#### [Report of the Medical Officer of Health for Hanover Square].

#### **Contributors**

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### THE VESTRY

OF THE

# Parish of Saint George,

HANOVER SQUARE.

# MEDICAL OFFICER'S REPORT

FOR THE

YEAR ENDED 31st DECEMBER, 1892.

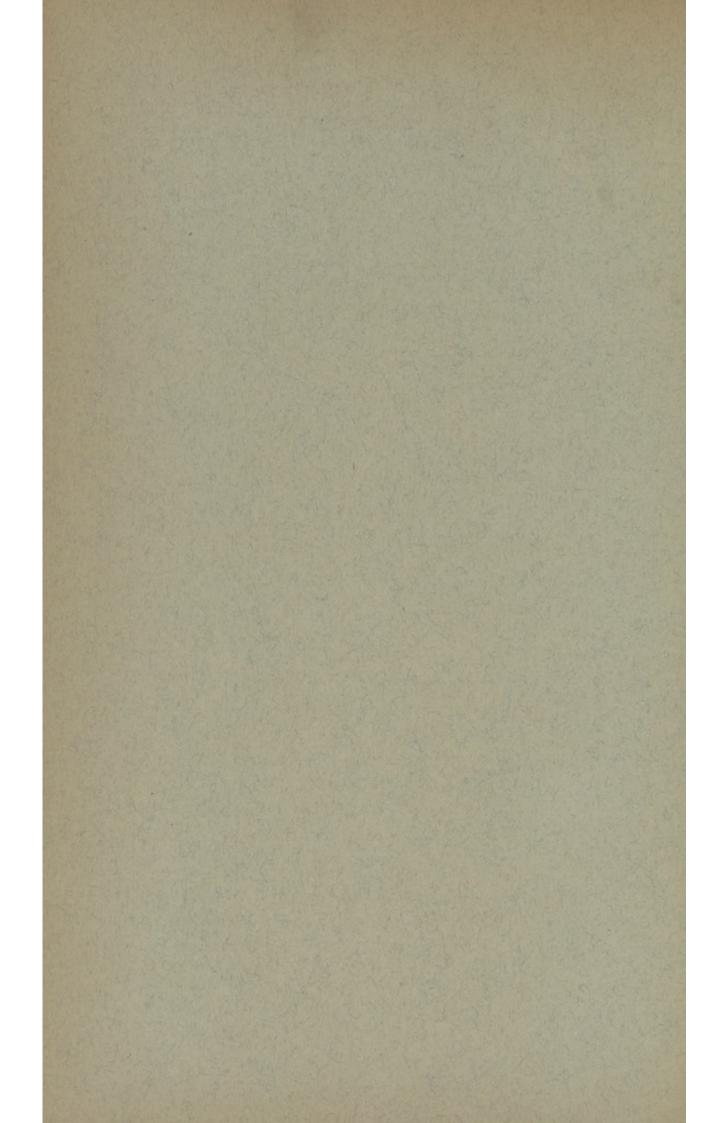
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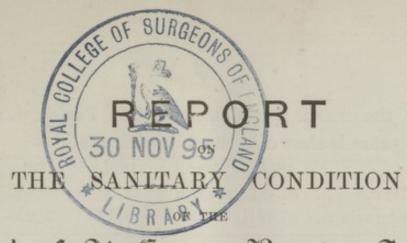


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1893.





# Parish of St. George, Hanover Square, for the year 1892,

BY

W. H. CORFIELD, M.A., M.D. (Oxon), F.R.C.P. (LOND.),

Professor of Hygiene and Public Health in University College, London; Past President of the Society of Medical Officers of Health; Honorary Member of the Society of Hygiene of France; Honorary Corresponding Member of the Royal Society of Public Health of Belgium; of the Imperial Society of Medicine of Constantinople; and of the Royal Society of Hygiene of Italy; Fellow of the Medical Society of Sweden.;

MEDICAL OFFICER OF HEALTH

(BEING HIS TWENTY-FIRST ANNUAL REPORT)

+>-4+

To the Vestry of the Varish of St. George,

My Lords and Gentlemen,

The total number of deaths registered in the Parish during the 52 weeks ending December 31st, 1892, was 1,751, against an average of 1,833 during the preceding ten years. Of these deaths, 564 were those of Non-Parishioners, leaving 1,187 deaths of Parishioners. To these, however, must be added 147 deaths of our Parishioners in Public Institutions in the Metropolis outside of the Parish and in the extra Metropolitan Asylums, so that the corrected total of deaths of our Parishioners was only 1,334, or 77 less than the average during the preceding ten years.

The New Tables, A and B, issued by the Local Government Board in December, 1891, require the population, for purposes of calculation of the death-rates, &c., to be an estimated population at the middle of the year.

Now the census population of this Parish during the last 40 years is shown in the following table:—

	1851.	1861.	1871.	1881.	1891.
Mayfair	33,181	32,648	31,720	30,353	23,734
Belgravia	40,024	55,063	58,038	59,220	54,628
Whole Parish	73,205	87,711	89,758	89,573	78,362

from which it appears that there was a considerable increase between 1851 and 1861, a slight increase between 1861 and 1871, and that between 1871 and 1881 the population was practically stationary.

According to the census figures, there was a sudden and remarkable decrease in the population between 1881 and 1891, amounting to more than a fifth of the population of Mayfair, and to more than an eighth of the population of Belgravia. I have given in previous reports my reasons for believing that the enumeration of the population of this Parish in 1891 was erroneous and useless for statistical purposes. I have, therefore, since 1881, considered the population to be stationary, and have used for my calculations the census population of that year.

Now that it is necessary to estimate the population for the middle of 1892, taking into account the census population of 1891, I have, in order to eliminate the census error as far as possible, made my calculation on the apparent increase between 1851 and 1891, which gives the following results:—

Mayfair	-	-	23,487
Belgravia	-	-	55,162
Whole Parish	-	-	78,649

and using these figures, although the total is, I have little doubt, some thousands below the real population, the calculated death-rates in the Parish are as follows:—

Mayfair -	-	-	11.62)	per 1,000
Belgravia	-	-	19.25	
Whole Parish	-	-	16.97)	per annum.

TABLE I.

