the cause of 11 deaths, diphtheria of 19, and enteric-fever of 5; total 35 in a population of 179,500; a surprisingly small number. The deaths from these diseases were 8, 18, and 10, respectively, below the decennial averages. The deaths from the remaining three of the principal diseases of the zymotic class were 243: viz., measles 81 (average 79), whooping-cough 20 (average 53), and diarrhoea 142 (average 104).

The table at page 21 shows the number of deaths in the several Wards from the principal diseases of the zymotic class.

The mean temperature of the air at Greenwich during the year was 50.7 Fahrenheit and 1.3 above the means of the preceding 50 years: the means of the four quarters being 40.8, 52.2, 62.5 and, respectively.

Summary of Vital and Mortal Statistics of the Royal Borough of Kensington, 1906.

During the Four Weeks ended	Births.	Deaths.	DEATH-RATE.				DEATHS AT AGES.			DEATHS FROM ZYMOTIC DISEASES.									DEATHS FROM DISEASES OF RESPIRATORY SYSTEM			Deaths from Phthisis.	Deaths from Heart Disease.	Deaths under Five from Tubercular Disease	Mean Temperature.	
			KENSINGTON.		LONDON.		0-1	1-5	60 and upwards.	Totals.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-Cough.	Enteric Fever.	Typhus Fever.	Simple continued Fever.	Diarrhoea.	Totals.	Bronchitis.					Pneumonia.
			1906.	Decennial Average.	1906.	Average 4 years, 1902-5.																				
January 27 ...	299	190	13.8	17.9	16.9	18.5	35	11	82	9	...	4	...	1	2	1	...	1	42	20	19	23	19	6	41.7°	
February 24 ...	250	179	13.0	17.2	16.0	17.6	28	19	78	12	...	6	1	1	2	...	...	2	39	14	15	7	20	3	88.9°
March 24 ...	251	187	13.5	17.9	16.3	18.8	26	17	69	16	...	9	1	3	...	1	...	2	37	17	15	17	13	4	42.5°	
April 21 ...	*309	218	15.8	16.3	18.0	16.7	27	26	88	17	...	13	...	2	1	1	...	...	54	25	25	19	15	1	45.3°
May 19 ...	260	225	16.3	14.4	15.7	15.6	31	16	87	15	...	9	3	...	2	1	...	...	54	27	26	16	18	7	50.9°
June 16 ...	222	151	10.9	13.3	12.9	14.1	22	9	63	8	...	5	1	...	1	...	...	1	19	13	5	20	15	7	54.6°
July 14 ...	261	169	12.2	12.7	12.3	13.2	30	21	60	19	...	11	2	2	3	...	...	1	27	7	18	16	14	3	61.9°
August 11 ...	261	202	14.6	15.6	13.1	15.1	45	25	65	43	...	15	...	2	1	...	...	25	21	8	7	13	14	2	65.6°
September 8 ...	255	202	14.6	14.2	18.5	16.2	70	28	44	65	...	4	1	1	1	...	...	58	15	3	10	11	9	3	65.2°
October 6 ...	234	197	14.3	12.7	16.5	14.9	53	24	66	47	...	4	2	2	1	...	...	38	23	8	11	12	24	5	56.0°
November 3 ...	253	165	11.9	14.4	13.8	15.7	24	16	71	7	...	...	...	...	...	...	...	7	33	12	15	22	19	4	49.7°
December 1 ...	248	179	13.0	16.0	15.4	17.7	28	14	72	7	...	...	...	1	2	...	...	4	39	10	20	23	15	3	45.9°
„ 29 ...	†218	233	16.9	17.3	18.9	18.2	33	15	94	13	...	1	...	4	4	1	3	55	26	24	15	25	2	37.7°
TOTALS ...	3,321	2,497	13.9	15.4	15.1	16.3	452	241	934	278	...	81	11	19	20	5	142	458	190	210	214	220	50	50.7°

* Maximum number during the year, and so throughout the table.
 † Irrespective of 107 at Queen Charlotte's Hospital.

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

DEATH-RATE IN ENGLAND AND WALES AND IN LONDON AND IN OTHER LARGE TOWNS.—The death-rate in England and Wales in 1906, was 15·4 per 1,000; 0·2 above that of 1905; 1·4 below the average rate in the preceding ten years, and the lowest yet recorded. The rate in London, was 15·1 per 1,000 of the estimated population, the same as in 1905; 2·2 below the average rate in the 10 years 1896-1905, and the lowest on record.

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

	1906.	1905.	1904.	1903.	1902.	1901.	1900.	1899.	1898.	1897.	1896.	1895.
Kensington ...	13·9	14·0	14·2	13·8	15·2	15·0	15·6	17·5	16·3	15·6	16·7	16·4
London ...	15·1	15·1	16·6	15·7	17·7	17·6	18·8	19·8	18·7	18·2	18·6	19·8
West Districts ...	14·5	14·9	15·5	14·6	16·7	15·7	17·6	19·0	17·0	16·1	17·6	18·5
North „	14·3	14·3	15·4	14·4	16·1	15·9	16·9	18·1	16·9	16·6	17·1	18·2
Central „	20·3	19·4	20·2	19·0	21·2	20·8	21·5	22·5	22·1	21·8	21·2	23·8
East „	18·6	18·4	19·5	18·6	20·0	20·7	22·1	23·0	21·7	21·2	21·3	23·4
South „	14·4	14·2	15·3	14·2	16·1	16·6	17·7	18·5	17·7	17·2	17·5	18·3
England and Wales	15·4	15·2	16·2	15·4	16·3	16·9	18·2	18·2	17·5	17·4	17·0	18·7

GREATER LONDON.—The death-rate in “Greater London”—which is co-extensive with the “Metropolitan” and “City” Police Districts, the population of which at the middle of the year was 7,113,561 (viz. 4,721,217 in Inner or Registration London and 2,392,344 in the Outer Ring) was 14·4 per 1,000, as compared with 14·5, 15·5, and 14·4, severally, in the preceding three years. In the County of London the mortality was at the rate of 15·1 per 1,000, whilst in the Outer Ring it did not exceed 13·0. Infantile mortality in Greater London was equal to 128 per 1000 births, as compared with 126, 143, and 123, severally, in the preceding three years. Last year infantile mortality was equal to 131 per 1,000 in the County of London, and to 125 in the Outer Ring.

OTHER LARGE TOWNS.—The crude death-rate in the seventy-six large towns, including London (population 15,818,360), was 15·9 per 1,000; the rates in the preceding three years having been 16·3, 17·2 and 15·7. The death-rates of Edinburgh, Glasgow, Dublin and Belfast were severally 16·0, 17·8, 24·1, and 20·1. These rates are calculated without reference to differences between one town and another with regard to the age and sex-distribution of their respective populations. But the sex and age composition of the several populations having been ascertained at the census of 1901, suitable factors have been calculated for correcting the recorded death-rates in the large towns in order to render them fairly comparable with one another; and in his Annual Summary the Registrar-General (page viii.) furnishes a table showing the recorded and corrected death-rates per 1,000 persons living, in each of the 76 towns in 1906.

COLONIAL AND FOREIGN CITIES.—The authorities of a large number of the principal cities supply returns of mortality to the Registrar-General. The highest death-rates recorded in 1906, were, St. Petersburg 25·5, Budapest 19·3, and Rome 18·7; the lowest, Sydney 10·7, Melbourne 13·6, and Amsterdam 13·7.

INDIAN CITIES.—The death-rate was 31·7 per 1,000 in Calcutta, 43·8 in Madras, and 54·4 in Bombay.

ASSIGNED CAUSES OF DEATH.

The Registrar-General issued, in 1902, a “New List of Causes of Death,” as used in the Annual Reports for England and Wales, together with “Suggestions to Medical Practitioners respecting Certificates of Causes of Death,” in which it is stated to be “highly desirable that Medical Practitioners should use only those terms which are recognised by the Royal College of Physicians of London.”* This List takes the place of the one used in these reports for many years as Table III., and since 1900 as Table VIII. It comprises “GENERAL DISEASES,” *i.e.*, those in which the whole body may be said to suffer, and “LOCAL DISEASES,” of various systems and organs, set out in Table VIII., at page 122, in which the first twenty diseases are those formerly described as “SPECIFIC, FEBRILE OR ZYMOTIC DISEASES;” chief among them being the nine “Principal Zymotic Diseases;” three of which were formerly associated under the generic term “Fever,” which comprises Typhus-fever, Enteric-fever, and Pyrexia.

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

The Tables numbered I. to V. are required by the Local Government Board to be used in the Annual Report of the Medical Officer of Health.

TABLE I.
For Whole District.

Year.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-residents registered in District.	Deaths of Residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1896 ...	170,000	3,821	22.5	656	172	3,158	18.6	1,065	620	353	2,891	16.7
1897 ...	170,700	3,765	22.2	609	161	3,025	17.7	1,164	691	333	2,667	15.6
1898 ...	172,000	3,715	21.6	655	176	3,151	18.3	1,123	689	256	2,798	16.3
1899 ...	172,400	3,682	21.4	642	174	3,422	19.8	1,320	722	321	3,021	17.5
1900 ...	173,000	3,682	21.3	641	174	3,087	17.7	1,132	672	283	2,698	15.6
1901 ...	177,000	3,708	20.9	581	157	2,964	16.7	1,108	635	321	2,650	15.0
1902 ...	177,500	3,599	20.3	515	143	3,112	17.2	1,182	681	315	2,746	15.2
1903 ...	178,000	3,677	20.7	510	139	2,803	15.7	1,094	666	318	2,455	13.8
1904 ...	178,500	3,568	20.0	503	141	2,911	16.3	1,089	710	339	2,540	14.2
1905 ...	179,000	3,579	20.0	498	139	2,856	15.9	1,222	678	324	2,507	14.0
Averages for 10 years 1896-1905.	174,810	3,680	21.1	581	158	3,049	17.4	1,150	671	319	2,697	15.4
1906 ...	179,500	3,423	19.1	452	132	2,811	16.2	1,222	663	349	2,497	13.9

* Rates calculated per 1,000 of estimated population.

NOTE.—The deaths included in columns 7 and 9 of this Table are all those registered during the year within the Borough. The Deaths included in column 12 are the number in column 7, corrected by the subtraction of the number in column 10, and the addition of the number in column 11. The term "non-residents" in column 10, means persons brought into the Borough on account of illness and dying there. The term "residents" in column 11, means persons taken out of the Borough on account of illness and dying thereout.

Area of Borough in acres ...	2,291	Total population at all ages ...	179,500
		No. (approximate) of inhabited houses ...	23,000
		Average number of persons per house ...	7.8

INSTITUTIONS WITHIN KENSINGTON RECEIVING SICK AND INFIRM PERSONS FROM OUTSIDE THE BOROUGH.

1. St. Marylebone Infirmary, North Kensington.
2. The Hospital for Consumption and Diseases of the Chest, Brompton.
3. St. Joseph's House, Notting Hill.
4. St. Luke's House, Pembridge Square.
5. Kensington General Hospital, Richmond Road, South Kensington.

For Institutions without Kensington at which Sick, Insane and Infirm Persons from the Borough died, see page 36.

TABLE II.

NAMES OF LOCALITIES.	KENSINGTON.				KENSINGTON TOWN.				BROMPTON.			
	YEAR.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
1896 ...	170,000	3,821	2,891	656	121,840	3,193	2,344	578	48,160	628	547	78
1897 ...	170,700	3,765	2,667	609	122,400	3,206	2,169	531	48,300	559	498	78
1898 ...	172,000	3,715	2,798	655	123,600	3,150	2,302	593	48,400	565	496	62
1899 ...	172,400	3,682	3,021	642	123,900	3,125	2,455	574	48,500	557	566	68
1900 ...	173,000	3,682	2,698	641	124,300	3,106	2,193	581	48,700	576	505	60
1901 ...	177,000	3,708	2,650	581	128,300	3,141	2,192	506	48,700	567	458	75
1902 ...	177,500	3,599	2,746	515	128,660	3,043	2,243	449	48,840	556	503	66
1903 ...	178,000	3,677	2,455	510	129,020	3,129	1,998	461	48,980	548	457	49
1904 ...	178,500	3,568	2,540	503	129,380	3,037	2,045	451	49,120	531	495	52
1905 ...	179,000	3,579	2,507	498	129,740	3,054	1,971	442	49,260	525	536	56
Averages of 10 years 1896 1905.	174,810	3,680	2,697	581	126,114	3,118	2,191	517	48,696	562	506	64
1906 ...	179,500	3,423	2,497	452	130,100	2,912	1,984	414	49,400	516	513	38

NOTE.—Deaths of residents occurring outside the Borough are included in the table; those of non-residents occurring in the Borough are excluded. Deaths of residents occurring in public institutions are allotted to the respective sub-districts according to the previous addresses of the deceased.

TABLE IV.*

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1906.

Causes of Death.	Deaths in whole District at subjoined ages.							Deaths in Localities (at all ages).		Total Deaths whether of Residents or non-Residents ^a in Public Institutions in the District.
	All Ages.	Under 1	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Kensington Town.	Brompton.	
Small-pox ...	...	...	...	...	...	...	...	...	...	...
Measles ...	81	31	48	1	...	1	...	76	5	16
Scarlet Fever ...	11	...	8	3	...	...	...	8	3	...
Whooping-Cough ...	20	11	9	...	...	...	...	20	...	1
Diphtheria, Membranous Croup	19	3	7	8	...	1	...	13	6	2
Croup ...	2	...	2	...	...	...	...	2	...	...
Fever { Typhus ...	...	...	...	...	...	...	...	...	...	...
Enteric ...	5	...	...	...	1	4	...	4	1	2
Other continued ...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza...	52	1	1	2	...	17	31	30	22	5
Cholera ...	...	...	...	...	...	...	...	...	...	...
Plague ...	...	...	...	...	...	...	...	...	...	...
Diarrhoea ...	142	92	33	...	1	7	9	132	10	19
Enteritis ...	29	18	4	...	...	3	4	25	4	7
Puerperal Fever ...	7	...	...	...	...	7	...	7	...	4
Erysipelas ...	6	1	...	...	1	2	2	4	2	7
Other septic diseases ...	13	2	...	...	2	6	3	6	7	8
Phthisis ...	214	1	4	2	18	177	12	183	31	234
Other tubercular diseases ...	85	27	23	11	6	17	1	76	9	45
Cancer, Malignant disease ...	171	...	1	1	1	103	65	118	53	107
Bronchitis ...	190	21	11	...	...	47	111	146	44	152
Pneumonia ...	210	40	56	3	4	66	41	176	34	48
Pleurisy ...	9	...	...	1	...	5	3	5	4	7
Other diseases of Respiratory Organs	49	5	8	...	3	11	22	39	10	18
Alcoholism ...	14	...	...	...	...	13	1	9	5	8
Cirrhosis of Liver ...	30	...	...	...	...	21	9	24	6	14
Veneral Diseases ...	16	10	...	...	...	3	3	16	...	19
Premature Birth ...	59	59	...	...	...	...	...	49	10	11
Diseases and Accidents of Parturition	9	...	...	...	2	7	...	8	1	3
Heart Diseases ...	220	1	...	6	11	103	99	162	58	95
Accidents ...	79	16	11	4	2	26	20	60	19	21
Suicides ...	21	...	...	...	1	16	4	17	4	1
All other causes ...	734	113	15	12	27	250	317	569	165	368
All causes ...	2,497	452	241	54	80	913	757	1,984	513	1,222

NOTE.—Deaths of residents occurring without the Borough are included in the Table; those of non-residents occurring within the Borough are excluded, with the exception of the last column.

* Table III, "Cases of Infectious Disease notified," will be found at page 41 and Table V., "Infantile Mortality," at page 59.

Deaths of residents occurring in public institutions are allotted to the respective sub-districts according to the addresses of the deceased as given by the registrars.

The subjoined table, being a summary of Table VIII. in Appendix I., page 122 (Table III. in annual reports prior to 1900), shows the number of deaths from diseases comprised in the "New List of Causes of Death," as used in the Annual Reports of the Registrar-General for England and Wales, referred to in the following pages; to which I have added the deaths from violence, and certain diseases comprised in the old classification under the heading Ill-defined and Not Specified Causes, *e.g.*, *Debility, Atrophy, Inanition*, terms which find no place in the New List.

						No. of Deaths.
GENERAL DISEASES						1,114
LOCAL DISEASES—						
Diseases of Nervous System...						114
Diseases of Organs of Special Sense						9
Diseases of Heart						220
Diseases of Blood-vessels						138
Diseases of Respiratory Organs						458
Diseases of Digestive System						154
Diseases of Lymphatic System						4
Diseases of Urinary System						106
Diseases of Generative System						7
Accidents of Childbirth						9
Diseases of Locomotive System						6
Diseases of Integumentary System						4
						— 1,229
DEATHS FROM VIOLENCE—						
Accident or Negligence						79
Homicide						—
Suicide						21
						— 100
ILL-DEFINED AND NOT SPECIFIED CAUSES						54
TOTAL						2,497

GENERAL DISEASES.

The Deaths from the "Principal diseases of the Zymotic Class" were 278, and 30 below the corrected decennial average (308). These deaths, of which 253 belong to the Town sub-district and 25 to Brompton, were equivalent to 1·55 per 1,000 persons living (1·94 in the Town sub-district and 0·51 in Brompton) as compared with 1·38 in 1905; the decennial average being 1·72.

The rate in the Metropolis, as a whole, was 1·93 per 1,000 (1·71 in 1905); the decennial average being 2·31.

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

Disease.	Sub-Districts.		In Hospital.		Total Deaths.	Decennial Average.	
	Town.	Brompton.	Town.	Brompton.		Uncorrected.	Corrected for increase of Population.
Small-pox ... ..	...	...	...	...	...	1·3	1·3
Measles	76	3	...	2	81	77·3	79·4
Scarlet Fever	1	...	7	3	11	18·1	18·6
Diphtheria	4	3	9	3	19	35·7	36·7
Whooping-cough	19	...	1	...	20	51·4	52·8
Typhus Fever ... ..	...	...	...	...	...	0·3	0·3
Enteric Fever	1	...	3	1	5	14·5	14·9
Pyrexia ... ..	...	...	...	...	...	0·3	0·3
Diarrhoea	129	9	3	1	142	101·2	103·9
	230	15	23	10	278	300·1	308·2

Distribution of the deaths from the Principal Zymotic Diseases :—

	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Enteric Fever.	Continued Fever.	Diarrhoea.	Total.
SUB-DISTRICTS—									
Kensington Town		76	8	18	20	4	...	182	253
Brompton		5	3	6	...	1	...	10	25
PARLIAMENTARY DIVISIONS—									
North Kensington		65	8	12	19	3	...	119	226
South Kensington		16	3	7	1	2	...	23	52
WARDS—									
North Kensington	(St. Charles)	21	2	2	6	...	...	41	72
	(Golborne)	17	2	6	3	2	...	31	61
	(Norland)	22	4	2	8	...	...	36	72
	(Pembroke)	5	...	2	2	1	...	11	21
South Kensington	(Holland)	7	...	1	1	1	...	10	20
	(Earl's Court)	4	2	1	...	...	...	4	11
	(Queen's Gate)	4	...	...	...	...	...	1	5
	(Redcliffe)	...	1	2	...	...	...	5	8
	(Brompton)	1	...	3	...	1	...	3	8

DISTRICT ZYMOTIC RATE.—The deaths from these diseases in North Kensington were 226, and the rate 2.44 per 1,000 persons living. In South Kensington the deaths were 52, and the rate 0.60 per 1,000. The rate in the several wards was as follows :—

North Kensington—				} per 1,000 persons living.
St. Charles	...	...	73 deaths, = 3.3
Golborne	...	...	61 deaths, = 2.3
Norland	...	...	71 deaths, = 3.0
Pembroke	...	...	23 deaths, = 1.2
South Kensington—				
Holland	...	...	20 deaths, = 1.0
Earl's Court	...	...	11 deaths, = 0.6
Queen's Gate	...	...	3 deaths, = 0.2
Redcliffe	...	...	8 deaths, = 0.4
Brompton	...	...	8 deaths, = 0.6

The table at page 16 exhibits the distribution of the deaths in the Borough, as a whole, from the several diseases, as recorded in the thirteen four-weekly reports.

In Appendix II., statistical information is given, in Tables B, C and D, pages 141 and 142, showing the number of deaths from the several diseases during the fifty-one years, 1856-1906; viz., in Table B, the annual number of deaths from each disease and the death-rate therefrom; in Table C, the number of deaths grouped in quinquennial periods; in Table D, the rate per 1,000 of the population, in quinquennial periods, of the four notifiable diseases (small-pox, scarlet fever, diphtheria and "fever"), and of the three non-notifiable diseases—measles, whooping-cough and diarrhoea.

In England and Wales the deaths from these diseases were at the rate of 1.73 per 1,000 persons living, against 1.46, 1.94, and 1.52, respectively, in the preceding three years. In the seventy-six great towns, including London, the average rate was 2.24.

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

	Small pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.
Kensington	0.00	0.45	0.06	0.11	0.11	0.03	0.79
London	0.00	0.41	0.11	0.15	0.26	0.06	0.94
England and Wales	0.00	0.27	0.10	0.17	0.23	0.09	0.87

SMALL-POX.

This disease was non-existent in the Borough throughout the year. The corrected decennial average number of deaths from this cause was 1.3. Only one death (in 1904) has been registered in the four years 1903-6.

There was no death in London from this cause, the corrected decennial average being 169. The cases notified were 31, compared with 417, 492, and 74, in the preceding three years. The contributory boroughs are set out in the table at page 39.

MEASLES.

Measles was the cause of 81 deaths, compared with 34, 67, and 54, in the three preceding years successively: 76 and 5 in the Town and Brompton sub-districts respectively; the corrected decennial average being 79. The four-weekly number of deaths is set out in the table at page 16. Seventy-two of the deaths occurred in the first 32 weeks of the year, and 9 in the remaining 20 weeks: 78 of the deaths were of children under five years of age, including 31 in the first year of life. Between 1-2 years there were 32 deaths; between 2-3 years, 8; between 3-4 years, 3; and between 4-5 years, 4. There were 2 deaths between 5-6, and one at 34 years of age. The rate of mortality was 0.45 per 1,000 persons living.

The lady sanitary inspectors, who commenced, in June, 1905, a systematic visitation of cases of measles reported by school teachers, continued this work throughout the past year. The cases so reported were 691 in number, other 162 cases being met with in the houses visited: total cases, 853. Of the sufferers, 506 were under five years of age—including 76 in the first year of life—and 318 between 5 and 10 years. The cases in Wards were: St. Charles 173, Golborne 224, Norland 132 (=529), Pembroke 108, Holland 86, Earl's Court 83, Queen's Gate 22, Redcliffe 13, Brompton 12 (=324). Disinfection was carried out at 186 houses. The Inspectors report as follows:—

We were glad to notice a much larger proportion of cases attended by a doctor than observed last year. The mothers in general appeared more impressed with the probable dangers resulting from what they have usually considered a trivial illness. In many cases we found a doctor had been sent for when the first child fell ill, the mother relying on her remembrance of his instructions for nursing the subsequent cases. The disinfections carried out were few compared with the number of cases; but in many houses several children, often in more than one family, were ill, simultaneously or successively, and disinfection could not be carried out until after recovery of the last case. A leaflet calling attention to the serious nature of the disease, was distributed at every known infected house and gratefully accepted.

The deaths from this cause in London, as a whole, were 1,909, and approximately 489 below the corrected decennial average (2,398): the rate of mortality was 0.41 per 1,000 persons living.

SCARLET FEVER.

The notified cases of scarlet fever were 463, compared with 320, 262, and 332, in the preceding three years: 306 in North Kensington and 157 in South Kensington. The deaths were 11 (a case-mortality of 2.4 per cent.) and 8 below the corrected decennial average (19): eight belonged to the Town sub-district, and 3 to Brompton: ten of them occurred at outlying public institutions, to which 417 cases were removed. The rate of mortality was 0.06 of the population. The deaths in the preceding three years were 14, 5, and 21, respectively.

Scarlet fever was more than usually prevalent in London throughout the year; and the Upper Hospital at Gore Farm was utilized for convalescing cases. The ordinary accommodation at the Managers' disposal was less than the normal in the first half, the South-Eastern hospital (488 beds) not having been re-opened until July after its reconstruction.

The cases notified were 20,343, compared with 12,536, 13,439, and 19,467, in the preceding three years. The case mortality was 2·6 per cent. on notifications, compared with 2·9, 2·7, and 2·8, in the preceding three years. The admissions to hospital were 18,316 compared with 10,580, 11,401, and 17,230, in the preceding three years, or about 90 per cent. on cases notified. At the close of the year there were 3,846 cases remaining in hospital, compared with 1,632, 2,386, and 3,446, at the corresponding period in the preceding three years.

The subjoined table shows the degree of prevalence of scarlet fever in the Borough, and in London, as a whole, as indicated by the number of notifications, and of deaths, in thirteen successive four-weekly periods, as set out in my reports: the localities of Kensington notifications and deaths respectively are set out in Tables XI. and XII. pp. 131 and 134. The deaths in four-weekly periods in the table at page 16.

SCARLET FEVER IN 1906.

Report for four weeks ended	No. of Notifications.		No. of cases admitted to Hospitals.		No. of Deaths.		No. of cases in Hospital at the end of the period.
	Kensington.	London.	Kensington.	London.	Kensington.	London.	
January 27.....	10	1,842	7	1,198	—	49	2,988
February 24	21	1,250	18	1,157	1	85	2,689
March 24	17	1,159	16	1,027	1	87	2,484
April 21	39	1,180	39	1,073	—	42	2,225
May 19	41	1,361	39	1,310	3	44	2,396
June 16	30	1,470	26	1,349	1	48	2,677
July 14	39	1,635	32	1,529	2	41	2,840
August 11	42	1,667	40	1,544	—	34	3,051
September 8	32	1,471	30	1,399	1	30	3,067
October 6	53	2,169	50	2,067	2	33	3,603
November 3	72	2,291	65	2,155	—	54	4,177
December 1	41	1,934	39	1,747	—	42	4,053
December 29	26	1,464	16	1,349	—	44	3,846
	463	20,343	417	18,904	11	533	

For the sake of comparison, I subjoin the corresponding table for 1905.

SCARLET FEVER IN 1905.

Report for four weeks ended	No. of Notifications.		No. of cases admitted to Hospitals.		No. of Deaths.		No. of cases in Hospital at the end of the period.
	Kensington.	London.	Kensington.	London.	Kensington.	London.	
January 28.....	19	972	13	857	—	39	2,096
February 25	16	1,087	12	954	2	41	1,987
March 25	32	1,233	28	1,129	1	50	2,034
April 22	15	1,181	12	1,089	1	40	2,128
May 20	35	1,253	32	1,128	2	34	2,211
June 17	36	1,365	33	1,224	1	30	2,356
July 15	27	1,460	25	1,369	2	37	2,520
August 12	34	1,464	36	1,377	2	39	2,670
September 9	21	1,683	21	1,574	2	38	2,982
October 7	31	2,184	29	2,051	1	38	3,739
November 4	21	2,212	19	2,061	4	55	4,200
December 2	32	1,984	28	1,764	1	45	4,021
December 30	18	1,389	13	1,286	2	63	3,446
	332	19,467	301	17,863	21	549	

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

The following tables exhibit certain particulars of interest with respect to scarlet fever prevalence, &c., during 1906, and in the preceding ten years.

The Year.	Cases notified.	Case rate per 1,000 of population.	Deaths.	Death rate per 1,000 of population.	Case mortality per cent
1896 . . .	1,011	5.95	39	0.23	3.9
1897 . . .	749	4.33	29	0.17	3.9
1898 . . .	474	2.75	23	0.13	4.8
1899 . . .	443	2.57	10	0.06	2.2
1900 . . .	367	2.12	4	0.02	1.4
1901 . . .	475	2.68	15	0.08	3.2
1902 . . .	372	2.09	21	0.12	5.6
1903 . . .	330	1.85	14	0.08	4.2
1904 . . .	262	1.47	5	0.03	1.9
1905 . . .	332	1.85	21	0.12	6.3
1906 . . .	463	2.57	11	0.06	2.4

Scarlet Fever Cases Recorded in Kensington in 1906, and in the Preceding Ten Years, in Thirteen Four-Weekly Periods.

The Year.	Weeks. 1-4	Weeks. 5-8	Weeks. 9-12	Weeks. 13-16	Weeks. 17-20	Weeks. 21-24	Weeks. 25-28	Weeks. 29-32	Weeks. 33-36	Weeks. 37-40	Weeks. 41-44	Weeks. 45-48	Weeks. 49-52	TOTAL.
1906 . . .	10	21	17	39	41	30	39	42	31	53	73	41	26	463
1905 . . .	19	16	32	15	35	36	27	34	21	31	21	32	13	332
1904 . . .	23	18	19	15	28	25	23	26	11	22	24	12	16	262
1903 . . .	18	12	32	31	27	17	37	46	28	21	24	17	20	330
1902 . . .	36	31	27	30	33	21	32	20	26	35	37	18	26*	372
1901 . . .	26	19	22	18	31	32	45	56	46	48	52	43	37	475
1900 . . .	32	26	28	28	20	22	32	21	23	25	41	31	35	364
1899 . . .	26	20	20	27	26	38	40	47	35	47	42	55	22	445
1898 . . .	34	40	34	39	31	31	40	45	38	31	33	38	34	468
1897 . . .	43	32	40	28	33	58	68	51	55	133	88	84	34	747
1896 . . .	79	90	57	45	37	68	93	94	92	84	104	91	77*	1011
Average 1896-1905	33.6	30.4	31.1	27.6	30.1	34.8	43.7	43.0	37.5	46.7	46.6	42.1	31.4	481†

* Return comprises five weeks.

† Without correction for increase in population.

Statistics of Scarlet Fever in Kensington in 1906, and in the
Preceding Ten Years.

The Year.	No. of Recorded Cases.		Total Number of Recorded Cases	Percentage of Removals to total Recorded Cases.	Deaths.		Total Deaths.	Percentage of Deaths.		Percentage of Deaths to Recorded Cases.	Deaths in London from Scarlet Fever.
	Treated at Home.	Removed to Hospital.			At Home.	In Hospitals.		At Home	In Hospitals.		
1906	46	417	463	90	1	10	11	9	91	2·4	533
1905	31	301	332	91	—	21	21	—	100	6·3	549
1904	37	225	262	86	—	5	5	—	100	1·9	365
1903	53	277	330	84	2	12	14	14	86	4·2	362
1902	61	311	372	84	2	19	21	10	90	5·6	563
1901	92	383	475	81	4	11	15	27	73	3·2	584
1900	74	290	364	79	—	4	4	—	100	1·4	361
1899	101	344	445	77	2	8	10	20	80	2·2	398
1898	117	361	478	76	1	22	23	3·4	95·6	4·8	583
1897	188	561	749	75	3	26	29	10·3	89·7	3·9	780
1896	248	763	1011	75	7	32	39	18	82	3·9	942

The deaths in London, as a whole, 533, were approximately 34 below the corrected decennial average: 527 of the deaths, (99 per cent.) took place in public institutions. The case-mortality was 2·6 per cent.; the mortality-rate 0·11 per 1,000 of the population.

The information as to scarlet-fever mortality in the Borough in the fifty-one years 1856-1906 set out in Appendix II. (Tables B, C, D, pages 141 and 142) shows the great reduction in the fatality of this disease in recent years.

DIPHTHERIA.

The cases notified as diphtheria (including membranous croup, classified by the Registrar-General as diphtheria) were 164; compared with 160, 186, and 125, in the preceding three years: 96 in North Kensington and 68 in South Kensington. The deaths were 19 (a case-mortality of 11·6 per cent., and 18 below the corrected decennial average (37): 13 in the Town sub-district, and 6 in Brompton: 18 of the deaths took place in hospitals, to which 141 cases were removed—a case-mortality of 8·5 per cent. Twelve of the deaths were of children under five years of age. The mortality rate was 0·11 per 1,000 of the population. The localities of notifications and deaths are set out in Table XI (page 131) and Table XII. (page 134), and the deaths in four-weekly periods in the table at page 16.

Detailed information in regard to diphtheria mortality in the borough in 51 years—1856-1906, is set out in Appendix II., Tables B, C, and D, pp. 141 and 142.

The deaths in London, as a whole, were 691, and considerably less than a half of the corrected decennial average number (1,536), compared with 752, 729, and 533, in the three preceding years. The mortality rate was 0·15 per 1,000 of the population. The notifications were 8,035 in number, compared with 7,727, 7,224, and 6,489, in the three preceding years. The cases admitted to hospital were 5,264, compared with 5,113, 4,739, and 4,180, in the preceding three years; and the deaths in hospital 447, a case-mortality of 8·5 per cent. At the close of the year there were 1,000 cases under treatment in the hospitals, compared with 739, 807, and 701, at the corresponding period in the preceding three years.

The subjoined table, based on the thirteen four-weekly reports, set out certain particulars with regard to diphtheria, in Kensington, and in London as a whole:—

Report for four weeks ended	No. of Notifications.		No. of cases admitted to Hospital.		No. of Deaths.		No. of cases in Hospital at the end of the period.
	Kensington.	London.	Kensington.	London.	Kensington.	London.	
January 27 ...	9	584	6	481	1	58	841
February 24 ...	20	684	19	517	1	64	953
March 24 ...	10	548	9	424	3	60	926
April 21 ...	17	528	15	432	2	54	881
May 19 ...	12	505	11	375	—	44	782
June 16 ...	8	475	7	419	—	40	749
July 14 ...	15	611	14	511	2	38	841
August 11 ...	17	613	13	508	2	43	861
September 8 ...	4	548	4	462	1	49	861
October 6 ...	7	636	6	552	2	53	907
November 3 ...	13	855	9	712	—	64	1,066
December 1 ...	17	798	15	619	1	61	1,082
December 29 ...	15	650	13	514	4	76	1,000
	164	8,035	141	6,526	19	704	

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

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

Set out in Report for Four weeks ended.	Total Cases Recorded.	Cases Recorded in North Kensington.*	Cases Recorded in South Kensington.*	Cases removed to Hospital from—		Deaths (12 in Hospital).	
				North Kensington.	South Kensington.	North Kensington.	South Kensington.
January 27 ...	10	4	6	2	4	1	...
February 24 ...	20	7	18	7	12	...	1
March 24 ...	11	8	8	8	1	2	1
April 21 ...	18	7	11	7	8	1	1
May 19 ...	12	5	7	5	6	...	...
June 16 ...	8	7	1	6	1	...	...
July 14 ...	15	18	2	12	2	2	...
August 11 ...	17	10	7	9	4	1	1
September 8 ...	4	4	...	4	...	...	1
October 6 ...	7	5	2	5	1	1	1
November 8 ...	18	6	7	6	8	...	...
December 1 ...	18	15	8	18	2	1	...
„ 29 ...	16	8	8	8	5	8	1
	169	99	70	92	49	12	7

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

Diphtheria in Kensington, 1896-1906.

YEAR.	Cases Notified.	Case rate per 1,000 of population.	Deaths.	Death rate per 1,000 of population.	Case Mortality per cent.
1896 - - -	371	2.18	72	0.42	19.4
1897 - - -	332	1.94	82	0.48	24.7
1898 - - -	222	1.29	26	0.15	11.7
1899 - - -	257	1.49	42	0.24	16.3
1900 - - -	332	1.92	27	0.16	8.1
1901 - - -	250	1.41	38	0.21	15.2
1902 - - -	184	1.04	20	0.11	10.9
1903 - - -	158	0.90	24	0.13	15.2
1904 - - -	186	1.04	17	0.09	9.1
1905 - - -	125	0.70	9	0.05	7.2
1906 - - -	164	0.91	19	0.11	11.6

WHOOPIG-COUGH.

Whooping-cough was the cause of 20 deaths, compared with 90, 19, and 60, in the preceding three years; all in the Town sub-district; the corrected decennial average being 53. Fifteen of the deaths were of children under 2 years of age, 11 of them in the first year. Between 2-3 years and 3-4 years the deaths numbered 2 and 3 respectively. The mortality rate was 0.11 per 1,000 of the population. The deaths in 13 four-weekly periods are set out in the table at page 16.

The Lady Sanitary Inspectors, who commenced, in June, 1905, a systematic visitation of cases of whooping-cough reported by school teachers, continued the work throughout the past year. The cases so reported numbered 111, other 61 cases being found in the houses visited—making a total of 172. All but 2 of the cases occurred in North Kensington, including 152 in three wards: St. Charles 29, Norland 68, and Golborne 55. Of the sufferers 115 were under five years of age—including 23 under one year—and 54 between 5-10 years. The Inspectors' report continues: "We were pleased to find much greater care being taken of the little sufferers than when we first visited such cases: a doctor being called in much more frequently than last year. A leaflet distributed at each infected house calling attention to the serious nature of the disease was gratefully accepted."

The deaths from whooping-cough in London as a whole were 1,266, and 692 below the corrected decennial average. The mortality rate was 0.26 per 1,000 of the population.

FEVER.

The notified cases of Enteric Fever were thirty-eight in number, compared with 61, 46, and 49, in the preceding three years. The deaths were 5 (10 below the corrected decennial average), 4 of them belonging to the Town sub-district. Four of the deaths took place in hospitals, to which 26 cases were removed. The deaths from this cause in the preceding three years were 9, 6, and 13, respectively. The mortality rate was 0.3 per 1,000 of the population. The localities of notifications and deaths, respectively, are set out in Tables XI. and XII. at p.p. 131 and 134; the deaths in four-weekly periods in the table at page 16. In a few of the cases there was ground for suspicion that the illness had been caused by the eating of shell-fish.

Enteric Fever in Kensington, 1896-1906.

YEAR.	Cases Notified.	Case rate per 1,000 of population.	Deaths.	Death rate per 1,000 of population.	Case Mortality per cent.
1896 - - - -	94	0.55	15	0.08	16.0
1897 - - - -	117	0.69	21	0.12	18.0
1898 - - - -	104	0.60	12	0.07	11.5
1899 - - - -	107	0.62	23	0.13	21.5
1900 - - - -	104	0.60	16	0.09	15.4
1901 - - - -	97	0.55	11	0.06	11.3
1902 - - - -	80	0.45	19	0.11	23.7
1903 - - - -	61	0.34	9	0.05	14.8
1904 - - - -	46	0.26	6	0.03	13.0
1905 - - - -	49	0.27	13	0.07	26.5
1906 - - - -	38	0.21	5	0.03	13.2

The deaths in London, as a whole, were 260, and 297 below the corrected decennial average (557). The notifications were 1,606 (1,549 in 1905): the admissions to hospitals 700 (compared with 967, 750, and 587, in the preceding three years), and the deaths therein 108. At the close of the year there remained under treatment 135 cases, against 246, 159, and 78, at the corresponding period of the preceding three years. The mortality rate was 0.06 per 1,000 of the population.

No case of Typhus Fever was notified in the Borough; and 7 cases only in London, as a whole: there was no death from this cause.

No death occurred in the Borough from simple continued fever (*Pyrexia*); and no cases were notified. The deaths and notifications in London, as a whole from this cause, were 4 and 9 respectively.

DIARRHŒA.

Diarrhœa was the cause of 142 deaths, compared with 97, 128, and 90, in the preceding three years; 132 in the Town sub-district and 10 in Brompton; the corrected decennial average being 104. The deaths under one year, 92, were in the proportion of 26.8 per 1,000 births. The mortality rate (all ages) was 0.79 per 1,000 of the population.

The deaths in London, as a whole, were 4,507, and 561 above the corrected decennial average (3,946): 4,183 of the deaths were of children under five years of age, including 3,442 of infants under one year. The mortality rate was 0.94 per 1,000 of the population. Of the 4,507 deaths 2,872 were certified *Epidemic Diarrhœa*, or *Infective Enteritis*, and 1,635 *Diarrhœa, Dysentery*.

In London generally, as the Registrar-General states in his Annual Summary, "owing to exceptional climatic conditions, deaths from diarrhœal disease, including enteritis and gastro-enteritis, were very much in excess of the quinquennial average in the summer quarter." Nevertheless, "in spite of these adverse climatic conditions, the rate in year in the City of London, and in no fewer than 23 of the (29) Metropolitan Boroughs, was below the quinquennial average"—to the extent of 9.1 per cent. in Kensington.

INFANTILE SUMMER OR EPIDEMIC DIARRHŒA.

During the twelve weeks July 15—October 6, there were 121 deaths in the Borough from diarrhœa, 10 of adults, and 111 of children under five years of age, including 77 under one year.*

In regard to deaths under five, an inquiry was made by the lady inspectors with respect to 77 of infants under one year (13 of them illegitimate), and of 31 children (two illegitimate) between one and five. The information given to the inspectors may be summarised as follows:—

Of the infants under one, seven only had been wholly breast-fed up to the time of death: two of these had a history of parental phthisis; the mother of a third suffered personally from diarrhœa.

Only three deaths occurred within four weeks of birth, a period during which suckling is general.

In 30 of 65 hand-fed cases, the milk used had been kept in the rooms occupied by the family; in seven cases in a passage or washhouse—and had been, usually, uncovered and exposed to contamination by dirt, flies, etc.

In twelve cases in the practice of one doctor, the use of milk (sometimes with the addition of brandy) was continued throughout the fatal illness. In nine cases a good brand of whole condensed milk was used, the milk being improperly kept in the tin and taken out when wanted. Long-tubed bottles were used in only eight cases.

In nearly every case a baby's "comforter" or "dummy" teat had been used. It was "always kept clean," the mothers alleged; a statement open to doubt. The inspectors have frequently seen a mother wipe the "comforter" with a dirty apron, or put it in her own mouth, before giving it to the infant. The teat, often enough, is found on the dirty floor.

The homes as a rule were fairly clean; only three were conspicuously dirty.

Fourteen of the married mothers, and thirteen unmarried mothers, of infants under one, and five married mothers of children 1-5 years, went out to work. The occupations of the 14 married mothers of infants under one were: laundress, nine; charwoman, three; tailoress and daily servant, one each.

With regard to deaths between one and five: in three cases there was a history of parental delicacy of health, two mothers being consumptive. Four of the children were weakly, ricketty or consumptive; one had recently had measles, and one mumps and measles. Six of the cases had been attended by the doctor referred to above; and milk diet had been continued throughout the illness. The rooms generally were clean, and fairly well kept.

The subjoined tables supply information in regard to the methods of feeding practised, the ages of the deceased children and the status of the parents, who belonged almost exclusively to the poorer and less fortunately circumstanced classes of the people. Of the 77 deaths under one, 66 occurred in three wards (St. Charles 28, Golborne 18, and Norland 20), population 72,910; and 11 in the remaining six wards; population 106,590: 27 of the 31 deaths between one and five occurred in the three wards—10, 9, and 8, respectively.

* The deaths from diarrhœa, in the Metropolis, in the twelve weeks, were 3,605, and 1,035 above the corrected average; 3,422 of them were of children under five years of age, including 2,809 less than one year old.

Deaths under One Year from Epidemic Diarrhœa during 12 weeks
ending October 6th, 1906.

Locality.	Population.	In: 4 weeks ending Aug. 11th.	In: 4 weeks ending Sept. 8th.	In: 4 weeks ending Oct. 6th.	Total: 12 weeks.	Grand Total: whole year.
BOROUGH	179,500	16	36	25	77	92
SUB-DISTRICTS—						
Kensington Town	180,100	15	35	23	73	87
Brompton	49,400	1	1	2	4	5
PARLIAMENTARY DIVISIONS—						
North Kensington	92,550	15	33	22	70	80
South Kensington	86,950	1	3	3	7	12
WARDS—						
St. Charles	22,300	9	11	8	28	28
Golborne	26,750	1	11	6	18	20
Norland	23,860	5	10	5	20	24
Pembroke	19,640	—	1	3	4	8
Holland	20,740	—	2	—	2	6
Earl's Court	18,340	—	—	1	1	2
Queen's Gate	14,500	—	—	—	—	—
Redcliffe	18,990	—	1	2	3	3
Brompton	14,380	1	—	—	1	1

Sex, and Age at death, under one year.

AGE IN WEEKS.					AGE IN MONTHS.												Total.
1st	2nd	3rd	4th	-2	-3	-4	-5	-6	-7	-8	-9	-10	-11	-12			
Male	2	1	...	3	6	5	3	1	3	3	1	5	4	3	40		
Female ... ..	...	...	...	2	7	3	4	5	2	2	8	2	2	...	37

Sex, and Age at death, between one and five.

	1-2 years.	2-3 years.	3-4 years.	4-5 years.	Total.
Male	13	3	...	...	16
Female	10	3	1	1	15

Number of rooms occupied by family : deaths, under one year of age.

1 room.	2 rooms.	3 rooms.	4 rooms.	No information.	Total.
18 deaths.	28 deaths.	10 deaths.	13 deaths.	8 deaths.	77

FOOD OF THE SIXTY-FIVE HAND-FED INFANTS.

Cows milk and barley water	...	...	...	...	32
Cows milk and boiled bread	...	...	...	...	8
Cows milk and a patent food	...	...	...	...	9
Condensed whole milk and water	...	...	...	...	7
Condensed milk and a patent food	...	...	...	...	3
A patent food and butter	...	...	...	...	5
The breast "and what we have ourselves"	...	...	...	...	1

OCCUPATION OF FATHERS OF 64 DECEASED INFANTS.

Labourer...	...	...	...	...	...	16
Porter	...	...	...	...	...	6
Carman	...	...	...	...	...	4
Bricklayer, Butler, Carpenter, Laundryman, Clerk, Tailor (2 each)						12
Painter, Slater, Pointer, Flower-seller, Motor Cleaner, Baker, Farrier, Postman, Newsagent, Gardener, Chef, Street Musician, Railway employé, Greengrocer, Coachman, Photographer, Hawker, Blacksmith, Warehouseman, Music Hall Attendant, Builder, Shopkeeper, Policeman, Pianist, Footman, Wheelwright (one each)	...	...	...	...	..	26

OCCUPATION OF MOTHERS OF 13 ILLEGITIMATE CHILDREN.

Domestic Servant	...	...	...	...	...	7
Charwoman, Laundress (two each)	...	...	...	...	...	4
Housekeeper, Corset Maker (one each)	...	...	...	...	...	2

OCCUPATION OF PARENTS OF 13 DECEASED CHILDREN, 1-5 YEARS.

Labourer...	...	...	...	...	...	11
Horsekeeper	...	...	...	...	...	4
Carman, Cabman	...	...	...	...	...	3
Artizan	...	...	...	...	...	3
Porter	...	...	...	...	...	3
Soldier, Meat Carrier, Carpet beater, Hosier, Potman (1 each)	...	...	...	...	...	5
Domestic Servant, Charwoman (illegitimate), 1 each	...	...	...	...	...	2

INFLUENZA.

Fifty-two deaths were registered from influenza, as compared with 41, 50, and 49, in the three preceding years; 30 in the Town sub-district, and 22 in Brompton. The deaths in London, as a whole, from this cause, were 859, against 644, 709, and 689, in the preceding three years.

DEATHS FROM OTHER "GENERAL" DISEASES.

Syphilis was the cause of 15 deaths, all of them in the Town sub-district.

Puerperal Diseases caused seven deaths—between 25 and 55 years of age—all of them in the Town sub-district: nine deaths were registered as having occurred from accidents connected

with childbirth. The deaths registered as having been caused by diseases and accidents associated with parturition (sixteen in all), were equal to 4.7 per 1,000 live births, compared with rates of 2.2, 3.5, and 2.0 per 1,000 in the three preceding years respectively.

Erysipelas was the cause of six deaths, 4 of them in the Town sub-district. The notifications were 149 in number.

Tuberculosis in its various forms was the cause of 299 deaths, as compared with 285, 342, and 273, in the preceding three years; 259 in the Town sub-district, and 40 in Brompton; 55 of them under five years of age. *Tubercular Phthisis (Pulmonary Tuberculosis)* was the certified cause of 168 deaths (148 and 20 in the Town and Brompton sub-districts respectively), and "*Phthisis*" of 46: total 214; or 1.19 per 1,000 of the population. *Tubercular Meningitis* was the cause of 29 deaths; *Tubercular Peritonitis* of 18; and *General Tuberculosis* of 29. The deaths from tubercular diseases were, proportionately to population, not so numerous in Brompton as in the Town sub-district. The total deaths were in the proportion of 1.7 per 1,000 of the population. Further information on the subject of Tuberculosis will be found at pp. 44 and 52.

Deaths and Death Rate from Phthisis and other Tuberculous Diseases, in 1906.

District.	Phthisis.		Other Tuberculous diseases.		Total.	
	No. of deaths.	Rate.	No. of deaths.	Rate.	No. of deaths.	Rate.
Kensington Town - - -	183	1.41	76	0.58	259	1.99
Brompton - - - -	31	0.63	9	0.18	40	0.81
The Borough - - - -	214	1.19	85	0.47	299	1.66
London - - - - -	6,977	1.48	2,631	0.56	9,608	2.04

Tuberculosis in Kensington, 1896-1906.

The Year.	Deaths from Phthisis per 100,000 persons living.	Deaths from other Tuberculous Diseases per 100,000 persons.	Total deaths from Tuberculosis per 100,000 persons living
1896 - - - - -	140.2	46.3	206.5
1897 - - - - -	140.6	58.6	199.2
1898 - - - - -	126.2	67.4	193.6
1899 - - - - -	128.2	56.8	185.0
1900 - - - - -	121.4	55.5	176.9
1901 - - - - -	132.5	45.3	177.8
1902 - - - - -	123.9	50.7	174.6
1903 - - - - -	119.1	41.0	160.1
1904 - - - - -	126.6	65.0	191.6
1905 - - - - -	111.2	41.3	152.5
1906 - - - - -	119.2	47.3	166.5

The deaths from Tubercular Diseases in London, as a whole, were 9,608. Of these deaths, 6,977 were due to Phthisis. The death-rate from Phthisis in London, in 1906, per 1,000 persons living, was 1.48 against 1.60, 1.67, and 1.42, in the preceding three years, and a decennial average of 1.66. Phthisis mortality ranged from 0.67 per 1,000 persons living in Hampstead; 0.82 in Lewisham, and 1.01 in Wandsworth, to 2.01 in Shoreditch and Bermondsey, 2.06 in Southwark, 2.18 in Finsbury, 2.25 in Bethnal Green, and 2.37 in Holborn.

The Registrar-General states that with the exception of the six boroughs last named the rates in the metropolitan boroughs were below the average rates recorded in the preceding five years.

Alcoholism, Delirium Tremens, was the cause of 14 deaths; nine in the Kensington Town sub-district and 5 in Brompton. The deaths in London, as a whole, were 522. It is probable that if all the deaths due, directly or indirectly, to the immoderate use of intoxicating liquors were correctly certified, alcoholism would occupy a more prominent position in the bills of mortality; many deaths due to the misuse of alcohol are certified, and necessarily classified, to visceral and degenerative diseases caused or aggravated by drink.

Rheumatic Fever, Acute Rheumatism, was the cause of 8 deaths, six of them in the Town sub-district.

Malignant Disease, Cancer, was accountable for 171 deaths; 118 in the Town sub-district and 53 in Brompton. *Carcinoma* was the registered cause in 85 cases, *Sarcoma* in 8, and *Malignant Disease, Cancer*, in 78. Cancer would appear to be on the increase in the country generally; possibly, however, some portion of the apparent increase in the number of deaths classified to this cause, may be due to greater accuracy in diagnosis. The deaths in Kensington in the ten preceding years were 173, 168, 193, 169, 152, 185, 155, 187, 174, and 172 respectively. The deaths in 1906 were equal to 9.5 per ten thousand of the population, and to 6.9 per cent. of all deaths registered. Deaths from Malignant Disease are usually more numerous, proportionately to population, in the Brompton sub-district than in the Town sub-district, cancer being quite as prevalent, probably more prevalent, amongst well-to do people, than in the poorer classes. The parts of the body most commonly affected are the viscera or internal organs; in women, the uterus and the breast; the disease, moreover, being for the most part one of later life. Thus 146 of the deaths took place at ages above forty-five, and 20 between thirty-five and forty-five.

