

Report of the Medical Officer of Health for the year 1919.

Contributors

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Metropolitan Borough of St. Pancras.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1919.

T. SHADICK HIGGINS, M.D., B.Sc., Lond., D.P.H. Cantab.

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St. Pancras Borough Council.

PUBLIC HEALTH COMMITTEE.

November, 1918 to October, 1919.

CHAIRMAN.

Councillor ABRAHAM DAVIS (Ward 7).

DEPUTY-CHAIRMAN.

Councillor ARTHUR ESCOTT (Ward 4).

EX-OFFICIO.

THE RIGHT WORSHIPFUL THE MAYOR.
(Councillor G. F. PARSONS, J.P.)

ALDERMEN.

BRYAN, JAMES THOMAS.
DAVIES, DAVID, J.P., L.C.C.
TAPPING, DAN.
WILLIAMS, CHARLES.

COUNCILLORS.

Ward.

6 BAYLY, CHRISTOPHER HODGSON.
5 BLOUNT, GEORGE.
3 BOLSON, SIDNEY.
2 BROWN, HENRY JOSEPH, J.P.
1 COGGAN, CORNISH ARTHUR.
3 COOKE, JOSEPH JOHN.
6 COSBURN, GEORGE FREDERICK, J.P.
8 CROSBY, MISS ADA, M.B.E.
2 GARDNER, GEORGE.
8 HENSMAN, WILLIAM.
2 IDRIS, EMELINE TREVENA WILLIAMS (MRS.).
4 LLOYD-TAYLOR, WILLIAM, J.P., L.C.C.
5 MAYES, HENRY ARTHUR.
8 NEWTON, WILLIAM.
3 ROLLES, HARRY.
5 SAUNDERS, JAMES.
1 SHEARING, ARTHUR GEORGE.
7 SWIFT, MANSELL JAMES.
7 WOOD, WILLIAM CHARLES.

November, 1919 to October, 1920.

CHAIRMAN.

Alderman GEORGE FREDERICK COSBURN, J.P.

DEPUTY-CHAIRMAN.

Councillor MISS EDITH MAURICE VANCE (Ward 3).

EX-OFFICIO.

THE RIGHT WORSHIPFUL THE MAYOR.
(Councillor W. CARTER, J.P.).

ALDERMEN.

BROWN, HENRY JOSEPH, J.P.
TAPPING, DAN.
WILLIAMS, CHARLES.

COUNCILLORS.

Ward.

2 BARRETT, EDWARD.
5 BLOUNT, GEORGE.
8 CHAMBERLAYNE, S.
8 CROSBY, MISS ADA, M.B.E.
8 DAVIS, ABRAHAM.
1 EBURY, MRS. SUSAN JANE.
5 GREGG, DR. EDWARD ANDREW.
5 KENT, MISS BEATRICE.
3 KOUGH, MISS KATHLEEN BEULAH.
6 LEVY, MARK JOSHUA.
4 LLOYD-TAYLOR, WILLIAM, J.P., L.C.C.
7 MAY, JOSEPH, J.P.
4 MUNDELLA, ANTHONY JOHN.
1 NEWMAN, ISRAEL ARTHUR.
6 REED, WILLIAM RUSSELL.
3 SHEPHERD, JOSEPH GEORGE.
7 SWIFT, MANSELL JAMES.
2 WHITE, GEORGE WILLIAM.
1 WOODLEY, WILLIAM GEORGE.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

AT END OF 1919.

MEDICAL OFFICER OF HEALTH AND ADMINISTRATIVE TUBERCULOSIS OFFICER.

T. SHADICK HIGGINS, M.D., B.Sc., D.P.H.

TUBERCULOSIS OFFICER.*

G. T. CALTHROP, M.A., M.B., D.P.H.

PUBLIC ANALYST.

J. KEAR COLWELL, F.I.C.

SANITARY INSPECTORS AND HEALTH VISITORS.*Inspectors of Food and Food Places.*

W. G. AUGER.

H. R. CHILD.

Inspector of Workshops and Factories.

H. G. WEST.

District Inspectors.

G. RACKHAM.

J. LANDEN.†

J. I. LONNON.

W. L. BROWN.

E. J. DILLON.

A. H. WALKER.

R. E. JAMES.

G. W. ADKINS.

B. H. THOMPSON.

R. C. AKERS.

M. JAFFA.

J. B. MOLLOY,

*Temporary Sanitary Inspector.**Women Sanitary Inspectors.*

Miss M. E. BIBBY, B.A.

Miss C. SMITH.‡

Miss H. PAYNE.

Miss M. MACKENZIE.

Miss V. BLAXLAND.‡

Miss D. M. PARNELL.

Health Visitors.

Mrs. A. HUNTER.

Miss F. A. ANDERSON.

Miss J. CAMMAN.

CLERICAL STAFF.*Chief Clerk*.. A. POWEL COKE, *Barrister-at-Law.**First Clerk*

.. A. G. CAPEL.

Second Clerk

.. A. CARPENTER.

Clerk

.. G. N. COVE.

" ..

.. F. G. CRICK.†

" ..

.. J. W. KNIGHT.

Junior Clerk

.. (Vacant).

Boy Clerk

.. S. BARKER.

Temporary Clerk

.. C. BATTER.

"

.. L. HIGGINS.

"

.. T. H. HAGUE.

"

.. Miss A. West.

* Prior to Dr. Calthrop's appointment in November, 1919, Dr. E. H. Sheehan acted temporarily as Tuberculosis Officer. Tuberculosis Officer at University College Hospital, Dr. D. W. Fenwick Jones.

† Away ill.

‡ Miss Smith and Miss Blaxland are appointed as Sanitary Inspectors and Health Visitors.

BOROUGH COUNCIL STAFF AT THE MATERNITY AND CHILD WELFARE CENTRES.

Medical Officers.

			No. of Consultations per week.
DR. B. MARION COCKERELL	..	..	3
DR. ROWNTREE GILLET	..	..	(2 per month)
DR. A. GERTRUDE GROGAN	..	..	2
DR. JANIE LORIMER HAWTHORNE	..	..	2
DR. MATILDA HUNT..	..	..	2
DR. ETHEL F. IREDELL	..	..	1
DR. LYDIA A. LENEY	..	..	2
DR. JESSIE S. MUIR	..	..	2
DR. BALFOUR NEILL	..	..	2
DR. J. SHERWOOD NEW	..	..	1
DR. F. L. PROVIS ..	..	..	2

Dental Clinic.

MRS. W. A. MURCH, L.D.S., <i>Dentist</i>	..	1-2
DR. JAS. MAUGHAN, <i>Anaesthetist.</i>		

Superintendents of Centres.

Full Time—

MISS G. R. BRISTOW.
MRS. E. CROCKART.
MISS M. H. LANDEL JONES.
MISS M. SMYTH.

Part Time—

MISS K. L. ALLFREY.
MISS E. T. SAVORY.
MISS M. TEMPLETON.

Assistant Visitors at Centres.—Full Time.

MISS M. ANDREWS.	MISS H. FERME.
MISS F. BRAYSHAW.	MRS. E. LURIE.
MISS L. DONNELL.	MISS E. L. MAY.

DISINFECTING AND CLEANSING STAFF.

Foreman of Disinfecting Station	..	H. CATCH.
Stoker and General Assistant	..	T. BARTHOLOMEW.
Assistant Disinfectors	..	J. STANLEY.
"	..	A. J. DIBBEN.
Matron of Personal Cleansing Station		MRS. E. MACE.
Assistant at	..	MRS. L. COOK.

RESIDENT CARETAKERS, &c.

Mortuaries and Coroner's Courts	..	J. ROOT.
Goldington Buildings	..	J. H. AMBROSE.
Flaxman Terrace	..	J. EVANS.
Prospect Terrace (and Baths)	..	A. N. REID.
Male Attendant	..	W. SMITH.
Female Attendant	..	MRS. C. REID.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
PANCRAS ROAD, N.W. 1.

July, 1920.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
METROPOLITAN BOROUGH OF ST. PANCRAS.

LADIES AND GENTLEMEN,

I have the honour to present to you the Sixty-Fourth Annual Report on the vital statistics and sanitary condition of the Sanitary District of St. Pancras, including particulars of the year's work of the Public Health Department. It is the seventh annual report which it has been my duty to submit.

It is satisfactory to record that the mortality during 1919 has been the lowest on record, in spite of the fact that the ravages of the influenza epidemic continued during the earlier months. For the first time the net St. Pancras deaths for the year were less than three thousand, and the annual death-rate was down to 13·4 per 1000 civil population. It is noteworthy that the war-time conditions, some of which still continue, have not had a more unfavourable effect on the mortality figures.

The deaths of infants under one year of age also were less in number than in any previous year, but there is reason to believe that they are still more numerous than they need be, and that patient effort in this direction is yet required.

In regard to births the continuous decline which had been observed during the war reached its greatest depth in the middle of 1919, but during the last two quarters there was a marked increase, with the result that the recovery shows itself in an increase over last year in the figures for the year.

As a result of the favourable variation in the births and deaths, there was an excess of births over deaths of 894 for the year, as compared with an excess of deaths over births of 596 which was recorded in 1918.

In regard to infectious diseases, the outstanding feature of the year was the cessation of the phenomenal outbreak of influenza. This raged during part of the summer and autumn of 1918, and was still grave in the spring of 1919, but had almost spent itself by the end of the first quarter, since which time there has been no serious recrudescence. The total St. Pancras deaths certified during the year 1919 as being caused by this disease numbered 260, as compared with 700 in the previous year, but the mortality actually due to the epidemic was no doubt even greater.

The mortality from tuberculosis (341 deaths) was lower than usual, and from both measles and whooping cough, diseases which fluctuate from year to year, much lower than for many years. Scarlet fever was more prevalent than in the previous three years, though the deaths were very few, the cases being of a mild character. The increase was not observable with respect to Diphtheria. Typhoid fever reached a lower point than ever, only seven cases being notified, and it is satisfactory to note that the decline in cerebrospinal fever since the outbreak of 1915 was continued. A considerable number of men suffering from malaria and dysentery acquired abroad on active service have returned to civil life, but there appears to be no tendency for the diseases to spread, not one case acquired in England having been reported in St. Pancras.

The administration of the Borough schemes for Maternity and Child Welfare and for the dispensary treatment of tuberculosis, as well as the general work of the Public Health Department, are recorded in detail in the report. The most noteworthy development during the year was the work of the Special (Housing) Committee which will also be found detailed in the text.

During the year the remaining members of the staff of the Department who were still serving with H.M. Forces returned to their civil duties.

The annual report which I submit herein has been arranged on an entirely new plan as compared with my previous annual reports, in order to comply with the suggestions which have been made by the Ministry of Health to all Medical Officers of Health with a view to securing a measure of uniformity in such reports throughout the country.

In conclusion I have the pleasure of once more expressing my appreciation of the manner in which I have been assisted by the staff of the Department during a strenuous year's work. I would like also to offer my thanks to your Public Health Committee for the support they have given me; and to the Council for the personal consideration which they have always shown me.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. Shadick Nijhuis

Medical Officer of Health.

Metropolitan Borough of St. Pancras.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1919.

Section I.—NATURAL AND SOCIAL CONDITIONS OF THE BOROUGH.

POPULATION.

The total population of St. Pancras for 1919 as estimated by the Registrar-General was 228,585, the civilian population being estimated at 219,434. The figures have been arrived at on the basis of the rationing returns.

The population enumerated in the 1911 census was 218,387. Since that date the Registrar-General's estimates have been based on the assumption that the population was decreasing (the 1901 census was 235,317), and in 1918 his estimate was as low as 196,883 for the total population, and 175,716 for the civilian population. There is reason to believe that throughout the intercensal period the estimate was too low. The doubt as to the exact population diminishes the value of annual rates calculated on the estimated population, and our vital statistics would be greatly improved by the taking of censuses more often than once in ten years.

PHYSICAL FEATURES AND GENERAL CHARACTER.

The Borough of St. Pancras extends over the area of the parish of the same name. It is about four miles long north and south, extending from near Oxford Street to Highgate, and about one mile east and west. It includes the districts of Kentish Town, Camden Town and Somers Town, and portions of Clerkenwell, Bloomsbury and Highgate, as well as less well defined districts spoken of as "Chalk Farm," "Regent's Park," "Euston" and "King's Cross," and a quarter—largely foreign—to the west of Tottenham Court Road.

The area of the Borough is 2,694 acres, but by no means the whole of that area is built over. Preserved open spaces exist in Regent's Park, Parliament Hill Fields, Highgate Cemetery and Waterlow Park and elsewhere, and there is a good deal of land devoted to railway purposes. The open spaces are shown in the following table:—

	Acres.		Acres.
1 Ampthill Square ..	1·00	24 Oakley Square ..	1·75
2 Argyle Square ..	·80	25 Parliament Hill (total	
3 Brunswick Square ..	2·30	area 267 $\frac{1}{4}$ acres) ..	194·00
4 Camden Gardens ..	·47	26 Pond Square Enclosure	·80
5 Camden Square ..	2·07	27 Primrose Hill Park	30·00
6 Cartwright Gardens ..	1·45	28 Regent's Park (total	
7 Clarence Gardens ..	·70	area 400 acres) ..	72·50
8 College Gardens ..	·10	29 Regent's Park Terrace	
9 The Crescent, Camden		Enclosure ..	·20
Road	·54	30 Regent Square ..	·70
10 The Crescent En-		31 Rochester Square ..	1·08
closure, Euston street	·22	32 St. Andrew's Gardens	1·25
11 Endsleigh Gardens ..	2·40	33 St. George's Gardens	
12 Euston Square ..	2·20	(including burial	
13 Fitzroy Square ..	·75	ground)	2·50
14 Goldington Crescent ..	·50	34 St. George's Square ..	·43
15 Gordon Square ..	2·30	35 St. James's Gardens ..	2·66
16 Harrington Square ..	1·00	36 St. Martin's Gardens	1·75
17 Highgate Road Open		37 St. Pancras Gardens ..	5·25
Spaces	·86	38 Tavistock Square ..	2·30
18 Leighton Crescent En-		39 Waterloo Park ..	29·00
closure	·29	40 Whitfield Recreation	
19 Lismore Circus En-		Grounds, Tottenham	
closure	·66	Court Road ..	0·50
20 Maitland Park Villas			
Enclosure	·64		
21 Mecklenburgh Square	2·50		373·72
22 Mornington Crescent	2·84		
23 Munster Square ..	·46		

There is also a limited amount of other unbuilt-on land in the north of the Borough.

The main lines and other property of the Great Northern, Midland and North-Western Railways, divide up the Borough to a considerable degree and tend to isolate one district from another.

Geologically, the whole Borough has for subsoil the London clay, except for superficial deposits of gravels in the extreme south, and of lower Bagshot sand in the extreme north (Highgate).

The occupations of the residents in the Borough at the time of the 1911 census are shown in the following Table, which is a summary of the census returns:—

OCCUPATIONS (CONDENSED LIST) OF MALES AND FEMALES 10 YEARS AND UPWARDS,
(1911 CENSUS.)

AGES OF MALES. 10 years and upwards.					OCCUPATIONS at ages 10 years and upwards.	AGES OF FEMALES. 10 years and upwards.							
10 to 14 inclusive.	15 to 19 inclusive.	20 to 55 inclusive.	65 and upwards.	Total Males.		Total Females.	Unmarried.	Married.	Widowed.	10 to 14 inclusive.	15 to 19 inclusive.	20 to 55 inclusive.	65 and upwards.
9014	9300	63470	4381	86165	... Total occupied and unoccupied ...	90997	41369	39714	9914	9059	9460	66148	6330
7822	720	1708	1772	12022	... Retired or unoccupied ...	54679	14895	34310	5474	8361	2143	38963	5212
1192	8580	61762	2609	74143	... Engaged in occupations ...	36318	36318	5404	4440	698	7317	27185	1118
46	275	2458	43	2822	General or Local Government of ... the country ...	561	480	31	50	—	28	531	2
—	69	559	15	643	... Defence of the country ...	—	—	—	—	—	—	—	—
20	240	3427	222	3909	Professional occupations and their subordinate services ...	2873	2244	369	260	4	155	2626	88
23	329	2385	76	2813	... Domestic offices or services ...	12121	7944	1890	2287	155	1870	9645	451
60	1046	4841	173	6120	... Commercial occupations ...	1849	1750	68	31	20	533	1293	3
22	368	4002	71	4463	Conveyance of Men, Goods, and Messages—	61	32	3	26	—	9	48	4
120	636	5582	186	6524	... 1. On railways ...	14	7	5	1	—	1	13	—
531	1285	2185	87	4388	... 2. On roads ...	206	196	8	2	40	98	68	—
1	16	314	32	363	... 3. Others ...	8	2	3	3	—	—	6	2
—	—	2	—	2	Agriculture (on farms, woods, and gardens) ...	—	—	—	—	—	—	—	—
1	3	149	6	159	... Fishing ...	15	6	7	2	—	—	15	—
41	644	4036	170	4891	In and about, and working and dealing in the products of mines and quarries ...	180	143	33	4	10	54	114	2
56	445	2472	147	3120	Metals, Machines, Implements, and Conveyances ...	765	704	41	20	54	294	408	9
5	204	5967	377	6553	Precious Metals, Jewels, Watches, Instruments, and Games ...	3	—	—	3	—	—	1	2
22	351	3490	210	4073	Building and Work of Construction Wood, Furniture, Fittings, Decora- tions ...	916	662	153	101	25	213	656	22
2	22	278	18	320	Brick, Cement, Pottery, and Glass ...	46	38	5	3	1	13	32	—
13	135	684	21	853	Chemicals, Oil, Grease, Soap, &c. ...	247	219	17	11	8	85	151	3
8	71	427	42	548	Skins, Leather, Hair, and Feathers ...	296	228	46	22	14	91	182	9
48	459	2510	107	3124	Paper, Prints, Books, and Stationery ...	1743	1473	185	85	73	607	1047	16
3	142	806	31	982	... Textile Fabrics ...	1071	905	110	56	24	293	735	19
28	319	3348	226	3921	... Dress ...	8299	6250	1181	868	217	2073	5676	333
54	1127	7977	178	9336	Food, Tobacco, Drink, and Lodging Gas, Water and Electricity Supply, and Sanitary Service ...	4175	2611	1063	501	23	689	3333	130
—	23	538	16	577	Other, General, and undefined ...	6	2	2	2	—	2	4	—
88	371	3025	155	3639	Workers and Dealers ...	863	578	184	101	30	209	1125	23
7822	720	1708	1772	12022	Without specified occupations or ... unoccupied ...	54679	14895	34310	5474	8361	2143	38963	5212

Considerable alterations have taken place since 1911 in the occupations owing to the War and to other circumstances.

It will be seen from the Table that St. Pancras is largely industrial. This is reflected in the housing conditions, of which the most characteristic feature is the prevalence of the "tenement house." These details in regard to housing are set out at some length in Section VIII. (page 81), and it may be sufficient at this place to mention that in 1911 the 22,246 "inhabited houses" were inhabited by 52,994 "families or separate occupiers"; that there were 11,452 one-room tenements, 15,568 two-room tenements, and 10,421 three-room tenements; and that a population of 51,214, or 25·5 per cent. of the total population in "private families" were living in 8,875 tenements with more than two occupants per room. The overcrowding and the tenement-house system and their attendant evils constitute one of the gravest problems in the Borough, and an important factor in the housing position in the metropolis as a whole.

In connection with the housing and industrial position, it is to be noted that there is a considerable population working in St. Pancras and living elsewhere, and *vice versa*.

VITAL STATISTICS.

For the purposes of this Report, the year 1919 consists of the fifty-two weeks ended 27th December, 1919.

MARRIAGES.

The number of marriages celebrated in 1919 was 2,633 (including marriages of soldiers and sailors). This is equal to a rate of 11·5 per 1,000 total population.

BIRTHS.

The net number of births for St. Pancras registered during 1919 was 3,824, making an annual birth-rate of 16·7 per 1,000 total population.

The number of births registered as having taken place in the Borough was 3,804, and the net figure is obtained by adding 20, which, according to information received from the Registrar-General, is the excess of births to parishioners occurring outside the Borough over births to non-parishioners occurring inside the Borough.

The corresponding figures for previous years and for the different wards and registration sub-districts in the Borough will be found in Tables 1 and 4 on pages 100 and 106.

It will be seen (page 100) that there was a tendency for the birth-rate, which had been falling for some years, to recover in 1919. From the following quarterly Table it will be seen that this recovery took place mainly in the last quarter of the year. The table shows also the first two quarters of 1920, in which the increase in births was still more pronounced :—

Year.	No. of Births.				Total for Year (Un-corrected).	Total for Year (Cor-rected).
	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.		
1913 ..	1335	1268	1266	1298	5167	5517
1914 ..	1222	1234	1271	1218	4945	5225
1915 ..	1259	1129	1036	1034	4458	4754
1916 ..	1048	1140	1050	1072	4310	4530
1917 ..	1046	974	797	818	3635	3796
1918 ..	842	840	848	809	3339	3318
1919 ..	775	747	977	1305	3804	3824
1920 ..	1806	1581	—	—	—	—

725 births occurred in Public Institutions in St. Pancras, equal to 19·1 per cent. of the total births which took place in the Borough.

Table 5, on page 107, shows the birth-rate for 1919 of England and Wales, the County of London, the several Metropolitan Boroughs, and the thirty large towns with populations exceeding 125,000.

ILLEGITIMACY.

Of the 3,804 births which took place in the Borough during 1919, 302, or 7·9 per cent., were returned as illegitimate.

Of the 3,824 births to parishioners within and without the Borough, 322, or 8·4 per cent., were returned as illegitimate. The corresponding figures for 1918, 1917, 1916, 1915, 1914 and 1913, were 9·5, 7·2, 7·0, 5·4 4·4, and 4·7 per cent. respectively.

NOTIFICATION OF BIRTHS.

This subject is dealt with at pages 55 and 62.

DEATHS.

Deaths of civilians only are included in the following figures.

The net number of St. Pancras (civil) deaths registered during the year was 2,930, making an annual death rate of 13·4 per thousand civil population. (The death rate calculated upon the estimated total population would be 12·8 per thousand).

The number of (civil) deaths registered during the year as having taken place in the Borough was 3,104. Of these 670 were of persons whose residence was not in St. Pancras (non-parishioners), 578 dying in St. Pancras institutions, and 92 in other parts of the Borough. There were also reported

by the Registrar-General 457 deaths of St. Pancras parishioners who died in institutions in other parts of the County of London and institutions connected therewith, and 39 who died in other parts of England and Wales. The net figure on which the death rate is based is corrected for these inward and outward transfers.

In Table 1, on page 100, the corresponding figures for the past ten years will be found. It will be seen that the mortality for 1919 was the lowest on record. There were 984 less deaths than in 1918, when the mortality was swollen by the influenza epidemic. The increased mortality from that disease continued during 1919, especially in the early part of the year, and there were 260 deaths attributed to influenza. It would appear, therefore, that except for that particular cause of death, the death rate for the year would have been still lower.

The leading causes of death are set out in the following Table for the ten years 1909-1918 and for 1919:—

Diseases.	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	Average for 10 years.	1919
Enteric Fever	6	4	7	2	6	4	8	5	6	5	5	2
Small-pox	—	—	—	—	—	—	—	—	—	—	—	1
Chicken-pox	—	—	1	1	1	—	1	1	—	—	—	—
Measles	102	143	113	94	36	53	63	42	118	75	84	15
Scarlet Fever	16	17	10	5	6	19	22	8	4	7	11	5
Whooping Cough	27	92	48	47	36	49	52	39	27	80	49	7
Diphtheria and Croup ..	28	21	37	27	19	30	24	23	25	31	26	21
Influenza	61	20	15	14	42	15	35	35	21	700	96	260
Erysipelas	10	7	10	7	10	9	11	3	3	11	8	9
Tuberculosis—Pulmonary ..	374	297	230	318	325	365	398	340	353	403	340	268
Ditto Other forms..	78	76	83	83	67	67	102	83	91	82	81	73
Cancer, Malignant Disease ..	232	266	274	247	285	251	258	267	281	269	263	245
Rheumatic Fever	12	8	6	5	6	10	11	7	7	8	8	7
Cerebral Hæmorrhage, Em- bolism, and Apoplexy ..	168	131	147	227	116	141	169	119	116	131	146	91
Heart Disease	301	282	283	217	276	319	422	359	393	378	323	360
Bronchitis, Pneumonia, and Pleurisy	732	630	560	525	691	566	664	535	514	618	603	489
Diarrhæa and Enteritis ..	101	75	248	45	148	142	114	72	97	56	109	68
Nephritis and Bright's Disease	138	97	86	110	101	112	132	103	104	98	108	61
Puerperal Fever	—	—	4	7	2	7	5	4	5	2	4	9
Congenital Debility and Mal- formations, including Pre- mature Birth	149	138	130	207	191	164	187	176	144	132	162	162
Injuries	130	148	156	161	148	150	150	112	125	119	140	108

It will be seen that there was unusually little mortality from measles and whooping cough, pulmonary tuberculosis, cerebral apoplexy, bronchitis, pneumonia and pleurisy, and kidney disease; partly set off by the influenza mortality.

The deaths for the year are fully classified for causes, age, and sex in Table 2, on page 101.

The deaths and death rates for the different wards and registration sub-districts will be found in Table 4 on page 106, and in Table 5 on page 107 will be found the death rate for 1919 of England and Wales, the County of London, the several Metropolitan Boroughs, and the 30 large towns with populations exceeding 125,000.

1,648 deaths occurred in Public Institutions in the Borough in 1919. Taking from these the number which were of non-parishioners (578), and adding the number of deaths of St. Pancras parishioners in Public Institutions outside the Borough (486)—both from the Registrar-General's figures—the number of St. Pancras deaths which took place in Public Institutions is shown to be 1,556, or 53 per cent. of the total deaths.

INFANTILE MORTALITY.

336 deaths of St. Pancras infants under one year of age took place during the year. This is equal to a rate of 88 per thousand births.

In Table 1 on page 100 the corresponding rates for the last ten years will be found. From this it will be seen that the infantile mortality compares favourably with previous years.

In Table 4 on page 106 the figures will be found for the different wards and registration sub-districts, and in Table 5 on page 107 infantile mortality rates in England and Wales, the County of London, the several Metropolitan Boroughs and the 30 large towns with populations exceeding 125,000.

The causes of death are shown in the following table, classified also according to age at death:—

1919. NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES
UNDER 1 YEAR OF AGE.

CAUSE OF DEATH.				Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months & under 6 months.	6 months & under 9 months.	9 months & under 12 months.	Total Deaths under 1 year.
All causes	Certified ...	...	...	92	25	18	8	143	68	51	41	33	336
	Uncertified ...	...	...	—	—	—	—	—	—	—	—	—	—
Small-pox	...	...	...	—	—	—	—	—	—	—	—	—	—
Chicken-pox	...	...	...	—	—	—	—	—	—	—	—	—	—
Measles	...	...	...	—	—	—	—	—	1	—	1	2	4
Scarlet Fever	...	...	...	—	—	—	—	—	—	—	1	—	1
Whooping-Cough	...	...	...	—	—	—	—	—	1	—	1	—	2
Diphtheria and Croup	...	...	...	—	—	—	—	—	—	—	—	—	—
Erysipelas	...	...	...	—	—	—	—	—	—	—	—	—	—
Influenza	...	...	...	—	1	—	—	1	—	1	6	3	11
Tuberculous Meningitis	...	...	...	1	—	—	—	1	1	—	1	1	4
Abdominal Tuberculosis	...	...	...	—	—	—	—	—	—	1	—	—	1
Other Tuberculous Diseases	...	...	...	—	—	1	—	1	—	1	—	—	2
Meningitis (not Tuberculous)	...	...	...	—	—	1	—	1	3	1	1	—	6
Convulsions	...	...	...	2	—	—	—	2	1	—	2	1	6
Laryngitis	...	...	...	—	—	—	—	—	—	—	—	—	—
Bronchitis	...	...	...	—	5	1	—	6	14	6	11	10	47
Pneumonia (all forms)	...	...	...	1	—	1	—	2	—	1	2	4	9
Diarrhoea	...	...	...	—	—	1	—	1	2	5	1	1	10
Enteritis	...	...	...	2	1	—	—	3	7	14	8	5	37
Gastritis	...	...	...	—	—	—	—	—	1	—	2	—	3
Syphilis	...	...	...	1	—	1	—	2	4	4	—	1	11
Rickets	...	...	...	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying)	...	...	...	—	—	1	—	1	—	—	—	—	1
Injury at birth	...	...	...	6	—	—	—	6	—	—	—	—	6
Atelectasis	...	...	...	7	—	—	—	7	—	—	—	—	7
Congenital Malformations	...	...	...	14	5	2	1	22	5	3	1	—	31
Premature birth...	...	...	...	48	8	2	4	62	5	—	1	—	68
Atrophy, Debility and Marasmus	...	...	...	7	2	4	—	13	17	11	1	3	45
Other causes (including Influenza)	...	...	...	3	4	3	3	13	6	4	7	5	35
Totals				92	25	18	8	143	68	51	41	33	336

Nett Births in the year	{ legitimate ...	3502	Nett Deaths in the year of	{ legitimate infants	270
	{ illegitimate ...	322		{ illegitimate infants	66

The number of deaths of illegitimate children under one year of age was 66, equal to a death rate of 205 per 1000 illegitimate births.

Section II.—SANITARY CIRCUMSTANCES OF THE DISTRICT.

CLOSET ACCOMMODATION.

The only closet accommodation to be found in the Borough is of the water-closet type, privies of other types being completely absent. Except for a relatively small number of trough latrines in factories and workshops, schools and institutions, these are all provided with separate flushing cisterns. In connection with dwelling-houses, some of these are in outhouses and some within the house itself.

In Section VIII. (Housing) of this Report (page 81) reference is made to the circumstance that in tenement houses one closet has to serve more than one tenement, with the result that there is lack of convenience and privacy in this respect, and a division of responsibility in the maintenance of the closets which frequently become insanitary in consequence.

SCAVENGING.

Reference is made to this subject in the Housing Section (see page 90).

SANITARY INSPECTION OF THE BOROUGH.

Inspections.—In connection with the following statement, reference may be made to the statement as to staff on page 79.

Altogether 66,353 inspections, including 7,636 Food Control inspections were made in 1919 by the staff of Inspectors and Visitors. These consisted of 39,399 initial inspections, including 7,631 Food Control inspections, and 26,954 re-inspections, including 5 Food Control re-inspections.

Of these inspections, 38,345 were made by the District Sanitary Inspectors, 3,402 by the Sanitary Inspector for Factories and Workshops, 7,124 by the Sanitary Inspectors for Food and Food places, and 17,482 by the Women Sanitary Inspectors and Health Visitors.

The inspections made by each individual Inspector and Visitor are shown in table 10, on page 113.

The work of the various classes of Inspectors and Visitors is set out in tables 7, 8 and 9, on pages 109 to 112.

The inspections dealt with above are exclusive of the visits made by the Council's Superintendents and Visitors working in connection with the Maternity and Child Welfare Centres, who made 22,811 visits during the year, (see page 59); and of the visits made by trained workers not paid by the Council and working from the Centres; nor do they include the work of the disinfecting staff.

Notices served and result of service.—3,307 intimation notices (comprising 7,011 items) were served by the Sanitary Inspectors during 1919. These were made up as follows—

	District Inspectors.	Factory & Workshop Inspector.	Food Inspectors.	Women Inspectors.	Total.
In respect of Nuisances ..	4320	12	1	284	4617
In respect of the Tenement House By-laws ..	764	—	—	—	764
In respect of Breaches of Statutes in Factories, Workshops and Work- places	—	515	—	—	515
In respect of other Breaches of Statutes and By- laws	1057	5	—	53	1115
	<u>6141</u>	<u>532</u>	<u>1</u>	<u>337</u>	<u>7011</u>

These intimations are classified in tables 11, 12, 13 and 14, on pages 114 and 115.

1,756 Statutory notices (comprising 2,810 items) were served during 1919 and the early part of 1920, following non-compliance with these intimation notices. These are also classified in tables 11, 12, 13 and 14, on pages 114 and 115.

The following prosecutions were undertaken during the year in respect of general sanitary work :—

SUMMONSES.

Under the Public Health (London) Act, 1891 (except in respect of Food).

Situation of Property.	Offence.	Date of Hearing of Summons.	Result of Proceedings.
		191 .	
101, Kentish Town Road	House without a proper and sufficient supply of water ...	March 4th ...	Closing Order to be obeyed within 14 days
Tudor Place ...	Offensive smells from Tallow Factory ...	" 18th...	Summons withdrawn, costs £21
3, St. John's Gardens ...	Main and washhouse roofs and dust-bin defective ...	May 16th ...	Summons withdrawn, costs £2 8s.
35, Queen's Crescent ...	Water fittings and dust-bin defective; waste pipe of sink foul and choked ...	" 23rd ...	Abatement Order made costs £1 1s.
30, Rhyl Street ...	Walls and ceilings dirty; domestic water cistern dirty and water fittings defective ...	" ...	Abatement Order made costs £1 1s.
15, Winscombe Street ...	Walls and ceilings dirty ...	June 13th ...	Do.
142, Weedington Road ...	Room and w.c. dirty ...	" ...	Summons withdrawn, costs £2 2s.
46, Castle Road ...	Walls and ceilings of rooms and scullery dirty; addition room dirty and damp; roof and water fittings and rain water pipe defective ...	July 12th ...	Order to abate nuisance within 28 days, costs £1 5s.
14, Pratt Street ...	Walls and ceilings dirty and absence of dust-bin ...	Aug. 21st ...	Summons withdrawn, costs £1 5s.
125, Drummond Street ...	Drain defective and stopped ...	" ...	Order to abate nuisance within 28 days, costs £1 5s.
127, Drummond Street ...	Walls and ceilings dirty; water-closet basin, waste pipe of sink and dust-bin defective ...	" ...	Do.
133, Whitfield Street ...	Walls and ceilings and staircase dirty ...	Sept. 5th ...	Fined 1s., costs £3.
101, Kentish Town Road	Failing to comply with Closing Order ...	" 9th ...	Fined £20, in default 2 months' imprisonment.
30, Rhyl Street ...	Failing to comply with Nuisance Order ...	Oct. 29th ...	Fined £5.
125, Drummond Street ...	Do. do. ...	" ...	Fined £5.
127, " ...	Do. do. ...	Nov. 14th ...	Fined £5.
10, Bramshill Gardens ...	Walls and ceilings dirty ...	" ...	Fined 1s., costs £2 5s.
Whiffin's Yard ...	Nuisance from trade, business or process of soap making at factory ...	" ...	Adjourned <i>sine die</i> , costs £5 5s.
11, Dickenson Street ...	Walls and ceilings dirty; water closet apartment and scullery dirty; main and addition roofs defective ...	" ...	Order made for nuisances to be abated within 14 days, costs £1 3s.
4, Stucley Place ...	Walls and ceilings dirty; roofs and guttering defective ...	" ...	Ordered to abate nuisance within 14 days.
45, Werrington Street ...	Accumulation of refuse in front area and vaults; absence of proper receptacle for dust ...	" 21st ...	Summons withdrawn, costs £2 2s.
131, Whitfield Street ...	Walls and ceilings dirty ...	Dec. 3rd ...	Fined £3.
114, Torriano Avenue ...	No proper drain and w.c. to house ...	" 16th ...	Abatement Order, costs £2 2s.
2, Clarence Gardens ...	Roof defective ...	" 19th ...	Do.
38, Calthorpe Street ...	w.c. basin choked ...	" 18th ...	Summons not served.
15, Sidmouth Street ...	Guttering to addition roof defective ...	" 16th ...	Summons withdrawn, costs £2 6s.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BY-LAWS AND REGULATIONS.