YEAR.	Gross Total of Deaths.	Deaths in Public Institutions.	Proportional Share of Deaths in Public Institutions	Corrected Total of Deaths. (52 weeks).	Corrected Death-rate per 1,000 per annum (52 weeks)
1882	1,867	730	361	1,498	16.73
1883	1,845	829	390	1,406	15.70
1884 (53 weeks)	1,873	769	384	1,460	16.30
1885	1,773	766	436	1,443	16.11
1886	1,900	797	435	1,538	17.17
1887	1,727	762	473	1,438	16.05
1888	1,817	861	482	1,438	16.05
1889	1,664	756	363	1,271	*15.82
1890 (53 weeks)	1,986	997	340	1,304	*16.46
		Deaths of Non- Parishioners in the Parish.	Deaths of Parishioners in Public Institutions outside the Parish.		
1891	1,877	904	144	1,312	*16.22
Average during ten years, 1882-1891	1,833			1,411	*16.70
1892	1,751	564	147	1,334	16.97
Average during ten years, 1883-1892	1,821			1,395	*16.33

<sup>\*</sup> Calculated on the estimated populations reckoned backwards from 1891.

DEATHS OF PARISHIONERS IN PUBLIC INSTITUTIONS.

		Mayfair.	Belgravia.	Sub- District not stated.	TOTAL.
Fulham Road Workhouse		9	74	42	125
St. George's Union Workhous	se	1	3		4
St. George's Hospital		20	59	7	86
Belgrave Children's ditto			5		5
St. Gabriel's ditto					
Other Places in the Parish			1	5	-6
Total in the Parish		30	142	54	226
In Public Institutions in Lon side of the Parish, and in t			San		
Metropolitan Asylums		30	91	26	147

Table I. shows that the corrected total of deaths, which is an absolute, and not merely a calculated number, was 1,334, or 22 above that for 1891, but 76 below the average for the previous ten years.

Table Ia.

Death-rates per 1,000 per annum.

	1883	1884	1885	1886	1887	1888	1889	1890	1891	1892
28 Large Eng- lish Towns -	21.6	21.6	20.6	20.9	20.8	19.2	19:3	21.3	22.3	*20.7
London	20.4	20.4	19:8	19.9	19.6	18.5	18.3	21.5	21.4	20.6
Greater London	19.7	19.7	19.2	19 3	18.9	17.8	17.3	20.1	19.8	19.3
St. George's, Hanover sq,	15.70	16:30	16.11	17:17	16.05	16.05	14.19	14.56	14.65	16.97

\*33 Towns.

From Table IA, we see that the death-rate of London proper amounted to 20.6, which was lower than the rates of the two preceding years by nearly 1 per thousand.

The death-rate of greater London with an estimated population of 5,752,204, was 19.3, or rather less than in the preceding year, but nearly 2½ per 1,000 higher than the death-rate of this parish.

The death-rate of the 33 largest English towns was 20.7, which is 1.6 per 1000 lower than that recorded for the previous year for the 28 largest English towns. As usual the death-rate of this parish was lower than that of any one of the 33 largest English towns, with the sole exception of Croydon (15.8), the nearest to it being:—

	Bradford			 	18.0
	Huddersfield			 	18.1
	Leicester			 	18.2
	Derby			 	18.3
	Portsmouth			 	18.5
	Nottingham			 	18.7
	Cardiff			 	18.8
	Plymouth			 	18.8
and t	the highest be	ing:-	-		
	Oldham			 	22.0
	Bolton			 	22.8
	Manchester			 	23.8
	Preston			 	24.1
	Salford			 	24.6
	Liverpool			 ***	24.7
	*				

The death-rate of Edinburgh was 19.4, or nearly the same as that of Greater London (19.3), that of Glasgow 22.7, and that of Dublin 29.3.

As usual the lowest death-rates in Foreign cities were much higher than the death-rate of this parish, the nearest to it being those of :—

Christiania		 		19.3
Berlin		 		19.6
Copenhagen		 		19.9
Amsterdam	1			20.0
Stockholm	5	 •••		20.0
and the highest be	ing—			
Bombay		 		32.1
Moscow		 	***	36.9
Hamburg		 		39.7
Alexandria		 1 1		41.3
Madras		 95		46.0
Cairo		 		47.0

Most of these rates are somewhat lower than those of 1891, the rates for Madras and Cairo being as much as  $6\frac{1}{2}$  per 1000 below those of 1891.

In Paris the rate was 22.4, and in Vienna it was 24.3.

TABLE II.

			Birth-rate	DEATHS O	F CHILDREN UN	DER 1 YEAR.	
	YEAR.		Registered Births.	per 1.000 per annum (52 weeks.)	Total.	Percentage to Registered Births.	Percentage to Total Deaths of Parishioners
1891			1,610	17:96	216	13.41	16.45
1892			1,519	19:31	220	14.48	16 49

From Table II. we see that the number of births in the Parish was 1,519, and that the birth-rate was 19:31 per thousand per annum, as against 17:96 in 1891.

The birth-rate for London proper was 30.9 (which is the lowest that has ever been recorded for London, with the single exception of 1890, when it was only 30.7), that of greater London being 30.7, and that of the outer ring 29.9.

The average birth-rate of the 33 largest English towns was 31.9, or 0.7 per thousand lower than that of 1891, the highest being those of Salford, 30.9; West Ham, 37.0; and Sunderland, 37.1; and the lowest those of Halifax, 25.9; Brighton, 25.5; and Huddersfield, 25.0.

The number of deaths of children under one year of age (Parishioners; see Table A) was 220; the percentage of such deaths to registered births was 14.48, and to total deaths of parishioners, 16.49; thus the mortality of children under one year of age was 145 to a thousand births, or 13 less than in 1891, while in London generally it was 155, and the average for the 33 largest English towns was 164,

the highest being Leicester, 196; Blackburn, 198; and Preston, 216, deaths of children under one year of age to a thousand births.

TABLE III.

YEAR. Persons			C.	D.	Percentages to Gross Total of Deaths.				
I BAIL	aged sixty years and upwards.	Violence.	Inquest Cases.	Un- certified.	Α.	В.	C.	D.	
1883	537	93	126	27	29-11	5.05	6.8	1.46	
1884	543	106	132	31	28.99	5.66	7.0	1.66	
1885	557	79	106	22	31.42	4.46	6.0	1.25	
1886	604	79	135	41	31.79	4.16	7.1	2.15	
1887	521	88	122	20	30.17	5.09	7.0	1'15	
1888	541	90	124	22	29 77	4.95	6.8	1.21	
1889	523	77	116	30	31.43	4.63	7.0	1.80	
1890	650	94	130	22	32.73	4.73	6.5	1.10	
1891	627	95	144	17	33 38	5.05	7.6	0.97	
1892	581	115	159	15	33.18	6.57	9.1	0.87	
London							-		
1892	21,826	3,230	6.881	804	24.87	3.67	7.8	0.92	

From Table III. it appears that there were 581 registered deaths of persons aged 60 and upwards, giving a percentage of 33.18 of the gross total of deaths, as against a percentage for London generally of only 24.87. There were, however, (see Table IIIA.), only 396 deaths of parishioners of 60 years and upwards, giving a percentage of 29.66 of the corrected total of deaths. From Table III. we also see that no less than 115 violent deaths were registered in the parish, being 6.57 per cent. of the total deaths, but of the 115 deaths registered under this heading, only 50 were those of parishioners (see Table IIIA.), giving a percentage of 3.7 of the corrected total of deaths, which is almost exactly the same as that of London generally, although considerably higher than the rate for the Parish in 1891. This shows the importance of reckoning only the deaths of parishioners under this heading, which I am now able to do. The Inquest cases held in the Parish numbered 159, being more than in any previous year mentioned in the Table. They were equivalent to 9.1 per cent. of the gross total of deaths, as against 7.8 in London generally.

