[Report of the Medical Officer of Health for St. Giles District].

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1863.

SANITARY STATISTICS

AND

PROCEEDINGS

IN

ST. GILES' DISTRICT,

BY

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LONDON
PRINTED BY T. PENNY, 121, LEMAN STREET, WHITECHAPEL.

1864.

1863–4.

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SECTION I.—On the Mortality of the Metropolis in 1863.

THE year 1863 has been conspicuous among recent years for a high mortality, resulting from the prevalence of epidemics to an unusual degree. Small-pox, scarlatina, and typhus, have especially left their marks on its death-rolls.

In London there were 72,346 deaths from all causes in the year 1863, a larger mortality (relatively to the increasing population) than has been observed since 1854. Allowing however for the circumstance of the registration year comprising one week more than is customary, the excess is considerably reduced, but the death-rate remains about one in the thousand more than that of 1862. In 1863 (corrected to a solar year) 24·52 persons died out of every thousand residents in London.

The year 1863 witnessed the severest epidemic of small-pox that has been recorded since 1844. This disease is constantly present in the town, but every three or four years it assumes an epidemic form, finding its victims mainly among those whom a year or two of security has lulled into a neglect of vaccination. Two thousand deaths from small-pox were registered in London in 1863. It is not too much to say that every one of these should have been prevented. From scarlatina the number, almost unprecedented, of 5075 deaths were recorded, and there were also 724 deaths from diphtheritis. From typhus and other forms of continued fever, 2892 persons died. These diseases were considerably more fatal in the preceding year, but the epidemic of true typhus that began in 1861 continued through the whole of 1863; in the summer mon hs experiencing a slight decrease, but again becoming more fatal in the fourth quarter of the year. Besides these important members of the zymotic class, croup and puerperal fever require mention as having contributed an undue share of deaths to the register of 1863. But measles, whooping cough and diarrhœa, three disorders that always contribute many deaths to this class were not above the average in their mortality.

The year 1863 had a somewhat high average temperature, the winter months being warmer, although four of the summer months were cooler than in the average of years. Nevertheless, the two most important of the diseases that are especially affected by temperature, bronchitis and consumption in the lungs, exhibited their full contingent of deaths. Inflammation of the lungs was not so fatal as usual.

All the five divisions of London experienced in 1863 a rise in their mortality over that of the preceding year. But the high mortality of the Central and Eastern Districts, that was commented upon in the last of these reports, has been maintained in the midst of this general rise, and both these groups of districts now have the remarkably high death-rate of 26·64 in the thousand. No such high mortality has been observed in the Central districts (unless in seasons of cholera) for the past twenty years.

Following the ordinary law of distribution, the seasons of the greatest mortality were the first and last quarters of the year 1863. The zymotic group of diseases indeed rather tended to impress a higher death-rate upon the summer months. Small-pox culminated in the second quarter of the year. Scarlatina was increasingly fatal throughout the four quarters. But the intenser prevalence of lung diseases in cold weather more than counterbalanced the tendency of the zymotic diseases. From all causes 37824 persons died in the first and last quarters, and in the two warmer quarters of the year only 34522.

Detailed tables, whose chief points of interest are embodied in the foregoing statements, are placed as Nos. I and IV in the appendix to this report.

SECTION II.—On the Mortality of St. Giles's in 1863. From all Causes. Comparison with other Districts.

In the high mortality of London in 1863, St. Giles's District of course participated. Among the central districts, its death-rate was conspicuously high. A high rate of death is however an invariable character of St. Giles's, and is not peculiar to the year that has just expired. It is of interest to know that while London and the group of Central districts both experienced a larger mortality in 1863 than in 1862, the St. Giles's death rate did not increase between the two years. The unhealthiness of 1863 arose therefore from the assimilation of other districts to the condition of St. Giles's, and not from any further deterioration of our own district.

The total number of deaths registered in the three sub-districts of St. Giles's in 53 weeks, was 1503. Ten of these however were dup icate entries, and have been deducted in the calculations of this report. Besides those persons who died at their own homes or in the workhouse, 79* persons belonging to St. Giles' and Bloomsbury died in Hospitals of adjacent districts. The corrected mortality of our parishioners was therefore 1572 in the 53 weeks. Reducing this period to a mean year the number represents a death-rate of 28 64 in the thousand residents of St. Giles's District.