In London, as a whole, the deaths from *Malignant Disease, Cancer*, were 4,498.

Premature Birth was the cause of 59 deaths; 49 in the Town sub-district and 10 in Brompton; *Old Age (Senile decay)* of 101: 71 and 30, in the two sub-districts respectively; including 20 between 65 and 75 years, 42 between 75 and 85, and 38 at 85 years and upwards.

LOCAL DISEASES.

Nervous System.—The deaths from the diseases of this system were 114; 98 in the Town sub-district and 16 in Brompton—as compared with 123, 108, and 123, in the three preceding years: 23 of them occurred under five years of age. Five of the deaths were due to *Convulsions*, and 31 to diseases which, not being named specifically in the "New List," are classified to "Other Diseases" of the System. The number of deaths from the several other diseases are set out in Table VIII, page 122.

Circulatory System. — The deaths from *Diseases of the Heart* were 220—162 in the Town sub-district and 58 in Brompton—as compared with 196, 212, and 209, in the three preceding years. The largest number of the deaths, 81, were registered from "*Syncope, Heart Disease (not specified)*." *Valvular Disease* was accountable for 71 deaths, *Angina Pectoris* for 7, *Dilatation of Heart* for 22, and *Fatty Degeneration* for 36.

Diseases of Blood Vessels were the causes of 138 deaths; 105 in the Town sub-district and 33 in Brompton, including 76 from *Cerebral Hemorrhage, Embolism, Thrombosis*; and 31 from *Apoplexy, Hemiplegia*, conditions which generally connote *cerebral hemorrhage*.

* A considerable number of deaths are certified as due to "Failure of the Heart," in persons dying in old age. These deaths are classified to "Old Age" in Table viii., page 122.

Respiratory System.—The diseases of the Respiratory organs (phthisis being excluded), were accountable for 458 deaths (79 fewer than in 1905, and 18·3 per cent. on total deaths); 366 in the Town sub-district and 92 in Brompton—as compared with 482, 516, and 537, in the three preceding years. The principal causes were *Bronchitis* 190 deaths, and *Pneumonia*, in one or other of its forms, 210 deaths. The deaths under five years of age were 141, or 30·8 per cent. of the total number, as compared with percentages of 38·1, 30·6, and 34·3, in the preceding three years; and at 55 and upwards 232, or 50·7 per cent., against 43·1, 47·9, and 46·9, in the preceding three years. *Bronchitis* and *Pneumonia* were accountable for 400 deaths (including 128 under five years of age), of which 82 were registered in the Brompton sub-district.

Digestive System.—The diseases of the Digestive System were accountable for 154 deaths; 118 and 36 in the Town and Brompton sub-districts, respectively; 33 of them under five years of age. The chief causes were *Cirrhosis of the Liver* 30 deaths, *Other Diseases of the Liver and Gall Bladder* 20 deaths, *Intestinal Obstruction* 13, *Enteritis* 15, *Gastric Ulcer* 12, and *Appendicitis* 14.

Urinary System.—One hundred and six deaths were due to diseases of the urinary system; 80 and 26 in the Town and Brompton sub-districts respectively; *Chronic Bright's Disease (Albuminuria)*, being the cause of 69 deaths, *Bladder and Prostate Disease* of 16, and *Other Diseases of the Urinary System* of 13.

DEATHS FROM VIOLENCE.

One hundred deaths, including 27 under five years of age, and 16 under one year, were caused by violence; 77 belong to the Town sub-district, and 23 to Brompton. *Accident or negligence* occasioned 79 deaths; 60 in the Town sub-district, and 19 in Brompton; 27 of them under five years of age, and 16 under one year. *Fractures* and *Contusions* were responsible for 44 deaths; *Burn, Scald*, for 10, and *Suffocation* for 15—of which 12 were of infants under one year. *Suicide* accounted for 21 deaths; 17 and 4 in the Town and Brompton sub-districts respectively; by *Gun Shot Wounds* 2, *Cut, Stab* 2, *Poison* 8, *Drowning* 3, *Hanging* 3 and *otherwise* 3.

Ill-defined and Not specified Causes of death were returned in 54 cases; 48 in the Town sub-district and 6 in Brompton: 43 were certified due to *Debility, Atrophy Inanition*, 42 of them of infants under one year.

DEATHS AT PUBLIC INSTITUTIONS.

The only large public institution in which we are directly interested is the Poor-law infirmary located in the Town sub-district. There are several public institutions, at which the deaths are mainly of non-parishioners; viz., St. Marylebone Infirmary, St. Luke's House for the dying, Pembroke Square, the Kensington General Hospital at Brompton, the Brompton Consumption Hospital, and St. Joseph's House, Portobello Road, Notting Hill, a Roman Catholic Home for aged poor persons of both sexes. The deaths of non-parishioners at St. Marylebone Infirmary (483), at the Brompton Consumption Hospital (54) at St. Luke's House (77), at the Kensington General Hospital (14), and at St. Joseph's House (20), are excluded from our statistics. The deaths of parishioners registered at the Infirmary and Workhouse (539), at the Consumption Hospital (2), at St. Marylebone Infirmary (1), at the Kensington General Hospital (1), at Kensington Children's Hospital (13), at St. Luke's House (4), at St. Joseph's House (13), at St. Anne's Home (1), and at outlying public institutions (321), aggregate 895; or 35·8 per cent. of total deaths.

Kensington Deaths in Public Institutions, 1896-1906.

Year.	Total Deaths.	Deaths in Public Institutions.	Proportion per cent. of Deaths in Public Institutions to Total Deaths.
1896	2,891	817	28.3
1897	2,667	839	31.5
1898	2,798	782	27.9
1899	3,021	942	31.2
1900	2,698	64	2.8
1901	2,650	801	30.2
1902	2,746	832	30.3
1903	2,455	772	31.4
1904	2,540	784	30.9
1905	2,507	863	34.4
Average, 1896-1905	2,697	819	30.4
1906	2,497	895	35.8

The percentage proportion of deaths in public institutions in the Metropolis in 1906, was 38.3; viz., 19.3 in workhouses and workhouse infirmaries; 1.6 in Metropolitan Asylums Board Hospitals; 14.3 in other hospitals, and 3.1 in public lunatic and imbecile asylums. The Registrar-General in his Annual Summary states that "about one in every five deaths occurred in a workhouse or workhouse infirmary, one in every 62 in a Metropolitan Asylums Board Hospital, one in every 7 in some other hospital, and one in every 33 in a public lunatic or imbecile asylum." The increase in the number of deaths in public institutions has been great and continuous for many years.

THE BOROUGH INFIRMARY.—I am indebted to Dr. H. Percy Potter, the medical superintendent, for the statistics of mortality at this important institution. The deaths, the causes of which are set out in the table below, were 541*, compared with 460, 471, and 552, in the preceding three years respectively, and were equal to 21.7 per cent., or more than one-fifth, of all the deaths recorded in the borough. The quarterly numbers were 149, 154, 112, and 126; 275 deaths, therefore, occurred in the first and fourth or colder quarters, and 266 in the second and third or warmer quarters of the year. The deaths included 252 of males and 289 of females. The ages at death were:—Under one year, 71 (compared with 65, 38, and 72, in the preceding three years respectively); between one and sixty, 231 (compared with 218, 237, and 270, in the preceding three years), and at sixty and upwards, 239 (compared with 177, 198, and 210, in the preceding three years).

SUMMARY OF CAUSES OF DEATH.

DISEASES.	Under 1 year.	Between 1 year and 60 years.	At 60 years and upwards.	Total.
Nervous System, Diseases of ...	5	21	26	52
Circulatory System, Diseases of ...	2	23	74	99
Respiratory System, Diseases of ...	2	44	67	113
Digestive System, Diseases of ...	8	14	16	38
Urinary and Generative Systems, Diseases of ...	—	15	11	26
Tubercular Diseases (including Marasmus)	14	76	7	97
Cancer ...	—	12	16	28
Measles ...	5	6	—	11
Gangrene ...	—	—	6	6
Premature Birth ...	11	—	—	11
Various other Diseases ...	24	20	16	60
	71	231	239	541

* The deaths registered during the year were 539.

Sixteen inquests were held: in each of seven cases a verdict of "natural death" was returned; eight deaths were caused by accidents of various descriptions, one death was suicidal.

OUTLYING PUBLIC INSTITUTIONS.—The deaths of parishioners at public institutions, etc., without the borough, which in the preceding three years had numbered 318, 339, and 324, respectively, were 349 in 1906. All of these deaths are included in the borough statistics. The deaths occurred at the several institutions as follows:—

St. Mary's Hospital	52	Hostel of St. John and St. Elizabeth	1
West London Hospital	25	Home for Aged Poor, St. Marylebone	1
St. George's Hospital	16	Home for the Blind, Islington ...	1
Westminster Hospital	9	St. Ann's House, Stoke Newington ...	1
Charing Cross Hospital	7	St. Marylebone Workhouse	1
Middlesex Hospital	5	Camberwell Infirmary	1
St. Bartholomew's Hospital	4	Lambeth Infirmary	1
St. Thomas's Hospital	4	Paddington Infirmary... ..	1
University College Hospital	4	St. George's Infirmary	1
Guy's Hospital	3	St. Pancras Infirmary	1
London Hospital	3	Banstead Asylum... ..	26
King's College Hospital	2	Hanwell Asylum	20
Western Hospital (M.A.B.)	26	Horton Asylum	9
Brompton Hospital (South Wing)	4	Cane Hill Asylum	7
Cancer Hospital, Chelsea	4	Tooting Bec Asylum	5
Children's Hospital, Paddington	14	Caterham Asylum	4
Victoria Hospital for Children	3	Claybury Asylum	4
Children's Hospital, Great Ormonde Street	3	Colney Hatch Asylum	4
Queen Charlotte's Hospital	4	Dartford Asylum	3
Chelsea Hospital for Women	1	Leavesden Asylum	2
French Hospital	3	Manor Asylum	1
St. Peter's Hospital	1	Camberwell House Asylum	3
Hampstead General Hospital	1	Bethlem Royal Hospital	3
Metropolitan Hospital, Hackney	1	Belmont Asylum	2
National Hospital	1	Central London Sick Asylum, Hendon	2
St. Saviour's Hospital... ..	1	Middlesex County Asylum	1
Throat Hospital, Golden Square	1	City Asylum, Stone	1
Samaritan Free Hospital	1	Birmingham City Asylum	1
Friedenheim	4	Epileptic Colony, Epsom	1
St. Peter's Home	2		
St. Joseph's Hospice, Hackney	3		
			321

Other 28 deaths occurred without the borough; viz., by drowning, three of males, in the Thames, the Grand Junction Canal, and the Serpentine respectively; one of a male on the railway; one of a male in the street; one of a male in Hyde Park; one of a male on Wormwood Scrubbs; one of a male in Westminster Abbey; and fourteen of males, and six of females on private premises.

Deaths from diseases of the zymotic class occurred at public institutions without the borough as follows:—Western Hospital 26 (*diphtheria* 11, *scarlet fever* 10, *enteric fever* 3, *measles* 2); St. Mary's Hospital 2 (*diarrhæa*); Children's Hospital, Paddington 2 (*diarrhæa*); Middlesex Hospital 1 (*diphtheria*); Banstead Asylum 1 (*enteric fever*); and Children's Hospital, Great Ormonde Street 1 (*whooping-cough*).

UNCERTIFIED DEATHS.

There was but one death in the borough that was not "certified," either by a registered medical practitioner or by a coroner. In England and Wales the deaths not certified were 1.5 per cent. of totals deaths; the proportion in London was 0.2.

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

"(1) That in no case should a death be registered without production of a certificate of the cause of death, signed by a registered medical practitioner, or by a coroner after inquest.

"(2) That in each sanitary district a registered medical practitioner should be appointed as public medical certifier of the cause of death in cases in which a certificate from a medical practitioner in attendance is not forthcoming."

No action has been taken, so far, to give effect to the recommendations.

INQUESTS.

Two hundred and fifteen inquests were held on parishioners, including 35 at places without the borough, mostly at public institutions to which the deceased persons had been removed for treatment. The cause of death is stated to have been ascertained by *post mortem* examination in 121 cases. Twenty-seven inquests were held on the bodies of non-parishioners who had died in Kensington. All of the inquests in the borough were held at the coroner's court at the Town Hall.

The causes of death may be classified as follows:—

Deaths caused by disease	...	...	...	...	...	...	...	115
Deaths caused by violence (100), viz. :—								
Accidental	...	...	...	...	...	...	...	79
Suicidal	...	...	...	...	...	...	...	21
								— 100
								—
						Total	...	215

The inquests on Kensington parishioners were in the proportion of 8·4 per cent. on total deaths, the rate in the Metropolis being 10·1 per cent. ; in England and Wales the rate was 6·8 per cent. The relative percentages in 1905 were 8·7, 9·9 and 6·8, respectively.

The deaths from violence (100) were equal to 0·56 per 1,000 of the population in Kensington; the corresponding rates were 0·59 per 1,000 in London, as a whole, and 0·57 per 1,000 in England and Wales.

NOTIFICATION OF INFECTIOUS DISEASE.

The tables at pp. 38-42 show (1) the number of notifications of all the scheduled diseases in London in the 17 years, 1890-1906; (2) the ages at notification in 1906, (3) the cases notified in the several Metropolitan boroughs, (4) the relative prevalence of the several diseases at different periods of the year, in Kensington and in London, (5) the notifications in Kensington, and in the several divisions thereof, in 1906, and (6) the notifications, gross and proportional numbers, and percentages of removals to hospital, in Kensington, in the years 1895-1906 inclusive. The Kensington notifications in 1906 were 826; 656 in the Town sub-district, and 170 in Brompton. The notifications in the ten years and other particulars are set out in the table at page 42.

Table XII. (Appendix 1, page 134) shows the streets, etc., where cases of the scheduled diseases occurred; Table XI. (page 131) the streets with which deaths from these causes were connected.

The cases notified in London were 35,356.

The notifications in London of each of the diseases during the seventeen years, 1890-1906, are set out in the subjoined table.

Year.	Small-pox.	Chicken-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever	Erysipelas.	Group.	Cholera.	Relapsing Fever.	Total.
1890	60	...	15,330	5,870	2,877	35	237	206	4,598	550	25	7	29,795
1891	114	...	11,898	5,907	3,372	27	152	221	4,764	505	23	39	26,522
1892	423	...	27,096	7,791	2,465	20	147	347	6,984	565	54	7	45,849
1893	2,813	...	36,901	13,026	3,663	22	205	397	9,700	668	86	4	67,485
1894	1,192	...	18,440	10,655	3,360	21	162	253	6,080	535	21	2	40,721
1895	978	...	19,757	10,772	3,506	14	105	236	5,660	451	29	3	41,511
1896	225	...	25,638	13,361	3,189	6	102	278	6,438	446	13	3	49,699
1897	105	...	22,876	12,811	3,113	4	65	264	5,801	388	38	1	45,466
1898	35	...	16,917	11,561	3,032	17	55	250	5,180	310	23	—	37,380
1899	29	...	18,112	13,363	4,460	14	69	329	5,615	338	15	—	42,344
1900	87	...	18,812	11,788	4,309	7	73	237	4,776	210	5	—	35,304
1901	1,702	...	18,387	11,967	3,193	20	48	250	4,604	187	3	—	40,361
1902	7,794	25,708	18,246	10,542	3,405	4	48	313	5,537	192	1	—	71,790
1903	417	...	12,536	7,571	2,337	22	40	231	4,376	156	—	—	27,686
1904	492	10,940	13,435	7,079	1,902	3	28	274	4,952	145	1	—	29,251
1905	74	...	19,467	6,365	1,549	9	14	291	4,987	124	—	—	32,880
1906	31	...	20,343	7,919	1,606	7	9	297	5,026	116	2	—	35,356

The Ages at notification of certain of the diseases, in 1906, were as follows:—

Age.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Puerperal Fever.
0—1 year	—	219	185	2	189	—
1—5	2	6,024	2,961	48	232	—
5—	4	8,475	2,750	199	182	—
10—	7	3,244	912	261	249	—
15—	3	1,005	360	226	265	8
20—	5	647	292	201	287	70
25—	5	547	368	330	706	154
35—	4	180	151	193	895	61
45—	—	29	52	100	883	5
55—	1	8	10	32	599	—
65 and upwards	—	1	4	8	528	—
Age not stated...	—	—	—	—	4	—

Cases of Infectious Disease notified in the several Metropolitan Boroughs in the
Fifty-two Weeks ended Saturday, 29th December, 1906.

Name of Borough.		Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever.	Erysipelas.	Membranous Group.	Cholera.	Totals.	Population, 1901.
West.	Kensington ... ..	...	463	163	38	...	...	12	149	1	...	826	176,628
	Paddington	1	715	184	38	...	1	12	138	...	...	1,089	143,976
	Hammersmith ... ..	...	437	274	33	...	1	12	125	5	...	887	112,239
	Fulham ... ..	...	674	403	45	...	...	18	140	1	...	1,281	137,289
	Chelsea ... ..	...	271	160	17	...	...	11	61	2	...	522	73,842
	City of Westminster ... ..	...	541	208	47	...	2	9	127	1	...	935	188,011
North.	St. Marylebone ... ..	...	396	140	48	...	...	6	149	1	1	741	133,301
	Hampstead ... ..	...	387	98	21	...	1	2	51	1	...	561	81,942
	St. Pancras ... ..	...	799	276	95	...	...	10	236	3	...	1,419	235,317
	Islington	1	1,393	437	146	3	1	24	277	2	...	2,284	334,991
	Stoke Newington ... ..	...	135	46	10	...	...	1	47	1	...	240	51,247
	Hackney	9	1,050	375	93	1	2	19	301	14	...	1,864	219,272
Central.	Holborn ... ..	...	188	64	15	...	...	2	57	2	...	278	59,405
	Finsbury ... ..	...	449	196	45	...	...	7	139	2	...	838	101,463
	City of London ... ..	...	113	17	10	...	...	...	18	1	...	159	26,923
East.	Shoreditch ... ..	...	627	137	37	...	...	6	150	7	...	964	118,637
	Bethnal Green	6	650	247	55	...	...	11	245	5	...	1,219	129,680
	Stepney	4	1,219	598	124	1	...	6	415	11	...	2,373	298,600
	Poplar	2	571	244	87	...	...	8	207	4	...	1,123	168,822
	Southwark ... ..	...	1,470	397	111	...	...	13	334	4	1	2,330	206,180
	Bermondsey	1	990	333	41	2	...	2	195	3	...	1,567	130,760
South.	Lambeth ... ..	...	1,274	414	92	...	1	26	273	11	...	2,091	301,895
	Battersea ... ..	...	1,048	274	45	...	...	13	161	1	...	1,542	169,907
	Wandsworth ... ..	...	1,070	549	96	...	...	23	269	7	...	2,014	232,034
	Camberwell	6	1,162	342	59	...	...	15	305	13	...	1,902	259,339
	Deptford	1	647	297	41	...	...	9	158	8	...	1,161	110,398
	Greenwich ... ..	...	567	408	43	...	...	6	100	1	...	1,125	95,770
	Lewisham ... ..	...	557	257	25	...	...	6	97	4	...	946	127,495
	Woolwich ... ..	...	525	386	41	...	...	8	98	...	...	1,058	117,178
	Port of London ... ..	...	5	...	8	...	...	...	4	...	...	17	
Grand Totals		31	20,343	7,919	1,606	7	9	297	5,026	116	2	35,356	

The figures in this and the following table, collated from the Asylums Board's weekly returns, differ slightly from the revised returns issued by the Registrar-General as shown in the table at foot of page 38.

Table showing the number of Cases of Infectious Disease Notified in Kensington, and in London, in 1906:
Arranged in four-weekly periods.

Date of Report. For Four Weeks ended	Weeks of the Year.	KENSINGTON.										LONDON.										Weeks of the Year.	Date of Report. For Four Weeks ended		
		Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever.	Erysipelas.	Croup.	Cholera.	Total.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever.	Erysipelas.	Croup.			Cholera.	Total.
January 27...	1-4	...	10	9	6	...	...	1	9	...	...	95	1	1,342	572	93	1	1	23	367	12	...	2,412	1-4	January 27
February 24...	5-8	...	21	19	2	...	...	4	9	1	...	56	3	1,250	673	97	...	...	33	326	11	...	2,393	5-8	February 24
March 24...	9-12	...	17	10	4	...	...	...	16	...	...	47	10	1,159	540	87	2	...	21	340	8	...	2,167	9-12	March 24
April 21...	13-16	...	39	17	3	...	...	...	6	...	...	65	1	1,190	524	75	...	...	27	274	4	...	2,035	13-16	April 21
May 19...	17-20	...	41	12	1	...	...	1	14	...	...	69	3	1,361	503	70	...	1	22	336	2	...	2,298	17-20	May 19
June 16...	21-24	...	30	8	2	...	...	...	7	...	...	47	5	1,470	469	89	...	1	18	338	6	...	2,306	21-24	June 16
July 14...	25-28	...	39	15	4	...	...	1	12	...	...	71	7	1,635	596	126	1	2	20	328	15	...	2,780	25-28	July 14
August 11...	29-32	...	42	17	1	...	...	1	13	...	...	74	1	1,667	609	108	...	...	25	355	4	...	2,769	29-32	August 11
September 8	33-36	...	32	4	1	...	...	...	10	...	...	47	...	1,471	543	137	...	...	15	355	5	1	2,527	33-36	September 8
October 6...	37-40	...	53	7	3	...	...	2	12	...	...	77	...	2,169	627	217	...	1	20	508	9	1	3,552	37-40	October 6
November 3...	41-44	...	72	13	5	...	...	...	13	...	...	103	...	2,291	843	208	1	2	38	530	12	...	3,925	41-44	November 3
December 1...	45-48	...	41	17	2	...	...	...	15	...	...	75	...	1,934	782	171	...	...	13	513	16	...	3,429	45-48	December 1
December 29	49-52	...	26	15	4	...	...	2	13	...	...	60	...	1,464	688	128	2	1	22	456	12	...	2,723	49-52	December 29
Totals ...	...	...	463	163	38	...	...	12	149	1	...	826	31	20,343	7,919	1,606	7	9	297	5,026	116	2	35,356	Totals.	

TABLE III.

(Required by the Local Government Board to be used in the Annual Report of the Medical Officer of Health.)
Cases of Infectious Disease notified during the Year, 1906.

NOTIFIABLE DISEASE.	Cases Notified in Kensington.							Total Cases Notified in each Sub-District.		Number of Cases removed to Hospital from each Sub-District.	
	At all Ages.	At Ages—Years						Kensington Town.	Brompton.	Kensington Town.	Brompton.
		Under 1	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.				
Small-Pox ...	...	...	...	...	...	...	...	...	...	...	...
Chicken-Pox...	...	...	...	...	...	...	...	...	...	...	...
Cholera ...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria ...	163	3	54	65	23	18	...	117	46	101	39
Membranous croup ...	1	...	...	1	...	...	...	1	...	1	...
Erysipelas ...	149	3	5	7	13	93	28	125	24	3	1
Scarlet fever...	463	3	111	270	62	17	...	377	86	340	77
Typhus fever ...	...	...	...	...	...	...	...	...	...	...	...
Enteric fever ...	38	...	...	5	6	26	1	25	13	22	4
Relapsing fever ...	...	...	...	...	...	...	...	...	...	...	...
Continued fever ...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever ...	12	...	...	...	3	9	...	11	1	1	...
Plague ...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	826	9	170	348	107	163	29	656	170	468	121

Table showing the Notifications, in 1906, in the Borough, the Sub-Districts, the Parliamentary Divisions, and the Wards.

AREA.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Continued Fever	Puerperal Fever.	Erysipelas.	Croup.	TOTALS.	Population.	Notifications per 1,000 of the population.
THE BOROUGH ...	463	163	38	...	12	149	1	826	179,500	4.6
SUB-DISTRICTS—										
Kensington Town ...	377	117	25	...	11	125	1	656	130,100	5.0
Brompton ...	86	46	13	...	1	24	...	170	49,400	3.4
PARLIAMENTARY DIVISIONS—										
North Kensington ...	306	95	21	...	9	95	1	527	92,550	5.7
South Kensington ...	157	68	17	...	3	54	...	299	86,950	3.4
WARDS—										
North K. (St. Charles ...)	88	22	4	...	2	22	1	139	22,300	6.2
North K. (Golborne ...)	83	39	6	...	6	30	...	164	26,750	6.1
North K. (Norland ...)	87	19	3	...	...	21	...	130	23,860	5.4
North K. (Pembridge ...)	48	15	8	...	1	22	...	94	19,640	4.8
South K. (Holland ...)	41	12	3	...	2	17	...	75	20,740	3.6
South K. (Earl's Court ...)	39	14	3	...	...	11	...	67	18,340	3.7
South K. (Queen's Gate ...)	23	10	2	...	...	13	...	48	14,500	3.3
South K. (Redcliffe ...)	34	16	6	...	1	10	...	67	18,990	3.5
South K. (Brompton ...)	20	16	3	...	...	3	...	42	14,880	2.9

Table showing Number of Notifications in Kensington—gross, and per 1,000 of the Population, in 1896-1906, and percentage of notified cases removed to Hospital.

Year.	No. of Notifications Received.	Notifications per 1,000 of the Population.	Percentage of Cases removed to Hospital.
1896 - - - - -	1,781	10·5	59·6
1897 - - - - -	1,457	8·5	59·6
1898 - - - - -	1,004	5·8	60·3
1899 - - - - -	1,046	6·1	58·8
1900 - - - - -	986	5·7	67·1
1901 - - - - -	1,025	5·8	67·0
1902 - - - - -	939	5·3	64·2
1903 - - - - -	738	4·1	61·2
1904 - - - - -	651	3·6	64·5
1905 - - - - -	669	3·7	67·0
Average of ten years, 1896-1905 -	1,030	5·9	62·9
1906 - - - - -	826	4·6	71·3

NOTE.—The notifications of chicken pox are not included; they numbered 669 in 1902 and 271 in 1904.

Notification of Erysipelas.—The Public Health Committee referred to me, for report, in June, a communication received from the Council of the Metropolitan Borough of Stepney, in which it was suggested that the Local Government Board should be urged to promote legislation for the amendment of the Public Health (London) Act, 1891, by removing erysipelas from the list of notifiable diseases, in section 55 (1) of that Act.

I reported as follows:—

“The view has been expressed in several of my Annual reports, that many of the notified cases of erysipelas are unimportant in character, and such as the legislature could scarcely have intended to be notified. The deaths from this cause in the borough, during the last three years, successively, were 6, 3, and 7; the notifications having been 177, 140, and 157, respectively. It would be well, perhaps, if notification could be limited to severe cases which exhibit evidence of grave constitutional disturbance—if this were possible, which I doubt. I am not prepared to say, moreover, that the disease is not liable to be spread by personal infection in such cases. The Stepney Borough Council object to the expense involved by notification, and the consequent disinfection. In this borough it is not the practice, and I do not consider it necessary, to disinfect, generally, after erysipelas; the expense amounts, therefore, to little more than of notification fees. All of the cases notified are visited to ascertain the condition of the premises; a desirable precaution, as there is ground for believing that insanitary conditions may cause, and aggravate, the disease. On the whole, I am not disposed to advise the Committee to comply with the suggestion of the Stepney Council, by making a representation to the Local Government Board, without steps having been taken, by that Board, or otherwise, to ascertain, by inquiry, the desirability of removing erysipelas from the list of notifiable diseases.”

The Council, upon the recommendation of the Public Health Committee, informed the Stepney Borough Council that they were not in favour of the removal of erysipelas from the list of notifiable diseases.

The subject came before the Society of Medical Officers of Health (Metropolitan Branch) and a resolution was adopted to the effect that the proposal of the Stepney Council “would be a dangerous and undesirable step to take,” and they had therefore resolved to take no action in support of it.

TABLE VI. *

Comparison of Prevalence of Sickness and Death from Infectious Diseases in 1906 and the Preceding Ten Years.

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

Year.	Small-pox.		Erysipelas.		Diphtheria and Membranous Croup.		Scarlet Fever.		Typhus Fever.		Enteric and Continued Fever.		Puerperal Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1896 ...	0.07	0.00	1.63	0.02	2.18	0.42	5.95	0.23	0.00	0.00	0.59	0.09	0.05	0.04
1897 ...	0.00	0.00	1.39	0.05	1.94	0.48	4.33	0.17	0.00	0.00	0.74	0.13	0.09	0.03
1898 ...	0.00	0.00	1.05	0.04	1.29	0.15	2.75	0.13	0.05	0.01	0.63	0.07	0.06	0.03
1899 ...	0.00	0.00	1.22	0.05	1.49	0.24	2.57	0.06	0.00	0.00	0.72	0.13	0.06	0.03
1900 ...	0.03	0.00	0.92	0.05	1.92	0.16	2.12	0.02	0.00	0.00	0.66	0.09	0.05	0.03
1901 ...	0.08	0.00	0.95	0.03	1.41	0.21	2.68	0.08	0.01	0.00	0.59	0.06	0.05	0.01
1902 ...	0.53	0.06	1.06	0.03	1.04	0.11	2.09	0.12	0.00	0.00	0.47	0.11	0.08	0.03
1903 ...	0.03	0.00	0.99	0.03	0.90	0.13	1.85	0.08	0.00	0.00	0.35	0.05	0.02	0.01
1904 ...	0.01	0.00	0.78	0.02	1.04	0.09	1.47	0.03	0.00	0.00	0.27	0.04	0.06	0.03
1905 ...	0.00	0.00	0.88	0.04	0.70	0.05	1.85	0.12	0.00	0.00	0.28	0.07	0.02	0.02
1906 ...	0.00	0.00	0.83	0.03	0.91	0.11	2.58	0.06	0.00	0.00	0.21	0.03	0.07	0.04

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

THE PREVENTION OF CONSUMPTION.

This subject was dealt with fully in the annual report for 1905, in which the preventive measures adopted by the Council, since 1899, and the formation of the National Association, were described. Disinfection of infected premises has been consistently practised, so far as allowed by occupiers, or permitted by circumstances. What has to be said on the general subject in this report mainly concerns the two subjects of notification, and sanatorium treatment.

COMPULSORY NOTIFICATION.—As regards notification, it is satisfactory to observe that medical (and public) opinion inclines more and more to the view that in order to be effective it must be compulsory, as in the case of other dangerous infectious diseases. This view is not yet accepted by the Local Government Board, who, in response to an application from the Barnstaple Rural District Council, urging that pulmonary phthisis should be included amongst the list of notifiable diseases, intimated that it was not a disease to which compulsory notification could with advantage be applied. On the other hand, the Local Government Board for Scotland, in a circular letter to Local Authorities (on the "*Administrative Control of Pulmonary Phthisis*"*) issued last year, expressly stated that "for the effective application of the public Health Act to pulmonary phthisis, a system of notification is essential;" that "it is open to the Local Authority, with the approval of the Board, to add pulmonary phthisis to the list of (notifiable) diseases," and that the Board "will be prepared to give favourable consideration to any application for their approval, provided they are satisfied that the Local Authority are in a position, and are ready, to deal effectively with the cases notified to them." In other words, the Board will authorize notification being made compulsory when such a course is likely to be useful. In this connexion it may be mentioned that the Town Council of the City of Edinburgh decided, in December, to apply to the Board for sanction to add consumption to the list of diseases scheduled in the Infectious Diseases (Notification) Act, 1899. The Council would appear to be in a "position," and are "ready," to comply with the condition laid down by the Board, having made provision for the isolation and treatment of patients by setting apart beds in special wards in the City Hospital. The voluntary system had been tried in Edinburgh and proved a failure—as also in Glasgow, the Corporation of which city have also resolved to add consumption to the list of compulsorily notifiable diseases. The International Congress on Tuberculosis, held in London in 1901, it is true, did not do more than pass a resolution favouring a system of voluntary notification; but they recommended "that the extension of notification should be encouraged in all districts in which efficient sanitary administration renders it possible to adopt the consequential measures." On the same occasion Professor Robert Koch, the discoverer of the tubercle bacillus, emphasized the need for obligatory notification in cases that, "owing to the domestic conditions are sources of danger to the people about them," so that measures to prevent the spread of the disease, including disinfection of rooms, might be "effected when consumptives die, or change their residence, in order that those who next occupy the infected dwelling may be protected against infection." Five years later this illustrious man in his "Nobel" lecture ("How the fight against Tuberculosis now stands"), delivered at Stockholm, after stating that "the starting point for the combating of all pestilences is *notification*, because without it most cases of disease would remain unknown," said, "We must demand it for tuberculosis too" (*The Lancet*, May 26, 1906). Again, in the "Milroy" Lectures (1903) on *The Causes, Prevalence, and Control of Pulmonary Phthisis*,† similar views were expressed, the suggestion, however, being thrown out, that it might be well, in the first instance, to "limit notification to cases in which the condition and environment of the patient are such that danger to the public is likely to accrue;" for example, in "the cases of patients occupying tenement houses, or other places where the first principles of cleanliness are not observed, and where the people live much in common, with tendency to overcrowding." The views of the lecturer have a special interest, by reason of his official position. He was, moreover, one of the delegates of the British Government at the International Congress on Tuberculosis, held in Paris, in 1905, at which, he reports, that the view expressed was, that "it is desirable that the notification of open tuberculosis (*e.g.* consumption with spitting) should become general." On the other hand, the Council of the National Association for the Prevention of Consumption, in their latest Manifesto (February, 1906) had not arrived at such a

* In this important document the Board explicitly characterise consumption as "an infectious disease within the meaning of the Public Health (Scotland) Act, 1897" (the provisions of which are practically identical with corresponding provisions in the Public Health Acts applicable to England and the Metropolis). "The cardinal fact is, that the infection of pulmonary phthisis passes from one person, directly or indirectly, to some other person. Accordingly, the sections of the Public Health Act applicable to other infectious diseases, are equally applicable to pulmonary phthisis, and the obligation resting on the Local Authority to deal with and control infectious disease, extends to consumption."

† By Dr. H. Timbrell Bulstrode, Inspector, Medical Department, H.M. Local Government Board. The lectures, delivered before the Royal College of Physicians, were published in *The Lancet*.

definite view on the subject; for they did not go farther than to say that "voluntary notification is of the greatest importance;" a view with which my five years' experience of it does not enable me to coincide. In any case, however, they are of opinion that "notification need be obligatory only on Poor Law Medical Officers, and, perhaps, on hospitals and dispensaries."

The Society of Medical Officers of Health (Metropolitan Branch) last year, after careful consideration of the subject, unanimously declared in favour of compulsory notification for the Metropolis, on the lines of the Sheffield Corporation Act, 1903, which have been followed in the Branch it is desirable, in the interests of public health, and for the prevention of the spread of tuberculous diseases of the lungs, that such diseases should be compulsorily notifiable by medical practitioners to the Metropolitan Medical Officers of Health." It was ordered that a copy of the resolution be forwarded to the Local Government Board, the London County Council, and the National Association for the Prevention of Consumption and other forms of Tuberculosis. The movement for securing such notification, subject to proper limitations necessitated by the special circumstances of the disease, would appear to be commending itself to many sanitary authorities.

The matter was brought to the attention of the Metropolitan Sanitary Authorities last year, in a communication from the London County Council, enclosing a report by the Council's Medical Officer of Health raising the question, Whether notification of consumption should be made compulsory, or efforts be made to extend the system of voluntary notification which is in operation in 18 out of the 29 Metropolitan Boroughs, etc.?

Reporting on this communication, I observed that "the Medical Officer doubts whether, at the present time, it is desirable to endeavour to apply to London a system of compulsory notification, but thinks there would be advantage if the system of voluntary notification were adopted in all the boroughs.†" He suggests, moreover, that hospital and dispensary authorities in London, should be asked to furnish the County Council, from time to time, with the names and addresses of out-patients attending for treatment for phthisis, so that the Medical Officer of each borough could be informed of local cases. The Public Health Committee of the County Council desired to be informed of the views of the several borough councils on this subject, and specially inquired, Whether the council of the Royal Borough were of opinion (a) that phthisis should be declared under the Public Health (London) Act, 1891, to be a notifiable infectious disease, or (b) that the system of voluntary notification of the disease should be adopted throughout London; and that particulars as to out-patients attending hospitals and dispensaries, should be obtained and circulated to the Medical Officers of Health of the several boroughs? Before the Council could arrive at a satisfactory conclusion in regard to the above named communication, I stated that it would be necessary to consider (1) the objects sought to be obtained by notification, and (2) the prospect of success, in regard to the suggested extension of voluntary notification. As regards the "objects", I observed that the County Council's Medical Officer, in his report, deals with "the uses to which compulsory notification can be put. These uses," as he pointed out, "depend in a large degree upon recognition of the view (a) that phthisis is capable of being communicated . . . to susceptible individuals by the sputum of persons suffering from the disease; (b) that by the adoption of suitable measures, especially the open-air treatment of persons suffering from the disease in its early stages, some of such persons can be cured." With respect to (a), I pointed out that if knowledge of the existence of cases could be obtained, precautionary measures for the prevention of the spread of the disease in the home, and removal of sufferers, especially from advanced phthisis, where poverty and overcrowding exist in the home, would safeguard the other members of the family, and allow of disinfection, cleansing, &c.; whilst as regards (b), the advantages of the open-air treatment, in early cases of phthisis, were explained. I stated that—

"The first step necessary to secure knowledge of the existence of the sick, with a view to the selection of cases for removal to such institutions (*i.e.* Sanatoria) as may be provided, and the medical supervision of those who remain at home, is, undoubtedly, notification of cases of this disease."

Whilst not questioning the advantage that would accrue from extended voluntary notification in the boroughs, and approving the suggestion to seek the assistance of hospital and dispensary authorities, I emphasized the inadequacy of the system (which the Council were among the first to adopt, in January, 1902), as shown by our local experience in 1905.

* These Acts may be regarded as experimental: if not continued, they will expire in 1910.

† In this connexion it may be mentioned that the Conference of Representatives of Metropolitan Boroughs, convened by the County Council, in July, 1904, unanimously adopted a resolution—"That the system of voluntary notification of phthisis is desirable, and should be made general throughout London."

The notifications received numbered 218, out of a probable total of 800 actually existing cases, and 207 of them were of chargeable persons. The registered deaths were 199 (136 of them of chargeable persons), including 78 at the Borough Infirmary: 62 of persons whose illness was notified in the year, and 29 of persons whose illness had been notified in previous years; total, 91*. With respect to the remaining 108 fatal cases=54 per cent. of the entire number, no information had been received prior to registration of death, and therefore no measures could be taken for preventing the spread of the disease, by visitation of the sufferers to give advice as to precautionary measures with respect to the sputum, &c.; by supervision of the homes, or by means of disinfection.

For the rest, it remains to be seen whether the authorities of hospitals, etc., will be willing to furnish information of out-patients suffering from phthisis. The County Medical Officer of Health is hopeful, and should his expectations be realised, and all boroughs co-operate, voluntary notification would be made to approach somewhat more nearly than at present to completeness. But, personally, as the Council are aware, I am of opinion that the better plan would be to make this dangerous communicable disease compulsorily notifiable. It is the cause of about 7,000 deaths yearly in London alone—the exact number in 1905 was 6,809—and there are probably thirty thousand sufferers from it at the present time; the great bulk of whom are unknown to the Public Health Authorities; a vast majority of them, moreover, belonging to the poorest classes who stand greatly in need of the assistance, which, practically, those Authorities alone can render.

Such being the state of the case, I had no hesitation in recommending the Council, (1) to express the opinion that phthisis should be declared under the Public Health (London) Act, 1891, a notifiable infectious disease; (2) to request the County Council to issue an Order under the said Act for making the disease compulsorily notifiable; and (3) to request the Metropolitan Borough Councils, generally, to address a similar representation to the County Council. The Council did not adopt my views on the subject. Nevertheless, I adhere to the opinion expressed in these reports, on several occasions during the last six years, that compulsory notification is indispensable to success in the "administrative control of phthisis"; which, year by year, is the cause of more deaths than all the scheduled notifiable diseases combined. It is hardly necessary, perhaps, to mention that the Public Health (London) Act, 1891 (Section 56) enables the County Council, and any Metropolitan Borough Council, by resolution, to add phthisis to the list of notifiable diseases mentioned in section 55; but an order so made, has not any validity until it has received the approval of the Local Government Board—which, presumably, would not be given, even if the County Council were to ask for it, and *a fortiori*, not at the request of a local sanitary authority. As regards London, however, it has regretfully to be admitted that the Local Authorities are not in a "position," and are not "ready" to deal "effectively" even with the cases voluntarily notified to them; practically no provision, outside the Poor Law Infirmaries, having been made for the isolation and treatment of sufferers. But this cannot be imputed to indifference; as, with almost complete unanimity, they have, on more than one occasion, requested the Local Government Board to give sanction to the Asylums Board to utilise their superfluous hospital accommodation for sanatorium purposes. That sanction has, so far, been withheld; and it must be confessed that the Managers do not appear anxious to undertake the duty.

THE SANATORIUM QUESTION.—This question was fully dealt with in the annual report for 1905, especially in connexion with the Memorial of the London Medical Officers of Health, presented, by a highly representative deputation, to the Metropolitan Asylums Board on 15th April, 1905. The Memorial was referred to the General Purposes Committee, who, on 17th February, 1906, reported thereon as follows:—

"On the 15th April, 1905, we were instructed to consider and report to the Board upon the memorial which the Managers then received from the Metropolitan Branch of the Incorporated Society of Medical Officers of Health, and in which they were urged to provide hospital accommodation for the treatment and isolation of patients suffering from pulmonary phthisis.

"In this memorial it was proposed—

"(a) That an order of the Local Government Board be obtained to make Section 5 of the Metropolitan Poor Act, 1867, applicable to the case of 'poor persons' suffering from pulmonary phthisis (consumption); and, if necessary,

"(b) That an Act be obtained to make the provisions of Section 80 of the Public Health (London) Act, 1891, applicable to pulmonary phthisis (consumption), as if such disease were therein mentioned, as well as 'fever, or smallpox, or diphtheria.'

* The comparative results of voluntary notification in 1906 are given at page 54.

"With the object of ascertaining, in the first instance, the views of the Local Government Board, of the several Metropolitan City and Borough Councils, Boards of Guardians, and Sick Asylum Districts, and of the administrative bodies of the hospitals for consumptives, at Brompton and Victoria Park, and in the City Road, upon this most important subject, we gave directions at our meeting on the 8th May last, for a copy of the memorial, together with a copy of the speeches delivered in support thereof, by Sir William Broadbent, Bart., Sir Edmund Hay Currie, Dr. T. Orme Dudfield and others, to be forwarded to these authorities. We at the same time directed that the Boards of Guardians should also be asked to inform the Managers what steps (if any) they had taken to deal with tuberculous cases in their infirmaries, and with what results.

"The Local Government Board have since replied, in a letter dated 27th June last, to the effect that, whilst they were then 'obtaining information on the whole subject,' they were not 'in a position to express an opinion on the question as to whether the Managers should undertake the new duties suggested.'

"The replies which were received from the other authorities enumerated above, and which have since been tabulated and forwarded to the Managers, show that of the 65 authorities consulted, 19 were wholly favourable to the prayer of the memorial; 9 were favourable if the cost were made a national charge; and 14 were unfavourable; whilst the replies of the remaining 23 authorities were more or less indefinite.

"In the absence of any authoritative expression of opinion by the Local Government Board, and as the result of our consideration of the question in all its bearings, we recommend—

"That the Managers do forward to the Local Government Board a copy of the memoria addressed to the Managers by the Metropolitan Branch of the Incorporated Society of Medical Officers of Health, on the 15th April, 1905 on the subject of the provision of hospital accommodation for the treatment and isolation of patients suffering from pulmonary phthisis;

"That the Local Government Board be further informed that, having regard to the uncertainty which prevails as to the probable number of patients who would come under the schemes referred to in the memorial, and to the great prospective cost to the ratepayers of the Metropolis, the Managers will be glad to receive the judgment of the Local Government Board upon the prayer of the memorial referred to."

At the meeting of the Managers on the 31st March, the Board's "judgment" was read as follows:—

LOCAL GOVERNMENT BOARD,

22nd March, 1906.

SIR,—I am directed by the Local Government Board to advert to your letter of the 19th ultimo, and its enclosures, with reference to the suggested establishment by the Managers of the Metropolitan Asylums District, of sanatoria for the treatment of patients suffering from phthisis.

I am directed to inform the Managers that the subject has received much careful consideration on the part of the Board, but that the information at present before them, does not appear to afford sufficient justification for the very heavy outlay which would be involved in the proposal.

At the same time, I am to forward for the information of the Managers, a copy of a communication which the Board have received from Sir William Broadbent on the subject.

(Sd.) J. S. DAVY, *Asst. Secretary.*

The Clerk to Managers of the Metropolitan Asylums District.

The communication from Sir William Broadbent was as follows:—

7th February, 1906.

SIR,—Since I sent you a copy of the Memorial which I addressed to the Metropolitan Asylums Board on the subject of Tuberculosis, I have learnt that this body is too extensively associated with Poor Law Administration to act as a Tuberculosis Authority for non-pauper classes. I was misled by the fact that Fever cases are sent to the Hospitals of the Board, whether pauper or not, and I was not aware that, being elected by the Guardians, the Metropolitan Asylums Board could not exercise the co-ordinating authority required in order to bring to bear on the prevention of consumption all the agencies which would have to work together. A consideration which influenced me greatly was that the Board has some thousands of empty beds which might be utilised for the care, treatment, and isolation of sufferers from consumption.

The Authority must evidently be sought elsewhere. There are many hundreds of members of the industrial classes lying dying in their homes from consumption. Impoverished by the disease, they cannot be properly fed and cared for themselves, and they are preparing fresh victims in their families by the double process of privation and contagion. A great deal could be done to diminish this suffering and waste of life at very little expense. The agencies are in existence; all that is needed is to combine and direct their efforts.

(Sd.) W. H. BROADBENT.

The Right Hon. JOHN BURNS, M.P.

With reference to the letter from Sir William Broadbent, it is necessary to remember that in his speech, as representative of the National Association for the Prevention of Consumption, at the Deputation to the Asylums Board, and in his Memorial* subsequently addressed to the Managers, he went beyond the proposal of the Medical Officers—desiring the Managers to constitute themselves the "Tuberculosis Authority" for London—for a variety of purposes outside their present duties, and any that Parliament is likely to impose on them. For the rest, I have no reason to doubt but that Sir William Broadbent is still in sympathy with the proposal to obtain for the Asylums Board power to utilise their vacant accommodation for sanatorium purposes.

As above stated, the Local Government Board informed the Managers, in June, 1905, that they were "obtaining information on the subject," and were not then "in a position to express an opinion on the question as to whether the Managers should undertake the new duties suggested." In this connection it is interesting to note that it was the information *at present* (i.e. in March, 1906) before the Board, which "did not appear to afford sufficient justification for the very heavy outlay which would be involved" in giving effect to the prayer of the Memorial of the Metropolitan Medical Officers of Health. It is needless to say that the Board's decision, as set out in their letter to the Managers, was the cause of grievous disappointment to the memorialists, and to the other bodies who assisted at the presentation of the Memorial.

On the question of outlay, it will be remembered that the proposal of the Deputation was, that vacant accommodation at the Manager's hospitals should be utilised for the treatment and isolation of persons suffering from consumption; the only capital expenditure contemplated being for adaptation of existing buildings. The expenditure for maintenance—assuming a thousand beds (providing for, say, 2,000 patients yearly, to be allocated to this use, at a cost of twenty-five shillings a week per patient—would be £65,000 per annum; much of which would be a transfer from the Poor Law Infirmaries' account to the Sanatorium account. On the other hand, the cost of tuberculosis to the community, in London alone, runs into millions annually; the great majority of the sufferers—no estimate placing the number of them below thirty thousand—belonging to the poorer classes, who are unable to defray the expense of sanatorium treatment, or to obtain adequate medical assistance until, by reason of incapacitating illness, they become "chargeable," and so qualify, all too late, for admittance to the Poor Law Infirmaries.

GORE FARM HOSPITALS AND THE SANATORIUM QUESTION.—Some five years since, the Council recommended that the then unoccupied hospitals at Gore Farm, Dartford (of which a description was given in my annual report for 1904, page 39) should be utilised for the treatment of persons suffering from pulmonary consumption. The recommendation was endorsed by many Metropolitan Public Health and Poor Law Authorities, and, by the entire body of Medical Officers of Health. It was hoped that the representations made to the Metropolitan Asylums Board would have borne fruit, they having decided, in June, 1903, that those hospitals should "no longer be recognised as Small-pox hospitals;" but the Managers, acting upon the advice of the Hospitals Committee, decided in 1905 to use the hospitals (Upper and Lower) for patients convalescent from scarlet-fever and diphtheria; thus extinguishing the hope that they would comply with the recommendation to devote them to sanatorium purposes.

SOUTHERN CONVALESCENT HOSPITAL.—The Managers possess another hospital, at Carshalton, in the County of Surrey, recently taken over from the builders, which might be utilised as a sanatorium, not being required for its intended use. And that it is not likely to be so required, is highly probable: at any rate, it was characterised by a Manager at a recent meeting of the Board as a "white elephant," and unnecessary. This institution would seem to be capable of

*The "Memorial," printed in *The Times*, February 2nd, 1906, formed the subject of a leading article in that journal on the following day.

adaptation for sanatorium purposes. It has (or will) cost about £300,000, for land (136 acres) buildings, and furnishing. It has accommodation for about 800 patients, and would probably suffice for 1,000 consumptives. At no distant date, the question of utilising this hospital as a sanatorium (to what better use could it be put?) will be brought before the Managers, and should the information *then* before the Local Government Board "appear to afford sufficient justification" for the "outlay" involved in the proposal (there is reason to believe it would not be "very heavy"), it may be reasonably hoped that the earnest wishes of the Metropolitan Medical Officers of Health, and of the bodies who supported their Memorial, will have fulfilment.

The Local Government Board for Scotland and the Sanatorium Question.—In the circular letter to Local Authorities, on the "Administrative Control of Pulmonary Phthisis," adverted to above (page 44), the Local Government Board for Scotland stated, (under the heading—*Isolation and Treatment*) that "the provisions of the Public Health Act as to the removal of cases of infectious disease to hospital, and as to the provision of hospitals," are "available for dealing with cases of pulmonary phthisis as with cases of other infectious diseases." That the Board do not think a "very heavy outlay" necessary is plain, for they go on to say that "in structure Sanatoria may be of the simplest and cheapest form"—costing, say, £100 per bed. The Board emphasize the need for isolation of advanced cases. "For this purpose vacant wards of an infectious disease hospital may be utilised." In London, it will be remembered, that for this class of sufferers provision to the extent of some 1,500 to 2,000 beds, has been made in separate wards at the Poor Law Infirmaries.