TABLE IIIA.

Non-Parishioners excluded.

YEAR.	A Persons aged *ixty	B Violence	Percentages Total of	to corrected Deaths.
	years and upwards.	· macino	A	В
1890	404	33	30.82	2.5
1891	405	37	30.85	2.8
1892	396	50	29.66	3.7

The number of registered deaths uncertified as to cause was 15, or 2 less than in 1891, and equivalent to 0.86 per cent. of the gross total of deaths, as against 0.9 per cent. in London generally.

TABLE IV.

SUB-DISTRICT.	Population at middle of 1892.	Births.	Birth-rate.	Deaths of Parish- ioners.	Deaths (corrected).	Death-rate (corrected).
Hanover Square Mayfair	23,487	266	11.32	251	273	11.62
Belgravia	55,162	1,253	22.71	1,010	1,061	19.25
Sub - district not stated	Silv ist			73		
Whole Parish	78,649	1,519	19.31	1,334	1,334	16.97

TABLE IVA.

		BIRTH-RATES.						DEATH-RATES,												
	1883.	1884.	1885.	1886.	1887.	1888	1889.	1890.	1891.	1892	1883.	1884.	1885.	1886.	1887.	1888.	1889.	1890.	1891.	1892
Hanover Sq Mayfair	17·08 16·61				- 13.67	13.74	11.83	9.95	8.95	11.32	14.65				> 12.75	13.47	12:00	9.32	10.08	11.6
Belgravia	23.07	23.87	22.24	22.46	22:53	21:31	22.14	21:34	22.59	22.71	16.99	17.40	17:49	18.79	17:75	17:38	15.27	17.24	17:00	19.2
Whole Parish	20.07	91.10	10.79	10.00	10.20	10.74	10.04	17.40	17.00	10.01	15.50	10.00								

From Tables IV. and IVA it appears that the birth-rate of the Mayfair Sub-District was 11:32, as against 8:95 in 1891, and 9:95 in 1890; while that of the Belgravia Sub-District was 22:71, as against 22:59 in 1891, and that the corrected death-rate of the Mayfair Sub-District was 11:62, as against 10:08 in 1891, and that of the Belgravia Sub-District was 19:25, as against 17:00 in 1891. It must, however, be remembered that these rates are calculated on too small a population.

From the birth and death rates in Table IVA I have calculated, as usual, "the mean length of life." I use the term "mean length of life" instead of "mean duration of life" (as I explained in my Annual Report for 1890) in order to prevent confusion, as the term "mean duration of life" is a technical expression, which means the length of life as calculated by the life-table method. The "mean length of life" stated in this report is calculated by means of Dr. Bristowe's formula.

#### MEAN LENGTH OF LIFE.

Mayfair Sub-Dist	trict	-	-	87:38
Belgravia -	-	-	-	47.86
Whole Parish	-	-		55.27

The calculated mean length of life in this Parish during the last 18 years has been as follows:—

In	1875	it	was	46.67	years.
,,	1876		"	47.96	"
"	1877		"	49.52	"
,,	1878		"	48.03	"
,,	1879		,,	48.55	"
,,	1880		,,	58.01	,,
"	1881		,,	50.26	"

```
In 1882
                52.56 years.
  1883
                55.09
   1884
                53.78
   1885
                56.11
   1886
                51:16
   1887
                56.49
   1888
                57.71
   1889
                61.43
  1890
                62.67
   1891
                61.02
                55.27
   1892
                         33
```

So that the mean length of life in this Parish during those 18 years has averaged nearly  $54\frac{1}{4}$  years, while during the last ten years it has averaged nearly  $57\frac{1}{2}$  years.

The mean length of life in London during the last 15 years has been, according to my calculation, as follows:—

In 1878 it was 34.24 years.

```
34.23
1879
1880
              35.17
                       22
1881
              35.87
1882
              36.85
1883
              37.88
1884
              38.08
                       22
              39.29
1885
1886
              39.31
                       23
1887
              39.98
                       22
1888
              41.77
1889
              43.27
1890
              41.10
1891
              38.28
                       25
1892
              39.58
                       ,,
```

N.B.—These figures are too high, being calculated from erroneous estimates of the Population of London.

TABLE V. Showing the number of Deaths registered in the Parish in each of the ten years, 1882 to 1891, from the principal infectious Diseases and Diarrhæa, and the number in 1892.

DISEASE.	1882.	1883.	1884.	1885.	1886.	1887.	1888.	1889.	1890.	1891.	Annual Average of ten years, 1882—1891.	Proportion of Deaths to 1,000 Deaths in ten years, 1882—1891.	1892.	Proportion of Deaths to 1,000 Deaths in 1892.	
Small-pox	1	0	2	2	0	0	0	0	0	0	0.2	0.3	0	0	
Measles	30	13	40	21	20	30	12	49	49	13	27.7	15.1	49	28.0	
Scarlet Fever	13	11	7	10	2	16	8	1	1	1	7.0	3.8	4	2.2	
Diphtheria	15	27	25	35	32	22	52	36	29	16	28.9	15.8	25	14.3	12
Whooping Cough	63	21	43	19	40	23	28	31	48	24	34.0	18.6	20	11.4	
Typhus Fever	0	0	1	0	0	0	0	0	0	0	0.1	0	0	0	
Enteric (orTyphoid)Fever	21	21	22	8	12	15	5	18	12	14	14.8	8.1	10	5.7	
Simple Continued Fever	0	8	1	2	1	2	1	1	2	1	1.9	1.0	0	0	
Diarrhœa	34	27	44	37	45	58	27	31	29	39	37.1	20.2	20	11.4	
Cholera	2	1	0	2	1	- 0	0	0	1	0	0.7	0.4	1	0.6	
1		-				-									
Total	179	129	185	136	153	166	133	167	171	108	152.7	83.3	129	73.6	

From Table V. it will be seen that the total number of deaths from infectious diseases and diarrhœa registered in the Parish (including deaths of Non-Parishioners), was 129, or 24 below the average of the previous 10 years.