Of the whole number of deaths, 801 were of males, 771 of females; the excess of males being what is usually observed in St. Giles'. Of the Hospital deaths, 52 or about two thirds were in males. This arises of course from their greater exposure to accidents and to many of those diseases which especially call for Hospital treatment.

The average age at death was 23 years and three months. The expectation of life at the time of birth is shortened greatly by the accidents of infancy, and this is probably the case in St. Giles' more than in most other districts. There were 516 deaths among children under two years of age, and 155 other deaths in children between the ages of two and five. Excluding the deaths of children under two years the average age at death in 1863 was 41 years and 8 months.

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* Besides the 79 deaths, three persons died in the Westminster Hospital, of whom no particulars were ascertained except that they came from St. Giles. (See Appendix II.)

MORTALITY IN 1863.

Districts.	Population, 1863.	Registered Mortality. 1st Quarter, 13 Weeks.		2nd Quarter, 13 Weeks.		3rd Quarter, 13 Weeks.		4th Quarter, 14 Weeks.		Whole Year, 53 Weeks.		Column A. (see	Column B. Note.*)	Total Mortality in 1863 corrected for Cols A. & B.		Districts.
		Actual number.	per 10,000.	Actual number.	per 10,000.	Actual number.	per 10,000.	Actual number.	per 10,000.	Actual number.	per 10,000.	(add)	(subtract.)	Actual number.	per 10,000.	
St. Pancras ...	205,154	1276	62·0	1131	55·0	1142	56·0	1292	63·0	4841	237·0	141	Hospls. 156 Workh. Strand } 107 263	4719	230 0	St. Pancras.
St. Marylebone	162,477	1097	67·1	1036	63·5	938	57·4	1028	63·2	4099	251·2	132	Hospital, 167	4064	250·0	St. Marylebone.
Metropolis	2,904,413	18,967	65·2	17,417	60·0	17,105	58·9	18,857	65 0	72,346	249·1	—	—	72346	249·1	Metropolis.
Holborn	44,510	337	75·7	279	62·7	332	74·5	308	69·1	1256	282·2	79	Hospital, 67	1268	284·7	Holborn.
Strand	42,691	283	66·3	281	65·8	252	59·0	296	69·3	1112	260·5	Workh. 107 Hosps. 54 161	Hospital, 137	1136	266 0	Strand.
St. Martin's ...	22,299	159	71·3	145	65·0	149	66·8	158	70·9	611	274·0	40	Hospital, 58	593	265·9	St. Martin's.
St. Giles's	54,048	394	72·9	377	69·5	335	62·1	397	73·2	1503	277·7	79 Hosps.	10 for errors†	1572	290·8	St. Giles's.

* Col. A. gives the number of the Inhabitants of each District who expired in 1863, in the Public Institutions of other Districts; these figures must be added to the Registered Mortality. Col. B. gives the number of Inhabitants of other Localities, who died in the same year in the Public Institutions of the Districts named; these figures have to be subtracted from the Registered Mortality. (*See Appendix Table II.*)

† These errors have arisen by the re-entry of deaths upon which inquests were held after registration: and by the accident of deaths being recorded twice over in the sheets of successive weeks.

The gross mortality of St. Giles' is compared with that of the districts adjacent to it, in the table on the preceeding page. Inasmuch as some districts contain hospitals in which persons coming from other districts may die, correction has been made of the registered mortality. Upon comparison of the metropolis with St. Giles', the excessive mortality of our own district (4 in the thousand) is at once apparent. And St. Giles' is as usual the highest in its death-rate of all the districts among which it is situated. Holborn still continued (as is the two preceding years) to present a mortality almost as high as St. Giles'. The death-rate in the Strand, though it has risen steadily for the last three years, is still much less than that of St. Giles'. St. Martin and St. Marylebone show exceptionally high mortality, but remain much below St. Giles'. In the comparison there is however this satisfaction that St. Giles' has not fallen below its habitually poor standard of health, in a year when almost all its neighbours have seriously retrograded from the better position that they generally occupy. The annexed table shows the variation in the death-rate of each district from year to year since these reports were commenced.

Death-rate per 10 000* in St. Giles's and neighbouring Districts.