The Local Government Board for Ireland and the Sanatorium Question.—In my annual report for 1904, it was stated that "Ireland has a better record," as regards efforts made to deal with phthisis, than England; "more than one half of the Boards of Guardians having made provision for the separate treatment of consumptives, under the stimulus of the Local Government Board for Ireland, who, in 1901, and again in 1903, by the circulation of advisory letters, posters and leaflets, impressed upon the Boards of Guardians, and all others whom it concerned, the necessity of isolation" for persons suffering from consumption. I am not aware that any similar official action for spreading knowledge among the people with regard to consumption—its nature, preventability and possible curability—has been taken in England. At the same time it may be questioned whether much good would result from official action which left out of consideration the need for compulsory notification, and for hospitals. But the economic importance of pulmonary phthisis does not yet appear to be adequately appreciated; and in England no effectual steps are likely to be taken for its control and treatment, until it is realized that not only thousands of lives, but also millions of pounds sterling, would be saved every year, could consumption be relegated to the class of extinct diseases.

From time to time statements are put forth by persons of more or less weight, suggesting doubt as to the utility of sanatoria for persons suffering from consumption. Such doubt may have arisen from observation of the poor, or apparently bad, results of treatment, in such institutions, of unsuitable cases. But those who raise doubt, generally fail to notice that for multitudes of poor sufferers, there is little or no hope unless they can be removed from the bad surroundings of homes, where they cannot be treated to advantage, and in which they are liable to spread disease among their families. Leaving this point, it may be well, in concluding this section of the report, to cite the views of a few authorities as to the need, and the utility, of sanatoria. Reference has already been made to the views of the Local Government Board for Scotland, as set out in their circular letter, in which Local Authorities are informed that "the provisions of the Public Health Act as to removal of cases of infectious disease to hospital, and as to the provision of hospitals and houses of reception, are available for dealing with cases of pulmonary phthisis, as with cases of other infectious diseases*"; provisions described as "comprehensive and elastic," and such as "can be adapted in practice to any type of case—incipient cases where the danger of infection to others . . . may suddenly become serious; intermediate cases where the patients, still able to work, may, if uncontrolled, become dangerous; and advanced cases where the patients, frequently unable to attend to themselves, may be a source of grave danger." Hence, as the Board point out, the desirability of Local Authorities making provision for sufferers in all stages of the disease; viz.: (*inter alia*) in Curative Hospitals (Sanatoria) for early cases; in "Convalescent Colonies and Homes—Work Colonies"; and in "Hospital Wards for isolation of advanced

* The Local Government Board for England recognise Pulmonary Phthisis, in an advanced stage, and with copious expectoration, to be an infectious disease, and have expressed the opinion that a Board of Guardians may detain in a workhouse a chargeable person in this condition.

cases." Reference has also been made to the efforts of the Local Government Board for Ireland to stimulate the Boards of Guardians to make provision of separate accommodation for consumptives. In this connexion mention may be made of the views of Professor McWeeney, bacteriologist to the Board, and who attended the Paris International Congress as the representative of the department. Premising that tuberculosis is the "most wide spread of infectious diseases," the "purpose of (his) report is to give such an account of the defensive measures successfully adopted elsewhere, as may enable the public health authorities to select for trial those which may seem most suitable to the conditions, administrative, fiscal, and climatic, that prevail in Ireland"; the objects being of a "two-fold nature; (1) to cure those who are already attacked, and (2) to prevent the disease from spreading to the healthy": the need for such measures being emphasized by the fact that tuberculosis is more prevalent in Ireland than in Great Britain. As regards sanatoria, Dr. McWeeney says "the case in their favour seems conclusively proved"; so that, as regards Ireland, "there can be no question as to the necessity for providing . . . a number of these institutions, commensurate with the requirements of the working class . . . the only question arising being, how the expenses of installation and up-keep are to be met." This question would seem to have been satisfactorily solved by a recent decision of the Dublin Corporation to levy a penny rate towards the establishment of a sanatorium for the consumptives of Dublin City and County—and rate-aid would, indeed, appear to be indispensable if the fight against tuberculosis is to be waged successfully, anywhere. The Local Government Board for England have hitherto taken no steps, such as those above adverted to, to promote the establishment of sanatoria; but the efforts of individual inspectors have been directed to secure provision of separate accommodation in the Poor Law infirmaries. Special mention may be made of the advice given by Dr. Downes,* chief medical inspector, for Poor Law purposes, of the Local Government Board, to whom it is due that the Metropolitan Boards of Guardians have made large provision, in separate wards, at the infirmaries, for this unhappy class of sufferers in receipt of "relief."

"*The Rôle of Sanatoria and Dispensaries in the battle against Tuberculosis*," is the heading under which the Delegates† of the British Government to the International Congress on Tuberculosis, held at Paris in 1905, deal with the Sanatorium question in their report, presented to both Houses of Parliament by command of His Majesty. "There was (they say) an animated discussion upon this subject, a discussion which was taken part in by representatives of many nations." "The prevailing tone of the discussion" is stated to have been "more favourable to sanatoria and dispensaries than the papers" read; and, amongst other resolutions adopted, one affirmed that "the principle of sanatoria and dispensaries must be recognised"; it being "understood that, as means for controlling tuberculosis, they have about them no exclusive or predominating advantages." Sanatoria were characterised as "hospital establishments reserved for cases of pulmonary tuberculosis capable of cure or lasting improvement"; and as being "equally the agents of prevention and popular education." The (London) International Congress on Tuberculosis (1901), it may be remembered, declared "the provision of sanatoria (to be) an indispensable part of the measures necessary for the diminution of phthisis."

Professor Koch in the "Nobel" lecture (1906), already adverted to, gave consideration to the sanatorium question, asking, "What is to be done with the patients who are to be regarded as dangerous"? Declaring that "we may count upon a decrease of tuberculosis . . . if a considerable fraction of (dangerous) patients are admitted to suitable establishments," he went on to say that such cases, *i.e.*, those in the last stage of the disease, ought to be lodged in hospitals—as is now so largely done at the Metropolitan Poor Law Infirmaries. It will not have been forgotten, moreover, that the "Milroy" Lecturer (1903) described sanatoria, "as curative agents," as being "almost indispensable," and, in the matter of prevention, as being "likely to curtail the prevalence of disease, by aiding education, and by reducing the number of advanced cases." "No one" (he added) "who has studied the working" of Sanatoria, can doubt that they are "of great value in a curative sense." The views of this gentleman are especially interesting, as it was to him that the Local Government Board delegated the duty of "obtaining information," which was to enable them to "express an opinion on the question" as to whether the Asylums Board should undertake the duties of Sanatorium Authority with respect to pulmonary phthisis. The report in which the Inspector's matured views will be set out, has not, I understand, been presented to the Board; its publication is awaited with interest, and not without hope that it may modify, favourably, the Board's views on the important questions with which it may be expected to deal.

* At the Conference of Poor Law Authorities in October, 1900. *Vide* my Annual Report for 1900, page 33.

† Dr. Theodore Williams, Consulting Physician to the Consumption Hospital, Brompton, and Dr. Timbrell Bulstrode, Medical Inspector, H.M. Local Government Board.

It will be remembered that at the deputation to the Metropolitan Asylums Board, in 1905, the need for sanatoria, and for constituting the Managers the Sanatorium Authority for London, was affirmed by representatives of The National Association for the Prevention of Consumption, The Royal Institute of Public Health, The Royal Sanitary Institute, The National Health Society, The Metropolitan Hospital Sunday Fund, The Metropolitan Hospital Saturday Fund, and (the Metropolitan Branch of) The Society of Medical Officers of Health. With such testimony to the need for sanatorium treatment and hospital isolation, it is disheartening indeed, to see the movement practically in abeyance. Progress would seem to be well nigh hopeless until the Local Government Board shall have become convinced—as it is to be hoped they will be, as a result of the report of their medical inspector, above-mentioned—that it would be a wise course to carry out the recommendation of the Deputation which has the approval of the majority of the local authorities, to constitute the Asylums Board as the Sanatorium Authority. The subject is referred to in the Asylums Board annual report for 1905; but, hitherto, both the Managers and the Local Government Board assume the question to be one of expense—overlooking the probability that a moderate outlay now, would save a far greater in the future: the immediate outlay, moreover, would probably not be so great as anticipated, it being only too likely that it will take a long time to persuade poor people, in any large number, to enter sanatoria in the early and curative stage of the disease, and whilst they are able to work for their families—though to do so entails inevitable shortening of life.

In order to give effect to the prayer of the Medical Officers' Memorial, no new buildings would be necessary for there are many hundreds of empty and available beds in the Board's hospitals. The Chairman of the Hospitals Committee stated, last year, that the normal accommodation in the acute hospitals, was 4,731 beds, and the maximum number of patients under treatment (in 1905) 3,615; whilst as regards the convalescent hospitals, which are deemed the more suitable for sanatorium purposes, the number of beds was 2,588, and the maximum number of patients 1,562. But the case is really far stronger than thus represented; seeing that the Managers have 10,000 beds at their disposal, and about half of them empty! All that was asked by the deputation to the Managers was that the Gore Farm Hospitals should be utilised for the treatment of pulmonary phthisis, which kills more people, and those mostly adults, than all the other infectious diseases, for which the Managers have made such ample, not to say excessive, provision, under the authority of the Local Government Board.

Dispensaries.—More than one reference has been made to the need for dispensaries as an auxiliary means for dealing effectively with the numerous class of out-patient sufferers from pulmonary phthisis. The London International Congress (1901) affirmed the need for "the provision of anti-tubercular dispensaries, as the best means of checking tubercular disease among the industrial and indigent classes," for whom sanatorium provision could not be made; and at the Paris Congress (1905) one of the resolutions adopted, affirmed that "the principle of sanatoria and dispensaries must be recognized." The Local Government Board for Scotland, in their aforementioned circular letter to local authorities, advocate the establishment of "dispensaries for pulmonary phthisis." On the continent these institutions, we are told, "have been of immense value (incidentally) in the discovery of insanitary conditions," the baleful influence of which, in favouring the onset and the spread of consumption, needs no insistence. Public Health Authorities in England, generally, have power to provide hospitals, and supply medicines, but not to establish dispensaries. Such power would, however, appear to be possessed by Metropolitan Poor Law Authorities (30 Vic. c. 6 sec. 38). In Germany, more stress is laid on provision of isolation—the chief weapon being the working-class sanatorium—whilst in France the anti-consumption dispensary seems to hold the chief place; the object in the one class of institution being "mainly curative; that of the other prophylactic," the two classes of institutions mutually completing one another. So says Professor McWeeney, in his report to the Local Government Board for Ireland on the Paris Congress; the conclusion at which he arrives being that a "judicious combination of sanatoriums and dispensaries . . . would appear to be the most rational indication for a country, which, like Ireland, is, as yet on the threshold of organised effort against tuberculosis." This gentleman gives a description of the working-class sanatorium system as it exists in Germany, and also of the Continental type of Dispensary, which "has hitherto been chiefly confined to France and Belgium;" the object of the latter being "to get into contact with the poor who are suffering from tuberculosis, and to advise them how to stay the progress of the disease in themselves, and also how to avoid infecting those who live with them." The information supplied should prove useful to health authorities in this country, where the system described is, practically, non-existent. As regards London, it is to be hoped that the whole question of provision for treatment of poor consumptives may, ere long, be taken in hand by some central authority, which, preferably, perhaps, might be the County Council; it being desirable that no social or political disqualification should result from the relief given to sufferers, whether admitted to sanatoria or treated at dispensaries. The amount of

a penny rate (£186,800) would probably suffice for all requirements—if existing institutions were utilised. The matter cannot, of course, be taken in hand, on this basis, without enabling legislation, and the sooner this is obtained the better. The national importance of the question seems to be acquiring popular recognition, and in this fact lies our hope.

HOMES FOR TUBERCULOUS (AND OTHER) CHILDREN REQUIRING THE BENEFIT OF SEASIDE AIR.

Attention has been called in these reports, on more than one occasion, to the Homes provided by the Metropolitan Asylums Board, at seaside places, for children requiring the benefit of seaside air; and to the comments of the Managers' Children's Committee upon the apparent want of appreciation of the Homes by Metropolitan Boards of Guardians. The Homes were established in pursuance of the authority of the Local Government Board's Order of 2nd April, 1897, "for certain special classes of children chargeable to Metropolitan Unions and Parishes." Among them two of the most important are the "Millfield" Home at Rustington, and the "East Cliff House," at Margate, for medical and surgical cases of tuberculosis, respectively. With regard to the last named, the medical officer in charge has on more than one occasion, reported the successful results attending operations performed for the relief of tuberculosis; and Sir William Broadbent has testified to the excellent results attained at the Millfield Home. At East Cliff House, on 8th September, only 100 of the 134 beds were occupied, whilst at Millfield Home only 76 of the 100 beds were in use; despite the fact that there are in London great numbers of children suffering from medical tuberculosis, and in receipt of "relief," who might be benefited by seaside air and treatment. Shortly after that date, the Local Government Board, in a circular letter, urged upon the Guardians "the importance of their availing themselves of the accommodation and special treatment" provided at the Children's Homes generally.* It is somewhat surprising that necessity for making such a representation should have arisen, seeing that the expense of the maintenance of children sent by the Guardians to the Homes, is defrayed out of the Metropolitan Common Poor Fund. The Board, further impressed upon the Guardians "the necessity of requiring from the Medical Officers of infirmaries, etc., systematic reports of children in them whom they may recommend for treatment" in the Homes—a step said to be necessary as "the Board are informed that, in some instances, it has appeared that the Medical Officers of an infirmary have not been sufficiently aware of the accommodation provided." The Board furthermore expressed their "trust that the Guardians will give the matter their careful consideration, and will take such action as is requisite with a view to securing that all children of the classes specified, who come under their care, may be as promptly as possible removed to such Institutions of the Managers as are suited to their respective requirements." If this were done, and it is most desirable in the interests of the community, probably a thousand beds would scarcely suffice for the accommodation of children under 16 years of age, sufferers from tuberculosis alone. Be this as it may, the Local Government Board, doubtless, would sanction the provision of whatever accommodation should be shown to be necessary, and there can be no question of the Asylums Board's willingness to do their part in this matter. In view of the attitude of both Authorities towards the treatment of tuberculosis in children, their reluctance to make provision for adult sufferers from pulmonary consumption is inexplicable.

THE NOTIFICATION OF CONSUMPTION.

Towards the close of 1901, the Council resolved, upon the recommendation of the Public Health Committee, to make pulmonary phthisis (consumption) voluntarily notifiable by medical practitioners, as from the commencement of 1902; and, subsequently, with a view to the utilisation of the information thus obtained, the Committee authorised me to employ the services of the lady inspectors (Miss de Chaumont and Miss Looker) in an inquiry into the circumstances of the cases notified; and, generally, to give effect to the recommendations of their Sub-Committee, whose report on the subject is printed in the Council's Minutes for 13th November, 1901 (pages 19 and 20). The work thus inaugurated is still going on, and in submitting the fifth annual report of the inspectors, I desire to express my appreciation of their services. The report is as follows:—

"During the year 1906, we enquired into all cases of phthisis (pulmonary consumption) voluntarily notified by medical practitioners; 252 in number (compared with 218 in 1905) of which 80 proved fatal. We made enquiries also with regard to 29 deaths of persons whose illness had been notified in previous years, and of 105 deaths of persons whose illness had not been notified. The cases investigated during the year were thus 386 (males 230, females 156); the number of visits paid being 544.

* There are other Homes, for other purposes, than those named.

HOME OR OTHER ACCOMMODATION OF THE SICK PERSON OR FAMILY.

Number of Rooms Occupied.	1	2	3	4 or more.	Homeless Persons in the Infirmary.	Common Lodginghouse Cases.	No Information obtainable.	Total Cases investigated.
Number of cases of illness	102	78	48	51	36	39*	32	386

"Two hundred and sixteen of the 252 notifications, and 154 of the 214 deaths, were of persons belonging to North Kensington; whilst 184 of the notifications were from three wards, viz.:—St. Charles (30), Golborne (52), Norland (102); 132 of the deaths (34, 47, and 51, respectively) belonged to the same wards, the population of which is but little over 73,000.

"The proportion of deaths from phthisis at the Workhouse Infirmary to deaths from this cause in the Borough, as a whole, was, as usual, large: 72 out of 214; males 44 and females 28. Fifty-nine of these deaths were of North Kensington persons and 13 of South Kensington persons.

"The notified infirmary cases were 143; males 89, females 54: 118 of North Kensington persons and 25 of South Kensington persons.† Seventy cases were notified by the district medical officers, the majority of which were subsequently removed to the Infirmary. There was an increase in private notifications during the year; thirty-one cases (23 of them in North Kensington), having been reported by other than Poor Law Medical Officers. Eight cases were brought to our knowledge by Hospital Almoners, or the Charity Organization Society.

"Patients residing at home (averaging 50 in number) were kept under observation, and visited as frequently as practicable. Disinfection after the death of a sufferer, or after removal of a patient from one abode to another, was offered, and usually accepted; the refusals being fewer than in the previous year.

"We noted continued improvement in the ventilation of sick rooms by open windows; and an increased appreciation of the value of fresh air to phthisical persons, and of the danger arising from indiscriminate spitting.

"In a large majority of the cases, the disease was in an advanced stage when notified, the sufferers continuing to work for the support of their families, and having refused to see a doctor till absolutely compelled. We are more than ever impressed with the need for a sanatorium to which sufferers could be removed in the early stage of the disease. This, however, could not be brought about without provision being made for the support of families during the period devoted to isolation.

"At times, the work makes us almost despair, brought, as we are, face to face with patients needing isolation and nourishment, and looking to us, hopefully but in vain, to obtain for them these requisites indispensable to successful treatment."

Tables illustrative of the Lady Inspectors' work amongst consumptives in the five years, are subjoined. Attention may be drawn to the table (at p. 56); which bears eloquent testimony to the fact that consumption is a disease of the poor. Of the 386 cases investigated in 1906, only ten were of persons in a more or less well-to-do position—their illness had not been notified—all of them died; the remainder belonging to classes of the population able to contribute little, if anything, towards the cost of sanatorium treatment.

* These 39 persons had resided at 13 common lodging-houses; including 7 in one house and 4 each in other 4 houses. Most, if not all, of them were removed to the Borough Infirmary.

† I am indebted to Dr. Potter for an interesting account of the work at the Infirmary in relation to the treatment of tuberculosis in 1906. The male patients were 137, the female patients 88; including 58 males, and 16 females, who were under treatment at the beginning of the year. No active phthisical cases among adults are now treated in the general wards of the Infirmary, or in the workhouse; but children are treated in the general wards. The Guardians have set apart 90 beds—14 of them in the open air—for the treatment of tuberculous cases; 63 for males and 27 for females, all of which are usually occupied. A very creditable record indeed.

Voluntary Notification of Consumption in Kensington in the five years, 1902-6.

The District.	Number of Cases notified.						
	1902.	1903.	1904.	1905.	1906.	Total in five years.	
THE BOROUGH	247	221	203	218	252	1141	
SUB-DISTRICTS—							
Kensington Town	238	206	190	210	234	1078	
Brompton	9	15	18	8	18	63	
PARLIAMENTARY DIVISIONS—							
North Kensington	218	182	169	197	216	982	
South Kensington	29	39	34	21	36	159	
WARDS—							
North K.	St. Charles	25	19	25	35	80	134
	Golborne	47	46	37	57	52	239
	Norland	117	100	95	89	102	503
	Pembroke	29	17	12	16	32	106
	Holland	12	13	14	8	13	60
South K.	Earl's Court	5	6	4	3	7	25
	Queen's Gate	4	12	6	4	3	29
	Redcliffe	4	4	5	4	8	25
	Brompton	4	4	5	2	5	20

The Year	AGE AT NOTIFICATION.						Total.
	0-5.	5-10.	10-20.	20-40.	40-60.	60 and upwards.	
1902	2	2	7	117	109	10	247
1903	—	1	8	81	111	20	221
1904	2	4	10	72	96	19	203
1905	1	1	11	96	77	32	218
1906	—	1	11	104	106	80	252
Totals	5	9	47	470	499	111	1141

Deaths after notification of Consumption, and otherwise, in the five years, 1902-6.

The District.	1902.	1903.	1904.	1905.	1906.	Total in five years.	
THE BOROUGH	226	219	235	199	214	1093	
SUB-DISTRICTS—							
Kensington Town	176	197	208	166	186	933	
Brompton	50	22	27	33	28	160	
PARLIAMENTARY DIVISIONS—							
North Kensington	160	151	164	139	154	768	
South Kensington	66	68	71	60	60	325	
WARDS—							
North K.	St. Charles	19	26	38	32	34	149
	Golborne	53	41	42	37	48	221
	Norland	66	66	62	54	52	300
	Pembroke	22	18	22	16	20	98
	Holland	12	27	28	21	21	109
South K.	Earl's Court	14	5	19	10	13	61
	Queen's Gate	12	16	4	5	7	44
	Redcliffe	18	11	10	15	11	65
	Brompton	10	9	10	9	8	46

Age at Death from Consumption in the five years, 1902-6.

The Year.	0-5.	5-10.	10-20.	20-40.	40-60.	60 and upwards.	Totals.
1902	6	4	7	93	94	22	226
1903	4	6	16	83	94	16	219
1904	9	4	24	91	90	17	235
1905	5	2	10	90	75	17	199
1906	5	2	5	96	87	19	214
Totals ...	29	18	62	453	440	91	1098

Disinfections after Consumption (carried out by the Council's officer.

The District.	1902.		1903.		1904.		1905.		1906.		Total.	
	Notifications and Deaths.	Disinfections.	Notifications and Deaths.	Disinfections.	Notifications and Deaths.	Disinfections.	Notifications and Deaths.	Disinfections.	Notifications and Deaths.	Disinfections.	Notifications and Deaths.	Disinfections.
THE BOROUGH ...	394	138	374	112	371	129	355	115	386	158	1,800	652
SUB-DISTRICTS—												
Kensington Town	339	117	340	90	332	110	318	96	347	136	1,676	549
Brompton ...	55	21	34	22	39	19	37	19	39	22	204	103
PARLIAMENTARY DIVISIONS—												
North Kensington	309	102	276	78	280	86	283	85	303	110	1,451	461
South Kensington	85	36	98	34	91	43	72	30	83	48	429	191
WARDS—												
North K. { St. Charles ...	41	13	36	14	53	23	52	24	54	29	236	103
{ Golborne ...	78	38	73	17	66	31	77	33	80	35	374	154
{ Norland ...	153	35	138	32	129	22	127	22	129	32	676	148
{ Pembridge ...	37	16	29	15	32	10	27	6	40	14	165	61
{ Holland ...	20	9	34	9	33	21	25	11	29	20	141	70
{ Earl's Court ...	16	9	11	6	22	8	11	3	19	7	79	33
{ Queen's Gate...	16		28	2	10	1	9	4	8	4	71	11
{ Redcliffe ...	19	14	14	9	12	6	18	10	16	13	79	52
{ Brompton ...	14	4	11	8	14	7	9	2	11	4	59	25

Number of Rooms disinfected, and not disinfected; (total infected rooms 1,439).

Disinfection.	1902.	1903.	1904.	1905.	1906.	Total.
By Council's Disinfecting Officer ...	138	112	129	115	158	652
Under the direction of the Doctor ...	24	48	18	27	28	145
Disinfection refused	195	128	103	113	103	642

OCCUPATION OR STATUS (so far as could be ascertained) of persons whose illness was notified (252 cases), and of deceased persons whose illness had not been notified (134 cases):—

MALES (175)—		No. of Cases.
Labourer	...	43
Artizan	...	36
Cabman, coachman, stableman, etc.	...	16
Shopman, hawker, clerk (7 each)	...	21
Tradesman	...	6
Tailor	...	4
Soldier, engineer (3 each)	...	6
Laundryman, milk-carrier, porter, railway employé, scavenger, waiter (2 each)	...	12
Caretaker, carpet-beater, cellarman, crossing-sweeper, dairyman, errand boy, fat-works employé, fireman, gardener, navvy, police pensioner, potman, Scotland Yard employé, stock-keeper, theatre employé, valet, van-guard, warehouseman, wood-chopper (1 each)	...	19
Son of labourer (3), costermonger, gasfitter, prison warder (1 each)	...	6
Persons of the more prosperous classes* (all of whom died)	...	6
FEMALES (123—of whom 72 were married)—		
Laundress	...	17
Domestic servant	...	14
Charwoman	...	9
Flower-seller	...	5
Dressmaker, milliner, machinist	...	5
Caretaker, typist (2 each)	...	4
Actress, rag dealer, saleswoman (1 each)	...	3
Wife, or widow, of artizan (23), of labourer (9), of carman (5), of coachman, of small tradesman (4 each), of laundryman (2), of agent, clerk, hawker, salesman, stableman (1 each)	...	52
Daughter of labourer (4), of cabman, chemist, laundryman, licensed victualler, nurse, postman (1 each)	...	10
Persons of the more prosperous classes† (all of whom died)	...	4
Total		298
Cases not known at addresses given to the relieving officer (Males 28, females 21)		49
Cases from common lodging-houses: occupation (if any), unknown (Males 27, females 12)		39
Total		386

DISINFECTION AFTER PHTHISIS.—There is no difference of opinion as to the need for, and the value of, disinfection, as a means for preventing the spread of phthisis in the home. It is obviously desirable, therefore, that steps should be taken to obtain as complete a knowledge as practicable, of the existence of the disease, by compulsory notification. Our local experience, in the past year, may be cited to illustrate the deficiencies of the present system of optional disinfection. It is known that 289 rooms had been (or were) occupied by consumptive persons, of which only 186 (64 per cent.) were disinfected; 158 by the Council's staff, and 28 by the occupiers, in some cases under medical direction. In the remaining 103 cases (36 per cent.) disinfection was refused—on the ground, in 60 cases, that the rooms were occupied by the sufferers; in 43 cases on the ground that disinfection was deemed unnecessary.

* MALES, described as of independent means (3), and as law student, civil engineer, army officer (1 each).

† FEMALES, described as of independent means (4).

The Council will remember that the London County Council, in 1903, issued an Order applicable to measles, making certain infectious disease provisions of the Public Health (London) Act, 1891—including sections 63 and 65, which relate to the letting of a house or part of a house in which infected persons had resided, without previous disinfection. Now if disinfection is admitted to be necessary after measles, no instructed person will venture to say it is unnecessary after consumption. And if in the interests of public health, it is right to enforce disinfection after measles, *a fortiori* disinfection should be made compulsory after consumption, a disease which kills four times as many persons as measles, whose victims are children under five years of age, those of consumption being, for the most part, adults in the prime of life.

Disinfection after consumption being obviously necessary, I recommended the Council* (1) to represent to the London County Council the desirability of issuing an Order to make it compulsory under the provisions of the Public Health (London) Act, 1891; and (2) to request the other Metropolitan Borough Councils to address a similar representation to the County Council. I had the less hesitation in submitting these recommendations, the Conference of Representatives of Metropolitan Borough Councils, convened by the County Council, in July, 1904, having unanimously adopted a resolution to the effect—

“That the Sanitary Authorities should disinfect the premises in which a person suffering from phthisis has died, or from which a patient has removed, or has been removed.”

No effort has been spared to give effect to the instructions of the Council in regard to this matter since proceedings to control phthisis were initiated, at the beginning of 1902—with what imperfect results, has been shown.

The need for disinfection was dealt with by the Local Government Board for Scotland in their letter to local authorities on the *Administrative Control of Phthisis*, as follows:—

“The provisions of the Statute with regard to disinfection are available in dealing with pulmonary phthisis, and it is the duty of the Local Authority to secure that, whenever necessary, these provisions are enforced. . . . Not only the homes, but also the workshops, or other places, where consumptives have been employed, should be carefully and thoroughly disinfected.”

INFANTILE MORTALITY.

Public attention was much given last year to the question of infantile mortality, in connection with the National Conference to which reference is made below. No question is more deserving of the attention of Sanitary Authorities. The birth-rate for many years has been falling, and the only means to compensate for the ill effects of this factor upon the rate of increase of the population, is by way of conservation of infantile life. The subject of “*Mortality of Infants*” is dealt with in a Letter to the Registrar-General, on “Analysis of the Causes of Death, in England and Wales,” by Dr. Tatham, Superintendent of Statistics at the General Register Office, appended to the sixty-eighth annual report, for 1905, of the Registrar-General, wherein it is stated that—

“Although the general mortality in this country has steadily fallen in the course of the last half century, nevertheless infants in the first year of life have not shared in the benefit. . . . For infants in their first year of life perish as rapidly now as they did half a century ago About one-fifth part of the total loss of life in the first year after birth takes place within a week of that event, whilst by the end of the first month the proportion reaches one-third, and by the end of the third month it exceeds one half The high mortality in the first week is mainly due to the decease of infants that, either from immaturity or from debility at birth, can hardly be regarded as viable. Most of the deaths occurring at this early age are attributed either to wasting diseases, including prematurity, congenital defects, atrophy, &c., or to convulsions. The same diseases account for a large share of the (reduced) mortality in the second, third, and fourth week of life, when it falls to less than a quarter of that in the first week The first month past, these causes, become rapidly less fatal, but in their stead, diarrhœal diseases, bronchitis, pneumonia, and whooping-cough become conspicuous in the death roll. From the first to the fourth month of life diarrhœal diseases steadily increase in destructiveness It is in the second month of life that bronchitis destroys the largest number of victims, whilst pneumonia is most destructive in the later months of the first year.”

*In No. 1 Monthly Report, 1906, page 10.

The Registrar-General, dealing with the question of infantile mortality, in the Annual Summary for 1906, observes that of the total deaths under one year of age recorded in London, in 1906, nearly 29 per cent. took place in the first month of life; adding that "a considerable proportion of deaths was due to a group of conditions which may be described under the heading 'Immaturity': so much is this the case that deaths due to ante-natal influences, such as premature birth and congenital malformations, in London, in 1906, were more than one-third of the total infantile deaths. High as this proportion was, however, it was below the average prevailing in the preceding quinquennium."

Dr. Tatham states that in the autumn of 1904, the President of the Local Government Board called a conference of authorities to consider this question, and that the Medical Officer of the Board subsequently took steps to "procure, periodically, from Medical Officers of Health throughout England and Wales, special returns of mortality in the infantile portion of the community."

This return of "deaths from stated causes" in the Royal Borough, in weeks and months, under one year of age," for the year 1905, was given at page 56 in my annual report for that year; whilst at page 57, the deaths were further "grouped in monthly periods." Corresponding tables for the year 1906 are set out below at pages 59 and 60. The interest and value of the official table will obviously be increased when the returns for the entire Metropolis shall have been summarised and compared.

Many of the Metropolitan Sanitary Authorities, in the course of the last few years, have given practical demonstration of their desire to protect infant life by appointing lady sanitary inspectors, some of whose time is occupied, as Health Visitors, in visiting poor women as soon as practicable after confinement, and instructing them with regard to the feeding, and the care, generally, of their babies. In 1905 the Council appointed one lady to act exclusively as health visitor, and with such good results that it is to be regretted that they have not yet seen their way to extend the work by appointing (at least) a second visitor.

Of the 452 deaths under one year, in 1906, the quarterly numbers were 96, 95, 175, and 86, respectively. August and September were very fatal to infant life: 143 deaths, 79 and 64 in the two months respectively, having been registered, compared with 113 (77 and 36) in the corresponding months in 1905.

Diarrhœa was responsible for a large proportion of this excessive mortality, 75 deaths (41 and 34 in the two months) having been registered from this cause. The total deaths under one year of age from diarrhœa in the year, were 92; of which nearly 82 per cent. were registered in the two months named. Not far short of a third of the deaths from all causes at this age-period (135 out of 452) occurred in the first four weeks of life—but only three of them were from diarrhœa—a fact accounted for by the common practice amongst poor women of suckling their babies during the puerperal month, when they are mostly confined to the house, and are debarred, by law, from labour at factories, workshops, etc.

Next in order to diarrhœal diseases, prematurity of birth stands conspicuous as the cause of 59 deaths, including 50 in the first week after that event, and all save one within four weeks of birth. To "*wasting diseases*," 72 deaths were attributed, including 42 from *atrophy*, *debility*, and *marasmus*. Some of the deaths from these causes might doubtless have been properly classified to "*tuberculous diseases*," which were the registered causes of 28 deaths only. *Bronchitis* and *Pneumonia* were the causes of 21 and 40 deaths respectively. Sixteen were due to violence, including 6 from "*suffocation, overlaying*." The births registered as illegitimate were 158, or 4.6 per cent. on total births; the deaths of illegitimate infants were 68, equal to 15.0 per cent. on all deaths under one year, and 43.0 per cent. on the births registered as illegitimate. Inquests were held in 45 cases.

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1906.

Deaths from stated Causes, in Weeks and Months, under One 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.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	TOTAL DEATHS UNDER ONE YEAR.
Common Infectious Diseases	Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	Measles ...	...	...	...	1	1	...	...	...	...	1	4	2	5	12	2	4	81
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria: Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	3
Diarrhoeal Diseases	Whooping-cough	...	...	...	...	...	1	...	...	1	2	8	...	1	1	...	2	11
	Diarrhoea, all forms ...	...	2	1	...	3	14	11	9	9	6	8	5	9	8	6	4	92
	Enteritis (<i>not Tuberculous</i>) ...	...	...	...	...	...	...	1	1	1	1	2	...	...	...	1	...	7
Wasting Diseases.	Gastritis, Gastro-intestinal Catarrh ...	...	...	1	1	2	...	...	...	...	...	...	...	1	...	...	...	8
	<i>Gastro-enteritis*</i>	2	...	1	1	3	1	1	...	1	...	1	11
	Premature Birth	50	8	2	3	58	...	...	1	...	...	...	...	...	...	...	...	59
	<i>Atelectasis</i> ...	7	1	...	...	8	...	...	...	...	...	...	...	...	...	...	...	8
	Congenital Defects	3	2	3	...	8	1	3	...	1	...	...	2	...	...	...	...	15
	Injury at Birth	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Indigestion	Want of Breast-milk...	...	...	...	3	3	2	1	...	...	...	...	...	...	...	...	...	6
	Atrophy, Debility, Marasmus	9	3	1	6	19	7	5	4	2	1	...	1	1	1	1	...	42
Tuberculous Diseases	<i>Indigestion</i> ...	...	1	...	...	1	...	1	...	...	...	...	1	...	...	1	1	5
	Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	2	...	3	1	1	7
	Tuberculous Peritonitis; <i>Tabes Mesenterica</i> ...	...	...	...	...	...	5	3	2	...	...	...	...	...	...	1	...	11
Other causes	Other Tuberculous Diseases ...	...	...	...	...	...	...	3	1	2	1	...	2	...	1	...	...	10
	Erysipelas	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
	Syphilis ...	...	...	...	...	...	3	3	...	...	1	1	1	1	...	...	...	10
	Rickets ...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
	Meningitis (<i>not Tuberculous</i>)	1	...	...	...	1	1	...	...	1	1	...	2	1	1	2	...	10
	Convulsions	...	...	...	...	...	1	1	1	...	...	...	1	...	...	...	...	4
	Bronchitis	1	1	4	1	7	...	...	1	2	1	1	2	3	1	...	3	21
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
	Pneumonia	...	2	...	1	3	2	3	2	3	2	4	5	3	3	5	5	40
	<i>Other Lung Diseases</i>	2	...	...	...	2	...	1	1	...	...	...	...	...	...	...	...	4
	Suffocation, overlaying	1	...	...	...	1	2	1	1	...	...	...	...	1	...	...	...	6
	<i>Violent Deaths, other</i>	7	...	...	...	7	1	...	...	...	1	1	...	...	...	...	...	10
	<i>Dentition</i> ...	...	...	...	...	...	...	1	...	1	1	...	1	1	1	1	...	7
	Other causes	2	3	1	3	9	2	...	1	...	...	1	...	...	1	...	1	15
			84	18	14	19	185	44	38	26	24	23	26	28	28	35	22	23	452

* The diseases printed in italics are not named in the official table, but are grouped therein under the heading "other causes."

TABLE VA.

INFANTILE MORTALITY.

Causes of Death of Infants under one year of age, grouped in monthly periods, 1906.

CAUSE OF DEATH.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTALS.
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	—
Chicken-pox .. ...	...	...	...	...	...	...	...	...	...	...	...	...	—
Measles	1	1	4	6	1	6	6	4	1	...	...	1	81
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	—
Diphtheria	1	...	...	...	...	...	...	...	...	...	...	2	3
Whooping-cough	1	1	...	1	1	2	1	1	1	...	1	1	11
Diarrhœa	1	1	1	...	1	1	4	41	34	4	2	2	92
Enteritis ... ..	...	1	...	...	1	...	...	1	3	1	...	...	7
Gastritis, Gastro-Intestinal Catarrh ... ..	...	...	...	...	...	...	...	...	1	...	1	1	3
<i>Gastro-enteritis*</i>	1	...	...	1	...	...	1	4	2	2	...	...	11
Premature Birth	7	3	5	6	4	9	4	5	6	3	5	2	59
<i>Atelectasis</i> ... ..	...	...	...	2	...	1	...	2	...	1	...	2	8
Congenital defects	1	1	1	2	...	1	...	3	3	1	1	1	15
Injury at birth ... ..	...	...	...	...	...	...	...	...	...	...	1	...	1
Want of breast milk ... ..	...	...	...	...	1	2	...	...	1	...	2	...	6
Atrophy, Debility, Marasmus	2	3	5	4	3	1	3	5	5	7	2	2	42
<i>Indigestion</i>	2	...	...	...	...	...	...	...	1	...	1	1	5
Tuberculous Meningitis	1	...	2	...	...	...	1	1	...	...	1	1	7
Tuberculous Peritonitis, <i>Tabes Mesenterica</i>	2	4	...	...	...	1	2	...	...	...	1	1	11
Other Tuberculous Diseases	1	...	...	...	3	2	...	1	...	3	...	...	10
Erysipelas ... ..	...	1	...	...	...	...	...	...	...	...	...	...	1
Syphilis ... ..	...	3	1	1	2	1	...	1	...	...	1	...	10
Rickets ... ..	...	...	...	...	...	...	1	...	...	...	...	...	1
Meningitis	1	...	...	1	...	...	...	4	3	1	...	...	10
Convulsions ... ..	...	2	...	...	...	...	1	1	...	...	...	...	4
Bronchitis	2	...	2	4	2	...	2	1	...	1	1	6	21
Laryngitis ... ..	...	...	...	...	...	...	...	...	...	...	...	1	1
Pneumonia	6	5	4	5	3	2	1	1	2	2	4	5	40
<i>Other Diseases of Lungs</i> ... ..	...	1	...	...	...	...	1	1	...	...	1	...	4
Suffocation, overlaying	2	1	1	...	...	...	...	1	...	1	...	...	6
<i>Other violent deaths</i>	3	...	...	1	...	2	2	1	...	...	...	1	10
<i>Dentition</i> ... ..	...	1	2	2	...	1	1	...	...	...	...	...	7
Other causes	2	1	1	2	1	2	1	...	1	1	2	1	15
	87	30	29	38	23	34	32	79	64	28	27	31	452

* The diseases printed in italics are not named in the official table, but are grouped under the heading "other causes."

THE NATIONAL CONFERENCE ON INFANTILE MORTALITY.

The Conference held at the Caxton Hall, Westminster, for consideration of the subject of Infantile Mortality, met on June 13th and 14th, to deal with a very ample programme. The proceedings commenced with a presidential address by the Right Hon. John Burns, M.P., President of the Local Government Board. The Chairman of the Conference was Mr. Evan Spicer, J.P., the Chairman of the London County Council. The attendance of members and delegates was very large. I was present on both days as the delegate of the Council.*

The programme of subjects for discussion was as follows:—

I. ADMINISTRATIVE—MEASURES IMMEDIATELY PRACTICABLE.

(1) The teaching of infant feeding and nursing in schools. (2) The appointment of qualified women with special reference to the hygiene and feeding of infants. (3) The supply of pure or specially modified milk for the feeding of infants.

II. EDUCATIVE—PROBLEMS FOR DISCUSSION.

(1) The influence of alcoholism on infantile mortality (2) The relation of premature births to infantile mortality. (3) Infant Life Insurance.

III. LEGISLATIVE—MEASURES REQUIRING FURTHER LEGISLATION.

(1) Earlier registration or notification of births. (2) Employment of women before and after confinement. (3) The regulation of the placing of infants out to nurse, and the amendment of the Infant Life Protection Act. (4) The sale and control of infant food stuffs. (5) The increase of the powers of Local Authorities in regard to milk supply. (6) The extension of the Midwives Act to Scotland.

The resolutions of the Conference were as follows:—

1. That the Education Department be urged to add instruction in Elementary Hygiene, with reference to the dietary and rearing of infants, to their present scheme for systematically training girls in the senior classes in the practice and principles of personal hygiene and the elements of dietary.

2. That, in the opinion of this Conference, immediate legislation is required enabling Sanitary Authorities to establish or support depôts for the supply of pure, or modified, or sterilized milk, and to defray any cost out of the monies available for public health purposes.

3. That, in view of the information submitted, the Conference is of opinion that all stillbirths should be notified, within 48 hours, to the Medical Officer of Health of the district in which they occur, and that no burial should take place without a medical certificate.

4. That the notification of all births be given within 48 hours to the Medical Officer of Health of the district in which they occur.

5. That in the opinion of this Conference, the question of the insurance of infant lives under 12 months is one demanding serious consideration, and, with a view to receiving reliable information, the Government should be asked to appoint a departmental committee of inquiry on the whole question.

6. (a) That the period of one month's abstention from factory work away from home now imposed on mothers, be extended to at least three months, and that, on their return to work, evidence must be produced, satisfactory to the Local Authority, that proper provision has been made for the care of the child.

(b) That no employer of labour shall permit a woman advanced in pregnancy to engage in factory labour unless her ability therefor has been certified to the satisfaction of the Local Authority.

7. (a) That, having regard to the ascertained fact that in centres of industries where women are largely employed away from their homes, an excessive number of deaths of infants takes place, and that this is contributed to by the improper conditions existing at the houses in which infants are placed out to nurse, it is necessary that the persons by whom, and the places into which, infants are received, should be under supervision by the Local Sanitary Authority.

(b) That the Infant Life Protection Act be amended to remedy abuses which are not at present provided against.

* The printed "proceedings" form a goodly volume of some 300 pages.

8. That all preparations offered or sold as food for infants should be certified by a Government Analyst as non-injurious, and that each packet should contain its analysis.

9. That the Dairies, Milkshops, and Cowsheds Order is defective, and that any amendment should extend the definition of disease as applied to animals, and should make the provision of Regulations by Local Authorities compulsory; that the scope of the Regulations should be extended to cover dirty milk, and should enable Local Authorities to prohibit the sale of any milk which fails to comply with the conditions of purity agreed upon.

10. That, in the opinion of this Conference, the Midwives Act, 1902, should be extended to Scotland and Ireland.

At the close of the Conference it was unanimously agreed—

That the Conference resolve itself into a Committee to give effect to the foregoing resolutions, and with power to remit to an Executive Committee to carry out the same.

A deputation of the Executive Committee subsequently waited on the Prime Minister and the President of the Local Government Board, to submit the resolutions of the Conference and, generally, to urge the necessity for Government action in relation to the matter. The Prime Minister's reply betokened sympathy with the views of the Conference, as set out in the resolutions, and in the remarks of the spokesmen for the deputation. The President of the Local Government Board, in welcoming the deputation, said it was in the responsible position of president of a department which had promised to assist them, and intended to adhere to its word, that he responded to the invitation given by the Prime Minister to deal with the practical and administrative points embodied in the excellent speeches that had been made. Increasing attention, he observed, was being given to the matter of instruction in hygiene, and kindred matters, in the public elementary schools; and not only in the secondary schools, but in the Universities also, and he would communicate the views that had been expressed to the President of the Board of Education. As to supply of sterilized milk by the sanitary authorities, incalculable good had been done in those districts which had adopted the system, and he had decided to introduce a Bill sanctioning what was doubtful and illegal in the action of the local authorities in establishing such depôts. The general subject of the notification of still-births would be considered, at the end of the year, from the point of view of the Huddersfield experimental Act, and the attention of the Home Secretary would be called to the proposal to inquire into the question of the insurance of infant life. As to the proposed restrictions in regard to mothers working in factories, it was only just beginning to be found out, the amount of disease due to pre-natal causes; but infantile mortality often sprang from other causes than those which the factory inspector could prevent. The question of infant feeding would be further inquired into, and dealt with by a Departmental Order—or by legislation if necessary. The tendency on the part of people to spend on beer what they should lay out on food for their children, and for securing that leisure which should be given to the expectant mother, was one of the contributing factors towards the high infantile mortality rates in districts where housing was relatively good, and where wages were fairly high, as compared with other districts.

The subject of infantile mortality received consideration, last year, from the Local Government Board for Scotland, by whom a circular letter was addressed to the Local Authorities, stating that "in view of the increasing attention given to the question of high infantile mortality and its remedies, and in fulfilment also of the promise made by the Secretary for Scotland in Parliament, that the Board would issue a leaflet on the management of young children," they were "of opinion, after giving the matter their careful consideration, that the aims in view would best be reached by giving the fullest publicity to [an] annexed leaflet entitled 'Hints about the Management of Children,' by Dr. J. B. Russell, late Medical Member of the Board, and formerly Medical Officer of Health for Glasgow." The Board recommended that, "When handing over a Leaflet to the mother . . . the Health Visitor . . . should direct special attention to the contents, and any necessary explanations," otherwise "the Leaflet is apt to remain unread." And "above all, the person visiting should insist on fresh air by night as well as by day, and cleanliness of body, of clothing, and of feeding appliances," and that "where an Infants' Milk Depôt exists, full information regarding it should be given to every parent as soon as possible after the birth of a child." The establishment of such depôts is, in the present state of the law *ultra vires*; but the London County Council, in their General Powers Bill for the current Session, have introduced a clause to enable Sanitary Authorities to provide them, and it may be assumed that the Government will deal with the question.

The Notification of Births. The remark of the President of the Local Government Board, above cited, with regard to the "Huddersfield experimental Act," had reference to powers obtained by the Corporation of that borough, in a section of their local Act passed in the last Parliamentary Session, which reads as follows:—

"(1). In the case of every child born within the borough after the commencement of this Act, it shall be the duty of the father of the child, if he is actually residing in the house where the birth takes place at the time of its occurrence, or in his absence of any person in attendance upon the mother at the the time of the birth or within six hours thereafter, to send or give notice of the birth to the medical officer within forty-eight hours after such birth."

The fee payable for notification is one shilling: the penalty for default to notify, twenty shillings.

The object of the Act (which will remain in force for five years) is to enable advice and assistance to be given by Health Visitors to poor mothers, for the rearing of their infants. In this connexion it is interesting to observe that the movement for appointing ladies to aid in the effort to reduce infantile mortality, and to foster improvement in the condition of the poor, and the labouring class, generally, is rapidly gaining ground throughout the country.

Preservation of Infant Life. In this connexion, reference may be made to an interesting experiment by the ex-Mayor of Huddersfield (Alderman Broadbent, one of the hon. secretaries of the National Conference) who at the commencement of his period of office, in 1904, promised a birthday gift of twenty shillings to every baby born in a particular district in the Borough, who should be alive at the end of a year after birth. Between November 1904, and November 1905, 112 babies were born. The infantile mortality-rate (*i.e.* the deaths under one year to 1,000 registered births) during the preceding ten years, in the said district, had been 122, and the object was to ascertain whether, by constant watchfulness and help on the part of lady workers, the rate could not be reduced. The object aimed at appears to have been realised, for of the 112 babies born, 107 received the gift; four only died; whilst one having left the district could not be traced. The mortality figure, counting four deaths, was 35, the infantile death-rate thus being something like a third only of the average rate.

Infant Life Protection formed the subject of a discussion, last year, at a meeting of the Society of Medical Officers of Health (Metropolitan Branch) at which a resolution was passed to the effect—

"That it is desirable in the interests of public health, that Section 2 of the Infant Life Protection Act, 1897, should be amended, in order to provide for the control of persons receiving for hire or reward, for a period of 48 hours, one or more infants under the age of five years; and, further, that in London the controlling authorities under the Act should be the Borough Councils."

It was pointed out that the law, at present, makes no provision for the protection of children who are nursed, under unsatisfactory conditions, by unregistered persons who are careful to take only *one* child, and thus escape the operation of the regulations made by the County Council. That the Borough Councils have means the County Council do not possess, of ascertaining the conditions under which infants are being reared, hardly admits of question. A copy of the resolution was forwarded to the Local Government Board, the London County Council, and the Borough Councils; and the latter bodies were invited to support it, and make representations to the Local Government Board in accordance therewith.

INFANTILE MORTALITY IN KENSINGTON: THE WORK OF THE HEALTH VISITOR.

At pages 29-31 a short account is given of an inquiry made by the Lady Sanitary Inspectors (Miss de Chaumont and Miss Looker) with respect to deaths from infantile summer diarrhœa in the twelve weeks July 15th—October 6th. During this period 121 deaths from diarrhœa were registered, including 77 under one year of age, of which 66 occurred in three wards in North Kensington (population 73,000), *viz.*, St. Charles (28); Golborne (18) and Norland (20); and only 11 in the remaining six wards (population 106,500). An excessive proportion of the deaths occurred, as usual, in the families of the poorer classes.*

*At page 66 reference is made to an inquiry by the Health Visitor with respect to 250 deaths of children under one year.

It is satisfactory to note that, despite the exceptional fatality from this one group of diseases, the infantile mortality of 1906 compares very favourably with the decennial average, having been indeed the lowest on record; to wit 132 deaths under one year of age to every 1,000 births registered, as compared with an average of 158 per 1,000 in the preceding ten years. Infant lives, therefore, to the number of 90, may be regarded as having been saved in the year, and the number would have been greater but for the abnormal fatality of diarrhoeal diseases. This satisfactory result may, I believe, be fairly attributed, in some measure, to the work of the health visitor, a fact which cannot be other than gratifying to the Council, and to the Public Health Committee upon whose advice the appointment was made, in March, 1905—a year in which, also, there was noted a considerable reduction in the rate of infantile mortality, as compared with preceding years.

With a view to effecting a permanent reduction in the rate of infantile mortality, two factors of the greatest importance are (1) early notification of births, and (2) the appointment of a sufficient number of health visitors to advise mothers with regard to the care of their infants. As regards notification of births, reference has already been made to the views of the National Conference on Infantile Mortality, and to the Act by which this desideratum has been realized for the county borough of Huddersfield.

The Council had previously (in 1904) taken action with a view to secure earlier registration of births, in regard to which *The Times*, in the issue of 10th September, made reference as follows:—

“The lead which was given by the Kensington Borough Council in pressing for legislation to secure an earlier registration of births, has been followed by practically all the other borough councils. At the present time six weeks are allowed, in England, for the registration of the birth of a child, and it has been felt that this period is too long, especially in view of the heavy mortality among infants of a few weeks old. Three weeks has been suggested as the utmost limit of time during which registration should be carried out in Scotland the law only allows 21 days after the birth for the purpose.* An even earlier notification of birth is desirable, as a lady health visitor may thus visit the home, and give the advice which may mean all the difference between a weakling and a healthy child. The notification, of course, does not relieve the informant from the duty of registration, which must be performed as well. It is confidently asserted that the earlier registration of births would, in some measure, lessen infant mortality.”

No one who heard the Inaugural Address of the President of the Conference, or his reply, as President of the Local Government Board, to the Executive Committee of that body (*vide page 62*) can doubt that the right honourable gentleman is in sympathy with all practicable efforts for bringing about a lower rate of infantile mortality; and it may be hoped that this sympathy will, ere long, find practical expression in Parliament, and lead to the passing of a *Notification Act* on the Huddersfield lines, and amending legislation in regard to registration of births in accordance with the views of the Council, whose “lead”, as *The Times* observes, “in pressing for such legislation, has been followed by practically all the other metropolitan borough councils.”