If, however, we subtract the deaths of Non-Parishioners (15) and add those of Parishioners dying of these diseases in Public Institutions outside of the Parish (18) the total becomes 132, which is equivalent to a zymotic death-rate of only 1.68, as against 1.88 in 1890, and 1.21 in 1891, the rate for London being 2.82, and that for the 33 largest English towns 2.64. The large towns showing lower zymotic death-rates than this are Huddersfield, 1.48; Norwich, 1.58; Newcastle, 1.64; Halifax, 1.65; and Bradford, 1.66. Plymouth has 1.70; Burnley, 1.78; Gateshead, 1.80; Derby, 1.86; Portsmouth, 1.87; and Croydon, 1.89; all the rest have a zymotic death rate of over 2 per thousand per annum.

The highest zymotic death-rates in the Country are furnished by Sheffield, 3.06; Bolton, 3.10; Preston, 3.87; and Salford, 4.58.

#### TABLE VA.

Deaths of Parishioners from the principal Infectious Diseases and from Diarrhœa in the Mayfair Sub-District:

Disease.			1890.	1891.	1892.
Small-Pox			0	 0	 0
Measles			10	 2	 5
Scarlet Fever			0	 0	 4
Diphtheria			0	 10	 6
Whooping Cough			8	 3	 4
Typhus Fever			0	 0	 0
Enteric (or Typhoi	d) Fer	ver	1	 3	 4

	Disease.	1890.	1891.	1892.
Simple con	tinued Fever	 0	 0	 0
Diarrhœa	7	 3	 3	 2
Cholera		 0	 0	 0
	Total	 22	 21	 25
Influenza		 8	 11	 21

#### TABLE VB.

Deaths of Parishioners from the principal Infectious Diseases and from Diarrhœa in the Belgravia Sub-District:

	Disease.			1890.	1891.		1892.
Small-Pox				0	 0		0
Measles				35	 11		43
Scarlet Fe	ver			2	 6		8
Diphtheria				12	 9		17
Whooping	Cough			40	 18		15
Typhus Fe	ver			0	 0		0
Enteric (or	Typhoi	d) Fev	er	4	 6		4
Simple con	tinued 1	Fever		2	 1		0
Diarrhœa				26	 28		19
Cholera				0	 0		1
	77-4	-1	-	01	_	-	
	Tot	aı	1	21	 79		107
Influenza				19	 35		54

Taking these diseases separately, according to the order in which they are placed in Table V., we find that:—

Small-Pox caused no death in the Parish, and no deaths of our Parishioners in Public Institutions outside of the Parish.

Measles: no less than 49 deaths (48 of Parishioners) were caused by this disease, as against 13 in 1891, 49 in 1890, and 49 in 1889, the average for the previous 10 years

being 27.7. This disease was exceedingly prevalent in London during the months of April and May, and there was a considerable outbreak in the Belgravia Sub-District during those two months. As it is not a notifiable disease, I requested the authorities of the schools to inform me when they are aware that children are absent from school on account of it.

Scarlet Fever: although only four deaths from this disease were registered in the Parish during the year, there were 8 deaths of our Parishioners from it in Public Institutions outside of the Parish, making 12 deaths of Parishioners from this disease.

Diphtheria: 25 deaths were registered in the Parish from this disease, but 9 of these were those of Non-Parishioners. On the other hand, there were 7 deaths of Parishioners from Diphtheria in Public Institutions outside the Parish.

This disease is still exceedingly prevalent in London and in some of the other great towns, the average death-rate from it in the 33 largest English towns in 1892 being a third above the average of the preceding 10 years. In London the death-rate from it was 63 per cent. above the average, in Sheffield nearly three times the average, in Derby over twice the average, in Bristol 55 per cent., in Newcastle 47 per cent., and in Brighton 43 per cent. above the average. On the other hand, in some towns it was below the average, as in Portsmouth and Plymouth, where it was only a little over half the average, in Liverpool where it was a third less than the average, and in Salford where it was a sixth less than the average.

Whooping Cough: only 20 deaths were registered (1 being that of a Non-Parishioner), as against 24 in 1891, and 48 in 1890, and an average of 34 during the previous 10 years.

Typhus Ferer was not, so far as I am aware, present in the Parish during the year, and only one death from it has been recorded in the Parish since 1881.

Enteric (or Typhoid) Fever: 10 deaths were registered, or four less than in 1891, and nearly five less than the corrected average for the previous 10 years. Of these 10 deaths, 2 were those of Non-Parishioners in St. George's Hospital, but one of our Parishioners died of this disease in a Public Institution outside of the Parish.

Simple Continued Fever: no death was registered from this disease.

Diarrhæa: only 20 deaths were registered, being 19 less than in 1891, and 17 less than the average of the previous 10 years. Of these deaths, moreover, 2 were those of Non-Parishioners. On the other hand there were 3 deaths of Parishioners from Diarrhæa in Public Institutions outside of the Parish. I may note that the mean temperatures of the Winter, Summer and Autumn quarters were below the average, that of the Spring quarter being one degree above the average of the last 121 years. The mean temperature of the year was 48·1 degrees, or half a degree below the average of 121 years, and 1·1 below the average of the previous 50 years.

One death from English Cholera was registered.

Influenza: no less than 75 deaths were registered in the Parish from this disease (as against 46 in 1891 and 27 in 1890), and of these 43 were those of persons over 20 years of age, and 35 of these were over 60. As I remarked last year, the large number of deaths from diseases of the lungs is no doubt attributable, to a certain extent, to the results of attacks of this disease.

#### Cases of Infectious Diseases.

The following table shows the numbers of cases certified by Medical Attendants in 1890, 1891, and 1892.

#### TABLE VC.

Name of Disease.			Num	ber of	f Cases	certi	ified.
			1890.		1891.		1892.
Scarlet Fever			145		122	٠٠٠	318
Enteric Fever			40		26		42
Continued Fever			5		2		1
Diphtheria			64		74		118
Erysipelas			37		41		57
Membranous Crou	p		1		2		1
Small Pox			0		.1*		1
Puerperal Fever			0		2		2
English Cholera			0		0		1
		-	292		270		541

<sup>\*</sup> This case, however, on being removed to the Small-Pox Hospital was found not to be a case of that disease.

Of the above 541 cases certified last year only 5 were notified by householders.

The large number of cases certified during the year was due to the mild but wide-spread epidemic of Scarlet Fever, accompanied by Diphtheria, which has prevailed in London. On account of an outbreak of this disease, I found it necessary to recommend the closing of the Gilbert Street Schools for some weeks, which was done with the best results.