Offensive Trades.—There are two licensed premises for such trades in St. Pancras, viz., a tripe-dresser's in Kentish Town Road, and a tallow-melter's in Tudor Place. 38 visits were made to these premises in 1919, a number of these being special night observations of the tallow-melting premises.

In connection with the tallow-melter's premises proceedings were taken in March, 1919, under Section 21 of the Public Health (London) Act, 1891, upon a certificate to the Council signed by more than ten inhabitants of the district that the premises were a nuisance or dangerous to health. The summons was withdrawn on the defendants undertaking to make certain alterations in the premises with a view to preventing the nuisance.

Proceedings were instituted in November under the same section in connection with a soap-making works in Whiffen's Yard, Sharpleshall Street, which had recently been established. This case was settled on the defendants agreeing to discontinue the processes which caused the nuisance.

Reference is made in Section III. of this Report to Dairies, Cowsheds, Milkshops, Bakehouses, Slaughter-houses, Fried Fish and Fish Curing premises, and other food premises. Tenement houses and underground rooms are dealt with in Section VIII. (Housing).

REGISTERED TENEMENT HOUSES.

At the end of 1919 there were 2365 such houses on the Register. Statistics as to inspection of these and other houses will be found in tables, Nos. 7 and 12, on pages 109 and 114.

SMOKE-PREVENTION.

During the year 79 observations of smoke shafts were made. There were no prosecutions.

CONSTRUCTIONAL DRAIN WORK.

The sanitary inspectors have the duty of supervising all work upon drains, including construction, reconstruction and repairs. During the year the following work has been done under this heading :—

		First inspections.	Consequent re-inspections.
Drainage work done under notice	..	200	2039
Voluntary drainage work	..	1500	2910
Drains of new buildings	..	109	199
		1809	5148

The tests which have been applied to drains during 1919 are shown in the following table:—

		After In- fectious Disease.	Upon Com- plaint.	Upon systematic Inspection	Old Buildings.		New Buildings at com- pletion of work.	Total.
					At com- mence- ment of work.	At com- pletion of work.		
By Grenade.	1. Defects found ...	25	37	1	—	—	—	63
	2. No result ...	83	82	6	—	12	—	183
	3. Total ...	108	119	7	—	12	—	246
By Smoke.	1. Defects localised ...	—	—	—	—	—	—	—
	2. No result ...	—	—	—	—	2	—	2
	3. Total ...	—	—	—	—	2	—	2
By Water.	1. Not found water-tight	—	1	—	—	7	3	11
	2. Found water-tight...	—	—	—	—	146	83	179
	3. Total ...	—	1	—	—	153	86	190
Total ...		25	38	1	—	7	8	74
		83	82	6	—	160	83	364
		108	120	7	—	167	86	438

Drainage Register.—The following is an analysis of the Drainage Register during 1919:—

Plans deposited—Old Buildings under Notice ..	46
“ “ Old Buildings, Voluntary ..	117
“ “ New Buildings and Additions ..	24
	187
Applications without Plans ..	123
	310

WATER SERVICE.

The following notices have been received during the year from the Metropolitan Water Board as to houses from which water has been cut off:—

1.—Demolition ..	—
2.—Empty ..	4
3.—Leakage ..	4
4.—Non-payment of Rates ..	—
5.—No statement (withdrawals) ..	—
6.—By request ..	—
7.—Broken Supply Pipe ..	3
	11

CANAL BOATS ACTS.

During the year Inspector Auger inspected 5 canal boats, which were registered for the occupation of 11 adults and 6 children, and were occupied by 10 adults and 8 children. He served a notice in respect of the damp and dirty condition of one boat, which has since ceased to be occupied. The regulations were complied with on the other four boats.

INHABITED HOUSE DUTY.

Applications for certificates under Section 11 of the Inland Revenue Act, 1903, were received during 1918 in respect of 2 houses comprising 4 tenements. These were granted.

THE RAG FLOCK ACT, 1911.

No samples were taken under this Act during 1919.

PUBLIC MORTUARIES AND CORONER'S COURT.

Number of bodies deposited in the General Mortuary in 1919	..	345
" " Infectious " "	..	5
	Total	.. 350

INQUESTS HELD DURING 1919—

In the Coroner's Court—General Cases	..	..	306
" " Poor Law	..	..	38
Elsewhere in St. Pancras	..	..	22
	Total	..	366

FACTORY AND WORKSHOP ACTS.

The following five tables are those asked for by the Home Secretary :—

1.—INSPECTIONS MADE BY MALE AND FEMALE SANITARY INSPECTORS.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including factory laundries and bakehouses)	798	169	—
Workshops (including workshop laundries and bakehouses)	1502	280	—
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	363	69	—
Total	2663	518	—

2.—DEFECTS FOUND.

Particulars. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspectors. (4)	
<i>Nuisances under the Public Health Acts* :—</i>				
Want of cleanliness	92	92	} Nil.	
Want of ventilation	1	1		
Overcrowding	—	—		
Want of drainage of floors	—	—		
Other nuisances	114	110		
Sanitary accommodation { Insufficient	7	4		
{ Unsuitable or defective	154	151		
{ Not separate for sexes	5	3		
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouses (s. 101)	2	2		
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	130	130		
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report)	10	8		
Total	515	501	—	—

* Including those specified in sections 2, 3, 7 & 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3.—HOME WORK.

The only matter to report under this heading is the receipt of the following lists of outworkers for employers sending twice in the year :—19 in respect of the making, etc., of wearing apparel, comprising the names of 24 outworkers (contractors) and 105 outworkers (workmen), and 1 in respect of brushmaking, containing the name of 1 outworker (contractor).

4.—REGISTERED WORKSHOPS.

Workshops on the Register (Sec. 131) at the end of the year.	Numbers.
(1)	(2)
Bakehouses	134
Restaurant kitchens	422
Laundries	35
Domestic workshops	—
Other workshops where women are employed	367
Other workshops	802
Total number of workshops on Register	1760

5.—OTHER MATTERS.

Class	Number
(1)	(2)
<i>Matters notified to H.M. Inspectors of Factories :—</i>	
Failure to affix Abstract of the Factory and Workshop Act (s. 133)	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)	39
Other	39
Underground bakehouses (s. 101) :—	—
Certificates granted during the year	88
In use at the end of the year	88

The number of factories, workshops and workplaces added to and removed from the register during 1919 was as follows :—

	Added to register.	Removed from register.
Bakehouses—		
Workshop	0	1
Factory	0	0
Laundries—		
Workshop	0	0
Factory	0	0
Restaurant kitchens	9	4
Other workshops and workplaces	70	0
Other factories	33	0

The number of inspections that were made during 1919 were as follows:--

	Factory and Workshop Inspector.		Woman Sanitary Inspector.		Total.	
	Inspections.	Re-inspections.	Inspections.	Re-inspections.	Inspections.	Re-inspections.
Bakehouses. .	350	283	—	—	350	283
Restaurant kitchens ..	141	149	—	—	141	149
Laundries ..	1	—	—	—	1	—
Domestic workshops	—	—	—	—	—	—
Other work-shops ..	438	594	—	—	438	594
Other work-places ..	26	47	—	—	26	47
Other factories	270	363	1	—	271	363
Total ..	1226	1436	1	—	1227	1436

Bakehouses and restaurant kitchens are dealt with in Section III.

SCHOOLS.

The medical inspection and treatment of children in Elementary Schools in St. Pancras is carried out by the London County Council independently of the Borough Council. The County Medical Officer has kindly furnished me with the following particulars of medical inspections of school children in St. Pancras during 1919. They are classified in the following Tables:—

MEDICAL INSPECTION OF CHILDREN IN ELEMENTARY SCHOOLS IN ST. PANCRAS.
1919.

					Entrants.		Age 8.		Age 12.	
					Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Number examined	...	...	...		1343	1470	1465	1458	1477	1564
Number requiring treatment	...				630	699	760	761	589	706
<i>Defects—</i>										
Skin	...	...	...	F	49	40	62	32	41	35
				X	40	25	48	21	30	22
Teeth	...	...	...	X	351	418	451	407	312	336
Tonsils	...	...	...	F	342	407	278	313	178	210
Adenoids	...	...	...	F	196	184	134	110	38	36
Tonsils or Adenoids	...	...		X	134	143	98	112	50	73
Other Nose or Throat defects				F	146	138	92	76	71	51
				X	47	34	35	14	15	18
Glands of Neck	...	...	...	F	283	289	274	258	167	106
				X	7	4	10	11	3	2
Eye disease	...	...	...	F	58	79	61	58	54	43
				X	41	55	27	23	18	13
Vision	...	...	...	X	Not tested		152	184	183	196
Ear disease	...	...	...	F	42	51	53	73	55	49
				X	25	30	33	48	35	33
Hearing	...	...	...	F	21	25	33	33	26	24
				X	2	6	12	12	13	11
Speech	...	...	...	F	18	20	25	13	16	8
				X	—	—	3	—	1	—
Heart	...	...	...	F	31	37	35	46	45	70
				X	—	4	5	3	7	12
Anæmia	...	...	...	F	47	46	58	51	45	79
				X	21	20	16	19	11	38
Lungs	...	...	...	F	121	118	87	67	48	44
				X	49	51	42	20	19	12
Nervous disease	...	...		F	32	38	30	41	21	37
				X	—	2	3	5	2	7
Phthisis	...	...	...	F	7	7	5	12	6	11
				X	5	4	4	7	3	8
Other Tubercular	...	...		F	9	6	2	2	2	7
				X	3	3	2	1	2	3
Rickets	...	...	...	F	60	45	44	17	28	24
				X	7	10	1	—	—	4
Deformities	...	...	...	F	31	24	34	35	52	73
				X	4	6	6	8	10	24
Infectious disease	...	...	...	F	3	6	1	3	—	1
				X	3	5	1	3	—	1
Malnutrition	...	...	...	F	7	13	9	8	5	4
				X	4	8	4	4	3	4
Other defects	...	...	..	F	82	99	91	93	80	133
				X	35	55	41	53	36	59

f signifies a defect found

x signifies a defect noted for treatment.

	Clothing.			Nutrition.				Cleanliness of Head.			Cleanliness of Body.			Condition of Teeth.			Vision.		
	*1	2	3	1	2	3	4	1	2	3	1	2	3	1	2	3	1	2	3
Entrants. Boys	871	453	19	633	674	36	—	1265	76	2	1271	67	5	676	376	291	—	—	—
Percentage ...	64.9	33.7	1.4	47.1	50.2	2.7	—	94.1	5.7	0.1	94.6	5.0	0.4	50.3	28.0	21.7	—	—	—
" Girls	997	458	15	619	794	57	—	1193	263	14	1373	93	4	691	477	302	—	—	—
Percentage ...	67.8	31.2	1.0	42.1	54.0	3.9	—	81.2	17.9	0.9	93.4	6.3	0.3	47.1	32.4	20.5	—	—	—
Age 8. Boys	804	647	14	444	958	63	—	1399	61	5	1377	87	1	637	503	325	520	633	290
Percentage ...	54.8	44.2	1.0	30.3	65.4	4.3	—	95.5	4.2	0.3	94.0	5.9	0.1	43.5	34.3	22.2	36.0	43.9	20.1
" Girls	905	545	8	430	979	49	—	1099	345	14	1374	81	3	644	520	294	479	616	338
Percentage ...	62.1	37.4	0.5	29.5	67.2	0.3	—	75.4	23.6	1.0	94.2	5.6	0.2	44.2	35.7	20.1	33.4	43.0	23.6
Age 12. Boys	538	522	17	568	868	41	—	1429	48	—	1395	79	3	797	580	100	779	421	276
Percentage ...	63.5	35.3	1.2	38.4	58.8	2.8	—	96.7	3.3	—	94.5	5.3	0.2	54.0	39.2	6.8	52.8	28.5	18.7
" Girls	1035	525	4	559	961	44	—	1269	288	7	1457	106	1	881	583	100	840	419	304
Percentage ...	66.2	33.6	0.2	35.7	61.5	2.8	—	81.2	18.4	0.4	93.2	6.7	0.1	56.3	37.3	6.4	53.7	26.8	19.5

* Classification of children examined.

Clothing ... 1, good; 2, fair; 3, bad.

Nutrition ... 1, excellent; 2, normal; 3, below normal; 4, bad.

Cleanliness—Head ... 1, clean; 2, nits only; 3, pediculi.

" Body ... 1, clean; 2, dirty; 3, pediculi.

Teeth ... 1, sound; 2, less than 4 decayed; 3, 4 or more decayed.

Vision ... 1, 6-6 in both eyes; 2, 6-9 in either eye; 3, 6-12 or worse in either eye.

(Vision tested with Snellan test type at a fixed distance of 6 metres).

INFECTIOUS DISEASES IN SCHOOLS.

In the investigation of cases of scarlet fever, diphtheria, etc., and of measles, the school teachers are promptly advised in regard to cases and contacts, so that the London County Council rules in regard to the exclusion from school of these can be brought into operation.

It has not been necessary during the year to close any school on account of infectious disease, but in a number of instances the "unprotected" children in certain schoolrooms were temporarily excluded on account of measles.

ST. PANCRAS SCHOOL CLINICS.

The following account of the work of the two London County Council treatment Centres for school children has been kindly furnished by Dr. A. R. Roche, the Secretary-Superintendent:—

There are two centres in St. Pancras for the medical treatment of children attending the primary schools, one at 26, Prince of Wales Road and the other at Lancing Street, Euston Road. They are conducted in virtue of annual agreements between the London County Council and the St. Pancras Public Medical Service, a voluntary association of medical men practising in the Borough formed expressly for this purpose. The executive body in this Association is a small Committee, with Dr. J. Wigg as its Chairman and Dr. A. R. Roche as Secretary and Superintendent of the Centres. In virtue of this agreement the County Council authorities, as the result of the medical inspections of the schools by their own medical officers, refer such cases as

require treatment, not provided by their parents, to the Centres for treatment, the connecting links between the schools and the Centres being the School Care Committees and the Council organisers. The Public Medical Service, for its part, rents, equips (in this it is initially financially assisted by the County Council) and maintains suitable premises and appoints medical officers (the appointments are approved by the Council) who carry out the necessary medical and dental treatment. Generally speaking, the medical officers and dental surgeons live and practice in the Borough, and are appointed annually by the Committee. The actually working of the Centres and management is in the hands of the Secretary-Superintendent, who is most ably assisted by a whole-time nurse provided by the County Council at each Centre. As regards the financial arrangements, the County Council pays a fixed session rate for the remuneration of the medical and dental staff, and also a fixed capitation fee for each case treated at the Centres. All the expenses of maintenance are defrayed out of these grants. For the last period of twelve months for which the accounts have been made up the County Council made payments amounting to £2,098 13s. 6d. The cases treated may be grouped as follows:—

Eye Cases.—Children whose eyes are found to be defective are referred to the Centre, their refractions are carefully done, and suitable spectacles are ordered. An optician attends at the Centre, measures the children and subsequently sees that the spectacles fit. There is a special tariff for spectacles, and all arrangements for payment are made by one of the County Council's organisers. Apart from errors of refractions, all needful eye treatment is carried out, with the exception of operations demanding in-patient treatment. Eye treatment is only done at the Prince of Wales Road Centre, as in the Southern portion of the Borough there are so many hospitals that there are not enough cases to warrant an eye department at Lancing Street. At Prince of Wales Road 925 eye cases were dealt with in 1919.

Ear, Throat and Nose Cases.—Defects of these organs are very common amongst school children, and include enlarged tonsils and adenoids and running ears, besides less common ailments. The cases needing operations are dealt with once a week at each Centre by the Surgeon and Anaesthetist, and no child is sent home until the Nurse in charge is satisfied that it is quite safe. Occasionally there are cases of hæmorrhage, which require further treatment, and then if necessary the child is kept at the Centre all night. After being sent home each case is visited by a district nurse until well, if necessary by the Surgeon who did the operation, and is subsequently inspected before final discharge. Arrangements are being made for each child to have a course of remedial breathing exercises by which it is hoped that recurrence will be avoided. The treatment of discharging ears is carried out by the Minor Ailment Nurse (to be referred to later) under the direction of the Aural Surgeon, and each child attends daily or if necessary twice a day. The numbers for the Aural Departments are for 1919:—

Prince of Wales Road	..	784
Lancing Street (6 months only)	..	261

Dental Cases.—These departments are very busy, and the children's teeth

are stopped, cleaned, and where necessary extracted, either under gas or a local anaesthetic. The number for 1919 :—

Prince of Wales Road	..	2,003
Lancing Street	..	1,385

Minor Ailment Department.—It is difficult to explain the wide scope of these departments. Skin cases of all kinds are dealt with, unclean heads, running ears are treated daily, cuts, bruises, sores dressed, and a wide variety of disabilities redressed. The department at each Centre is in charge of a doctor, who attends once or twice a week as arranged to see new cases and supervise treatment. At each Centre, by arrangement with the District Nursing Association, a nurse is exclusively maintained for this work. She attends the Sessions held by the doctor, and attends daily at each Centre at 12 and again at 4 for the routine treatment of the cases. The value of this work both remedially and educationally can hardly be exaggerated, and the hygienic influence of the nurses is very great.

The number of cases of 1919 are :—

Prince of Wales Road	..	1,205.
Lancing Street	..	1,159.

As giving some idea of the work done, I may say the attendances at Lancing Street for 1919 in the Minor Ailment Department totalled 26,450, and at Prince of Wales Road, 28,819.

A. R. ROCHE.

The number of home visits made by the nurses in connection with the school clinics was 585 from the Prince of Wales Road Centre and 661 from the Lancing Street Centre. These were made by the Central St. Pancras District Nursing Association.

Section III.—FOOD.

(a) MILK SUPPLY.

Almost the whole of the milk used in St. Pancras is brought in from the country by train. The cowsheds in the Borough, though registered for 96 cows, only contained about 30 cows in 1919. Much milk is also delivered at the large railway termini in the Borough for distribution in other parts of London. The methods of transporting and handling the milk and the conditions in many of the milkshops are by no means satisfactory.

The administration in regard to the control of the milk supply from the point of view of its content of tubercle bacilli is in the hands of the London County Council.

DAIRIES, COWSHEDS AND MILKSHOPS.

Cowsheds.—There were at the end of 1919 four licensed cowsheds in the Borough. They were registered for 96 cows.

Milkshops and Dairies.—22 applications for registration under the Dairies, Cowsheds and Milkshops Orders, in respect of milkshops were considered during 1919. They were all acceded to.

The figures in regard to the registration of milkshops are set out below :—

No. of purveyors of milk at retail milkshops on register at end of 1918	214
<i>Deduct</i> No. of purveyors removed from register during 1919 ..	23
<i>Add</i> No. of purveyors added to register by resolution of Council during 1919	22
No. of purveyors of milk at retail milkshops on register at end of 1919	213

At the end of 1919 there were on the register in addition to these 213 retail milkshops and 4 cowsheds (which are attached to retail milkshops included in the 213), 2 persons in respect of premises where only a wholesale milk trade is done, and 3 itinerant vendors without milkshops.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 & 1917.

The following is a report of the work done under the regulations during the year ended the 27th December, 1919 :—

384 samples of milk were taken and analysed, and in no case were preservatives reported to be found.

No other contraventions of the regulations were discovered.

MILK (MOTHERS AND CHILDREN) ORDER, 1918.

During 1919 milk was supplied under the above-mentioned Order to 213 new families, the milk being granted free in 207 cases and at half price in 6 cases. The supply was also continued in a few cases commenced in 1918. The total cost to the Council of the milk supplied during the year was £285 0s. 5d.

(b) OTHER FOODS.

The Food Inspectors have kept under regular inspection food exposed or deposited for sale in slaughter-houses, shops (especially butchers', cooked meat, and fishmongers' shops), stalls, and market places.

No seizures of unsound food were made during 1919.

On 106 occasions during the year unsound food has been surrendered by the owners to the Food Inspectors and destroyed as trade refuse.

The work of the Food Inspectors is shown in detail in table No. 8, on pages 110 and 111.

SLAUGHTER-HOUSES.

The greater part of the English-killed meat sold in St. Pancras is killed outside of the Borough. There were 9 licensed slaughter-houses (private) in

the Borough at the end of 1919. They do not conform to a high standard of excellence.

The Food Inspectors pay visits at intervals to the slaughter-house and inspect the meat therein at each visit. During 1919 they made 143 visits.

FRIED FISH AND FISH CURING PREMISES.

At the end of 1919 there were 49 fried fish vendors' premises in the Borough, at 2 of which fish curing was also carried on. There were 14 fish curers' premises, including these two. 143 visits were made by the Food Inspectors to these premises during the year.

A large number of these premises are not in compliance with the by-laws as regards the structure of their premises and apparatus, but as most of them have been in use for some years they are exempt from the operation of the by-laws in this respect.

ICE-CREAM PREMISES.

132 visits were paid to these premises by the Food Inspectors during 1919. No legal proceedings were taken.

BAKEHOUSES AND RESTAURANT KITCHENS

At the end of 1919 there were 172 bakehouses on the register, including 38 factory bakehouses and 41 bakehouses not in use.* 127 of the 172 were underground bakehouses, of which 25 were factory bakehouses, and 41 not in use.

At the end of the year 422 restaurant kitchens were on the register.

Bakehouses and restaurant kitchens are visited by the Factory and Workshop Inspector, and particulars in regard to his inspections of them will be found on page 25.

38	107	001	..	..	..
----	-----	-----	----	----	----

The 100 included in the above list are the only ones which were inspected in 1919. The 100 included in the above list are the only ones which were inspected in 1919. The 100 included in the above list are the only ones which were inspected in 1919.

(c)—SALE OF FOOD AND DRUGS ACTS.

750 samples have been taken under these Acts, and 704 of these proved to be genuine and 46, or 6·1 per cent., adulterated. The details are given in the following table:—

Articles of food of which samples have been taken.	Total number of samples.	Genuine.	Adulterated.
Arrowroot	9	9	—
Baking Powder	14	14	—
Butter	24	23	1
Camphorated Oil	24	22	2
Cocoa	40	40	—
Custard Powder	18	18	—
Dripping	19	19	—
Egg Powder	6	6	—
Flour	2	2	—
Flour (Self-Raising)	56	56	—
Glycerine	12	12	—
Honey	1	1	—
Lard	8	8	—
Margarine	6	6	—
Milk	384	355	29
Mustard	21	20	1
Olive Oil	6	6	—
Pepper	19	19	—
Rice	4	4	—
Salad Oil	3	2	1
Vinegar	32	31	1
Vinegar (Malt)	42	31	11
Total	750	704	46

The 750 include 1 informal sample of butter.

Prosecutions were undertaken in respect of 33 of the 46 samples which were reported as being adulterated. These are set out in the following table (page 33):—

INSPECTIONS MADE AND SAMPLES TAKEN UNDER THE ORDERS OF THE FOOD CONTROLLER, 1919.

Samples.	Mr. West.	Mr. Rackham.	Mr. Brown.	Mr. Dillon.	Mr. Akers.	Mr. Walker.	Mr. James.	Mr. Jaffa.	Mr. Lonnon.	Mr. Pottier.	Mr. Adkins.	Mr. Thompson.	Mr. Auger.	Mr. Child.	All Inspections.	In accordance with order.	In contravention of order.	Warning letters sent.	No. of prosecutions.	Result of Proceedings.	
																				Fines.	Costs.
Ale	—	—	—	—	—	—	—	—	—	—	—	—	10	17	27	24	3	—	3	£ s. d.	£ s. d.
Apples	—	—	3	6	—	—	—	4	—	—	—	—	—	—	18	17	1	—	1	65 0 0	10 10 0
Bacon	—	1	9	—	85	4	—	6	1	—	—	—	—	—	29	27	2	—	2	0 10 0	1 1 0
Beans	—	10	12	10	10	8	6	15	5	2	1	—	—	—	79	79	—	—	—	11 0 0	4 4 0
Beer	—	—	—	—	—	—	—	—	—	—	—	—	16	13	29	24	5	—	5	14 0 0	6 5 0
Brandy	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4	4	—	—	—	—	—
Bread	—	—	—	—	—	—	—	—	—	—	—	—	36	53	89	80	9	—	9	21 10 0	13 13
Butter	—	—	—	1	—	1	—	—	1	—	—	—	3	—	6	6	—	—	—	—	—
Cheese	—	2	7	2	1	2	7	5	—	—	—	—	—	—	30	29	1	1	—	—	—
Cocoa	—	105	47	34	53	72	68	45	116	29	121	55	—	—	748	747	1	1	—	—	—
Cocoa-nut	—	—	—	—	—	1	—	—	—	1	—	—	—	—	3	3	—	—	—	—	—
Coffee	—	32	25	17	24	25	27	39	15	16	17	15	—	—	252	240	12	7	5	10 3 0	9 9 0
Currants	—	20	26	9	15	24	31	30	13	17	13	42	—	—	240	239	1	—	1	2 0 0	2 2 0
Dates	—	1	—	2	2	5	—	—	1	—	1	—	—	—	12	12	—	—	—	—	—
Dripping	—	4	3	6	6	1	12	—	4	2	8	—	—	1	47	46	1	1	—	—	—
Eggs	—	17	10	12	18	18	14	12	3	—	—	2	—	—	106	105	1	—	1	1 0 0	2 2 0
Figs	—	—	2	1	—	—	1	1	—	—	—	—	—	—	5	2	3	3	—	—	—
Fish	—	—	—	—	—	—	—	—	1	—	—	—	—	—	12	12	—	—	—	—	—
Flour	—	77	67	88	61	67	90	33	51	19	54	47	35	60	749	736	13	8	5	4 5 0	7 7 0
Fruit (Dried)	—	1	1	1	—	—	—	5	1	2	—	2	—	—	13	12	1	—	1	0 10 0	0 10 0
Gin	—	—	—	—	—	—	—	—	—	—	—	—	19	4	23	15	8	5	3	38 0 0	10 7 6
Grape Nuts	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—
Jam	—	42	59	36	57	50	62	60	31	5	25	49	—	1	477	443	34	22	12	18 10 0	21 0 0
Lard	—	1	14	3	1	3	2	5	1	—	—	—	—	—	30	29	1	—	1	5 0 0	1 1 0
Lentils	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—
Margarine	—	2	—	4	4	3	2	1	—	—	—	—	—	—	26	42	—	—	—	—	—
Meat	—	—	1	—	—	—	—	—	—	—	—	—	—	128	225	203	22	6	16	263 4 0	45 1 0
Milk	—	—	—	—	—	—	—	—	—	—	—	—	—	—	82	83	77	6	4	6 0 0	1 0 0
Milk (Finned)	—	72	76	30	76	54	109	97	83	35	77	68	—	2	779	774	5	2	3	2 10 0	3 3 0
Oatmeal	—	4	6	26	6	6	6	3	1	2	1	—	—	—	61	59	2	2	—	—	—
Oats	—	3	25	13	5	6	3	24	—	11	—	14	—	—	104	104	—	—	—	—	—
Onions	—	11	6	1	4	10	—	—	7	1	1	—	—	—	41	38	3	—	3	1 10 0	3 3 0
Oranges	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
Peaches	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2	2	—	—	—	—	—
Peas	—	6	2	5	12	9	10	1	3	1	2	—	—	—	51	51	—	—	—	—	—
Potatoes	—	—	2	1	—	—	—	—	—	—	—	1	—	—	4	3	1	1	—	—	—
Poultry	—	—	—	—	—	—	—	—	—	—	—	—	6	—	6	4	2	—	2	12 10 0	6 10 0
Prunes	—	—	5	—	1	1	—	4	1	1	8	—	—	—	29	29	—	—	—	—	—
Raisins	—	4	5	—	4	2	1	4	8	1	7	20	—	—	56	56	—	—	—	—	—
Rice	—	107	93	85	106	69	84	75	77	44	97	80	—	—	917	906	11	5	6	3 15 0	5 5 0
Rum	—	—	—	—	—	—	—	—	—	—	—	—	24	9	33	22	11	7	4	5 11 0	8 7 0
Salmon	—	65	80	135	62	45	105	123	63	31	50	30	—	—	789	741	48	25	23	26 16 0	27 16 6
Sardines	—	18	4	4	13	7	13	—	34	1	6	4	—	—	104	99	5	2	3	2 0 0	4 4 0
Suet	—	7	8	2	13	7	9	1	6	4	5	10	—	1	73	68	5	3	2	1 11 0	3 3 0
Saltanas	—	5	6	4	2	1	1	—	4	1	3	5	—	—	32	32	—	—	—	—	—
Sugar	—	—	—	—	3	1	—	2	—	—	—	—	—	1	7	7	—	—	—	—	—
Sweets and Chocolates	—	—	9	2	—	—	—	2	3	—	—	—	—	—	16	15	1	—	1	1 0 0	2 2 0
Syrup	—	—	7	—	—	—	—	4	2	4	3	—	—	—	20	20	—	—	—	—	—
Tea	—	—	—	—	—	—	2	6	—	—	—	—	—	—	8	8	—	—	—	—	—
Whiskey	—	—	—	—	—	—	—	—	—	—	—	—	122	153	275	186	89	22	67	441 5 6	231 5 0
Sundries	—	—	—	2	—	—	—	—	1	1	—	—	—	—	5	5	—	—	—	—	—
Total samples purchased	—	617	621	513	572	504	662	6.9	542	231	504	454	405	530	6794	6486	308	127	181	959 0 6	428 11 0
Total visits made ..	697	580	699	598	580	500	527	494	226	239	393	367	746	990	7656	—	—	—	—	—	—
Other Prosecutions :—																					
Failing to keep																					
Records ..																					
„ display Notice ..																					
„ Legibly Mark																					
Prices																					
Waste of Foodstuffs ..																					
Selling without authority ..																					
Refusing to Sell ..																					
Selling in Saloon Bar																					
but not in Public Bar																					
Failing to keep Open																					



Summonses—Under the Sale of Food and Drugs Acts.

No. of Sample.	Article.	Result of Analysis.	Date of Hearing of Summons.	Result of Proceedings.	
				Penalty.	Costs.
A. 4	Milk	Deficient in milk fat, 10 per cent.	1919. 14th Jan.	£ s. d. Summons dismissed	£ s. d. y proved
A. 14	"	" 9.3 "	21st Feb.	3 0 0	—
A. 18	Mustard	Added starch, 8 per cent.	14th March	2 10 0	1 0 0
A. 36	Milk	Added water, 37.1 per cent.	14th "	5 0 0	2 2 0
A. 43	"	" 19.1 "	14th "		
A. 37	"	" 27.7 "	14th "		
A. 42	"	" 16.4 "	14th "		
C. 43	"	" 13.6 "	15th April	2 10 0	2 6 6
C. 44	"	" 12.4 "	15th "	2 10 0	—
C. 45	"	" 15.7 "	15th "	2 10 0	—
C. 46	"	" 12.0 "	15th "	2 10 0	—
A. 64	"	Deficient in milk fat, 6.6 per cent.	24th "	—	0 10 6
C. 105	"	Added water, 12.9 per cent.	22nd May	Warranty relied upon	3 3 0
A. 122	"	Deficient in milk fat, 6.6 per cent.	15th July	—	2 2 0
A. 135	"	" 6.0 "	25th "	2 0 0	1 1 0
C. 158	"	Added water, 4.7 per cent.	19th "	2 0 0	0 10 6
		Obstructing the Inspector in the course of his duties	19th "	5 0 0	or 1 month's
A. 160	"	Deficient in milk fat, 34.6 per cent.	27th "	imprisonment	t in default
C. 174	"	" 8.6 "	19th "	Summons dismissed	of Warranty
C. 176	"	Added water, 8.4 per cent.	19th Aug.	5 0 0	0 10 6
A. 206	Salad Oil	Added mineral oil, 30 per cent.	24th "	2 0 0	0 12 6
C. 204	Milk	Added water, 13.2 per cent.	19th Oct.	5 0 0	—
C. 242	"	" "	19th "	—	3 3 0
C. 249	"	" "	19th "	Summons Defendant	not served
A. 251	"	Deficient in milk fat, 5 per cent.	14th Nov.	2 0 0	gone away
A. 257	Malt Vinegar	Vinegar, other than malt vinegar, 100 per cent.	14th "	3 0 0	0 10 6
A. 261	"	" "	2nd Dec.	—	0 12 6
C. 287	"	" "	12th "	0 10 0	1 1 0
C. 295	"	" "	2nd "	10 0 0	1 1 0
C. 306	"	" "	2nd "	5 0 0	1 1 0
C. 336	Milk	Added water, 15.7 per cent.	2nd "	Summons Defendant	not served
A. 309	"	" "	1st "	2 0 0	gone away
A. 310	"	" "	1st "	2 0 0	—
A. 311	Malt Vinegar	Vinegar, other than malt vinegar, 100 per cent.	1st "	3 0 0	—

ADMINISTRATION OF THE FOOD CONTROLLER'S ORDERS.

The male Sanitary Inspectors continued during 1919 to make the necessary inspections and purchases of samples, under the supervision of the Medical Officer of Health as Enforcement Officer of the St. Pancras Local Food Control Committee, for the purpose of securing the enforcement of these Orders. This work has been done mainly after ordinary working hours. The details are set out in the table inset.

Section IV.—PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

The number of cases of the compulsorily notifiable infectious diseases that have been notified during 1919 is shown in the table below, where they are also classified according to ages. The figures have not been corrected for subsequent revision of diagnosis.