The subject of Health Visitors was considered by the Public Health Committee of the County Council, when reporting on the recommendations, as to the legislation in public health matters, which the Council should promote in the Session of 1907. They stated that the Council, in 1900, on their recommendation, resolved to inform the Local Government Board that it “would be willing to contribute in respect of salaries of female sanitary inspectors, who, in addition to their other duties, would take opportunities of inculcating habits of cleanliness, and the best methods of utilizing food. Further duties (they added) would relate to the giving of advice with a view to diminishing infant mortality, limiting the spread of infectious disease, etc.” The Committee “deemed it essential that such duties should be performed by borough councils through their inspectors,” and they stated that they were in communication with the Local Government Board as to the powers of the Board with regard to the creation of a special class of sanitary inspector, whose duties would be those of a health visitor, and who would act under the direction of the Medical Officer of Health.” They concluded by intimating that “in the event of the Board being unable to take any action in this direction, they would deem it advisable, at a later date, to recommend the promotion of legislation on the subject.” The formal expression of the views of the Board on the subject will be awaited with interest; there being reasonable ground for the expectation that they will be favourable to the appointment of health visitors.

THE WORK OF THE HEALTH VISITOR.—I may be allowed to express my appreciation of the Council's action in re-appointing our Health Visitor, Miss Gauntlett, in March, for a further period of twelve months.† The only regret associated with her work

* In France registration must take place within three days after the occurrence of the birth. I recommended that registration should be effected within seven days: notification within 48 hours would, obviously, more effectively secure the object in view.

† Miss Gauntlett has since been placed on the Council's permanent staff.

arises from its restricted character. She is, as a rule, able to pay but one visit to each mother; whereas, for complete success, it is necessary to pay periodical visits, at more or less frequent intervals, according to the necessities of each individual case. The improvement in the condition of homes, and of babies, where this course has been adopted, is the best evidence of its value, and of the advantages likely to accrue from a consistent carrying out of the plan of continuous supervision during the early months of infant life. The Health Visitor's report for 1906 reads as follows:—

“During the year I visited the homes of 2,138 infants: 1,637 in North Kensington and 434 in South Kensington; 842 homes were revisited: in all, 2,980 visits were paid, including 77 to mothers in the maternity ward of the borough infirmary. In 67 instances no information was

“At my first visit 1,673 infants were found to be breast-fed only, and 201 hand-fed only; 197 were partially hand-fed and partially breast-fed; 110 were improperly fed. obtainable—the children could not be traced.

“*Summary.*—Of the 2,071 infants seen, 1,785 were in a robust and thriving condition, 121 were stated to have been weakly at birth, and 286 were found weakly, sick, or ill-nourished; 129 of these were being hand-fed, 51 of them improperly, and 55 of them died in the course of the year.

“Mothers to the number of 66 appeared physically unfit to bear and rear healthy children; 47 mothers were unable to suckle their children; 23 mothers were of intemperate habits. Thirteen of the fathers were reported to be either epileptics or consumptives. Forty-three families were found in conditions of dire distress bordering on starvation. Eight new-born babies in these homes were fed on bread boiled in water, etc., the mothers being too ill-nourished to nurse them, and too poor to procure cows' milk or other suitable substitute.

“*Workers.*—Four hundred and three mothers admitted going out to work daily, as laundresses, charwomen, etc.; the real number was probably larger.

“*Housing.*—Of the homes visited 393 were single rooms; 1,093 were tenements of two rooms, and 508 tenements of three or more rooms. Sixty-nine homes only were in a dirty condition. Cases of overcrowding and other insanitary conditions, were reported to the Medical Officer of Health, and promptly dealt with.

“*General.*—I have almost invariably been well received by the mothers, and especially since resuming the use of my nurse's uniform. My short talks with them are nearly always listened to with patience and respect, and I have had the satisfaction of knowing that in many cases the advice given has been adopted, consequent improvement in the child winning the mother's gratitude.

“My first, and too often my only, visit is paid at some period between a fortnight after birth, and within the first two months of the infant's life. I generally find the mother absorbed in maternal cares, and “trying to stay at home”; but soon, in very many instances, urgent necessity forces mothers to become bread-winners, the infants being then left to the care of persons who take them in for a living; these persons being sometimes aged and infirm—often ignorant and of a low class, and not seldom of intemperate habits. The same circumstances operate to reduce the number of infants breast-fed, only, at my first visit, to a much smaller number on a second visit.

“*Long tube bottles.*—It is satisfactory to note the decline of the long tube bottle, though it is still used by the mother who finds it ‘too much trouble’ to hold the child in her arms while feeding it.

“*The dummy teat.*—I protest in vain against the rubber comforter or dummy teat, but the most I appear to have accomplished is to induce the mothers to keep the thing clean. I have seen used, as an alternative, a ‘nice tasty’ haddock's tail tied up in dirty muslin, or a slimy mess of bread and sugar. As some form of comforter *will* be used when babies scream, the balance is in favour of the washable rubber teat.

“*Prejudice.*—That ‘the two milks do not agree’ is still the belief of many nursing mothers, and for this reason resort is had to boiled bread, biscuit, etc., when the breast milk is thought not to ‘satisfy.’ I combat, often successfully, this delusion of incompatibility of the use of the two milks.

“Many a lusty and well-nourished infant have I heard screaming with pain, the result of too frequent and irregular breast feeding.

"Influence of weather.—The hot summer was a very trying time for babies fed on cows' milk, many homes not being provided with accommodation for keeping it cool and fresh. I have been in rooms in which it was difficult to breathe—stuffy and unventilated, well stocked with children, and swarming with flies, which settle freely on the lips of the unprotected baby, or perish in the uncovered milk vessel. The plague of flies is, I believe, responsible for much of the mortality from infantile diarrhoea.

"Cleanliness.—As regards cleanliness, the home of the mother who goes out to work is naturally the most neglected: the room is generally 'cleaned up' at night.

"Bathing.—Many mothers have a rooted objection to washing the baby when ill, and some of the little things suffer a long and miserable convalescence from being deprived of the accustomed tonic of a hot bath for, it may be, days or even weeks. The mothers are often surprised when I insist upon the need of a hot bath—and stay, sometimes, to see it given. Under ordinary circumstances the baby is sometimes washed before little or no fire; and often very early in the morning, even in bitter cold weather, is carried out, after a hurried meal, lightly shawled, to the caretaker, to enable the mother to get to her work-place by 8 o'clock. This practice, and the return journey at night, may reasonably account for some of the many deaths from lung diseases.

"Ventilation.—Whenever I can, I endeavour to persuade the mother to unseal the windows and remove the plugs of rags wedged into every crevice, and so let in some fresh air. The hot room is too often used for drying the family washing.

"Revisiting.—I feel that the amount of my revisiting is most inadequate. I should like to be able to revisit, at least two or three times, all infants whose mothers go to work, or who are expecting to go to work, at the time of my call; all infants artificially fed, wholly or partially; all infants found sick or weakly, or where a change of any sort has been suggested by me; and all infants whose mothers have lost by death more than two babies. I should like also to revisit every child once, at least, during the teething period. From the necessity of the case my visit to the children, in the great majority of instances, is, as I have said, a solitary one, and is paid long before teething begins. Experience has satisfied me that the value of the Health Visitor's work is largely a question of her ability to keep the babies visited under more or less frequent observation."

Tables appended to the report show—

(1) Visits and re-visits in the several Wards:—St. Charles, visits 398, re-visits 214; Golborne, 664 and 259; Norland, 407 and 249; Pembridge, 168 and 70; Holland, 123 and 19; Earl's Court, 149 and 9; Redcliffe, 90 and 10; Brompton, 42 and 9. (No information obtained in 67 cases). Total visits, 2,138; re-visits, 842.

(2) The manner of feeding of the infants observed at the first visit: viz., breast-fed, 1,673; hand-fed, 201; breast-fed and hand-fed, 197; improperly hand-fed, 110. Long tube bottles seen in use in 58 instances only.

(3) The state of health of the infants at the first visit: Healthy, 1,785; weakly-born, 121; sick, weakly, ill-nourished, 286; weakly babies hand-fed, 129; weakly babies improperly hand-fed, 51.

(4) Number of rooms occupied by families visited: One room tenements, 393; two room tenements, 1,093; three (or more) room tenements, 508. No home; mothers in maternity ward at infirmary, 77.

"Observations by the Health Visitor with respect to 250 deaths of babies under one year of age, the causes of which were investigated.—Out of the 452 deaths of Infants under one year of age, 250 were subjected to an investigation with a view to obtaining information regarding the method of feeding adopted. Forty-three of the deaths were of illegitimate children; 52 of the babies were born weakly; 55 of the mothers were constitutionally delicate, and 31 of them physically unable to suckle their infants. Nine of the mothers were obviously of intemperate habits: seventy-four went out to work leaving their infants to the care of relatives and young children, and to women who 'foster-mother' as a means of livelihood, some of them being intemperate, unreliable and ignorant.

"Of the Homes visited, 56 were single rooms, 22 of which were let 'furnished.' In some of these I found large families; 107 were homes of two rooms; 31 of three or more rooms. Twenty-four homes were dirty and ill kept, and in many there were no means for keeping milk fresh and cool in hot weather.

"Feeding.—Of the 250 infants, 57 were breast fed, only, up to the time of death: 38 were partially breast fed; 155 were wholly hand fed, 66 of them from the time of birth, and 44 of them improperly. Infants described as 'improperly fed' (age of child in each case fully considered) had been given cows' milk and boiled bread; boiled bread and no milk; biscuits and (or) some other farinaceous food; patented foods; tinned milk. Some that were suckled were also given 'a bit of what we had ourselves.'

"One hundred of the 250 infants were seen by me at ages varying from 2 to 6 weeks, none earlier; 42 of these were breast-fed only; 58 were hand-fed, 8 of them improperly; 45 were healthy, and 55 were in a sick, weakly, or ill-nourished condition.

OCCUPATIONS OF FATHERS OF 207 DECEASED LEGITIMATE CHILDREN.

Labourer	70	Dyer, Clerk, Chef, Cellerman, Footman,	
Porter	13	Soldier, Window cleaner, Wood chop-	
Carman	16	per, Policeman (1 each)	9
Artizan	24		
Shopkeeper	19	OCCUPATIONS OF MOTHERS OF 43 DECEASED ILLEGITIMATE CHILDREN:—	
Coachman and Cabman	7	Laundress	6
Hawker and Laundryman (4 each)	8	Domestic Servant	22
Carriage Cleaner, Street Musician, Care-		Needlewoman	4
taker, Postman, Farrier, Railway Em-		Flower seller	2
ployè, Caneworker (3 each)... ..	21	Charwoman	5
Milk Carrier, General Dealer, Foreman,		Chambermaid, Clerk, Barmaid, Hawker	
Warehouseman, Horsekeeper, Travel-		(1 each)	4
ler, Butler, Barman, Slater, French			
Polisher (2 each)	20		

VACCINATION.

The table at page 68 is a return respecting vaccination in Kensington in 1905, for which I am indebted to Mr. King, the vaccination officer. It shows that out of 3,457 infants, whose births were returned in the "Birth List Sheets" (col. 2), during the year, 3,135 were successfully vaccinated, and that 14 were returned as "insusceptible of vaccination." In 5 cases vaccination was postponed by medical certificate; 281 infants died unvaccinated; in 15 cases infants were removed to other districts, the vaccination officers of which were duly notified of the fact; whilst 136 cases, from "removal to places out of the parish, unknown, or which cannot be reached, and cases not having been found," were unaccounted for. These cases are, with those of "conscientious objectors" (32 against 23, 25, and 37, in the preceding three years respectively), equivalent to a "loss" (*i.e.* cases not finally accounted for) of 5·4 per cent., as compared with the number of births returned in the Birth List Sheets; the loss in the preceding ten years having been 9·0, 10·7, 10·1, 12·7 (1898), 8·1, 6·8, 7·6, 6·1, 5·8 and 5·8 per cent. The returns compare favourably with those for the Metropolis as a whole.

The actual figures, showing loss, both for the Metropolis and the rest of England, during the twenty years 1884-1903, as set out in the report of the Local Government Board for 1903-4, are as follows:—

	Metropolis.		Rest of England.		Metropolis.		Rest of England
	Cases lost.		Cases lost.		Cases lost.		Cases lost.
1884 ...	6·8 per cent.	...	5·3 per cent.	1894 ...	20·6 per cent.	...	19·0 per cent.
1885 ...	7·0 "	...	5·5 "	1895 ...	24·9 "	...	19·8 "
1886 ...	7·8 "	...	6·1 "	1896 ...	26·4 "	...	22·3 "
1887 ...	9·0 "	...	6·7 "	1897 ...	29·1 "	...	21·6 "
1888 ...	10·3 "	...	8·2 "	1898 ...	33·0 "	...	19·6 "
1889 ...	11·6 "	...	9·6 "	1899 ...	27·7 "	...	15·4 "
1890 ...	13·9 "	...	10·9 "	1900 ...	25·8 "	...	18·9 "
1891 ...	16·4 "	...	12·9 "	1901 ...	24·1 "	...	11·2 "
1892 ...	18·4 "	...	14·3 "	1902 ...	21·3* "	...	10·0 "
1893 ...	18·2 "	...	15·7 "	1903 ...	20·7 "	...	9·1 "

These figures show the great increase in annual "loss," from 1884 onward to 1898, and indicate that the new Act, which came into operation in 1899, has brought about a considerable increase in the number of primary vaccinations. The cost to the country has been great; but the Act has justified the policy of the Local Government Board in introducing it. The Board, in their annual report for 1901-2, referring to the vaccination returns for 1899, observed that "the increased acceptance of primary vaccination"—at a time precedent to the last epidemic of small-pox—is to be "referred to the altered conditions under which, consequent upon the Vaccination Act, 1898, and their regulations made thereunder, vaccination is now performed, and the increased facilities which now exist for its performance." One of the most potent influences tending to the increase in the number of vaccinations in normal years, is the provision made for the use of glycerinated calf-lymph, which has cut the ground from under the feet of those who objected to vaccination because of the possibility of enthetic disease being conveyed in humanized lymph.

* This is the percentage for the Metropolis as a whole. In twelve of the unions the percentages of cases not finally accounted for in 1902 exceeded 20 per cent. going as high as from 36 to nearly 59 per cent. in certain cases.

Vaccination Officer's Return respecting the Vaccination of Children whose Births were Registered in 1905.* (Vide page 68.)

DATE.	Registration Sub-Districts comprised in Vaccination Officer's District	Number of Births returned in Birth List Sheets.	Number of these Births duly entered in Columns 1, 2, 4, and 5 of the Vaccination Register (Birth List Sheets), viz. :				Number of these Births which are not entered in the Vaccination Register, on account, (as shown by Report Book) of					Total Number of Certificates of Successful Vaccinations received during each of the Calendar Years.	
			Column I. Success- fully Vaccinated.	Column II.		Column V. Dead, Unvacci- nated.	Postpone- ment by Medical Certificate.	Removed to other Dis- tricts, and notified to Vaccination Officers of the Districts.	Removal to places unknown, or which cannot be reached, and cases not having been found.	1905.	1906*		
				Insuscep- tible of Vaccination.	Certificate of Conscien- tious Objection.								
1905.	1	2	3	4	6	7	8	9	10	12	13		
1st January to 31st Dec.	Kensington Town	2,949	2,531	11	27	244	3	9	121	3,135	2,936		
	Brompton... ..	508	440	3	5	37	2	6	15				
	TOTAL	3,457	2,971	14	32	281	5	15	136	3,135	2,936		

* The complete Return for 1906 will not be due until February, 1908. It may be mentioned that, in 1905, 200 children born in other Boroughs were successfully vaccinated in Kensington, raising the total to 3,335. Legal proceedings were taken in three cases for default.

THE METROPOLITAN ASYLUMS BOARD.

Under the provisions of the (now repealed) Sanitary Act, 1866, the local sanitary authority was endowed with power to provide, for the use of the inhabitants of their district, hospitals for the reception of the sick; a provision re-enacted in section 75 of the Public Health (London) Act, 1891. But, excepting in a few districts, and for limited periods in time of emergency; e.g., when small-pox was epidemic, this power was not exercised, notwithstanding official pressure brought to bear to induce sanitary authorities to erect local hospitals. The late Vestry originated opposition to the establishment of such hospitals; and no one now doubts that the policy of that body was wise, and fruitful of benefit to the entire Metropolis. In 1867 the Metropolitan Poor Act brought the Asylums Board into existence, and this body set to work forthwith to provide infectious disease hospitals, nominally for paupers only. As a matter of fact, however, and despite the disabilities attaching, in theory, to the use of the hospitals, they were largely used from the beginning by non-paupers; and in course of time legislation secured to the inhabitants of the Metropolis all of the advantages contended for by the late Vestry, at my instance, from 1877 onwards. The hospitals are now free to all, no disability attaching to the use of them. The Managers have carried out their work admirably, and having created for London an unequalled hospital service, fulfil the duties originally devolved upon the local sanitary authorities; duties which those authorities would undoubtedly have had to perform but for the creation of the Board; and the subsequent legislation which has so enhanced their power as to leave little to be desired.

THE ANNUAL REPORT of the Board for 1906 is a document of much interest to Public Health and Poor Law Authorities—to all ratepayers indeed—by reason of the importance of the duties devolving upon the Managers, and the magnitude of their expenditure, which in the financial year ended 29th September, totalled £1,167,605 (equal to a rate of 6½d. in the £): viz., £1,055,300 on general account, and £112,305 on loan account. Of the expenditure on general account, 63 per cent. was in respect of the infectious hospitals and the ambulance services. In the 39 years of the Board's existence £3,583,717 has been borrowed* for the purpose of hospital construction (17 hospitals), including £225,150 for the Western Hospital to which Kensington patients are removed; for the Land Ambulance Stations £90,950, and for the river service £103,496. The number of persons maintained on the last day of the year was 18,065; viz., permanent staff (excluding Head Office and Stores) 5,117, and inmates 12,948.

The Institutions administered by the Board are 51 in number, including one in course of construction; amongst them being 16 hospitals for infectious diseases; 3 Seaside Homes for children; a land ambulance service (8 stations), and a river ambulance service (3 wharves and 5 steamers). The Board's properties comprise an area upwards of 1,500 acres.

The report is supplemented by reports of committees by which the work of the several departments is carried out. From these reports we learn that the average daily number of patients* (all diseases) under treatment, was 4,096, against 3,396 in 1905; an increase approximating 20 per cent. The subjoined particulars are given of *Infectious Diseases*:—

	Notifications.	Admissions to hospitals.	Death-rates, 1906.
(i.) Scarlet fever	... 20,329 ...	... 17,933 ...	... 2.94
(ii.) Diphtheria	... 7,929 ...	... 5,218 ...	... 8.77
(iii.) Enteric fever	... 1,600 ...	... 698 ...	... 16.02
(iv.) Typhus fever	... 7 ...	... 4 —
(v.) Smallpox	... 31 ...	... 29 —

The Statistical Committee state that out of 35,812 notified cases of infectious disease, 30,023 were legally admissible to the Board's hospitals, and £25,213 (84 per cent.) were actually admitted†: 26,044 patients were treated at the fever hospitals (2,150 in excess of the numbers in 1905, and the highest on record); 1,237 persons died; 4,930 were remaining at the end of the year. The maximum number of patients (5,498) was recorded on November 20th; the minimum (3,108) on 28th April.

Up to and including the year 1905, diphtheria is stated to have been declining since 1899; last year, however, it was more prevalent than in any of the three preceding years.‡ Scarlet-fever also increased in prevalence, and more cases were notified in 1906 than in any year since 1897. Enteric fever notifications were slightly more numerous than in 1905, but in 1905 they were lower than in any year since notification became compulsory, in 1889.

*The Board's aggregate borrowings were £5,606,799, of which £2,190,801 has been repaid: their net indebtedness at the end of the financial year, on loan account, being £3,415,998.

†The Kensington notifications are given as 848, equal to a rate of 3.8 per 1,000 persons living—the rate for London, as a whole, being 6.4 per 1,000. The Kensington scarlet-fever notifications were 470, the admissions to hospitals 403; diphtheria notifications 178, admissions 144; enteric-fever notifications 39, admissions 27. Total notifications of these diseases 687, admissions 574 = 83.6 per cent. The London rate of admissions was 85 per cent.; the percentages being, of scarlet-fever 88.5, of diphtheria 79.7, and of enteric-fever 55.1.

‡Cases of membranous croup are now admitted to the hospitals though not stated to be of a diphtheritic nature.

Seaside Homes.—Amongst the most interesting of the Board's institutions, I rank the Children's Homes—"Millfield," at Kustington, near Littlehampton, and East Cliff House, Margate. The Homes are for children "requiring either special treatment during convalescence, or the benefit of seaside air—including children suffering from tubercular diseases of bones, joints, or glands, and pulmonary phthisis." *Millfield Home*, to which medical cases of tuberculosis are sent, was improved last year "by the provision of a sun room . . . and new verandahs, 8 feet wide, projecting from dormitories on the first floor of two of the blocks," with provision thereon of 18 beds for outdoor sleeping. This is said to "materially contribute" to the facilities for the treatment of pulmonary tuberculosis. Children "rapidly become accustomed to sleeping in the open, and do not appear in any way to suffer from this apparent exposure; the balconies only being closed for extreme stress of weather." *East Cliff Home* "accommodates all cases of tubercular bones and glands, including many requiring operative treatment." A verandah facing south, and fitted with 35 beds, is in constant use all the year round. The results of treatment at these institutions is most satisfactory; the pity of it is that the benefits of the Managers' care for sufferers from tuberculosis should be limited to persons under the age of 16 years.

It is stated that more use was made of the convalescent fever hospitals than in any previous year, and that it is the settled policy of the Board to use them, in future, in the fullest practicable extent, by transferring patients at the earliest possible date from the acute hospitals.

Gore Farm Hospitals.—These institutions, "Upper" and "Lower," erected for the reception of convalescent small-pox patients, have long ceased to be used for that purpose, and in June, 1908, the Managers adopted a recommendation of the Hospitals Committee to the effect—

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

A further resolution was passed, in July last, to the effect—

"That until the further orders of the Hospitals Committee, the Upper Hospital at Gore Farm, Dartford, be regarded as a part of the Board's permanent provision for convalescing fever patients, in conjunction with the Lower Gore Farm Hospital, if and when the Lower Hospital should be required."

The Upper Hospital, which contains 961 beds, was re-opened in July, 1905; it received 6,268 patients in 1906, of whom 6,071 were discharged. The year began with 648 inmates; the maximum number (994) was attained on 13th December, and at the end of the year 841 remained. The admissions of scarlet fever were 5,883, and of diphtheria 384. Four deaths took place, three from scarlet-fever and one from diphtheria. *The Lower Hospital*, which contains 851 beds, has never yet been brought into use for any purpose.

These are the hospitals which the deputation to the Board, organised by the Society of Medical Officers of Health (Metropolitan Branch) in April, 1905, recommended for use as sanatoria for the isolation and treatment of persons suffering from consumption.

The Southern Hospital, at Carshalton, intended for the reception of convalescent fever patients, was handed over to the Hospitals Committee last year. A special committee has been appointed to consider and report as to the best use to which it could be put. The "best use" to which, in my humble opinion, it could be put, would be as a sanatorium for the isolation and treatment of poor persons suffering from consumption; especially as it would appear not likely to be required for its intended purpose. Including fittings and furniture, the total cost of the hospital will be about £300,000, or £375 per bed; the accommodation being for 800 patients.

The Western Hospital, Seagrave Road, Fulham.—The statistics of this institution have a special interest for the Kensington Sanitary Authority, it being the one to which local sufferers from fever and diphtheria are removed. The admissions of patients were 3,505 (against 2,668 in 1905), of whom 1,585 were transferred to convalescent hospitals; 1,352 were discharged, and 180 died; 388 patients remaining at the end of the year. Sufferers from scarlet fever to the number of 2,265 were admitted, of whom 1,463 (=64 per cent.) were transferred: the case-mortality was 3.27 per cent. Of 896 diphtheria patients, 122 (13 per cent.) were transferred; the case-mortality was 10.03 per cent. Enteric-fever patients, admissions 92; case-mortality 22.5 per cent. Sufferers from "other diseases" to the number of 244, were admitted: "the percentage of error in diagnosis was 8.6 for scarlet fever, 16.8 for diphtheria, and 32.5 for enteric fever."

Mistaken Diagnosis.—Of the cases admitted to the fever hospitals, 2,151 (8.8 per cent.) were, after admission, found not to be suffering from the diseases mentioned in the medical certificates upon which they were removed to hospital. Scarlet fever was erroneously certified in 932 cases, diphtheria in 959, enteric fever in 235. The average detention of these cases was 21.5 days. It is suggested by one of the medical superintendents that "there

is a growing disposition on the part of practitioners to get cases away while they are still in a doubtful stage." On this the Statistical Committee observe, that if it be so, "and it becomes a recognised practise for the Board's Medical Officers to admit 'suspected' cases of infectious disease, it will have a most important bearing on the question of the amount of isolation accommodation to be provided at the fever hospitals, and more especially in connexion with the small-pox hospitals."

Ambulance Work.—The Ambulance Committee report that "the aggregate removals during the year, including the transferring of patients from one institution to another, numbered 50,306*. The mileage run by the vehicles was 388,265. The work of the Western Station comprised 8,076 removals, 5,588 journeys, and mileage, 63,266. "Under the powers conferred by section 79 (3) of the Public Health (London) Act 1891, 405 persons suffering from dangerous infectious diseases were conveyed to other places than the Managers' hospitals." Four hundred and twenty-four non-infectious cases (medical and surgical) were conveyed to general hospitals and other places; and, in addition, 734 imbeciles, 318 children suffering from ophthalmia, 58 from ringworm, and 271 defective and other children, to the Managers several institutions. Thus 1,807 non-infectious cases were removed—although as the committee state "no formal authority for the extension of the ambulance service to the conveyance of non-infectious cases has yet been conferred on the Managers." The committee report that "further progress was made during the year in the substitution of motor for horse traction for ambulance purposes," and with great advantage.

LOCAL AMBULANCE ARRANGEMENTS.—Kensington patients are removed to hospital by the staff at the WESTERN STATION, which adjoins the Western Hospital, Seagrave Road, Fulham. In 1900, the Managers, on removing to their new offices, Victoria Embankment (corner of Carmelite Street, E.C.), arranged for the reception there of applications for the removal of the sick to hospital between the hours of 9 in the morning and 11 at night, on all days of the year. Between 11 p.m. and 9 a.m., the ambulance stations are switched on to the public telephone exchanges, so that "by making use of the telephone persons may obtain an ambulance at any hour of the day or night." It cannot be too widely known that the sick are admitted on application, the sole condition being the presentation of a certificate signed by a registered medical practitioner, as evidence of the nature of the disease and the fitness of the patient for removal. The application may be made by anyone; personally, or by letter, or by telegraph, or by telephone. The telegraphic address is "Asylums Board London"; the telephone numbers are 2461 "Holborn," and 7181 "Central."

HOSPITAL ACCOMMODATION

It is an accepted axiom that provision for the isolation of infectious disease should be made at the rate of not less than one bed for each thousand of the population. The subject, as regards the Metropolis, was dealt with by the Royal Commission, in 1881-2, who, in their Report (1882) recommended, that the provision of hospitals should be extended so as to provide 5,100 beds; viz.: 3,000 nominally for "fever," and 2,100† for small-pox. Diphtheria cases were not at that time admissible to the hospitals. The population of London in 1882, was a little over 3,860,000; consequently the Commissioners' recommendation went, to the extent of 1,240 beds (at the least) beyond the theoretical requirements of the day. But they desired, doubtless, that provision should be made for probable requirements, for a lengthened period in advance; and the amount of accommodation advised is even now in excess of the standard, the estimated population being under 4,700,000. Circumstances, however, not then anticipated, have led to largely increased demands on the resources of the Asylums Board; not only by the sanitary authorities, but also by private medical practitioners and others. Among these circumstances may be mentioned—the depauperization of medical relief in the hospitals, and the opening of the several institutions to all classes of the people (measures advocated in these reports many years before they formed the subject of legislation); the admission of patients, on whatever form of application, subject only to the production of a medical certificate; gratuitous treatment; the popularity of the hospitals themselves; and the increasing recognition by the public of the advantages accruing from the isolation of the infectious sick. Compulsory notification, moreover, has been very effective; for now that the sanitary authorities become acquainted with, practically, all cases of infectious disease, they are able to secure the admittance to hospital of numbers of cases, of which in pre-notification days they would probably never have heard.

* Including the removal to the Managers' hospitals of 25,893 fever patients, and 33 small-pox patients.

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

I am indebted to Mr. Duncombe Mann, Clerk to the Metropolitan Asylums Board, for the subjoined

RETURN of Hospital Accommodation.

(1) For Fever and Diphtheria, Acute Cases—

	Beds.
Eastern Hospital	368
North-Eastern Hospital	678
North-Western Hospital	460
Western Hospital	452
South-Western Hospital	345
Fountain Hospital	402
Grove Hospital	518
South-Eastern Hospital	488
Park Hospital	548
Brook Hospital	568
	4,827

(2) For Fever and Diphtheria, Convalescent Cases—

Northern Hospital (at Winchmore Hill)	738
Gore Farm, Upper Hospital (near Dartford)	961
Gore Farm, Lower Hospital „	850
Southern Hospital (at Carshalton) (about)	800
	8,349

Total 8,176

For Smallpox Patients:—

Long Reach Hospital	300
Orchard Hospital	800
Joyce Green Hospital	940

Total 2,040

It is thus seen that the accommodation far exceeds the theoretical requirement of one bed for each thousand of the population: on that scale London would require not more than 4,700 beds; it has more than 10,000.

Hospital provision for Measles.—A letter was received, in February, from the Battersea Borough Council, stating—

“That in reply to a communication which they addressed to the Metropolitan Asylums Board on the subject of the advisability of hospital accommodation being provided by the Board for cases of measles occurring in poor and crowded homes, the Board had intimated that they could not properly consider the matter without first obtaining an expression of opinion from the Local Government Board, as to whether the provision of such accommodation for the isolation of measles is a duty which should be undertaken by the Managers; stating that they had urged the Local Government Board to give an expression of opinion as to whether accommodation for the reception and treatment of cases of measles should be provided by the Metropolitan Asylum Board, and requesting this Council to take similar action.”

I reported to the Public Health Committee as follows:—

“The Managers of the Asylums Board appear to have taken up much the same attitude with regard to this question as with regard to the provision of sanatoria for persons suffering from consumption. Having regard to the relative importance of the two diseases, I am of opinion that the question of hospital provision for Measles can well be deferred until the sanatorium question shall have been satisfactorily settled. At the same time I may point out that the Boards of Guardians are able to, and do, admit cases of Measles to their Infirmaries, which are in all respects to be regarded as hospitals. And as the Battersea Council desiderate the provision of accommodation for cases of Measles occurring in poor and crowded homes, such cases would appear proper to be dealt with by the Guardians. This being so, I am not prepared to advise the Committee to recommend the Council to take action in the matter as requested by the Battersea Council.”

The Public Health Committee decided to take no action in the matter.

METROPOLITAN AMBULANCE SERVICE.

Although at the present time of writing, the need for a street accident ambulance service has not been supplied, there is reasonable ground for hoping that, ere long, the reproach of being behind many other cities in this matter, will have been removed from the Metropolis—but in what precise manner is at present not apparent. The London County Council carried out their resolve to apply to Parliament for power to provide a "Street Accident Ambulance Service", by introducing clauses in their General Powers Bill, 1906 (Part IV. "Ambulance Service"), which read as follows:—

Clause 23. It shall be lawful for the Council to establish and maintain, or to contribute towards the cost of, or otherwise aid in establishing and maintaining, an ambulance service for dealing with cases of accident or illness in the streets or other public places in the County.

24. (1) The Council may for the purposes of this part of this Act, and as and when they may think requisite for carrying such purposes into effect:—

- (a) appropriate, hold and use any lands or buildings for the time being vested in them for any purpose for which such lands or buildings are not required;
- (b) take on lease, purchase by agreement, or otherwise acquire any lands or buildings within the County;
- (c) erect or cause to be erected, and maintain, repair and manage on any lands so appropriated or acquired any buildings suitable for the said purposes;
- (d) adapt, furnish and equip any buildings so appropriated, acquired or erected.

(2) The Council may from time to time sell, lease or let any lands or buildings acquired by, or vested in them for the purposes of this part of this Act and not required for such purposes.

(3) The Council may for the purposes of this part of this Act, establish and maintain, or contract with any Company or persons for the establishment and maintenance of telegraphic, telephonic, or other suitable means of communication between the several buildings used for the purposes of this part of this Act, and between any of such buildings and other parts of the County.

25. (1) For the purposes of this part of this Act, the Council may employ and pay such officers and servants as they may think expedient for the efficient conduct of the service authorised by this part of this Act.

(2) The Council may from time to time provide and maintain such ambulances and other vehicles, to be drawn by hand or by animal, or electrical or other mechanical power, as they may think requisite for the accommodation and conveyance of persons meeting with accidents, or seized with illness in the streets or public places in the County.

The Bill passed the House of Commons, but the Select Committee of the House of Lords struck out the ambulance clauses on the ground of the inadequacy of the scheme proposed by the Council. The City Corporation opposed the clauses on the ground that they, and not the County Council, should be the authority for dealing with the matter in the City itself. The Borough Council, moreover, acting upon the recommendation of the Public Health Committee, presented a petition to both Houses of Parliament "calling attention to the public need of a Metropolitan Ambulance Service",* which, as a contribution to the history of an important movement, may fitly be reproduced in this place. It read as follows:—

PETITION Praying for an Inquiry as to the desirability of providing a public Ambulance Service, under a single Authority, for the whole Metropolis.

TO THE RIGHT HONOURABLE THE LORDS SPIRITUAL AND TEMPORAL.

[TO THE HONOURABLE THE COMMONS OF THE UNITED KINGDOM OF GREAT BRITAIN AND IRELAND] IN PARLIAMENT ASSEMBLED.

THE HUMBLE PETITION OF THE MAYOR, ALDERMEN AND COUNCILLORS OF THE ROYAL BOROUGH OF KENSINGTON.

SHEWETH as follows:

* Under the heading Metropolitan Ambulance Service I had dealt fully with the question in the last Monthly Report for 1905, which was referred by the Council to the Public Health Committee, who in a report, adopted by the Council on 13th February, 1906, recommended—

- (a) That a copy of the report of the Medical Officer of Health on "Metropolitan Ambulance Service" be sent to the Members of Parliament for the Borough, and that they be asked to call the attention of the House of Commons to the need of a Metropolitan Ambulance Service for sick and injured persons, and to raise the question as to the authority to which the provision of such a service should be entrusted.
- (b) That a copy of the report be forwarded to each of the members of the Committee on the London County Council (General Powers) Bill, and to other members of Parliament likely to be interested in the question.
- (c) That a copy of the report be also forwarded to the Metropolitan Borough Councils, and that they be invited to take similar action in the matter.
- (d) That a petition be presented to each House of Parliament, calling attention to the public need of a Metropolitan Ambulance Service, and emphasizing the desirability of such service being provided and maintained by a single authority.

1. That your Petitioners are one of the Councils constituted under the London Government Act, 1899, and hold their present title by Royal Charter.

2. That your Petitioners are strongly impressed with the need of an ambulance service for the removal to hospital, or elsewhere, of sufferers from street accidents, and of persons seized with sudden illness in the streets or other public places in the Metropolis; and also for the removal from homes, etc., to hospital, or elsewhere, of persons suffering from bodily illness or injury; very many of such persons being now unavoidably removed in unsuitable vehicles—as four-wheeled cabs—and often-times at the cost of great suffering, and serious aggravation to their illness or injuries, as the case may be.

3. That for dealing with street accidents in the Administrative County of London, averaging some ten thousand yearly, the London County Council are seeking Parliamentary power to establish and maintain an ambulance service; the scheme contemplated by the Council, however, being of a wholly inadequate character; to wit, the provision of two ambulance stations, one near to St. Thomas's Hospital, and one in the vicinity of Charing Cross.

4. That the only public ambulance service at present existing in London, is that provided, for the removal to hospital of persons suffering from infectious disease, by the Managers of the Metropolitan Asylums Board, hereinafter referred to as "the Managers."

5. That in November, 1903, the Managers informed the Local Government Board of their willingness to undertake the removal to hospital, or elsewhere, of urgent non-infectious cases—medical, surgical, and insane—without cost to the indigent, but for a small fee by those able to pay; and requested the said Board to obtain for them Parliamentary power to do so.

6. That in the year 1905 the Managers removed 1,439 non-infectious cases in their ambulances, including the removal of 134 urgent medical and surgical cases to general hospitals.

7. That the Managers possess eight ambulance stations in different parts of the Metropolis, viz.:—The "Eastern" (at Homerton), the "North-Western" (at Hampstead), the "Western" (at West Brompton), the "South-Western" (at Stockwell), the "South-Eastern" (at Deptford), the "Brook" (at Woolwich), the "Mead" (at Wandsworth Bridge, Fulham), and the "Tooting-Bec" (at Tooting).

8. That the Managers possess a land service comprising 120 ambulances (86 single-bedded and 34 double-bedded), a male staff of 183 persons, a staff of trained female nurses, and a stud of 127 horses.

9. That in the year 1905 the Managers removed 44,241 persons to or from the fourteen hospitals for infectious diseases established by them, within or without London.

10. That the Managers are able to place a suitable vehicle, properly equipped and manned, in almost any part of London within half-an-hour of receiving an application therefor, either at their Central Offices, on the Victoria Embankment, or at the nearest of their Ambulance Stations.

11. That the Managers' ability to deal with removals would be greatly increased were mechanical traction employed.

12. That there is ground for believing that even with the present ambulance service, the Managers would be able to deal with all sick cases, infectious and non-infectious, and street-accident cases, requiring to be removed to hospital or elsewhere.

13. That on grounds of efficiency and economy it is desirable that a Metropolitan Ambulance Service should be placed under a single authority.

14. That your Petitioners humbly submit that the experience acquired by the Managers, after 25 years' practice, during which their land service has removed to or from hospitals, and elsewhere, 612,359 sick and recovered patients, without accident or injury to any of them, marks them out as eminently qualified for the position of Ambulance Authority for all purposes, and for the Metropolis as a whole.

Your Petitioners therefore humbly pray your [Right] Honourable House to appoint a Committee to make inquiry as to the desirability of a Public Ambulance Service being provided for London, and as to the Authority by which such service should be provided.

And your Petitioners will ever pray, &c.

On the occasion of the third reading, a motion was submitted to amend the preamble of the Bill; to declare the expediency of empowering the County Council to establish and maintain an ambulance service for dealing with cases of accident and illness in the streets, and to restore Part IV., containing the Ambulance clauses. The motion was opposed by the Chairman of the Select Committee (Viscount Camperdown) who stated that the Home Office was opposed to the scheme. The Council, his lordship said, put forward a proposal, in 1905, to have one principal and seven district stations, at a cost of £13,000 a year. That proposal however was dropped, and the proposal

for two stations only, at a cost of £5,000 a year, was substituted in the Bill; but the Committee had not been able to obtain any proper estimate of the cost of such a service. The motion to reinsert the clauses was also opposed by Earl Beauchamp on behalf of the Government; it being the opinion of the Home Office that the scheme had not yet received that mature consideration which it ought to have before the power sought was given to the County Council. The Secretary of State, moreover, believed it would be better to follow the line of developing the resources already existing in London, than, by a revolutionary change, to inaugurate an entirely new system. The Home Office, it was stated, would be anxious, in co-operation with all other bodies which took an interest in the subject, to do what they could to improve the ambulance service in London.

The Secretary of State, it was understood, would summon a conference representing the County Council, the Metropolitan Police, and the Home Office, to consider what should be done. No reference was subsequently made, in the course of debate, to the Metropolitan Asylums Board, with its vast and unequalled experience; the body which the Council represented in their petition to the Houses of Parliament, to be the best qualified for dealing with the matter in a satisfactory manner. Meantime, the Corporation went forward with their scheme for the City, having decided to provide two stations, and motor ambulances.

Towards the end of the year the promised Committee was appointed; the members of it being Sir Kenelm Digby (Chairman), representing the Home Office and the Metropolitan Police, Sir William Collins, M.P., M.D., representing the County Council, and the Earl of Stamford, who, as a former manager and member of the Ambulance Committee, may be held to represent the Metropolitan Asylums Board. The reference to the Committee, is, "to inquire as to the provision made for dealing with cases of accident and sudden illness occurring in streets and public places within the Metropolis, and to report." The inquiry had not been opened at the close of the year.

THE AMBULANCE SERVICE OF THE METROPOLITAN ASYLUMS BOARD. *

Extension of the Board's ambulance service to the transport of non-infectious patients.—At a meeting of the Asylums Board, on 27th October, the Ambulance Committee were instructed to—

"Report fully (a) what action, if any, they had taken under the resolution of 28th November, 1903,* authorising the extension of the ambulance service to include the transport of medical, surgical and mental cases, upon the necessary legal authority being obtained; and (b) whether it was with their approval, or authority, that the Commissioner of Police has issued Instruction No. 26 of the Police Orders, dated 12th June, 1906, which states that the Board's ambulance service is available within the County of London, for the general convenience of the public requiring urgent treatment at hospitals and other places, in cases of serious injury or illness, other than an infectious disease."

The Committee, on December 8th, presented a report, under the above heading, which, as regards (a), is an interesting *résumé* of the Board's proceedings in regard to the matter, to which I need not now make particular reference, having kept the Council informed on the subject, from time to time, in the monthly reports.

The Committee explained that—

"As they had no reason to anticipate any other than a favourable reply to the Managers' first application [in December, 1903] to the Local Government Board, for permission to deal with the removal to hospital, or elsewhere, of non-infectious patients, and having regard to the fact that a majority of the Metropolitan Borough Councils, Boards of Guardians, and authorities of General Hospitals, had expressed themselves in favour of this work being undertaken by the Managers, they had permitted, and were permitting, the non-infectious cases of the classes before mentioned to be conveyed by the Managers' ambulances, upon the terms [payment of a small fee] laid down in the Board's resolution of the 28th November, 1903.†

The Committee stated the amount of this work carried out in 1904 and 1905, as mentioned in their reports for those years, adding that—

"In anticipation of the [Local Government Board's] sanction they had not hesitated to set apart, at all stations, ambulances for this special work, and to employ them for the conveyance of urgent cases at any hour of the day or night."

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

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

The proviso in the first paragraph of the resolution was introduced, no doubt, because it was known that the County Council were taking steps with a view to the establishment of a Street Accident Service.

With reference to (b), the Committee said that—

“The Instruction No. 26 of the Police Orders, dated 12th June, 1906, was not issued with their approval or authority; but it appears to be founded upon information which was supplied [by them] to the Commissioner of Police for the Metropolis,”—in circumstances fully set out in the report—information which may be shortly summarised as being a statement of the steps the Managers had taken to obtain power for the removal of non-infectious patients, and of the practice which had gradually grown up of their doing work of this sort. The Committee added that—“A copy of the Board’s regulations for the removal of infectious cases was enclosed [to the Commissioner], and other information as to the ambulance service was given; and it was suggested that in the event of the police requiring the services of a horsed ambulance, they should apply for one in the same way as they would if one were required for an infectious case.”

The Commissioner, on the 30th May—

“Forwarded a copy of the draft Order which was intended to give effect to the arrangement above suggested, and asked for any observations which the Board might have to make in reference thereto.”

The Commissioner was informed (1st June, 1906) that the Chairman of the Ambulance Committee “had no observations to make on the copy draft Order,” which is appended to the Committee’s report. It reads as follows:—

METROPOLITAN POLICE OFFICE.

POLICE ORDERS.

Tuesday, 12th June, 1906.

ACCIDENTS, AMBULANCES, etc. (G.O., Sec. XXVII.) Revised pars. 26 to 30.

Horse Ambulances for the Conveyance of Persons suffering from Severe Injury or Illness.

26. The ambulance service of the Metropolitan Asylums Board is available within the County of London for the general convenience of the public requiring urgent treatment at hospitals and other places, in cases of serious injury or illness, other than an infectious disease for which the Board have provided other ambulances.

27. Responsible persons making applications to police are to be informed that the Board’s charge is 7s. 6d. for each single journey, which includes the services of a male attendant (to assist in carrying the patient) as well as the driver, where the patient is over 12 years of age. One person may accompany the patient to the hospital or other destination, and such person may be conveyed back to the patient’s residence without further charge.

28. Every facility is to be afforded by police to cause an ambulance to be sent with the least possible delay to any place where its services may be required, and this may be most expeditiously accomplished by making application”—[as in the case of an application under the Board’s regulations for the removal of an infectious case; the addresses of the several ambulance stations, the telephone numbers, &c., being given.]

29. Unless the ambulance is used for police purposes, expenses are not to be incurred, except in necessitous cases of urgent need, nor is it to be accompanied by police.

30. Particulars of any application are to be entered in the Occurrence Book.

The above report of the Ambulance Committee, submitted by order of the Board, was “received,” but no action was taken upon it. The Police Order has, I understand, not been rescinded, nor modified in any way, nor was it objected to by the Managers, who are continuing their beneficent work of removing urgent non-infectious cases.

The action of the Corporation with respect to the provision of an ambulance service for street accidents in the City, was referred to in more than one of my monthly reports, and it is only necessary now to state that motor vehicles are to be employed, and one has been provided. It was expected that the service would have come into operation in the month of February, 1907. It will not be much further delayed.

It may be mentioned that the Asylums Board are giving experimental trial to motor traction for ambulance purposes, and it is stated that a motor ambulance worked satisfactorily throughout the past year, having effected a large number of removals of patients with safety, comfort, and expedition. Should the mechanical service be ultimately adopted in its entirety, instead of 120 horsed ambulances, probably half that number of motor vehicles would suffice for all purposes, including a street accident service, should the Asylums Board be constituted the ambulance authority for the Metropolis.

The Council may be reminded that the Conference of representatives of the Sanitary Authorities, on the Public Health (London) Act, 1891, convened by the County Council, and held at the County Hall, in July, 1904, unanimously adopted the following resolutions with regard to “Metropolitan Ambulance Service” :—

(46) "That the Conference, taking note that the Metropolitan Asylums Board are prepared to extend the operations of their ambulance service so as to include the transport of medical, surgical, and mental cases, respectfully requests the Local Government Board to obtain for the Managers the requisite legal authority to enable them to do so.

(47) "That the Conference desires to express the opinion that should the London County Council not be able to provide a street ambulance service, the duty should be undertaken by the Metropolitan Asylums Board."

The County Council were at the time considering the question of providing a street service.

THE HOUSING OF THE WORKING CLASSES.

In the report for 1905 reference was made to the Council's scheme for improving the housing of the working classes in Kenley Street, one of the five streets comprised in what is popularly known as the Notting Dale "special area," a scheme initiated by Sir Seymour King, the first Mayor of the Royal Borough of Kensington. With a few exceptions all of the houses in the street were acquired; most of those on the north side, 26 in number, have been remodelled, (two were rebuilt) and provision made of 58 self-contained suites, of two and three rooms, now occupied by persons of the working classes in receipt of incomes not exceeding thirty shillings a week. The houses on the south side were demolished and replaced by six blocks of residences of three storeys, each containing 6 suites of two rooms, which at the present writing are completed and nearly ready for occupation. In Thomas Street and Hesketh Place, moreover, two considerable blocks containing 26 single room tenements have been erected which will prove a great boon, and supply to some extent a much felt want.

The Housing Sub-Committee of the Public Health Committee, in a report published last year, gave a full account of their proceedings, with details of cost of acquiring the several properties, amount expended in remodelling and building, with estimates of incomings, &c., to which reference may be made for details of the scheme which cannot fail to have an excellent effect in raising the character of the district.

Railway Companies and Housing.—A scheme of a very different sort was initiated last year, under powers conferred on the Great Western Railway Company, by their Additional Powers Act, 1897, which enables the Company to acquire houses in certain streets at North Kensington for the purpose of widening their line. The subject was referred to in my thirteenth report for 1901, wherein it was stated that the houses proposed to be acquired under the Scheme were 95 in number (60 in Wornington Road, 11 in Admiral Terrace, 15 in Admiral Place, 9 in Admiral Mews) and tenanted by about 1,150 persons, mostly of the "labouring class." It was further stated that the Company had acquired land in the vicinity with a view to compliance with their statutory obligation to provide new dwellings for such number of persons as the Local Government Board should, after enquiry, deem necessary, "having regard to the number of persons on or after" December 15th, 1896, residing in the houses to be acquired, "and working within one mile therefrom, and to the amount of vacant suitable accommodation in the immediate neighbourhood of such houses, or to the place of employment of such persons, and to all the circumstances of the case." The Act requires that "the new dwellings to be provided under the scheme" shall be "completed fit for occupation before the persons residing in the houses . . . are displaced." Sub-section (15) reads as follows:—

"For the purposes of this section the expression 'labouring class' means and includes mechanics, artisans, labourers and others working for wages, hawkers, costermongers, persons not working for wages, but working at some trade or handicraft without employing others except members of their own family, and persons other than domestic servants, whose income does not exceed an average of thirty shillings a week, and the families of any of such persons who may be residing with them."

The Local Inquiry necessarily precedent to sanction to a scheme for providing new dwellings for the number of persons displaced, and entitled to be re-housed, was held at the Town Hall, on the 6th February, by an engineering inspector of the Local Government Board; the Council,* the County Council, and the Railway Company being represented thereat, and a considerable number of inhabitants interested—as owners or tenants of the houses—being present.

It was agreed that, substantially, there was no "vacant suitable accommodation in the immediate neighbourhood" of the streets named for the persons to be displaced.

* The notice from the Local Government Board intimating that a local inquiry would be held, was referred by the Council (30th January) to the Law and General Purposes Committee, who (February 2nd) appointed His Worship the Mayor (Alderman Henry Robson, J.P.) and Councillors Craies, Freyberg, and Williams, with the Town Clerk and the Medical Officer of Health, "to represent the Council . . . with a view to securing the adoption of a satisfactory scheme for the re-housing of persons who will be displaced."

The Company submitted plans* of the proposed new dwellings, showing accommodation for 670 persons in tenements of two, three, and four rooms: two persons to a room, the number of rooms being 335. They admitted liability to provide for 600 persons, and denied liability to provide for other 394. The population was assumed to be 994; but it was agreed that to this number 44 should be added in respect of persons no longer resident in the streets, being rather less than a moiety of those who on December 15, 1896, resided in houses since acquired by the Company and now empty; thus raising the population to 1,038.

The Company's building scheme provided a margin of accommodation for 70 persons, in 35 rooms, for any number of persons beyond 600 the Board should require to be re-housed. At a conference held, subsequent to the public inquiry, between the Company's officials and the officials of the Council, liability to provide for about 80 persons additional was admitted, and at a further conference, between the Inspector and official representatives of the Council and the Company, this number was agreed.

It may be interesting to mention classes of cases which gave rise to divergences of opinion—some of which were settled, others being reserved for the decision of the Local Government Board.

1. The Company claimed to exclude from the scheme a number of minors of both sexes earning small weekly wages. It was contended on behalf of the Council that the said persons were not "independent," their earnings being insufficient to keep them; they, moreover, residing with their families, and the fathers in several cases working "within one mile" of the houses. Most of these persons were retained in the scheme.

2. The Company claimed to exclude married women employed as laundresses, charwomen, &c., "within one mile" from their homes, on the ground that they must follow their husbands who are employed without the mile, and are the tenants of the rooms occupied by the family. Dissent from this view was expressed; it being contended that as *bona-fide* workers "within one mile," and "having regard . . . to all the circumstances of the case," these women were entitled to be provided for, and their families. In more than one such case the father was unemployed, and children were employed "within one mile" of the house.