The Act continues to work quite satisfactorily, and none of the friction that was foretold by its opponents has occurred.

The temporary shelter which the Vestry have provided and furnished in the basement of the offices at No. 1, Pimlico Road, for the use of persons compelled to leave their houses during the process of disinfection after Infectious disease, has been occupied three times since it was open to the public.

#### SANITARY WORK.

For the year Ending December 31st, 1892.

The following tables have been compiled for me by Mr. Albert Taylor, your Chief Sanitary Inspector, from his Report Book:—

#### TABLE VI.

Houses and Premises	re-inspec			1,422 $3,449$
References to Surveyo	or		 	62
Notices issued (formal	l)		 	172
,, (prelim	W /		 	769
Summonses taken out			 	1
7	l'able	VIA.		

#### Nuisances dealt with.

Soil Pipes ventilated	210
Bath, Sink and other waste pipes disconnected	411
Drains unstopped or repaired	282
Old brick drains abolished and pipes substituted	129
New trapped gullies fixed	762
Water Closet apparatus cleaned and repaired	143
New Water Closets fixed	637
New Water Waste Preventer Cisterns fixed	697
Water Store Cisterns cleaned and repaired	31
Houses provided with deinling mater	9
Water Supply of W.C.'s separated from drinking	9
water	84
	04

Ashpits and dustbins repaired			52
New moveable dustbins provided			60
Yard surfaces paved or repaired			61
Cesspools abolished			6
Overcrowding abated			9
Houses and premises cleansed			43
Roofs and rain-water pipes repaired			30
Offensive accumulations removed			81
Dung-pits abolished and moveable wire		ub-	10
stituted			
Nuisances from the keeping of animals			22
Underground rooms discontinued for	or use	as	12
sleeping apartments			
Miscellaneous nuisances			131
Total			3,912
Drains tested and found defective			133
", " ", satisfactory			15
Drains of new premises superintended			127

A great many more notices were served than in 1891. It was, however, necessary to take legal proceedings in only one case to enforce the abatement of a nuisance.

It will be noticed that a great many more houses have been inspected and more notices issued than in previous years. This is largely due to the result of house to house visitations, which have been made in the following places:—

Eaton Cottages, Westbourne Street.

Spring Garden Place, Elizabeth Street.

Eliza Place, Elizabeth Street.

Hart's Buildings, Westbourne Street.

Whittaker Street.

Belgrave Cottages, Whittaker Street.

Grosvenor Cottages, Whittaker Street.

Gregory Street.

Gregory Cottages, Gregory Street. Union Street. Grey's Inn Place, Hindon Street. New Street Cottages, Hindon Street Hindon Place, Hindon Street. Commercial Place. Robert Street, Pimlico. Commercial Road (part). Susannah Place, Semley Place. Burton Mews, South Eaton Place. Eccleston Place. Clough's Cottages, Elizabeth Street. Bun House Place, Union Street. Allington Place, Allington Street. Allington Street (part). Brewer Street. Brewer's Yard, Brewer Street. Eaton Court, Eaton Lane. St. Leonard's Place, St. Leonard Street.

The drainage arrangements of the Curzon Schools, Mayfair, having been found to be unsatisfactory, I prepared a Special Report thereon and my recommendations have since been carried out.

The houses let in lodgings have been inspected and the regulations as to cleansing, &c., enforced in each case.

The total number of applications for dust removal were, in the In-Wards, 3,557, and in the Out-Wards, 2,590.

The Home Secretary having issued an order under Section 65 of the Factory and Workshop Act, 1878, and Section 27 of the Factory and Workshop Act, 1891, requiring the occupiers of certain Factories and Workshops,\*

2. Electro-Plate.

4. Files.

<sup>\*</sup> For the manufacture of-

<sup>1.</sup> Articles of Wearing Apparel.

<sup>3.</sup> Cabinet, Furniture and Upholstery Work, and

and the Contractors employed by them, to keep lists of out-workers, and having prescribed forms for the purpose, such forms have been printed and distributed in the parish, and an additional Inspector has been appointed, one of whose duties is to inspect the lists of such out-workers and to ascertain the condition of their dwellings, and especially the presence of cases of infectious disease therein.

There are 56 bake-houses on the register; they have been inspected thoroughly during the year, and the sanitary condition of many of them has been greatly improved, but legislation is necessary to compel the closing of all bake-houses that are situated in underground rooms.

The slaughterhouses, of which there are three licensed in the parish, and the two licensed cowhouses have been regularly inspected and found to be satisfactorily conducted.

The same may be said of the street stalls and butchers' shops, to which frequent visits are paid, but it has not been necessary to seize any article of food as unfit for human consumption.

#### TABLE VIB.

#### INFECTIOUS DISEASES AND DISINFECTION.

Number of	infectious cases repo	rted				557
Do.	medical certificates r	eceived				636
Do.	certificates of infect Teachers	tious case			nool	104
Do.	houses in which infe	ctious dise	ease oc	curred		510
Do.	patients removed to	the hospi	tals			349
Do.	houses disinfected					431
Do.	rooms disinfected					472
Do.	articles of clothing,	bedding, d	&c., dis	sinfected	l	5,556

## DESCRIPTION OF ARTICLES OF BEDDING, &c., DISINFECTED.

		ARTIC	CLES.		TOTALS
Beds					360
Mattresses		•••			 332
Palliasses	•••				 159
Quilts	•••				 361
Blankets			•••		 774
Sheets	• • • •			***	 620
Bolsters					 321
				•••	 582
Pillows					 63
Dresses					 74
Shawls			***		 53
Coats					
Suits of Cle	othing				 9
Trowsers					 86
				•••	 35
Wraps					 39
Dressing G	owns				 25
Jackets					 76
Bed Covers		***			 19
Shirts					 69
Petticoats					 61
Bodices					 22
Skirts					 23
Stays					 13
Handkerch	iefs				 64
Pillow Slip	S				 13
Drawers					 28
Aprons					 25
Chemises					 14
Socks (pair	s)				 15
Stockings (					 6
Napkins					 18
Rugs					 62
Table Cove					 135
~ 1.	***				 310
Towels					 131
CI					 93
Waistcoats					 47
Miscellane		cles			 429
		-			
					5,556
					-

Disinfectants have been distributed to the public when required and personal instructions given as to their proper use. The number of articles of clothing, &c., disinfected was considerably more than in 1891, so much so, that it was at times found necessary to employ outside assistance in disinfecting the articles, in order to prevent delay and inconvenience to the public.