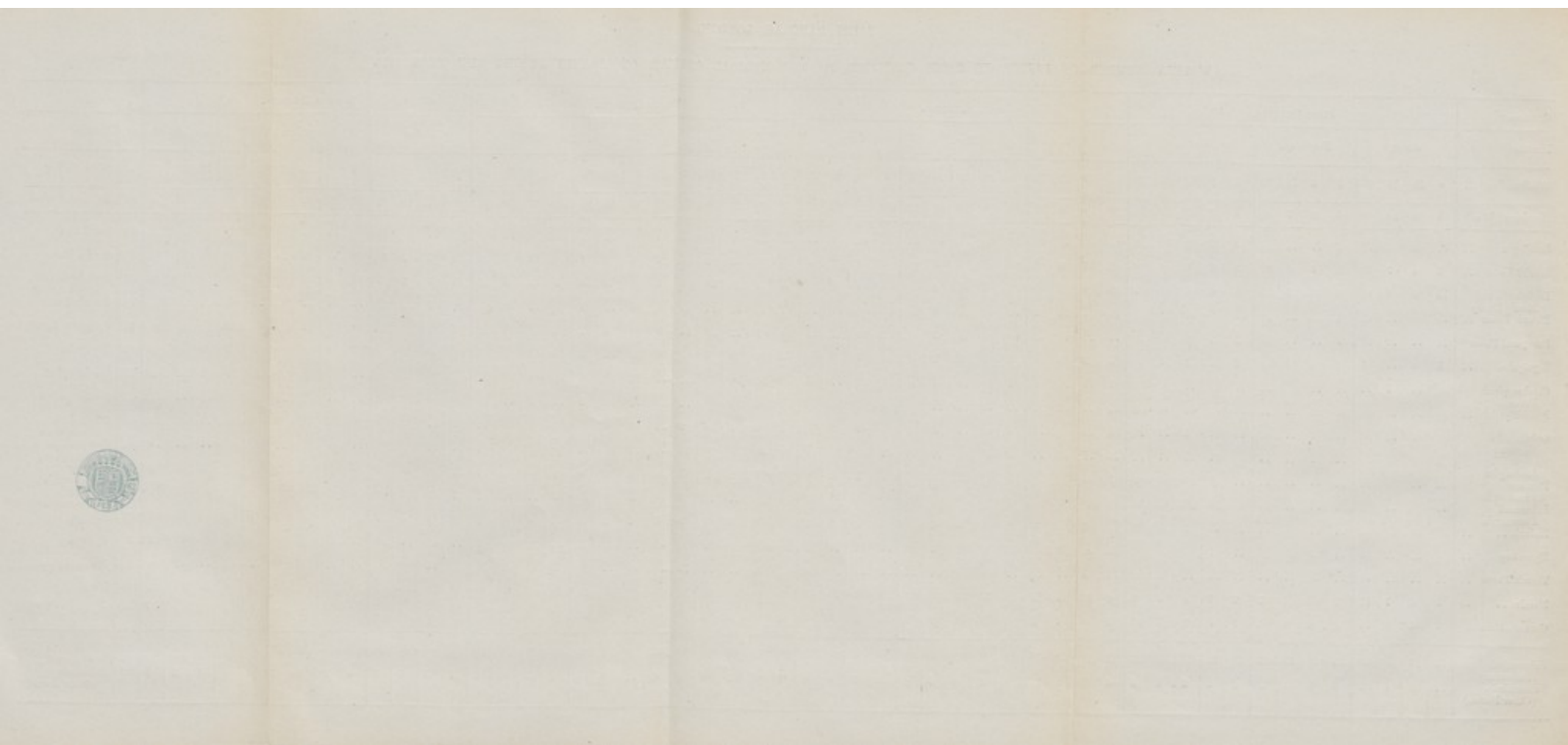
DISEASES.	AT ALL AGES.	AT AGES—YEARS.						
		Under 1.	1 and under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
1. Variola or Small-pox	10	1	—	2	1	2	4	—
2. Scarlatina or Scarlet Fever	558	4	114	246	128	45	21	—
3. Diphtheria and Membranous Croup ..	348	6	78	141	48	47	28	—
4. Typhus Fever	—	—	—	—	—	—	—	—
5. Enteric or Typhoid Fever	7	—	—	—	3	1	2	1
6. Fever, Simple or Continued	—	—	—	—	—	—	—	—
7. Relapsing Fever	—	—	—	—	—	—	—	—
8. Puerperal Fever	13	—	—	—	—	4	9	—
9. Erysipelas	134	5	4	6	7	8	87	17
10. Cholera	—	—	—	—	—	—	—	—
11. Plague	—	—	—	—	—	—	—	—
12. Anthrax	—	—	—	—	—	—	—	—
13. Glanders	—	—	—	—	—	—	—	—
14. Hydrophobia	—	—	—	—	—	—	—	—
15. Cerebrospinal Meningitis	10	2	1	1	—	2	4	—
16. Anterior Poliomyelitis	4	—	2	—	1	—	1	—
17. Ophthalmia Neonatorum	39	39	—	—	—	—	—	—
18. Encephalitis Lethargica	3	—	—	—	—	1	2	—
19. Acute Primary Pneumonia	86	9	17	13	4	8	30	5
20. Acute Influenzal Pneumonia	213	4	16	15	7	29	129	13
21. Malaria	98	—	—	—	—	19	79	—
22. Dysentery	6	—	—	—	—	1	5	—
23. Trench Fever	1	—	—	—	—	1	—	—
24. Measles	1034	53	487	424	29	22	19	—
25. German Measles	268	8	45	145	26	28	16	—
26.* Tuberculosis :—								
Pulmonary	799	2	18	81	52	126	505	15
Other Forms	206	4	36	62	39	16	39	10

* Including all Primary Notifications made under the Public Health (Tuberculosis) Regulations, 1912, on Forms "A," "B," "C" or "D."

WEEKLY NUMBER OF CERTIFIED DEATHS FROM THE DANGEROUS INFECTIOUS DISEASES DURING THE YEAR 1916



WEEKLY NUMBER OF INFECTIOUS CASES CERTIFIED TO THE MEDICAL OFFICER OF HEALTH DURING THE YEAR 1916



In the accompanying tables (inset) are shown the number of notifications of the notifiable infectious diseases received in each week of the year, and also the corresponding weekly number of deaths from these and certain other diseases.

In the following table the number of notifications are set forth for the past 10 years:—

Diseases.	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919
Small-pox	—	—	—	—	—	—	—	—	—	—	10
Scarlet Fever	774	681	445	598	568	1207	1009	448	246	332	558
Diphtheria and Membranous Croup	315	262	419	550	440	458	446	424	451	399	348
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever.. ..	50	61	66	29	41	44	36	38	24	17	7
Fever, simple or continued ..	—	—	—	—	1	1	—	1	—	—	—
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	15	14	16	20	11	18	14	18	9	5	13
Erysipelas	160	186	201	190	210	223	202	120	126	121	134
Cholera	—	1	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—
Hydrophobia	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	1	—	1	—
Glanders	—	—	—	—	—	—	—	—	—	—	—
Cerebrospinal Meningitis ..	6	10	7	3	5	2	40	23	25	13	10
Anterior Poliomyelitis	—	—	2	3	9	3	8	9	1	1	4
Ophthalmia Neonatorum	..	..	26	18	23	34	31	38	31	40	39
Chicken-pox	..	..	198	..	..	..	247	..	..	401	..
Measles	..	..	..	..	..	..	..	1855	3681	2144	1034
German Measles	..	..	..	..	..	..	..	381	609	311	268
Encephalitis Lethargica	..	..	..	..	..	..	..	..	..	..	3
Acute Influenzal Pneumonia ..	..	..	..	..	..	..	..	..	..	..	213
Acute Primary Pneumonia	..	..	..	..	..	..	..	..	..	..	86
Malaria	..	..	..	..	..	..	..	..	..	..	98
Dysentery	..	..	..	..	..	..	..	..	..	..	6
Trench Fever	..	..	..	..	..	..	..	..	..	..	1
Tuberculosis— Pulmonary	936	872	1464	1735	928	893	933	735	825	1034	799
Other Forms					230	121	150	138	169	203	206

The notifications of, and deaths from, the notifiable infectious diseases, are classified in the following table according to their Wards and Registration Sub-Districts:—

INFECTIOUS DISEASES.	NOTIFICATIONS.										DEATHS.									
	West. Ward		South. Ward		East. Ward		North. Ward		No. Address.	Whole Borough.	West. Ward		South. Ward		East. Ward		North. Ward		No. Address.	Whole Borough.
	4	5	7	8	3	6	1	2			4	5	7	8	3	6	1	2		
1. Variola or Small-pox	1	..	..	2	1	..	6	..	..	10	..	..	..	..	..	..	1	..	..	1
2. Scarlatina or Scarlet Fever	48	112	40	81	77	33	55	102	..	558	..	..	2	1	1	1	..	..	..	5
3. Diphtheria and Membranous Croup	42	48	22	44	56	24	54	58	..	348	3	..	..	6	4	4	3	1	..	21
4. Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Enteric or Typhoid Fever	1	1	1	..	..	..	4	..	..	7	1	..	..	..	1	..	..	..	..	2
6. Fever, Simple and Continued ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Relapsing Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Puerperal Fever	1	2	1	2	4	1	2	..	..	13	1	..	2	5	1	..	..	..	..	9
9. Erysipelas	13	18	5	25	25	19	13	16	..	134	2	1	..	3	1	1	..	1	..	9
10. Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Glanders	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Hydrophobia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15. Cerebrospinal Meningitis*	..	1	..	2	2	4	..	1	..	10	1	1	..	..	3	..	..	1	..	6
16. Anterior Poliomyelitis	..	1	..	..	2	1	..	..	..	4	..	..	..	..	1	..	..	..	..	1
17. Ophthalmia Neonatorum	5	5	4	5	6	4	7	3	..	39	1	..	1	..	1	..	2	..	..	5
18. Encephalitis Lethargica	..	1	..	..	1	..	1	..	..	3	..	..	..	..	..	..	..	..	..	..
19. Acute Primary Pneumonia	15	10	6	11	6	13	14	11	..	86	..	..	..	..	..	..	..	..	..	..
20. Acute Influenzal Pneumonia	25	36	9	13	60	29	23	18	..	213	..	..	..	..	..	..	..	..	..	..
21. Malaria	8	14	3	5	37	13	9	9	..	98	..	..	..	..	..	..	..	..	..	..
22. Dysentery	..	..	..	1	1	3	..	1	..	6	..	1	1	..	1	..	1	..	1	5
23. Trench Fever	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..
24. Measles	78	378	81	70	217	96	48	66	..	1034	1	4	..	..	2	5	..	3	..	15
25. German Measles	27	33	21	63	23	18	54	29	..	268	..	..	..	..	..	..	..	..	..	..
26. † Tuberculosis:—																				
Pulmonary	115	115	61	107	104	91	114	62	30	799	35	33	21	37	38	27	28	30	10	263
Other Forms	27	31	5	28	35	30	29	15	6	206	7	9	4	13	10	12	12	5	1	73

* Includes two deaths from Posterior Basic Meningitis.

† Including all primary notifications made under the Public Health (Tuberculosis) Regulations, 1912, on Forms A, B, C, or D.

DISINFECTING AND CLEANSING STATION.

DISINFECTION.

The work done during the year by the disinfecting staff is shown in the following table:—

Disease.	No. of Cases.	No. of Houses.	No. of Rooms Contents Disinfected or Destroyed.	No. of Rooms Sprayed and Fumigated.
Small-pox	11	10	10	19
Scarlet Fever	514	508	621	617
Diphtheria	323	318	359	361
Enteric Fever	10	10	8	8
Erysipelas	78	78	55	32
Puerperal Fever	11	11	9	7
Cerebro-spinal Meningitis	7	7	7	7
Consumption	70	70	69	70
Measles	41	41	42	33
Cancer	37	37	33	24
Vermin and Scabies	149	149	120	20
Other Diseases	120	123	101	100
Totals	1371	1362	1434	1298

Below is shown the number of articles destroyed or disinfected during the year on account of infectious disease and verminousness:—

	INFECTIOUS DISEASE		VERMINOUSNESS.	
	DESTROYED.	DISINFECTED.	DESTROYED.	DISINFESTED
Beds, mattresses and palliasses	17	1576	5	157
Bolsters and pillows ..	12	3141	3	211
Sheets, blankets and counterpanes	9	4881	—	1097
Rugs, mats, cushions, carpets, covers, and curtains ..	4	947	1	72
Wearing apparel	4	2296	—	80
Books	9	45	—	—
Sundries	5	617	—	53
TOTAL	60	13503	9	1670

These figures include 671 blankets, rugs, and covers, 12 beds and mattresses, 152 bolsters, counterpanes and sheets, 12 pillows, and 96 articles of wearing apparel and sundries which were disinfected on account of verminousness for the military authorities, or for voluntary bodies (such as the Salvation Army) who provide accommodation for soldiers.

The tables above are exclusive of the disinfection of the clothing of persons attending the cleansing station for vermin or scabies.

The following table shows the number of persons cleansed and disinfected after having been in contact with infectious disease :—

		MALES.	FEMALES.	CHILDREN UNDER 10.
Scarlet Fever ..	..	3	2	—
Puerperal Fever ..	..	—	5	—
Small Pox ..	..	1	2	—

CLEANSING STATION.

The amount of work done here during the year is indicated in the following table. The figures represent the number of attendances. At each attendance the person receives a bath, and his or her clothes are stoved.

		Men.	Women.	Children under 15.	Total.
St. Pancras Cases	{ Vermin ..	380	7	1415	*1802
	{ Scabies ..	50	51	2333	2434
Cases from outside St. Pancras	{ Vermin ..	10	2	525	537
	{ Scabies ..	—	—	893	893
	Vermin ..	390	9	1940	2339
	Scabies ..	50	51	3226	3327
	Total ..	440	60	5166	5666

* Includes 158 males and 2 females who had no home address.

The school children included in the above table have in the main been brought to the cleansing station from the Public Elementary Schools by officials of the London County Council as the Education Authority under the powers conferred upon them by their General Powers Act, 1904, Sec. 36, and the Children Act, 1908, Sec. 122. A sum of one shilling per bath is paid by the County Council to the Borough Council, according to an agreement between the two Authorities, and 5127 baths were paid for on this scale during the year.

12 verminous persons from common lodging houses outside the borough were paid for by the London County Council at the rate of 1s. per attendance.

TUBERCULOSIS.

The number of notifications of civilian cases of tuberculosis received during 1919 are set out in the following table, in the form required by the Ministry of Health ;—

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications during the period from 30th December, 1918, to the 27th December, 1919 (inclusive).

AGE PERIODS.	Number of Notifications on Form A.													Number of Notifications on Form B.					Number of Notifications on Form C.		Number of Notifications on Form D.	
	Primary Notifications.												Total Notifications (i.e., including cases previously notified by other Doctors).	Primary Notifications.				Total Notifications (i.e., including cases previously notified by other Doctors).	Poor Law Institutions.	Sanatoria.	Poor Law Institutions.	Sanatoria.
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total.		Under 5	5 to 10	10 to 15	Total.					
Pulmonary—Males ..	1	7	22	15	15	26	92	62	45	31	5	321	347	3	22	6	31	34	110	131	62	103
„ Females ..	—	3	19	14	35	33	68	39	33	21	5	270	289	1	13	12	26	34	73	61	42	59
Non-pulmonary—Males	1	14	17	12	3	2	6	4	3	2	7	71	76	2	10	6	18	23	22	9	13	4
„ Females ..	2	18	13	10	4	4	6	2	3	3	3	68	73	1	16	5	22	27	15	3	14	5
TOTALS	4	42	71	51	57	65	172	107	84	57	20	730	785	7	61	29	97	118	220	204	131	171

AGE PERIODS.	Number of Primary Notifications on Form C. included in above.												Number of Primary Notifications on Form D. included in above.												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total.	
Pulmonary—Males ..	1	3	1	3	3	2	18	16	20	13	2	82	—	—	—	—	—	—	3	2	5	—	—	—	10
„ Females ..	—	1	3	2	5	4	10	9	12	2	2	50	—	—	1	—	1	2	2	1	1	—	1	—	9
Non-pulmonary—Males	1	1	3	2	1	—	1	—	1	2	—	12	—	—	—	1	—	—	—	—	—	2	—	—	3
„ Females	—	—	3	2	2	—	—	1	—	1	—	9	—	—	—	1	—	—	1	—	1	—	—	—	3
TOTALS	2	5	10	9	11	6	29	26	33	18	4	153	—	—	1	2	1	2	6	3	7	2	1	—	25

The number of primary notifications (civilian) received during the year on Forms A. B. C. and D. was 1,005 (799 pulmonary, 206 non-pulmonary) equal to a notification rate of 4.58 (3.64 pulmonary, 0.93 non-pulmonary) per 1,000 (civil) population. They are analysed for age and sex in the next table:—

PRIMARY NOTIFICATIONS DURING 1919.

Ages.	Pulmonary Tuberculosis.			Other Tuberculosis.			Total all Forms.
	Males.	Females.	Total.	Males.	Females.	Total.	
0—1 ..	2	—	2	2	2	4	6
1—5 ..	13	5	18	17	19	36	54
5—10 ..	45	36	81	30	32	62	143
10—15 ..	24	28	52	21	18	39	91
15—25 ..	46	80	126	6	10	16	142
25—35 ..	113	80	193	7	7	14	207
35—45 ..	80	49	129	4	3	7	136
45—55 ..	70	46	116	4	4	8	124
55—65 ..	44	23	67	6	4	10	77
65 upwards ..	7	8	15	7	3	10	25
Totals ..	444	355	799	104	102	206	1005

The deaths from tuberculosis during the year numbered 341, of which 268 were from phthisis and 73 from other forms of tuberculosis. They are analysed for age and sex in the following table:—

DEATHS FROM TUBERCULOSIS DURING THE YEAR 1919.

Ages.	Phthisis.			Other Tuberculosis.			Total.
	Males.	Females.	Total.	Males.	Females.	Total.	
0—1 ..	2	—	2	5	—	5	7
1—2 ..	1	—	1	6	6	12	13
2—5 ..	1	—	1	8	11	19	20
5—10 ..	—	1	1	2	1	3	4
10—15 ..	2	6	8	4	2	6	14
15—25 ..	17	30	47	2	6	8	55
25—35 ..	36	30	66	3	2	5	71
35—45 ..	40	14	54	3	1	4	58
45—55 ..	21	20	41	2	2	4	45
55—65 ..	26	13	39	—	1	1	40
65—75 ..	1	5	6	6	—	6	12
75—85 ..	1	1	2	—	—	—	2
85 & upwards	—	—	—	—	—	—	—
Totals at all Ages ..	148	120	268	41	32	73	341

The figures are equal to a death rate of 1.55 (1.22 pulmonary, 0.33 non-pulmonary) per 1,000 (civil) population. The present sex constitution of the population is too uncertain to give precise rates for males and females, but it is evident that the incidence and mortality rates are greater amongst males than females. This difference, however, is less than was the case in recent years.

In regard to age incidence, 73 per cent. of the deaths and 71 per cent. of the notifications were of persons aged from 15 to 55 years, so far as concerns pulmonary tuberculosis, while in regard to other forms of tuberculosis, 62 per cent. of the deaths and 68 per cent. of the new cases notified were of children aged 15 years or under.

The deaths in 1919 are classified for age and sex in the following table:—

	0-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75-85	85 up.	Total Males.	0-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75-85	85 up.	Total Females.	Total Persons.
Pulmonary Tuberculosis	2	2	2	16	33	37	20	25	1	1	—	139	—	—	7	28	29	13	19	11	5	1	—	113	252
Phthisis (not defined as tuberculous) ...	—	—	—	1	3	3	1	1	—	—	—	9	—	—	—	2	1	1	1	2	—	—	—	7	16
Total Pulmonary Tuberculosis ...	2	2	2	17	36	40	21	26	1	1	—	148	—	—	7	30	30	14	20	13	5	1	—	120	268
Acute Phthisis ...	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	2	—	—	—	—	—	—	—	3	4
Acute Miliary Tuberculosis ...	—	1	—	—	—	1	—	—	1	—	—	3	—	2	—	—	—	1	—	—	—	—	—	3	6
Tuberculous Meningitis	4	10	3	—	—	1	—	—	—	—	—	18	—	12	2	1	—	—	—	—	—	—	—	15	33
Tabes Mesenterica ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Other Peritoneal and Intestinal Tubercle ...	1	1	—	—	—	1	—	—	—	—	—	3	—	2	—	—	—	—	—	—	—	—	—	2	5
Tuberculosis of Spinal Column ...	—	—	—	1	1	—	—	—	1	—	—	3	—	—	—	2	—	—	—	—	—	—	—	2	5
Tuberculosis of Joints ...	—	—	—	1	1	—	—	—	2	—	—	4	—	—	—	1	—	—	—	—	—	—	—	1	5
Lupus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scrofula ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of other Organs ...	—	2	1	—	—	—	1	—	2	—	—	6	—	—	—	—	—	—	1	1	—	—	—	2	8
Disseminated Tuberculosis	—	—	2	—	1	—	—	—	—	—	—	3	—	1	—	1	—	—	1	—	—	—	—	3	6
Total Non-Pulmonary Tuberculosis	5	14	6	2	3	3	2	—	6	—	—	41	—	17	3	6	2	1	2	1	—	—	—	32	73
Total all forms of Tuberculosis ...	7	16	8	19	39	43	23	26	7	1	—	189	—	17	10	36	32	15	22	14	5	1	—	152	341

In the next table the new cases notified during 1919 are similarly classified.

LOCATION OF DISEASE.	AGES.						TOTAL.
	0—5		5—15		15 and upwards.		
	Males.	Females.	Males.	Females.	Males.	Females.	
Pulmonary Tuberculosis	15	5	69	64	360	286	799
Bones and Joints ..	2	4	14	16	20	14	70
Meninges ..	9	8	7	3	—	1	28
Glands ..	3	5	25	23	4	10	70
Abdominal ..	3	2	1	2	—	—	8
Genito-Urinary ..	—	—	—	—	1	—	1
General ..	1	1	1	—	2	1	6
Other Organs ..	1	1	3	6	7	5	23
<i>Total Non-pulmonary Tuberculosis</i> ..	19	21	51	50	34	31	206
Total all forms of Tuberculosis ..	34	26	120	114	394	317	1005

The following table shows the number of new notifications and deaths from Tuberculosis, together with the corresponding rates for the past ten years :—

Year.	Estimated Population.	Primary Notifications.			Deaths.			Notification Rate.			Death Rate.		
		Phthisis.	Other forms.	All forms.	Phthisis.	Other forms.	All forms.	Phthisis.	Other forms.	All forms.	Phthisis.	Other forms.	All forms.
1910 ..	237247	872		872	297	76	373	3.68			1.25	.32	1.57
1911 ..	237129	1464		1464	330	83	413	6.17			1.39	.35	1.74
1912 ¹ ..	220353	1735		1735	326	75	401	7.87			1.48	.32	1.82
1913 ..	218387	928	230	1158	325	67	392	4.17	1.03	5.20	1.49	.30	1.79
1914 ..	218387	893	121	1014	365	67	432	4.09	.55	4.64	1.67	.30	1.97
1915 ..	218387	933	150	1083	398	102	500	4.27	.69	4.96	1.82	.47	2.29
1916 ..	218387	735	138	873	340	83	423	3.36	.63	3.99	1.55	.38	1.93
1917 ..	218387	825	169	994	353	91	444	3.78	.77	4.55	1.62	.42	2.03
1918 ..	218387	1034	203	1237	403	82	485	4.74	.93	5.67	1.85	.37	2.22
1919 ..	218387	799	206	1005	268	73	341	3.66	.94	4.60	1.23	.33	1.56

ST. PANCRAS TUBERCULOSIS SCHEME.

The anti-tuberculosis work is divided between three authorities, viz:—the Borough Council, which provides the tuberculosis dispensaries and whose Medical Officer of Health receives the notifications of all cases of the disease and is the administrative tuberculosis officer; the London County Council which arranges (chiefly through other bodies) for the residential treatment of uninsured persons; and the London Insurance Committee which arranges for similar treatment for insured persons. The Metropolitan Asylums Board is also an important authority in connection with the actual provision and maintenance of institutions, and the Board of Guardians fulfil an important function in the provision of beds in the Poor Law hospitals. The notified cases are visited by the Borough Council staff, and all the work in connection with the cases, including the search for, and examination of contacts, rest with them until after the patient has been examined by the Tuberculosis Officer at the dispensary and recommended for the institutional treatment. The treatment of the case then passes to a large extent out of the hands of the Borough Council staff and the decision as to the admission of the patient to an institution rests with the officers of the London County Council and London Insurance Committee. The effect of this division of work is that the initiative in regard to the direction and extension of the direct campaign against tuberculosis, especially in connection with the provision of institutions, is to a very great extent removed from the Borough Council and its Medical Officer of Health. The latter officer's position in relation to the selection of consumptive cases for institutional treatment, and the following up of their after-history is most unsatisfactory, and his work in this connection becomes largely controlled by the county authorities and therefore from his point of view mechanical. This is not in the best interests of the work. It should undoubtedly be performed by the officer who himself and through his staff has an intimate local knowledge of public health conditions: and this officer should be free to develop the work on his own lines, subject of course to the kind of control which is exercised by the central authorities in other public health work and which ought never to be such as to stifle initiative.

Visiting Work.—The visiting work done during 1919 by the female visiting staff at the Town Hall was as follows:—

Number of visits to homes of notified cases—

(a) First visits	..	..	..	949
(b) Subsequent visits	..	..	..	1839
Number of cases in which disinfection was carried out..				70
Attendances of visitors at the dispensaries			..	33
Other visits made for various purposes	..		..	31

In consequence of additional work required in connection with the care of tuberculous ex-service men and their families, Miss Parnell was appointed to the work of visiting consumptive cases in addition to Miss Blaxland. Both these ladies have also other duties in the department. Miss Bibby devoted a good deal of her time to co-ordinating and advisory work in connection with tuberculosis.

Tuberculosis Dispensaries.—The staff at the dispensaries in 1919 consisted of a tuberculosis officer and nurse at the St. Pancras Dispensary (including its Malden Road branch) which serves the part of the borough lying north of Euston Road (wards 1 to 6), and a part-time tuberculosis officer and full-time nurse at the dispensary at University College Hospital which serves the part lying south of Euston Road (wards 7 and 8) together with the Borough of Holborn. The expenses of the dispensaries are re-imbursed by the Borough Council and through them by the Ministry of Health, the London County Council and the London Insurance Committee. During 1919 the work at St. Pancras Dispensary continued to be performed by a temporary tuberculosis officer who also had certain other duties at the dispensary. At the end of the year a full-time tuberculosis officer was appointed directly by the Borough Council for the position.

The work done at the dispensaries in 1919 is shown in the following table :—

	Tuberculosis Dispensary at University College Hospital.			Tuberculosis Dispensary at St. Pancras Dispensary 39, Oakley Square.			Branch Tuberculosis Dispensary of St. Pancras Dispensary at 132, Malden Road.		
	Insured persons.	Uninsured persons.	Total.	Insured persons.	Uninsured persons.	Total.	Insured persons.	Uninsured persons.	Total.
No. of <i>new</i> cases	78	54	132	167	247	414	9	112	121
No. found to be suffering from pulmonary tuberculosis	49	13	62	102	68	170	2	26	28
Ditto non-pulmonary do.	3	7	10	7	11	18	1	8	9
Ditto non-tuberculous ..	11	20	31	20	29	49	1	13	4
No. in whom diagnosis was found to be doubtful ..	15	14	29	38	139	177	5	65	70
Total attendances	597	587	1184	772	2616	3388	27	1267	1294
No. of above attendances at which physical examinations and records were made	192	185	377	675	1442	2117	26	714	740
Home visits by Tuberculosis Officer	16	2	18	83	70	153	Included in Oakley Square		
Ditto by Dispensary Nurse	322	311	633	52	192	244	23	152	175
No. of persons referred to the hospital to which this Dispensary is affiliated ..	9	7	16	8	10	18	—	12	12
No. of consultations with Medical Practitioners ..	1	—	1	1	—	1	—	—	—
No. of written reports to :—									
(a) Public Authorities ..	118	67	185	526	384	910	10	118	128
(b) Practitioners	5	2	7	66	12	78	5	12	17
No. of Specimens of sputum examined	23	10	33	101	83	184	Included in Oakley Square		

TREATMENT IN SANATORIA, ETC.

The number of applications made to London Insurance Committee for Institutional treatment was as follows:—

Soldiers	..	..	55	} 119
Others	..	..	64	

No. admitted to various Institutions was:—

Soldiers	..	..	52	} 108
Others	..	..	56	

No. of applications to London County Council	..	103
No. admitted	..	76

SMALLPOX.

For the first time since 1904 cases of smallpox were reported in St. Pancras during the year. Ten cases in all were reported, and were removed to hospital. One other patient was removed who was found to be a case of chicken-pox. There was one fatal case. They occurred in three groups, as follows:—

The first case (not counted to St. Pancras) was in a woman living at an apartment house in Burton Street, who fell ill on 25th December, 1918 (rash 28th December), while staying at an address in Battersea, from which she was removed straight to hospital on 31st December. Two other cases, a man (aged 21) and wife (aged 21), developed in the same Burton Street house on 31st December (rash prior to 6th January, 1919) and 2nd January (rash 5th January) respectively. All the contacts were promptly vaccinated and kept under observation, and there were no further cases in the locality. The outbreak was afterwards traced to an Australian soldier who slept at the Burton Street address on the nights of December 8th, 9th and 10th, and was found to have smallpox on 11th December.

The second outbreak consisted of two cases in a tenement house in Dewsbury Terrace. The first case was a girl of 13, who fell ill on 1st January and developed a rash a few days later, and was diagnosed as suffering from chicken-pox. Her mother (aged 37) fell ill on 18th January (rash said to be first noticed on 22nd January). This case was diagnosed as chicken-pox, but on admission to the St. Pancras (North) Infirmary on 25th January was discovered by the Medical Superintendent (Dr. Chilcott) to be a case of smallpox, and was immediately sent off to the smallpox hospital. The daughter (the first case) was diagnosed by the medical officer of health and removed on 26th January. The contacts were vaccinated and kept under observation, and there were no further cases. No connection was traced between these cases and any previous ones in St. Pancras or elsewhere.

The third outbreak numbered six cases in St. Pancras. The first (Countess Road) was in the person of the wife (aged 40) of one of the disinfectors who (i.e., the disinfector) had on 27th January handled the infected bedding from the Dewsbury Terrace cases, but had not visited the infected house. The history was that she fell ill on 7th February, the rash being noticed on 11th February. She was seen by a doctor, who diagnosed fish poisoning. Her son (aged six months) afterwards sickened, the rash appearing on 25th February, and was diagnosed

by a doctor as chicken-pox; and her daughter (aged $9\frac{1}{2}$) fell ill on 26th February, the rash being noticed on 2nd March, and was also diagnosed by the doctor as chicken-pox. A woman (42) living next door attended the first case in her illness, and sickened on 27th February, the rash appearing on 1st March. (She died in hospital on 9th March.) On 4th March the doctor in her case called in the Medical Officer of Health, who found her to be suffering from smallpox, as well as the three cases next door, of which he had not previously been informed in any way. The four were at once removed to hospital. A fifth case developed on 5th March (rash 7th March) in a girl aged six, living in Leverton Street, who had visited on February 22nd or 23rd the Countess Road house where the three cases occurred. Two resulting cases also occurred in neighbouring streets in Islington, and there was a sixth St. Pancras case in the person of a doctor (Dartmouth Park Road) who attended one of them (onset 4th March: rash 6th March: last attended 10th March), and was not re-vaccinated. He fell ill on 22nd March, developed the rash on 24th March and was removed to hospital on 26th March. All the contacts in this outbreak were re-vaccinated where possible and kept under observation in their homes. The offer of vaccination was refused in very few instances.

The results of prompt vaccination and observation of all contacts in these outbreaks were most satisfactory.

The history as to vaccination of the 10 cases was as follows:—

	Age	Sex	
1	21	M	Vaccinated in infancy only.
2	21	F	Unvaccinated until 2nd January, the date of onset of the smallpox.
3	13	F	Unvaccinated.
4	37	F	Vaccinated in infancy and when aged about 20.
5	40	F	Vaccinated in infancy only.
6	6 mths.	M	Unvaccinated.
7	$9\frac{1}{2}$	F	Unvaccinated.
8	42	F	Vaccinated in infancy only.
9	6	F	Unvaccinated.
10	56	M	Vaccinated in infancy only.

26 cases of smallpox were notified in the County of London during 1919, and two died.

SCARLET FEVER.

558 (civil) patients were notified in 1919 as suffering from scarlet fever. Of these, 38 were afterwards found not to be suffering from the disease by medical superintendents of the Metropolitan Asylums Board, and 4 by other medical practitioners.

The corrected number of scarlet fever cases (civil) notified was, therefore, 516, equal to an incidence rate of 2.35 per 1,000 civil population.

The number of deaths from scarlet fever certified during the year was 5, equal to a death-rate of 0.02 per 1,000 civil population, and a case mortality of 0.97 per cent. of cases notified.

In the following table are set out the corresponding figures for the past 10 years:—

Year.	No. of Notifications.	Notification rate per 1,000 population.	No. of Deaths.	Death rate per 1,000 population.	Case Mortality per cent.	Percentage of Cases removed to Hospital.
1909	774	3·3	17	0·07	2·2	97
1910	681	2·9	17	0·07	2·5	96
1911	445	1·9	10	0·04	2·2	95
1912	598	2·7	5	0·02	0·08	97
1913	*536	*2·4	6	0·03	*1·1	94
1914	1180	5·4	19	0·09	1·6	91
1915	900	4·1	22	0·10	2·4	96
1916	404	2·0	8	0·04	2·0	96
1917	224	1·2	4	0·02	1·8	97
1918	289	1·6	7	0·04	2·4	96
1919	516	2·3	5	0·02	1·0	96

* From 1913 onwards the figures have been corrected for errors of diagnosis.

Of the notified cases of scarlet fever, 537 (or 96·2 per cent.) were removed to hospital, as follows:—

To Metropolitan Asylums Board hospitals	..	526
To other hospitals	..	11
		537

(Other statistical facts will be found on pages 34 to 36).

After-care work amongst discharged cases of scarlet fever similar to that mentioned in the Annual Report for 1918 was continued during 1919.

Return Cases.—(Definition:—A case of scarlet fever occurring within 28 days of the return from hospital to the same house of a previous case of scarlet fever). There were 13 such cases in 1919, occurring in 10 houses (there being three houses in each of which there were two cases following the return of a previous case from hospital). In 12 instances (9 houses) the return case or cases was in the same family as the (?) infecting case, and in one case in a different family in the same house. In five instances the (?) infecting case had nasal discharge after return from hospital, in two other instances otorrhœa, in one other instance a recurrence of scarlet fever, and in two cases no obvious signs of infectiousness. The intervals between the return of the (?) infecting case and the onset of the illness of the first or only return case were respectively 3, 3, 4, 5, 9, 10, 10, 14, 18 and 21 days. The second return cases began 1, 4 and 10 days respectively after the first return cases.

There was, in addition, one case of scarlet fever occurring 33 days after the

return from hospital to the same family of a previous case, which suffered from "rheumatism" and a sore ear after return.

There was also one case of scarlet fever occurring five days after the return from hospital to the same family of a previous case of diphtheria. The diphtheria case showed no signs of infectiousness.

DIPHTHERIA.

348 (civil) patients were notified in 1919 as suffering from diphtheria or membranous croup. Of these 64 were afterwards found not to be suffering from the disease by Medical Superintendents of the Metropolitan Asylums Board, and 1 by other medical practitioners.

The corrected number of diphtheria cases (civil) notified was therefore 283, equal to an incidence rate of 1·29 per 1,000 civil population.

The number of deaths from diphtheria certified during the year was 21, equal to a death-rate of 0·09 per 1,000 civil population and a case mortality of 7·4 per cent. of cases notified.