3. Some of the Company's servants, who with their families reside in the streets, were excluded, the "place of employment" stated to be the goods station at Paddington, not being "within one mile," of their homes. For the Council it was contended that, "having regard . . . to all the circumstances of the case," these persons should be provided for. It was proved that several of this class of persons proposed to be excluded worked "within one mile" of the houses where they live, and these were admitted to the benefits of the scheme.

4. The Company claimed to exclude a number of old inhabitants, admittedly not "working within one mile" of their homes. It was contended for the Council, that "having regard . . . to all the circumstances of the case," provision should be made for such persons.

For the Council, it was contended that accommodation should be provided for 749 persons, or at the least for 705, out of the 1,038 displaced, and the Board ultimately informed the Company that they were of opinion that accommodation should be provided for 706. The Board, moreover, required certain modifications in the plans, the carrying out of which will tend to improve the scheme materially. It is to be regretted that, in any case, not far short of 300 persons displaced will not be re-housed in the new dwellings. It is a serious matter for the persons concerned, and there may be worse to follow; for under the "Great Western Railway Act, 1900," a further scheme has been framed providing for the acquisition, at some future time, of 128 houses (78 in Southam Street and 50 in St. Ervan's Road) the population of which, in 1901, was over 2,000. Should these houses be demolished, and the resultant displacement of persons for whom the Company will not be required to provide new dwellings, be on the same scale, it is probable that the two Acts will have the effect of displacing, without re-housing, a thousand persons—including old inhabitants and persons earning a livelihood for themselves, and, wholly or in part, for their families, but not working "within one mile" of their homes. The Council have expended many thousands of pounds in providing housing accommodation, in another part of North Kensington, for less than a half of the number of persons who will have to leave the neighbourhood of their present homes, or remain to overcrowd it, on being displaced by these SCHEMES FOR PROVIDING NEW DWELLINGS FOR PERSONS OF THE LABOURING CLASS.†

* The plans provide for the erection of two blocks of five-storey buildings on land acquired by the Company between their carriage sheds, near Ladbroke Grove bridge, and the County Council schools in Edinburgh Road. No single-room tenements were intended to be built, but on it being pointed out that in the houses to be acquired there were 41 single-room tenements in occupation, the Company agreed to provide 30 single-room tenements in the new dwellings.

†At the present writing (March, 1907) the matter has not got beyond the stage of preparation of plans, which, however, have been approved by the Local Government Board.

Dwellings unfit for Habitation.—My attention was called, in March, to the condition of the dwelling-rooms over stables in Colville Mews, which are separately occupied. Access to the rooms at ten premises was by the stable doors, and a staircase within the stable itself, there being no effective means for excluding stable air from the rooms; the ceilings of some of the stables, moreover, being defective. I reported to the Public Health Committee, with reference to the matter, as follows:—

"Some of the stables are full of horses; none of them are properly ventilated. Peat or sawdust is commonly used for litter. The atmosphere of the rooms is offensive so as to render the dwellings unfit for human habitation. Were the ceilings of the stables made sound, the staircase effectually separated by a solid partition from the stables, and a separate entrance door provided, the nuisance would be greatly mitigated if not wholly abated. I submit a plan showing how this improvement might be carried into effect. At eight of the premises the staircase is approached direct from the mewsway, but the partition separating it from the stable is not solid. The question raised by this report is an important one, and I beg to recommend the Committee to view the premises."

The Committee appointed a Sub-Committee to view; my recommendations were approved; notices were served, and in the result, each stable was effectually separated by a brick partition from the staircase to the dwelling-rooms over—a new entrance to the staircase being made direct from the mewsway; a very great sanitary improvement thus being effected.

REGISTERED HOUSES.—At the close of the year there were 1,981 houses on the register of "houses let in lodgings or occupied by members of more than one family" (Public Health (London) Act, 1891, Section 94). Inspections of these houses to the number of 2,585 were made by the Sanitary Inspectors, including 367 inspections of those which are let in "furnished" rooms. Eleven hundred and ninety-seven notices were issued in the course of the year, and the provision of the bye-law for annual cleansing was duly carried out by the several landlords under the supervision, so far as practicable, of the inspectors.

COMMON LODGING HOUSES.—The County Council in 1894, took over from the police the supervision of common-lodging-houses, under the circumstances set out in my annual report for 1893 (p. 207). I am indebted to the Council's Medical Officer of Health for the subjoined return of the common-lodging-houses in this borough, which are 24 in number, and contain accommodation for 711 persons.

COMMON LODGING-HOUSES.

Ward.	Name of Keeper.	Address of Common Lodging-House.	No. of Lodgers, for which licensed, in 1906.		
			Male.	Female.	TOTAL.
Golborne	Madden, James	194, Kensal Road	75	...	75
Norland	Rusha, Alfred	18, Bangor Street	...	24	24
"	Do.	20, do.	...	45	45
"	Reynolds, Charles	35, do.	26	...	26
"	Phillips, Thos. Jno.	5, do.	} 52	...	52
"	Do.	7, do.			
"	Hankins, George	10, Crescent Street	...	25	25
"	Do.	28, do.	} 54	...	54
"	Do.	30, do.			
"	Do.	40, do.			
"	Rusha, Alfred	25, do.	...	25	25
"	Do.	27, do.	} 57	57	57
"	Do.	31, do.			
"	Do.	33, do.			
"	Simpson, James	37, Mary Place	} 26	...	26
"	Do.	35, do.			
"	Davis, Sagel	66, St. Ann's Road	66	...	66
"	Rusha, Alfred	34 Sirdar Road	} 48	53	53
"	Do.	36, do.			
"	Do.	38, do.			
"	Do.	40, do.			
"	Code, George	12, St. John's Place	...	43	43
Holland	Redman, Emma	24, Peel Street	} 34	...	34
"	Do.	22, do.			

Seventeen of the common lodging-houses, with accommodation for 467 persons, are comprised in the "Notting-dale" special area.

THE WORK OF THE LADY SANITARY INSPECTORS.

(*Factory and Workshop Act, 1901.*)

Subjoined will be found the report of the lady inspectors of workshops, workplaces, and laundries where women are employed, and the report of the chief sanitary inspector, comprising information which Section 132 requires to be set out in the annual report of the Medical Officer of Health. In connexion with the first-named report, it may be mentioned that it was in Kensington that the services of women were first enlisted in the work of sanitary administration. The seed sown in 1893 has prospered, for already the Cities of London and Westminster and 20 of the 27 Metropolitan Boroughs have appointed women inspectors to the number of 34. It will be remembered that the conference of delegates of the Borough Councils, convened by the County Council, and held, in July, 1904, at the County Hall, on the Administration of the Public Health (London) Act, 1891, passed an unanimous resolution expressive of the opinion "that female-inspectors should be employed in each borough."

In 1901, a new duty was undertaken by the lady inspectors—inspection of the kitchens of restaurants and eating-houses, which may be regarded as "workplaces," an expression not defined in the Act. The results of the inspection were summarised in my first monthly report for 1902, which came under the notice of the Public Health Committee of the County Council, who, in January of that year, had been instructed to "consider and report as to the best means to exercise periodical inspection of restaurants and eating-houses." The Committee expressed the opinion that it would be advisable for the Council to send a copy of their report, and to address a circular letter, to each of the Borough Councils (except Kensington), expressive of the Council's hope that they would cause the kitchens of hotels and restaurants in their districts to be inspected, and exercise their power under the Public Health (London) Act, 1891, for the removal of any insanitary conditions that might be found. This was done, and now such kitchens, in most of the districts, if not in all, are under supervision. The County Council, it may be mentioned, in their General Powers Bill, 1904, made an unsuccessful effort to obtain increased powers for the sanitary authorities in regard to places where food is stored or prepared for sale: such powers, we may be sure, will, sooner or later, be granted.

In 1902, the workshops in the Borough having become well-ordered, and requiring less frequent inspection, the Public Health Committee and the Council assented to my proposal to employ a portion of the time of the lady inspectors on another duty, of not less importance than those for the discharge of which they were primarily appointed—to wit, inquiries with respect to cases of pulmonary phthisis (consumption). In 1905, moreover, the inspectors began systematically to visit cases of measles and of whooping-cough; and in 1906 they made an enquiry with reference to deaths from infantile summer diarrhoea. References to these several branches of their work will be found at pages 22, 27, 29 and 52.

The report of the inspectors of their work under the Factory and Workshop Act, in 1906, is as follows:—

"The number of workshops, etc., in the Royal Borough at which female labour is employed, at the end of 1906, was 927: viz., 446 (mostly laundries) in North Kensington, and 481 (mostly dressmakers) in South Kensington. During the year, 102 new workshops were added to the register, and 72 were removed therefrom; the net result being an increase of 35 registered premises.

"The subjoined table summarises particulars of the workshops on the Register at the end of the year, in North Kensington and South Kensington respectively—Holland Park Avenue and High Street, Notting Hill, constituting the dividing line.

Workshops, etc.	NORTH KENSINGTON.				SOUTH KENSINGTON.				Total for Whole Borough
	Dress-makers.	Laundries.	Miscellaneous.	Total.	Dress-makers.	Laundries.	Miscellaneous.	Total.	
No. on Register ...	79	275	92	446	335	14	132	481	927
No. of Rooms therein ...	127	809	132	1,068	643	36	164	843	1,911

"The number of persons employed varies with the period of the year, being, of course, greatest during the 'season': it exceeds 10,000.

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

Trade or Business.	North Kensington.	South Kensington.	Total in the Borough.
Art needlework...	1	2	3
Blind-maker ...	—	1	1
Blouse-maker ...	2	4	6
Boot beader ...	1	—	1
„ closer ...	2	—	2
Colour printer ...	1	—	1
Corset maker ...	2	5	7
Cracker maker ...	1	—	1
Dressmaker and ladies' tailor	79	318	397
Dyer and cleaner ...	4	4	8
Eyelet hole finisher ...	1	—	1
Firewood manufacturer ...	1	—	1
Furrier ...	1	4	5
Hair wash manufacturer ...	1	—	1
Hosier ...	—	1	1
Lace worker ...	—	1	1
Lamp shade maker ...	1	1	2
Laundry (workshop) ...	210	14	224
„ (factory) ...	65	—	65
Machinist ...	—	1	1
Mantle maker ...	—	4	4
Milliner ...	5	41	46
Outfitter ...	—	2	2
Photographer ...	2	12	14
Pickle manufacturer ...	1	—	1
Printer ...	—	2	2
Rag-sorter ...	2	—	2
Restaurant and dining room keeper	38	43	81
Silversmith ...	—	1	1
Tailor ...	22	5	27
Typist ...	—	2	2
Umbrella manufacturer ...	—	1	1
Upholsterer ...	1	10	11
Waistcoat maker ...	2	—	2
Wig maker ...	—	2	2
Total ...	446	481	927

“The several premises were inspected more or less frequently according to the needs and circumstances of individual cases, and all complaints, whether made by H.M. Inspector or otherwise, received immediate attention. At several workshops improvements to ventilation, a matter within the jurisdiction of the Council, were carried out.

“*Overcrowding.*—We are glad to report a decrease in regard to the number of instances in which this ‘nuisance’ was observed; twenty-three, compared with thirty-six in 1905.

“*Sanitary Conveniences,* separate for the two sexes, are required by law, and are provided. At four workshops additional accommodation was provided at premises where persons of both sexes were employed in separate businesses carried on thereat.

“*Outworkers.*—The names and addresses of 369 outworkers working for firms within the Borough were forwarded to the Medical Officers of Health of the several Boroughs in which they resided; whilst the names and addresses of 262 outworkers residing in Kensington, but working for firms in other Boroughs, were received from the Medical Officers of Health. About 50 employers failed to send in the half-yearly list of names and addresses of their outworkers. Renewed efforts were made in the autumn to impress upon them, and indeed, all employers, the duty of sending in the required lists at the appointed dates; viz., the first day of February and the first day of August in each year. Visits were paid to these (and, indeed, to all) employers of outworkers, which resulted in thirty-nine additional lists being sent in before the end of the year. In the remaining eleven cases, mostly laundry workshops, it was stated that at the period in question, outworkers were not being employed, the work carried on at the several premises being of a seasonal character.

“*Infectious Disease.*—Cases of notifiable diseases occurred at thirty-three workshops: scarlet fever in 19 instances; diphtheria in 8; erysipelas in 4; and typhoid fever in two. The sufferers from scarlet fever and diphtheria were removed to hospital. The necessary measures—including disinfection—were taken, and there was no spread of illness. The cases of erysipelas were mild, and required no special precautions.

"Home Office.—Seventy-three cases of failure to affix the required Abstract in workshops were notified to the Home Office, and seven complaints *re* overtime, etc. Twenty-nine complaints were received from the Home Office of alleged insanitary conditions in workshops, all of which were at once investigated and, where necessary, remedied; twenty-four reports thereon were forwarded to H.M. Inspectors.

"In conclusion: we gladly testify to the almost invariable willingness of Employers to conform to the requirements of the law when attention is called to any default, and to the courtesy with which our visits and suggestions are received."

The appended table summarises the work of the Inspectors, under the Act, so far as it is capable of being expressed in this form.

1906.	NORTH KENSINGTON.				SOUTH KENSINGTON.				Total for Borough.
	Dress-makers.	Laundries.	Miscellaneous.	Total	Dress-makers.	Laundries.	Miscellaneous.	Total.	
1. Workshop inspections, No. of ...	98	333	184	615	1,000	15	273	1,288	1,903
2. " re-inspections " ...	28	180	19	227	179	8	38	220	447
3. Workrooms inspected ...	126	2,118	225	2,469	1,484	37	246	1,767	4,236
4. Workrooms found overcrowded...	6	1	3	10	12	—	1	13	23
5. " insufficiently ventilated ...	8	17	6	31	10	—	1	11	42
6. " in a dirty condition...	9	108	3	120	7	1	3	11	131
7. " measured; number of ...	32	10	16	58	120	—	11	131	189
8. Workshops, &c., reported to H.M. Inspector ...	13	—	14	27	38	—	8	46	73
9. Workshops, &c., reported by H.M. Inspector ...	10	4	2	16	40	—	6	46	62
10. Workshops, &c., newly discovered and registered ...	13	3	14	30	55	—	17	72	102
11. Workshops, &c., removed from register .	1	6	5	12	51	1	9	60	72
12. Domestic workshops and workplaces inspected ...	37	74	109	220	13	1	154	168	388
13. Written intimations issued ...	9	62	3	75	45	1	15	61	136
14. Statutory notices issued ...	1	23	1	25	7	—	3	10	35
15. Sanitary defects remedied :—									
(a) Additional means of ventilation provided ...	—	1	—	1	11	—	6	17	18
(b) Rooms cleansed and whitewashed ...	4	92	4	100	4	2	2	8	108
(c) Yards, floors, roofs, &c., repaired ...	—	46	1	47	2	—	1	3	50
(d) Sanitary conveniences; defects remedied ...	5	18	1	24	16	—	10	26	50
(e) Dustbins provided or repaired ...	—	1	—	1	5	—	2	7	8
(f) Miscellaneous defects remedied ...	—	13	—	13	2	—	1	3	16
16. Nuisances reported to Medical Officer of Health ...	1	8	9	18	3	—	2	5	23
17. Workroom cards distributed; Number of	24	—	12	36	139	—	12	151	187

The Inspectors further report as follows :—

“As in former years, we kept under supervision the public lavatories provided for women, three in number—two in North Kensington, at Westbourne-grove and Talbot-road, respectively, and one in Brompton-road, by the Oratory. The heating arrangements at Talbot-road lavatory having been found inadequate, an improved form of stove was fixed with satisfactory results. Complaint having been received of the want of free accommodation at the Westbourne-grove lavatory, for women too poor to pay the customary fee, an inquiry was instituted, with the result that, upon the recommendation of the Public Health Committee, one water-closet, and also one at Brompton-road, was made free; a fact conspicuously noted on the door of the convenience nearest to the entrance—resulting in a large falling off in the receipts; many women apparently able to pay the fee, using the closets without payment. We suggested in our report that discretionary power to allow free use of the closets should be given to the attendants.

“We likewise kept under supervision the lavatory accommodation at the eleven railway stations in the Royal Borough, which was, as a rule, found in good order.”

WORKSHOPS WHERE MEN ARE EMPLOYED.

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

I have received from the Chief Sanitary Inspector the subjoined account of the administration of the Act in relation to men's workshops, in 1906.

“The businesses carried on at the workshops where men are employed, 779 in number, are set out in the subjoined list, compiled from the register, in which the trades are classified, columns being provided for the address, and the name, of the occupier, and a column for the “number of protected persons” employed at the date of inspection of the premises.

Trade or Business.	North Kensington.	South Kensington.	Borough.
Baker	61	36	97
Basket-maker	8	—	8
Blacksmith	17	21	38
Bootmaker	75	41	116
Builder	54	48	102
Cabinet-maker and Joiner	23	20	43
Carver and Gilder	1	5	6
Coach-builder	31	8	39
Cycle-maker	9	11	20
Firewood-manufacturer	20	—	20
French Polisher	1	2	3
Marble Mason	6	3	9
Printer	3	3	6
Saddler	7	9	16
Tailor	46	19	65
Trunk-maker	6	6	12
Umbrella-maker	3	2	5
Undertaker	7	4	11
Upholsterer	10	6	16
Watchmaker	20	20	40
Wig Maker	—	13	13
Sundry businesses	55	39	94
Total	463	316	779

The subjoined table, dealing with persons of both sexes employed at workshops, etc., is prescribed by the Local Government Board to be inserted in the annual report of the Medical Officer of Health.

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES, AND HOMEWORK.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES (including Factory Laundries)	128	24	—
WORKSHOPS (including Workshop Laundries)	3417	403	—
WORKPLACES	388	13	—
HOMEWORKERS' PREMISES	293	—	—
Total	4226	440	—

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health (London) Act, 1891* :—</i>				
Want of cleanliness	298	278	—	—
Want of ventilation	51	51	3	—
Overcrowding	20	20	—	—
Want of drainage of floors	21	21	—	—
Other Nuisances	152	152	—	—
Sanitary accom- modation { insufficient	14	14	—	—
{ unsuitable or defective	83	80	—	—
{ not separate for sexes	6	5	—	—
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouse (S. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	6	6	—	—
Failure as regards lists of outworkers (S. 107)	50	39	—	—
Giving out work to be done (unwholesome (S. 108) in premises which are { infected (S. 110)	19	19	—	—
Allowing wearing apparel to be made in premises infected by scarlet fever or small-pox (S. 109)	—	—	—	—
Other Offences	—	—	—	—
Total	720	685	3	—

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

3.—OTHER MATTERS.

Class.							Number.		
Matters notified to H.M. Inspectors of Factories :—									
Failure to affix Abstract of the Factory and Workshop Act (s. 188)							78		
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (s. 5)							25		
<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> <p>Notified by H.M. Inspectors</p> <p>Reports (of action taken) sent to H.M. Inspectors ...</p> </div> </div>							24		
Other							7		
Underground Bakehouses (s. 101) :—									
Certificate granted during the year							—		
In use at the end of the year							77		
Homework :—									
<i>List of Outworkers (s. 107) :—</i>							Number of		
							Lists	Outworkers.	
Lists received							75	501	
Addresses of outworkers ...							869		
<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> <p>forwarded to other Authorities ...</p> <p>received from other Authorities ...</p> </div> </div>							262		
<i>Homework in unwholesome or infected premises :—</i>							Wearing Apparel ;	Other.	
Notices prohibiting homework in unwholesome premises (s. 108)							—	—	
Cases of infectious disease notified in homeworkers' premises							19	—	
Orders prohibiting homework in infected premises (s. 110)							—	—	
Workshops on the Register (s. 181) at the end of the year									
}	Workshop Laundries							224	
	Workshop Bakehouses							95	
	Factory Bakehouses							2	
	Other Workshops							1,820	
Total number of workshops on Register							1,641		

BAKEHOUSES.

The bakehouses in the Borough, 97 in number, of which 77 are underground, were periodically inspected during the year, with a view to enforcing compliance with the provisions of Sections 97 and 100 of the Factory and Workshop Act, 1901, which re-enacted and extended provisions contained in the several Acts repealed by the consolidating Act.

HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.								Number of Inspections of Outworkers premises.	OUTWORK IN UNWHOLESOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.				Numbers of Addresses of Outworkers received from other Councils.	Numbers of Addresses of Outworkers forwarded to other Councils.	Prosecutions.			Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 109).	Prosecutions (Sections 109, 110).
	Twice in the year.		Once in the year.				Failing to keep or permit inspection of lists.	Failing to send lists.							
	Lists.	Outworkers.	Lists.	Outworkers.											
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	
Wearing Apparel—															
(1) making, etc. ...	18	250	31	193	257	354	...	...	208	...	...	...	9	...
(2) cleaning and washing ...	4	8	18	41	1	11	...	...	74	...	...	...	10	...
Lace, lace curtains and nets ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Furniture and Upholstery ...	4	9	...	...	4	4	...	...	11	...	...	...	...	...
Fur pulling ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Umbrellas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paper Bags and Boxes ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Brush making ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stuffed Toys ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
File making ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Electro Plate ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cables and Chains ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anchors and Grapnels ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cart Gear ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Locks, Latches and Keys ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

HOME WORK PROVISIONS OF THE FACTORY ACT.

In October, the Secretary of State addressed a letter to the Council (and Sanitary Authorities generally) to "bring specially before them the question of the enforcement by the Council, and their officers, of the provisions in the Act which deal with the subject of home-work; that is, work in the manufacture, repair, &c., of articles by the worker in his or her own house." Those provisions, contained in sections 107 to 114,* summarised in a *Memorandum on the duties of local authorities under the Factory Act*, issued to the Council by the Secretary of State in December, 1901, confer "very important powers of controlling the conditions under which certain classes of work are done in the homes of the workers." Given for the first time to District Councils by the Act of 1901, the said powers "aim at the prevention of home-work being done (1) in dwellings which are injurious or dangerous to the health of the workers themselves; e.g., through overcrowding, want of ventilation or other insanitary conditions; (2) in premises where there is dangerous infectious disease." The Secretary of State forwarded with the letter a "Return (to an address of the House of Commons) as to the administration in each (Borough) during 1904, by the Local Authorities, of the Home-work provisions, as shown by the reports of the Medical Officers of Health sent to the Home Office, under section 132 of the Act," giving information on specified matters, including "the number of outworkers' lists received by the Local Authority under section 107, and the number of outworkers shown therein." The letter of the Secretary of State and the Return were referred to the Public Health Committee, in obedience to whose instructions I reported on the subject for the information of the Council, as follows:—

"The 'Memorandum' referred to sets out the provisions of the Act as they relate (1) to the 'Employment of persons in unwholesome premises' (Section 108), and (2) to the 'Making of wearing apparel where there is scarlet-fever or small-pox in the dwelling-house' (Section 109); Section 110 relates to the 'Prohibition of home-work in places where there is infectious disease.' With regard to (1) no cause for the intervention of the Council's officers arose in 1904; but as regards (2), nine cases of scarlet-fever, or diphtheria, in the homes of outworkers, were notified. All of the patients (children) were removed to hospital forthwith; the premises were disinfected and there was no spread of disease.

"*Outworkers.*—In the Return adverted to, the 'information with regard to home-work contained in the Tables for 1904, supplied by the Home Office for the use of the Medical Officer of Health, has been tabulated,' for all District Councils, etc. In the Secretary of State's letter, directing attention to the remarks in the introduction to the Return, it is stated that 'not only were the tables often omitted, or very imperfectly filled up, but the inference cannot be avoided that in a considerable number of districts little use has been made by the local authorities of their important powers under the Home-work provisions.' This observation, as it regards Kensington, applies only to the provisions of Section 107 which relate to 'Lists of Outworkers required to be kept in certain trades.'

"The Secretary of State reminds the Council that, 'in addition to the ordinary sanitary inspection under the Public Health Act of outworkers' dwellings, which is even more necessary in their case than in the cases of ordinary dwellings,' the following 'special obligations' are placed on the Council:—

"(1) *The Lists of Outworkers should be duly received from employers and the necessary steps taken to enforce them in case of default.*"

"With regard to this 'obligation' I may state that strenuous efforts have been made, from the time the Act came into operation (January 1st, 1902), to ensure delivery by employers of the half-yearly lists; but with imperfect results. The matter was dealt with in the annual report of the Medical Officer of Health for 1902 (page 92), in the following terms:—

"*Outworkers.*—Under the Factory and Workshop Act, 1901, Sec. 107, the occupier of any factory or workshop, or the occupier of any place from which any work is given out, is directed to keep lists of all outworkers employed, and to send on or before the 1st day of February, and the 1st day of August, in each year, copies of these lists to the Council of the district in which the factory or workshop is situate. With a view to make known to the occupiers of workshops, etc., the duty devolving upon them by the Act in this regard, notice was given in the local newspapers, by way of advertisements, and a copy of the notice was forwarded to upwards of 1,000 persons, in occupation of premises where the scheduled businesses were being carried on, together with a print of the Home-work Order, issued by the Secretary of State, and the Schedule

* Sections 111-114 have little practical bearing on the administration of the Act in the Royal Borough. They relate to—Application of the Act to domestic factories and workshops (111); Dangerous processes in domestic factories and workshops (112); Abstracts for domestic factories and workshops (113), and Non-application of the Act to certain domestic workshops (114).

attached thereto, indicating the particulars required to be supplied, and the proper form of the return. In February (1902) 73 lists of outworkers were received (48 from North Kensington and 30 from South Kensington) comprising the names and addresses of 375 outworkers—130 and 245 in the two districts respectively. In (or after) August, when the second half-yearly lists were due, only 23 were received; 20 from North Kensington, comprising 56 names of outworkers, and three from South Kensington with 21 names."

"Of the 73 persons who sent in lists in the first half of the year, all but four were in default in the second half of the year. How many other firms, or persons, employers of outworkers, failed to send in lists, it is not possible to say; but that the number was considerable may not unreasonably be assumed.

"The subject was referred to again in the report for 1903 (page 62) as follow—

"In February (1903) only 14 lists (9 and 5 from North and South Kensington respectively) were received, including *four* from employers of outworkers who had sent in lists in 1902. In August, 13 lists were received, 7 and 6 from the north and south districts respectively. There were 73 firms or persons (50 in North Kensington and 23 in South Kensington) who were known to employ outworkers but who did not send in lists, and probably a still larger number who have never sent in lists."

"Commenting on these defaults I observed that—

"Any advantage that might have been expected to accrue from the care taken in administering the section (107), has been reduced to the narrowest limits by the neglect of the occupiers of workshops to forward the required lists—a contravention of the Act by which defaulters render themselves liable to a fine not exceeding forty shillings, for a first offence, and in the case of a second or subsequent offence, to a fine not exceeding five pounds."

"Reference was again made to the subject in the annual report for 1904 (page 68); in which year a notice was sent to each known defaulter in the following terms:—

"*Factory and Workshop Act, Section 107—Sub-Secs. (1) and (2).* I beg to call your attention to the fact that since — I have not received from you any list of the Outworkers employed by you. The circular addressed to you in February, 1902, made you aware that it would be your duty to send to me a list on or before the 1st day of February, and the 1st day of August, in every year. I shall be reporting your apparent default to the Public Health Committee shortly, and shall be pleased, at the same time, to submit any explanation you may desire to offer to account for your failure to comply with the provisions of the Act."

"No sensible improvement followed the issue of the notice, and, as far as could be ascertained, about 50 firms, or persons, presumed to be employers of outworkers, again failed to send in the half-yearly lists of names and addresses. The lady inspectors of workshops, etc., have repeatedly called the attention of firms, and persons, known to employ outworkers, to their default, and to the liability to fine they thereby incurred; but to little purpose, employers alleging forgetfulness, or insisting that a half-yearly reminder should be forwarded to them, to ensure compliance with the requirements of the law. In this connexion it may be pointed out that the lists of outworkers which employers are required to keep, and to produce for inspection by the Council's officers, are kept very imperfectly, if at all, and not on the form (44) prescribed by the Act, and which is sold at the price of two-pence.

"Having regard to the importance of the matter, it is desirable to institute proceedings against defaulters for neglect of duties to which the Secretary of State, in his aforesaid letter, justly ascribes high importance. 'Outworkers (he observes) form the weakest section of the labouring class, and the class in respect of which the State, from the nature of the circumstances, is least able, by its officers, to control the conditions of work. If these conditions are to be effectively controlled, the local authorities, to whom Parliament has entrusted the duty of supervising them, must make a full use of their powers' by seeing (among other things) that the 'lists are properly kept by the employers,' as the information they convey is of the greatest importance to the local authority in 'supervising the sanitary conditions under which the work is done' in the homes of outworkers. Special attention is called to the powers of the Council, under Section 108, which was introduced into the Factory Act with the object of preventing industrial work being carried on in dwellings under less wholesome conditions than are required by law in workshops, and thus dealing with some of the worst features of what is known as the 'sweating system.' To secure the benefits intended by the legislature, the Council are urged by the Secretary of State to 'take every possible step, by inspection and otherwise, to see that the lists of outworkers are duly kept by employers, and copies sent to the Council, twice a year, as required by the Act.' In case of default it is 'always open to the Council to enforce the obligation by legal proceedings.'

"The second 'special obligation' placed on the Council, is thus expressed—

"(2) Addresses of any outworkers in the lists who reside in other districts should be communicated to the Councils of those districts."

"This duty is strictly carried out in the Royal Borough; the addresses of 415 outworkers resident in other districts were communicated to the Councils of other districts in 1904. I have no reason to doubt that the duty is carried out with equal care in the Metropolitan Boroughs generally, from which the Council received in the same year the addresses of 151 outworkers employed in other districts but resident in Kensington.

"The third 'special obligation' placed on the Council, is that—

"(3) When insanitary conditions or dangerous infectious diseases are found on outworkers' premises, action should be taken if necessary under Sections 108, 109 and 110, of the Factory Act, which give power to the Council to prohibit outwork in such premises. For this purpose outworkers' premises should be systematically visited."

"This duty also is carried out. The premises of outworkers are visited, and on the occurrence of infectious disease, steps are taken if necessary (as it generally is) to get the sick person removed to hospital. Disinfection is promptly attended to, and, if necessary, work is prohibited on the premises for whatever period may be deemed requisite.

"The final 'special obligation' placed on the Council, is that—

"(4) The annual report of the Medical Officer should be sent to the Home Office."

This is done.

"The letter of the Secretary of State deals exclusively with the subject of 'home work,' and one cannot but sympathise with the earnestness with which he presses upon the Council 'the importance in the interests of the large class of workers engaged' in such work, 'of a thorough administration of the provisions of the Act' in regard to them. I may be pardoned, perhaps, for going a little beyond the reference, by saying that all practicable efforts are made to give effect to the provisions of the Act, as a whole; and for reminding the Council that it was in Kensington that the services of women were first enlisted in the work of sanitary administration, by the appointment, in 1893, of inspectors of workshops, laundries, etc., where women are employed.

"Since receipt of the Secretary of State's letter, the lady inspectors have not only called upon every firm or person known to employ outworkers, but have also called upon a large number of firms or persons thought likely to be employers, and have obtained from 36 of them the names of 122 outworkers, of whom 85 are employed in other Metropolitan boroughs.

"The duty of sending to the Council, twice yearly, at the appointed times, lists of outworkers, has again been impressed on employers, and attention called to the obligation of keeping at all times, ready for the inspection of the Council's officers, and in the 'prescribed form' (44), a correct 'List of Outworkers' employed in specified 'classes of work.' This form requires the name in full of the outworker, and a statement whether the outworker is employed 'as workman or contractor,' and the 'place of employment, *i.e.*, place where the work is actually done.' A copy of the form has been exhibited to every employer; and it is to be hoped that it will be used in future, and particular attention given to the final direction, *viz.*, that 'in order that the list may be correct, the name of any person newly taken into employment should be immediately entered, and the name of any person ceasing to be employed should be immediately struck out.'

"I have only to add that each firm or person employing outworkers will be visited again shortly, and a report made showing the names of any in default, as regards the keeping of the List in the prescribed form; whilst efforts will be continued for the discovery of any firm or person who may have failed to comply with the Section (107) which directs that 'a copy of the List, signed and dated, and corrected up to that date, must be forwarded to the local authority of the district on or before the first day of February and the first day of August in each year.'"

It is satisfactory to note that since the presentation—and publication—of the foregoing report, considerable improvement has been manifested; and that, as a consequence of the earnest efforts of the Lady Inspectors most, if not all, of the employers of outworkers in the Borough now keep the lists on "form 44," whilst all known to employ outworkers sent in lists of them during February in the current year.

PUBLIC HEALTH (LONDON) ACT, 1891.

The need for amendments to this Act is recognised, and it was expected that the County Council would have introduced an amending Bill ere now. In February, 1899, a letter had been received by the late Vestry from the Public Health Committee of that body, desiring information as to amendments which in their opinion should be made. The communication was referred to a sub-committee of the Sanitary Committee, together with reports by the vestry clerk, the surveyor, and the medical officer of health, and certain amendments and additions to the Act were suggested. The somewhat barren result of the inquiry was communicated to the County Council. No legislation dealing with the points raised has so far been secured. In 1904, however, the Council convened a Conference of delegates of the Metropolitan Asylums Board, and of the Metropolitan Borough Councils (twenty-five of which were represented), to consider "the administration of the Public Health (London) Act, 1891." The Conference was held at the County Hall, Spring Gardens. The resolutions adopted, 49 in number, were grouped under the following headings:—

1. HOUSING (1-18).—*Houses Let in Lodgings, Underground Rooms, Water Supply, Factories and Workshops, Shops.*
2. FOOD (14-25).—*Premises where Food is prepared for sale, Abolition of Private Slaughter-houses, Inspection of Meat killed in Private Slaughter-houses, Inspection of Slaughter-houses, Cow-houses, Davries, Milk Shops and Milk Stores, Registration of Milk Shops, Sale of Milk, Municipal Milk Depôts, Sale of Food and Drugs Acts, Cisterns.*
3. PREVENTION OF DISEASE (26-43).—*Disinfection, Provision of Laundry, Provision of Permanent Shelter Accommodation, Precautionary Measures against Phthisis, Hospital Accommodation, Offensive Trades, House Refuse, Collection of Fish Offal and other Offensive Trade Refuse, Sanitary Inspection.*
4. MISCELLANEOUS (44-49).—*Municipal Crèches, Smoke Nuisances, Metropolitan Ambulance Service, etc.*

The County Council forwarded to the Metropolitan Borough Councils a transcript of the shorthand note of the proceedings at the Conference, and asked to be furnished with the views of those bodies on such of the resolutions as proposed legislation. I made a report to the Council (November 15th), expressing concurrence with the said resolutions, which dealt with the following subjects:—

- (a) The formulation of by-laws for the regulation of the structure of premises where food is prepared for sale, and the certification of the suitability of such premises by the Borough Councils.
- (b) The formulation of by-laws for the regulation by the Borough Councils of the conduct of the business carried on in premises where food is prepared for sale.
- (c) The acquisition of powers to enable the Borough Councils to refuse registration of premises as milk shops where, in their opinion, the premises are unfit.
- (d) The introduction of legislation providing for the penalising of persons selling filthy milk in London.
- (e) The acquisition of powers to enable the Borough Councils, at their discretion, to provide depôts for the preparation and sale of sterilised and humanised milk for infants.
- (f) The introduction of legislation for the repeal of the warranty sections of the sale of Food and Drugs Acts (sections 25 of the Act of 1875, and 20 of the Act of 1889).
- (g) The acquisition of powers to enable the Borough Councils, at their discretion, to establish crèches, and to make reasonable charges for the accommodation and food provided thereat.
- (h) The amendment of the law so as to provide that disinfection shall be carried out without the intervention of a contractor, and to the satisfaction of the Medical Officer of Health.
- (i) The acquisition of powers to enable the Metropolitan Asylums Board to extend the operations of their ambulance service so as to include the transport of medical, surgical and mental cases.

My report was referred to the Public Health Committee, who intimated that, whilst in general sympathy with the majority of the resolutions, they felt a little hesitancy in expressing an opinion thereon until they should have had before them the Bill which would, no doubt, be introduced into Parliament, embodying the various suggestions dealt with. The Committee therefore decided to defer the further consideration of the matter until such a measure had been formulated; they recommended that a communication be addressed to the London County Council on these lines, and this was done.

No amending Bill has been introduced, but some of the Conference resolutions formed the subject of a report by the Public Health Committee of the County Council referred to in the following section.

PHYSICAL DETERIORATION.

The London County Council referred to the Public Health Committee, for consideration, certain recommendations of the Inter-Departmental Committee on Physical Deterioration, which are set out in the report of the General Purposes Committee presented in December, 1904. The Committee, having "given careful consideration to these recommendations in their relation to public health," submitted observations thereon in a report, dated 17th May, 1906, which the County Council received on 22nd May, and directed to be forwarded, for information, to the Metropolitan City and Borough Councils. The Council referred the said report to the Public Health Committee, at whose request I submitted a *résumé* thereof, and observations with regard to the "recommendations" of more immediate interest. In what follows the words "*The Committee*" connote the "*Inter-Departmental Committee on Physical Deterioration.*"

Register of Sickness. Recommendation (2).—The Committee report that it was "in the highest degree desirable that a register of sickness, not confined to infectious diseases, should be established and maintained"—official returns of poor-law medical officers, and of the records of sickness kept by hospitals and other charitable institutions, being utilised for the purpose. Reference is made to the efforts of individuals, during the last sixty years, to obtain collective information with respect to diseases in general, that is now supplied to local authorities with regard to notifiable infectious diseases. In 1857 the Metropolitan Association of Medical Officers of Health attempted to construct a scheme of the kind upon a practical basis; the returns relating to both outdoor and indoor cases treated by the poor-law medical officers. The circulation of the tables was undertaken by the Board of Health, but the returns were not continued for much more than a year, the scheme falling through owing to the withdrawal of the pecuniary support by the Government which made the publication of the tables possible.

(3) *Advisory Council.*—The Committee recommend the creation of an Advisory Council, which would be "of great assistance, especially to the Local Government Board, and would supply the knowledge and stimulus which are necessary to give the public health side of the Board's administration due prominence . . . and to attract to its work that measure of public interest and support" hitherto lacking. The Advisory Council would be formed on the lines of the French Consultative Committee of Public Hygiene, which is said to be in a large degree reminiscent of the General Board of Health constituted under the act of 1848, which proved a failure, ascribed, in the main, to want of direct touch with Parliament.

(3) & (4) *Overcrowding.*—The Committee believe "the time has come for dealing drastically with this problem," by "experimental effort, by the local authority, in certain of the worst districts, in the direction of fixing a standard, and notifying that, after a given date, no crowding in excess of that standard would be permitted." In this connection the Public Health Committee deal with the question of by-laws for houses let in lodgings, urging the need of remodelling and enforcing by-laws, to which "the only real objectors are (said to be) the owners of insanitary properties." Reference is made to difficulties, "notably as to exemption clauses," and as to the definition of the word "landlord," and as to requiring notice to be given to owners under particular circumstances, etc. The by-laws in certain boroughs "are practically inoperative owing to laxity in compelling registration" of lodging houses, and the Public Health Committee are "considering whether action cannot be taken . . . to secure the attainment of the objects for which the making of by-laws is imposed on metropolitan borough councils."

(5) *Labour Colonies and Public Nurseries.*—The Committee recommend, as a last resource for dealing with habitual vagrants, compulsory detention in labour colonies; the children being lodged in public nurseries. With regard to these latter, the recommendation, the Public Health Committee say, needs to be considered in connection with recommendation (44) which is as follows:—

(44) *Crèches.*—"Whenever it was thought desirable, owing to the employment of married women in factories, or for other reasons, to establish municipal crèches, girls over 14 might be made to attend occasionally, and the teaching of infant management to such girls should be eligible for aid from the grant for public education"; a view, which was commented on, approvingly, in a report by the Public Control Committee of the County Council*.

Reference is made by the Public Health Committee to the resolution, which I had moved, at the Conference of representative of sanitary authorities, held at the County Hall, on 18th July, 1904, requesting the County Council to insert in their General Powers Bill for the Session, 1905, of a clause to empower metropolitan borough councils—

*See my Annual Report for 1905, page 63.

"At their discretion, to establish crèches for the reception of young children during the hours their mothers are employed in work away from home, and to make reasonable charges for the accommodation, etc., provided, and the food of the children."

The Committee conclude that there would "be advantage in obtaining powers to enable some local authority to provide and maintain crèches," in which event "recommendation (44) might advantageously be acted upon."

The subject of Crèches is one which comes "under the purview of the Education and Public Control Committees" of the County Council, as well as the Public Health Committee, who state that the Education Committee reported (4th July, 1905) that they "offered no opinion as to the desirableness of establishing crèches, but that in the event of the Council deciding to establish them, advantage might be taken of their existence by utilising them in connexion with the Council's housewifery centres, and that they would be prepared to arrange for selected girls from these centres to visit the crèches—subject to the provision of proper facilities for demonstration to girls of school-age as to the management of children." The subjoined recommendation, it may be remembered, was made in a report, dated 7th July, 1905, by the Public Control Committee—

"That it be referred to the Parliamentary Committee to take the necessary steps for promoting in the next session of Parliament, a Bill to enable the metropolitan borough councils (1) to provide and maintain crèches for the reception of young children, and to make charges for the accommodation so provided and food for the children; and (2) to contribute towards the maintenance of crèches established by voluntary effort."

The report was subsequently withdrawn, but the Public Health Committee "understand that the Public Control Committee still have the matter under consideration." The Public Health Committee acknowledge that there is "a demand for crèche accommodation in London," and that "if crèches are not provided by representative bodies, a certain section of the population must necessarily make shift for themselves, either by paying small sums to neighbours, or by resorting to the crèches provided by voluntary societies. Crèches, "from a health point of view," are characterised by the Public Health Committee as "undoubtedly, to some extent, an evil, in so far as they may act to the discouragement of breast feeding, and by aggregating susceptible children to spread infectious disease; but in the light of experience they must be looked upon as a necessary evil; and under proper management the good they do may be made to outweigh the harm." The conclusion arrived at is, that there would "be advantage in obtaining powers to enable some local authority to provide and maintain crèches"; and that "if crèches are provided (the Committee's) recommendation (44) might advantageously be acted upon," and the Public Health Committee "understand that the Education Committee are prepared to co-operate in giving effect to the said recommendation."

(11) *Reports from Local Authorities.*—The Committee recommend that such reports, compiled "according to certain specified requirements," should be furnished to the central authority, and thus "form a basis of comparison between different districts." The Local Government Board already prescribe the form in which reports of medical officers of health are to be made, and the Public Health Committee think that "if the Committee had had brought to their notice the Memorandum of the Medical Officer of the Local Government Board on Annual Reports, with its appended tables, they would have seen that the need of system of reporting "according to specified requirements," was already fully appreciated by the Board.

(17) *Alcoholism.*—The Committee emphasize the need of "bringing home to men and women the fatal effects of alcohol on physical efficiency," and of training teachers to give rational instructions in the laws of health, including the demonstration of the physical evils caused by drinking. This recommendation has been referred by the County Council to the Education and the Public Health Committees.

(21) *Cooking Grates.*—The Committee point out that "in tenement houses often only one room in the whole house contains a grate of proper service for cooking, with the result that a large number of tenements do not contain the requisite apparatus for the preparation of food"—an undoubted fact, and a great evil, I would observe. The Public Health Committee state that they "propose to deal with this point when submitting their recommendations as to public health legislation to be sought in the session of 1907."

(22) *Adulteration.*—The Committee say "it would be highly expedient that the Local Government Board should be authorised to fix a standard of purity for all foods and drinks, in the same manner as standards for milk and butter have been fixed by the Board of Agriculture."

(28) *Milk Supply.*—The Committee consider that the existing law as to the control of milk supplies should be more completely enforced. The Public Health Committee explain the action of the County Council with reference to the matter, and affirm the need of issuing a new Dairies Order, in place of the Orders of 1885 and 1886, which "has long been apparent." They

"approached the Local Government Board on the subject before the passing of the Local Government Act, 1899," but the "question has not been settled as yet; the Board desiring to await the report of the Tuberculosis Commission which is still sitting."

(30) *Milk Depôts*.—The Committee think that the Milk supply should pass through as few hands as possible, and that milk depôts should be formed in every town obtaining their supply direct from the farms. They think this could be done "without recourse to direct municipal action;" but add "that in all Improvement Bills promoted by local authorities, the insertion of provisions dealing with the milk supply within their area should be insisted upon."

(31) *Sterilization and Refrigeration*.—The Committee recommend an investigation by a small body of experts into the whole subject of sterilization of milk.

Other recommendations touched upon by the Public Health Committee, but which do not call for comment here, are (13) *Medical Inspection of Factories*, (16) *Workshops*, and (23) *Infantile Mortality and Employment of Women*.

I have referred at some length to the recommendations of the Inter-Departmental Committee, and the observations thereon of the Public Health Committee, on account of the bearing they have on the "Legislative proposals" of the County Council for the session of 1907, a subject dealt with below.

LEGISLATIVE PROPOSALS—SESSION OF 1907.

Under the above heading, and in accordance with usual practice, the Public Health Committee of the London County Council, in May last, presented a report containing recommendations as to the legislation in public health matters which the Council should promote in the session of 1907. The report was adopted in July, and the recommendations, having been agreed, form the basis of the sanitary clauses in the Council's General Powers Bill. Some of the recommendations are dealt with in other portions of this report: others may find a place here.

Prevention of Disease.—The Committee recommend application for authority—

"(iii.) Enabling sanitary authorities to require owners of laundries to supply the names and addresses of their customers."

The Committee thought this power "would be useful to sanitary authorities in tracing possible sources of infection: it has already been obtained through Local Acts by several sanitary authorities outside London.

Houses adapted as tenements.—The recommendation proposes an application for authority—

"(vi.) Enabling sanitary authorities to require owners to make reasonable provision for the supply of water, and the storage and cooking of food, in tenement houses."

The subject of the first part of this recommendation was dealt with in my annual report for 1905 (page 106); the second part deals with a matter in which the well-being of families is sensibly affected. The recommendation is deserving of support by sanitary authorities.

Premises used for preparation of food for sale.—The recommendation is that application be made for authority—

"(vii.) Enabling sanitary authorities to examine premises on which food is prepared for sale, and to require the removal of conditions likely to give rise to contamination."

This matter found a place in the County Council's General Powers Bill, 1904, power having been sought to "enable sanitary authorities to examine premises in London where food for human consumption is prepared for sale, and to require the removal of conditions likely to give rise to contamination." The subject was dealt with in my annual report for 1904: the power again proposed to be acquired, is such as sanitary authorities should possess.

Sorting and sifting by hand of house refuse.—The recommendation is that application be made for authority—

"(viii.) Prohibiting the sorting and sifting by hand of house refuse in London."

This is a renewed attempt to put an end to the "nuisance caused, in London, through accumulations of house refuse deposited on premises for the purpose of being sorted by hand or machinery"; it being stated that "at certain yards the sorting of refuse is done by women under most objectionable conditions." The clause in the General Powers Bill of 1904, to prohibit sorting and sifting of house refuse by hand, was rejected by a Select Committee of the House of Commons.

"*Appeals*."—The recommendation on this subject will commend itself to the borough councils, proposing as it does an application for authority—

"(ix.) Enabling the Council to expend money in defraying part or the whole of the cost of any appeals, undertaken at the request of the Council, against decisions of police magistrates dismissing summonses taken out by metropolitan borough councils, in respect of infringements of the law relating to public health."

The Public Health Committee state that "in certain cases where proceedings instituted, under the law relating to public health, by metropolitan borough councils, have been dismissed by the magistrates, the borough councils have hesitated to appeal." Such decisions (it is added) are "apt to discourage borough councils from taking proceedings in similar cases;" the Committee therefore think it "very desirable that the County Council should be enabled to defray the whole, or a part, of the cost of appeals in cases where, in the opinion of the Council, it is of importance, in the interests of London, as a whole, that the decision of a higher court should be obtained." The Borough Council will not have forgotten the conflicting decisions of two metropolitan police magistrates, in 1905, as to what constitutes a "proper and sufficient supply" of water in the case of tenemented houses, to which reference was made in my annual report for 1905 (page 106).

The Public Health Committee concluded their report with an intimation that they had under consideration other matters in regard to which they were not yet in a position to report. These "matters" were:—(1) *Food Inspectors*; the question raised being the institution of a class of inspectors to be employed by the sanitary authorities—their training and qualifications to be specially designed for the purpose of food inspection—and who, "while not being obliged to comply with all the requirements, as to training and qualification, of sanitary inspectors, would not, without such training and qualification, be empowered to exercise the functions of sanitary inspectors generally." (2) *Slaughter-houses—Inspection of Meat*—a matter dealt with in another part of this report (*vide* page 98); and (3) *Health Visitors*—a matter also dealt with elsewhere (*vide* page 64).

Public Health (Regulations as to Food) Bill.—This Bill, introduced by the President of the Local Government Board, had for its object to enable the Board, by regulations, to provide for the efficient inspection of food entering this country, a subject dealt with by the Public Health Committee of the County Council in a report (in June) in which "the need for improved administration in London for the purposes of inspection of food entering London," was suggested; the recommendation submitted being—

"That application be made to Parliament, in the session of 1907, for authority (i.) to enable the Council to establish food inspection stations and public slaughter-houses in London, and (ii.) to provide for the inspection of food entering London; and that, before the introduction into Parliament of any bill on the subject, the Public Health Committee do report details upon which the provisions of such bill shall be based."

The recommendation was disposed of by a motion "that the Council do proceed to the next business."

The Public Health Committee subsequently reported that the *Regulations as to Food* Bill, if it became law, would give to London all the protection they could have expected from any Bill promoted by the Council. They were of opinion, however, that the Bill would not fulfil its purpose in London, unless the Council, as the only authority having jurisdiction over the whole of the county, was made the authority, in London, for the administration of any regulations which might be made under it. The Bill consists of two clauses only, its sole purpose being to entrust the Local Government Board with power, which, as matters stand, they do not possess, to make regulations for the prevention of danger arising to public health from the importation, storage, or distribution of articles of food. "Without a legal authorisation of this character, the Department find themselves seriously handicapped in dealing with the canned meat traffic."* There was not time to pass the Bill, which has been re-introduced by the President in the current session.

Inspection of Food.—In connexion with the important question dealt with above, it may be mentioned that the Council of the Metropolitan Borough of Stepney communicated to the other Borough Councils a report, by their Medical Officer of Health, dealing with the food question under

* *Public Health*, August.

the following headings (1) canned foods, (2) butchers' meat, (3) meat in tripe dressers' shops, (4) dairies and cowsheds, (5) ice creams, (6) other foods, *e.g.*: eggs and fried fish. There are many riverside wharves in Stepney at which canned foods are landed, and examined with all practicable care, and Londoners are indebted to the officials of that and other boroughs, where foods of foreign origin are landed, for such protection as they enjoy from risk of being injuriously affected by unsound, unwholesome or diseased articles of diet.

Tinned and Preserved Foods formed the subject of a discussion, opened by the Medical Officer of Health of the Borough for Stepney, at a meeting of the Society of Medical Officers of Health (Metropolitan Branch), a resolution being passed to the effect that "it is necessary, in order to secure better protection for the public in regard to tinned and preserved foods, that legislation should be passed embodying" suggestions (*inter alia*) for identifying the manufacture, and the date of canning; requiring any person in possession of unsound canned foods to notify and surrender them to the local authority, and providing for expert examination of contents of a proportion of the tins from each imported consignment, before the food is placed on the market, etc. The opinion was expressed that "the use of preservatives in canned foods is unnecessary, and should not under any circumstances be permitted." The resolution was ordered to be forwarded to the Local Government Board, the Board of Agriculture, the London County Council, and the Metropolitan City and Borough Councils; the latter bodies being invited to support the views of the Society by making representations to the other authorities named, with a view to the desired legislation being promoted.