The method of disinfecting articles of clothing, &c., by means of the heated dry-air apparatus, purchased 12 years ago, being considered, for various reasons, to be inferior to the more modern method by superheated steam, your Committee of Works appointed a Sub-Committee to investigate the forms of apparatus in use, and on their recommendation, which I fully endorse, have had a steam-disinfector erected by Messrs. Goddard, Massey & Warner, of Nottingham, and also a Crematory Furnace, with proper chimney, for the burning of bedding, &c., when necessary.

The two hand-trucks, hitherto used for carrying bedding and clothing to and from the disinfecting station, have been replaced by two excellently constructed one-horse vans, and a horse has been purchased expressly for this work. The old district office in Commercial Road, formerly used by the Assistant Sanitary Inspector, has been demolished and two sheds erected upon the site for the accommodation of the new vans.

The following correspondence having been published in the principal Medical Journals, relating to an important point in connection with Medical Certificates of cases of Infectious Disease, I think it desirable to reprint it here:—

#### THE NOTIFICATION OF INFECTIOUS DISEASE.

SIR,—There is a point concerning this subject that I should like to ventilate, as it is an important one to a large section of medical men. Some months ago a medical gentleman, in the parish of St. George's,

Hanover Square, asked me to see a case of diphtheria with him, and I did so. The child was choking, and the only thing that could be of any avail was tracheotomy or intubation, and I left the house after giving that opinion, and I believe that a surgeon was applied to and that an operation of some kind was performed. Some few weeks afterwards I was much surprised to receive a curt official note from the office of the medical officer of health for the said parish, inquiring why I had not notified the case to him as I was bound to do. I replied that I never did notify, that I always left that duty to the medical man in charge.

The answer I received to this was that the Act requires every one who is called in to a case of infectious disease, scheduled under the Act to notify, and I was referred to the wording of the Act, which reads that "everyone attending or called in to visit shall," etc. I was further politely informed that as I had sinned in ignorance no action would be taken on this occasion. In other words I must not be a bad boy again or I should receive a whipping.

Now there is no doubt that the strict letter of the Act is in accord with the contention of the medical officer of health of St. George's, Hanover Square, but it is obvious to me that this strict interpretation of it was not intended by its framers, for see what it leads to. In the case I have given three of us saw the case, and we all were in duty bound to notify. In another instance the gentleman who first saw the case notified it as scarlatina; I came next, and thought it was enteric fever; a friend who saw the gentleman in my absence did not know what it was, and after a few days it turned out to be influenza. Take one other case: I saw in consultation a bad case of scarlatinal nephritis in the fourth or fifth week after the fever. The boy was peeling freely. He was infective enough certainly. According to the medical officer of St. George's, Hanover Square, I ought to have notified. If so there would be no end to the work of the medical officers of health. Their energies would be eaten up in finding out who was who and what was what. But, Sir, I would interpret the letter of the law thus: Everyone "attending, or called in to visit," is a legal periphrasis deliberately intended by the draughtsman to cover his man, namely, the doctor first called in to see the patient. And very wise is this wording in my opinion, for there are many cases where there is no attendance; the doctor is merely called in to say what a disease is, and he never sees the case again. The only instance in which I have myself notified was a case of this sort: I was asked to see a case of scarlatina, to say what it was; there was no one in attendance, but I was covered by the Act, being called in to visit, so I notified.

I venture to urge, Sir, most strongly, that this is the reasonable and right interpretation of the Act as regards the duty of those called in

as consultants, and indeed I have reason to know that a large number of medical officers of health do so construe the meaning of the Act. But as there is at any rate one, and he unfortunately no mean authority, who thinks otherwise, the matter requires consideration.

I am, etc.,

Weymouth Street, W.

JAMES F. GOODHART,

SIR,—I quite agree with Dr. Goodhart that the point he raises "is an important one to a large section of medical men." The case he refers to was a fatal case of diphtheria, the first intimation of which I received in the mortality return supplied to me by the district registrar. I of course at once made enquiries, found that three medical men had been "attending or called in to visit the patient," and wrote to them to ask why they had not certified the case to me. On receiving replies which satisfied me that there had been no intentional concealment of the case, I reported to this effect to the sanitary committee, who decided at my recommendation to take no action in the matter. Dr. Goodhart seems to think that only one medical attendant is required to certify a case, and that he was not that one. The words of the Act are, however, perfectly clear: "Every medical practitioner attending on or called in to visit the patient, shall forthwith, on becoming aware that the patient is suffering from an infectious disease to which this section applies. send to the medical officer of health of the district a certificate stating," &c. As a matter of fact, if several medical men see a case and only one certifies it to the medical officer of health, the latter is quite satisfied, as he does not want more than one certificate of one case; but if neither of them certifies it he is bound to report them all to his committee as delinquents.

Dr. Goodhart says, "I was further politely informed that as I had sinned in ignorance no action would be taken on this occasion—in other words, I must not be a bad boy again or I should receive a whipping." In this I think he exactly describes the position, and as he has made it publicly known that he has neglected to certify a case of diphtheria which proved fatal, my friendly advice to him is that he should take very great care to certify any case of "notifiable" infectious disease that he may attend or be "called in to visit" in future.

I am, Sirs, yours faithfully,

W. H. Corfield, M.A., M.D., Oxon., Medical Officer of Health for St. George's, Hanover Square.

Savile Row, W., Sept. 27th, 1892.

SIR,-It is clear that nothing is to be expected from the medical officer of St. George's, Hanover Square, concerning the point I raised in the British Medical Journal of September 24th, and I do not wish to take up your space further than to make clear the point at issue. Dr. Corfield is unable to go outside the strict letter of the Notification Act, and maintains that no matter how many medical practitioners are called in to see a case of infectious disease, every one of them is bound to notify. "As a matter of fact," he says, "if only one certifies it to the medical officer of health, the latter is quite satisfied, as he does not want more than one certificate of one case, but if neither of them certifies he is bound to report them all." But it is not a question of the satisfaction of the medical officer of health. The question is, What is right? and the right is determined in a new Act by the administrators of that Act. Most Acts, if we abide by their letter, are, in places, doubtful in their meaning, or often enough absurd; and in this case I maintain that to compel three or four individuals to notify, when only one certificate is required, is absurd, and is not the intention of the Act, whatever the wording may be. I further maintain that inasmuch as the medical officers of health are the administrators of the Act, they are not "bound to summon everyone who may happen to be called in to see a case of infectious disease." The one in charge of the case is the one who is responsible, and no one else; and the medical officers of health ought so to work the Act. How am I to know who is the medical officer in twenty or thirty parishes not my own? Moreover, I know, as I said in my former letter, that a large number of medical officers of health interpret the Act in this liberal spirit. So they tell me, and there ought to be some uniformity.-I am, etc.,

October 3rd.

JAMES J. GOODHART.