In the following Table are set out the corresponding figures for the past 10 years :—

Year.	No. of Notifications.	Notification rate per 1,000 population.	No. of Deaths.	Death rate per 1,000 population.	Case mortality per cent.	Percentage of cases removed to hospital.
1909 ...	315	1·3	28	0·12	8·9	93
1910 ...	262	1·1	20	0·08	7·6	97
1911 ...	419	1·8	37	0·15	8·8	94
1912 ...	550	2·5	26	0·11	4·7	98
1913 ...	*391	*1·8	19	0·08	*4·9	97
1914 ...	426	1·9	30	0·14	7·0	87
1915 ...	311	1·7	24	0·11	6·3	95
1916 ...	383	1·9	23	0·12	6·0	95
1917 ...	381	2·0	25	0·13	5·5	99
1918 ...	340	1·9	31	0·17	9·1	93
1919 ...	283	1·3	21	0·09	7·4	97

* From 1913 onwards the figures have been corrected for errors in diagnosis.

Of the notified cases of Diphtheria, 337 (or 96·8 per cent.) were removed to hospital, as follows :—

To Metropolitan Asylums Board Hospitals	..	333
To other hospitals	..	4

Other statistical facts will be found on pages 34 to 36.

After-care work amongst discharged cases of Diphtheria, similar to that mentioned in the Annual Report for 1918, was continued during 1919. The same remark applies to the examination of household contacts with nasal discharge, with a view to the discovery of the nasal cases of the disease, which are probably responsible for a good deal of its spread.

Return Cases.—(Definition: A case of Diphtheria occurring within 28 days of the return from hospital to the same house of a previous case of Diphtheria). There were two such cases in 1919 in two houses. In one the (?) infecting case had rhinitis and showed diphtheria bacilli, and the return case (in a different family in the same house) developed Diphtheria 6 days after its return. In the other instance the cases were in one family, the interval was 5 days, and the (?) infecting case had slight rhinitis. There was also a "return case" of Diphtheria where the interval was 40 days. In this the (?) infecting case had suffered from Diphtheria and Scarlet Fever and had no discharges, and the "return case" was in the same family.

In two instances cases of Diphtheria occurred a few days after the return from hospital to the same family of a case of Scarlet Fever. In both instances the (?) infecting case (S.F.) had rhinitis showing Diphtheria bacilli, and in one instance otorrhœa also. The return cases occurred 5 days and 14 days respectively after the return of the corresponding S.F. cases.

TYPHOID FEVER.

7 cases of Typhoid Fever were notified during 1919, of which 2 died, the case mortality being 29 per cent.

Of these 5 were treated in Metropolitan Asylums Board Hospitals, 1 in a general hospital, and 1 at home.

In one case the infection was contracted while the patient was in New York or on board an Atlantic liner, and in no other case could the source of infection be traced. One of the patients was a nurse.

The number of cases of Typhoid Fever, corrected for errors of diagnosis, which have been notified since 1913, and the number of deaths which occurred amongst these is shown in the following Table, from which it will be seen that the disease has declined very much in the last few years:—

Year.	Cases notified.	Fatal cases.	Case Mortality per cent.
1913 ..	26	6	23
1914 ..	27	4	15
1915 ..	16	8	31
1916 ..	29	5	17
1917 ..	17	5	29
1918 ..	11	5	45
1919 ..	7	2	29

ACUTE ANTERIOR POLIOMYELITIS.

4 patients were notified as suffering from poliomyelitis during 1919, of which one was afterwards found to have been wrongly diagnosed, the number of actual cases reported being therefore 3. One of these cases was fatal.

The particulars of the cases were as follows :—

G. C., male, aged 10. Ward 6 (E 4). Onset, shortly before Christmas, 1918. Notified March 26. No marked acute illness; left arm only affected. Illness at home. Permanent wasting and paralysis of arm (March, 1920).

E. C., female, aged 2. Ward 3 (E 2). Onset, August 20. Notified August 27. Fever, vomiting, convulsions, drowsiness; complete paralysis of both legs. Admitted to Great Ormond Street Hospital, August 23. March, 1920, right leg quite recovered; left leg still weak and wasted above and below knee.

W. E., male, aged 3 years and eight months. Ward 5 (W 3). Onset, August 24. Notified September 8. Sore throat, headache, drowsiness, vomiting; paralysis of both arms, right leg, muscles of neck and muscles of respiration, especially diaphragm. Hyperaesthesia of right hip and thigh. Admitted to Great Ormond Street Hospital on August 28. Died August 31. P.M.—Acute inflammation of cervical region of cord and congestion of meninges.

No cases of Polioencephalitis were reported.

EPIDEMIC CEREBROSPINAL MENINGITIS.

10 patients were notified in 1919 as suffering from cerebrospinal meningitis, of which 3 were afterwards found to have been wrongly diagnosed. In addition, one case was reported after death, though never notified. The number of actual cases reported was therefore 8.

Seven of the 8 cases were fatal, making a case mortality of 87·5 per cent. As far as could be ascertained, the recovery of the one non-fatal case was complete. One of the cases died in 1920, the deaths in 1919 being 6 in number, equal to a death-rate of 0·03 per 1000 (civil) population.

Particulars in regard to the 8 cases are set out in the following table :—

Date of Notification.	Date of Onset.	Date of Death.	Age.	Sex.	Ward and District.	Bacteriological Examination, etc.
Jan. 17	Dec. 12 (1918)	Jan. 2	6	F	VI. E 5	No micro-organisms found in c.s. fluid. Post-basic meningitis found P.M.
Apr. 5	Jan. 2	Mar. 16	2	F	V. W 3	Meningococcus of type 2 cultured from c.s. fluid. No P.M.
Apr. 22	Mar. 1	Apr. 20	22	F	III. E 3	Meningococci seen in c.s. fluid, no growth. No P.M.
Apr. 28	In Feb.	May 20	42	M	IV. W 2	Meningococci seen in c.s. fluid, no growth.
May 19	May 5	—	30	F	III. E 2	Meningococci seen in c.s. fluid, no growth.
Aug. 28	Aug. 22	Aug. 28	28	M	III. E 1	Meningococci found in brain, etc. Diagnosis confirmed P.M.
—	July 10	Aug. 17	1 mth.	M	III. E 3	Diagnosis of post-basic meningitis made P.M. No bacteriological examination.
Dec. 12	Nov. 15	Jan. 22 (1920)	5 mth.	M	VI. E 5	Meningococci seen in c.s. fluid and cultured, Diagnosis confirmed P.M.

No connection between the cases and no source of infection was traced. Four of the cases were in one ward. Three of the cases were treated in the North-Western Hospital (M.A.B.), three in general hospitals, and one in the Infirmary (South).

From 1913 the number of cases of cerebrospinal meningitis in the borough notified, or otherwise reported (corrected for errors of diagnosis, etc.), and the number of these cases which died, were as follows:—

	Cases notified.	Fatal cases.	Case mortality per cent.
1913	3	2	67
1914	3	2	67
1915	38	21	55
1916	20	12	60
1917	21	16	76
1918	9	8	89
1919	8	7	87

ENCEPHALITIS LETHARGICA.

This disease was made compulsorily notifiable throughout the country from 1st January, 1919. Five cases of the disease had been reported in St. Pancras in 1918.

In the 52 weeks ended 27th December, 1919, 3 cases of encephalitis lethargica were notified. There were no deaths. (2 cases—one fatal—were reported during the remaining four days of 1919, and are not included in this report).

The particulars of the cases were as follows:—

A. F. Male. Aged 21. Ward 1 (N 2). 2nd Lieut. in R.A.F., Harlaxton, Lincs. Came home on 19th December, 1918. Onset 21st December. Notified 1st January, 1919. Headache, lethargy, ptosis, diplopia, pupils unequal, mask-like and wretched facies, inability to whistle, difficulty in swallowing, paresis of right arm, steps slow and short, knee jerks very weak, slow mentality, slight tremor, marked constipation from first. Admitted R.A.F. Hospital 3rd January. Patient was in an aeroplane smash 6 months previously. Report on 2nd March, 1920—Working as bank clerk. irritable and passionate, bad memory, sleeps badly, tremor and weakness of right arm, now has to wear glasses.

H. L. Male. Aged 45. Ward 5 (W 4). Motor works. Sore throat 16th December, 1918 (no membrane), followed by pneumonia. After 23rd December, pain in back, lethargy, ptosis, indistinct vision, pupils normal, no squint, facial paralysis, inability to swallow (nasal regurgitation—no diphtheria bacilli), delirium 2 weeks, some stiffness of neck. Notified 6th January, 1919. Report on 2nd March, 1920—Completely recovered, motor driving.

E. P. Male. Aged 56. Ward 3 (E 1). Shopkeeper. Onset very gradual. Not well from 12th January. Great lethargy (would go to sleep in the midst of various actions), delirious, slight ptosis, no paralyses, but weakness, twitchings and hiccough, mask-like face, tongue very dirty, constipation marked from first. Notified 4th February. Delirious during convalescence. Report on 25th February, 1920—Irritability ("can't sit still"), short memory, sleeps well, tremors, especially of right leg, no paralysis, sees well, but eyes "glare."

PNEUMONIA, MALARIA, DYSENTERY AND TRENCH FEVER.

MALARIA.

All cases of this disease were compulsorily notifiable from March 1st, 1919. During the nine months 98 cases were notified. No deaths were recorded.

Without exception the cases notified had contracted the infection abroad, and most of them on military service. There was no evidence whatever of spread of the disease or of any endemic cases.

Every case has been visited, and such assistance and advice as was possible (including the arranging of removal to hospital in suitable cases) given in relation to the treatment and nursing of the patients. This also applies to the dysentery cases (see below).

DYSENTERY.

All cases of this disease were compulsorily notifiable from March 1st, 1919. During the nine months six cases were notified. Five deaths from dysentery were certified during the year. The fatal cases had not been notified, and it is probable that a number of imported cases of dysentery came under medical notice without having been notified.

Without exception the cases reported had contracted the infection abroad, and there was no evidence of the spread of the disease.

TRENCH FEVER.

This disease was compulsorily notifiable from March 1st, 1919. Only one case was reported, who had contracted his infection on military service abroad. There were no deaths.

PNEUMONIA.

Cases of Acute Primary Pneumonia and Acute Influenzal Pneumonia were compulsorily notifiable from March, 1919. In the nine months there were notified 86 cases of the former and 213 of the latter. There is reason to believe that the notification of these diseases is by no means complete, and this is largely due to the fact that in so many instances it is not clear to the medical attendant whether the case is to be regarded as one of "acute primary" or "influenzal" pneumonia on the one hand or of a kind of pneumonia which is not included in these terms, and is consequently not "notifiable" on the other.

Of the notified cases of Primary Pneumonia a considerable proportion were notified after they have been admitted to hospital.

In regard to influenza as a cause of pneumonia, reference may be made to page 53 of this report.

During the year there were 179 deaths ascribed to Broncho-Pneumonia, Lobar Pneumonia, and Pneumonia (unqualified).

Every case notified has been visited, and such assistance given as the case seemed to require. In this connection we have been able to arrange for help through the local district nursing associations and the St. Pancras Home Helps Committee, payment being made to these bodies by the Borough Council, and in some cases removal to the Infirmary.

OTHER NOTIFIABLE INFECTIOUS DISEASES.

Puerperal fever, ophthalmia neonatorum and measles (as well as whooping cough) are dealt with on pages 76, 77 and 78.

No cases of typhus, cholera, plague, or human anthrax, glanders or hydrophobia were reported in St. Pancras in 1919.

As usual, persons who had been in contact with smallpox and other dangerous diseases (mostly on shipboard) were reported and kept under observation, with negative results in all cases.

INFLUENZA.

The tremendous epidemic of influenza involved St. Pancras with the rest of London in 1918, and was reported on in the annual report for that year. It continued to a less extent in 1919, but was practically over by the middle of the year. 260 deaths were certified during 1919 as due to Influenza.

In the table on the next page the deaths from influenza, heart diseases, bronchitis, pneumonia and pulmonary tuberculosis will be found for each week in 1918, 1919, and the first half of 1920.

The two inserted graphic charts may also be consulted.

DIARRHŒA AND ENTERITIS.

68 deaths from diarrhoea and enteritis were registered during 1919, equal to a death-rate of 0·30 per 1,000 population.

Of these, 55 were in children under five years of age, and 47 in babies under one.

Reference is made on page 79 to infantile diarrhœa.

SYPHILIS.

In the following table are given the age and sex distribution of deaths certified during 1919 as due to (a) declared syphilis, (b) locomotor ataxy and general paralysis of the insane, which are believed by most experts to be late manifestations of the disease, and (c) aortic aneurysm, which many authorities now consider to be at any rate frequently caused by it:—

[illegible]

DEATHS FROM INFLUENZA, HEART DISEASE, BRONCHITIS, PNEUMONIA, AND PULMONARY TUBERCULOSIS reported in each week in 1918, 1919, and the first half of 1920.

Week No. 1918	Influenza.	Diseases of Heart.	Bronchitis.	Pneumonia.	Pulmonary Tuberculosis.	Week No. 1919	Influenza.	Diseases of Heart.	Bronchitis.	Pneumonia.	Pulmonary Tuberculosis.	Week No. 1920	Influenza.	Diseases of Heart.	Bronchitis.	Pneumonia.	Pulmonary Tuberculosis.
1	—	13	8	9	5	1	1	9	4	2	7	1	—	6	6	—	7
2	—	14	8	5	12	2	3	9	3	—	11	2	—	6	8	4	5
3	—	12	6	13	10	3	2	3	6	2	5	3	2	3	6	4	2
4	—	12	—	8	7	4	1	12	6	7	5	4	4	7	5	5	3
5	1	10	2	3	6	5	4	12	10	8	4	5	—	8	2	7	3
6	1	10	7	3	5	6	6	7	11	6	7	6	2	10	9	9	4
7	—	6	4	4	4	7	22	11	25	12	11	7	1	8	13	7	3
8	—	5	4	4	10	8	40	13	31	26	6	8	1	8	6	9	5
9	—	11	3	4	7	9	51	7	27	18	10	9	1	11	6	10	2
10	—	8	6	11	6	10	30	10	12	5	6	10	—	12	7	10	4
11	—	7	6	9	4	11	33	13	14	9	3	11	3	8	10	10	7
12	—	6	10	6	6	12	12	10	12	6	5	12	1	8	7	5	9
13	—	5	5	3	9	13	7	14	7	2	6	13	2	10	9	10	10
14	—	5	5	4	9	14	4	5	6	1	3	14	4	8	4	3	5
15	—	4	5	14	8	15	7	10	5	2	5	15	5	8	6	6	5
16	—	11	4	8	7	16	4	13	5	1	5	16	5	5	7	10	4
17	1	11	3	4	6	17	3	2	3	3	8	17	2	11	6	6	10
18	—	8	1	5	5	18	5	7	4	5	5	18	—	7	4	7	3
19	—	5	3	4	5	19	2	4	5	2	6	19	3	11	6	2	6
20	—	11	1	3	9	20	1	6	2	3	6	20	—	10	6	4	6
21	—	9	4	2	10	21	1	4	2	—	5	21	1	6	2	—	5
22	—	3	2	2	6	22	1	5	2	1	5	22	—	3	6	—	4
23	—	5	1	5	10	23	—	11	—	2	7	23	2	5	1	—	5
24	—	3	2	3	7	24	—	4	2	1	4	24	—	4	—	1	3
25	—	6	4	4	11	25	1	5	2	1	1	25	—	4	1	2	1
26	2	7	2	7	5	26	—	6	—	—	5	26	—	7	2	4	6
27	8	8	3	2	13	27	—	1	—	2	9						
28	21	5	1	11	9	28	—	7	3	1	3						
29	8	7	2	9	4	29	—	4	5	—	5						
30	6	7	2	5	9	30	2	—	3	—	4						
31	1	6	2	2	2	31	—	3	3	—	3						
32	1	4	2	3	10	32	—	6	—	1	1						
33	2	7	—	1	1	33	1	3	2	3	6						
34	—	2	—	2	6	34	1	8	2	4	5						
35	3	4	1	1	2	35	—	4	1	2	7						
36	3	4	1	5	3	36	—	3	—	3	2						
37	3	5	1	—	5	37	—	4	2	—	3						
38	—	7	1	3	9	38	—	4	1	1	3						
39	2	3	1	5	8	39	1	3	—	—	6						
40	3	7	5	6	3	40	1	5	4	1	3						
41	10	3	5	10	2	41	1	9	7	2	4						
42	31	13	6	15	12	42	2	6	7	2	4						
43	99	12	15	28	12	43	3	11	7	4	9						
44	144	17	12	19	12	44	1	3	7	6	5						
45	111	10	10	20	13	45	—	10	8	3	2						
46	71	7	15	15	19	46	2	8	6	3	2						
47	49	10	10	10	13	47	—	10	4	1	3						
48	46	9	7	17	12	48	—	7	7	3	2						
49	34	5	13	11	4	49	1	5	4	3	10						
50	16	7	6	3	10	50	1	10	6	3	6						
51	9	8	6	6	7	51	—	10	4	1	6						
52	10	3	4	5	14	52	2	4	2	5	4						

CHART SHEWING THE TOTAL NUMBER OF DEATHS OCCURRING FROM
INFLUENZA DURING EACH YEAR FROM 1857 TO 1919.

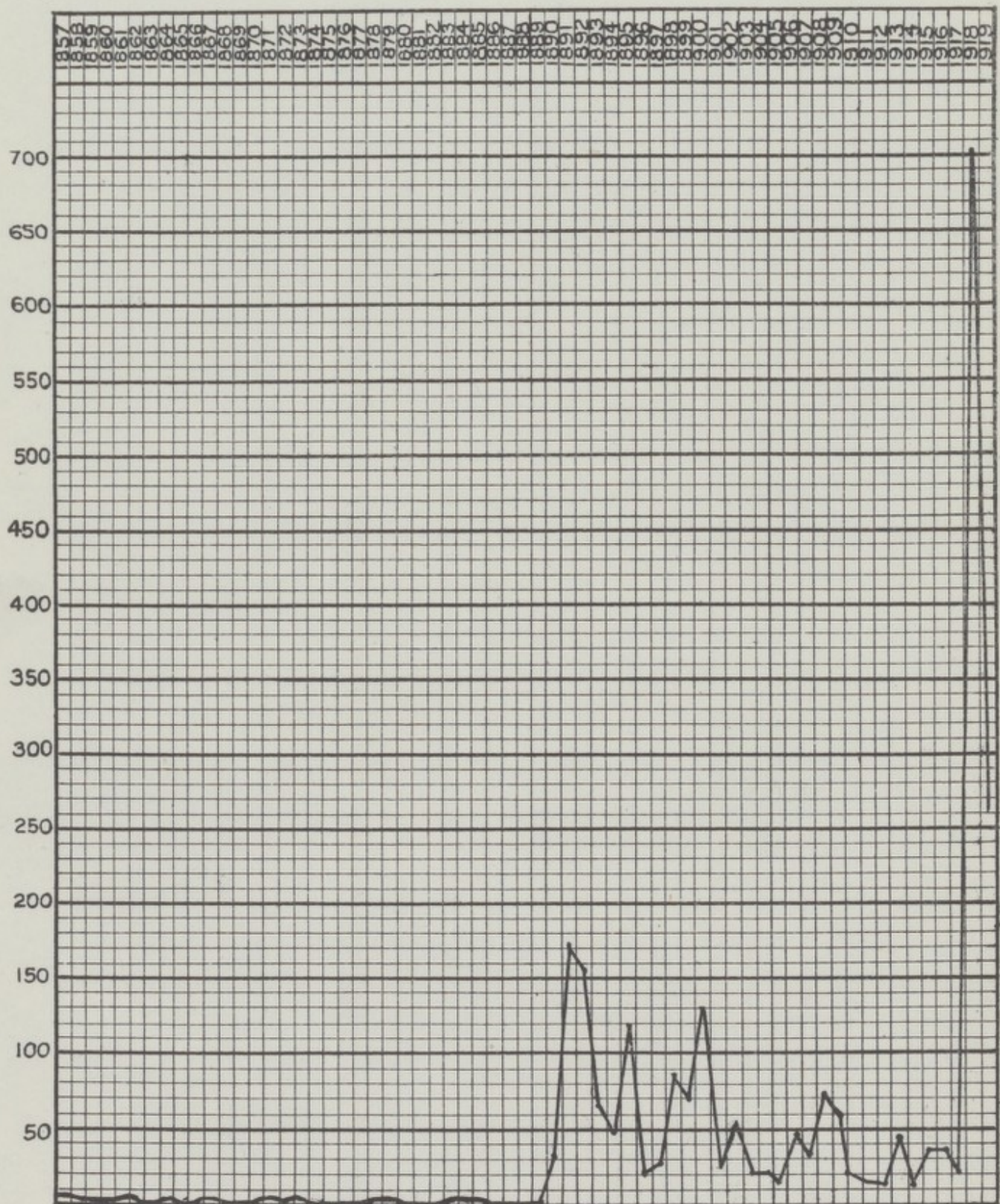
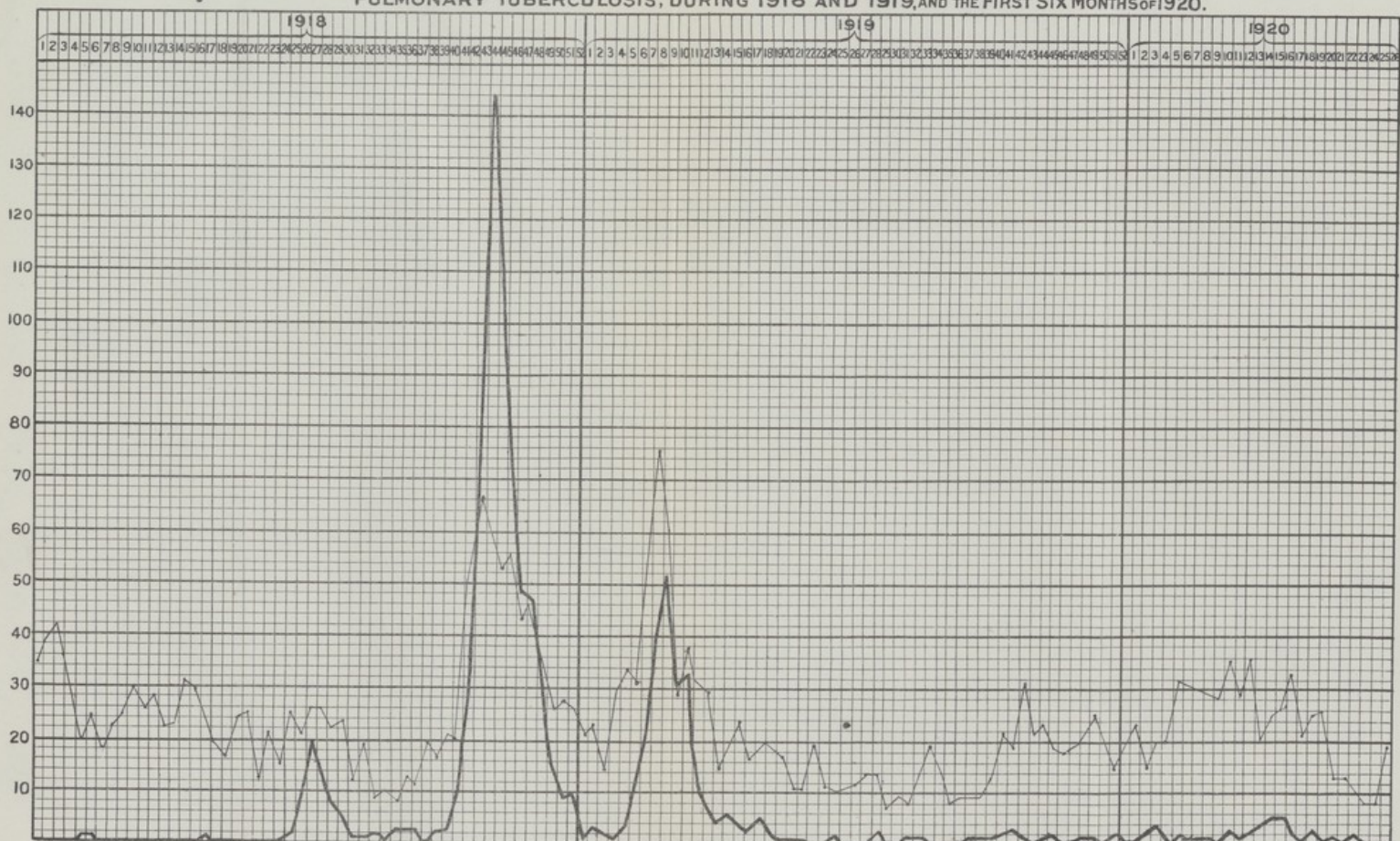
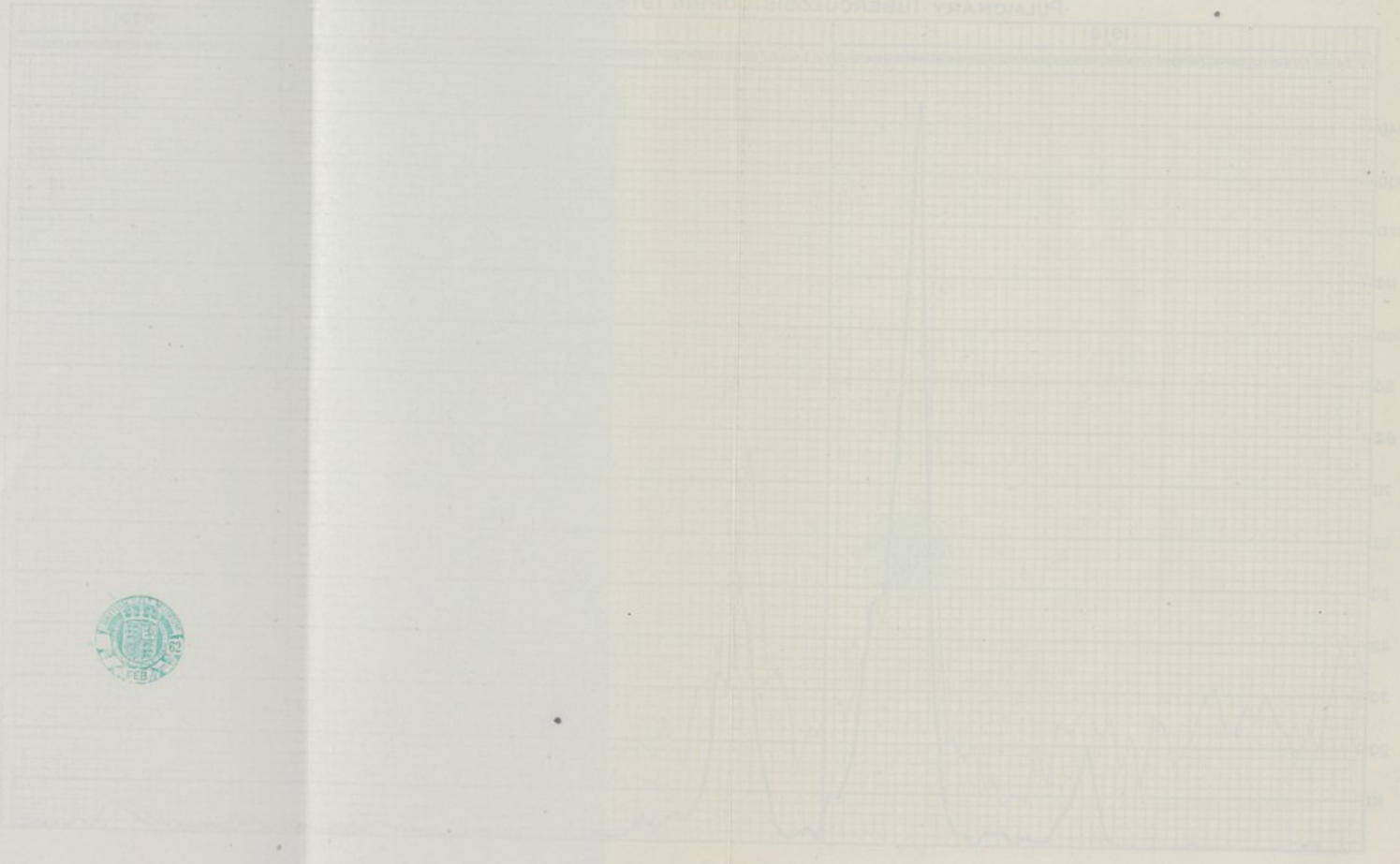


CHART SHEWING THE WEEKLY NUMBER OF DEATHS OCCURRING FROM (A) INFLUENZA,
AND (B) DISEASES OF THE HEART, BRONCHITIS, PNEUMONIA AND
PULMONARY TUBERCULOSIS, DURING 1918 AND 1919, AND THE FIRST SIX MONTHS OF 1920.



DEATHS FROM INFLUENZA ARE INDICATED BY THE THICK LINE ———
DEATHS FROM DISEASES OF THE HEART, BRONCHITIS, PNEUMONIA AND
PULMONARY TUBERCULOSIS ARE INDICATED BY THE THIN LINE ———

THE EFFECTS OF THE TREATMENT OF TUBERCULOSIS AND THE DISEASES OF THE LUNG PULMONARY TUBERCULOSIS



DEATHS FROM INFLUENZA ARE INDICATED BY THE LINE
 DEATHS FROM INFLUENZA OF THE YEAR 1918-1919
 DEATHS FROM INFLUENZA OF THE YEAR 1919-1920

CANCER.

245 deaths were registered during 1919 as due to cancer, under the various names of cancer, carcinoma, epithelioma, scirrhous, sarcoma, &c.

This is equal to a death-rate of 1·07 per 1,000 population, and 1·12 per 1,000 civil population.

The sex distribution of the deaths and death-rates is shown in the following table :—

Sex.	No. of Deaths.	Death-rates per 1,000 males or females living (based on 1911 Census).
Males ..	114	1·07
Females ..	131	1·17
Both Sexes ..	245	1·12

Section V.—MATERNITY AND CHILD WELFARE.

The statistics for the year in regard to births and deaths of infants will be found on pages 12, 13, 15 and 16 of this Report. The notifications of births received in 1919 numbered 4,053, including 3918 live births, as compared with 3824 births registered. Details in regard to the notifications will be found on page 62.

The Borough Council have charge of all matters relating to maternity and children under school age with the exception of (1) the inspection of midwives and other activities of the supervising authority under the Midwives Acts; (2) the supervision of boarded-out Children under the Children Act; and (3) the licensing and inspection of Lying-in Homes. These matters are dealt with by the London County Council, and there is consequently a division of executive responsibility between the two Authorities in regard to Maternity and Child Welfare to this extent.

The outstanding characteristic of the St. Pancras Maternity and Child Welfare Scheme is the satisfactory fusion of the activities of the municipal and the voluntary elements. Until 1918 the official work of the Council had been confined to the administration of the Notification of Births Act, and the appointment of some four Health Visitors working from the Town Hall. Maternity and Child Welfare Centres had, however, been instituted and maintained by voluntary funds, and though the money was not derived from the rates the work was very largely guided by the Medical Officer of Health and his staff. Several of the Centres were in fact founded on his suggestions. In 1907 the St. Pancras School for Mothers was opened in Somers Town, largely owing to the influence of the late Dr. Sykes, then Medical Officer of Health, and was the prototype of the Centres which have since sprung up throughout the country. This was followed in 1912 by the North St. Pancras

School for Mothers, and in 1919 there were as many as 13 Centres at work in the Borough. In 1914 the purely voluntary system was departed from by the Treasury undertaking one-half of the approved expenditure of the Centres, and in October, 1918, the Borough Council itself assumed responsibility (subject to 50 per cent. grants from the Government) for (a) doctor's fees (b) salaries of Superintendents and Health Visitors, and (c) the sums paid by the Centres for the rent of their premises, and rates and taxes.

The co-ordination between the Council and the voluntary agencies is secured by the composition of the Maternity and Child Welfare Sub-Committee, a Sub-Committee of the Public Health Committee, which is the Maternity and Child Welfare Committee, under the Maternity and Child Welfare Act, 1918, subject to an instruction that it is to consider the Report of the Sub-Committee before reporting to the Council on matters of Maternity and Child Welfare, except in case of urgency. The Sub-Committee at the end of 1919 consisted of 14 members of the Council, 18 representatives of Centres and Day Nurseries, and seven other co-opted members. (The composition has since been altered putting Council members in a majority). The Council is also represented by two members on the Committee of each of the subsidized Centres, and the Medical Officer of Health and members of his staff are also on nearly all of them.

There is close co-ordination between the office of the Medical Officer of Health and the Centres. The visitors at the Centres carry out a considerable part of the initial visiting following upon the notification of births, being supplied by the Medical Officer of Health with case papers with the names and addresses. Copies of these case papers are afterwards kept by the Medical Officer of Health, and are entered up from time to time from the case papers kept at the Centres. These records, with those of the Town Hall visitors, enabled a card index file to be kept of all children whose births have been notified in St. Pancras, and it is hoped to keep the records entered up until the children reach school age. There is similar exchange between the Town Hall and the Centres in regard to expectant mothers whose names are obtained from University College Hospital and the Middlesex Hospital. There is close co-operation also between the Town Hall and the Centres in connection with the Council's scheme under the Milk (Mothers and Children) Order referred to below.

In addition to Health Visiting and the Maternity and Child Welfare Centres the Council's scheme also provides for (a) a Borough Dental Clinic for mothers and young children (b) a Clinic for sick mothers and children (c) the subsidization of a home for ailing children under school age (d) the subsidization of extern and intern midwifery (e) the provision of milk under the Milk (Mothers and Children) Order, and (f) the subsidization of the four day nurseries in the Borough. Home helps, home nursing of measles, whooping cough and ophthalmia, and the provision of hospital accommodation are matters which are dealt with by voluntary agencies. Reference is made below to these various subjects.

WORK DONE DURING 1919.

Advice Cards.—Cards of advice have been posted to the mothers of all infants where births have been notified. These give particulars in regard to the Infant Welfare Centres, as well as advice in regard to the nurture of the

child. Cards of advice to expectant mothers have also been distributed through University College Hospital, Middlesex Hospital, and the Maternity Nursing Association to those expectants who have arranged for their confinement through the institutions.

Home Visiting.—This has been done by the health visitors at the Town Hall, and by the superintendents and visitors at the various centres who are paid by the Council, and visit the mothers attending the centres, and also such newly notified births as are referred to them for the purpose by the Medical Officer of Health.

The Town Hall infant visitors include two full-time health visitors, and two who are health visitors as to half their time and sanitary inspectors as to the other half, as well as one other health visitor who devotes her time to the visiting of cases of measles. These ladies made during the year 3,523 visits to 1,474 infants (apart from 2,078 visits to cases of measles). They also made 417 visits to 205 expectant mothers, from lists of expectants supplied by University College and Middlesex Hospitals.

The visitors at the Infant Welfare Centres included 11 full-time officers and 7 part time. Of these 10 full-time and 4 part-time were paid by the Council, one was a full-time voluntary (trained) worker (Argyle Square group), two part-time were paid by University College Hospital, and one part-time by the Camden Town Centre. During 1919 these visitors made 24,599 visits to 3,470 infants, and 3,975 visits to 1,366 expectant mothers.