THE WORK OF THE SANITARY INSPECTORS.

The Sanitary Inspecting Staff comprises a chief inspector, ten male inspectors, and two lady inspectors of workshops, workplaces and laundries where women are employed. The table at page 97 contains a summary of the work of the male inspectors (so far as it admits of tabulation) in their several districts; of which six are in North Kensington; *i.e.*, north of High Street, Notting Hill, and Holland Park Avenue; and four in South Kensington, three of them to the south of Kensington High Street and Kensington Road; the remaining district lying between the main thoroughfares named. The work of the inspectors is carried out under the supervision of the Public Health Committee, the Council having conferred on that body authority to enforce the provisions of the Public Health (London) Act, 1891, the Housing of the Working Classes Acts, 1890-1903, and the Factory and Workshop Act, 1901, etc.

Supervision of underground work—reconstruction and trapping of drains, etc., was, as from the beginning of 1905, transferred from the Borough Engineer's department and placed under the Sanitary Inspectors, who during the year supervised the reconstruction of the drainage systems of 137 premises. A considerable number of drains were voluntarily reconstructed by owners or occupiers of houses, after the deposit of plans for the approval of the Public Health Committee, particulars of which will be found in the Borough Engineer's report.

The Sanitary Inspectors are charged with the further duty of collecting samples of food and drugs for analysis by the public analyst; the number of samples collected last year was 650.

WRITTEN INTIMATIONS of nuisances were served by the inspectors to the number of 2,566. As a result of these intimations, many works of sanitary amendment were carried out forthwith, thus realising the object of the legislature, and obviating, in many instances, the necessity for service of statutory notices. On the intimation form a red ink note authorises the person liable to abate a nuisance to make what, for convenience, may be called an "appeal" to the Committee against the requirements of the sanitary inspector. Appeal, which is of rare occurrence, usually takes the form of an application for an extension of the time specified for carrying out works.

STATUTORY NOTICES for the abatement of nuisances to the number of 541 were issued by direction of the Committee.

Notices under the by-laws for houses let in lodgings, to the number of 1,197, were served.

LEGAL PROCEEDINGS.—In eight cases proceedings were instituted: in one instance, for an offence under the by-laws for registered houses, the fine inflicted being £3; in six cases for non-compliance with the Council's notices, the fines inflicted, in three cases, amounting to £2. Orders were also made in these three cases, and also in two other cases. In one case the summons was withdrawn, the required work having been executed. In one instance proceedings were instituted for the conveying of offensive matter through the streets, a fine of £5 being inflicted. The fines in all amounted to £10.

The subjoined table recommended for use by the Metropolitan Branch of the Society of Medical Officers of Health is inserted at the request of the Medical Officer of Health of the London County Council.

PROCEEDINGS DURING 1906.

PREMISES.	NUMBER OF PLACES.				Number of inspections, 1906.	Number of notices, 1906.	Number of prosecutions, 1906.
	On register at end of 1905.	Added in 1906.	Removed in 1906.	On register at end of 1906.			
Milk premises	304	12	17	299	1,122	59	—
Cowsheds	1	—	—	1	37	—	—
Slaughter-houses	12	—	—	12	151	2	—
Other offensive trade premises ...	1	—	—	1	73	—	—
Ice cream premises	164	—	18	146	275	30	—
Registered houses let in lodgings	2107	—	126	1,981	8,354	{(a)* 52 {(b)†1145	{(a)* {(b)† 1

Total number of intimation notices served for all purposes, 2566.

Overcrowding—1906.

Number of dwelling rooms overcrowded	41
Number remedied	41
Number of prosecutions	—

Underground rooms—

Illegal occupation dealt with during year	28
Number of rooms closed	28

Insanitary houses—

Number closed under the Public Health (London) Act, 1891	—
Number closed under the Housing of the Working Classes Act... ..	—
Number of premises cleansed under Sec. 20 of L.C.C. (General Powers) Act, 1904	269

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

Number of persons accommodated during the year	No shelter
---	------------

Revenue Acts—

Number of houses for which applications for certificates were received during year	52
Number of tenements comprised therein... ..	98
Number of tenements for which certificates were (a) granted	73

Number of prosecutions under By-laws under Public Health Act, 1891.

(a) For prevention of nuisance arising from snow, ice, salt, filth, etc.,	—
(b) For prevention of nuisance arising from offensive matter running out of any manufactory, etc.	—
(c) For the prevention of keeping of animals in such a manner as to be injurious to health	—
(d) As to paving of yards, etc., of dwelling houses	—
(e) In connection with the removal of offensive matter, etc.	1
(f) As to cesspools and privies, removal and disposal of refuse, etc.	—
(g) For securing the cleanliness of tanks, cisterns, etc.	—
(h) With respect to water closets, earth closets, etc.	—
(i) With respect to sufficiency of water supply to water closets... ..	—
(j) With respect to drainage, etc., (Metropolis Management Act, section 202)	—
(k) With respect to deposit of plans as to drainage, etc. (Metropolis Management Acts Amendment (By-laws) Act, 1899)... ..	—

Mortuaries—

Total number of bodies removed	400
Total number of infectious bodies removed	18

* (a) For overcrowding

† (b) For other conditions.

SUMMARY OF THE WORK OF THE SANITARY INSPECTORS DURING THE YEAR 1906. (See page 95.)

Sanitary Districts.	No. of Complaints made by Inhabitants, &c.	No. of Houses, Premises, &c., inspected.	No. of Re-inspections of Houses, Premises, &c.	Results of Inspection.						House Drains.		Water Closets.		Dust Receptacles.		Water Supply.		Miscellaneous										
				Written Intimations of Nuisance served.*	Notices served by order of the Public Health Committee.	Notices served under the Lodging-House By-laws	Final Notices (signed by Medical Officer) served.	Houses, Premises, &c. Cleansed, Repaired, Whitewashed, &c.	Houses disinfected after illness: Infectious disease. †	Reconstructed, Repaired, Cleansed, &c.	Ventilated, Trapped, &c.	Repaired.	Supplied with Water.	Soil-pipes ventilated.	New provided.	Repaired, Covered, &c.	Cisterns erected.	Cisterns Cleansed, Repaired, Covered, &c.	Waste-pipes connected with Drains, &c., abolished.	No. of Lodging Houses newly Registered under 94th Section of the Public Health (London) Act, 1891. †	Yards and Areas paved and drained.	Animals removed, being improperly kept.	Bakehouses, No. of.	Bakehouses, No. of Inspections of.	Dairies, Milkshops, No. of.	Dairies, Milkshops, No. of Inspections of.	Mews, No. of Inspections of.	Legal proceedings, i.e., Summonses.
No. I. District	104	785	2,008	303	72	144	19	221	118	65	6	198	2	—	56	35	—	80	—	—	54	15	6	48	38	152	555	1
No. II. "	114	1,146	2,406	467	141	260	57	508	109	172	1	41	145	3	42	12	15	43	—	—	94	5	9	52	34	187	923	5
No. III. "	41	708	2,619	800	64	242	23	297	93	63	11	89	—	2	45	16	—	39	—	—	51	1	6	43	41	85	344	—
No. IV. "	90	1,020	1,587	310	63	83	23	132	141	37	8	48	46	6	22	3	2	8	—	—	18	2	16	66	48	140	526	1
No. V. "	67	973	1,943	198	18	55	7	129	91	15	1	47	16	1	9	1	—	2	—	—	3	—	13	100	34	257	779	—
No. VI. "	71	797	2,151	185	58	51	19	106	76	53	16	35	4	3	11	11	3	7	—	—	25	1	12	56	18	97	510	—
No. VII. "	86	920	1,852	215	28	193	22	344	122	51	36	151	107	20	71	55	1	49	—	—	62	—	7	63	24	57	260	—
No. VIII. "	97	935	1,524	119	14	35	10	142	93	54	9	22	4	2	10	11	1	8	—	—	10	—	8	53	17	74	864	—
No. IX. "	73	970	1,551	311	48	98	8	134	109	88	29	105	69	8	31	29	17	54	—	—	80	—	14	37	26	83	610	—
No. X. "	53	847	1,670	158	35	36	7	81	53	47	17	51	10	4	20	3	—	6	—	—	19	1	7	34	19	40	352	1
	796	9,101	18,711	2,566	541	1,197	195	2,094	1,010	645	134	787	408	49	317	176	39	296	—	—	416	25	98	552	299	1,122	5,723	8

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

† Done under the supervision of a Special Officer.

‡ The total number of houses on the Register in December, 1906, in round figures, was 2,000.

LICENSED SLAUGHTER-HOUSES.

Twelve slaughter-houses were licensed by the County Council in October—six in North Kensington and six in South Kensington. The several premises were regularly visited by the sanitary inspectors, and were inspected, in September, by the Public Health Committee. The business of a slaughterer of cattle has not been established anew in the Borough since the passing of the (now repealed) Slaughter-houses (Metropolis) Act, 1874, in which year there were 48 licensed premises.

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

NORTH KENSINGTON.			SOUTH KENSINGTON.		
Lonsdale Mews ...	...	Mr. Grove.	35, Earl's Court Road ...	...	Mr. Matson.
13, Archer Mews ...	...	Mr. Bawcombe.	11, Peel Place, Silver Street ...	...	Mr. Osborne.
10, Edenham Mews ...	...	Mr. Goddard.	25, Silver Street ...	...	Mr. Rowles.
195, Clarendon Road ...	...	Mrs. Simmons	133, High Street, Notting Hill	...	Miss Candy.
235, Walmer Road ...	...	Mrs. Van.	113, Holland Park Avenue ...	...	Mr. Holloway.
273, Kensal Road ...	...	Mr. Miles.	128, Marlborough Road ...	...	Mr. Little.

PUBLIC ABATTOIRS *versus* PRIVATE SLAUGHTER HOUSES.

The Public Health Committee of the County Council, in 1898, made recommendations which, had they been adopted, would, before now, have provided the Administrative County with public slaughter-houses, and accelerated the reduction in the number of private slaughter-houses which has been going on since the passing of the (now repealed) Slaughter-houses (Metropolis) Act of 1874. In that year there were 1,500 private slaughter-houses in London, or one to 2,300 inhabitants; whereas in 1905, only 317 were licensed,* equal to one to 15,000 inhabitants.† The Committee had been moved to make the recommendation referred to, by a report of the Medical Officer of Health of the County Council, in which it was pointed out that to prevent the importation of diseased meat, and for the protection, especially, of the poorer inhabitants, who are the purchasers of the cheaper meat, it was necessary that a system of inspection of all dead meat introduced into London, and which had not been examined in a public slaughter-house, should be instituted; whilst in order to ensure the inspection of meat killed in London, it was absolutely necessary that all animals should be killed in public slaughter-houses, in which alone due inspection of the meat is practicable. The Committee endorsed the view that systematic inspection of the animals is impossible in view of the numerous premises (438 in 1898) in London, in which they are killed. They strengthened their case by a reference to the report of the Royal Commission on Tuberculosis as to the necessity for public slaughter-houses, and facilities for the inspection of meat.

The resolutions submitted for adoption by the Council were:—

(a) "That in the opinion of the Council it is desirable that, as a first step towards ensuring the proper inspection of meat, private slaughter-houses should cease to exist in London, and that butchers should, in substitution, be afforded such facilities as are necessary for the killing of animals in public slaughter-houses to be erected by the Council."

(b) Intimated the Council's readiness "to accept such responsibilities as may be necessary to give effect in London to the recommendations of the Royal Commission on Tuberculosis," and proposed to ask the Local Government Board "whether they will include in any legislation introduced by them in connection with the Royal Commission's report, the provisions which would be necessary for this purpose."

The Council ultimately disposed of the matter by carrying a motion to "proceed to the next business"—a course by which a like recommendation of the Committee was laid to rest in 1906—notwithstanding that a petition referred to them, "signed by 100 persons, amongst whom were several of the leading members of the medical profession," had urged the Council to take steps for the establishment of public slaughter-houses.

The action of the City Corporation.—The part taken by the Kensington Sanitary Authority, in, and since, 1874, in the movement for substituting public abattoirs for private slaughter-houses in London,‡ should accentuate the interest of the Council in the action by the City Corporation to promote this object; the foundation stone of a new public abattoir for the Metropolitan Cattle

*In 1906 only 305.

†In 1874 there were 48 licensed slaughter-houses in Kensington, or one to 2,785 inhabitants; in 1905 only 12, or one to each 15,000 inhabitants. In the latter year there were about 120 butchers' shops in the borough, at 90 per cent. of which business was carried on without the aid of private slaughter-house, : comparatively little slaughtering, moreover, being done on any of the licensed premises.

‡Vide annual report for 1874, page 22. The subject had also been dealt with in the annual report for the preceding year, page 26.

Market, in Caledonian Road, Islington, having been laid on December 19th, 1906. The area of the site is two acres, and the cost of the structure will be some £40,000. The Chairman of the Cattle Markets Committee, who officiated on the occasion, predicted that the abattoirs, when completed, would be found equal to the best on the Continent, and superior to many. He also stated that of all the meat which passed through the Central Market, only 21 per cent. was produced in this country, the remaining 79 per cent. being either brought alive and slaughtered at Deptford, or imported in a frozen condition—a fact attributed to the circumstance that up-to-date public abattoirs did not exist in London, outside Deptford. Cooling chambers, necessary to ensure that the meat should remain in a condition to keep for a reasonable period, were wanting, and these, at great expense, the Corporation were providing. The hope was expressed that the efforts now being made would tend to increase the trade in the home-grown article, and be to the benefit of the agricultural community, as well as of the public generally.

Public slaughter-houses have been established at many provincial towns; and it is to be hoped that provision of the sort may, ere very long, be made for the Administrative County of London. It may be mentioned that the representatives of the Sanitary Authorities at the Conference on the Administration of the Public Health (London) Act, 1891, held at the County Hall, in July, 1904, unanimously passed a resolution—"That the time has arrived when private slaughter-houses should cease to exist in London."

LICENSED COW HOUSE

One cow house, in North Kensington, was licensed by the County Council, in October, for the keeping of three cows. The licensee is Mr. Arnsby, and the premises are located at 187, Walmer Road. In bygone days, within my experience, there were 28 licensed premises, containing 500 cows.

There has been a considerable reduction in the number of cow houses in the Administrative County: viz., from 1,044 in 1880, to 223 in 1906. The County Council intimated to cowkeepers, some years since, that their Public Health Committee were of opinion that, in the case of premises newly licensed, the recommendation of the Royal Commission on Tuberculosis, that no cow house should be erected within 100 feet of a dwelling-house, should be observed. The Council can, of course, enforce the condition, if they think fit.

DAIRIES ORDER.—The Council, as Local Authority in regard to milkshops, etc., received last year 15 applications for registration. At the close of the year 299 premises were on the register. The several premises are regularly inspected. At many small general provision shops, milk is sold in small quantity, usually from a glazed earthenware vessel standing on the counter, and mainly for the convenience of customers; but also in self-defence, lest customers should be induced to transfer their general dealings to other shops where this necessary article of diet can be obtained. The containing vessels at these shops are kept clean; but the air of the premises is far from "pure"; the commonly prevailing odour being that of mineral oil, or of some one or other of the miscellaneous articles of food, cooked or uncooked, groceries, etc., vended thereat. I should be glad to see a better state of things; but the Local Authority appear to have no power to refuse registration to would-be vendors of milk.

The Milk Supply of London.—The Public Health Committee of the County Council, in a report on Legislative Proposals for the Session of 1907, adopted by the Council in July, made recommendations with respect to the milk supply, which have been embodied in the Council's General Powers Bill now before Parliament. The Committee, in the said report, gave a summary history of their action in regard to this matter, in which it is stated that, in June, 1901, on their recommendation, the Council resolved to apply to Parliament for "powers for the prevention of the spread of infectious disease attributable to milk," but failed to obtain them, the clauses embodying the Committee's proposals, in the General Powers Bill of 1902, relating to tuberculous milk, having been struck out by a Select Committee of the House of Commons; and those relating to infectious disease attributable to milk, by a Committee of the House of Lords. A renewed application for like, and additional, powers in the General Powers Bill of 1905, was equally unsuccessful. On second reading of the Bill, an Instruction to substitute the Borough Medical Officer for the County Medical Officer was carried; the clause as to infectious diseases attributable to milk was struck out, and the clause dealing with milk unfit for human food was amended, so as to provide for a penalty to be imposed on the vendor of such milk, only if its condition were due to his wilful neglect. The Council thereupon withdrew the Parts (vi. and vii.) of the Bill which related to the milk supply. Undeterred by these failures, the Committee, in their aforementioned report, recommended that the Council should promote legislation, in the Session of 1907, on the lines on which it was sought, in 1905, to deal with tuberculous milk, and other infectious milk, and dirty milk.

The first recommendation, was that application be made, for authority—

“Enabling the Council to prohibit the supply, within the county, of milk from a dairy within or without the county, if the medical officer is of opinion that infectious disease is caused or is likely to be caused, by the consumption of such milk; enabling the Council to prohibit the supply within the county, of milk causing or likely to cause tuberculosis; providing for appeal against the decision of the Council in the above matters; enabling the Council to require dairymen to supply lists of their customers and the sources from which their supply of milk is derived; authorising or requiring the Council, according to the nature of the case, to allow compensation in the event of a milk supply being prohibited; enabling the Council to take samples of milk within the county; providing for penalties against persons who knowingly sell, or suffer to be sold, or used, for human consumption within the county, the milk of any cow which is suffering from tubercular disease of the udder; imposing upon dairymen within the county an obligation to notify cases, or suspected cases, of tubercular disease of the udder; requiring the isolation of any cow suffering from such disease; enabling the Council to take samples of milk arriving at railway stations in London, and metropolitan borough councils to take samples of milk elsewhere, and enabling the Council and metropolitan borough councils to deal with milk which on examination appears to be so filthy as to be unfit for human food.”

Milk for the food of Infants.—The second recommendation was that application be made for authority—

“(ii.) Empowering metropolitan borough councils, at their discretion, to provide and sell, in their respective districts, milk for the food of infants.”

The Committee based this recommendation on the fact that at the Conference of representatives of metropolitan borough councils, “On the Administration of the Public Health (London) Act, 1891,” convened by the Council, in July, 1904, a resolution (which I had proposed), was passed as follows:—

“That, having regard to the declining birth-rate, and the large infantile mortality-rate of the metropolis, it is desirable that the metropolitan borough councils should be empowered, at their discretion, to provide, in their respective districts, depôts for the preparation and sale of sterilised and humanised milk for the food of infants, and that the London County Council be requested to insert a clause in its General Powers Bill for the session of 1905, to confer such power upon the said borough councils.”

The Committee stated that the Council having invited the City Corporation and the metropolitan borough councils to submit their views on this resolution, the correspondence which ensued “resulted in a general approval of the proposal to confer powers upon those bodies to maintain milk depôts.” Depôts at Battersea and Lambeth, respectively, have been established by the Councils of those boroughs, and the expenditure entailed has been surcharged by the Local Government Board auditor; but the Board in each year have remitted the surcharges. In this connection it will be remembered that in the session of 1905, a Bill, designated the Milk Depôts (London) Bill, having for its object the establishment and maintenance by the metropolitan borough councils of milk depôts, was introduced by Mr. T. Lough, now Parliamentary Secretary to the Board of Education, and that the County Council “approved the principle of the Bill, which, however, did not become law.”

The Council, moreover, will remember that in 1902, I brought this subject to their attention in the tenth report (October 8th, p. 190), which was referred to the Public Health Committee, who, after giving the matter careful consideration, reported as follows—

“We are of opinion that it would be a desirable thing to establish in the Borough a municipal supply of sterilised and humanised milk for the feeding of children of the poorer classes, in the hope that it might tend to the diminution of the excessive mortality which does, without doubt, exist in a certain portion of North Kensington.

We recommend—

“That the Council do endorse the opinion above expressed, and that it be referred back to the Committee to consider and report as to what steps should be taken to give effect to the proposal.”

The report of the Committee was not adopted by the Council.

OFFENSIVE BUSINESSES.

The only business coming within the statutory description “offensive,” other than that of a slaughterer of cattle, carried on within the Borough, is that of a FAT EXTRACTOR, at Tobin Street, Notting Dale. In connection with this factory, a certificate of inhabitants, under Section 21 of the Public Health (London) Act, 1891, was received, and, at the instance of the Public Health Com-

mittee, referred to the Law and General Purposes Committee, with the result that proceedings were initiated for obtaining an injunction under sub-section (3). Negotiations were thereupon entered into with the proprietors which terminated in a satisfactory arrangement for discontinuance of the use of the premises for the purposes of the business before the end of the current year. The proceedings were thereupon stayed.

FRIED FISH SHOP BUSINESS.—In connection with proposed amendments to the Public Health (London) Act, 1891, elsewhere referred to (page 90), the Sanitary Committee of the late Vestry expressed the opinion that the business of a fried fish seller should be added to the list of those specified in Section 19, in order to the regulation of the conduct of the business, and so as to prevent it from being an annoyance to adjoining occupiers. This business gives rise to nuisance when carried on negligently; *i.e.*, without necessary precautions to prevent the escape of effluvia, and it is a not infrequent subject of complaint: decided cases, moreover, class it as an "offensive business." In many of these reports, it has been urged that the business should be added to the list, not with any intention of unduly interfering with, but rather with the object of regulating, the conduct of it, so as to prevent nuisance. It may be mentioned that the Conference of Delegates of the Borough Councils, held in July, 1904, adopted a resolution (No. 36) to the effect, "That the business of a fried fish shopkeeper should be added to the list of offensive businesses specified in Section 19 of the Public Health (London) Act, 1891."

MARINE STORES.—The business of a marine store dealer is not scheduled in the Public Health (London) Act, 1891, as an "offensive business," though it gives rise to offensive smells, and has been held by the Court of Appeal to be *ejusdem generis* with the businesses originally scheduled as "offensive" in the (now repealed) Slaughter-houses (Metropolis) Act, 1874. Acting upon my advice, the late Vestry made application to the late Metropolitan Board of Works, in 1883, to schedule the business under that Act, but without success; and in 1896, upon receipt of complaints of nuisance arising in the conduct of the business, a similar application was made to the County Council under the provisions of Section 19 of the Public Health (London) Act, 1891. This application, likewise, was unsuccessful. The subject was dealt with fully in the annual report for 1896—pages 119-123. The premises where the business is carried on, to the number of 17, are kept under observation. The Conference of Delegates of the Borough Councils held in July, 1904, unanimously adopted a resolution (No. 35) to the effect "That the business of a marine store dealer should be added to the list of offensive businesses specified in Section 19 of the Public Health (London) Act, 1891."

The County Council were requested by the Conference to make "Orders" to carry out the foregoing resolutions with respect to Fried Fish Shops and Marine Stores. The Public Health Committee dealt with the subject in their report on legislative proposals for the Session of 1907, in which they said—

"There can be no doubt as to the desirableness of regulating the conditions under which the trades in question are pursued," and that "this could best be done if the Council were empowered to make, for the conduct of the businesses, by-laws to be enforced by the borough councils. Such by-laws (they added) would in the case of fried fish shops and fish curers' premises, deal with such matters as the prevention of nuisance arising from the escape of vapour, and conditions which may involve risk of contamination of the fish; and in the case of marine stores the proper cleansing and ventilation of such stores, and the storage under proper conditions of perishable and offensive articles."

The recommendation the Committee submitted to the Council, was that application be made to Parliament for authority—

"Enabling the Council to make by-laws, to be enforced by sanitary authorities, with regard to the proper regulation of the businesses of a seller of fried fish, fish-curer, and marine store dealer."

The simpler and better course would be to add the businesses to the list of offensive trades, as recommended by the Conference.

SEWER SMELLS.

With the return of summer the usual shower of complaints began of noxious emanations from sewer ventilators and untrapped street gullies, a subject dealt with, more or less ineffectually, in many of these reports extending over very many years. Owing to the long continued prevalence of hot weather, and absence of rain, the complaints were more numerous than in summers of ordinary climatic conditions, and they came from many parts of the borough. A few specimens of those received by me (irrespective of those sent direct to the Borough Engineer) may be cited—

"Drains outside 30, Uxbridge-street (a milk shop): stench is too dreadful, and doing a lot of harm to business."

"Horrible state of the drains at the sink-hole opposite South Kensington Station on the cab rank."

"Stinking open grating opposite 349, Portobello-road."

"A very offensive smell from sewer ventilator nearly opposite 80, Holland-road."

"Offensive smells from gully at rear of 88, Emperor's-gate, in McLeod's-mews."

"Offensive untrapped street gully opposite 38, Edwardes-square."

"Offensive untrapped street gully opposite 39, Queen's-road, Norland; the smell is so dreadful that we cannot sit in any room in the front of the house."

"Very bad smells arising from drain and grating in front of 68, High-street, Notting-hill."

"Filthy stench from gully in front of the house, 14, Convent-gardens"

"Smell from sewer gully opposite Kensington-court, facing Mr. Evans's (butcher's) shop."

"Offensive smell from sewer vent and gullies in Adam and Eve-mews."

"The smell up Elgin-crescent and Colville-terrace is vile."

Complaints were also received with regard to the sewers in Philbeach Gardens, where there are 22 untrapped (brick pit) gullies, six surface sewer ventilators,* and one 6 in. by 4 in. shaft ventilator. The nuisance is generally great in this thoroughfare, the sewer discharging, at each horn of the crescent, into the County Council's main line (Counter's-creek) sewer—a sewer which has often formed the subject of complaint. Serious complaints were again made with respect to the large circular ventilator immediately north of the railway bridge, in Warwick-road, at the cab stand nearly opposite the entrance to the Earl's Court Exhibition; and also with regard to a similar opening at the west end of Pembridge-square, on the County Council's main line ("Middle Level") sewer, and they were temporarily closed.

The "Relief" Sewer.—But the most serious complaints came from residents in Clarendon-road and Cornwall-road, the nuisance having begun to manifest itself within a day or two after what is described as the "Relief" sewer came into operation. In the seventh report mention had been made of a letter received from the Chief Engineer of the County Council, dated July 9th, in which it was stated that the said sewer, designed for the prevention of flooding of basements of houses† in many streets, would be completed in about a fortnight—as it was. But no sooner had it been brought into operation, than complaints of smells began to come in. Two may be cited—

"Drains outside 120, Clarendon-road (Cornwall-road corner) are very offensive, and at times the odour is unbearable."

"Continuous, offensive and unhealthy smells arise from ventilation holes of new sewer laid through Clarendon-road and Cornwall-road."

The latter quotation is from a complaint to the Council signed by many ratepayers.

The sewer referred to commences from the Middle Level Sewer at the junction of Basing-road with Cornwall-road, running thence along Cornwall-road, Clarendon-road and Holland Park Avenue to Upper Addison Gardens, where it discharges into the Counter's-creek sewer. It is circular in shape, 5 feet in diameter, and in its course, of about 2,238 yards, is ventilated by 17 circular gratings, 24 inches in diameter. Complaints of the bad smells were received from residents in the vicinity of several of these openings, especially in Clarendon-road and Cornwall-road.

Complaints in regard to the Council's own sewers were reported to the Works Committee, and the Public Health Committee, before the vacation; and during the vacation, to the Borough Engineer, with a view to compliance with a Standing Order which reads as follows—

"*Gullies*: Offensive street gullies to be efficiently trapped"

"*Sewer Ventilators*: In cases where complaints are made of nuisance, or annoyance is caused by offensive smells from sewer ventilators, efforts are to be made to obtain consent for the fixing of shafts up adjacent houses, and where such consent is obtained, the objectionable ventilators are to be abolished."

* The gullies have now been syphon trapped and the surface ventilators closed (March, 1907).

† It may be mentioned that nuisance from flooding of basements of houses occurred in a very acute form on the occasion of a great storm—two inches of rain having fallen in a few hours on the 27th June—and this led to the correspondence between the County Council's Chief Engineer and myself referred to in the text of the report. It remains to hope that the "relief" sewer will fulfil its purposes; but with such a deluge as June 27th, probably no practicable system of sewerage could cope, so as to entirely prevent recurrence of the nuisance.

With respect to main line sewers, a further order is to the effect—

“That the County Council be requested to trap with syphon traps all offensive gullies on the main line sewers*.”

I am not in a position to say to what extent the standing order with respect to street gullies and ventilators to the Council's sewers was carried out in connection with complaints received; but as regards the County Council's sewer ventilators, the Chief Engineer informed me that he had ordered the temporary closing of the opening connected with the Counter's-creek sewer near the Earl's Court Exhibition entrance in Warwick-road, and the openings connected with the “Relief” sewer in Cornwall-road, in Clarendon-road, and in Holland Park Avenue.

This sewer is usually empty, as regards liquid matter, not receiving house drainage or road surface water; and it is not brought into operation until the sewage and storm water in the middle Level sewer rises to a height of 32 inches above the invert, when overflow, by means of a weir, takes place, the discharge being into the Counter's-creek sewer as already stated. The empty sewer, it is to be feared, will serve as a reservoir for sewer gas, acting as a ventilator to the Middle Level sewer and the Counter's-creek sewer; in which event it may be expected that nuisance will be re-established when the ventilators shall have been re-opened.

I had correspondence with the Chief Engineer of the County Council, on more than one occasion, with respect to sewer smell complaints, and gladly testify to his willingness to abate nuisance, temporarily at any rate, by closing offending openings; but I have felt some diffidence in pressing the matter, knowing that the Council's own sewers were also often the cause of nuisance. It is a statutory duty of the County Council to provide sewers for main drainage, and of borough councils to provide sewers for the drainage of their respective districts; but these authorities may not create nuisance in connexion therewith.† The state of the law in regard to the question was explained by a sub-committee of the Law and Parliamentary Committee‡ of the late Vestry, in a report on a reference by the Works and Sanitary Committee, arising out of reports of nuisances I had made in 1897. The report, which originally appeared in the minutes of the Vestry's proceedings, (on 6th October, 1897), has been reprinted in these reports more than once, but will bear repetition; it reads as follows:—

“Your Sub-Committee have had before them the correspondence between the Vestry and the London County Council on this subject, and the report of the Medical Officer of Health on offensive smells in streets. They have also considered the various sections in different Acts of Parliament bearing on the same subject, and advise the Committee that, as to gullies, traps, and ventilators of sewers, the property of the Vestry, there is a clear liability upon the Vestry in respect of nuisance arising therefrom.

“It must not be forgotten that the duty to cleanse every grating or gully in a street (except in streets cleansed by the Council) whether the gratings and gullies belong to the Council or the Vestry, is by the London County Council (General Powers) Act, 1894, transferred to the Vestry.

“As to sewers vested in the London County Council, the obligation ‘to cover and keep so as not to be a nuisance or injurious to health,’ is upon the Council under section 135 of the Act of 1855.

“Power is given to the Vestry (but only with the consent of and after notice to the Council) to prevent effluvia from exhaling from main sewers, and in respect of these London County Council sewers, we advise that the London County Council are liable for nuisance occasioned by smells, and not the Vestry.

“We *recommend* that the Works and Sanitary Committee be informed—

1. That they are bound to prevent the Vestry sewers, gully holes, and traps, from being a nuisance, and must take all precautions to avoid the same, otherwise the Vestry may be liable at the suit of any one showing injury, or the Vestry may be ordered to comply with their statutory duty by mandamus.

*With respect to any (existing) “gully or ventilating shaft immediately connected with or appertaining to . . . any sewer vested in the (London County Council),” the 27th Section of the Metropolis Management (Amendment) Act, 1862, ordains that none such “shall be trapped, covered or closed-up without previous notice in writing being given to the said (Council), nor if the said (Council) or their engineer within one week after the giving of such notice shall express in writing their or his objection to the same.”

†Section 71 of the Metropolis Local Management Act, 1855, reads as follows:—

“71. Every . . . (Borough Council) shall, by providing proper traps or other coverings, or by ventilation, or by such other ways and means as shall be practicable for that purpose, prevent the effluvia of sewers from exhaling through gullyholes, gratings, or other openings of sewers in any of the streets or other places within their district.”

‡The sub-committee consisted of Mr. (now Councillor) Craies, Mr. (late Councillor) Whitaker Thompson and Mr. R. C. Glen then a member of the Kensington Sanitary Authority. The Committee deemed their report of “sufficient importance” to be submitted in its entirety to the Vestry.

2. With regard to the London County Council sewers, the Vestry may, upon a flagrant case of nuisance being proved, through the Attorney-General proceed against the London County Council by information, or in the alternative apply for a mandamus to compel the Council to comply with Section 135 above referred to.

"It has been suggested that a Council sewer (looking to the width of the definition clause) may come within the term 'premises' in Section 2 of the Act of 1891; but, without giving a contrary opinion, we consider that a recent decision leaves it in considerable doubt whether the nuisance section in this Act alters, or adds anything to, the previous law as to sewers."

"Before taking action against the Council, the Works Committee would probably recommend that a further communication be addressed to the Council pointing out the gravity of the nuisance, and the obligation the Vestry feel themselves under to protect residents by any means which they may be advised are available.

"All which is submitted."

The Works and Sanitary Committee, on consideration of the report, recommended the adoption of the Standing Order cited above, and expressed the opinion that it was "most desirable . . . that action should be taken to secure a more efficient and less offensive mode of ventilating the sewers of the Metropolis" than by open street gratings.

As regards street gullies, a part of the Standing Order was—

"That all new gullies to be constructed in the (Borough) be pan gullies with syphon trapped outlets."

At the date of the Committee's report there were upwards of 6,000 untrapped gullies in the parish, liable to emit offensive smells, besides a very large number of ventilating openings at street level.

The subject is deserving of the consideration of the Council, little, relatively, having been done by way of giving effect to the excellent recommendations contained in the report of the Works Committee, or to comply with the requirements of the law as set out in the report of the Law and Parliamentary Committee, of the late Vestry.

Combined Drainage.—A letter on this subject was received, in February, from the London Borough Officers' Association, intimating that they had called the attention of the Local Government Board to the present unsatisfactory state of the law in connection with combined drainage, and to the desirability of securing, during the ensuing Session, a parliamentary remedy for the serious difficulties met with by Local Sanitary Authorities; and suggesting that the Council should also communicate with the Local Government Board soliciting their assistance in the direction indicated. I reported on the matter as follows:—

"I concur with the recommendation of the London Borough Officers' Association with respect to this matter, to which reference has been made in many of my reports. The Council was represented at a deputation of Sanitary Authorities to the Main Drainage Committee of the London County Council, in 1894; as a result of which the County Council introduced a Bill ('Metropolitan Sewers and Drains') in the Session of 1896, which failed to pass. The County Council have since expressed their intention not to introduce any similar measure, it being now within the province of the Borough Councils to deal directly with the matter by promoting legislation with reference thereto."

The question was referred to the drainage Sub-Committee for consideration; but ultimately, for reasons set out in their report, no action was taken in the matter by the Public Health Committee.

SANITARY CONVENIENCES.

There are only 18 public urinals in the borough—an inadequate provision; supplemented, however, by about 170 external urinals at public-houses. This latter accommodation is not of a satisfactory sort, as a rule, but it is better than none: it was improved, moreover, as the result of proceedings taken by the late Vestry in 1888, and subsequently. There are two sets of public water closets, for the male sex only, situated, respectively, at the rear of the central public library, Kensington High Street; and at Lancaster Road, adjoining the public library; and three for both sexes; viz: at Brompton Road by the Oratory; at the west end of Westbourne Grove, and at Talbot Road. Sanitary authorities have power (under Section 88 of the Metropolis Management Act, 1855), "to provide and maintain urinals, water closets, and like conveniences, for both sexes, in situations where they deem such accommodation to be required." Increased powers were conferred by the Public Health (London) Act, 1891; Section 44 (2) of which vests the subsoil of roadways in the sanitary authority, who, moreover, have power to compensate persons injured by the erection of these conveniences near to their houses, etc.

Public Lavatories for Women.—Arising out of a complaint by one of the Council's lady sanitary inspectors, with reference to the improper use, as water-closets, of the free urinettes provided for women at the lavatory at Talbot Road, an enquiry was made as to the extent of free accommodation provided in other boroughs, which resulted in the submission of a report by Miss de Chaumont, printed in my annual report for 1905 (page 102). In the result the Works Committee decided to provide free accommodation at each of the underground conveniences for women professing inability to pay the usual fee.

Domestic Sanitary Conveniences.—The 26th by-law of the County Council requires the landlord or owner of any lodging-house to provide and maintain in connection with such house, water-closet . . . accommodation in the proportion of not less than one water-closet . . . for every twelve persons. At a considerable number of houses, the inhabitants of which exceeded twelve in number a second water-closet was provided. In some instances owners preferred to reduce the number of persons to twelve, or fewer, rather than incur the expense of erecting a second closet.

Separate Sanitary Conveniences for the Two Sexes.—Section 38 of the Public Health (London) Act, 1891, enacts that where persons of both sexes are employed at a factory, workshop, or workplace, separate sanitary conveniences for persons of each sex shall be provided; but no standard of requirement has been made as regards London. The Home Secretary has issued an Order prescribing the accommodation to be provided in extra-Metropolitan factories and workshops. It became necessary last year, to take proceedings for failure to comply with the provisions of the section, and the offender was mulcted in a fine of five pounds, with costs. This subject was dealt with by the delegates of the Metropolitan Borough Councils at the Conference in July 1904, and a resolution passed recommending standards desirable to be adopted by sanitary authorities in enforcing the provisions of the section. The more satisfactory course would be to obtain an Order from the Home Secretary applicable to the Metropolis.

CLEANSING OF PERSONS.

In October, a communication was received from the Medical Officer (Education) of the London County Council, as follows:—

“A scheme for cleansing the heads of children attending the Schools under the supervision of the Council, has been in operation for some considerable time. There is now little difficulty in regard to the heads, but we find children attending school with verminous body and clothing. The following scheme has been applied in several districts with marked success:—

“The Nurse visits the Schools, examines the children, and notes the names and addresses of all who are unfit to be in School owing to their verminous condition. In some cases the names and addresses are forwarded to the Medical Officers of Health, whose Inspectors call at the homes and leave a copy of card (No. 1). In other cases the Medical Officers of Health furnish me with a supply of cards (No. 2) which the Head Teachers send to the parents. I shall be glad to know whether you would be willing to co-operate if this scheme were put into force in your district, and if so, what methods you would like to adopt.”

“Card (No. 1),” issued by the Council of the Borough of St. Marylebone (Public Health Department), is to the following effect:—

“This card entitles.....of.....to the use of the disinfecting station and a hot bath, etc., at No. 27, Grove Road, N.W., and is available from.....tobetween the hours of 9 and 11 a.m., and 2 and 4 p.m.”

“Card (No. 2),” issued by the Council of the Borough of St. Pancras (Public Health Department), reads:—

“Children's Baths* Entrance from St. Pancras Gardens, N.W.

“Please admit.....sex.....age.....of the.....Department of.....School, to a hot bath, etc., at the Children's Baths, St. Pancras Gardens, Pancras Road, N.W., between the hours of 9.30 a.m. and 5 p.m. (Saturdays 1 p.m.).

“Date of issue of Bath Card.....Signature of Teacher or other responsible person.....Address of ditto.....

“This Bath Card is to be retained by the child, as it is available for more than one bath, according to the instruction of the Attendant, and must be shown to Attendant, Teacher, or other responsible person, when asked for.”

* Special children's baths have been provided at St. Marylebone and St. Pancras. In the first-named Borough upwards of 100 children, weekly, are bathed and otherwise cleansed, their clothing meanwhile being stoved so as to ensure the destruction of vermin. The weekly average number of cases dealt with at St. Pancras is about 70. Children's baths do not appear to have been provided for the purpose in any other Metropolitan Borough.

In reply to the foregoing communication, I wrote to the Medical Officer (Education), as follows :—

“*Verminous children.* I brought your circular letter to the attention of the Public Health Committee who postponed consideration of it till the new Committee shall have been appointed after the elections on 1st November. Meanwhile, I shall be obliged if you can give me any information, based on the experience of the local nurse, as to the number of cases she has to deal with at the schools in this Borough, so that I may be in a position to report as to the probable amount of work that would follow acquiescence with your request.”

On October 22nd, I received a further communication from the Medical Officer (Education), as follows :—

“*Verminous Children (Bodies and Clothing).* In reply to your letter of the 18th inst., I am unable to say exactly how many children would require bathing each week, as we have not yet dealt with the Kensington district; but in the Borough of Marylebone about 160 attend the baths and disinfecting station each week. I think it would be sufficient, at present, if you could make arrangements for the reception of 50 per week. If you could kindly arrange for the children to be dealt with out of school hours, it would conduce to the efficiency of the scheme.”

The subject being of undeniable importance, reference may be made to the powers of the Council, as Statutory Authority, in regard to it, conferred by the *Cleansing of Persons Act, 1897*.

The Act reads as follows :—

“1. On and after the passing of this Act any local authority shall have the power, when in their discretion they shall see fit, to permit any person who shall apply to the said authority, on the ground that he is infested with vermin, to have the use, free of charge, of the apparatus (if any) which the authority possess, for cleansing the person and his clothing from vermin. The use of such apparatus shall not be considered to be parochial relief or charitable allowance to the person using the same, or to the parent of such person, and no such person or parent shall by reason thereof be deprived of any right or privilege, or be subject to any disqualification or disability.

“Local authorities may expend any reasonable sum on buildings, appliances, and attendants that may be required for the carrying out of this Act, and any expenses for these purposes may be defrayed out of the rate or fund applicable by the Authority for general sanitary purposes.”

The following reference to the action of the late Vestry is contained in a report of the Sanitary Committee, adopted by the Vestry on 3rd November, 1897 :—

“*Stating*—That, pursuant to the reference by the Vestry of the 22nd September, the Committee have had before them the letter from the Local Government Board calling attention to the *Cleansing of Persons Act* The Committee have been in communication with the Kensington Guardians as to the steps to be taken for carrying out the provisions of the Act, and a Deputation has attended before the Mary Place Establishments Committee of that body on the subject. At this interview a proposition was put forward by the Deputation that the Guardians should treat, on the Vestry's behalf, any persons desirous of availing themselves of the benefits of the Act, and this proposition was, the Committee are pleased to be able to report, most favourably received. A letter has since been addressed to the Vestry by the Guardians, embodying the proposition referred to, and intimating that, for the present, and until the numbers availing themselves of the Act are so great as to be beyond the capacity of the apparatus at the Casual Wards, they are willing to allow the use of such apparatus by any persons who are sent with an Order from the proper Officer of the Vestry, upon a payment of 2s. 6d. toward the expenses incurred in respect of each person so sent.

“*Recommending*—That the offer of the Guardians be accepted upon the terms named by them, and that it be left to the Vestry Clerk and the Medical Officer of Health to settle with the Clerk to the Guardians as to carrying the arrangements into effect.”

The report was adopted, and the arrangement is still in force; but the number of persons who avail themselves of the facilities provided is quite insignificant.

The question of the *Cleansing of Persons* under the provisions of the Act, formed the subject of an inquiry by the Public Health Department of the London County Council in 1904, and of a report,* prefaced by an introduction by the Medical Officer of Health, in which it is stated that—

“Only in St. Marylebone, St. Pancras and Hackney has “any accommodation been provided such as would appear calculated to attract persons requiring cleansing. Much (it is added) depends upon the character of the accommodation provided, and much, no doubt, also depends upon the sufficiency of the steps taken to make this provision known to the persons likely to avail themselves of it.”

* By Dr. Wanklyn, now Assistant Medical Officer of Health to the London County Council.

The conclusion arrived at by the Medical Officer, as the outcome of the inquiry, is that—

“The circumstances which are needed to make the Act usefully operative in London, are that proper provision should be made both in respect of character and locality of the accommodation; that this accommodation should be made widely known, and should also be made available for all applicants irrespective of any question as to their place of residence.”

A suggestion having been made that the Council should give publicity to the facilities provided for the purposes of the Act, by the issue of a notice for posting in common lodging-houses: a notice was drafted, in which it was intimated that—“Any person of either sex having vermin may get a bath, and have his or her clothes cleansed **FREE OF CHARGE**, at the Casual Wards, Mary Place, Notting Dale.”

Attention having been called “to the requirement in some districts (including Kensington) that the applicant should, before applying at the Cleansing Station, first obtain an order signed by the Medical Officer of Health,” the County Medical Officer of Health justly observed that—“obviously the necessity of journeying in the first instance to the Town Hall, and afterwards to the Cleansing Station, must act as a deterrent.” To meet this objection, it is further intimated in the Council's Notice, that “the Deputy (at the common lodging-house) will give (to the applicant for cleansing) the necessary ticket on application.”

The notice was posted at the common lodging-houses, and books of tickets were given to the County Council's Inspector, who distributed them to the Deputies; nevertheless very few persons have availed themselves of the facilities, although the accommodation for nightly lodgers is 467 beds in the 17 lodging-houses in the Notting Dale special area alone.

I have thus dealt with the general question, inasmuch as the aforementioned request of the Medical Officer (Education) of the County Council amounts, in effect, to a recommendation for the establishment by the Council of a Cleansing Station apart from the Casual Wards, and dissociated from Poor Law Relief. Such a step on the part of the Council would have my entire sympathy, as conferring a boon to persons in need of assistance in peculiarly disagreeable circumstances. In any event, the case of verminous children is one eminently deserving of consideration, and in this connexion it will be remembered that the Council possess power to enforce the cleansing of a house infested with vermin, by the owner or occupier, “and to take such other steps for the purpose of destroying and removing vermin as the case may require,” under Section 20 of the London County Council (General Powers) Act, 1904. This power was exercised, last year, in respect to 269 houses. In this connexion it may be remarked that it is probable that children who go to school in a verminous condition, become infested at home; and should provision be made for cleansing them, applications by the Education Committee's nurse for the Council's aid, would reveal the existence of infested houses, and put the sanitary inspector on their track, and thus lead to extensive use of a cleansing station. Should the Council decide to deal with the matter, it will be deserving of consideration whether, in connexion with the station, accommodation might not be provided for persons requiring to be sheltered whilst their homes are undergoing purification after infectious disease. Be this as it may, and whether, or not, the number of cleansings of children should be as great as estimated by the County Medical Officer (Education); viz., 50 per week, I anticipate that the work would be in excess of the power of the Board of Guardians to deal with; and in any case there will hardly be any difference of opinion as to the undesirability of sending children to the casual ward for the purpose, apart from the improbability of parents permitting such a thing to be done.

The Public Health Committee of the London County Council in a report (24th May) submitted “recommendations” as to the legislation in public health matters which the Council should promote in the Session of 1907, amongst them one relating to “cleansing of verminous persons,” which was “agreed” by the Council in July. The said recommendation, in effect, proposed to extend and make compulsory the provisions of the Cleansing of Persons Act, 1897, by “Enabling the Council and sanitary authorities to provide for the cleansing of children attending schools within the County of London, and persons in common-lodging-houses who are infested with vermin.” The Committee in their prefatory remarks, referred to the powers contained in the *Glasgow Corporation (Police) Order, 1904*, which authorises a sanitary inspector, with the permission of the managers of an elementary school, to enter a school under their control to examine a child, and take the necessary steps to secure cleansing if found requisite; and stated that the Education Committee were of opinion that the Council should be enabled to require the cleansing of children attending schools within the county on the lines of the said Act. The Cleansing of Persons, Act, 1897, is generally disregarded in the Metropolis, its provisions not being compulsory. The exercise of the proposed power would tend, generally, to the abatement of a singu-

larly objectionable nuisance. In this connection it may be mentioned that the late Vestry, in 1897, applied to the Local Government Board for sanction for a proposed new By-law with reference to houses let in lodgings, in the following terms—

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

In the By-laws made by the Council, under Section 94 of the Public Health (London) Act, 1891, the provisions with regard to verminous premises (approved, in 1905, by the Local Government Board) read as follows:—

“13. . . . Every lodger in a lodging-house to whom any room is let unfurnished, shall maintain the bedding and other articles therein in a clean and wholesome condition.

“14. Subject to the provisions of these By-laws, the keeper of a lodging-house in which rooms are let in furnished lodgings, shall cause the bedding and other articles in such rooms to be at all times maintained in a clean and wholesome condition.”

These By-laws are duly enforced, as far as practicable.

PAVING OF YARDS.

A good many yards were paved, in conformity with the provisions of the Council's tenth by-law. This is a work that might with advantage be considerably extended as being necessary “for the prevention or remedy of insanitary conditions”—a fact sometimes lost sight of. That paving is “necessary” for this purpose is indubitable, and the subject is deserving of the attention of sanitary authorities; by whom, probably, more would be done, were due weight attached to the hygienic importance of cleanliness and dryness in the surroundings of dwelling houses—a matter to which attention was specially directed in my annual report for 1897 (page 146); the authority of the late medical officer of the Local Government Board being cited in support of the views therein expressed.

HYGIENIC STREET PAVING.

Little progress was made during the year in giving effect to recommendations made by the Public Health Committee for the paving with asphalt of roads named in preceding annual reports. In connexion with the new refuse destructor, machinery has been provided for the manufacture of “clinker-asphalt” blocks, for the paving of roads in lieu of asphalt. This fact was adduced as ground for delay in giving effect to the recommendations adverted to. At the date of this report the machinery had not been brought into working order.

As regards the cost of hygienic street paving, a report presented to the Council by the Works Committee, shows that a tender from the French Asphalt Company for laying compressed asphalt on concrete in certain streets was, for $1\frac{1}{2}$ inches of asphalt on concrete 9s. 6d per yard, or 2 inches of asphalt at 11s. 6d. per yard, the Council executing any necessary excavating and carting; the Company moreover undertaking to maintain the roadways for a period of five years free of charge. The Company's tender was accepted subject to their undertaking to maintain the roadways (save in exceptional cases) for a period of ten years free of charge.

Nuisance in Private roadway at the rear of Brompton Square (West side).—I have repeatedly had occasion during the last five years to call the attention of the Public Health Committee to the deplorable condition of this roadway, which is unpaved and undrained, so that on the occurrence of heavy rainfall, it becomes a miniature lake and, subsequently, a quagmire. On 29th June, after a severe storm, the roadway was covered with water to a maximum depth of 15 inches, over a length of 160 feet, and a breadth of 14 feet; the water overflowing the sills of some of the doorways giving access, to tradesmen and others, to the gardens at the rear of the houses. Former reports on the subject had been referred to the Law and General Purposes Committee, and to the Council's solicitors, with a view to a remedy being found; but nothing came of the references, it appearing impossible to fix on any one liability to abate the nuisance. I recommended institution of proceedings against the owners of the houses to secure the paving and drainage of the roadway; or, in the alternative, that steps be taken by the Council with a view to the dedication of the road to the public use as a new street. No action was taken.

PUBLIC BATHS AND WASHHOUSES.

I am indebted to Mr. Buck, Superintendent, for the subjoined particulars:—The washers in the year ended 31st March, 1907, were 69,787, compared with 71,604 in the preceding twelve months; the bathers 135,895 (males 99,478, females 36,417), compared with 121,089 in 1905-6. The total includes pupil teachers 466 (males 241, females 225). Number of evening continuation classes 3,322 (males 1,224, females 2,098). School children 29,756 (males 15,508, females 14,248), and members of boys' and girls' clubs, 1,391 (males 1,085, females 306). I can only repeat here what has been remarked in many previous reports, that, for the majority of parishioners, the site of the establishment is not sufficiently central for bathers, and is too remote for would-be washers. The same objection would apply to any single site in the Borough. What is wanted is the provision, in convenient localities, of buildings on a modest scale to which the poor in the central and southern districts might resort for laundry purposes.