SIR,—The English language as she is spoke, and, still more, as she is wrote in Acts of Parliament, is a living supple thing not always safely to be construed according to the published rules of the grammarian, any more than the individual's psychology is to be learned from a textbook of anatomy. As a humble student of my mother tongue, I venture to dissent from that interpretation which Professor Corfield places upon the clause quoted by him from the Infectious Diseases (Notification) Act, 1889. As he says: "The words of the Act are perfectly clear; every medical practitioner attending on or called in to visit.....shall forthwith.....send to the medical officer of health.....a certificate......etc."; and the grammatical pedant is apt therefrom to conclude that each and every of the whole number of medical men who attend or are called in to see such a patient at any

time throughout the duration of the illness is legally bound (as soon as he is cognisant of the infectious nature of the malady) to despatch the specified certificate, and is equally entitled to the complimentary fee. So be it.

But no one will deny that the intention of the Act was to secure (1) that every case of infectious disease included in the schedule should be notified: (2) that this notification should be made, once for all, as promptly as possible by a medical practitioner, and this whether pathognomonic symptoms of infectious disease be developed uring the course of his attendance on a patient, or whether he finds those symptoms already patent when he happens to be "called in to visit the patient" for the first time. Few will contend that—as seems to be inferred by Professor Corfield—the Legislature intended this notification to be multiplied indefinitely by every practitioner who may susequently or jointly see the case, and arrive at the same conclusion as to its nature; such a rain of certificates would be as embarrassing to the medical officer of health as the consequent increase of expenditure would be objectionable to the local boards. I submit that the clause in question was conceived, and is intended to be construed, rather in this sense. As soon as any medical practitioner who is attending on, or who is called in to visit, a patient, becomes aware that the patient is suffering from an infectious disease to which this section applies, he shall (unless this has already been done) forthwith send.....a certificate stating.....etc.; but only one such certificate shall be sent to the medical officer of health in respect of each patient. Thus each case of infectious disease is to be at once notified by the practitioner, or by one of the practitioners in attendance, as soon as its nature is recognised, once for all.

So recently as 1850 a special Act was passed permitting, for the first time, the use of more than one full stop in each Act of Parliament. Hence, perhaps, arose the notion of the proverbial permeability of these enactments. Professor Corfield's inference that the traditional coach and six may, in the present instance, be replaced by an indefinite number of medical broughams at 2s. 6d. a-piece, appears to be doubtful law, and is clearly opposed to the common sense and equity of the question.—I am, etc.

Hertford, Oct. 3rd.

C. E. SHELLY.

SIR,—It is quite unnecessary for me to answer in detail Dr. Goodhart's letter in your last issue, or Dr. Shelly's either, as I find that in a letter from the Local Government Board to the Town Clerk of Uppingham, under date December 29th, 1890, the following rule is

laid down:—"If two practitioners are in actual attendance on or are called in to visit a patient, whether at the same period or successively, and their attendance or visiting is connected with the medical treatment of the patient, both are bound to send certificates, and these must be duly paid for by the sanitary authority."

As a matter of fact, my authority every month sanctions payments to two or three medical men for certifying a single case, and this in several instances, and the Metropolitan Asylums Board refunds such payments.—I am, etc.,

W. H. CORFIELD, M.A., M.D. (OXON.),

Medical Officer of Health for St. George's, Hanover Square.

Savile Row, W., Oct. 10th.

#### CHOLERA.

On account of the prevalence of this disease in certain parts of Europe during the Summer and Autumn, and the fact that a certain number of cases were imported into this country, I considered it necessary to take special precautions in the event of cases occurring in this Parish. I ascertained that 12 beds for male and 12 for female patients would be available at St. George's Hospital, and that a hundred beds at the Union Infirmary, Fulham Road, would be provided by the Guardians for patients sent by the Metropolitan Asylums Board, or by the parishes in St. George's Union.

I also advised the Metropolitan Asylums Board as to the positions which would be available in the Parish for the location of Ambulances, viz.:—St. George's Hospital; the Mortuary in St. George's Gardens, Mount Street; the Workhouse in Wallis's Yard, Buckingham Palace Road; and the Belgrave Wharf, Grosvenor Road.

I have also divided the Parish into Sub-Districts, and made arrangements with Medical Men for attendance on cases in each Sub-District and with Chemists for the supply of medicines. The following Table shows the number of bodies received in the Mortuary during the 52 weeks ending December 31st, 1892, as compiled from the returns furnished to me monthly by the Mortuary Keeper, Mr. Coles.

TABLE VII.

Return showing the number of bodies received into the Mortuary, Ebury Bridge, during the 52 weeks ending December 31st, 1892.

Cause of Death.	Number.	Post Mortems.	Inquests
Deaths from Scarlet Fever	0	0	0
Do. Diphtheria	4	0	0
Found Drowned	8	8	8
Found Dead	7	7	7
Born Dead	4	3	2
Murder	4	4	3
Suicide	16	13	16
Deaths from Natural Causes	54	47	37
Deaths from Accidents	44	39	42
Totals	. 141	121	115

Table VIII. shows the results of the analyses of the water (made by the Public Analyst, Mr. Charles E. Cassal) supplied to the Parish by the two companies during each of the twelve months.

The average quality of the water supplied by the Grand Junction Company was the same as, but that supplied by the Chelsea Company better than, during the 12 months ending March, 1892. The average quality of the Grand Junction Company's water was, as will be seen from the table, not so good as that of the Chelsea Company's water, a reversal of the position recorded in my last Report.

TABLE VIII.

Showing the results of Mr. Cassal's Analyses of the Water supplied by the Grand Junction and Chelsea Water Companies, during the Year 1892.

	Date of Collection	 January.	February.	March.	April.	May.	June.	July.	Angust.	September	October.	November	December.	Average.	
) ii.	Total Solid Matters	 34.0	33.2	36.0	28.0	22.2	22.2	28.8	27.0	26.0	31.0	38.0	36.0	30.2	
Junction.	Chlorine Equivalent to Common Salt	 1.8	1·8 2·96	1.8 2.96	1.8 2.96	1.8 2.96	1.8 2.96	1.8	1.8 2.96	1·8 2·96	1·8 2·96	1.8 2.96	1.8 2.96	1·8 2·96	30
Grand J	Saline Ammonia	 0.8	1.4	2.2	2.4	2.6	2.0	2.2	0.6	2.0	1.6	1.6	1.0	1.7	
Gre	Organic Ammonia	 9.2	13.6	8.6	9.4	9.4	11.6	11.0	8.6	8.2	14.8	15.4	16.6	11.4	
	Total Solid Matters	 37.6	31.6	33.6	26:0	24.0	20.0	25.8	24.4	28.8	30.2	33.0	40.0	29.9	
Water.	Chlorine Equivalent to Common Salt	 1.8 2.96	1.8 2.96	1.8	1.8	1·8 2·96	1.8 2.96	1·8 2·96	1·8 2·96	1.8	1·8 2·96	1·8 2·96	1·8 2·96	1·8 2·96	
Chelsen	Saline Ammonia	 1.6	1.4	1.6	2.0	2.2	2.0	2.4	0.6	2.0	2.4	1.8	0.8	1.7	
5	Organic Ammonia	 9.8	12.6	9.4	8.6	8.4	11.0	10.0	7.2	9.0	11.0	10.4	17.2	10.4	

All the samples, when seen through a depth of 2ft., were fairly clear and had a slight greenish-yellow tint, except the sample of the Chelsea Company's water collected in August, which was slightly cloudy, and the samples collected from both the Companies' mains in November and December, which were slightly turbid.