The visits made by the Town Hall visitors and the visitors at the centres therefore numbered in all 28,122 visits to 4,944 infants, and 4,392 visits to 1,571 expectants. The figures for individual cases visited are however, overstated, owing to occasional instances in which the same case will have been counted at more than one centre. The total number of visits made in 1919 is almost double those in the previous year.

The figures for home visiting will be found tabulated on page 59.

Maternity and Infant Welfare Centres.—The work done at these institutions is now fairly well known. It is based primarily on medical consultations and home visiting. The infants are brought up by the mothers at intervals; weekly at first, and less frequently as a rule later; and an endeavour is made to secure their occasional attendance for examination up to the time of their entrance into a school. At each visit the baby is weighed, the mother keeping a record of weight-progress, and examined by the doctor, who interviews and advises the mother. The mother also gets the benefit of conversation with the skilled workers, voluntary helpers, and the other mothers. Simple drugs and special foods as ordered are supplied at cost price; special baby clothing can be purchased; and instruction in general hygiene, cooking, the making of garments, &c., is provided both by individual instruction and by means of classes. Mothers and babies needing further attention are referred to their private doctors or to the clinics at University College Hospital and St. Pancras Dispensary or to other hospitals and institutions; and to the Borough dental clinic. An important feature is the home-visiting by skilled workers to see that the doctor's instructions are as far as possible actually carried out. Several of the centres also have special consultations for expectant mothers.

In the table on the next page will be found details of the work in 1919 of the centres, and some of the special features of each are mentioned in the following account : —

St. Pancras School for Mothers.—This Institution has two centres :—

- (a) 1, *Ampthill Square, N.W. 1.*—This is a detached house used solely for the purpose, the rent, rates and taxes being paid by the Borough Council. It comprises a day nursery for infants needing observation and special attention, and also provides dinners for needy and expectant and nursing mothers and young children. In the year ended 31st March, 1920, there were 1,394 attendances in the nursery, and 2,474 dinners were supplied to mothers and 2,160 to young children. The mothers pay 4d. for dinner. There is a dental clinic at the centre, and in the same twelve months this was held on 39 occasions, and 348 mothers had extractions, stoppings, or new dentures, and 81 children between two and five received attention. A home help is also engaged for work in special cases in the homes of mothers attending the Centre.
- (b) 6, *Chalton Street, N.W. 1.*—The branch was opened in 1918, and serves Somers Town. The premises are part of the buildings of the West London Mission and are engaged for part-time only, the rent being repaid by the Council.

North St. Pancras School for Mothers.—This Institution has two centres :—

- (a) *Rhyl Street, N.W. 5.*—The premises are mission buildings which are rented for certain days in the week, the rent being repaid by the Council. The Borough scheme provides for full-time premises for this Centre, and a house has been taken for this purpose in an excellent position at 129, Queen's Crescent, N.W. 5, and will be brought into use during 1920.
- (b) *Grafton Road Centre, N.W. 5.*—This is in rooms placed at its disposal on one day per week by the Borough Council at the Public Baths, Prince of Wales Road, N.W. 5.

South Highgate Mothers and Infants Welfare Centre, Chester Road, N. 19, is held in rooms placed at its disposal on one afternoon per week by the Borough Council at the Public Library, Chester Road.

Passmore Edwards Settlement Schools for Mothers, Tavistock Place, W.C. 1,—This is held in the Settlement premises, no rent being paid. Holborn cases are also dealt with, but the St. Pancras cases are in the majority.

Camden Town Mothers and Infants Welfare Centre, Greenland Street, N.W. 1.—This is held in mission buildings rented for the purpose on certain days in the week, the rental being repaid by the Council. The Borough scheme provides for full time premises for this Centre, and a suite of rooms has been taken for the purpose at 62, Camden Road, N.W. 1, and will be brought into use during 1920.

The Argyle Square group of Centres.—This consists of two centres which were started through the munificence of Miss J. de Pass, and are now subsidized by the Council like the other Centres, Miss de Pass bearing the

CENTRE.	ATTENDANCES.								VISITS BY TRAINED VISITORS.				Infant Consultations.		Expectant Mothers Consultations.		Visitors.	
	Expectant Mothers.		Children.						Expectant Mothers.		Children.		Per week.		Per month.		Whole Time.	
	New cases.	Total attendances.	New cases.			Total attendances.			First visits.	Total visits.	First visits.	Total visits.	Per week.	Total.	Per month.	Total.	Whole Time.	Part Time.
			Under 1 year.	Over 1 year.	Total.	Under 1 year.	Over 1 year.	Total.										
Borough Health Visitors ..	—	—	—	—	—	—	—	—	205	417	1474	3523	—	—	—	—	—	—
St. Pancras School for Mothers :—																		
Amphill Square ..	150	330	300	50	350	—	—	4719	332	926	609	5073	3	137	4	46	3	—
Chalton Street ..	45	130	132	16	148	1896	170	2066	398	762	400	1294	1	47	—	—	—	1
North St. Pancras School for Mothers :—																		
Rhyl Street ..	91	197	263	23	286	2871	834	3705	50	234	169	2520	2	97	2	24	3	—
Grafton Road ..	—	—	129	18	147	1228	257	1485	—	—	220	1341	1	49	—	—		
South Highgate Mothers' and Infants Welfare Centre ..	8	48	45	28	73	590	353	943	10	91	126	848	1	49	—	—	—	1
Passmore Edwards Settlement School for Mothers ..	12	74	54	32	86	892	456	1348*	59	133	232	487	2	100	—	—	—	1
Camden Town Mothers' and Infants' Welfare Centre ..	53	126	215	38	253	2217	1232	3449	66	320	290	1539	2	88	2	15	1	1
Argyle Square and Falkland Road Centres :—																		
Argyle Square ..	56	151	117†	5†	122	1419†	151†	1570	127	490 ¹	614	5080 ²	1†	50†	2	23	3	—
Falkland Road ..	37	133	219†	17†	236	2690†	235†	2925										
Maternity Nursing Association ..	150	1698	259	—	259	—	—	1717	187	321	366	915	1	52	1	12	1	—
University College Hospital ³	2018	4160	—	—	770	—	—	3141	—	—	451	5793	—	—	—	—	—	—
	—	—	537†	—	537†	—	—	2128	—	—	315	4055	2	86	—	—	—	2
								approx. 197			approx. 129	approx. 1447						
Royal Free Hospital ..	142	456	41	3	44	190	7	197	137	698	129	1447	1	46	8	104	—	1
Totals ..	744	3343	2311	230	2541	13993	3695	26252	1571	4392	4944	28122	18	851	21	248	11	7

* Not including 110 attendances of mothers without their infants. The total attendances from all boroughs was 2379.

† Under and over 18 months.

‡ Not including 12 monthly consultations for children from 18 months to 5 years.

(1) Including 178 by an unpaid trained worker.

(2) " 1590 " " "

(3) Figures in italics represent all boroughs.

remainder of the expense. A third centre has been opened at Oseney Crescent during 1920. A feature of the centres are special consultations for children aged from one to two years (monthly at Oseney Crescent) and from two to five (monthly at Argyle Square and at Oseney Crescent). There is a Mother's Committee who assist in the management. The two Centres are at:—

40, Argyle Square, W.C.1. This is a house rented for the purpose, and well equipped as a full-time Centre. The rent is repaid by the Council.

Wesleyan Schoolroom, Falkland Road, N.W. 5. These are rooms in school premises rented for part time, the rent being repaid by the Borough Council.

Maternity Nursing Association, Oakley Square, N.W.1. This institution, which sends out midwives and maternity nurses, maintains ante-natal and infant consultations for the mothers it attends in confinement. These are held at the St. Pancras Dispensary, 39, Oakley Square, no rent being paid.

University College Hospital, Gower Street, W.C.1. The consultations here are now restricted mainly to infants who are actually ailing. They are held in the hospital premises, and the Borough Council does not bear any of the expense. Mothers attended in their confinement by the hospital, either intern or extern, are referred to the various local infant welfare centres serving the localities in which they live, lists being supplied to the Medical Officer of Health. The hospital consultations then serve for ailing babies who are referred back from the local centres and otherwise.

Royal Free Hospital, Gray's Inn Road, W.C.1 This hospital maintains ante-natal and infant consultations here, and at the branch maternity hospital at No. 21, Ensleigh Street, for women attended by them in confinement. The St. Pancras cases are in a minority, and the Borough Council contributes towards the salary of the paid visitor.

At the centres 18 infant consultations per week (851 in the year) and 21 special ante-natal consultations per month (248 in the year) have been held during 1919. The medical fees have been paid by the Borough Council, except in the case of the consultations at the hospitals. As mentioned above, the consultations have been attended by 11 full-time and 7 part-time (*qua* St. Pancras) paid superintendents and assistants, who also carry out the home visiting. Of these 10 full-time and 4 part-time are paid by the Council. They have been assisted by a devoted band of ladies who give their services in helping at the consultations. A great debt of gratitude is due to these ladies, and more volunteers are wanted for this important work. The number of medical consultations and of paid workers has been increased since the end of the year.

During 1919 the children who have attended the consultations for the first time have numbered 2,311 under one year of age and 230 over that age. The children under one amount to 60·4 per cent. of the births registered for the year. The total number of attendances made by children was 26,252. 744 expectant mothers also attended during the year for the first time, the total number of attendances of expectants being 3,343. This figure does not include the outpatient work at University College Hospital. Details of the attendances at the centres will be found in the table on page 59.

Dental Clinic for Mothers and Children under school age.—The Borough Council dental clinic for mothers and children attending at and referred from the maternity and child welfare centres in the Borough was continued for its

second year at the British Dentists' Hospital, 31, Camden Road, N.W. 1. The hospital is paid by the Council for the use of its premises and equipment and the services of the matron, the Council paying its own dentist (Mrs. Winifred Murch, L.D.S.) and anaesthetist (Dr. J. Maughan). In 1919 the clinics were held rather more often than once a week, and the work done was as follows:—

Number of Clinics	..	..	..	..	55
„ with nitrous oxide	..	..	..	..	13
„ new cases (mothers)	..	..	..	214	} 315
„ „ (children)	..	..	..	101	
Total number of attendances	..	..	..	..	952
Number of attendances for extractions under nitrous oxide	..	..	..	..	140
„ „ „ „ local anaesthesia	..	..	..	..	80
„ „ when fillings were done	..	..	..	..	115
„ „ „ „ scalings were done	..	..	..	..	88
„ „ for impressions, fitting dentures, etc.	..	..	..	..	355
„ „ „ examinations, etc.	..	..	..	..	103

No charge is made for extractions (with or without “gas”), fillings and scalings, but the patients are required to pay towards the expense of dentures. For these the dentist is paid separately at the rate of £2 for one denture, and £4 for two dentures. The patients obtain assistance from the Metropolitan Hospital Sunday Fund, pay themselves according to our assessment, and the remainder of the fees have been paid from a special voluntary fund which has been raised by A. Escott, Esq., Chairman of the Maternity and Child Welfare Sub-Committee during the earlier part of the year.

In general the patients themselves pay about half the cost of the dentures. In 1919, 57 patients were fitted with dentures. The total cost of these was £181 10s., of which £96 10s. was paid by the patients themselves, £40 (for 44 patients) by the local voluntary fund, and £45 (50 patients) by the Hospital Sunday Fund.

The work of the dental clinic is growing, and the number of sessions has been increased since the end of the year.

Clinic for Sick Mothers and Children under school age.—The weekly clinic (Dr. F. L. Provis) has been continued at the St. Pancras Dispensary, 39, Oakley Square, N.W. 1. The patients are referred to the clinic from the infant welfare centres, the health visitors, and other sources. During 1919 394 new cases under five years of age were treated, the total number of attendances of sick children being 1,523; 141 women were also treated for illness associated with pregnancy or the puerperium, who made 520 attendances. The medical officer is paid by the Council, and there is a half-time visiting nurse, half of whose salary is repaid to the Dispensary by the Mayoress of St. Pancras Nursing Fund for Sick Poor Children. In 1919 the nurse made 913 visits to children under 5.

Supply of food to mothers and children under school age.—Reference is made to the supply of milk for mothers and children on page 30.

In regard to other food, the Council in January, 1920, made a grant of £50 to the Kentish Town Dining Room for Mothers, Lyndhurst Hall, where nursing mothers and young children attending the North St. Pancras School for Mothers are supplied with cheap dinners.

Meals for mothers and children are also supplied by the St. Pancras School for Mothers, 1, Amptill Square (see page 58), and good work is also done for ailing mothers and children, amongst other sick persons, by the Invalid Kitchen, Crowndale Road. These are not subsidized by the Borough Council.

Home for ailing children under school age.—The Mayoress of St. Pancras Home for Sick Poor Children, Avalon, 1, St. Albans Road, N.W.5, which was founded in 1918 by the Mayoress' Nursing Fund for Sick Poor Children, continued its work during 1919. It receives a grant of £500 per annum from the Borough Council. The house is well appointed for the reception of 18 children, and has good grounds. It is used for the reception of cases who are ailing and needing observation or better treatment than can be given them in their own homes, and are not of the kind which are admitted to ordinary hospitals. The work has been recognised by the Ministry of Health by the award of a 50 per cent. grant in respect of maintenance expenditure.

During 1919 there were 82 admissions, and the ages were as follows:—

0 to 1 ..	..	2	3 to 4 ..	..	19
1 to 2 ..	..	15	4 to 5 ..	..	15
2 to 3 ..	..	18	5 and over	..	13

The Home was open on 308 days during the year, and the average stay of each child was 30·82 days.

MIDWIFERY WORK.

The notifications of births in St. Pancras are classified below (in wards and registration sub-districts) according to the manner in which the mothers were attended in their confinements:—

BIRTHS.	W.		S.		E.		N.		TOTAL
	4	5	7	8	3	6	1	2	
Attended in their own homes by—									
Private Doctors	137	107	10	52	189	33	250	99	877
Private Midwives	172	15	11	47	88	4	267	255	859
Doctors from the Elizabeth Garrett Anderson Hospital	19	5	2	24	31	7	24	23	135
Medical Students from—									
University College Hospital	89	237	7	11	182	138	5	10	679
„ Middlesex Hospital	—	19	33	1	—	—	—	—	53
„ Royal Free Hospital	2	—	2	49	3	6	—	—	62
„ St. Bartholomew's Hospital	—	—	—	5	—	—	—	—	5
Midwives from—									
University College Hospital	3	17	41	103	10	194	3	1	372
„ Maternity Nursing Association, Myddleton Square	—	—	—	61	1	1	—	—	63
„ Maternity Nursing Association, Oakley Square Branch	26	54	14	5	65	43	9	7	223
Attended in Institutions—									
University College Hospital	—	—	172	—	—	—	—	—	172
Elizabeth Garrett Anderson Hospital	—	—	—	—	—	43	—	—	43
Royal Free Hospital (Marlborough Maternity Section)	—	—	361	—	—	—	—	—	361
Homes of Hope, Regent's Square	—	—	—	—	—	—	—	—	—
Lying-in Ward of Workhouse	—	—	—	—	—	140	1	—	141
Royal Free Hospital	—	—	—	8	—	—	—	—	8

Certain of the notified births set out in the above table as having taken place in St. Pancras institutions were of infants of mothers who were not St. Pancras residents. On the other hand, a number of St. Pancras mothers were confined in institutions outside of the borough. In the following paragraph the figures for 1919 are given for St. Pancras women only:—

"*Extern*" Midwifery.

*Elizabeth Garrett Anderson Hospital (doctors)	..	..	135
University College Hospital (medical students)	..	..	679
" " " (midwives)	..	..	372
Middlesex Hospital (medical students)	..	..	53
Royal Free Hospital	..	..	62
St. Bartholomew's Hospital (medical students)	..	..	5
*Maternity Nursing Association, Oakley Square and Myddleton Square (midwives)	..	..	286
			1592

(or 42 per cent. of the total number of births).

All the above-mentioned cases were treated gratuitously except those marked with an asterisk, in which reduced fees were charged.

"Intern" Midwifery.

In St. Pancras :—

University College Hospital	..	..	..	..	107
Royal Free Hospital (Marlborough Maternity Section)				..	101
Elizabeth Garrett Anderson Hospital	..	..	..	..	17
St. Pancras House	..	..	..	..	117

Out of St Pancras:—

Middlesex Hospital	..	..	..	..	..	62
Queen Charlotte's Lying-in Hospital			..	..	..	166
City of London Maternity Hospital			..	..	..	48
Other hospitals	..	..	..	..	..	58
						676

(or 18 per cent. of the total number of births).

It will be seen from these tables that a very substantial amount of midwifery is available for St. Pancras women from various voluntary agencies. The facilities for home midwifery in much of the tenement house property are so bad, however, that an increased amount of accommodation in the way of maternity homes or hospitals is desirable. In the northern part of the borough the extern service from hospitals, &c., which is found in the south does not exist.

The Council subsidizes the provision of midwifery for St. Pancras residents

by paying grants to the various agencies at the rate of 5s. per extern case and 10s. per intern case. The amounts paid in respect of 1919 were as follows:—

Royal Free Hospital and Marlborough Maternity Section	£	s.	d.
.. .. .	58	0	0
Elizabeth Garrett Anderson Hospital	21	15	0
Maternity Nursing Association	62	5	0
Queen Charlotte's Lying-in-Hospital	68	10	0
City of London Maternity Hospital	23	0	0
	£233 10 0		

Widowed, deserted and unmarried mothers and their children.—Attention was given to this subject during the year, and the Medical Officer of Health was asked to report upon it. His report is set out below in full:—

TO THE CHAIRMAN AND MEMBERS
OF THE PUBLIC HEALTH COMMITTEE.

Ladies and Gentlemen,

On April 30th last the Council had before them a report from your Committee on the question of the care of widowed, deserted and unmarried mothers and their children, but in view of the confusion arising from the fact that the Guardians of the Poor undertake certain responsibility for such cases no action was then recommended.

On July 23rd the matter was again before the Committee, and the Council on July 30th approved of an instruction that your Medical Officer of Health should present a report on the subject. The question has also been considered by the Board of Guardians, and on July 30th a deputation of that Board was received by the Council, and expressed the view that the Council ought to exercise their powers in this direction and that it was desirable that they should co-operate with the Guardians in the matter. The representatives of the Guardians also conferred with the Public Health Committee on September 24th.

The powers of the Council in this connection are derived from the Maternity and Child Welfare Act, 1918, which enables them to make such arrangements as may be sanctioned by the Ministry of Health for attending to the health of expectant and nursing mothers and of children under five. The Regulations made by the Local Government Board on August 9th, 1918, include the following amongst the services in respect of which the Board (now the Ministry of Health) will pay grants to local authorities and others, which will as a rule be at the rate of one-half expenditure incurred with the Board's approval, viz.:—

- “(10.) Expenses of crèches and day nurseries and of other arrangements for attending to the health of children under five years of age whose mothers go out to work.”
- “(12.) The provision of homes and other arrangements for attending to the health of children of widowed, deserted and unmarried mothers, under five years of age”; and

"(13.) Experimental work for the health of expectant and nursing mothers and of children under five years of age, carried out by Local Authorities or voluntary agencies with the approval of the Board."

In their Circular accompanying the Regulations the Board say:—

"The health of infants and young children who lack the support of a father often needs special attention, and it is on all grounds desirable that the mother and child should be kept together in such cases, especially during the first year. It is notorious that the death rate of illegitimate infants, the only infants in this category for whom separate statistics are published, is about twice the death rate of legitimate infants..... The Board have therefore obtained the Treasury assent to the extension of the grant to homes at which mothers and children can be kept together in certain cases, and to such other arrangements as the Board may approve for attending to the health of the children under consideration. In some cases it may be desirable to pay a good foster-mother to look after a child whose mother cannot afford the whole of its keep, or to assist the mother to stay at home to attend to the child. Any scheme for the purpose should be submitted for the Board's approval before expenditure is incurred on it if a grant is desired."

It is not necessary to add much to this statement of the predecessors of the Ministry of Health as to the desirability of helping the fatherless children and their mothers. During the five years 1914-18 the death rate in St. Pancras of illegitimate children was 2·4 times as great as that amongst the legitimate, and, apart from the humanitarian aspect, it is clearly desirable in the interest of the State that the deaths of the children should be as far as possible prevented and the survivors reared into healthy citizens to be an asset rather than a source of expense to the community. I need say nothing of the needless suffering on the part of the unfortunate mothers and the children. Few, I think, at the present time, will advocate the abandonment of the mothers and the sacrifice of the children on the ground that it is a just punishment or a necessary deterrent. It is clearly desirable, however, that any help which is given to the unmarried mothers should be extended at least equally to the married mothers who lack the support of a husband; and it is also important that while the women should be helped to bear what would otherwise be an insupportable burden, they should not be relieved of their general responsibility and such financial responsibility as they can reasonably bear. It is important, moreover, that the measures taken should not make it easier for the fathers of the children to evade their liability.

It should be noticed that the powers of the Borough Council in the matter are limited to children under five years of age. Of course, the problem by no means ends when the child reaches that age. The Regulations are less explicit as to the powers for making provision for the mothers than for the children themselves. It would seem, however, that if the mother and child are to be kept together assistance for the mother in the interest of the child comes within the scope of the Regulations.

A statement of the powers and work of the Guardians in this respect is necessary. The following memorandum has been kindly supplied by the Clerk of the Guardians:—

TOWN HALL, PANCRAS ROAD, N.W. 1,
16th October, 1919.

DEAR SIR,

In reply to your letter of the 22nd ultimo I have to inform you:—

- 1.—Number of children under 5 years of age chargeable to the Guardians are classified as follows:—

ILLEGITIMATE.

Institution.	MOTHERS.				Found- ling.	TOTAL.
	Widowed.	Married.	Deserted.	Un- married.		
Leavesden Schools ...	—	2	4	12	5	23
Lady Somerset Home, Dewhurst ...	—	—	—	—	4	4
Craythorne, E. Finchley	—	—	—	2	—	2
Goldie Leigh, M.A.B. ...	—	1	—	—	—	1
North Infirmary... ..	8	—	5	20	8	41
South Infirmary... ..	1	1	—	6	1	9
House	—	1	—	10	—	11
TOTALS	9	5	9	50	18	91

LEGITIMATE.

Institutions.	Orphan.	Mother- less.	Father- less.	Parents Living.	Deserted.	TOTAL.
North Infirmary ...	3	—	—	35	—	38
South Infirmary... ..	—	—	—	14	—	14
Leavesden Schools ...	2	3	8	9	3	25
Totteridge (R.C.) ...	—	—	—	—	1	1
Carshalton, M.A.B. ...	—	1	1	—	—	2
Cleveland Street, M.A.B.	—	—	—	1	—	1
Goldie Leigh, M.A.B. ...	—	—	—	2	—	2
Lady Somerset Home, Dewhurst	—	—	—	1	—	1
TOTALS	5	4	9	62	4	84

There are 42 orphan and deserted children boarded out under Boarding-Out Committees, but only one of these is under 5 years of age.

2.—There appears to have been a slight increase recently in the number of applications received in respect of cases of mothers with young children.

3.—The cost varies according to the Institution as follows:—

At Leavesden Schools the total cost is about 18s. per week, being a flat rate for children of all ages.

For children boarded out the total cost is about 11s. per week per head.

The cost of maintenance at the House for all cases, including children, is about 14s. 6d. per week, and at the present time the cost at the Infirmary for the sick is about 30s. per week. This cost is based on the total number of persons chargeable irrespective of age. It is difficult to say generally whether a child would cost less than an adult.

As regards assessment of payments to be contributed by the mothers, each case is dealt with on its merits by the Out-Relief or other Committee dealing with such cases, and payments are fixed according to the presumed ability of the mother to pay, such payments varying from about 1s. to 5s. per week.

With regard to the grant of out-door relief the cases are dealt with by the Guardians upon the actual necessity of each case. It is, however, a principle that the income of each widow with children in receipt of out-door relief shall not be less than 6s. per week per head of the family, the Guardians making up this amount after taking into consideration the other sources of income. In nearly every case the 6s. per head is exceeded.

There is no special grant allowed in respect of young children under 5 years of age. Unmarried mothers are not granted out-relief in money, as this would be contrary to the Orders of the Local Government Board (Ministry of Health).

The total number of widows, &c., with children in receipt of out-door relief, including non-resident cases, is:—Women 78, children 255 (61 of these children being under 5 years of age).

The Guardians desire to add that during the past three months there have been 50 applications from women having illegitimate children, the classification of such cases being as follows:—

Admission to the House	...	...	...	...	22
" " Infirmary	...	...	...	...	13
" " Schools (2 granted)	...	...	...	...	4
Medical Attendance...	...	...	...	...	4
Out-relief granted subject to consent of the Ministry of Health	...	...	...	...	2
Convalescent treatment granted...	...	...	...	...	1
M.A.B. Fever Hospital	...	...	...	...	1
Temporary relief in kind	...	...	...	...	2
Referred to Medical Officer of Health	...	...	...	...	1
					50

I am also desired to inform you that during the past three months 27 cases have been admitted to the maternity wards, viz., 25 single women and 2 married women, who have been confined of illegitimate children.

24 applications were made to the Committee during the past half-year by mothers for permission to leave the House without their illegitimate children for the alleged purpose of finding work and making a home, and in 14 such cases the applications were granted, the children being retained by the Guardians, and 10 were refused. In some of these cases arrangements were made for the mothers to make contributions towards the cost of the

maintenance of these children. All such cases are carefully reviewed at intervals by Committees of the Guardians.

Yours faithfully,
J. E. P. HALL,
Clerk to the Guardians.

DR. T. SHADICK HIGGINS,
Medical Officer of Health,
Borough of St. Pancras,
Town Hall, Pancras Road, N.W.1.

P.S.—The addendum gives a summary of a few typical cases dealt with by the Ladies' Reference Committee during the month of September, 1919.

ADDENDUM REPORT.

Summary of typical cases arising during the month of September, and dealt with at the last meeting of the **LADIES' REFERENCE COMMITTEE** held on October 1st, 1919.

With one exception, all these children are under one year:—

- E. B., age 24. Domestic. To remain with child in Workhouse pending the Warrant Officer's inquiries as to affiliation.
- A. A. E., age 33, Domestic. Child retained in Workhouse contrary to regulations. Mother allowed out to seek a situation.
- E. E., aged 30. Child many months in Infirmary and Convalescent Home. Mother working outside and contributing 5s. per week. Child convalescent now and discharged. Mother can find no home for it and came to beg for its admittance to Workhouse. Child taken in temporarily, contrary to regulations.
- V. G., age 30, Dressmaker. Mother and child both unfit to leave at present.
- E. H., age 24. Maid and Machinist. Admitted to Workhouse with her child as destitute. Discharged to find employment. Child retained in Infirmary.
- K. M., age 20, Domestic. Unfit for discharge.
- C. S., age 23, Domestic. Remain till Matron secures a situation.
- L. S., age 25, good class of Domestic. Seduced under promise of marriage. Father of child untraceable. Mother allowed out on daily pass to find employment. Could pay 10s. per week.
- E. T., age 23, Maid. Child in Infirmary. Mother could earn sufficient to pay for its support if a home could be found for the child on its recovery.

It was felt by the Committee that all these cases emphasised the immediate necessity for the provision of

- (a) A hostel where the mothers could be kept with their children for a time.
- (b) An adequate allowance for the support of themselves and children in homes of their own.
- (c) Scattered Homes.
- (d) Reliable and closely inspected Foster-Mothers.

These women all showed an interest in and devotion to their children not to be surpassed. The great majority of these deserted mothers are domestic servants or needle-women, for whom the present day demand is very great.

The sympathetic interest shown by our Matron and the members of our Committee has been instrumental in securing many situations already, thus enabling the women to make small payments for the children, and the Committee submits that the provision of immediate After-Care for these children, giving the mothers their share of the responsibility, must have a healthy influence upon the future conduct of these women.

(Signed) EDITH M. VANCE,
On behalf of the Ladies' Reference Committee.

13th October, 1919.

Before considering the question of the division of responsibility in the matter between the Borough Council, who are the authority for promoting measures for Maternity and Child Welfare, and the Guardians, who are the authority for relieving destitution, I propose to indicate certain lines on which the children (other than sick children) of widowed, deserted and unmarried mothers might be dealt with. I am of the opinion that the view expressed in the Local Government Board's circular (mentioned above) that the mother and child should wherever possible be kept together, is important. The preservation and exercise of the maternal affection should be aimed at for the future welfare and happiness both of the mother and child. There are some cases where the occupation or character of the mother make it necessary that they should be kept apart, and in the majority of cases the mother will have to leave the child by day. But wherever possible mother and child should live together. It should be possible to meet nearly all cases by one or more of the following measures :—

- (1) The maintenance of the child in a Home (such as the Guardians' at Leavesden), where the mother and child must be parted.
- (2) Entrusting the child to a foster-mother, approved and subject to supervision, the mother living in the same house or elsewhere.
- (3) The provision of a day-nursery, where the child would be cared for by day, while the mother was at work, the child being taken home by the mother every evening or dealt with as indicated under (4).
- (4) The provision of a hostel for mothers where they can be sent after the lying-in, the babies being cared for in a day-nursery on or near the premises while the mother is at work, and by the mother in the hostel at night and other times.
- (5) The making of a money allowance to those mothers who are able to keep their children satisfactorily at home, but whose earnings are insufficient to do so without assistance.

The adoption of the child by persons who desire to take sole responsibility for it would also, of course, solve the difficulty in certain cases.

A certain amount of provision is already made in St. Pancras by nearly all the methods, and I propose now to consider how a complete scheme could be developed by the Borough Council.

(1.) *Children's Homes.*—The Guardians already have accommodation at their institution at Leavesden, near Watford, for infants and children of all ages, and it should be unnecessary for the Borough Council themselves to provide an institution. It would probably be better for an arrangement to be made whereby the Council would pay the Guardians for the maintenance of children referred to Leavesden by the Council. The extension of the arrangement to other authorities and bodies providing suitable homes or the direct provision of homes by the Council would be a matter for future consideration. The Leavesden Institution would only be suitable in cases where there was no occasion for the mother to visit the child frequently.

(2.) *Foster-mothers.*—The difficulty of finding suitable foster-mothers is probably due to the fact that the mothers are unable to make a sufficient

payment to repay the foster-mother for the expense and trouble. A system whereby the Council augmented the mothers' payments, provided that the foster-mother were approved by them and kept under regular supervision by a competent visitor, would probably meet a number of cases where it was not possible or desirable for the mother to live with the child. In some instances the mother might also lodge with the foster-mother. Inquires would need to be made for suitable women to act as foster-mothers. I leave for future consideration the question of the weekly sum which the foster-mother ought to receive.

(3.) *Day-Nurseries.*—In regard to the question of day nurseries, there are already four such institutions in the borough, which have together places for 145 children. At one of these, the Margaret Day Nursery, 44, Ampthill Square, opened in May last, where there is accommodation for 20 children, the major part is definitely kept for the children of the unmarried: at two others, the Whitefield Day Nursery, 53, Whitfield Street (40 places), and the Kentish Town Day Nursery, Gospel Oak Grove (45 places), illegitimate children are received equally with legitimate: while at the fourth, the Edith Rendel Day Nursery, 26, Cartwright Gardens (40 places) preference is given to widowed and deserted mothers over the unmarried though illegitimate children are not excluded if there are places for them. It is probable that if the responsibility for fatherless children is accepted by the Council additional day nursery accommodation will be found necessary; but in regard to this it will be best to wait upon experience. In the meantime the most satisfactory method will probably be to follow the successful precedent of the infant welfare centres and subsidize the existing day nurseries from municipal funds, on condition that they comply with the Council's conditions and undertake to receive as far as possible children referred to them by the Council. They receive at present a 50 per cent. grant from the Ministry of Health upon the deficit on the approved expenditure after the deduction of the payments made by the mothers. The four voluntary day nurseries fulfil a greatly felt want in the borough, and should on general grounds be assisted. It will be more satisfactory to give them a proportional subsidy on their whole work (in so far as it is for St. Pancras children)—as the Council are empowered to do—than to make payment for certain cases referred to them and not for others. I would recommend the payment by the Council of grants equal to one half of those paid by the Ministry. The total approved expenditure would then be met as to one half by the Government, and as to one quarter each by the Council and the voluntary funds of the institutions. This help would assist the day nurseries to improve and extend their work. The system would have the advantage that the Council's grant would in effect be conditional on the approval by the Ministry of Health of the work of the day nurseries.

Last year the Ministry's grants to the four institutions amounted to about £1,265, and the cost to the Council of subsidisation on the basis suggested can therefore be estimated at about £633 a year. To bring this about it would be necessary for twice this amount (*i.e.*, one half of the total net expense) to be paid by the Council. One half of this would be repayable to the Council by the Ministry, whose direct grant to the day nurseries would then be one half of the remainder of their net expenditure.

It should be mentioned that it is proposed to build a day nursery in connection with the Council's proposed flats at Prince of Wales Road.

(4.) *Hostels for Mothers.*—There is a need for hostels for mothers in connection with the day nurseries, both for unmarried mothers who have just completed their lying-in and have to make their plans for facing the world, and for mothers who, while they have to leave their children when they are at work during the day, are able to join them again in the evening, and yet have no home to go to. A properly managed hostel would doubtless help many such mothers to retrieve their characters by shielding them from the dangers presented by a return to the conditions under which they have fallen.

The committee of three day nurseries indicate that they are not able to undertake the establishment of a hostel, but that of the Margaret Day Nursery, Ampthill Square, are anxious to see one started in connection with their institution. Certain ladies of the committee would be willing to help if financial assistance were forthcoming. A hostel for 12 mothers and their babies would probably cost nearly £1,000 a year apart from the initial cost of equipping (say £500). I suggest that the committee of the Margaret Day Nursery be approached in the matter.

(5.) *Payments to Mothers.*—In regard to payment by the Council of direct money grants to mothers of the classes under consideration who, but for lack of means, could keep their children at home, this in suitable cases would probably be a more economical way of dealing with the matter than by the use of institutions. If approved by the Ministry it would seem simple in the case of unmarried mothers to whom the Guardians, as I understand, are precluded from granting out-relief in money. But in the case of widows the Guardians already give out-relief in respect both of the women and their children, the number of children under five for whom such grants are made being 61 at present time. This opens up the question whether this particular form of relief should be dealt with by the Council instead of the Guardians. It would certainly be undesirable if unmarried mothers received assistance from the Council without recourse to the Poor Law that widows should still be compelled to seek relief through that channel. Subject to some method of assessment such as that indicated later in this report, I should be prepared to recommend that both classes be dealt with alike by the Borough Council. The approval of the Ministry of Health would, of course, first have to be obtained, and presumably widows needing relief, though having no children, would still remain in the care of the Guardians and not of the Council.

The financial basis on which such grants should be made would remain the subject of later consideration.

The fathers of motherless children often find very serious difficulty in getting them properly cared for, and any scheme which the Council adopted on the foregoing lines would no doubt be found useful in dealing with these difficult cases.

I have recommended that the Council should assume the responsibilities indicated in the preceding part of this report, being persuaded that the work is to be regarded as an essential part of Maternity and Child Welfare. It would be in harmony with the policy of concentrating in the hands of a single local authority all matters which directly affect the Public Health.