UNDERGROUND ROOMS ILLEGALLY OCCUPIED.

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

NUISANCE FROM GAS WORKS.

Complaints are received every year of effluvium nuisance from the gas works at Kensal Green—a subject fully dealt with in the Annual Report for 1894 (page 166). There can be no doubt as to the genuineness of the complaints, which receive confirmation from Willesden, the inhabitants of that district suffering when Kensington people have no ground for complaint, and *vice versa*; the incidence of nuisance varying with change in the direction of the wind. That the cause of nuisance is more or less under control, would appear from the intermittency of the complaints; and as the smells are at times not perceptible to any noxious degree in the vicinity of the works.

In March, several complaints were received from (amongst others) residents in St. Quintin Avenue and other streets in that vicinity. Written intimations of nuisance were served upon the secretary of the Gas Light and Coke Company; and also upon the resident engineer, who attributed the offensive effluvia to the defective condition of one of the scrubbers, then under repair, the top having been taken off for the purpose. It was stated that the lime purifiers were emptied, when necessary, between 2 and 3 a.m.; that every effort was made to reduce offensive smells to a minimum, and that nuisance from this cause would cease in a few weeks, when the process of purification of the gas by lime would come to an end, and oxide of iron only be used for the purpose. The change having been brought about, no further cause for complaint arose, and therefore no occasion for giving effect to the directions of the Public Health Committee for the institution of proceedings.

DISINFECTION.

Not the least interesting event of the year was the opening of the Council's disinfecting station at the Wood Lane depôt, Shepherd's Bush. For many years—under powers conferred by the Sanitary Act, 1866—the disinfecting of infected articles, clothing, bedding, etc., had been carried out under contract—provision, moreover, having been made (in Kensington alone, I think) for "cleansing," also, of such articles as admitted of washing.

For some years attention had been called in my reports to the desirability of the Sanitary Authority providing a station, and doing the work by its own staff of disinfectors; and in 1896 the question "as to the desirability of the Vestry erecting a disinfecting station" was referred to the Sanitary Committee. A sub-committee was appointed to view certain existing stations, the most important seen being that at Islington, where, as the sub-committee reported, "the Vestry have provided a most complete station, comprising two Nottingham disinfectors, and ample laundry accommodation for washing and cleansing articles when necessary."

The sub-committee further reported that the cost of disinfecting and cleansing of infected articles in Kensington, in the preceding three years—1893-4-5, had been £2,988, or, on an average, about £1,000 per annum (irrespective of the wages of disinfecting officers), an amount which was largely exceeded by the expenditure in 1896, viz., £1,361. I had expressed the opinion that the work might be done at considerably less cost by the Vestry directly; but "as a result of the

Sanitary Committee's consideration of the matter," they came to the conclusion that "it was not desirable that the Vestry should provide their own disinfecting station, but that the disinfecting and cleansing of clothing, bedding, etc., should continue to be entrusted to the (then) contractors." The Committee accordingly recommended "that no variation be made in the arrangements (then) in force for the execution of the work," and their report was adopted by the Vestry.

The question was reopened in 1901-2, a special committee having been appointed "with reference to the development and utilization of the Council's land at Wood Lane." Paragraph 2 of the Committee's report reads as follows:—

"With regard to the reference of the Council of the 5th November (1901) directing us to consider as to the practicability of providing a disinfecting station on the Council's land at Wood Lane, we beg to report that the land offers a suitable site for the erection of a disinfecting station, and we have inspected public and private installations of this nature with a view of ascertaining the description of the building and its equipment, which it may be desirable to provide on the site. . . .

"The Council having already endorsed the opinion expressed by the Public Health Committee that provision should be made for the Council to carry out their own disinfecting work, subject to a suitable site being available*, it only remains for us to recommend—

"That the Council do approve of the construction of a disinfecting station on the land at Wood Lane. . . .

The recommendation was adopted by the Council (4th February, 1902).

The work went forward, and in view of the inauguration of the Station (27th July, 1906), by His Worship the Mayor, an account of the buildings, apparatus, etc., was prepared, from which the subjoined "particulars" are excerpts.

The drawings and specification for the building were prepared by the late Borough Engineer (Mr. Wm. Weaver) after several of the most modern disinfecting stations had been visited, the desire prevailing throughout the whole of the proceedings that the station should be as complete and perfect as science could make it, so that the disinfection of articles might be absolutely effectual, and also that no danger might arise from the operations which are to be conducted therein.

A tender for the erection of the building, excluding the apparatus and machinery, by Messrs. Alfred Hudson & Co., Caxton House, Westminster, was accepted at £4,727. The foundations of the building had been laid by the Council's own workmen.

Description of the Building.—The exterior of the building is constructed to a height of four feet with blue Staffordshire bricks, and the upper part with selected salt-glazed bricks with glazed terra-cotta dressings. The interior is built to a height of four feet with glazed bricks, the walls above being lined with glass tiles. The whole of the structure is impervious to water so that it may be washed down both inside and outside.

The following accommodation is provided in the building:—

An "Infected Room," 30 feet by 15 feet, for the reception of infected articles which will thence be placed in the disinfectors:

A "Disinfected Room," 30 feet by 20 feet, in which disinfected goods are received from the apparatus.

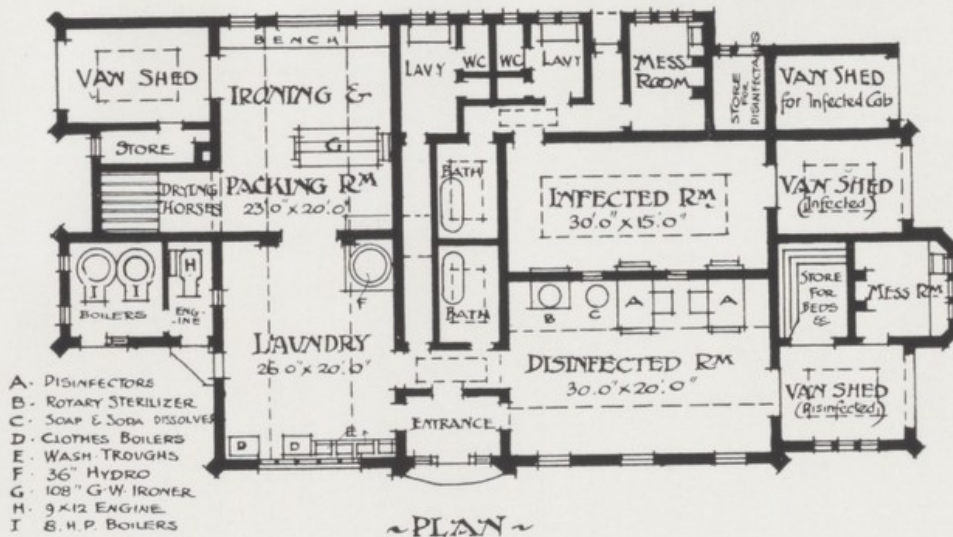
A Laundry consisting of a washing room 26 feet by 20 feet, and an ironing and packing room 23 feet by 20 feet.

An air-tight chamber for the disinfection of cabs or other vehicles which may have become infected.

Three Van Sheds.

* The Special Committee had been appointed on the 9th November, 1901, to "consider the several matters dealt with in the report of the Borough Engineer (23rd September, 1901) on the development and utilization of the Council's land in Wood Lane." The Public Health Committee having had before them "the question of the advisability of the provision by the Council of their own disinfecting station and apparatus," and "having obtained particulars from certain other Local Authorities, metropolitan and provincial, with regard to the various methods employed by them in carrying out their own disinfecting work," expressed the opinion that "subject to a suitable site being available, preferably at one or other of the existing depôts of the Council, it is desirable that the Council should make such provision," and they recommended that "the question of the practicability of providing a disinfecting station . . . on the Council's land at Wood Lane might with advantage form the subject of an additional reference to the Special Committee." The recommendation was adopted by the Council, 13th November, 1901.





A Boiler and Engine House.

The men to be employed on the "infected" side of the station cannot pass to the "disinfected" side, and separate mess-room accommodation is provided for their use, with lavatories, bath rooms, etc.

Apparatus and Machinery.—When the designs for the building were prepared, the same were referred by the Council's Works Committee to the Public Health Committee, in order that they might consider as to the machinery and apparatus to be installed therein.

The Public Health Committee thereupon drew up an abbreviated specification of the machinery, etc., they desired, and Messrs. Manlove, Alliott & Co., Ltd., Nottingham, the makers of the particular apparatus, were invited to submit complete drawings and specification with a formal estimate for supplying and fixing the same. Their estimate amounted to £1,650, and this was accepted by the Council.

Particulars as to the Disinfectors and Machinery, and of the Process of Disinfection.—The type of Disinfector is that known as the "Alliott and Paton Pattern." The Disinfecting Chamber of each of the two machines is 7 ft. long, 6 ft. high and 3 ft. 7 in. wide internally, and is fitted with a steel framed door at each end.

The process consists of:—Firstly, extracting the air from the chamber and its contents; secondly, replacing it with dry high pressure saturated steam; lastly, after the goods have been subjected to the action of the steam at 20 lbs. pressure for a sufficient period to destroy all traces of organisms, the steam is allowed to escape and a second vacuum obtained, this being broken in its turn by hot pure air so that when, subsequently, the goods are removed, they are not only sterile but also dry and aired.

Some articles which are wholly or partially made with leather, fur or the like, naturally cannot be subjected to steam without damage. These are disinfected in the same machine, but are treated by Formalin vapour introduced through special appliances provided for the purpose.

Each Disinfector is fitted with Recording Pressure Gauge by means of which a diagram of every operation is obtained, as a record, and as evidence of the exact treatment that the goods have received.

Stained articles, if introduced forthwith into the ordinary Disinfector, would be removed, after steaming, with the stains ineradicably fixed, or even intensified. A Rotary Sterilizer has been fixed with the object of getting over this difficulty. Articles which are received stained, or which for other reasons require to be washed as well as sterilised, will be placed in the sterilizer and properly cleansed without handling of any sort. On removal from the Rotary Sterilizer the washed articles can be taken into the Laundry and placed in a Hydro-Extractor, and afterwards dried in a Drying Closet and finished in a Decoudun Ironer.

There is also an Airing Closet in which articles may be stored after disinfection. This is conveniently placed alongside the standing place for the return van, and is warmed by means of steam coils.

Two Vertical Boilers are provided as a precaution against stoppages.

Generally.—Two specially constructed vans have been purchased, one for the collection of infected articles, and the other for delivering disinfected articles.

The following staff will be employed, in addition to the present Disinfecting Assistant, for carrying out the disinfecting work:—

- 1.—A working foreman, who shall have had experience in engineering and stoking; this man will be called "Engineer in charge."
- 2.—A driver.
- 3.—A disinfecter who shall assist in collecting infected articles and in delivering disinfected articles.

It is contemplated that four cottages shall be erected at the Depot, to be rented by the men engaged at the Disinfecting Station, so that the disinfecting staff may, at all times, be immediately available in case of emergency.

A full account of the proceedings at the inauguration ceremony (which was largely attended; Mayors of several Boroughs, members of the Council, many medical officers of health and medical practitioners, etc., being present) was published in the issue of the *Kensington News* for 3rd August. The illustrations speak for themselves. The Station was brought into operation on 1st September, 1906, and has worked satisfactorily. The subjoined table shows the number of operations, etc., since that date until the end of the financial year 1906-7, a period of seven months.

1906-7.	Number of Disinfections after				Total No. of Disinfections.	Articles Disinfected.				Including Disinfections of (or after).	
	Scarlet Fever.	Diphtheria.	Enteric Fever.	Other.		No. of.	Weight of.				
							tons	cwts.	qrs.		lbs.
September	46	8	1	1	56	1,200	2	12	3	20	Loan bedding.
October	70	11	4	2	87	1,820	1	8	2	21	Maternity Bag (Puerperal Fever.
November	47	18	3	3	71	1,440	3	6	1	17	Phthisis (2), Maternity Bag.
December	25	15	1	4	45	1,659	2	3	...	4	Erysipelas, Chickenpox, Cancer, Puerperal Fever (one each).
January	50	12	5	4	71	2,123	3	15	1	13	Cancer (2), Phthisis (1). Loan bedding.
February	37	11	1	8	57	2,709	4	8	2	21	Cancer (4), Phthisis (1), Measles (2). Loan bedding.
March	41	9	...	10	60	1,251	2	15	1	9	Erysipelas (1), Membranous Croup (1), Phthisis (1), Cancer (2), Loan bedding (5).
Totals	316	84	15	32	447	12,202	20	10	1	21	

With few exceptions the disinfected articles were also cleansed, and in a certain number of instances, moreover, washing of infected articles of clothing, etc., was undertaken, week by week, for the convenience of householders, during the continuance of infectious disease treated at home; a charge being made for the service: 1,116 rooms in 1,010 houses were disinfected in the course of the year.

Residence for Employés.—Deeming it to be desirable for the disinfecting staff to be resident at the depôt, adjacent to the disinfecting station, I recommended (November 2nd, 1905) provision of cottages for them, and on 13th March, 1906, the Council adopted reports by the Public Health Committee and the Finance Committee as follows:—

Public Health Committee Report (6th March, 1906).—"We are of opinion that it is desirable that the staff should reside on the premises, and we have therefore considered a proposal for the erection of a block of four cottages, each containing four rooms, to be rented by the employés at the disinfecting station. We now submit a sketch plan, prepared by the Borough Engineer, showing the proposed cottages, and recommend, That the said plan be provisionally approved, and that, subject to the sanction of the Local Government Board being obtained to the borrowing of the sum required for the erection of the said cottages the Works Committee be authorised to have the necessary specification and working drawings prepared, and to invite tenders for the erection of the cottages for submission to the Council."

The Finance Committee (under date 7th March, 1906) reported that the Public Health Committee had submitted—

"Particulars of the proposal which they are bringing before the Council, for the erection of four cottages to be occupied by the staff to be employed at the Disinfecting Station at Wood Lane Depôt, and as the adoption of the recommendation of the Committee is made subject to the Local Government Board sanctioning the raising of a loan to meet the expenditure proposed to be incurred, we recommend, 'That the necessary application be made to the Local Government Board for their sanction to the Council borrowing the sum required for the erection of the said cottages, [and for the carrying out of the further works which the Public Health Committee are recommending] in connection with the Disinfecting Station.'"

Application was made to the Local Government Board (12th April, 1906) for sanction to the borrowing of about £1,350, the estimated cost of the four cottages—plans of which were forwarded for approval. On 4th July, an inquiry was held in regard to this, as part of a larger, application, by one of the Board's medical inspectors. On October 13th the Board signified their objection to the plans, on the grounds that the bedrooms were too large, and the cost excessive, although the scheme was designed to be self-supporting. The Board's letter came before the Public Health Committee at the first meeting after the triennial election of the Council, in November, when it was resolved, without discussion, that—

"In view of the objection taken by the Local Government Board to the plans and estimates submitted to them, the further consideration of the question of erecting the proposed cottages be deferred for six months. . . ."

The report of the Committee was adopted by the Council, without debate, and the matter stands adjourned to 28th May, 1907.

Infected Clothing and Laundries.—A communication was received early in the year from the County Council, upon a suggestion made by the Islington Borough Council, that the County Council should promote legislation to secure that the sending of infected clothing to laundries shall be a punishable offence. I reported to the Public Health Committee on the subject as follows:—

"I am of opinion that the sending of infected clothing to laundries is a punishable offence under Section 68 of the Public Health (London) Act 1891, which reads as follows:—

(1) If any person—

. . . . (c) Gives, lends, sells, transmits, removes, or exposes, without previous disinfection, any bedding, clothing, or articles which have been exposed to infection from any such disease (*i.e.* "dangerous infectious disease"),

he shall be liable to a fine not exceeding Five pounds.

But as laundries are not specifically mentioned, and as there are other dangerous infectious diseases than those named in the Act (Section 55, (8),) I think the suggestion made by the Islington Borough Council is a good one; I therefore beg to advise that the Council be recommended to inform the County Council, in reply to their request for the Council's observations on the subject, that they concur with the views set out in the Islington communication. "which arose out of a report by the Medical Officer of Health for that Borough, expressing the view that the County Council should promote legislation in order to provide that the sending of infected clothing to laundries shall be a punishable offence."

The Council, upon the recommendation of the Committee, informed the County Council that they concurred with the suggestion of the Islington Borough Council.

TEMPORARY SHELTER OR HOUSE ACCOMMODATION.

The Public Health (London) Act, 1891, section 60, sub-section (4), requires the sanitary authority to make provision for housing persons during the time necessary for the disinfection of their rooms after infectious disease. The need for this provision is shown by the fact that last year 117 cases of infectious disease occurred in families in occupation of three rooms; 148 cases in families occupying two rooms, and 68 cases in families herded in single rooms. Of the sufferers in families occupying single rooms, 51 had scarlet fever, 14 had diphtheria, and 3 had enteric fever.

In the report for 1904, a statement, prepared for the information of the Public Health Committee, exhibited the number of cases of infectious disease which had occurred in tenements of less than four rooms in the eleven years 1894-1904, and the diseases from which the persons suffered who had resided in single room tenements. The figures indicated an improved state of affairs in recent years.

Now that formalin is so much used for disinfecting, the need of a shelter is less felt than formerly; it is the fact, moreover, that people generally prefer to make their own arrangements, rarely making use of the shelter where provided. Should the Council decide to fit up a station for cleansing of persons, it would be an economical arrangement to combine with it a shelter.

PUBLIC MORTUARY.

Bodies were deposited at the Mortuary to the number of 341, upon applications as follows:—

1. At the request of the relatives of the deceased	...	...	...	1
2. At the request of undertakers, mainly at the instance of the relieving officer	...	...	...	104
3. At the request of the coroner (inquest cases):—				
Cases of sudden death	...	...	...	116
Cases of violent death	...	...	...	73
			—	189
4. Brought in by the Police—Persons found dead	...	...	...	23
Accident cases	...	...	...	6
			—	29
5. On account of death due to infectious disease...	...	...	...	18
			—	341

In 127 of the above cases *post-mortem* examinations were made under the coroner's warrant.

Annual Number of Bodies taken into the Mortuary, 1896—1906.

Year.	No. of bodies received at the Mortuary.	No. of bodies upon which Coroner's inquests were held.	No. of bodies upon which <i>post-mortem</i> examinations were made.
1896	289	204	126
1897	290	234	118
1898	275	215	111
1899	342	259	129
1900	317	244	106
1901	295	221	115
1902	273	187	92
1903	300	207	77
1904	334	206	90
1905	338	202	119
1906	341	217	127

Complaint is occasionally made of improper detention in houses of the bodies of deceased persons, on the supposition that the Council possess power to remove bodies to the public mortuary at will. What the law enables the Council to do, is set out in the 89th section of the Public Health (London) Act, 1891, which provides that—

“ When either—

- (a) The body of a person who has died of any infectious disease is retained in a room in which persons live or sleep; or

- (b) The body of a person who has died of any dangerous infectious disease is retained, without the sanction of the medical officer of health, or any legally qualified medical practitioner, for more than 48 hours, elsewhere than in a room not used at the time as a dwelling place, sleeping place, or workroom; or
- (c) Any dead body is retained in any house or room so as to endanger the health of the inmates thereof, or of any adjoining or neighbouring house or building;

a justice may, on a certificate signed by a medical officer of health, or other legally qualified medical practitioner, direct that the body be removed, at the cost of the sanitary authority, to any available mortuary, and be buried within the time limited by the justice."

Many of the cases of improper deposit of dead bodies in living rooms, occur in connection with removals for private burial from the borough infirmary.

CHAPEL OF REST FOR THE DEAD.

With a view to correct the evil dealt with in the preceding paragraph, I recommended (No. 3 report, 29th March, 1902), the provision of a mortuary chapel at North Kensington. The grounds for this recommendation were fully set out in the annual report for 1902, page 124. The Council, upon the advice of the Public Health Committee, adopted the recommendation; and also my further proposal to place the building at the south-east corner of Avondale Park, adjacent to the park-keeper's residence. The building, completed at a cost of about £1,300, comprises a mortuary chapel, two waiting rooms for mourners, suitably furnished, sanitary conveniences, etc. During the year 59 bodies were admitted. The regulations framed for the management of the chapel, which is under the charge of the park-keeper, were printed in the annual report for 1904, page 92.

THE METROPOLITAN WATER BOARD: THEIR CUTTING-OFF POWERS AND PRACTICE.

A communication was addressed to the Sanitary Authorities, in November, by the Council of the Metropolitan Borough of Islington, based on a report of their Medical Officer of Health, alleging that "the Metropolitan Water Board are continuing the practice of the New River Company, by cutting off the water supply in any inhabited house, in respect of which the water rate has not been paid, and subsequently giving notice to the Borough Council that the water has been disconnected from the premises, in order that legal proceedings may be taken by the Council to compel the rate defaulter to reinstate it." The Public Health Committee of the Islington Borough Council recommended, and it was resolved—

(a) That the Council's representative upon the Metropolitan Water Board be asked to urge the Board to discontinue the practice of cutting off the water supply from premises in respect of which the water rate has not been paid, and to substitute legal proceedings for the recovery of such rate, where necessary.

(b) That the several Metropolitan Borough Councils be urged to ask their representatives upon the Metropolitan Water Board to take similar action.

The Council did as requested, not only because the matter was of interest from the public health point of view, but also as being one in regard to which the Kensington Sanitary Authority took action, on similar lines, so far back as 1882. The subject was dealt with in my annual report for that year, wherein (at page 117) I stated that it was—

"By no means uncommon to find houses without water, the supply having been cut off by the Companies as a coercive measure to obtain payment of the rate."

It was further observed that—

"A question arises whether this power should be left in the hands of the Companies, or whether they should not rather be left to their remedy, for the recovery of a debt, like other traders. At first sight (I said) it seemed not unreasonable to allow a Company to discontinue the supply when a customer failed to pay; but water is a prime necessary of life, and the absence of a proper supply to an inhabited house, constituted a serious nuisance: . . . the sanitary inspector had no option, but must take measures to secure restoration of supply when the water had been cut off; but it was not satisfactory that the powers conferred on the Sanitary Authority should have to be put in motion, practically, for the benefit of the Companies, whose officers, indeed, were not seldom our informants."

I recommended—

“That the attention of the Local Government Board be directed to the need of legislation . . . to take away the power of the Companies to cut off water from premises, and to substitute therefor such other powers, to enable the Companies to recover rates . . . as to their wisdom should seem sufficient and equitable*.”

The matter had been dealt with in more than one of my monthly reports in 1882, and these had been referred to the Sanitary Committee, who reported (*inter alia*)—

“(a) That the Water Companies should be requested . . . to give the Vestry notice in every case when they have cut off the supply of water from inhabited premises, from whatever cause; and,

“(d) That the Sections of the Acts, conferring on the Water Companies the power of cutting off the water from premises, should be repealed, such other powers to enable the Companies to recover rates . . . being substituted as to the wisdom of Parliament shall be deemed equitable”

The Committee recommended—

“(e) That (their) report, together with the legal questions raised in the reports of the Medical Officer of Health (dated February 1st and March 1st, 1882, respectively) be referred to the Law and Parliamentary Committee, for consideration as to the best way for giving effect to the recommendations contained in the said reports; and,

“(f) That upon the receipt of a report from the Law and Parliamentary Committee on the subject, a communication be sent to each Vestry and District Board of Works in the Metropolis, with a request that they should appoint three of their members to a conference upon the whole subject of water supply . . . for the purpose of taking such action in the matter as may be deemed expedient.”

The report was adopted by the Vestry, and referred; but no immediate action was taken thereon.

The question came up again, in 1884, in an acute form, consequent on the action of the Grand Junction Waterworks Company in cutting off the supply from Hayden's Mews, Notting Hill, with the result that 80 persons, occupying 15 separate premises, were deprived of water, for which they had paid in their weekly rents, the landlord having failed to pay the rate. “The Company” (as I stated) “had an indubitable right to cut off the water, under the provisions of the Waterworks Clauses Act, 1847,” but did so “without notice to the Vestry, the authority responsible for the sanitary condition of the Mews, or to the people inhabiting the Mews.”

The case attracted wide attention, and the Vestry resolved—

“That a copy of the Report of the Medical Officer of Health† (setting out the facts of the case) and a copy of (his) correspondence with the Grand Junction Waterworks Company, be sent to the Home Secretary, the Local Government Board, the Metropolitan Board of Works, to each member of the Royal Commission on Housing of the Working Classes, to the several Vestries and District Boards of the Metropolis, and to the Grand Junction Waterworks Company.”

The Royal Commission—of which the President of the Local Government Board was Chairman, and the (then) Prince of Wales a member—recommended, in their report, that the Companies be deprived of the summary power to cut off the water supply from inhabited premises.

In the Session of 1885, a Bill was introduced by the Earl of Camperdown, for “Regulating the Powers of those Water Companies which incorporate in their Special Acts the Waterworks Clauses Act, 1847.” It proposed, among other things, that the Companies should be deprived of the power of cutting off the supply of water for the non-payment of the rate, except in cases where an order was obtained, on a summons, setting forth the reason for the power being put in force, and the date at which the water might be cut off. The Bill found considerable favour with the public, and also with the sanitary authorities generally, many of whom petitioned in favour: it was supported by the Lord Chancellor (Lord Selborne) and by Lord Salisbury, and referred to a small Select Committee, upon the understanding that Counsel should not be heard. It emerged from the Committee room, and passed the Lords, in a form that failed to satisfy public opinion. Petitions were presented to the House of Commons praying, in effect, that the Bill might be restored to its original shape: it did not become law.

* My view was “that a Company should demand payment of their water rental in advance, in the case of a bad tenant, and take proceedings to enforce payment prior to the expiration of the period covered by the demand note,” and that the Companies should be “endowed with the same facilities for recovering their rentals as a nuisance authority for the recovery of their rates, which are simplicity itself.”

† It was a Special Report (No. 13, 1884, December 17th, page 79) setting out the facts of the Hayden's Mews case, and the correspondence between myself and the Secretary of the Water Company.

In the Session of 1887, a measure was introduced in the House of Commons, intituled, "Water Companies (Regulation of Powers)" described as "A Bill to limit the powers of the Water Companies to cut off the Tenant's Water Supply where the rate is paid by the Landlord." The Vestry petitioned in favour of the Bill, which became law. The Act,* in the cases to which it applies, makes provision for treating the water rate as a debt to be recovered—primarily, after notice to pay—from the occupier, who is entitled to deduct the amount paid to the Company out of the rent then due, or that may next become due, from him, when the owner, and not the occupier, is liable, by law, or agreement with the Company, to the payment of the rate, which is a charge on the dwelling house in priority to all other charges affecting the premises. The penalty for cutting off the supply, in contravention of the Act, is a sum "not exceeding five pounds for each day during which the water shall remain cut off"; the penalty to be "recovered summarily from the company by, and paid to, the person aggrieved." The Act does not apply to houses the water rate of which is payable by the occupier: its practical effect has been to reduce largely the number of cases in which the supply is cut off on account of non-payment of the rate.

The Companies had powers, under the Metropolis Water Act, 1871, to cut off, where constant supply was given, in case of the "absence of the prescribed fittings"; and also when, by reason of defective fittings, there was waste, misuse, undue consumption, or contamination of water. But, as stated in the annual report for 1887 (page 171), "the Companies rarely.....cut off on these accounts." This I said "confidently, in respect of their powers with regard to prescribed fittings," because, in such cases, they were required to give notice to the Nuisance Authority; and not more than a dozen such notices had been given to (the) Vestry in as many years. The Companies were (then) under no obligation to give notice when the cutting off was for non-payment of the rate; but all this was put right by the Public Health (London) Act, 1891; the 49th section of which requires the Company to give notice to the Sanitary Authority of the water supply being cut off. It reads as follows:—

"Where a water company may lawfully cut off the water supply to any inhabited dwelling-house, and cease to supply such dwelling house with water, for non-payment of the water rate, or other cause, the company shall, in every case, within twenty-four hours after exercising the said right, give notice thereof in writing to the sanitary authority of the district in which the house is situated."

The penalty for default is a fine not exceeding ten pounds; and it is "the duty of the Sanitary Authority to take proceedings against the (then) Company, (now the Metropolitan Water Board) in default. It has never been necessary to take such proceedings in the Royal Borough.

In all respects the state of matters has been greatly improved; nevertheless, it was satisfactory that the action the Islington Borough Council invited the other Borough Councils to adopt, was generally taken; not only for the reasons above set out, but also because "an occupied house without a proper and sufficient supply of water," is "a nuisance liable to be dealt with summarily under" (Section 48 of) the Public Health Act; and, "if it is a dwelling-house, shall be deemed unfit for human habitation." In reporting on the matter (in the twelfth monthly report, December 6th, 1906), I suggested that possibly a satisfactory solution might be arrived at on the basis of the proposal of Lord Camperdown's Bill, of 1885, viz.: that the water supply should not be cut off for the "non-payment of the rate, except in cases where an order is obtained, on a summons, setting forth the reason for the power being put in force, and the date at which the water may be cut off."

On the last day of the year the Water Board addressed a communication to the several Borough Councils as follows:—

"Disconnecting supplies for the non-payment of Water Rate."

"With reference to the resolutions recently passed by the Islington Borough Council on the subject of the disconnection of supplies by the Water Board as a means of recovery of outstanding water rates, I am directed by the Finance Committee to inform you of the following facts:

"The subject was gone into very carefully by the Committee in February, 1905, when they decided that it would not be in the interests of the Board, and, therefore, of the general body of consumers, to *entirely* abandon the practice. Since that date, however, the power to cut off supplies has been very sparingly used; the number of disconnections being reduced to a minimum.

* Popularly known as "Forrest Fulton's Act."

"No supplies are disconnected without the order of the Committee being first obtained, and in each case the whole of the surrounding circumstances are brought before them and fully considered. It has been the practice to refrain from giving such orders where the premises are known to be occupied by more than one family, and in genuine cases of poverty. Moreover, as you are doubtless aware, the Board are precluded by the Water Companies (Regulation of Powers) Act, 1887, from cutting off water where the owner, and not the occupier, is liable, by law or by agreement, for the payment of the water rate in respect of any dwelling house, or part of a dwelling house occupied as a separate tenement.

"With regard to the suggestion that the Board are continuing the practice of the late Companies, I am to state that the number of cases disconnected by the Board is very considerably less than before the transfer from the Companies; in fact, it amounts to less than one-third. During the half-year to Michaelmas, 1906, out of a total of nearly 1,100,000 supplies, only 218 were actually withdrawn, and of these 218 cases, 182 were merely turned off at the stop-cock, leaving only 81 cases in which physical disconnection was made.

"When regard is had to the fact that the Board's area of supply comprises some 252 parishes, it will be seen that the cutting-off of supplies has been reduced to a very low point, and I may add that whenever a supply is withdrawn, notice is immediately sent to the Clerk and the Medical Officer of Health of the Sanitary Authority.

"I might mention that during the period above referred to, the number of supplies actually disconnected in the Borough of Kensington was ten."

The foregoing explanation must be regarded as satisfactory, as far as it goes. The only comment it suggests to my mind is, whether, in the circumstances, it can really be worth the while of the Water Board to exercise their cutting-off powers for non-payment of the rate? and whether it would not be better to remove all ground for adverse criticism by discontinuing the practice, and taking legal proceedings against the surprisingly small number of "rate defaulters"?

Provisions as to Water.—Public Health (London) Act, 1891, Section 48 (2).—I brought this question to the attention of the Public Health Committee, the requirements of the Act not being enforced within the Borough. The sub-section reads as follows:—

"A house which after the commencement of the Act is newly erected, or is pulled down to or below the ground floor, and rebuilt, shall not be occupied as a dwelling-house until the sanitary authority have certified that it has a proper and sufficient supply of water, either from a water company or by some other means."

"My attention had been drawn to the subject in connexion with an application for my certificate, in a case where exemption from Inhabited House Duty was claimed, in respect of dwellings comprised in certain "mansions," in South Kensington. On inspecting the premises, I found that the water cisterns were so placed as to be inaccessible for cleansing, in contravention of the Council's 12th by-law, made under the Public Health (London) Act, 1891, Section 50, 'with respect to the cleansing of Cisterns,' which provides that—'The owner of any premises who shall provide thereon a tank, cistern, or other receptacle to be used for storing of water used, or likely to be used, by man for drinking or domestic purposes, or for manufacturing drink for the use of man, shall cause the same to be so constructed and placed that it may conveniently be cleansed.' The dwellings in question had been in occupation for some ten months; no certificate having been given by the sanitary authority that they had 'a proper supply of water'; and the cisterns not having been cleansed during that period, as prescribed by the Council's 14th by-law, which requires that the cistern be 'emptied and cleansed once at least in every six months, and at such other times as may be necessary to keep the same in a cleanly state and free from pollution.'"

The matter had been dealt with by the Sanitary Committee of the late Vestry, in 1892, on whose recommendation it was resolved—

"That it be an instruction to the Surveyor to make inspections, and grant certificates, in all cases where application is made to him under the provision of the statute"—

the result being that, no certificates being applied for, none were granted. I advised the Public Health Committee that—

"The requirements of the Act should be complied with, and every new house inspected with respect to the water supply, so as to ensure that it shall not be occupied until the Council shall have given the certificate required by the Act."

The Committee concurred with my views, and directed that the carrying out of the provisions of the Act be delegated to the Public Health Department; and the Council having adopted their report, any new house is now inspected, and not allowed to be occupied until the "Sanitary Authority have certified, under the hand of the Medical Officer of Health, that it has a proper and sufficient supply of water."

In bringing this report to a conclusion, I have pleasure in acknowledging the able assistance received from Mr. E. R. Hill, chief clerk in the Public Health Department, in the collation of the statistical matter, and generally. I desire also to bear testimony to the good work of the staff, as a whole, and particularly of the inspecting staff, male and female alike. Mr. Pettit, the chief sanitary inspector, as usual, rendered me most valuable help, of which it affords me great satisfaction to make acknowledgment.

I have the honour to be,

Mr. Mayor, and Gentlemen,

Your most obedient Servant,

T. ORME DUDFIELD,

Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL, KENSINGTON,

March, 1907.

APPENDIX I.

TABLE VI.

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

Showing Population, Inhabited Houses, Marriages, Births and Deaths in 1906, and in the preceding ten years; gross numbers.

The Year.	Estimated Population.*	No. of Inhabited Houses.†	Marriages.	Registered Births.	DEATHS.			
					Total, all Ages.‡	Under One Year.	Under Five Years	At Public Institutions.§
1906	179,500	23,000	1,690	3,428	2,497	452	693	895
1905	179,000	23,000	1,574	3,579	2,507	49	757	863
1904	178,500	23,000	1,672	3,568	2,540	503	756	784
1903	178,000	23,000	1,623	3,677	2,455	510	768	772
1902	177,500	23,000	1,703**	3,599**	2,746**	515	805	832
1901	177,000	23,000	1,651	3,708	2,650	581	876	801
1900	173,000	22,800	1,543	3,682	2,698	641	877	764
1899	172,400	22,750	1,693	3,682	3,021	642	932	942
1898	172,000	22,700	1,648	3,715	2,798	655	1,039	782
1897	170,700	22,669	1,681	3,765	2,667	609	912	839
1896	170,000	22,576	1,706**	3,821**	2,891**	656	1,111	817
Average 10 years 1896-1905.	174,810	22,849	1,649	3,680	2,697	581	883	819

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

Average Number of Persons to each house at Census: in 1861, 7.4; in 1871, 7.6; in 1881, 8.1; in 1891, 7.5; in 1901, 7.7.

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

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

† The data are somewhat unreliable.

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

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

** In 53 weeks.

TABLE VII.

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

Showing the Annual Birth-rate and Death-rate; Death-rate of Children; and proportion of Deaths at Public Institutions to 1,000 Deaths, for the year 1906, and the preceding ten years.

The Year.	Birth-rate per 1,000 of the Population.	Death-rate per 1,000 of the Population.	Deaths of Children under one year; per 1,000 of Registered Births.	Deaths of Children under one year; per 1,000 of Total Deaths.	Deaths of Children under five years; per 1,000 of Total Deaths.	Deaths at Public Institutions; per 1,000 of Total Deaths.*
1906	19.1	13.9	132	181	278	358
1905	20.0	14.0	139	199	302	344
1904	20.0	14.2	141	198	298	309
1903	20.7	13.8	139	208	313	314
1902	20.3	15.2	143	187	293	303
1901	20.9	15.0	157	219	331	302
1900	21.3	15.6	174	238	325	283
1899	21.4	17.5	174	213	309	311
1898	21.6	16.3	176	234	371	279
1897	22.1	15.6	161	229	342	315
1896	22.5	16.7	172	227	384	283
Average of 10 years. 1896-1905.	21.1	15.4	158	215	327	304

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

TABLE IX.

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

Showing the number of Deaths in the Borough at all ages, in 1906, from certain groups of Diseases, and proportion to 1,000 of Population, and to 1,000 deaths from all causes: also the number of Deaths of Infants under one year of age from other groups of Diseases, and proportions to 1,000 Births, and to 1,000 Deaths from all causes under one year.

Division I. (At all Ages.)					Total Deaths.	Deaths per 1,000 of Population.	Deaths per 1,000 of Total Deaths.
1.	Principal Zymotic Diseases	...	...	...	278	1.5	111
2.	Pulmonary Diseases	...	...	...	458	2.6	183
3.	Principal Tubercular Diseases	...	...	...	271	1.5	109
Division II. (Infants under one year.)					Total Deaths.	Deaths per 1,000 of Births.	Deaths per 1,000 of Total Deaths under one year.
4.	Wasting Diseases	...	...	...	107	31.2	237
5.	Convulsive Diseases	...	...	...	28	8.2	62

NOTES.

1. Includes Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping-cough, Typhus Fever, Enteric (or Typhoid) Fever, Simple Continued Fever, and Diarrhoea. Thirty-three of the deaths occurred in Hospitals without the Borough.
3. Includes Phthisis, Scrofula, Tuberculosis, Rickets, and Tabes.
4. Includes Debility, Atrophy, Inanition, Want of Breast-milk, and Premature Birth.
5. Includes Hydrocephalus, Infantile Meningitis, Convulsions, and Teething.

TABLE VIII.

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

Deaths registered from all causes in the Year 1906.

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

For a Summary of this Table see page 20.

CAUSES OF DEATH	AGES.												Total under Five Years of Age.	Grand Total all Ages.	Sub-district.	
	0 to 1.	1 to 5.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.	85 and upwards.	Kensington Town.			Brompton.	
GENERAL DISEASES	277	138	32	35	72	115	98	102	108	96	46	415	1114	898	216	
LOCAL DISEASES	116	91	17	42	59	86	141	193	240	185	59	207	1219	961	268	
DEATHS FROM VIOLENCE	16	11	4	3	7	10	14	11	11	11	2	27	100	77	23	
DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES	43	1	1	...	1	...	2	2	3	1	...	44	54	48	6	
	452	241	54	80	139	211	255	308	357	293	107	693	2497	1984	513	
GENERAL DISEASES.																
Small-pox { Vaccinated ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Not Vaccinated ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Doubtful ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cow-pox, Effects of Vaccination ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles (Morbilli)	81	48	1	...	1	...	...	...	...	...	...	79	81	76	5
Epidemic Rose Rash, German Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ... ..	...	8	3	...	...	...	...	...	...	...	...	8	11	8	3
Typhus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	1	1	2	...	2	2	3	10	11	16	4	2	52	30	22	
Whooping-Cough	11	9	...	...	...	...	...	...	...	...	...	20	20	20	...
Mumps ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria, Membranous Croup	8	7	8	...	1	...	...	...	...	...	...	10	19	13	6
Cerebro-Spinal Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Simple Continued Fever "Pyrexia" ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ... ..	...	...	...	1	1	3	...	...	...	...	...	...	5	4	1
Asiatic Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Diarrhoea, Epid. (or Zym.) Enteritis	74	28	...	1	1	...	...	...	1	...	...	102	105	100	5
Diarrhoea, Choleraic Diarrhoea	18	5	...	1	...	...	...	4	4	1	3	23	36	32	4
Dysentery ... ..	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
Malarial Fever ... ..	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...
Hydrophobia ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Glanders, Farcy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anthrax, Splenic Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tetanus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	10	...	...	...	2	1	...	2	...	...	...	10	15	15	...
Gonorrhoea, Stricture of Urethra ... ..	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...
Puerperal Septicæmia, Sapræmia ... ..	...	...	...	4	1	1	...	...	...	...	...	...	6	6	...
Puerperal Pyæmia ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Phlegmasia Dolens ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ... ..	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...
Infective Endocarditis ... ..	...	...	...	...	2	...	...	...	...	...	...	...	2	...	2
Epidemic Pneumonia, Pneumonic Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	1	...	1	1	...	...	1	...	2	...	...	1	6	4	2
Septicæmia (not Puerperal)	2	...	1	...	1	...	1	...	...	...	...	2	5	2	3
Pyæmia (not Puerperal) ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phlegmon, Carbuncle (not Anthrax) ... ..	...	...	1	...	...	2	...	3	...	...	...	...	6	4	2
Phagedæna ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Septic Diseases ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Phthisis (Pulm. Tuberculosis)	1	4	1	15	41	52	33	11	10	...	...	5	168	148	20
" Phthisis " ... ..	...	...	1	3	8	12	13	7	2	...	...	...	46	35	11
Tuberculous Meningitis	7	11	7	2	...	2	...	...	...	...	...	18	29	24	5
Tuberculous Peritonitis	8	2	3	1	2	2	...	...	...	...	...	10	18	17	1
Carried forward	167	123	26	26	62	82	54	34	33	20	7	290	634	541	93	

Continued

TABLE VIII.—continued.

CAUSES OF DEATH	AGES											Total under Five Years of Age.	Grand Total all Ages.	SUB-DISTRICT.	
	0 to 1.	1 to 5.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.	85 and upwards.			Kensington Town.	Brompton.
Brought forward	167	123	26	26	62	82	54	34	38	20	7	290	684	541	98
GENERAL DISEASES.—continued.															
<i>Typhus Mucronaria</i>	8	...	...	...	...	...	...	...	...	...	...	8	8	8	...
Lupus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of other Organs	1	...	1	...	2	1	1	...	...	...	...	1	6	5	1
General Tuberculosis	8	10	...	3	1	4	1	1	...	1	...	18	29	27	2
<i>Serofula</i> ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Parasitic Diseases ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Starvation ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scurvy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholism, Delirium Tremens ... ..	...	...	...	...	1	6	2	4	1	...	...	...	14	9	5
Opium, Morphia Habit ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Potomine Poisoning ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Industrial Poisoning { by Lead ... ..	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1
{ by Phosphorus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ by Arsenic and other Metals ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rheumatic Fever, Acute Rheumatism ... ..	...	...	3	1	2	1	...	1	...	1	...	...	8	6	2
<i>Rheumatism of Heart</i> ... ..	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1
Chronic Rheumatism ... ..	...	...	...	2	...	...	...	...	1	...	...	...	8	2	1
Rheumatic Arthritis, Rheumatic Gout ... ..	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1
Gout ... ..	...	...	...	...	...	...	1	1	1	...	...	...	8	2	1
Carcinoma ... ..	...	...	1	...	10	17	23	19	10	...	...	...	85	56	29
Sarcoma	1	1	...	...	2	2	...	2	2	...	...	1	8	4	4
<i>Malignant Disease, Cancer</i> ... ..	...	...	...	2	8	12	22	19	15	...	...	...	78	58	20
Rickets	1	...	...	...	...	...	...	...	...	...	...	1	1	1	...
Purpura ... ..	...	1	...	...	...	...	...	...	...	...	...	1	1	1	...
Hæmophilia, Hæmorrhagic Diathesis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anæmia, Leucocythæmia	1	1	...	...	1	3	2	3	1	...	...	1	12	8	4
Diabetes Mellitus ... ..	...	...	2	1	1	3	8	5	5	1	...	...	26	17	9
Premature Birth	59	...	...	...	...	...	...	...	...	...	...	59	59	49	10
Congenital Defects	15	...	...	...	...	...	...	...	...	...	...	15	15	13	2
Injury at Birth	1	...	...	...	...	...	...	...	...	...	...	1	1	1	...
Atelectasis	8	...	...	...	...	...	...	...	...	...	...	8	8	8	...
Want of Breast Milk	6	...	...	...	...	...	...	...	...	...	...	6	6	6	...
Teething	7	3	...	...	...	...	...	...	...	...	...	10	10	10	...
Old Age ... ..	...	...	...	...	...	...	1	20	42	88	...	...	101	71	30
	277	188	32	35	72	115	98	102	108	96	46	415	1114	898	216
LOCAL DISEASES.															
DISEASES OF NERVOUS SYSTEM.															
Meningitis, Inflammation of Brain	10	5	1	1	...	...	...	...	1	...	...	15	18	14	4
Softening of Brain ... ..	...	...	...	...	...	1	...	2	6	1	1	...	11	7	4
General Paralysis of Insane ... ..	...	...	...	3	7	6	2	1	...	...	...	...	19	15	4
Insanity (not Puerperal) ... ..	...	...	...	1	1	...	1	1	...	...	...	...	3	2	1
Chorea ... ..	...	...	1	1	1	...	...	...	...	...	...	...	2	2	...
Epilepsy ... ..	...	1	1	1	...	1	...	3	1	...	...	...	8	8	...
<i>Convulsions</i>	4	1	...	...	...	...	...	...	...	...	...	5	5	5	...
Laryngismus Stridulus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Locomotor Ataxy ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paraplegia and Disease of Cord ... ..	...	...	...	...	4	...	...	...	...	3	...	...	7	...	1
Neuritis, Periph. Poly-Neuritis ... ..	...	...	...	...	...	1	1	...	...	...	...	...	2	2	...
Brain Tumour (not specific) ... ..	...	1	...	...	2	2	2	1	...	...	...	...	8	7	1
Nervous System, Other Diseases	1	2	...	1	2	3	1	7	6	6	2	3	31	30	1
DISEASES OF ORGANS OF SPECIAL SENSE.															
Otitis, Mastoid Disease	1	4	...	2	...	...	...	...	1	1	...	5	9	7	2
Epistaxis, Nose Disease ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia, Eye Disease ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
DISEASES OF HEART.															
Valve Disease, Endocarditis (not infective) ... ..	...	...	2	9	4	4	9	16	17	7	3	...	71	51	20
Pericarditis ... ..	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1
Hypertrophy of Heart ... ..	...	...	...	...	...	...	...	...	2	...	...	...	2	...	2
Angina Pectoris ... ..	...	...	...	...	...	...	4	1	2	...	...	...	7	1	6
Dilatation of Heart ... ..	...	1	...	...	2	1	6	9	3	...	...	...	22	19	3
Fatty Degeneration of Heart ... ..	...	...	...	...	2	4	0	9	12	3	...	...	36	26	10
Syncope, Heart Disease (not specified)	1	...	3	1	3	9	18	15	12	17	2	1	81	65	16
Carried forward	17	12	9	17	13	36	43	61	69	55	11	29	343	267	76

Continued.

TABLE VIII.—continued

CAUSES OF DEATH	AGES.											Total under Five Years of Age.	Grand Total all Ages.	SUB-DISTRICT.	
	0 to 1.	1 to 5.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.	85 and upwards.			Kensington Town.	Brompton.
Brought forward ...	17	12	9	17	13	36	43	61	69	55	11	29	343	267	76
LOCAL DISEASES.—continued.															
DISEASES OF BLOOD VESSELS.															
Cerebral Hemorrhage, Embolism, Thrombosis ...	...	...	...	...	2	7	12	16	22	18	4	...	76	60	16
Apoplexy, Hemiplegia ...	...	...	...	1	1	...	3	6	9	6	5	...	31	21	10
Aneurysm ...	...	...	...	...	...	1	4	2	1	1	...	...	9	8	1
Senile Gangrene ...	...	...	...	...	...	...	...	1	3	4	2	...	10	9	1
Embolism, Thrombosis (not Cerebral) ...	...	...	...	2	...	2	...	...	...	...	...	...	4	...	4
Phlebitis ...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1
Varicose Veins ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blood Vessels, Other Diseases ...	...	...	...	...	1	...	1	2	...	3	...	...	7	7	...
DISEASES OF RESPIRATORY ORGANS.															
Laryngitis ...	1	4	...	...	1	...	...	...	...	...	...	5	6	6	...
Membranous Laryngitis (not Diphtheritic) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Croup (not Spasmodic or Membranous) ...	...	2	...	...	...	...	...	...	...	...	...	2	2	2	...
Larynx, Other Diseases (not specified) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis ...	21	11	...	...	2	2	12	31	49	47	15	32	190	146	44
Lobar, Croupous-Pneumonia ...	...	...	...	1	3	4	2	4	1	...	...	...	15	15	...
Broncho, Catarrhal, Lobular Pneumonia ...	30	39	1	1	2	4	6	6	4	6	4	69	103	83	20
Pneumonia ...	10	17	2	3	5	7	13	18	12	8	2	27	92	78	14
Emphysema, Asthma ...	...	...	...	...	...	...	3	...	8	4	2	...	17	15	2
Pleurisy ...	...	...	1	...	2	3	...	2	...	...	1	...	9	5	4
Fibroid Disease of Lung ...	...	...	...	...	...	1	1	...	...	...	...	...	2	2	...
Respiratory Diseases, Other ...	4	2	...	3	...	1	2	2	2	5	1	6	22	14	8
DISEASES OF DIGESTIVE SYSTEM.															
Tonsillitis, Quinsy ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Month, Pharynx, Disease (not Specific) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastric Ulcer ...	...	...	...	1	3	3	1	2	1	1	...	...	12	9	3
Gastric Catarrh ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stomach, Other Diseases (not Malignant) ...	6	...	...	1	...	1	2	...	2	...	...	6	12	9	3
Enteritis (not epidemic) ...	7	2	...	...	1	...	2	1	1	1	...	9	15	12	3
Gastro-Enteritis ...	11	2	...	...	...	...	...	...	...	...	...	13	14	13	1
Appendicitis, Perityphlitis ...	...	...	1	6	3	3	...	...	...	1	...	...	14	10	4
Hernia ...	...	...	...	2	...	...	...	...	2	...	...	...	4	4	...
DISEASES OF DIGESTIVE SYSTEM.—continued.															
Intestinal Obstruction ...	1	...	...	...	2	...	1	...	4	5	...	1	13	7	6
Other Diseases of Intestines ...	...	...	...	1	1	...	1	1	...	...	...	...	4	3	1
Peritonitis (not Puerperal) ...	...	...	2	1	1	2	2	1	...	...	...	...	9	8	1
Cirrhosis of Liver ...	...	...	...	...	1	1	7	13	7	2	...	...	30	24	6
Liver and Gall Bladder, Other Diseases ...	2	...	...	1	1	1	4	6	4	1	...	2	20	15	5
Digestive System, Other Diseases ...	2	...	...	...	1	...	3	1	...	...	...	2	7	4	3
LYMPHATIC DISEASES.															
Spleen Disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lymphatic System, Other Diseases ...	1	...	...	...	...	...	1	1	...	...	...	1	3	2	1
Thyroid Body Disease ...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...
Supra-Renal Capsules Disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
DISEASES OF URINARY SYSTEM.															
Nephritis, Acute ...	1	...	...	...	...	3	...	1	...	1	1	1	7	5	2
Chronic Bright's Disease, Albuminuria ...	...	...	1	1	7	5	12	15	21	5	2	...	69	55	14
Calculus (not Biliary) ...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1
Bladder and Prostate Disease ...	...	...	...	...	...	...	2	6	5	3	...	...	16	9	7
Urinary System, Other Diseases ...	1	...	...	2	1	1	4	8	...	1	1	1	13	11	2
DISEASES OF GENERATIVE SYSTEM.															
Ovarian Tumour (not Malignant) ...	...	...	...	...	1	1	...	...	1	1	...	...	4	3	1
Other Diseases of Ovary ...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...
Uterine Tumour (not Malignant) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of Uterus and Vagina ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Disorders of Menstruation ...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...
Generative and Mam. Organs, Other Diseases ...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...
ACCIDENTS OF CHILD-BIRTH.															
Abortion, Miscarriage ...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...
Puerperal Mania ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Convulsions ...	...	...	...	1	1	1	...	...	...	...	...	...	3	2	1
Placenta Prævia, Flooding ...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...
Other Accidents of Pregnancy and Childbirth ...	...	...	...	1	3	...	...	...	...	...	...	...	4	4	...
JOINT DISEASES.															
Caries Necrosis ...	...	...	...	...	1	...	1	...	...	...	...	...	2	2	...
Arthritis, Periostitis ...	...	...	...	...	...	...	...	2	...	1	...	...	4	2	2
Other Diseases of Locomotor System ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carried forward ...	115	91	17	42	59	86	141	193	239	183	59	206	1225	957	268

TABLE VIII.—continued.