For the information of the Parishioners, I may mention that a hospital carriage for removing persons suffering from infectious diseases (including Diphtheria) is kept at the Workhouse in Wallis's Yard, Buckingham Palace Road, and that the Ambulance belonging to the Metropolitan Asylums Board is kept at Seagrave Road, Fulham; but those who are in a position to bear the expenses of their support should apply at the London Fever Hospital, Liverpool Road, Islington; (or, in case of small-pox, at the Highgate Small-pox Hospital), where they can be accommodated on favourable terms. Also that a Refuge has been provided at No. 1, Pimlico Road, for the use of persons during the disinfection of their rooms.

I have the honour to be,

My Lords and Gentlemen,

Your obedient Servant,

W. H. CORFIELD.

19, SAVILE ROW, LONDON, W., June, 1893.



### Diseases, Age ocalities.

TABLE OF DEATHS during the year 1892 in the Metropolitary District of St. George's, Hanover Square, classified according to

				FROM .						U.L.		Mort	UBJO	INED (	CAUSES	s, DIST	INGUI	SHING	DEATI	IS OF	CHILI	DREN I	UNDER	FIVE.		-		7
							Js.	1	1	2	3	4	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Localities.	At all ages,	O Under 1.	(z) 1-5.	(a) 5—15.	£ 15-25.	(g) 25—65.	& 65 & upwards	(i)	Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Continued. sua	Relapsing.	Puerperal.	Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhea and Dysentery.	Rheumatic Fever.	Ague.	Phthisis.	Bronchitis, Preumonia, and Pleurisy.	Heart Disease,	Injuries.	All other Diseases.	TOTAL.
Mayfair	194	30	14	2	6	84	58	Under 5 5 upwds			2						1	1	4	2		"i	3 16	13 47	13	-5 6	13 59	44 150
Belgravia	778	167	91	30	11	272	207	Under 5 5 upwds		3	4 3					 1	2	39	15 	13	2		22 67	51 133	4 69	8 19	97 217	258 520
St. George's In- firmary (Ful- ham Road)	124	4	2	1	2	62	53	Under 5 5 upwds	***						1		2	.1		1			1 20	2 31	5		1 59	6 118
Union Work- house	4	2				2		Under 5 5 upwds																 1			2 1	2 2
St. George's Hos- pital	81	5	7	2	12	48	7	Under 5 5 upwds			5 2									1			1 7	2 12	::: 11	1 12	2 25	12 69
Belgrave Chil- dren's Hospital	6	1	1	4				Under 5 5 upwds															1	1	1		1 2	2 4
TOTAL	1187	209	115	39	31	468	325	Under 5 5 upwds		3 1	11 5					 1	2 3	44 4	19	15 3	2	···	27 111	69 224	4 99	14 37	116 363	

The subjoined numbers have also to be taken into acco judging of the above records of Mortality.

Parishioners dying outside parish.	147	11	13	11	12	77	23	Under 5 5 upwds	 4 4	7	 	 	 	•		2	2	 2 24	12	14	3	5 63	24 123
Non - Parishioners dying in parish.	564	29	28	27	34	314	132	Under 5 5 upwds	 	4 5	 	 	 1 1	 1	1	1		 6 94	11 100	1 44	3 51	29 208	57 507



(B) TABLE OF POPULATION, BIRTHS, AND OF NEW SES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year, 1892, in the copolitan Sanitary District of St. George's, Hanover Square, classified according to Diseases, s, and Localities.

																						_		-		
		ATION AT AGES.				New	CASE	S OF S	SICKNI	ESS IN	1	LOCALI	TY.			Numbe	R OF	SUCH	CASE	S REM	OVED	FROM	ном	E TO	HOSP	ITAL.
			70	Aged	1	2	3	4	5	6		10	11		1	2	8	4	5	6	7	8	9	10	11	
			hs.	under 5 or				1 82		Fev	EIF.									F	EVERS					
Localities,	Census 1891.	Estimated to Middle of 1892.	Registered Births.	5 and upwards.	Smallpox.	Scarlatina	Diphtheria	Membranous Croup.	hus.	Enteric (or Typhoid).	- Transact	Cholera.	Erysipelas.	Torals.	Smallpox.	Scarlatina.	Diphtheria	Croup.	hus.	ric (or oid).	nned.	sing.	peral.	Cholera,	Erysipelas	Torals.
(a)	(b)	(c)	d)	(e)	Sm	Sca	Dip	Men	Typhus.	Enter	Town and	5	Ery	T	Sm	Sca	Dipl	5	Typhus.	Enteric (or Typhoid).	Continued	Relapsing	Puerperal	CB	Ery	
Mayfair	23,734	23,487	266	Under 5 5 upwards .	 1	19 67	7 12			13			12	26 106	 1	14 52	4 8			 1						18 62
Belgravia	54,628	55,162	1,253	Under 5 5 upwards		46 180	23 59	1		3 21		ï	2 36	75 297		34 133	12 24			6					4	46 167
St. George's Infirmary (Fulham Road)				Under 5 5 upwards									4	5												
Union Workhouse				Under 5 5 upwards																						
St. George's Hospital.				Under 5 5 upwards			8 3			5	7		2	8 10												
Belgrave Children's Hospital				Under 5 5 upwards		3	1			1			1	6 3		2 3	1									3 3
Orthopædic Hospital (Hanover Square)				Under 5 5 upwards			 ŏ							5			5									5
TOTALS				Under 5 5 upwards		68 250	39 79	1		4 39	2		3 54	115 426	1	50 188	17 37			7					4	67 237

<sup>&</sup>quot;Notification of Infectious Disease" has been compulsory in the trict since October 31st, 1889. The Isolation Hospitals are the Hospitals of the Metropolitan Asylums Board, and occasionally the idon Fever Hospital and the London Small-Pox Hospital.