It is especially desirable in view of the fact that the Guardians are unable to grant out-relief in money to unmarried mothers, and are also precluded from becoming responsible for the care of an illegitimate child unless the mother remains in "the House"—surely a hopeless position! A factor which is of importance in this connection is that if the expense were incurred by the Council with the approval of the Ministry of Health, the Government would bear half the cost, whereas the whole of the expense now incurred by the Guardians in respect of widowed, deserted and unmarried mothers and their children has to be borne by the local rates.

A committee would need to be set up for the consideration of applications made to the Council under this scheme. They would need to consider in regard to each case such points as the particular form in which assistance should be given; its duration; the payments which the mother should be required to make; and the steps that should be taken to require an adequate payment by the father. This would probably be a Sub-Committee of the Public Health Committee or of its Maternity and Child Welfare Sub-Committee, and it would appear desirable that it should include co-opted members of the Guardians skilled in this kind of work. No doubt it would be necessary to authorise the Medical Officer of Health to take certain action in emergencies between the Meetings of the Committee.

There remain two phases of the work of the Guardians amongst illegitimate and other mothers and their children to which I have not referred. One is the treatment of sick children in the infirmaries and elsewhere, and in regard to this I am not suggesting any action by the Council. The other is the reception of expectant mothers for confinement in their maternity wards. In regard to this, the Council's scheme of subsidizing intern and extern midwifery irrespective of the question of legitimacy already enables the Medical Officer of Health to secure admission for any woman for whom application is made to him to one of the maternity hospitals in or near the borough. There does not appear to be any need for arrangements in this way to be made by the Council *specially* for unmarried women, the question being one rather concerning maternity generally.

Estimates.—In the absence of experience of the working of such a scheme it is not possible to give a definite estimate of its cost. One cannot even estimate in advance the number of mothers for whom application would be made. During the years 1918, 1917, 1916, 1915 and 1914 the number of illegitimate births that were notified in St. Pancras were 314, 275, 318, 256, and 230 respectively. Probably only a part of these would have applied for assistance. On the assumption that 100 cases came up for consideration in the first year of the scheme, and that 50 of them were dealt with through Leavesden or foster-mothers, 20 by day nurseries only, 12 at a hostel, and 16 by subsidization, the cost might be estimated as follows (apart from initial equipment).

	Per Annum.
	£
50 children at 18s. a week (the Leavesden figure) ..	2,340
Annual cost of hostel for 12 mothers ..	1,000
Gross annual subsidy to the four day nurseries ..	1,265
16 mothers subsidized at 6s. a week ..	250
	£4,855

If the women paid half the cost of the first two items, a sum of £1670 could be deducted, leaving an expenditure of £3,185. The deduction of a 50 per cent. government grant (subject to approval) then leaves a total cost to the rates of about £1,600 for the year.

This is on the basis of the whole cost of the hostel being paid by the Council. It does not take into account the cost of assistance to widows, who are already dealt with by the Guardians; but in regard to this point, the saving due to the expense being borne by the Council and subject to a 50 per cent. grant would furnish a set-off to such additional expense as the Council might incur over what would have been incurred by the Guardians.

I wish it to be definitely understood that these figures are submitted by way of illustration and in no sense as a definite estimate.

In conclusion, I would call attention to the circumstance that a state system of Mothers' Pensions for all mothers, married or unmarried, who lack the support of a husband and are in need, would greatly lessen the provision which the Council would require to make on the lines indicated in this report. The Council have already (see minutes, 22nd January, 1919) informed the Government of their opinion that a system of Mothers' Pensions is desirable.

I have the honour to be, &c.,

T. SHADICK HIGGINS,

19th November, 1919.

Medical Officer of Health.

The report was accepted by the Borough Council who passed the following resolutions on December 17th, 1919:—

- (a) That the foregoing report of the Medical Officer of Health be approved and adopted.
- (b) That the St. Pancras Guardians of the Poor be asked whether they are willing to receive at the Leavesden Institution, by the request and at the expense of the Council, children under five years of age such as are referred to in the foregoing report, and for what payment.
- (c) That, subject to the approval of the Ministry of Health, the Council do make grants to the Whitfield Day Nursery, 53, Whitfield Street; the Edith Rendell Day Nursery, 26, Cartwright Gardens; the Kentish Town Day Nursery, Gospel Oak Grove; and the Margaret Day Nursery, 44, Amptill Square, to the extent of one-half of the deficit on the total approved expenditure after the deduction of the payments made by the mothers; the grants to be paid six-monthly, the first grant being payable on March 31st, 1920, in respect of the expenditure incurred during the six months ending on that date: these grants being payable on condition that the day nurseries are conducted to the satisfaction of the Council; that they undertake so far as possible to receive cases referred by the Council; and that the day nurseries be requested to consider the advisability of opening earlier in the morning and closing later in the evening.

- (d) That the Committee of the Margaret Day Nursery, 44, Amptill Square, be asked whether they are willing to co-operate with the Council in the establishment of a hostel for mothers in connection with their day nursery.
- (e) That a Sub-Committee of the Public Health Committee be constituted for the purpose of considering applications for assistance on behalf of widowed, deserted and unmarried mothers and their children under five years of age; with power to deal with the cases on the lines indicated in the foregoing report, to assess the sums that shall be contributed by or paid to the mother, and to take steps where necessary for securing payment from the fathers of the children.
- (f) That the provisions of the Maternity and Child Welfare Regulations as to the reception of expectant and nursing mothers be put into force, and that the Council do make arrangements accordingly.
- (g) That a copy of the foregoing report and resolutions be forwarded to the Minister of Health with a request for his general approval and sanction to the proposed expenditure ranking for Government grant under the Regulations dated August 9th, 1918.
- (h) That, pending the foregoing proposals being carried into effect, the St. Pancras Guardians be asked to make temporary arrangements for the reception of expectant and nursing mothers and children on the distinct understanding that the cost will be paid by the Council.

The Ministry of Health subsequently approved of the scheme so far as concerned the subsidization of the day nurseries and the institution of a hostel for mothers and the institution of a Sub-Committee for the consideration of cases, &c.; but withheld their approval of the other proposals. It will not be possible therefore to institute at present a complete scheme for dealing with the problem through the Borough Council. The proposal indicated in resolution (h) has also been postponed.

WORK BY VOLUNTARY AGENCIES IN CONNECTION WITH MOTHERS AND YOUNG CHILDREN NOT PAID FOR BY THE BOROUGH COUNCIL.

Home Helps.—The St. Pancras Home Helps Committee (Hon. Sec. Miss M. E. Bibby, B.A.) was instituted towards the end of 1917 to provide domestic assistance for mothers of families in sickness and childbirth. The work was continued in 1919, during which year 62 cases were dealt with, as follows:—

Maternity	..	..	..	..	..	26
Influenza	..	..	..	..	..	19
Pneumonia	..	..	..	..	..	1
Consumption	..	..	..	..	..	3
Other illness	..	..	..	..	..	7
Neglect	..	..	..	..	..	1
Old age and infirmity	..	..	..	..	..	3
Taking child to hospital	..	..	..	..	..	2

Two home helps were regularly employed, and occasional temporary home helps.

In most cases, either no payments or nominal payments only were received, but in certain midwifery cases the home help was employed full-time in connection with the confinement and lying-in, and substantial payments were made by the women for the service. The funds were obtained voluntarily, and the Ministry of Health has given 50 per cent. grants in respect of the deficit on confinement cases only. It is most desirable that the grant should be extended to the work of home helps in all cases where they give assistance to ailing necessitous mothers for the benefit of the mothers and their young children. Payment was made by the Borough Council in 1919 for the service of the home helps in cases of influenza and pneumonia, but no grants in respect of maternity work were made by the Council until after the end of the year.

Home Nursing.—The work of the four local district nursing associations in this connection (see page 81), includes the nursing of mothers and children. The work done in cases of measles, whooping cough and ophthalmia neonatorum by the nursing associations at the expense of the Mayoress of St. Pancras Nursing Fund for Sick Poor Children is referred to on pages 77 and 79.

The Maternity Nursing Association undertakes "monthly nursing" as well as supplying midwives.

GOVERNMENT GRANTS.

Government Grants were made during the year ended March 31st, 1920, in respect of Maternity and Child Welfare as follows:—

St. Pancras Borough Council	(on account)	2967	4	1
St. Pancras School for Mothers (Amphill Square)	..	617	8	5
St. Pancras School for Mothers (Chalton Street)	..	40	16	11
North St. Pancras School for Mothers (and branches)	..	173	9	10
* Passmore Edwards Settlement School for Mothers	..	72	18	3
Camden Town Centre, Greenland Street	..	75	16	5
Centres at Argyle Square and Falkland Road	..	450	12	7
South Highgate Mothers' and Infants' Welfare Centre	..	20	2	0
Maternity Nursing Association (for Infant Welfare Centre)	..	100	15	10
* Maternity Nursing Association (for extern Midwifery and Maternity Nursing)	(on account)	500	0	0
* University College Hospital (for extern Midwifery and Infant Welfare Centre)	..	1208	19	11
* Royal Free Hospital (for Extern Midwifery)	..	42	0	0
" " (for Infant Welfare Centre)	..	114	4	9
" " (in respect of Marlborough Maternity Hospital)	..	800	0	0
St. Pancras Dispensary (Infant Clinic)	..	183	5	3
Mayoress of St. Pancras Nursing Fund (Home Nursing)	..	52	17	1
Mayoress of St. Pancras Home for Sick Children	..	104	0	0
St. Pancras Home Helps Committee	..	23	0	0
* Turner Home, St. George's Square	..	328	0	0
St. Pancras Day Nursery	..	266	19	5
Whitefield's Day Nursery	..	233	1	1
Kentish Town Day Nursery	..	380	19	9

* Including expenditure on work amongst residents outside St. Pancras.

PUERPERAL FEVER.

13 cases were notified during 1919, equal to an incidence rate of 3·4 per 1,000 births. 9 deaths occurred amongst these, giving a case mortality of 69 per cent.

10 cases followed the birth of live-born infants, and 3 the birth of a non-viable foetus.

7 of the patients were primiparæ (*i.e.*, women who had not previously borne children), and 6 multiparæ.

In 2 cases "instruments" were used at the confinement, including one fatal case following an illegal operation performed by an unqualified woman.

In no case was there any obvious source of infection in the house.

In the following table the cases are classified according to the manner in which the patients were attended in their confinements:—

Confinement attended by	No. of cases of Puerperal Fever.	Total number of births notified.	No. of cases per 1000 births.
Doctors	4	1012	3·9
Midwives from Institutions ..	2	658	3·0
Private Midwives	3	859	3·5
Medical Students	1	799	1·3
In Hospital	2	—	—
Unqualified Persons	1	—	—

OPHTHALMIA NEONATORUM.

39 cases of ophthalmia neonatorum were notified during 1919, 33 by doctors, 4 by midwives, and 2 by both. One of the cases was found to belong to another district, and to have been notified there, the corrected number of St. Pancras cases being therefore 38, or 9·9 per 1,000 births.

8 of the cases were regarded as grave, 17 as moderate, and 13 as slight.

6 of the cases have since died. 9 were illegitimate.

The cases are classified below according to the manner in which the mothers were attended at their confinement.

Attended at birth by	No. of cases of Ophthalmia Neonatorum.	Total number of births notified.	No. of cases per 1000 births notified.
Doctors	10	1012	9·9
Midwives from Institutions ..	3	658	4·6
Private Midwives	14	859	16·3
Medical Students	3	799	3·8
In Hospitals and Institutions	8	—	—

Every case was promptly visited, and where necessary advice and help was given to secure prompt and adequate treatment.

A visiting nurse was called in in 13 cases. 13 cases were removed to hospital,

11 cases were nursed by their own family, and 1 case was kept until recovery in the institution in which it was born.

The results of treatment were as follows:—

Complete recovery (including 2 who afterwards died)	..	28
Blind	..	—
Sight damaged (opacity of one eye only)		1
Died before recovery..		4
Removed and out of touch		5

The same facilities, as in the case of measles (see below), are available for the home nursing of cases of Ophthalmia Neonatorum, through the Mayoress' Nursing Fund. In 1919 the visiting nurses made 377 visits to 17 children in this connection.

MEASLES AND GERMAN MEASLES.

All cases of these diseases were notifiable by parents and guardians, but only the first case occurring in an outbreak in a household or institution was notifiable by medical practitioners, an interval of two months since the last case constituting a new outbreak.

Subject to correction for diagnosis in certain instances, 1,034 civil cases of measles, and 268 of german measles were notified or otherwise discovered in 1919. This represents an incidence rate of 4·7 per 1,000 civil population for measles and 1·2 for german measles.

15 deaths from measles were registered during the year, equal to a death-rate of 0·06 per 1,000 civil population, and a case mortality rate of 1·4 per cent. amongst notified cases. There were no deaths from german measles.

The cases were notified or reported as follows:—

	Measles.	German measles.
Notified by medical practitioners	783	205
„ parents and guardians	140	32
Discovered otherwise	111	31
	1034	268

Further statistical facts in regard to the cases will be found on pages 34, 35 and 36.

Practically every case has been visited without delay by one of the women visitors, and 2,078 visits were made in this connection during 1919. One health visitor is engaged almost entirely in the visiting of cases of measles. In every case, also, a card of advice and a printed postcard form of notification (unstamped) have been delivered to the parent.

By reason of facilities placed at the disposal of the Medical Officer of Health by the Mayoress' Nursing Fund for Sick Poor Children it has been possible to send a visiting nurse once or twice a day to all cases where the visitor reported that such help was necessary, and where arrangements were not made for the removal of the patient to hospital. Milk, eggs, and coal were also paid for out of the fund in certain cases. In the course of this work 101 cases of measles in 77 families were nursed during the year, 562 nursing visits being made. In 103 families the patients were supplied with milk, &c.

In the following table are set out the deaths and death-rates from measles

for the past 10 years for the whole borough and the four registration sub-districts.

Year.	Deaths.						Rate per 1,000 population.				
	West.	South.	East.	North.	No address	Whole Borough	West.	South.	East.	North.	Whole Borough
1909	30	9	30	33	..	102	0.48	0.16	0.50	0.55	0.43
1910	39	21	60	23	..	143	0.65	0.37	1.00	0.38	0.60
1911	26	28	19	40	..	113	0.42	0.50	0.32	0.68	0.47
1912	25	11	33	25	..	94	0.41	0.24	0.58	0.43	0.42
1913	8	5	6	17	..	36	0.13	0.10	0.10	0.29	0.16
1914	10	10	21	12	..	53	0.17	0.22	0.36	0.19	0.24
1915	20	14	14	15	..	63	0.34	0.31	0.24	0.26	0.29
1916	12	6	8	16	..	49	0.20	0.13	0.14	0.28	0.19
1917	35	17	32	33	1	118	0.60	0.38	0.56	0.57	0.54*
1918	15	7	25	27	1	75	0.25	0.15	0.43	0.47	0.34*
1919	5	—	4	6	—	15	0.08	—	0.07	0.10	0.07*

* Based on census population.

Of the 15 deaths, 4 were in children under one year of age, and 12 in children under five years of age.

WHOOPIING COUGH.

In the following table will be found the deaths and death-rates from whooping cough for the past ten years for the whole borough and for the four registration sub-districts:—

Year.	Deaths.						Rate per 1,000 population.				
	West.	South.	East.	North.	No address	Whole Borough	West.	South.	East.	North.	Whole Borough
1909	2	6	9	10	..	27	0.03	0.10	0.15	0.16	0.11
1910	31	5	41	15	..	92	0.50	0.08	0.68	0.25	0.38
1911	13	7	12	16	..	48	0.22	0.12	0.20	0.26	0.20
1912	6	14	22	5	..	47	0.10	0.30	0.38	0.09	0.21
1913	8	3	8	17	..	36	0.13	0.06	0.13	0.29	0.16
1914	11	1	16	21	..	49	0.19	0.02	0.27	0.36	0.22
1915	10	13	15	12	2	52	0.17	0.29	0.26	0.21	0.24
1916	13	..	17	9	..	39	0.22	..	0.36	0.16	0.18
1917	6	3	10	8	..	27	0.10	0.07	0.17	0.14	0.12*
1918	19	11	26	22	2	80	0.32	0.24	0.45	0.38	0.36*
1919	—	2	2	3	—	7	—	0.04	0.03	0.05	0.03*

* Based on census population.

Of the 7 deaths, 2 were of children under one year of age and 6 of children under five years of age.

The same facilities, as in the case of Measles (see page 77), are available for the home-nursing of cases of Whooping Cough, through the Mayoress' Nursing Fund, but the disease not being notifiable, fewer cases are brought to the notice of the department. In 1919, the visiting nurses paid 66 nursing visits to 2 patients in 2 families, and milk, etc., was supplied to patients in 6 families.

INFANTILE DIARRHŒA.

47 deaths of infants under one year of age from diarrhœa and enteritis were registered during 1919. The number of such deaths in each quarter of the year was as follows:—

First Quarter	..	..	..	..	..	11
Second	„	..	..	..	..	4
Third	„	..	..	..	..	20
Fourth	„	..	..	..	..	12

The number of deaths of children under 5 years of age from diarrhœa and enteritis was 55.

The Council have an arrangement whereby they make payments to the district nursing associations for the home nursing of cases of infantile diarrhœa.

ANTERIOR POLIOMYELITIS.

See page 50.

Section VI.—Sanitary Administration.

THE STAFF.

The names of the staff of the Public Health Department at the end of 1919 will be found on pages 5 and 6.

The visiting work of the staff will be found tabulated in tables No. 7-10 on pages 109-113, and also on page 59.

At the beginning of 1919 the permanent staff was still depleted by the absence of 3 sanitary inspectors (Messrs. Lonnon, Adkins and Thompson) and 4 clerks (Messrs. Spokes, Mullis, Cove, and Pottier) serving with H.M. Forces. Mr. Landen, sanitary inspector, was away throughout the year owing to illness.

The 3 inspectors on service returned to civil life and resumed their duties as sanitary inspectors; Mr. Lonnon on March 3rd, and Mr. Adkins and Mr. Thompson on March 24th. Mr. Pottier, junior clerk and temporary sanitary inspector, also resumed duty in the latter capacity on returning from military service on March 3rd. Miss D. M. Parnell was appointed as temporary inspector on March 26th, her work consisting of the investigation of cases of influenza, pneumonia, and tuberculosis. Mr. P. W. Pottier and Mr. M. Jaffa,

previously acting temporarily, were appointed permanently as sanitary inspectors on May 28th. Mr. J. B. Molloy, junior clerk, was appointed as temporary sanitary inspector on October 22nd. Mr. Pottier resigned and left the Council's service on 16th August. Miss M. Mackenzie, temporary sanitary inspector, resigned and left on December 24th, 1919.

On the clerical staff Mr. Spokes returned from military service on February 14th, Mr. Cove on May 12th, and Mr. Mullis on July 28th. Of the temporary clerks Miss H. M. Loder left on June 7th, Miss H. Henderson on May 31st, and Miss M. Gardner on October 18th. Mr. L. Higgins was appointed as temporary clerk on October 16th. On November 10th Mr. Spokes and Mr. Mullis were transferred to other departments, and Mr. Carpenter, Mr. Knight and Mr. Crick came into the public health department. The latter since that time has been away on sick leave. Mr. R. Capel, boy clerk, left the department (by transfer) on November 17th, and Mr. S. Barker was appointed in his place. Mr. T. H. Hague was appointed as temporary clerk on December 1st.

Mrs. A. Oakey resigned her position as Matron of the Personal Cleansing Station and left on May 3rd, 1919, Mrs. E. Mace being promoted to her place.

It has unfortunately to be recorded that Mr. H. Jackson, caretaker of the Goldington Buildings dwellings, met his death by accident on August 16th; Mr. J. H. Ambrose was appointed in his place on November 3rd.

CHEMICAL AND BACTERIOLOGICAL WORK.

The Borough Council has an arrangement with the Lister Institute of Preventive Medicine, Chelsea Gardens, S.W. 1, for the bacteriological examination at the expense of the Council of material from St. Pancras cases sent to them through medical practitioners in regard to diphtheria, tuberculosis, and typhoid fever. The work done in 1919 was as follows:—

	Total.	Positive.	Negative.
Examination of swabs for <i>B. diphtheriæ</i> ..	258	57	201
„ sputum for <i>B. tuberculosis</i> ..	266	49	217
„ blood for Widal reaction (typhoid, etc.).. ..	7	1	6

Examinations of sputum have also been made at the tuberculosis dispensaries (*see page 44*).

Facilities for the examination of cerebrospinal fluid in suspected cases of cerebrospinal fever, etc., are available to the medical officer of health through the London County Council laboratory, and for the examination of the blood in suspected malaria through the Ministry of Health.

The chemical work of the Public Analyst (Mr. J. Kear Colwell, F.I.C.) in connection with the Sale of Food and Drugs Acts is referred to on page 32.

Section VII—Other Services.

It is satisfactory to record that most cordial co-operation exists between the work of the Council and the various voluntary agencies carrying out work of public health and social importance. This is the case in connection with the various hospitals and dispensaries, the local District Nursing Associations, the Maternity Nursing Association, the Invalid Children's Aid Association, the Charity Organisation Society, the National Society for the Prevention of Cruelty to Children, the Invalid Kitchens, the Passmore Edwards Settlement, the Lyndhurst Hall, and the Kentish Town Dining Room for Mothers, etc. Reference to various voluntary institutions which are subsidized by the Council will be found elsewhere in this report, particularly in Section V. (Maternity and Child Welfare).

Useful co-operation exists with the work of the St. Pancras Guardians, and the system of removal of cases of various infectious diseases to the hospitals of the Metropolitan Asylums Board works admirably. There is need, however, for much closer co-ordination of the medical work carried out by the Borough Council, the Guardians, and the London County Council. Reference is made to activities of the County Council on pages 22-29, 45 and elsewhere.

HOME NURSING.

As regards district nursing, the borough comprises the whole of the district of the Central St. Pancras District Nursing Association, and large portions of the districts of the Metropolitan Nursing Association, the Hampstead District Nursing Association, and the North London Nursing Association. The associations are paid by the Council or the Mayoress' Nursing Fund at the rate of 1s. per visit for the nursing of cases of measles, whooping cough, ophthalmia neonatorum, infantile diarrhoea, influenza and pneumonia, but the bulk of their work is supported by voluntary funds. The home nursing is of very great public health importance, and the need for its extension and support from public funds is very great. So far as London is concerned, it is work which could eminently well be organized by the Borough Councils as the local sanitary authorities, and it would be an important step in advance if they were empowered to undertake this work. The home nursing work done during 1919 in St. Pancras is indicated by the following figures:—

	No. of cases nursed.	No. of home visits paid.
Central St. Pancras District Nursing Association ..	549	7911
Metropolitan Nursing Association (St. Pancras cases)	315	3785
Hampstead District " "	389	2757
North London Nursing " "	229	

Section VIII.—HOUSING.

For several years I have made reference in these annual reports to the gravity of the tenement house evil in the borough. The matter is of such great importance that I venture to insert in this place a statement in regard to it which I put forward at an earlier date* :—

The tenement house is a house which was originally built for one family only,

* Evidence given by the Medical Officer of Health before the Departmental Committee on Unhealthy Areas on 17th December, 1919.

and has adequate convenience for only one family, and which is now occupied by several families in separate lettings. With the exception of a comparatively small number of working-class flats, such tenement houses are the only dwellings available for working-class people in the borough, the number of small houses occupied by one family each being practically negligible. I believe that the general statement that the tenement house is at present the ordinary accommodation for the working-class applies also to many other parts of London.

Most of the tenement house districts in the Borough have been occupied as such for many years, the problem not being of recent growth; but the "making down" process is still continuing and there are a number of streets wholly or partly sublet, where the houses were all occupied privately until recent years. The causes which have led to the system are complex, and include the following factors:—

- (1) The continual migration of the "better-class" population to the more peripheral parts of the town or suburbs, their houses becoming occupied by people of a lower class, who for various reasons prefer or find it necessary to live more centrally.
- (2) The districts in question becoming entirely ringed in by built up areas and consequently incapable of lateral expansion.
- (3) The compression becoming still more severe by the abolition of dwelling-houses to make room for commercial and industrial premises, places of amusement, town improvements, &c. Such developments not only diminish dwelling accommodation, but may also attract additional population.
- (4) The increase in ground values and rentals. This makes it impossible in many cases for the tenants to pay the rent of a whole house, even in the case of small houses which were probably originally let to people of a similar status to themselves. In this connection it is to be noted that the rents of the dwellings in the tenement houses are not lower than those paid for whole houses in towns where the working class commonly occupy separate houses.

I find that although the evils of the tenement house system are familiar enough to social and other workers whose labours make them well acquainted with the internal economy of these places, yet amongst the general public, and even amongst housing reformers who have not a close acquaintance with London conditions, there is not a complete appreciation of the real seriousness of the position. I therefore beg leave to describe the conditions in some detail.

The type of tenement house most commonly found in the borough is a single fronted terrace house with two rooms on each floor, one front and one back, the staircase also being at the rear. There is a ground floor with one, two or three storeys above and frequently also an underground basement floor. The arrangement of the houses is satisfactory, as there are practically no courts and the streets in general are wide and airy, and the space at the rear of the terraces not too restricted. There is generally only one w.c. to the house,

usually in the back-yard or basement, but sometimes a second, and one wash-house which is either an out-building in the yard, or the back basement room.

Such houses as these—many of which are about a hundred years old or even more—are occupied in a way that can be roughly expressed as one family on each floor, the commonest tenement consisting of two rooms. There are, however, a considerable number of one-room tenements, and also tenements of three, and less commonly four rooms, which in such houses are necessarily spread over more than one floor.

Besides the houses with two rooms to the floor, there is another considerable class of tenement house, generally not quite so old, where there are three rooms to the floor, through the device of a “back addition”, and in these, of course, three-roomed tenements on a single floor are to be found.

The principal faults in these tenements are the following:—

- (1) *The insufficiency of the number of rooms.* It may be laid down with confidence that in a dwelling for a family with several children, there should be at the very least four rooms—one living room, and one bedroom each for the parents, the boys and the girls respectively—apart from a scullery and other necessary offices. In contrast with this, in a two-room or even a three-room tenement occupied by such a family, there is no room that can be set apart as a kitchen or sitting room which is not already appropriated as a bedroom.
- (2) *The absence of the necessary offices.* It is in this respect that the London tenement house is particularly noxious. Take for instance a typical two-roomed tenement on the second floor. The only w.c. available for the occupants is one at basement or ground-floor level, or in the back yard, which is used in common by all the families in the house. There is no place out of the two rooms and landing where the house-refuse can be kept except a bin in the yard or area. There is no available scullery at all, so that the washing up has to be done in the living room (which is also a bedroom) and the nearest source of clean water or place for the discharge of foul water is on the ground floor or basement, and only to be reached by climbing several flights of stairs. The common washhouse often contains no proper scullery accommodation and is commonly dilapidated. An attempt to meet the water difficulty has been made in many houses by providing a tap and small sink for common use on certain of the landings. This by no means makes up for the absence of a scullery, and in the worst class house is often the cause of serious nuisance. In such dwellings also there is usually no proper accommodation for the storage of food and other domestic supplies, which have to be kept on shelves or in cupboards in the living and sleeping room; no accommodation for coal except in one of the rooms; and often no suitable cooking range in either of them.
- (3) *The lack of privacy.* The dwellings are not shut off by an outer door from the rest of the house, but consist merely of a number

of rooms each opening from a passage or staircase used in common by all the tenants and their visitors, and not directly connected with the appurtenant offices. The letting is done on one of two principles. In one case there is a resident tenant who rents the whole house and lets off the various rooms and may or may not exercise some care or control of the parts of the house used in common. In the other, the landlord is not resident, and collects the rents individually from each separate tenant. Thus in many cases there is no proper supervision and the passages, staircases, w.c., washhouse, yard and areas, are neglected, dirty, often dilapidated, and have a most dreary if not actually beggarly aspect. I know of few more depressing and distressing experiences than a house-to-house inspection of our worst type of tenement house.

The general result of these various defects is very serious. The families have to live in a room which fulfils almost every domestic function. In it the food is stored, prepared and cooked, the meals are eaten, and the "washing up" of the cooking and feeding utensils is done; and besides serving as a kitchen, scullery, larder, dining-room, sitting-room and bedroom, it may also have to serve as a sickroom or for a confinement. I judge it to be unnecessary to labour the point that it is idle to expect that a healthy population will be reared under such conditions as these or that the social improvement that is desired will be obtained.

It must not be supposed that such conditions as these are uncommon or that they are confined to districts that are obviously slums: the majority of the working-class people in St. Pancras and other parts of London have to endure them. There are many streets which present quite a good appearance to the passer-by, where the internal accommodation is no better. If the front of the houses and the window furniture are well kept, the general appearance of the street is not such as will impress public opinion with the seriousness of the evils which it conceals.

It is, however, in the districts where the lowest class live that the tenement-house evils are seen at their worst. In these quarters the houses are frequently worn out, the woodwork and plastering decayed, the window frames out of order, the roof leaking and sometimes the brickwork itself sunken and defective. The fabric too is often thoroughly infested with bugs. These conditions are the combined result of the overcrowding, the dirty and destructive habits of the tenants living under hopeless conditions, and the usual complete absence of any adequate system of supervision and control.

When we come to consider the question of remedies, the most discouraging feature of the tenement house problem is its vast size. In St. Pancras alone it involves nearly all the working-class accommodation in the Borough, and a serious attempt to deal with it would necessitate the re-building or radical alteration of the majority of the existing houses. Nevertheless, I regard some such programme as urgently necessary. I realise that a comprehensive consideration of the problem in London as a whole will take account of the need for and the possibilities of spreading the working population over large outlying areas where they can be adequately housed on approved modern lines,

and the devoting to other purposes of central areas which are at present congested with such tenements as I have described. But as I endeavour to show below, provision needs to be made for the rehousing of a very considerable working class population in the central areas.

It appears to me that to secure the proper amelioration of tenement house conditions it needs to be recognised that such a house affording for the families occupying it only such accommodation as that which I have described is to be regarded, without entering into the question whether it is dilapidated, damp, partly underground, etc., as being in such a state as to be unfit for human habitation, and that an area composed mainly of such houses, even if there is no bad arrangement of the houses, courts, alleys or streets, is to be regarded as an insanitary area such as is contemplated by Part I and Part II of the 1890 Act. A full realisation of the evils of our tenement houses should relegate them to the "insanitary" category.

The practical difficulty is to give the families adequate dwellings in undiminished numbers in the same districts as they now occupy. Where the condition of the houses is such that they must be cleared and the area rebuilt, the only possible mode of rehousing on the site is by the erection of "block" buildings several storeys high. For instance, in an area of 50 acres in Somers Town there is a population of not less than 11,000, or over 200 persons to the acre. In such an area nearly all the displaced population would need to be rehoused on the site, as there is no other available land at a convenient distance.

In the tenement house district, where the property is structurally sound, the proposition arises of altering the houses instead of clearing and rebuilding. Various suggestions have been made as to how this might be done, but I have not seen any satisfactory scheme carried through. Unless additional storeys are built the alterations must diminish the number of families occupying the houses. The only suggestion of which I have heard that would provide satisfactory self-contained flats on each floor is that put forward by Bannister Fletcher some fifty years ago, and referred to with other suggested methods in Sykes' "Public Health and Housing," 1901, p. 174, and this would considerably diminish the number of dwellings in the houses.

It must be remembered that the greatest part of the population in a borough like St. Pancras is housed in tenement houses, and although I am advocating that the typical tenement house should be recognised as insanitary, I realize that they cannot all be dealt with in the near future. The problem ought, however, to be dealt with by an adequate inspection of all the tenement houses, and by the utilization of existing powers as far as possible; and by dealing with the worst areas by schemes under Part I and Part II of the 1890 Act.

If there had been during the past century a law definitely and effectively forbidding the letting of an ordinary dwelling house to more than one family unless alterations where necessary were made to the satisfaction of a competent authority for adequate accommodation in all respects for every individual family the present tenement house difficulty in London need never have arisen. The problem would have been dealt with piecemeal instead of

accumulating to the vastness that now confronts us. The new by-laws ought to go to the limit of their terms of reference in forbidding the further sub-letting of houses beyond their real capacity, but it would be better if the control of the practice in future were definitely enacted by Statute.

In the following section are set out particulars in regard to housing asked for in the Ministry of Health's Memorandum (9 Med.), and tabulated as required therein:—

I.—GENERAL HOUSING CONDITIONS IN THE DISTRICT.

(1) Total number of houses in St. Pancras (1911 census)	..	23,345
Number of houses for the working classes (estimated)	..	20,982
„ „ families or separate occupiers (1911 census)	..	52,994
New houses for the working classes erected during the year, or in course of erection		Nil.

(2) *Population.* The chronic state of overcrowding in the Borough was accentuated in 1919 by the increase in the population. Compare the 1911 census population (218,387) with the Registrar-General's estimate for 1919 (228,585).

(3) (a) The shortage of dwellings is indicated by the fact that in 1911 51,214 persons lived in 8,875 dwellings with more than two occupants per room. At the present time there is undoubtedly a greater shortage than in 1911.

(b) There is no indication of the shortage being met by private enterprise, and the measures taken by the Borough Council are indicated on page 92.

II.—OVERCROWDING.

(1) The extent of overcrowding in 1911 is indicated by the following figures from the census returns of that year. The degree of overcrowding is now still greater.

Number of Rooms per Tenement.	Total number of private families (or tenements).	Population.
1	11,452	22,486
2	15,568	55,963
3	10,421	43,284
4	5,890	28,541
5	2,551	13,649
6	1,962	10,319
7	1,245	6,727
8	978	5,483
9	708	4,231
10 and upwards	1,535	10,052
Totals ..	52,310	200,735

Tenements with more than two occupants per room:—

Number 8,875

Population, all ages 51,214

„ under 10 years

of age .. 19,043

Percentage of popula-

tion in “ private

families ” living

more than two in

a room 25·5

(2) The causes of overcrowding are referred to on page 82.

(3) *Measures taken or contemplated to deal with overcrowding.*—In reference to the building of houses, see I. (3) above. During 1919 serious cases of overcrowding beyond the limits set by the tenement house by-laws were dealt with by the Sanitary Inspectors by the service of notices.

(4) 28 intimations in regard to overcrowding were served during the year. In no cases were proceedings taken. As the year progressed it became increasingly difficult to deal with overcrowding, by reason of the inability of tenants to find additional or alternative accommodation. A similar difficulty was found in securing the evacuation of underground rooms illegally occupied for sleeping purposes.

III.—FITNESS OF HOUSES.

(1) (a) *General standard of housing.*

(b) *General character of the defects found to exist in unfit houses.*—The housing defects in St. Pancras are discussed in some detail on pages 81-86. Apart from the structural faults dealt with on those pages, the principal defects are in the nature of dilapidations.

(2) Details as to action taken in regard to unfit houses under (a) the Public Health (London) Act, etc., will be found on pages 18 and 19; and (b) the Housing Acts on pages 91 and 92.

(3) *Difficulties in remedying unfitness, special measures taken, and any suggestions in the matter.*—In this connection the Borough Council decided on 4th February, 1920, that a complete house-to-house inspection of the borough should be undertaken, and although the matter belongs to the year 1920, the questions under this heading may best be answered by setting out in full the Medical Officer of Health's report on the proposal:—

TOWN HALL,

PANCRAS ROAD, N.W. 1.