CAUSES OF DEATH.	AGES											Total under Five Years of Age.	Grand Total all Ages.	Sub-district.	
	0 to 1.	1 to 5.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 to 85.	85 and upwards.			Kensington Town.	Brompton.
Brought forward ...	115	91	17	42	59	86	141	193	230	183	59	206	1225	957	268
LOCAL DISEASES.—continued.															
SKIN DISEASES.															
Ulcer, Bed sore ...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...
Eczema ...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...
Penphigus ...	1	...	...	...	...	...	...	...	1	1	...	...	2	2	...
Skin Diseases, Other ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	116	91	17	42	59	86	141	193	240	185	59	207	1229	961	268
DEATHS FROM VIOLENCE.															
1.—ACCIDENT OR NEGLIGENCE															
Fractures and Contusions ...	...	7	3	...	2	4	3	7	5	11	2	7	44	30	14
Gunshot Wounds ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cut, Stab ...	...	4	...	1	1	...	3	...	1	...	...	4	10	8	2
Burn, Scald ...	...	...	...	...	...	1	1	...	...	...	...	...	2	1	1
Poison ...	...	...	1	1	1	1	...	...	...	...	...	1	5	4	1
Drowning ...	1	...	...	...	...	...	...	1	1	...	...	12	15	14	1
Suffocation ...	12	...	...	...	...	...	...	...	...	...	...	3	3	3	...
Otherwise ...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.—HOMICIDE.															
Manslaughter ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Murder ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3.—SUICIDE.															
Gunshot Wounds ...	...	...	...	...	...	...	1	...	1	...	...	...	2	1	1
Cut, Stab ...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...
Poison ...	...	...	...	...	2	3	...	...	...	...	...	...	...	3	...
Drowning ...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
Hanging ...	...	...	...	1	1	...	...	1	1	...	...	...	3	2	1
Otherwise ...	...	...	...	...	...	...	2	...	...	...	...	...	3	3	...
4.—EXECUTION.															
Hanging ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	16	11	4	3	7	10	14	11	11	11	2	27	100	77	23
DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES.															
Dropsy ...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...
Debility, Atrophy, Inanition ...	42	...	1	...	...	...	...	...	...	...	...	42	43	89	4
Tumour ...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
Abscess ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Hæmorrhage ...	1	...	...	...	...	...	...	...	1	...	...	...	1	2	1
Sudden Death (cause not ascertained) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Causes not Specified or Ill-defined ...	...	1	...	...	1	...	2	2	1	...	...	1	7	7	...
	43	1	1	...	1	...	2	2	3	1	...	44	54	48	6

TABLE X.

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

Showing the Number of Deaths from the Principal Diseases of the Zymotic Class in the ten years, 1896-1905, and in the year 1906.

DISEASES.	1896.	1897.	1898.	1899.	1900.	1901.	1902.	1903.	1904.	1905.	Annual Average of ten years, 1896-1905.	Proportion of Deaths to 1000 Deaths from all causes in ten years, 1896-1905.	Deaths in 1906.	Proportion of Deaths to 1000 Deaths from all causes in 1906.	
Small-pox ... ..	...	...	...	...	...	1	11	...	1	...	1.3	0.5	...	...
Measles	173	33	120	24	98	77	93	34	67	54	77.3	28.7	81	32.4	
Scarlet Fever	39	29	23	10	4	15	21	14	5	21	18.1	6.7	11	4.4	
Diphtheria	72	82	26	42	27	38	20	24	17	9	35.7	13.2	19	7.6	
Whooping-cough	99	19	52	59	33	62	21	90	19	60	51.4	19.1	20	8.0	
Typhus Fever ... ..	...	...	2	...	...	1	...	...	...	...	0.3	0.1	...	...
Enteric Fever	15	21	12	23	16	11	19	9	6	13	14.5	5.4	5	2.0	
Pyrexia	1	1	...	...	...	...	...	...	1	...	0.3	0.1	...	...
Diarrhœa	61	125	112	101	105	115	78	97	128	90	101.2	37.5	142	56.9	
TOTALS.	KENSINGTON	460	310	347	259	283	320	263	268	244	247	300.1	111.3	278	111.3
	LONDON	14,100	11,525	12,565	11,228	10,187	10,203	10,393	8,166	9,990	7,891	10,625	131.5	9,047	127.1
	ENGLAND & WALES	66,936	67,051	69,714	69,820	64,059	66,531	53,795	49,150	65,633	51,580	62,427	114.3	60,063	113.2

TABLE XI.

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

Names of Streets, etc., in the Registration Sub-Districts, and in the Wards, in which occurred the 278 fatal cases of the Principal Zymotic Diseases during the year 1906. The Registration Sub-Districts are Kensington Town (= K T), and Brompton (= B). The Wards, with their abbreviations, are St. Charles (= St. C), Golborne (= G), Norland (= N), Pembridge (= P), Holland (= H), Earl's Court (= E C), Queen's Gate (= Q G), Redcliffe (= R), Brompton (= B).

STREET OR PLACE.	Registration Sub-District.	Ward.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Enteric Fever.	Diarrhoea.	Total.
Abbey Road	K T	N	1	...	...	...	...	...	1
Acklam Road	"	G	...	...	...	...	...	2	2
Adair Road ... ..	"	"	...	...	...	...	...	1	1
Adela Street ... ..	"	"	...	...	...	...	...	1	1
Admiral Place	"	St. C	...	1	...	...	...	...	1
Admiral Terrace	"	"	1	...	...	...	...	...	1
Adrian Terrace	B	R	...	...	...	...	...	1	1
All Saint's Road	K T	G	1	...	...	...	...	...	1
Appleford Road	"	"	1	...	...	...	...	8	4
Bangor Street... ..	"	N	1	...	...	1	...	2	4
Blechynden Street	"	St. C	1	...	...	...	...	6	7
Bolton Road	"	P	1	...	...	...	...	1	2
Bomore Road	"	N	1	...	...	...	...	...	1
Bonchurch Road	"	St. C	1	...	...	...	...	...	1
Bosworth Road	"	G	2	...	1	...	...	...	8
Bramley Mews	"	St. C	...	...	...	...	...	1	1
Bramley Road ... ..	"	"	...	...	...	...	...	8	8
Bransford Street ... ..	"	"	...	...	...	...	...	1	1
Brechin Place	B	R	...	...	1	...	...	...	1
Campden House Mews	K T	H	...	...	...	1	...	...	1
Campden House Road ... ..	"	"	...	...	1	...	...	...	1
Chapel Place	B	B	...	...	1	...	...	...	1
Chesterton Road	K T	St. C	...	...	...	...	...	1	1
Childs Street	B	E C	2	...	...	...	...	...	2
Clarendon Road	K T	N	...	...	...	1	...	1	2
Clifton Place	B	R	...	1	...	...	...	...	1
Cluny Mews	"	E C	1	...	...	...	...	...	1
Clydesdale Mansions	K T	P	...	...	...	...	...	1	1
Codrington Mews ... ..	"	"	...	...	...	1	...	...	1
Coleherne Mews	B	R	...	...	...	...	...	1	1
Colville Houses	K T	P	...	...	1	...	...	...	1
Colville Mews ... ..	"	"	...	...	...	...	...	1	1
Convent Gardens ... ..	"	"	...	...	...	...	1	...	1
Cornwall Road	"	P & N	...	...	1	...	...	8	4
Crescent Street	"	N	1	...	...	...	...	8	4
Dartmoor Street	"	H	1	...	...	...	...	8	4
Dulford Street	"	N	...	...	...	1	...	...	1
East Mews Road	"	St. C	...	...	...	1	...	...	1
Edenham Street	"	G	2	1	...	...	...	2	5
Edge Street	"	H	2	...	...	...	...	...	2
Elm Place	B	B	...	...	...	...	...	1	1
Faraday Road	K T	St. C & G	1	...	...	...	...	1	2
Farmer Street	"	H	1	...	...	...	...	...	1
Finborough Road	B	R	...	...	...	...	...	1	1
Fopstone Road	"	E C	...	...	...	...	...	1	1
Fowell Street	K T	N	...	...	...	1	...	8	4

Continued.

TABLE XI.—*continued.*

STREET OR PLACE.	Registration Sub-District.	Ward.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Enteric Fever.	Diarrhoea.	Total.
Golborne Gardens	K T	G	1	...	...	...	1	...	2
Golborne Road ... ..	"	"	...	...	...	...	...	1	1
Hazlewood Crescent	"	"	2	...	...	...	...	2	4
Hesketh Place	"	N	1	...	...	...	...	...	1
Holland Park	"	H	...	...	...	...	...	1	1
Hurstway Street	"	St. C.	...	...	...	1	...	...	1
Ifield Road	B	R	...	...	1	...	...	...	1
Jameson Street	K T	H	2	...	...	...	...	1	3
Kenley Street	"	N	2	...	...	...	...	2	4
Kensal Road	"	G	1	...	...	...	...	2	3
Kensington Infirmary	"	Q G	2	...	...	...	...	1	3
Kensington Park Mews	"	P	...	...	1	...	...	...	1
Kensington Place	"	H	...	...	...	...	...	2	2
Ladbroke Gardens	"	P	1	...	...	...	...	...	1
Ladbroke Grove	"	St. C	...	...	1	...	...	2	3
Lancaster Road	"	N & P	2	...	...	1	...	2	5
Lansdowne Road	"	N	...	...	...	...	...	1	1
Latimer Road	"	St. C	1	...	...	...	...	...	1
Ledbury Road	"	P	...	...	...	...	...	2	2
Lloyd's Place	B	B	...	...	...	...	...	1	1
Lockton Street	K T	St. C	1	...	...	...	...	1	2
Lonsdale Mews	"	P	1	...	...	...	...	...	1
Lonsdale Road	"	"	1	...	...	...	...	3	4
Manchester Road	"	St. C	1	...	...	...	...	3	4
Martin Street	"	"	1	...	...	...	...	...	1
Mary Place	"	N	2	1	...	...	...	2	5
Norland Road ... ..	"	"	...	...	1	...	...	...	1
North Street, St. Mark's Road, S.W....	B	R	...	...	...	...	...	1	1
Ossington Street	K T	P	...	...	...	...	...	1	1
Oxford Gardens	"	St. C	...	...	...	...	...	1	1
Palace Gardens Terrace	"	H	...	...	...	...	...	1	1
Peel Street	"	"	1	...	...	...	...	...	1
Phoenix Place	"	N	...	...	...	...	...	1	1
Portland Road ... ..	"	"	...	...	...	1	...	1	2
Portobello Road	"	St. C, G & P	2	...	...	...	1	2	5
Pottery Lane	"	N	...	...	...	...	...	2	2
Prince's Place	"	"	1	...	...	...	...	...	1
Prince's Road ... ..	"	"	...	...	...	...	...	3	3
Queen's Road	"	N	...	1	...	...	...	...	1
Rackham Street	"	St. C	2	...	...	...	...	1	3
Railway Mews ... ..	"	"	...	...	...	...	...	1	1
Raymeade Street	"	"	1	...	...	...	...	...	1
Rosemead Road	"	N	...	...	...	...	...	1	1
Russell Gardens Mews	"	H	...	...	...	...	1	...	1
Ruston Mews	"	St. C	...	...	...	...	...	2	2
St. Alban's Road	"	Q G	1	...	...	...	...	...	1
St. Charles's Square	"	St. C	...	...	...	...	...	1	1
St. James's Square	"	N	...	...	...	...	...	1	1
St. Katharine's Road	"	"	3	1	...	...	...	4	8
St. Mark's Road, Notting Hill	"	"	1	...	...	...	...	...	1
Scarsdale Villas	"	E C	...	...	...	...	...	1	1

Continued.

TABLE XI.—*continued.*

STREET OR PLACE.	Registration Sub-District.	Ward.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Enteric Fever.	Diarrhoea.	Total.
Seymour Place	B	R	...	...	...	...	...	1	1
Silchester Road	K T	St. C	1	...	...	...	...	2	3
Silchester Terrace	"	"	1	...	...	1	...	1	3
Sirdar Road	"	N	2	...	...	...	...	1	3
Southam Street	"	G	...	1	2	1	...	4	8
South End	"	Q G	1	...	...	...	...	...	1
Stanley Gardens Mews	"	P	1	...	...	...	...	...	1
Stockton Mews	"	G	...	...	...	...	...	1	1
Stoneleigh Street	"	N	...	...	...	...	...	1	1
Swinbrook Road	"	G	2	...	1	1	...	1	5
Talbot Grove	"	N	2	...	...	...	...	...	2
Tavistock Crescent	"	G	...	...	...	...	...	1	1
Tavistock Road ... ..	"	"	...	...	...	...	...	2	2
Telford Road ... ..	"	"	...	...	...	...	...	1	1
Testerton Street	"	St. C	...	...	...	3	...	1	4
Thorpe Mews ... ..	"	"	...	...	...	...	...	1	1
Threshers Cottages	"	N	1	...	...	...	...	1	2
Tobin Street	"	"	1	1	...	1	...	2	5
Treverton Street	"	St. C	4	1	1	...	...	6	12
Uxbridge Street	"	H	...	...	...	...	...	2	2
Victoria Dwellings	"	G	1	...	...	...	...	...	1
Wallgrave Terrace	B	E C	1	2	...	...	...	...	3
Walmer Road... ..	K T	St. C & N	2	...	...	2	...	6	10
Walton Street	B	B	...	...	2	...	...	...	2
Warwick Road	"	E C	...	...	1	...	...	1	2
West Pembroke Place	K T	"	...	...	...	...	...	1	1
Wheatstone Road	"	G	1	...	1	...	...	...	2
Wornington Road	"	"	3	...	1	1	...	5	10
Yeoman's Row	B	B	1	...	...	...	1	1	3

NOTE.—The deaths occurring in the Borough Infirmary have been allocated, where possible, to the streets from which the patients had been admitted.

TABLE XII.

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

Names of Streets, etc., in the Registration Sub-Districts, and in the Wards, from which the 826 cases of Infectious Disease were notified, under the provisions of the Public Health (London) Act, 1891, during the year 1906. The Registration Sub-Districts are Kensington Town (=K T), and Brompton (=B). The Wards, with their abbreviations, are St. Charles (=St. C), Golborne (=G), Norland (=N), Pembridge (=P), Holland (=H), Earl's Court (=E C), Queen's Gate (=Q G), Redcliffe (=R), Brompton (=B).

STREET OR PLACE.	Registration Sub-District.	Ward.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Abingdon Court	K T	E C	1	...	...	...	...	...	1
Abingdon Villas	"	"	1	...	...	...	...	...	1
Acklam Road	"	G	2	1	...	...	2	...	5
Adair Road	"	"	...	1	...	...	...	...	1
Adam and Eve Mews... ..	"	E C	...	2	...	...	...	...	2
Adela Street	"	G	...	...	1	...	...	...	1
Addison Road... ..	"	H	2	...	1	...	...	...	3
Addison Road North	"	N	...	...	...	...	1	...	1
Admiral Place	"	S. C	...	1	...	...	...	...	1
Admiral Terrace	"	"	4	...	...	...	...	...	4
Albert Mews	"	Q G	1	...	...	...	...	...	1
Albion Place	"	P	...	...	...	...	2	...	2
Alexander Square	B	B	1	...	...	...	...	...	1
All Saints Road	K T	G	3	1	...	...	...	...	4
Angola Mews	"	"	1	...	...	1	...	...	2
Appleford Road	"	"	2	4	...	...	2	...	8
Archer Street	"	P	1	...	...	...	...	...	1
Argyll Road	"	H	1	...	...	...	...	...	1
Arundel Gardens	"	P	1	...	1	...	...	...	2
Ashburn Mews	B	R	1	...	...	...	...	...	1
Ashley Cottages	"	E C	1	1	...	...	1	...	3
Astwood Mews	"	R	...	3	...	...	...	...	3
Bangor Street	K T	N	11	1	...	...	1	...	13
Barker Street... ..	B	R	2	...	...	...	...	...	2
Basing Road	K T	P	...	...	...	...	1	...	1
Bassett Road	"	St. C	1	...	...	...	...	...	1
Beauchamp Place	B	B	1	1	...	...	...	...	2
Bedford Gardens	K T	H	1	...	...	...	...	...	1
Bevington Road	"	G	2	2	...	...	1	...	5
Blechynden Street	"	St. C	1	1	1	...	2	...	5
Blenheim Crescent	"	P	...	...	...	...	2	...	2
Blithfield Street	"	E C	...	...	...	...	1	...	1
Bloomfield Cottages	"	G	2	...	...	...	...	...	2
Bolton Mews	B	R	...	1	...	...	1	...	2
Bolton Road	K T	P	2	...	...	...	1	...	3
Bomore Road	"	N	1	...	...	...	...	...	1
Bosworth Road	"	G	...	2	...	...	2	...	4
Boundary Mews	"	P	...	...	...	...	1	...	1
Bramley Road	"	St. C	7	...	...	...	1	...	8
Bramley Street	"	"	3	1	...	...	...	...	4
Brechin Place	B	R	3	2	...	...	...	...	5
Brompton Road	"	B	1	...	...	...	...	...	1
Brompton Square	"	"	1	...	...	...	...	...	1
Brunswick Terrace	K T	H	...	...	...	...	1	...	1
Buckingham Mews	"	P	4	1	...	...	...	...	5
Bulmer Place	"	"	...	1	...	...	...	...	1
Bulmer Terrace ... ..	"	"	...	...	...	...	1	...	1
Bute Street	B	B	1	...	...	...	...	...	1
Cambridge Gardens	K T	St. C	...	...	1	...	...	...	1

Continued.

TABLE XII.—*continued.*

STREET OR PLACE.	Registration Sub-District.	Ward.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Campden House Road	K T	H	1	1	...	...	...	...	2
Campden Houses	"	"	1	...	...	...	...	...	1
Campden Street	"	"	2	...	...	...	...	...	2
Chelsea Grove	B	R	1	...	...	...	...	...	1
Chepstow Villas	K T	P	5	...	...	...	...	...	5
Chesterton Road	"	St. C	3	3	...	...	1	...	7
Child's Street	B	E C	4	1	...	...	...	...	5
Church Street... ..	K T	H	11	1	...	...	...	...	12
Clarence Mews	"	"	...	1	...	...	...	...	1
Clarendon Mews, St. Alban's Road...	"	Q G	1	...	...	...	...	...	1
Clarendon Road	"	N	8	...	...	...	...	...	8
Clifton Place	B	R	1	1	2	...	...	...	4
Codrington Mews	K T	P	...	...	...	1	...	...	1
Coleherne Road	B	R	3	...	...	...	...	...	3
Collingham Place	"	"	1	...	...	...	...	...	1
Colville Houses	K T	P	...	1	...	...	...	...	1
Colville Road	"	"	...	1	...	...	1	...	2
Colville Terrace ... ..	"	"	...	...	2	...	...	...	2
Colville Square Terrace ... ..	"	"	...	...	1	...	...	...	1
Cornwall Gardens	K T & B	Q G	2	...	...	...	...	...	2
Cornwall Mews	K T	"	1	...	...	...	...	...	1
Cornwall Road	"	N & P	6	6	...	...	...	...	12
Courtfield Gardens	B	R	...	...	1	...	...	...	1
Cranley Gardens	"	B	...	1	...	...	...	...	1
Crescent Place	"	"	1	...	...	...	...	...	1
Crescent Street	K T	N	2	...	1	...	...	...	3
Cromwell Road	B	Q G, E C & B	4	2	...	...	1	...	7
Dartmoor Street	K T	H	...	2	...	...	2	...	4
Denbigh Road... ..	"	P	4	...	...	...	1	...	5
Denbigh Terrace	"	"	...	1	...	...	...	...	1
De Vere Gardens	"	Q G	...	1	...	...	...	...	1
Durham Villas	"	H	...	...	...	...	1	...	1
Earl's Court Gardens... ..	B	R	...	1	...	...	...	...	1
Earl's Court Road	"	E C	...	1	...	...	...	...	1
Earl's Court Square ... ..	"	"	...	...	1	...	...	...	1
Earl's Terrace	K T	"	2	...	...	...	...	...	2
East Mews Road	"	St. C	1	...	...	...	1	...	2
East Row	"	G	...	1	...	...	...	...	1
Edenham Mews	"	"	1	...	...	...	...	...	1
Edenham Street	"	"	8	...	...	...	1	...	9
Edge Street	"	H	...	...	...	...	1	...	1
Edinburgh Road	"	St. C	3	1	...	...	...	...	4
Egerton Gardens	B	B	...	2	...	...	...	...	2
Egerton Mews	"	"	1	...	...	...	...	...	1
Elgin Crescent	K T	N & P	...	1	2	...	2	...	5
Elgin Mews	"	P	3	...	...	...	...	...	3
Eisham Road	"	H	...	...	...	...	1	...	1
Emma Place	"	E C	1	...	1	...	...	...	2
Emperor's Gate	B	Q G	2	...	1	...	...	...	3
Faraday Road	K T	St. C & G	1	1	...	...	1	...	3
Farnell Mews	B	E C	1	...	...	...	...	...	1
Fawcett Street	"	R	...	1	...	...	...	...	1
Fenelon Road... ..	"	E C	1	1	...	...	...	...	2
Finborough Road	"	R	5	1	...	1	1	...	8
Fullham Road... ..	"	R & B	4	...	1	...	1	...	6
Gledhow Terrace	"	R	...	1	...	...	...	...	1
Golborne Gardens	K T	G	3	...	1	...	1	...	5
Golborne Road	"	"	6	1	...	1	2	...	10
Golden Mews	"	"	4	...	...	...	...	...	4

Continued.

TABLE XII.—*continued.*

STREET OR PLACE.	Registration Sub-District	Ward.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Gordon Place	K T	H	3	...	...	...	...	...	3
Great Western Terrace	"	G	...	...	3	...	...	...	3
Grenfell Road	"	N	3	...	...	...	...	...	3
Grenville Place	B	Q G	...	1	...	...	...	...	1
Hazlewood Crescent	K T	G	...	...	...	...	1	...	1
Heathfield Street	"	N	1	...	...	...	...	...	1
Hereford Square	B	R	...	1	...	...	...	...	1
Hesketh Place	K T	N	1	...	...	...	...	...	1
High Street, Notting Hill Gate	"	P	...	...	...	...	1	...	1
Hogarth Place	B	E C	...	...	...	...	1	...	1
Hogarth Road	"	"	...	1	...	...	...	...	1
Holland Mews	K T	H	...	1	...	...	...	...	1
Holland Park	"	"	...	1	...	...	...	...	1
Holland Park Mews ... ..	"	"	...	...	...	...	1	...	1
Holland Road	"	"	1	1	...	...	...	...	2
Holland Street	"	"	2	...	1	...	1	...	4
Hollywood Road	B	R	1	...	...	...	1	...	2
Hornnton Place	K T	H	2	...	...	...	...	...	2
Hornnton Street	"	"	1	...	...	...	1	...	2
Hurstway Street	"	St. C	3	...	...	...	...	...	3
Hyde Park Gate	"	Q G	...	1	...	...	...	...	1
Ifield Road	B	R	3	2	...	...	2	...	7
Johnson Street	K T	H	...	...	...	...	1	...	1
Kelfield Gardens	"	St. C	...	...	...	1	...	...	1
Kenley Street	"	N	7	...	...	...	1	...	8
Kensal Road	"	G	7	3	...	...	3	...	13
Kensington Court Mews	"	Q G	...	1	...	...	...	...	1
Kensington High Street	"	"	...	1	...	...	1	...	2
Kensington Infirmary	"	"	1	...	...	...	12	...	13
Kensington Palace	"	H	...	1	...	...	...	...	1
Kensington Palace Gardens	"	"	1	...	...	...	...	...	1
Kensington Park Gardens	"	P	2	...	...	...	...	...	2
Kensington Park Mews	"	"	...	2	...	...	...	...	2
Kensington Park Road	"	"	3	...	...	...	...	...	3
Kensington Square	"	Q G	...	2	...	...	...	...	2
Ladbroke Crescent	"	N	...	...	...	...	1	...	1
Ladbroke Dwellings	"	G	3	...	...	...	...	...	3
Ladbroke Gardens	"	P	...	2	...	...	...	...	2
Ladbroke Grove	"	St C & P	6	3	1	...	1	...	11
Ladbroke Road	"	N	1	...	...	...	...	...	1
Ladbroke Square	"	P	...	...	...	...	1	...	1
Ladbroke Terrace	"	"	1	...	...	...	...	...	1
Ladbroke Terrace Mews	"	"	...	1	...	...	...	...	1
Lambton Mews	"	"	1	...	...	...	...	...	1
Lancaster Road	"	St. C, G, N & P	13	2	...	...	4	...	19
Lansdowne Crescent	"	N	1	1	...	...	...	...	2
Lansdowne Road	"	"	1	...	...	...	...	...	1
Latimer Road... ..	"	St. C	1	...	...	...	1	...	2
Ledbury Road... ..	"	P	1	...	...	...	...	...	1
Lexham Gardens	B	Q G	...	...	1	...	...	...	1
Linden Gardens	K T	P	1	...	...	...	...	...	1
Lockton Street	"	St. C	1	...	...	...	...	...	1
Longridge Road	B	E C	...	...	...	...	1	...	1
Lonsdale Road	K T	P	2	...	...	...	2	...	4
Lorrie Gardens	"	H	...	...	...	1	...	...	1
Mall Chambers	"	"	...	1	...	...	...	...	1

Continued.

TABLE XII.—*continued.*

STREET OR PLACE.	Registration Sub-District.	Ward.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Group.	Total.
Manchester Road	K T	St. C	4	...	...	...	...	...	4
Martin Street	"	"	1	...	...	...	1	...	2
Mary Place	"	N	4	...	...	...	1	...	5
Mentone Mansions	B	R	1	...	...	...	...	...	1
Mersey Street... ..	K T	St. C	...	...	...	...	1	...	1
Milborne Grove	B	R	...	1	...	...	...	...	1
Moreton Mews ... ..	"	"	...	...	...	...	1	...	1
Munro Mews	K T	G	...	1	...	...	...	...	1
Newcombe Street	"	H	1	...	...	...	...	...	1
Norland Road	"	N	...	1	...	...	...	...	1
Norland Road North	"	"	1	1	...	...	...	...	2
North Row	B	E C	1	...	...	...	...	...	1
North Street	"	R	1	...	...	...	...	...	1
Oakwood Court	K T	H	...	...	...	...	1	...	1
Old Manor Yard	B	E C	2	...	...	...	...	...	2
Onslow Gardens	"	B	1	...	...	...	...	...	1
Onslow Square ... ..	"	"	...	...	...	...	1	...	1
Osten Mews	"	Q G	1	...	...	...	...	...	1
Ovington Gardens	"	B	...	1	...	...	...	...	1
Oxford Gardens	K T	St. C	...	...	...	...	1	...	1
Palace Gardens Mews	"	H	1	...	...	...	...	...	1
Palace Gardens Terrace	"	"	2	...	...	...	...	...	2
Palace Gate	"	Q G	...	1	...	...	...	...	1
Pamber Street	"	St. C	1	...	...	...	...	...	1
Peel Place	"	H	1	...	...	...	...	...	1
Peel Street	"	"	1	...	...	...	...	...	1
Pelham Place	B	B	1	...	...	...	...	...	1
Pelham Street... ..	"	"	...	...	1	...	...	...	1
Pembridge Square	K T	P	...	1	...	...	...	...	1
Pembridge Villas	"	"	1	...	...	...	...	...	1
Pembroke Place	"	E C	8	...	...	...	...	...	8
Pembroke Road	B	"	1	...	...	...	...	...	1
Pennant Mews	"	Q G	...	1	...	...	...	...	1
Penywarn Road	"	E C	...	1	...	...	...	...	1
Petersham Mews	K T	Q G	1	...	...	...	...	...	1
Petersham Terrace ... ..	"	"	...	...	...	...	1	...	1
Philbeach Gardens	B	E C	...	...	...	...	2	...	2
Phillimore Gardens	K T	H	1	...	...	...	...	...	1
Phillimore Mews ... ..	"	"	...	...	...	...	1	...	1
Phoenix Place	"	N	1	...	...	...	...	...	1
Portland Road	"	"	15	...	...	...	3	...	18
Portobello Road	"	St.C,G&P	12	4	2	...	3	...	21
Powis Gardens	"	P	1	...	...	...	...	...	1
Powis Square	"	"	1	...	...	...	...	...	1
Prince's Place... ..	"	N	...	1	...	...	...	...	1
Prince's Road... ..	"	"	2	1	2	...	1	...	6
Providence Terrace	B	E C	...	...	...	...	1	...	1
Queensbury Mews West	"	B	...	1	...	...	...	...	1
Queen's Gate	"	"	...	1	...	...	...	...	1
Queen's Gate Gardens	"	Q G	1	...	...	...	...	...	1
Queen's Gate Place	K T	"	1	...	...	...	...	...	1
Queen's Gate Place Mews	B	"	1	...	...	...	...	...	1
Queen's Road	K T	N	2	...	...	...	1	...	3
Queen's Terrace Mews	"	Q G	...	1	...	...	...	...	1
Rabbitt's Row	"	H	...	...	...	...	1	...	1
Rackham Street	"	St. C	1	1	...	...	...	...	2
Radnor Terrace	"	E C	6	...	...	...	...	...	6
Raymede Street	"	St. C	1	...	...	...	...	...	1

Continued.

TABLE XII.—continued.

STREET OR PLACE.	Registration Sub-District.	Ward.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Redcliffe Gardens	B	R	4	...	1	...	...	...	5
Redcliffe Road	"	"	1	...	...	...	...	...	1
Reece Mews	"	B	1	...	...	...	...	...	1
Rendle Street	K T	G	1	...	...	...	...	...	1
Richmond Mansions	B	E C	...	1	...	...	...	...	1
Roland Gardens	"	R	...	...	...	...	1	...	1
Rosary Gardens	"	"	...	1	...	...	...	...	1
Royal Crescent	K T	N	1	...	...	...	...	...	1
Russell Gardens	"	H	1	...	...	...	...	...	1
Russell Road	"	"	...	1	...	1	...	...	2
Ruston Mews	"	St. C	2	1	...	...	...	...	3
Rutland Street	B	B	...	1	...	...	...	...	1
St. Alban's Road	K T	O G	1	...	...	...	1	...	2
St. Ann's Road	"	N	1	...	...	...	4	...	5
St. Charles's Place	"	St. C	1	...	...	...	...	...	1
St. Charles's Square	"	"	2	1	...	...	1	...	4
St. Ervan's Road	"	G	1	2	...	...	...	...	3
St. George's Road	"	N	...	1	...	...	1	...	2
St. Helen's Gardens	"	St. C	1	2	...	...	...	1	4
St. James's Square	"	N	...	1	...	...	...	...	1
St. James's Terrace	"	"	1	...	...	...	...	...	1
St. John's Place	"	"	...	2	...	...	...	...	2
St. Katharine's Road	"	"	3	...	...	...	2	...	5
St. Lawrence Road	"	St. C	2	...	...	...	...	...	2
St. Luke's Mews	"	P	...	...	...	...	1	...	1
St. Mark's Grove	B	R	2	...	...	...	1	...	3
St. Mark's Road, Notting Hill	K T	St. C	...	1	...	...	...	...	1
St. Mary Abbots Terrace	"	H	1	...	...	...	...	...	1
St. Marylebone Infirmary	"	St. C	1	...	...	...	...	...	1
St. Michael's Gardens ... ..	"	"	...	...	...	...	1	...	1
St. Quintin Avenue	"	"	1	...	...	...	...	...	1
Selwood Terrace	B	B	1	...	...	...	...	...	1
Seymour Place	"	R	1	...	...	...	...	...	1
Shaftesbury Road	"	E C	5	...	...	...	2	...	7
Silchester Road	K T	St. C	3	...	...	...	...	...	3
Silchester Terrace	"	"	4	...	1	...	...	...	5
Sirdar Road	"	N	1	...	...	...	1	...	2
Southam Street	"	G	7	5	...	1	3	...	16
South End	"	Q G	1	...	...	...	...	...	1
Southend Gardens	"	"	5	...	...	...	...	...	5
South Row	"	G	...	...	...	...	1	...	1
South Street, St. Mark's Road, S.W.	B	R	...	...	...	...	1	...	1
Southwell Gardens	"	Q G	1	...	...	...	...	...	1
Stanhope Gardens	"	B	...	...	...	...	1	...	1
Stanford Road	K T	Q G	1	...	...	...	...	...	1
Stanley Gardens Mews	"	P	...	...	1	...	...	...	1
Stoneleigh Street	"	N	2	1	...	...	...	...	3
Stratford Road	B	E C	1	...	...	...	...	...	1
Swinbrook Road	K T	G	3	3	...	...	3	...	9
Sylvester Mews	"	"	1	...	...	...	...	...	1
Talbot Grove	"	N	3	...	...	...	...	...	3
Tavistock Crescent	"	G	3	2	...	...	1	...	6
Tavistock Road	"	"	4	...	...	...	1	...	5
Telford Road	"	St. C & G	2	1	...	...	...	...	3
Testerton Street	"	St. C	2	1	...	...	3	...	6
Thomas Place... ..	"	N	1	...	...	...	...	...	1
Thorpe Mews	"	St. C	1	...	...	...	...	...	1
Thresher's Cottages	"	N	1	...	...	...	...	...	1
Thresher's Place	"	"	2	...	...	...	1	...	3
Thurloe Square	B	B	1	...	...	...	...	...	1
Tobin Street	K T	N	2	1	...	...	...	...	3

Continued.

TABLE XII.—*continued.*

STREET OR PLACE.	Registration Sub-District.	Ward.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Croup.	Total.
Tottenham Street	KT	G	...	...	...	1	...	...	1
Treadgold Street	"	N	1	...	...	...	...	...	1
Trebovir Road	B	E C	1	...	...	...	...	...	1
Treverton Street	KT	St. C	2	3	...	...	2	...	7
Upper Addison Gardens	"	H	1	...	...	...	...	...	1
Upper Phillimore Gardens ... ..	"	"	...	...	1	...	...	...	1
Uxbridge Street	"	"	2	...	...	...	2	...	4
Virginia Place	"	N	1	...	...	...	...	...	1
Wallgrave Road	B	E C	1	...	...	...	...	...	1
Wallgrave Terrace	"	"	...	3	...	...	...	...	3
Walmer Road... ..	KT	st. C & N	13	2	...	1	3	...	19
Walton Street... ..	B	B	1	6	...	...	...	...	7
Warwick Road	"	E C	5	1	1	...	...	...	7
Westbourne Grove	KT	P	3	...	...	...	...	...	3
Western Dwellings	"	G	...	1	...	...	...	...	1
Western Terrace	"	P	...	...	...	...	1	...	1
West Row	"	G	...	...	...	...	1	...	1
Wetherby Mansions	B	E C	...	...	1	...	2	...	3
Wheatstone Road	KT	G	1	2	...	1	...	...	4
Wornington Mews ... ..	"	"	...	...	...	1	...	...	1
Wornington Road	"	"	10	4	...	...	4	...	18
Yeoman's Row	B	B	5	1	1	...	1	...	8
York Mansions	"	R	...	...	1	...	...	...	1

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

APPENDIX II.

TABLE A.

Population of Kensington; Marriages and Marriage-rate; Births and Birth-rate, and Deaths and Death-rate 1856-1906; and Infantile Mortality (1871-1906).

THE YEAR.	POPULATION.	MARRIAGES.	MARRIAGE RATE.	BIRTHS.	BIRTH RATE.		DEATHS.	DEATH RATE.		Deaths under One Year.	Deaths under One Year per 1,000 Registered Births.
					Kensington.	London.		Kensington.	London.		
1856	57,078	443	15.5	1,804	31.6	33.6	1,235	21.6	22.0		
1857	59,688	509	17.1	1,854	31.1	34.0	1,197	20.1	22.4		
1858	62,288	480	15.4	1,881	30.2	33.2	1,290	20.7	23.9		
1859	64,893	577	17.8	2,002	30.8	34.1	1,338	20.6	22.7		
1860	67,498	605	17.9	2,016	29.9	33.6	1,480	21.9	22.4		
1861	70,108*	683	19.5	2,159	30.8	34.5	1,447	20.6	23.2		
1862	76,350	727	19.1	1,960	25.7	34.2	1,604	21.0	23.6		
1863	81,350	809	19.9	2,330	28.6	35.2	1,628	20.0	24.5		
1864	86,350	881	20.4	2,494	28.9	34.7	1,849	21.4	26.4		
1865	91,350	996	21.8	2,619	28.7	35.7	1,733	18.9	24.5		
1866	96,350	1,118	23.2	3,080	31.9	35.7	1,966	20.4	26.5		
1867	101,350	1,066	21.0	3,158	31.2	36.5	1,933	19.1	23.0		
1868	106,350	1,109	20.9	3,522	33.1	36.3	2,232	21.0	23.5		
1869	111,350	1,023	18.4	3,625	32.6	35.4	2,249	20.2	24.6		
1870	116,350	1,054	18.1	3,705	31.8	35.4	2,473	21.3	24.1		
1871	120,234	1,131	18.8	3,804	31.6	34.5	2,418	20.1	24.6	582	153
1872	127,606	1,132	17.7	4,041	31.7	35.6	2,256	17.7	21.5	626	155
1873	132,826	1,243	18.7	4,182	31.5	35.3	2,439	18.4	22.4	656	157
1874	138,616	1,311	18.9	4,356	31.4	35.6	2,696	19.4	22.4	762	175
1875	144,488	1,346	18.6	4,478	31.0	35.4	2,786	19.3	23.6	686	153
1876	148,338	1,417	19.1	4,499	30.3	35.9	2,896	19.5	21.9	771	171
1877	151,360	1,411	18.6	4,648	30.7	35.6	2,625	17.3	21.6	648	139
1878	154,305	1,331	17.2	4,607	29.9	35.5	3,120	20.2	23.1	823	179
1879	158,316	1,428	18.0	4,790	30.3	35.5	2,992	18.9	22.6	722	151
1880	161,462	1,483	18.4	4,605	28.5	35.3	2,884	17.9	21.7	719	156
1881	163,151	1,461	17.9	4,400	26.9	34.7	2,726	16.7	21.3	644	146
1882	163,540	1,474	18.0	4,327	26.5	34.5	2,691	16.4	21.5	635	147
1883	163,860	1,616	19.7	4,230	25.8	34.5	2,615	15.9	20.8	601	142
1884	164,180	1,498	18.2	4,394	26.7	34.3	2,638	16.1	20.9	678	154
1885	164,500	1,480	18.0	4,032	24.5	33.4	2,768	16.8	20.4	653	162
1886	164,820	1,605	19.5	4,149	25.2	33.4	2,756	16.7	20.6	636	153
1887	165,140	1,561	18.9	3,941	23.9	32.9	2,872	17.4	20.3	680	172
1888	165,450	1,497	18.1	3,776	22.8	32.1	2,825	17.1	19.3	604	160
1889	165,760	1,491	18.0	3,698	22.3	31.9	2,412	14.6	18.4	489	132
1890	166,080	1,511	18.2	3,864	23.3	30.7	2,951	17.8	21.4	651	168
1891	166,308	1,569	18.9	3,847	23.1	31.9	3,066	18.4	21.5	633	164
1892	167,200	1,584	18.9	3,718	22.2	31.0	2,882	17.2	20.7	587	158
1893	167,900	1,540	18.3	3,661	21.8	30.9	2,916	17.4	21.3	625	170
1894	168,600	1,537	18.2	3,665	21.7	30.3	2,623	15.6	17.8	636	174
1895	169,300	1,455	17.2	3,621	21.4	30.6	2,748	16.2	19.9	624	172
†1896	170,465	1,706	20.1	3,821	22.5	30.2	2,891	16.7	18.6	656	172
1897	170,700	1,681	19.7	3,765	22.1	30.1	2,667	15.6	18.2	609	162
1898	172,000	1,648	19.2	3,715	21.6	29.5	2,798	16.3	18.7	655	176
1899	172,400	1,693	19.6	3,682	21.4	29.4	3,021	17.5	19.8	642	174
1900	173,000	1,543	17.8	3,682	21.3	28.6	2,698	15.6	18.8	641	174
1901	176,628	1,651	18.7	3,708	20.9	29.0	2,650	15.0	17.6	581	157
1902	177,500	1,703	19.2	3,599	20.3	28.5	2,746	15.2	17.2	515	143
1903	178,000	1,623	18.2	3,677	20.7	28.4	2,455	13.8	15.7	510	139
1904	178,500	1,672	18.7	3,568	20.0	27.3	2,540	14.2	16.6	503	141
1905	179,000	1,574	17.6	3,579	20.0	27.0	2,507	14.0	15.1	498	139
1906	179,500	1,690	18.8	3,428	19.1	26.5	2,497	13.9	15.1	425	132

NOTE.—I am indebted to Dr. Tatham, Superintendent of Statistics in the Department of the Registrar-General, for many of the figures in the columns above the horizontal line, between the years 1870 and 1871, excepting as to estimated population and calculation of rates.

*Census years are indicated by dark type.

†From 1896, the number of births, the birth rate and the infantile mortality rate in Kensington have been corrected by the addition of the births at Queen Charlotte's Hospital.

TABLE B.

Annual Number of Deaths in Kensington from the Principal Diseases of the Zymotic Class (1856-1906) and Death-rate from these Diseases, in Kensington, and in London.

THE YEAR.	POPULATION.	DEATHS FROM THE SEVEN PRINCIPAL DISEASES OF THE ZYMOIC CLASS.									ZYMOIC DEATH-RATE.			
		Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-Cough.	Fever.			Diarrhoea.	Total.	Per 1,000 persons living.		Deaths per 1,000 Deaths from all Causes, Kensington.
							Typhus.	Enteric.	Pyrexia.			Kensington.	London.	
1856	57,078	13	35	Not separ- ately classified.	15	27	Not separately classified.	26	Not separately classified.	62	178	3.1	4.8	144
1857	59,683	1	20		28	50		32		79	210	3.5	4.3	176
1858	62,288	2	26		61	63		38		30	220	3.5	5.1	171
1859	64,898	10	42		76	10		23		71	232	3.6	5.1	173
1860	67,498	18	30		89	7		56		23	36	259	3.8	3.8	175
1861	70,108	2	57	51	14	37	32	65	258	3.7	4.5	178		
1862	76,350	...	30	110	28	54	51	24	297	3.9	5.1	185		
1863	81,350	49	83	89	22	22	54	54	373	4.6	5.9	229		
1864	86,350	5	100	90	16	56	60	63	390	4.5	5.6	211		
1865	91,350	20	55	81	18	37	78	108	342	3.7	4.9	197		
1866	96,350	11	49	21	13	58	44	106	302	3.1	6.7	154		
1867	101,350	25	22	26	9	76	53	89	300	3.0	3.9	155		
1868	106,350	4	84	169	33	34	52	113	489	4.6	4.8	219		
1869	111,350	7	33	104	11	79	51	112	397	3.6	5.6	177		
1870	116,350	8	70	198	14	55	5	24	17	154	545	4.7	5.2	220
1871	120,234	120	64	95	11	72	6	26	16	129	539	4.5	6.0	223
1872	127,606	68	43	29	14	77	4	28	10	110	383	3.0	3.8	169
1873	132,826	1	88	10	11	44	6	27	8	145	290	2.2	3.3	119
1874	138,616	...	121	32	26	45	9	28	15	112	388	2.8	3.3	144
1875	144,488	...	23	83	23	107	2	21	6	107	372	2.6	3.9	133
1876	148,338	8	128	59	17	124	3	27	6	126	498	3.3	3.6	172
1877	151,360	84	54	31	10	34	2	14	5	99	333	2.2	3.5	127
1878	154,305	24	53	77	20	185	3	26	4	181	573	3.7	4.1	184
1879	158,316	24	60	51	26	93	1	14	8	71	348	2.2	3.3	116
1880	161,462	11	75	105	22	95	4	24	5	128	469	2.9	3.7	163
1881	163,151	55	67	38	8	85	2	22	5	101	383	2.3	3.6	140
1882	163,540	...	77	62	25	119	1	25	6	61	376	2.3	3.5	139
1883	163,860	1	39	28	24	44	2	30	3	80	251	1.5	2.7	96
1884	164,180	26	32	18	17	81	...	26	4	110	314	1.9	3.5	119
1885	164,500	25	111	7	22	98	...	12	...	86	361	2.2	3.0	130
1886	164,820	...	56	11	34	82	...	11	...	90	284	1.7	2.8	102
1887	165,140	1	108	44	40	86	...	11	2	124	416	2.5	3.1	145
1888	165,450	...	124	26	89	100	...	21	2	58	420	2.5	2.7	148
1889	165,760	...	14	28	111	26	...	19	...	71	269	1.6	2.3	111
1890	166,080	...	140	26	35	93	...	15	...	78	387	2.3	2.8	131
1891	166,308	...	29	16	28	84	...	24	1	91	273	1.6	2.3	89
1892	167,200	...	109	36	31	63	...	15	2	77	333	2.0	2.8	115
1893	167,900	9	18	51	33	65	...	17	...	98	341	2.0	3.1	117
1894	168,600	...	108	22	75	61	...	21	3	56	346	2.1	2.7	132
1895	169,300	...	33	27	89	39	...	15	1	118	322	1.9	2.6	117
1896	170,465	...	173	39	72	99	...	15	1	61	460	2.7	3.1	159
1897	170,700	...	33	29	82	19	...	21	1	125	310	1.8	2.6	116
1898	172,000	...	120	23	26	52	2	12	...	112	347	2.0	2.8	124
1899	172,400	...	24	10	42	59	...	23	...	101	259	1.5	2.5	86
1900	173,000	...	98	4	27	33	...	16	...	105	283	1.6	2.2	105
1901	176,628	1	77	15	38	62	1	11	...	115	320	1.8	2.3	121
1902	177,500	11	93	21	20	21	...	19	...	78	263	1.5	2.2	96
1903	178,000	...	34	14	24	90	...	9	...	97	268	1.5	1.8	109
1904	178,500	1	67	5	17	19	...	6	1	128	244	1.4	2.2	96
1905	179,000	...	54	21	9	60	...	13	...	90	247	1.4	1.7	99
1906	179,500	...	81	11	19	20	...	5	...	142	278	1.5	1.9	111

NOTE.—The Medical Officer of Health is not responsible for the accuracy of the figures above the horizontal line between the years 1870 and 1871, excepting as to estimated population and to calculation of rates. Census years are indicated by dark type.

[Table C.]

TABLE C.

Births, and Birth-rate; Deaths, and Death-rate; Deaths from the Seven Principal Diseases of the Zymotic Class; and Zymotic Death-rate, in Kensington, 1856-1905: Arranged in Quinquennial Periods.

QUINQUENNIAL PERIOD.	BIRTHS.	BIRTH-RATE.	DEATHS.	DEATH-RATE.	DEATHS FROM ZYMOTIC DISEASES.										Zymotic Death-rate, per 1,000 persons living.
					Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-Cough.	Typhus Fever.	Enteric Fever.	Pyrexia.	Diarrhoea.	Total.	
1856-1860	9,557	30.7	6,540	21.0	44	153	276	—	206	Not separately classified.	142	Not separately classified.	278	1,099	3.53
1861-1865	11,562	28.5	8,261	20.4	76	325	371	98	206	Not separately classified.	275	Not separately classified.	309	1,660	4.09
1866-1870	17,090	32.1	10,853	20.4	55	258	518	80	302	Not separately classified.	224	Not separately classified.	574	2,011	3.78
1871-1875	20,861	31.4	12,595	18.9	189	289	249	85	345	27	180	55	603	1,972	2.97
1876-1880	23,149	29.9	14,517	18.8	151	370	323	95	531	13	105	28	605	2,221	2.87
1881-1885	21,383	26.1	13,438	16.4	107	326	153	96	427	5	115	18	438	1,685	2.05
1886-1890	19,428	23.5	13,816	16.7	1	442	135	305	387	...	77	4	421	1,772	2.14
1891-1895	18,512	22.1	14,235	16.9	9*	297	152	306	312	...	92	7	440	1,615	1.92
1896-1900	18,665	21.8	14,075	16.4	...	448	105	249	262	2	87	2	504	1,659	1.93
1901-1905	18,131	20.4	12,898	14.4	13	325	76	108	252	1	58	1	508	1,342	1.51

NOTE.—The Medical Officer of Health is not responsible for the accuracy of the figures above the horizontal line between 1866-1870 and 1871-1875, excepting as to the calculation of rates.

*All in 1893.

TABLE D.

Death-rate in Kensington, per 1,000 persons living, from each of the Seven Principal Diseases of the Zymotic Class; Arranged also, in two groups; viz. (1) The four notifiable infectious diseases—Small-pox, Scarlet Fever, Diphtheria, and "Fever"; and (2) The three non-notifiable diseases—Measles, Whooping-Cough, and Diarrhoea.

QUINQUENNIAL PERIOD.	1	2	3	4	5	6	7	Death-rate per 1,000 from—		
	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	"Fever."	Diarrhoea.	The Seven Diseases.	The Four Notifiable Infectious Diseases. (Columns 1, 3, 4, and 6.)	The three Non-notifiable Infectious Diseases. (Columns 2, 5, and 7.)
1856-1860	0.14	0.49	0.89	—	0.66	0.46	0.89	3.53	1.48	2.05
1861-1865	0.19	0.80	0.91	0.24	0.51	0.68	0.76	4.09	2.02	2.07
1866-1870	0.10	0.49	0.97	0.15	0.57	0.42	1.08	3.78	1.65	2.13
1871-1875	0.28	0.44	0.37	0.13	0.52	0.32	0.91	2.97	1.11	1.86
1876-1880	0.19	0.48	0.42	0.12	0.69	0.19	0.78	2.87	0.92	1.95
1881-1885	0.13	0.39	0.19	0.12	0.52	0.17	0.53	2.05	0.60	1.45
1886-1890	0.00	0.53	0.16	0.37	0.47	0.10	0.51	2.14	0.63	1.51
1891-1895	0.02	0.85	0.18	0.36	0.37	0.12	0.52	1.92	0.67	1.25
1896-1900	0.00	0.52	0.12	0.29	0.31	0.11	0.59	1.93	0.52	1.41
1901-1905	0.01	0.37	0.09	0.12	0.28	0.07	0.57	1.51	0.29	1.22



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