15th April, 1920.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH COMMITTEE.

Ladies and Gentlemen,

In accordance with your request I have to submit the following report in reference to the Council's instruction to the Committee that an inspection of all the houses in the borough is to be undertaken.

Since your last consideration of the matter, the position has been made clearer by the submission by the London County Council for the observations of the borough councils of draft bye-laws with respect to working-class tenement houses under Sec. 26 of the Housing, Town Planning, etc., Act, 1919.

These proposed bye-laws deal with the following matters:—

Air-space and the number and sex of occupants.

The provision of sinks and water-taps.

The provision of means of ventilation.

The cleanliness of houses and bedding.

The provision of sufficient accommodation in respect of water-closets, the washing of clothes, and the storage, preparation and cooking of food ; and, where necessary, separate accommodation as aforesaid for every dwelling in the house.

The repair and lighting of staircases and the provision of hand-rails where necessary.

Stability, and the prevention of and safety from fires.

Periodical cleansing and redecoration.

The paving of yards.

The lighting of rooms.

In their present proposed form the bye-laws appear to apply to all working-class tenement houses without any restrictions, and one of the principal objects of the new house-to-house inspection should be to secure that such houses—and they comprise the majority of the houses in the borough—should, so far as practicable, be brought into compliance with the bye-laws. It is, therefore, most desirable that the bye-laws in their final form should be in operation when the work is begun. Another important matter that should be dealt with in the course of the inspection is the compiling of the list of those houses which call for a fairly frequent periodical inspection.

In addition to the utilization of the powers which will be conferred by the bye-laws, the proposed inspection will enable a list to be prepared of houses and underground rooms which can be regarded as unfit for human habitation within the meaning of Sec. 17 of the 1909 Housing Act. It will also call for the enforcement of work under Sec. 28 of the 1919 Act, in respect of various defects which cannot be dealt with under the Public Health (London) Act and other existing powers. A feature of this section is that, in default of the necessary work being executed after the service of notice, the Council would have to undertake it themselves and recover the cost from the owners.

The task is one of considerable magnitude. There were in the borough, at the time of the 1911 census, 23,345 dwelling houses, and the figure is approximately the same to-day. In this enumeration an ordinary tenement house which is occupied by more than one family is counted as one house only. I estimate that some twenty thousand are to be classed as working-class houses, and most of these are tenement houses. To complete a routine inspection of all of these, including the service of notices and the seeing through of the consequent repairs and alterations, within a limited period such as (say) one year, would need a very large special staff of inspectors and clerks, and would, moreover, doubtless be impracticable on economic grounds. With our present staff of 11 district sanitary inspectors, who would, of course, have to continue their present duties also, the work could never be done at all, and it will certainly necessitate the employment of a considerable additional staff of inspectors and clerks even if it is extended over a period of a few years.

There are difficulties in connection with the proposed work which must not be overlooked. The position in regard to the condition of the houses is so serious, however, that I do not consider that they should lead the Council to abstain from action in this direction. They fall into three groups, as follows:—

- 1.—The evils of the housing problem in St. Pancras depend largely on the lack of a sufficient number of dwellings affording adequate accommodation. It is estimated that there are some 25,000 one and two room dwellings in tenement houses, usually unprovided with suitable sanitary and other offices. It is hardly possible, in the case of many of the dwellings, to make them really fit for such occupation by reasonable alterations to the houses. It must, therefore, be recognised, although dirt and dilapidation can and ought to be remedied, that the inspection of these tenement houses is not likely to result in their being made into adequate dwellings.

There is an analogous difficulty in the case of many damp and otherwise insanitary basements, where it is practically impossible to make them dry and wholesome without incurring very great expense.

- 2.—The present urgent demand for dwellings makes it almost impossible to enforce closing orders on houses and underground dwellings which are obviously unfit for habitation; there being no houses to receive the families who would be thereby dishoused.
- 3.—The very high cost of building work and repairs at the present time makes it difficult for owners to carry out housing improvements.

Some of the matters which should receive attention if the house-to-house inspection is undertaken have already been referred to in this report. It will be convenient to set them out below:—

- (1) A careful record of the result of the inspection of every house should be made, preferably on a card index system.
- (2) A separate register should be prepared of houses which call for regular periodical re-inspection.
- (3) A record should be made of all underground rooms, distinguishing those which cannot legally be used as sleeping places.
- (4) In addition to serving notice for defects which can be dealt with under present powers, the powers of the Council under the proposed tenement house bye-laws and under Section 28 of the 1919 Housing Act, should be brought into operation where necessary. The latter will involve a great deal of administrative work in connection with the preparation of schedules of repairs and the following up of the procedure of the Act, including the execution of work by the Council in default of the owners. In regard to the tenement house bye-laws it is desirable that the occupiers should be required to fulfil their responsibility as well as the landlords.

I am of opinion that a routine inspection of dwelling-houses on these lines ought to be undertaken. So long as the existing houses continue to be neglected they will obviously become less and less fit for habitation, and this must inevitably lead to a reduction in the number of available dwellings in spite of the efforts which are being put forward in the direction of the building of new houses. The care of the old houses is at least as important as the provision of new houses.

No important amount of routine inspection of those houses which are not already subject to periodical inspection can be looked for from the present inspectors so long as they have their present duties also to perform, and I consider that with a view to carrying out the proposed work at a reasonable rate, including the enforcement of the necessary repairs and alterations, six additional Sanitary Inspectors are the least that can be asked for. They should be restricted to this work only. In addition the present eleven district inspectors should devote as much of their time as can be spared for it, to the same work. At least one additional clerk will be needed to cope with the increased clerical work which will result, and it is possible that still more help in this direction may be required.

It should be mentioned that the sanction of the Ministry of Health will be required to the proposal to appoint more Sanitary Inspectors, and that subject to this, one half of their salaries will be repayable to the Council through the London County Council. It is clearly desirable that the question of the salaries of the Sanitary Inspectors, now under consideration, should be settled before new appointments are made.

The occasion is appropriate to draw attention to the present insufficient and unsuitable accommodation which is allotted to the Public Health Department. If the staff is further increased this difficulty will be accentuated and the efficiency of the department definitely hampered by the bad accommodation. The consideration of the question of the better housing of the department ought not long to be deferred.

I am, Ladies and Gentlemen,

Your obedient servant,

T. SHADICK HIGGINS,

Medical Officer of Health.

4. *Water Supply.*—The principal defect in this respect is the lack of water supply and sinks in the separate dwellings in tenement houses. The matter is referred to on pages 81-86. Since the early days of the war, action in this respect under Section 78 of the London County Council (General Powers) Act, 1907, has been suspended.

Closet Accommodation.—The provision of water-closets is universal throughout the borough, and the chief defect is the lack of separate private closets for the individual dwellings in tenement houses (see pages 81-86).

Refuse Disposal.—There remains a small proportion of ash-bins of the fixed type, but the majority of houses in the borough are provided with moveable "sanitary bins." In the tenement houses there is usually a single bin in the yard for the whole house, and in such circumstances there is commonly a good deal of untidiness in the management of the dust-bin. The system of removal is weekly throughout most of the borough, though in the case of certain premises a more frequent removal is practised. The collection is effected by the Works Department and the bulk of the house refuse is burnt at the borough destructor. The remainder is taken by contract for dumping in the country by canal and rail as is also the destructor clinker. Owing to lack of labour at the destructor and difficulties in regard to transport experienced by the contractors, the weekly service was not maintained throughout the year, and at times there were considerable accumulations of refuse uncollected,

IV.—UNHEALTHY AREAS.

- (1) No areas were represented in recent years prior to 1919.
- (2) On October 29th, 1919, the Medical Officer of Health reported to the Housing Committee in regard to 15 areas in Somers Town comprising 455 houses, containing about 2,625 rooms occupied in about 1,109 lettings by about 4,234 persons (2,767 adults and 1,467 children under 10). They were reported as being insanitary areas which could not be satisfactorily dealt with otherwise than by schemes of reconstruction. The particulars in regard to these areas and the action taken by the Council will be found on pages 95-97.
- (3) No complaints were received during the year that other areas were unhealthy. Reference to Sidmouth Street and Litcham Street areas will be found on page 97.

V.—BY-LAWS RELATING TO HOUSES LET IN LODGINGS, ETC.

The London County Council have not yet brought into operation the by-laws which they are to make under the Housing Act of 1919. Reference is made to them on pages 87 and 88. It appears scarcely possible under the existing housing stringency to enforce any raised standard of air-space per occupant, or accommodation in respect of water-closets and other offices separate (or even, in many cases, convenient) for every dwelling in tenement houses.

VI.—GENERAL AND MISCELLANEOUS.

(See "*Work of the Special (Housing) Committee*," page 92).

VII.—STATISTICS FOR THE 12 MONTHS ENDED 31ST DECEMBER, 1919.

(1) Number of dwelling-houses in respect of which complaints were made that they were unfit for human habitation	Nil.
(2) <i>Action under Sec. 17 of the Housing Act of 1909:—</i>	
(a) Number of dwelling-houses inspected under and for the purpose of the section—	
First routine inspection	505
Subsequent	1424
	— 1929
(b) Number of dwelling-houses which was considered to be unfit for human habitation—	
As regards the whole house	16
,, underground rooms (6 rooms)	4
	— 20
(c) Number of dwelling-houses the defects in which were remedied without the making of closing orders	1914
(3) <i>Action under Sec. 28 of the Housing Act, 1919</i>	Nil.
(4) (a) Number of representations made to the local authority with a view to the making of closing orders—	
As regards the whole house	16
,, underground rooms (4 rooms)	3
	— 19

(b) Number of closing orders made—			
As regards the whole house	..	12	
„ underground rooms (4 rooms)	..	3	
		—	15
(c) Number of dwelling-houses in regard to which closing orders were determined			
			Nil.
(5) (a) Number of demolition orders made ..			
			Nil.
(b) „ houses demolished in pursuance of demolition orders			
			Nil.
(6) Number of dwelling houses demolished voluntarily..			
			Nil.
(7) <i>Obstructive Buildings.</i> Representations, demolitions, &c.			
			Nil.
(8) No staff is engaged exclusively on housing work. The 11 district inspectors carry out all inspections of houses, and the subsequent clerical work is performed by the general clerical staff. A large amount of negotiation and other work in connection with housing has devolved upon Mr. A. Powel Coke, Chief Clerk in the Public Health Department and Clerk of the Special (Housing) Committee, and the following section in regard to the work of that Committee has been compiled by him.			

WORK OF THE SPECIAL (HOUSING) COMMITTEE.

The housing problem presents different features in every Borough. So far as St. Pancras is concerned, although there is vacant land in the North of the Borough suitable for housing schemes, the important problem is the improvement of housing accommodation in the old areas of the district. The evils of the tenement house system are well known. The chief difficulty in dealing with it is the vast size of the problem. The greater part of the housing in the Borough is involved in it, but in more limited areas the evils have become predominantly worse by reason of the houses having become more or less worn out by age or usage. On the other hand, there is an urgent and imperative demand for increased housing accommodation. The Borough Council are earnestly endeavouring to meet both these aspects of the problem, and on the 27th November, 1918, the Special (Housing) Committee was appointed.

The Committee directed its attention mainly to the following matters:—

- (1) The erection of new dwellings under Part III. of the 1890 Act.
- (2) The conversion of vacant houses into suitable dwellings.
- (3) The question of insanitary areas.

(1) CONSTRUCTION SCHEMES.

Brookfield Estate.—The Council purchased about 9 acres of vacant land on the Brookfield Estate, off Highgate Road, for the purpose of providing additional accommodation. The scheme when completed will house 202 families and the buildings will take the form of flats, maisonettes and single houses. The detailed accommodation is as follows:—

5, of Two rooms, exclusive of scullery. &c.	
71, „ Three „	„
43, „ Four „	„
83, „ Five „	„

Building operations have been commenced on the first section of the scheme, the tender of Messrs. J. W. Falkner & Sons being accepted in the sum of £11,239 for the erection of a block of twelve flats on the piece of ground situated between the public library and the schools in Chester Road. Plans for the development of the remainder of the Estate are now under the consideration of the Ministry of Health, and when complete will be a valuable addition in meeting the urgent need for accommodation.

Prince of Wales Road.—The land was purchased in 1906 for library purposes at a cost of £13,500. The library scheme was not proceeded with, and on the 7th July, 1914, the Local Government Board gave their consent under the Public Libraries Act, 1892, and the London Government Act, 1899, to the alienation by way of absolute sale of the land. Having regard to the need for additional housing accommodation, and to the difficulty of obtaining suitable sites in the Borough, the Council agreed on the 22nd January, 1919, to the land being utilised for housing purposes. The Ministry of Health were informed of the Council's proposal, and on the 16th April, 1919, agreed to a limited competition for designs. On the 13th August, 1919, the Ministry consented to the appropriation of the site for housing purposes under Section 57 (3) of the Housing of the Working Classes Act, 1890.

On the 5th January, 1920, the London Housing Board approved the plans for the erection of a block of 64 self-contained flats comprising 25 four rooms, 34 three rooms, and 5 two rooms. Tenders were invited, and after considerable negotiations with the Ministry, the tender of Messrs. Chessums, Ltd., was accepted in the sum of £76,001 14s. 0d. The contract was signed on the 23rd June, 1920, and building operations are in progress.

Leighton Road.—On the 14th August, 1919, the approval of the London Housing Board was requested to the acquisition of certain property in Leighton Road for housing purposes, and sketch plans were submitted showing how the site could be developed.

The complete scheme for dealing with this site, comprising 1.35 acres, provided for the erection of eight blocks of four room flats, each four stories high, accommodating 64 families in all, but in order to avoid displacement and to reduce the compensation, the Committee suggested the erection of four blocks, comprising 32 flats, on the back portion of the site, leaving the frontage land to be dealt with later. The Architect's estimate for the first scheme was £32,331, and for the complete scheme £61,000, exclusive in both cases of the cost of land.

On the 12th December, the Housing Board approved of the scheme proceeding on these lines in view of the fact that no de-housing would be involved, and the District Valuer was requested to negotiate for the purchase of the freehold interests in the entire property, and such leasehold interests as would be affected by the first portion of the scheme. Correspondence subsequently took place with the Ministry of Health, and in a letter dated 1st April, 1920, they stated that on the information before them they would not be justified in approving the scheme. The proposal was therefore dropped.

Wakefield Mews and Gough Street.—The abortive negotiations in regard to these two schemes pursued much the same lines as in the case of Leighton Road.

Schemes for both areas were submitted to the Housing Board on the 14th August, 1919, and rejected by the Ministry on 6th March, 1920, the intervening time being occupied with negotiations, interviews and correspondence. The complete scheme for Wakefield Mews provided for the erection of 136 flats at an estimated cost of £105,868, and 72 flats and 8 shops at Gough Street for £63,012, excluding the cost of the land. Wakefield Mews comprises 1·8 acres at an estimated value of £73,500, and Gough Street about 1 acre at £15,600. The Ministry withheld their sanction in view of the very heavy cost of the sites, valuations of which were supplied to the Housing Board in September, 1919.

Williams Mews and South Crescent Mews.—Sketch plans were prepared for dealing with these two areas. The proposed schemes were not wholly satisfactory, and the Committee felt that no advantage would be gained in submitting them to the Ministry for consideration.

(2) CONVERSION OF VACANT HOUSES.

On the 29th July, 1919, a circular letter was received from the Ministry of Health asking that, with a view to obtaining an immediate increase in the amount of accommodation available to relieve overcrowding, local authorities should at once consider the question of utilising the powers in regard to the conversion of existing houses into flats or tenement dwellings. It was pointed out that to secure one of the main objects of these schemes, it was essential they should be put in hand at once.

Prior to this communication, the Housing Committee on the 17th July, 1919, had supplied their Architect with a list of vacant houses in the Borough with the object of ascertaining those which might be regarded as suitable for the purpose of conversion. A copy of such list was sent to the Housing Board on the 24th July, 1919.

Under Section 12 of the Housing Act, 1919, the powers of a local authority to acquire land for the purpose of housing are deemed to include power to acquire any estate or interest in any houses which might be made suitable as houses for the working classes together with any lands occupied with such houses, and the local authority are empowered to alter, enlarge, repair and improve any such houses or buildings so as to render them in all respects fit for habitation.

On the 6th August, 1919, the Committee were represented at a Conference of the Metropolitan Borough Councils convened by the Ministry of Health and addressed by the Minister on the subject of conversion.

The Architect presented his report on the 16th August, 1919, a copy of which, dealing with the houses suitable for conversion, was sent to the Housing Board on the 25th August, 1919. The houses were divided into three groups—(a) those suitable for repair or conversion; (b) those which might possibly be used as a last resource, and (c) those which were entirely unsuitable.

Of the 204 premises which were examined, 60 fell into class "a"; 13 into class "b" and 131 into class "c." The Housing Board then suggested that, through the Office of Works, they should undertake the work of conversion in the Borough and submitted draft resolutions to give effect to the proposal. The Housing Committee agreed to the suggestion in order to expedite this branch of the work and to leave them free to concentrate upon the schemes for the erection of houses, and on the 24th September, 1919, the Council resolved as follows:—

"That, for the purpose of securing the immediate provision of dwelling accommodation, the Ministry of Health, acting through the London Housing Board, be requested to exercise on behalf of the St. Pancras Borough Council the powers of the Council under Section 12 of the Housing, Town Planning, &c., Act, 1919, and that such dwelling accommodation as and when provided be taken over by the Borough Council as part of the Council's housing scheme, provided that the plans of the proposed conversions are submitted to the Special (Housing) Committee for their approval before the actual work is commenced."

With regard to results, not a single house in the Borough has been converted. Several representations were made to the Housing Board with reference to the block of 24 empty houses in Euston Road. The matter was considered by the Board from the conversion point of view, but having regard to the high cost of the freehold, the condition of the premises, and the total estimated cost of conversion, they decided that the scheme was not one which they would be prepared to proceed with. The Ministry did make a Compulsory Order for the purpose of acquiring No. 37, Sidmouth Street. This property forms part of the Sidmouth Street area, which it is proposed to deal with under Part II. It was represented to the Ministry that it would be unfortunate if any expenditure were incurred in acquiring or repairing property which, sooner or later, would be dealt with as part of a housing scheme, and the matter was therefore dropped.

Having regard to the disappointing results under Section 12, the Ministry were urged to apply for powers giving local authorities the right to enter upon and to take possession of empty premises; to put such premises into a habitable state of repair to the satisfaction of the local authorities at the expense of the owners; and to compel the owners to relet the premises.

A Bill enabling local authorities to hire compulsorily vacant houses has now been introduced into Parliament by the Minister of Health.

(3) INSANITARY AREAS.

Somers Town.—The area known as Somers Town presents the evils of the tenement house system aggravated by bad social conditions to a greater degree and on a larger scale than any other part of the Borough. At a Conference at the Ministry of Health, the opinion was expressed that with a view to furthering the improvement of this area, it was desirable that reconstruction schemes should be undertaken under Part II. of the 1890 Act, and on the 17th December, 1919, the Council resolved that the Housing Committee

be authorised to prepare schemes in regard to the following 15 areas in Somers Town :—

- (a) The area occupied by 63, Stibbington Street, and 1-20 (consecutive, inclusive), Johnson Street.
- (b) The area occupied by 21-31 (consecutive, inclusive), Johnson Street; 188, 190, and 192, Seymour Street; 1, 2, 3, 4, 5, 6, 7, 11, 12, and 13, Crawley Mews; 54, 56, 58, and 60, Werrington Street; and 35, 36, and 37, Clarendon Street.
- (c) The area occupied by 1-17 (consecutive, inclusive), Bridgewater Street; 47-61 (odd, inclusive), Stibbington Street; 41-57 (consecutive, inclusive), Johnson Street; and 25-30 (consecutive, inclusive), Clarendon Street.
- (d) The area occupied by 18-33 (consecutive, inclusive), Bridgewater Street; 31-45 (odd, inclusive), Stibbington Street; 1-15 (consecutive, inclusive), and 15a, Sidney Street; and two premises in Sidney Street at the rear of No. 17, Clarendon Street; and 17-24 (consecutive, inclusive), Clarendon Street.
- (e) The area occupied by 16-30 (consecutive, inclusive), Sidney Street, and two premises in Sidney Street at the rear of No. 16, Clarendon Street.
- (f) The area occupied by 1-28 (consecutive, inclusive), Wolcot Street; 36-39 (consecutive, inclusive), Johnson Street; and the four empty houses on the north side of Aldenham Street lying between Wolcot Street and Clarendon Street.
- (g) The area occupied by 24-38 (even, inclusive), 38a, and 40-74 (even, inclusive), Stibbington Street.
- (h) The area occupied by 130-136 (even, inclusive), Seymour Street, 11-20 (consecutive, inclusive), Gee Street, 66-76 (consecutive, inclusive), Clarendon Street, and the vacant house on the south side of Aldenham Street next to St. Aloysius Boys' School.
- (i) The area occupied by 1-14 (consecutive, inclusive), and 17-30 (consecutive, inclusive), Drummond Crescent.
- (j) The area occupied by 14-24 (consecutive, inclusive), Little Drummond Street, 36-56 (consecutive, inclusive), Drummond Crescent, 14-36 (even, inclusive), Drummond Street.
- (k) The area occupied by 1-13 (consecutive, inclusive), Little Drummond Street, and 38-44 (even, inclusive), Drummond Street.
- (l) The area occupied by 5-35 (odd, inclusive), Drummond Street, and 23-26 (consecutive, inclusive), Lancing Street.
- (m) The area occupied by 1-18 (consecutive, inclusive), Lancing Street.
- (n) The area occupied by 5, 7, 8, and 11, Weir's Passage.

- (o) The area occupied by 2-10 (even, inclusive), Weir's Passage, 2-23 (consecutive, inclusive), Wilsted Cottages, 1-29 (odd, inclusive), and 22-30 (even, inclusive), Chapel Grove, 1, Clarke's Yard, 9-25 (odd, inclusive), 37, 41, 43, 47, 49, 55-67 (odd, inclusive), Ossulston Street, and 9, 11, 13, 19 and 21, Chapel Street.

These fifteen areas comprise 455 houses, which, according to information obtained by a house to house inspection, contain about 2,625 rooms occupied in about 1,109 lettings by about 4,234 persons (2,767 adults and 1,467 children).

It has not been thought expedient to press forward with these reconstruction schemes for the time being, more especially as the proposals involve demolition of the property and displacement of the occupants, if any permanent good is to be effected; but several interviews have taken place with the Ministry on the matter, and proposals are being put forward for dealing in the first instance with one of these areas on which there is a certain amount of vacant land.

Sidmouth Street and Litcham Street.—The Committee also had under consideration the preparation of schemes under Part II. of the Act of 1890 for dealing with the unhealthy condition of this property, but pending the decision of the Ministry in regard to the procedure to be adopted with the Somers Town proposals, no definite steps have yet been taken to proceed with them.

APPENDIX.

TABLE No. 1.

VITAL STATISTICS OF WHOLE DISTRICT OF ST. PANCRAS DURING 1919 AND PREVIOUS YEARS.

YEAR.	Population estimated to middle of each Year.	Civil Population.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT.			
			Un-corrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
				Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1909	237247	—	5238	—	22·1	3688	15·4	738	591	570	108	3521	14·8
1910	237178	—	5385	—	22·7	3415	14·4	710	562	580	107	3267	13·8
1911	237129	—	5135	5555	23·4	3418	14·4	673	611	623	112	3356	14·1
1912	220353	—	5008	5367	24·4	3147	14·3	595	605	472	88	3157	14·3
1913	218387	—	5167	5517	24·7	3409	15·6	728	662	512	93	3343	15·0
1914	218387	—	4945	5225	23·9	3386	15·5	721	677	481	92	3342	15·3
1915	218387	200322	4458	4754	21·8*	3523	17·6†	672	692	497	105	3543	17·7†
1916	214135	196813	4310	4530	21·2*	2991	15·2†	565	619	385	85	3045	15·5†
1917	208006	186600	3635	3796	18·2*	3099	16·6†	608	718	402	106	3142	16·8†
1918	196883	175716	3339	3318	16·8*	3789	21·5†	626	751	340	102	3914	22·3†
1919	228585	219434	3804	3824	16·7*	3104	14·1†	670	496	336	88	2930	13·4†

Area of district in acres (land and inland water), 2694·4; total population at all ages, 218,387; number of inhabited houses, 22,246; average number of persons per house, 9·82; at Census, 1911 (cf. Census, Vol. V.).

* Based on total population.

† Based on Civil population.

TABLE No. 2. DEATHS REGISTERED FROM ALL CAUSES FOR THE YEAR 1919.

NOTE.—The Deaths of Non-Residents occurring in Public Institutions situated in the Borough are excluded, and the Deaths of Residents occurring in Public Institutions situated beyond the limits of the Borough are included.

Cause of Death.															AGES.																		Totals.											
															0 to 1	1 to 2	2 to 5	Total under 5	5 to 10	10 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.																
															M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	P.E.R. SON											
1.—General Diseases.																																												
1. Enteric Fever																										1	1				2	2												
2. Typhus																																												
3. Relapsing Fever																																												
4. Malaria																																												
5. Small Pox—																																												
(a) Vaccinated																																												
(b) Not Vaccinated																								1								1	1											
(c) Doubtful																																												
6. Measles															3	1	1	3	2	2	6	6	1	2									7	8	15									
7. Scarlet Fever																1			1	2	1	3		1										1	4	5								
8. Whooping Cough															1	1			2	3	3		1											3	4	7								
9. (a) Diphtheria																	2			5	2	5	8	4	1										11	10	21							
(b) Croup																																												
10. Influenza															8	3	6	2	4	3	18	8	2	5	2	3	7	11	18	34	22	16	22	13	23	17	16	12	4	7	134	126	260	
11. Miliary Fever																																												
12. Asiatic Cholera																																												
13. Cholera Nostrans																							1																					
14. Dysentery																																												
15. Plague																																												
16. Yellow Fever																																												
17. Leprosy																																												
18. Erysipelas																																												
19. (a) Mumps																																												
(b) German Measles																																												
(c) Varicella																																												
(d) Other Epidemic Diseases																																												
20. (a) Pyæmia																1					1							1	1	1					1	1								
(b) Septicæmia																																												
(c) Vaccinia																																												
21. Glanders																																												
22. Anthrax (Splenic Fever)																																												
23. Rabies																																												
24. Tetanus																																												
25. Mycoses																																												
26. Pellagra																																												
27. Beri-Beri																																												
28. (a) Pulmonary Tuberculosis															2		1		1		4		1	2	6	16	28	33	29	37	13	20	19	25	11	1	5	1	1			139	113	252
(b) Phthisis (not defined as tuberculous)																																												
29. (a) Acute Phthisis																																												
(b) Acute Miliary Tuberculosis																																												
30. Tuberculous Meningitis															4		5	4	5	8	14	12		3	2		1																	
31. (a) Tabes Mesenterica																																												
(b) Other peritoneal & intestinal tubercle															1			1	1	1	2	2																						
32. Tuberculosis of Spinal Column																																												
33. Tuberculosis of Joints...																																												
34. (a) Lupus																																												
(b) Scrofula																																												
(c) Tuberculosis of other Organs																																												
35. Disseminated Tuberculosis																																												
36. Rickets, Softening of Bones																																												
37. Syphilis															9	2	2				11	2																						
38. Other Venereal Diseases																																												
39. Cancer of the Buccal Cavity																																												
40. " Stomach, Liver, &c. ...																																												
41. " Peritoneum, Intestines, and																																												
Rectum																																												
42. " Female Genital Organs																																												
43. " Breast																																												
44. " Skin																																												
45. Cancer of other or unspecified Organs																																												
46. Other Tumours (situation undefined)																																												
47. Rheumatic Fever																																												
48. (a) Chronic Rheumatism																																												
(b) Osteo-Arthritis																																												
(c) Gout																																												
49. Scurvy																																												

DEATHS REGISTERED FROM ALL CAUSES FOR THE YEAR, 1919—continued.

Cause of Death.	AGES																	Totals			
	0 to 1	1 to 2	2 to 5	Total under 5	5 to 10	10 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							
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	PER- SONS		
1. General Diseases—con.																					
50. Diabetes ...						2	1	1		2	1	2	4	2	5	1	2	1	10	14	24
51. Exophthalmic Goitre ...																					
52. Addison's Disease ...																					
53. Leucocythæmia Lymphadenoma ...								1		1		1				1			4		
54. Anæmia, Chlorosis ...						1	1		1					1		1	1	1	4	3	7
55. (a) Diabetes insipidus ...																					
(b) Purpura ...																					
(c) Hæmophilia ...																					
(d) Other General Diseases ...																					
56. Alcoholism (acute or chronic) ...																					
57. (a) Occupational Lead Poisoning ...																					
(b) Non-occupational Lead Poisoning ..																					
58. Other Chronic Occupational Poisonings ...																					
59. Other Chronic Poisonings ...																					
2. Diseases of the Nervous System and of the Organs of Special Sense.																					
60. Encephalitis ...								1				3		1					4	1	5
61. (a) Cerebrospinal Fever ...				1		1			1	1		1							2	2	4
(b) Posterior Basal Meningitis ...	1				1		1												1	1	2
(c) Meningitis, other forms ...	2	3	5	1		7	4	2	1		1			1					12	5	17
62. Locomotor Ataxy ...											1		3		1				4	1	5
63. (a) Anterior Poliomyelitis ..				1		1													1		1
(b) Other Diseases of the Spinal Cord ...		1			1				1	1		1	3	4		1		1	16	5	15
64. Cerebral Hæmorrhage, Apoplexy ...								1			1	2	1	3	5	9	4	7	32	38	70
65. Softening of Brain ...														1			1		1	2	3
66. Paralysis without specified cause ...										1		1	1	1	3	4	5	2	10	13	23
67. General Paralysis of the Insane ..										2	1	1	2						3	3	6
68. Other forms of Mental Alienation ...														1					1		1
69. Epilepsy ...				1		1		1	1			2		1	1		1		5	4	9
70. Convulsions (Non-puerperal; 5 years and over) ...										1	1							1	2	3	
71. Infantile Convulsions (under 5 years) ...	5	1		1		5	2										1		5	2	7
72. Chorea ...																					
73. Hysteria, Neuralgia, Neuritis ...																					
74. Other Diseases of the Nervous System ...	1				1						1		2						1	3	4
75. Diseases of the Eyes and Annexa ...																	2			2	2
76. (a) Mastoid Disease ...														1					1		1
(b) Other Diseases of the Ears ...	1		1			2	1		1		1								2	3	5
3. Diseases of the Circulatory System.																					
77. Pericarditis ...				1		1	1		1		2			1					3	4	7
78. Acute Myocarditis and Endocarditis ...						1		1	1	2	1	1		2		1			5	5	10
79. (a) Valvular Disease ...						1		3	3	1	4	2	7	9	2	8	11	11	15	22	14
(b) Fatty Degeneration of the Heart ...											1	2	2	2	3	6	3	4	6	1	3
(c) Other Organic Disease of the Heart ...								1			2	2	3	2	2	11	11	18	17	28	34
80. Angina Pectoris ...																					
81. (a) Aneurysm ...										1		2		3		2			7		7
(b) Arterial Sclerosis ...														3	1	2	3	11	7	3	2
(c) Other Diseases of Arteries ...														2	1	1		1		4	1
82. (a) Cerebral Embolism and Thrombosis ...											1										
(b) Other Embolism and Thrombosis ...											1	1						2	1		
83. Diseases of the Veins (Varices, Hæmorrhoids, Phlebitis, etc.)...																1					
84. (a) Status Lymphaticus ...	1				1						1								1		1
(b) Other Diseases of the Lymphatic System...																			1	1	2
85. Hæmorrhage; other Diseases of the Circulatory System...																					
4. Diseases of the Respiratory System.																					
86. Diseases of the Nasal Fossæ ...																					
87. Diseases of the Larynx ...						1													1		1
88. Diseases of the Thyroid Body ...																			1		1
89. & 90. Bronchitis ...	12	11	2	3		1	14	15	1	3			3	1	11	5	14	9	4	27	40
91. Broncho-Pneumonia ...	9	15	9	4	4	8	22	27	2		1	1		2	2	3		1	3	2	5
92. (a) Lobar Pneumonia ...		1		1	1	1	1	3	1			1	3	2	2		3	2	5	3	2
(b) Pneumonia (type not stated) ...	3	5	4		2		9	5			2	1	3	2	1	5	8	2	1	2	2
93. Pleurisy ...					1		1			1				1		2	1	1		1	1

Cause of Death.	AGES.																		Totals.	
	0 to 1	1 to 2	2 to 5	Total under 5	5 to 10	10 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	PER- CENTS					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.			
4. Diseases of the Respiratory System—con.																				
94. Pulmonary Congestion, Pulmonary Apoplexy			1		1						1		1	1	1	2	1	2	7	9
95. Gangrene of the Lung								1			1	1	1	4	1			1	3	10
96. Asthma										1								1	1	2
97. Pulmonary Emphysema														1					1	1
98. (a) Fibroid Disease of the Lung																				
(b) Other Diseases of the Respiratory System		1			1													1		1
5. Diseases of the Digestive System.																				
99. (a) Diseases of the Teeth and Gums		1			1														1	1
(b) Other Diseases of the Mouth and Annexa											1							2	1	3
100. Diseases of Pharynx, Tonsillitis	1				1			1				1								
101. Diseases of Esophagus									1	1	1	3	2	1		1	1		7	5
102. Perforating Ulcer of Stomach								1	1			1	1		1	1	1	1	6	6
103. (a) Inflammation of Stomach	3				3							1		1					5	5
(b) Other Diseases of Stomach	2				2							1		1						
104 & 105. (a) Infective Enteritis	5	5			5	5	1											5	6	11
(b) Diarrhoea (not returned as infective)	4	6			4	6								1		1		4	8	12
(c) Enteritis (not returned as infective)	10	2	1	1	1	12	3		1	1			2		2		1	13	9	22
(d) Gastro-Enteritis (not returned as infective)	11	4	2	1	1	14	6			1				1		1		14	9	23
(e) Dyspepsia (under 2 years of age)	1				1													1		1
(f) Colic											1							1	1	2
(g) Ulceration of Intestines								2		1	1	1			1			4	2	6
(h) Duodenal Ulcer																				
106. Ankylostomiasis																				
107. Other Intestinal Parasites						1	1	1		2	1		1		1			6	3	9
108. Appendicitis										2	1	2	4	1	2	2	2	1	6	11
109. (a) Hernia		1	1		2				1	1	1	2	3		1	1		2	10	12
(b) Intestinal Obstruction	1				1	2								1				3		3
110. Other Diseases of the Intestines																				
111. Acute Yellow Atrophy of Liver																				
112. Hydatid of Liver																				
113. (a) Cirrhosis of the Liver (not returned as alcoholic)								1				2	3	2				5	3	8
(b) Cirrhosis of the Liver (returned as alcoholic)											1							1		1
(c) Diseases formerly classed to "Other Diseases of Liver and Gall Bladder"												1	1		1				3	3
114. Biliary Calculi								1				2	1		1			2	3	5
115. Other Diseases of the Liver																				
116. Diseases of the Spleen					2		1		2									3	2	5
117. Peritonitis (cause unstated)								1										1		1
118. Other Diseases of the Digestive System																				
6. Non-Venereal Diseases of the Genito-Urinary System and Annexa																				
119. Acute Nephritis					1					1	2	2	3		1			5	4	9
120. Bright's Disease								3	1	1	4	6	3	7	6	7	5	4	4	29
121. Chyluria									2	1			1	1					2	3
122. Other Diseases of the Kidney and Annexa																				
123. Calculi of the Urinary Passages												1	3	8		5	1	1	18	1
124. Diseases of the Bladder																				
125. Diseases of the Urethra, Urinary Abscess, &c.											1	4		5		3		13		13
126. Diseases of the Prostate																				
127. Non-Venereal Diseases of Male Genital Organs																				
128. Uterine Hæmorrhage (Non-puerperal)								1											1	1
129. Uterine Tumour (Non-cancerous)																				
130. Other Diseases of the Uterus																				
131. Ovarian cyst, Tumour (Non-Cancerous)															1				1	1
132. Other Diseases of the Female Genital Organs											1								1	1
133. Non-puerperal Diseases of the Breast (Non-cancerous)																				

DEATHS REGISTERED FROM ALL CAUSES FOR THE YEAR, 1919—continued.

Cause of Death.	AGES.																		Totals.
	0 to 1	1 to 2	2 to 5	Total under 5	5 to 10	10 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					
7. The Puerperal State.																			
134. Accidents of Pregnancy									1									1	1
135. Puerperal Hæmorrhage									1									1	1
136. Other Accidents of Childbirth								2										2	2
137. Puerperal Fever								3	4	2								9	9
138. „ Albuminuria and Convulsions																			
139. „ Phlegmasia Alba Dolens, Embolism and sudden death																			
140. „ Insanity																			
141. „ Diseases of the Breast																			
8. Diseases of the Skin and of the Cellular Tissue																			
142. (a) Senile Gangrene											1		1	3	1			3	6
(b) Gangrene (other types)												1						1	1
143. Carbuncle, Boil									1			1						2	2
144. Phlegmon, Acute Abscess	1	1		1	2	1						1		1		1		4	6
145. Diseases of the Integumentary System	1			1				1				1	1	1			2	3	5
9. Diseases of the Bones and of the Organs of Locomotion.																			
146. Diseases of the Bones					1		1	1		1				1				4	5
147. Diseases of the Joints																			
148. Amputations																			
149. Other Diseases of Locomotor System																			
10. Malformations.																			
150. Congenital Malformations	18	13		18	13		1	1										20	33
11. Diseases of Early Infancy.																			
151. (a) Premature Birth	43	25		43	25													43	68
(b) Infantile Debility, Icterus, and Sclerema	34	11	1	35	11													35	46
152. Other Diseases peculiar to early Infancy	6	8		6	8	1												7	15
153. Lack of Care																			
12. Old Age.																			
154. (a) Senile Dementia													1	1	2			1	4
(b) Senile Decay											1		2	19	20	26	59	22	115
13. Affections Produced by External Causes.																			
155 to 163. Suicides																		68	183
164. Poisoning by Food									1	2	1	5	5	1	3			11	20
165. Other Acute Poisonings									1		1								
166. Conflagration																		2	2
167. Burns (Conflagration excepted)												1						2	2
168. Absorption of Deleterious Gases (Conflagration excepted)																		4	10
169. Accidental Drowning	2	1		2	1							1	1					3	6
170 to 176. Injuries																		1	3
177. Starvation					2	2	2	2	6	2	2	2	2	1	3	1	6	11	61
178. Excessive Cold																			
179. Effects of Heat																			
180. Lightning																			
181. Electricity (Lightning excepted)																			
182 to 184. Homicide																			
185. Fractures (cause not specified)		1			1						1							2	2
186. Other Violence											1							1	1
14. Ill-defined Causes.																			
187. Dropsy																			
188. (a) Syncope (aged 1 year and under 70)																		1	1
(b) Sudden death (not otherwise defined)																			
189. (a) Heart Failure (aged 1 year and under 70)																			
(b) Atrophy, Debility, Marasmus (aged 1 year and under 70)																			
(c) Teething													1		1			2	2
(d) Pyrexia																			
(e) Other ill-defined Deaths																			
(f) Cause not specified																			

TABLE No. 3.

Summary of Ages.

	0 to 1	1 to 2	2 to 5	Total under 5 years.	5 to 10	10 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	Totals.
General Diseases	42	30	43	115	29	28	81	129	120	143	187	123	40	2	997
Diseases of the Nervous System and of the Organs of Special Sense	14	9	3	26	6	3	3	7	15	26	28	38	24	7	183
Diseases of the Circulatory System	2	—	1	3	4	9	11	21	21	67	82	142	83	16	462
Diseases of the Respiratory System	56	25	18	99	8	4	11	16	29	51	72	108	88	30	516
Diseases of the Digestive System	57	6	4	67	4	2	4	13	9	14	27	18	14	2	174
Non-Venereal Diseases of the Genito-Urinary System and Annexa	—	—	—	—	1	—	1	6	8	16	24	27	17	1	101
The Puerperal State	—	—	—	—	—	—	5	4	4	—	—	—	—	—	13
Diseases of the Skin and of the Cellular Tissue	3	—	1	4	—	—	1	—	1	—	4	8	2	—	20
Diseases of the Bones and of the Organs of Locomotion	1	—	—	1	1	1	—	1	—	—	—	1	—	—	5
Malformations	31	—	—	31	—	1	1	—	—	—	—	—	—	—	33
Diseases of Early Infancy	126	1	—	127	1	—	—	—	—	—	—	—	—	—	128
Old Age	—	—	—	—	—	—	—	—	—	1	2	40	88	56	187
Affections produced by External Causes	4	2	7	13	9	5	6	5	13	16	18	9	9	5	108
Ill-defined Causes	—	—	—	—	—	—	—	—	—	—	1	1	—	1	3
Totals	336	73	77	486	63	53	124	202	223	334	445	515	365	120	2930

TABLE No. 4.

TOTAL BIRTHS, TOTAL DEATHS, AND INFANTILE DEATHS, *with corresponding rates, for each Ward and Registration Sub-District.*

In this Table the estimated population, total or civil, is distributed amongst the Wards and Sub-districts in the same proportion as at the 1911 Census; the transferred births are allocated to the Wards and Sub-districts in proportion to their respective populations, but some of the births which took place in St. Pancras institutions are not redistributed, but are allocated to the districts in which the institutions are situated; and deaths of residents which took place outside of the Borough and deaths in public institutions are classified in the respective Sub-districts and Wards of their previous residence.

Registration Sub-Districts.	Wards.	Net Births.	Birth-rate per 1,000 total population.	Net Deaths.	Death-rate per 1,000 civil population.	Deaths under 1 year of age.	Infantile Death-rate per 1,000 Births.
West ..	4	461	16·7	368	13·9	45	97
	5	478	14·3	409	12·8	45	94
		939	15·4	777	13·3	90	95
South ..	7	473	24·9	231	12·7	30	63
	8	403	14·2	380	13·9	48	119
		876	18·5	611	13·4	78	89
East ..	3	569	15·6	521	14·9	40	70
	6	483	20·3	303	13·3	55	114
		1052	17·5	824	14·3	95	90
North ..	1	563	15·1	396	11·1	44	78
	2	394	17·2	266	12·1	28	71
	—	957	15·9	662	11·5	72	75
No Address ..	—	—	—	56	—	1	—
Whole Borough	—	3824	16·7	2930	13·4	336	88

TABLE No. 5.—Showing the Birth rates, Death rates, and Infantile Mortality rates of England and Wales and certain of the large Towns, and of London and the Metropolitan Boroughs for 1919. (53 weeks ending 3rd January, 1920.)

	Population (Civilian) as Estimated by the Registrar- General in the middle of 1919.	Birth Rate.	Death Rate.	Infantile Mor- tality.		Population (Civilian) as Estimated by the Registrar- General in the middle of 1919.	Birth Rate.	Death Rate. (Crude).	Infantile Mor- tality.
England and Wales	35 993,000	18·5	13·8	89	County of London	4,358,309	18·3	13·4	85
Birmingham ..	861,585	20·3	13·6	88	WEST.				
Liverpool ..	772,665	23·5	16·8	107	Paddington ..	143,938	15·5	13·0	92
Manchester ..	741,068	18·2	14·0	95	Kensington ..	157,886	16·3	14·9	102
Sheffield ..	473,695	21·1	13·7	96	Hammersmith ..	130,981	16·6	12·6	99
Leeds ..	430,834	17·6	16·0	112	Fulham ..	152,543	18·6	12·1	83
Bristol ..	361,247	18·1	13·1	82	Chelsea ..	60,573	14·7	14·6	80
West Ham ..	287,966	24·1	13·3	84	City of Westminster ..	127,533	12·0	13·9	89
Bradford ..	282,714	13·6	15·9	111	NORTH.				
Hull ..	279,664	20·0	15·1	109	St. Marylebone ..	97,953	15·1	15·2	89
Newcastle-on-Tyne ..	275,099	23·3	16·9	119	Hampstead ..	88,012	12·7	11·2	81
Nottingham ..	257,573	18·2	14·1	104	St. Pancras ..	219,434	17·2	13·2	86
Portsmouth ..	224,846	22·3	12·6	71	Islington ..	323,034	18·2	14·1	86
Stoke-on-Trent ..	239,316	22·3	15·7	110	Stoke Newington ..	50,954	16·8	12·7	64
Salford ..	226,225	18·6	14·9	101	Hackney ..	216,736	18·6	13·0	82
Leicester ..	236,059	15·6	12·9	96	CENTRAL.				
Cardiff ..	204,436	18·3	11·9	92	Holborn ..	38,156	13·6	16·2	94
Bolton ..	177,462	16·1	14·4	88	Finsbury ..	75,291	20·7	15·2	86
Croydon ..	184,239	15·8	11·9	71	City of London ..	13,893	10·4	14·0	105
Willesden ..	160,917	16·7	10·6	83	EAST.				
Rhondda ..	177,911	22·6	11·4	111	Shoreditch ..	98,134	23·6	15·7	104
Sunderland ..	149,263	21·3	17·3	119	Bethnal Green ..	110,085	22·5	13·9	84
Oldham ..	137,668	16·1	15·9	95	Stepney ..	232,506	22·5	14·4	79
Tottenham ..	141,338	17·8	10·9	70	Poplar ..	153,644	24·8	14·4	83
West Ham ..	144,451	16·4	9·7	71	SOUTH.				
Birkenhead ..	118,052	22·2	13·5	96	Southwark ..	179,971	21·9	14·9	95
Blackburn ..	125,992	14·0	15·6	93	Bermondsey ..	124,239	21·6	13·7	92
Brighton ..	132,409	14·7	13·6	74	Lambeth ..	282,322	19·0	14·6	85
Walthamstow ..	127,684	16·8	9·9	73	Battersea ..	159,316	18·7	12·7	73
Leyton ..	123,896	16·1	11·0	75	Wandsworth ..	333,693	14·7	11·2	72
Derby ..	123,930	19·6	12·9	90	Camberwell ..	273,802	18·3	12·4	82
					Deptford ..	111,205	20·6	12·8	85
					Greenwich ..	98,484	19·2	13·5	92
					Lewisham ..	167,754	16·4	11·4	60
					Woolwich ..	136,237	19·3	12·2	85

TABLE No. 6.

METEOROLOGICAL TABLE FOR SAINT PANCRAS, 1919.

(Extracted from the Monthly Returns of the Meteorological Office.)

DEDUCED FROM OBSERVATIONS AT CAMDEN SQUARE, N.W., UNDER THE SUPERINTENDENCE OF H. ROBERT MILL, D.SC., LL.D.

		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Baro- meter.	*Mean Pressure at 32° F. at Station Level	29.636	29.698	29.71	29.86	29.967	30.03	29.941	29.911	29.929	30.057	29.689	29.74
Air Temperature.	Mean of { Maximum A.	42.6	41.0	47.4	55.1	70.8	72.3	68.9	76.0	69.4	54.7	44.1	48.1
	Mean of { Minimum B.	33.1	30.5	34.5	38.1	47.5	50.7	51.5	55.0	49.4	38.2	34.6	37.1
	Mean of A. and B.	37.9	35.8	40.9	46.6	59.1	61.5	60.2	65.5	59.4	46.4	39.4	42.6
	Difference from Average †	-0.9	-4.2	-2.0	-1.8	+4.0	+0.5	-4.1	+2.3	+0.8	-4.3	-4.9	+2.1
	Humidity—Morning	91%	92%	85%	77%	66%	63%	74%	69%	80%	84%	91%	90%
	Earth Temperature at 4 ft. depth	45.1	41.0	42.1	43.5	48.9	56.1	56.9	59.2	59.0	53.3	47.4	45.1
Bright Sunshine.	Total Observed (Daily mean)Hours	0.39	0.40	2.69	3.34	7.03	7.14	3.51	6.42	4.44	2.94	1.04	0.43
	Per cent. of total possible	5	4	23	24	46	44	22	45	36	28		
	Difference from Average †Hours	-0.67	-1.34	-0.15	-1.29	+1.38	+1.17	-2.17	+1.26	+0.31	+0.62		
Rain and other forms of Precipita- tion.	Number of Days... ..	22	14	21	18	4	9	14	11	10	9	23	27
	Total FallInches	3.22	2.65	3.62	3.93	0.33	1.51	1.75	2.37	1.29	0.69	1.38	3.47
	Difference from Average †	+1.38	+0.98	+1.77	+2.40	-1.46	-0.51	-0.67	+0.16	-0.51	-1.93	-0.98	+1.06

* The Readings for Pressure (Bar. 103 ft. above M.S.L.) given are those taken at Enfield; the hours of observation are 9 a.m. and 3 p.m., local time, no readings being recorded at Camden Square during 1919.

† The averages used are obtained from observations extending over 35 years for Rainfall, Temperature, and Sunshine.

TABLE No. 7.

Inspections and Re-inspections made by District Inspectors and temporary Women Inspectors and by Factory and Workshop (Male) Inspector during the year 1919.

DUTIES AND PREMISES.	MALE INSPECTORS.		TEMPORARY WOMEN INSPECTORS.		TOTAL.	
	Inspection.	Re-inspection.	Inspection.	Re-inspection.	Inspection.	Re-inspection.
DISTRICT INSPECTORS.						
INFECTIOUS DISEASES—Inquiry, removal, disinfection, etc. ..	30	7	3396	5	3426	12
Subsequent sanitary inspection, etc. ..	487	351	1147	559	1634	910
COMPLAINTS	2825	8309	8	—	2833	8309
DRAINAGE—Under notice. Plans, supervision, etc. ..	200	2039	—	—	200	2039
Voluntary	1500	2910	—	—	1500	2910
New Buildings	109	199	—	—	109	199
Drain Tests	22	—	—	—	22	—
YARDS OF MEWS AND STABLES	3881	29	—	—	3881	29
HOUSING, TOWN PLANNING, ETC., ACT, 1909: 17 (1).—						
First Inspections	505	1045	—	—	505	1045
Subsequent routine Inspections	1424	4312	—	—	1424	4312
Inspections of registered tenement houses other than above	240	743	—	—	240	743
Other house-to-house Inspections	1	5	—	—	1	5
Visits to closed underground rooms	8	—	—	—	8	—
SMOKE SHAFTS OBSERVED	79	—	—	—	79	—
REGULATED TRADES. Offensive Trades	1	—	—	—	1	—
Rag and Bone dealers	5	—	—	—	5	—
Other effluvia businesses	—	—	—	—	—	—
INSPECTIONS OF MARKET STREETS	—	—	—	—	—	—
OTHER DUTIES	1856	20	—	—	1856	20
FOOD CONTROL	5199	4	—	—	5199	4
TOTALS.. .. .	18372	19973	4551	564	22923	20537
FACTORY & WORKSHOP (MALE) INSPECTOR.						
FACTORIES	270	363	—	—	270	363
LAUNDRIES—Factories	—	—	—	—	—	—
Workshops	1	—	—	—	1	—
BAKEHOUSES—Factories	72	92	—	—	72	92
Workshops	278	191	—	—	278	191
RESTAURANT KITCHENS	141	149	—	—	141	149
OTHER WORKSHOPS	438	594	—	—	438	594
OTHER WORKPLACES	26	47	—	—	26	47
OTHER DUTIES.. .. .	41	2	—	—	41	2
FOOD CONTROL	696	1	—	—	696	1
TOTALS.. .. .	1963	1439	—	—	1963	1439

Inspections and Re-Inspections and other work of the Food Inspectors during 1919.

DUTIES AND PREMISES.								Visits and In- spections.			Re-Inspections after Intimation Notices.		
								Mr. Auger.	Mr. Child.	TOTALS.	Mr. Auger.	Mr. Child.	TOTALS.
Milkshops	..	..	..	..	..	..	..	89	347	436	—	—	—
Dairies	..	..	..	..	..	..	..	120	11	131	—	—	—
Cowsheds	..	..	..	..	..	..	..	1	2	3	—	—	—
Other Premises of Milk Purveyors	..	..	..	..	..	..	..	1	6	7	—	—	—
Margarine Factories	..	..	..	..	..	..	..	—	—	—	—	—	—
Butter Factories	..	..	..	..	..	..	..	—	—	—	—	—	—
Ice Cream Premises	..	..	..	..	..	..	..	42	90	132	—	—	—
Slaughter Houses	..	..	..	..	..	..	..	30	113	143	—	—	—
Premises where Prepared Meats are made (sausages, pies, tripe, cooked meat, &c.)	..	..	..	..	..	..	..	21	101	122	—	—	—
Butchers' Shops	..	..	..	..	..	..	..	11	125	136	—	—	—
Fishmongers' Shops	..	..	..	..	..	..	..	8	41	49	—	—	—
Fried Fish Shops and Fish Curer's premises	..	..	..	..	..	..	..	15	128	143	—	—	—
Marketing Places	..	..	..	..	..	..	..	1608	1354	2962	—	—	—
Other Premises where Food or Drugs are sold	..	..	..	..	..	..	..	8	7	15	—	—	—
Other Visits	..	..	..	..	..	..	..	46	201	247	—	—	—
TOTAL								2000	2526	4526	—	—	—
SAMPLES, &c., TAKEN.								Formal Samples			Informal Samples		
No. of Milk samples	..	..	..	..	..	..	..	183	201	384	—	—	—
„ Cream samples	..	..	..	..	..	..	..	—	—	—	—	—	—
„ Butter and Margarine samples	..	..	..	..	..	..	..	27	2	29	—	1	1
„ Other samples (specified below)—	..	..	..	..	..	..	..	—	8	8	—	—	—
Lard	..	..	..	..	..	..	..	—	19	19	—	—	—
Dripping	..	..	..	..	..	..	..	6	12	18	—	—	—
Custard powder	..	..	..	..	..	..	..	35	23	58	—	—	—
Flour	..	..	..	..	..	..	..	8	6	14	—	—	—
Baking Powder	..	..	..	..	..	..	..	9	12	21	—	—	—
Mustard	..	..	..	..	..	..	..	3	3	6	—	—	—
Egg Powders	..	..	..	..	..	..	..	—	9	9	—	—	—
Arrowroot	..	..	..	..	..	..	..	4	—	4	—	—	—
Rice	..	..	..	..	..	..	..	12	7	19	—	—	—
Pepper	..	..	..	..	..	..	..	1	—	1	—	—	—
Honey	..	..	..	..	..	..	..	28	12	40	—	—	—
Cocoa	..	..	..	..	..	..	..	36	38	74	—	—	—
Vinegar	..	..	..	..	..	..	..	3	3	6	—	—	—
Olive oil	..	..	..	..	..	..	..	17	7	24	—	—	—
Camphorated oil	..	..	..	..	..	..	..	2	1	3	—	—	—
Salad oil	..	..	..	..	..	..	..	—	12	12	—	—	—
Glycerine	..	..	..	..	..	..	..	—	—	—	—	—	—
TOTAL								374	375	749	—	1	1

TABLE NO. 8—*con.**Inspections and Re-inspections and other work of the Food Inspectors during 1919.*

DUTIES AND PREMISES.								Visits and In- spections.			Re-Inspections after Intimation Notices.		
								Mr. Auger.	Mr. Child.	TOTALS.	Mr. Auger.	Mr. Child.	TOTALS.
FOOD CONTROL (No. of Samples, Inspections, &c.) ..								746	990	1736	—	—	—
UNSOUND FOOD.													
No. of surrenders and seizures :—								SURRENDERED			SEIZED		
Meat, &c.	..	..	..	..	..	..	..	5	17	22	—	—	—
Fish	..	..	..	..	..	..	..	11	9	20	—	—	—
Shellfish	..	..	..	..	..	..	..	—	2	2	—	—	—
Other Foods (specified below) :—													
Fruit	..	..	..	..	..	..	..	1	5	6	—	—	—
Eggs	..	..	..	..	..	..	..	1	1	2	—	—	—
Dates	..	..	..	..	..	..	..	6	10	16	—	—	—
Vegetables	..	..	..	..	..	..	..	1	8	9	—	—	—
Currants (Dried)	..	..	..	..	..	..	..	1	—	1	—	—	—
Corned Beef	..	..	..	..	..	..	..	2	1	3	—	—	—
Rabbits	..	..	..	..	..	..	..	2	7	9	—	—	—
Hares	..	..	..	..	..	..	..	1	—	1	—	—	—
Jam	..	..	..	..	..	..	..	1	2	3	—	—	—
Cheese	..	..	..	..	..	..	..	4	5	9	—	—	—
Margarine	..	..	..	..	..	..	..	—	1	1	—	—	—
Butter	..	..	..	..	..	..	..	—	2	2	—	—	—
TOTAL								36	70	106	—	—	—
Inspections of Registered Canal Boats								6	—	6	—	—	—

TABLE No. 9.

Visits, etc., made by Women Inspectors during 1919.

	First Visits.										Subsequent Visits.										Call made but admission not obtained.												
	Miss Bibby.	Miss Smith.	*Miss Payne.	*Miss MacKenzie.	Mrs. Hunter.	Miss Anderson.	Miss Blaxland.	Miss Camman.	Miss Parnell.	+Miss Witt.	Total.	Miss Bibby.	Miss Smith.	*Miss Payne.	*Miss MacKenzie.	Mrs. Hunter.	Miss Anderson.	Miss Blaxland.	Miss Camman.	Miss Parnell.	+Miss Witt.	Total.	Miss Bibby.	Miss Smith.	*Miss Payne.	*Miss MacKenzie.	Mrs. Hunter.	Miss Anderson.	Miss Blaxland.	Miss Camman.	Miss Parnell.	+Miss Witt.	Total.
Infants	—	317	2	—	452	680	4	14	—	1	4	1474	337	—	—	270	418	17	5	—	—	1047	305	—	—	176	515	2	4	—	—	1002	3523
Expectant Mothers ...	—	104	—	—	71	22	2	6	—	—	—	205	72	—	—	22	16	1	4	—	—	115	77	—	—	14	6	—	—	—	—	97	417
Ophthalmia Neonatorum	—	35	—	—	1	—	—	3	—	—	—	40	71	—	—	—	—	2	4	—	—	77	33	—	—	—	—	1	1	—	—	35	152
Puerperal Fever ...	—	16	—	—	—	—	—	—	—	—	—	16	2	—	—	—	—	—	—	—	—	2	4	—	—	—	—	—	—	—	—	4	22
Tuberculosis ...	9	—	—	—	—	3	360	13	535	29	949	—	1	—	—	—	2	712	4	636	11	1366	—	—	—	—	—	354	—	115	4	473	2788
Measles and German Measles ...	—	17	13	16	108	172	54	1284	44	25	1733	—	12	2	—	35	56	11	116	5	1	238	—	2	—	—	24	13	64	—	4	107	2078
Whooping Cough ...	—	—	—	—	4	11	—	13	—	—	28	—	—	—	3	5	—	1	—	—	9	—	—	—	—	—	—	1	—	—	—	1	38
Scabies ...	—	—	41	23	—	—	—	—	—	—	64	—	10	—	—	—	—	—	—	—	10	—	2	2	—	—	—	—	—	—	—	2	76
Other Cases of Illness ...	—	22	30	68	142	108	16	51	176	—	613	—	9	23	1	30	46	52	6	68	235	—	2	2	—	—	27	11	—	3	45	893	
Vermineous Persons ...	—	—	13	24	—	1	—	—	—	—	38	—	—	5	—	—	2	—	—	—	7	—	—	—	—	—	1	—	—	—	—	6	51
To Hospitals and other Voluntary Institutions	267	491	—	—	261	113	247	27	136	7	1549	—	—	—	—	—	1	—	10	—	3	14	—	—	—	—	—	1	—	—	—	1	1564
Domestic Workshops ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Home Workplaces ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Laundries—Factory ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ —Workshop ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Restaurant Kitchens ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Factories ...	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
„ Workshops ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ Workplaces ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Attendances at Committees, &c. ...	141	12	—	—	1	—	—	—	—	—	154	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	154
Other Visits and Inspections ...	51	26	6	—	203	33	3	185	1	18	526	—	1	—	—	13	8	17	15	—	4	58	—	6	—	—	12	3	3	—	2	26	610
TOTALS ...	469	1040	105	131	1243	1143	687	1596	893	83	7390	505	40	1	373	554	812	165	709	19	3178	429	9	—	190	585	385	73	118	10	1799	12367	

* Exclusive of those shown in Table 7.

† Voluntary worker.

TABLE NO. 10.

Total Number of Inspections and Re-inspections made by individual Inspectors and Visitors during the year 1919.

Inspector.	Inspection.	Re-inspection.	Call made but admission not obtained.	" Food Control."		Total.
				Inspection.	Re-inspection.	
1. Mr. Rackham	798	2189	—	580	—	3567
2. „ Brown	874	2581	—	699	—	4154
3. „ *Thompson	1071	1802	—	367	—	3240
4. „ *Pottier	1046	558	—	239	—	1843
5. „ Molloy (Temp. Inspector)	397	905	—	—	—	1302
6. „ Dillon	744	2161	—	598	—	3503
7. „ James	1511	2528	—	523	4	4566
8. „ Akers	1850	1369	—	580	—	3799
9. „ *Lonnnon	1145	1191	—	226	—	2562
10. „ *Adkins	960	1579	—	393	—	2932
11. „ Jaffa	1969	2010	—	494	—	4473
12. „ Walker	795	1075	—	500	—	2370
13. „ †Landen	—	—	—	—	—	—
14. „ West (Factories and Workshops) ...	1280	1459	—	696	1	3436
15. „ Auger } (Food and	2416	—	—	746	—	3162
16. „ Child } Food premises.)	2971	1	—	990	—	3962
17. Miss Bibby	469	—	—	—	—	469
18. „ Smith	1040	505	429	—	—	1974
19. „ Payne	1887	337	9	—	—	2233
20. „ MacKenzie	2900	268	—	—	—	3168
21. Mrs. Hunter	1243	373	190	—	—	1806
22. Miss Anderson	1143	554	585	—	—	2282
23. „ Blaxland	687	812	385	—	—	1884
24. „ Camman	1596	165	73	—	—	1834
25. „ Parnell	893	709	118	—	—	1720
26. „ †Witt	83	19	10	—	—	112
Totals	31768	25150	1799	7631	5	66353

* Absent on military service during part of the year.

† Absent sick leave.

‡ Voluntary worker.

TABLE No. 11.

INTIMATIONS as to Nuisances and Breaches of Statutes and By-laws served by the Sanitary Inspectors during 1919, and the resulting STATUTORY NOTICES in 1919 and the early part of 1920.

Schedule of Nuisances.							Intima- tions.	Statutory Notices.
1	Part of the house in a dirty condition ...	...	...	...	...	...	1005	546
2	" " damp "	...	...	...	...	...	202	97
3	Roof defective ...	...	...	...	...	...	868	375
4	Guttering defective ...	...	...	...	...	...	129	64
5	Water fittings defective ...	...	...	...	...	...	341	107
6	Water-closet apartment with absence of external ventilation ...	...	...	...	...	...	14	5
7	" " so foul as to be a nuisance or dangerous to health	...	...	...	...	...	43	18
8	Water-closet basin foul ...	...	...	...	...	...	80	48
9	" " defective ...	...	...	...	...	...	125	30
10	" " choked ...	...	...	...	...	...	159	23
11	Urinal in a foul condition ...	...	...	...	...	...	2	—
12	Privy in a foul condition ...	...	...	...	...	...	—	—
13	Soil pipe defective ...	...	...	...	...	...	27	9
14	" unventilated ...	...	...	...	...	...	11	3
15	" improperly ventilated ...	...	...	...	...	...	2	1
16	Absence of waste pipe to sink, lavatory or bath ...	...	...	...	...	...	10	4
17	Waste pipe of sink, lavatory, or bath connected with drain ...	...	...	...	...	...	6	2
18	" " " " defective ..	...	...	...	...	...	88	44
19	" " " " " foul ...	...	...	...	...	...	25	4
20	Inlet of drain improperly trapped ...	...	...	...	...	...	4	2
21	Drain defective ...	...	...	...	...	...	110	46
22	" stopped ...	...	...	...	...	...	164	25
23	" ventilating pipe defective ...	...	...	...	...	...	38	20
24	Rain-water pipe in direct communication with drain ...	...	...	...	...	...	12	4
25	" " defective ...	...	...	...	...	...	175	83
26	Unpaved condition of roadway ...	...	...	...	...	...	—	—
27	Undrained " ...	...	...	...	...	...	1	—
28	Area or part unpaved ...	...	...	...	...	...	3	—
29	" undrained ...	...	...	...	...	...	—	—
30	Yard or space unpaved ...	...	...	...	...	...	5	1
31	" " undrained ...	...	...	...	...	...	—	—
32	Defective condition of washhouse paving ...	...	...	...	...	...	55	31
33	Dust-bin defective ...	...	...	...	...	...	318	127
34	" in an improper position ...	...	...	...	...	...	2	—
35	Accumulation of stagnant water which is a nuisance dangerous to health	...	...	...	...	...	17	—
36	Accumulation or deposit which is a nuisance dangerous to health	...	...	...	...	...	117	37
37	Animals kept in such a manner as to be a nuisance dangerous to health	...	...	...	...	...	25	5
38	Part of the house so overcrowded as to be dangerous to health	...	...	...	...	...	22	18
39	Space below floor in basement or ground floor insufficiently ventilated	...	...	...	...	...	26	9
40	Issuing of black smoke in such a quantity as to be a nuisance	...	...	...	...	...	5	1
41	Discharging smoke in such a manner as to cause part of a building to be a nuisance dangerous to health	...	...	...	...	...	2	—
42	Tent, van, shed, or similar structure used as a human habitation which is in such a state as to be injurious or dangerous to the health of the inmates ...	...	...	...	...	...	—	—
43	Other nuisances ...	...	...	...	...	...	379	142
Total ...							4617	1931

TABLE No. 12.

Registered Tenement Houses—Breaches of By-Laws.							Intima- tions.	Statutory Notices.
1	Overcrowding	...	...	...	...	...	6	—
2	Inadequate water supply	...	...	...	...	...	—	—
3	Contaminated water supply	...	...	...	...	...	—	—
4	Foul closet, basin or trap	...	...	...	...	...	18	3
5	Want of means of ventilation	...	...	...	...	...	—	—
6	Want of annual cleansing	...	...	...	...	...	4	—
7	Want of cleansing of the part or parts of premises used in common	...	...	...	...	...	338	134
8	" " " in sole use	...	...	...	...	...	370	156
9	Want of cleansing of the room or part of the dwelling	...	...	...	...	...	20	12
10	Animals improperly kept	...	...	...	...	...	1	—
11	Other breaches	...	...	...	...	...	7	1
Total							764	306

TABLE No. 13.

Factories, Workshops and Work Places—Breaches of Statutes.						Intimations.	Statutory Notices.
1	Want of cleanliness	...	...	...	...	92	34
2	Want of ventilation	...	...	...	...	1	—
3	Want of air space, overcrowding	...	...	...	...	—	—
4	Sanitary accommodation, absent or insufficient	...	...	...	...	7	2
5	" " unsuitable or defective	...	...	...	...	154	25
6	" " not separate for sexes	...	...	...	...	5	2
7	Want of drainage of floors	...	...	...	...	—	—
8	Other nuisances	...	...	...	...	114	20
9	Illegal occupation of underground bakehouse...	...	...	...	...	2	—
10	Breach of special sanitary requirements for bakehouses...	...	...	...	...	130	6
11	Failure as regards list of outworkers	...	...	...	...	—	—
12	Giving out work to be done in premises which are unwholesome	...	...	...	...	—	—
13	" " " infected	...	...	...	...	—	—
14	Allowing wearing apparel to be made in premises infected by scarlet fever or small-pox	...	...	...	...	—	—
15	Other contraventions	...	...	...	...	10	2
Total						515	91

TABLE No. 14.

Breaches of other Statutes and Statutory By-laws.	Intimations.	Statutory Notices.
1 An occupied house without a proper and sufficient supply of water	19	6
2 Water supply used for domestic purposes connected with cistern which is used for flushing the water-closet ...	—	—
3 Water-closet not supplied with a sufficient quantity of water for securing its effective action ...	218	76
4 Tank, cistern, or other receptacle for storing of water used or likely to be used by man for drinking purposes—dirty condition of	31	10
5 Tank, cistern, or other receptacle for storing water used or likely to be used by man for drinking purposes—absence of a proper cover to ...	28	13
6 Tank, cistern, or other receptacle for storing water used or likely to be used by man for drinking purposes placed in an improper position ...	1	—
7 Animals so kept as to be likely to pollute the water supply ...	1	—
8 Offensive matters not deposited in manure receptacle ...	4	—
9 Manure not removed at proper intervals ...	4	—
10 Manure—absence of proper receptacle for ...	5	1
11 Manure receptacle not properly constructed ...	—	—
12 Sufficient drain to stables or cowshed—absence of a ...	1	—
13 Receptacle for house refuse—absence of a proper ...	315	151
14 Receptacle for house refuse—absence of a proper cover for ...	9	1
15 Yard or open space unpaved ...	2	—
16 „ paving defective ...	108	55
17 Insufficient water-closet accommodation to “lodging house” ...	20	12
18 A furnace improperly constructed or negligently used ...	1	—
19 Effluvia arising from premises used for trade, business, or manufacture which is a nuisance dangerous to the inhabitants of the district ...	1	—
20 Offensive matters suffered to run out of trade premises into an uncovered place ...	—	—
21 Dairies and cowsheds—breach of By-laws as to ...	—	—
22 Slaughterhouses—breach of By-laws as to ...	1	—
23 Steam whistle—use of a, without authority ...	1	—
24 Parts of houses infested with vermin requiring stripping, purifying, and cleansing ...	289	130
25 Articles in an unwholesome condition requiring to be purified or destroyed ...	5	2
26 Underground room illegally occupied as a dwelling ...	4	1
27 Other breaches ...	47	24
Total ...	1115	482