DISTRICTS.	1857.	1858.	1859.	1860.	1861.	1862.	1863.
St. Pancras ...	197·0	224·9	221·4	208·7	228·3	215 5	225·6
St. Marylebone	217·3	224 0	225 0	227·7	242·5	237·1	245·3
Metropolis.....	221·0	234 4	227·0	224·1	231·8	234·1	244 4
Holborn.....	236·3	247 7	248·6	238·7	270.4	285·5	279·3
Strand	239·4	226·6	262 9	231·5	233 7	254·6	261·0
St. Martin	243·0	218·5	246·7	228.6	233·7	238 0	260·9
St. Giles's.....	280·0	258·2	260·1	262·4	270·3	289 0	284·5

* Correction is here made for the longer duration of the registration years 1857 & 1863. Also for all deaths in hospitals and outlying workhouses.

SECTION III.—On the Causes of Death in St. Giles's District.

In the present report, as in former ones, comparison has been carefully made between the prevalence of each class of diseases in London, and of the same in St. Giles's. Thus have been ascertained what are the causes of death that are especially met with in St. Giles's, and hence, of course, may be expected suggestions for improving the health of the district.

The population of St. Giles', being numerically pretty stationary, bears every year a smaller proportion to the aggregate population of London. In 1863 the metropolis is calculated to have 53·7 times as many residents as our own district. Learning from the returns of the Registrar General the gross mortality of the town, the above number furnishes the means of calculating the quota of deaths from each cause that should be furnished by our population. This has been done by detail on the opposite page, and it will there be seen that some important groups of diseases were considerably more fatal in St. Giles's than in the average of London.

Zymotic Diseases, it has been said, were unusually fatal in London. At that high rate of prevalence the miasmatic group of these diseases would be computed to give 366 deaths as the quota of St. Giles'. The actual deaths

* The corrected mortality comprises then for St. Giles's as for other districts, 1—those who die in the houses of the district, 2—those who die in the Workhouse belonging to the district,—and 3, those who die in hospitals having been removed from the houses of the district, on account of their fatal illness. In no instance can the attempt be made to separate persons who die in a district into a class of permanent residents and a class of chance comers. People of the latter class, being those who resort especially to the Workhouse and to common lodging houses, are probably more numerous in St. Giles's than in most of the districts with which it is compared.

Comparison of Mortality from various causes in London and in Saint Giles's. Whole Year, 1863. *(53 weeks.)*

Classes.	Classes and Orders of Disease.	London.	St Giles's, Population 54,048.		
		Population, 2,904,413.	Estimated Quota.*	Actual *Registered* Mortality.	Corrected for Deaths in Hosptls.
	All Causes	72346	1347·2	1493	1572
	Specified Causes	71665	1334·5	1486	1563
	Classes.				
I.	Zymotic Diseases	21005	391·1	387	402
II.	Constitutional ,,	13518	251·7	298	319
III.	Local ,,	26738	498·0	593	632
IV.	Developmental,	7874	146·6	162	162
V.	Violent Deaths	2530	47·1	46	54
	Orders.				
I.	1 Miasmatic Diseases	19689	366·6	346	360
	2 Enthetic ,,	397	7·4	17	17
	3 Dietic ,,	767	14·3	24	25
	4 Parasitic ,,	152	2·8	...	...
II.	1 Diathetic Diseases	2421	45·1	38	47
	2 Tubercular Diseases	11057	206·6	260	266
III.	1 Diseases of Nervous System	7406	137·9	144	149
	2 ,, Organs of Circulation	3116	58·0	64	75
	3 ,, Respiratory Organs	11499	214·1	313	322
	4 ,, Digestive Organs	2950	54·9	42	51
	5 ,, Urinary Organs	1025	19·1	24	28
	6 ,, Organs of Generation	254	4·7	4	4
	7 ,, Organs of Locomotion	230	4·3	2	3
	8 ,, Integumentary Organs	258	4·8	...	...
IV.	1 Dev: Dis. of Children	2054	38·2	56	56
	2 ,, ,, Adults	350	6·5	4	4
	3 ,, ,, Old People	2687	50·1	58	58
	4 Diseases of Nutrition	2783	51·8	44	44
V.	1 Accident or Negligence	2149	40·0	37	44
	3 Homicide	128	2·4	5	5
	4 Suicide	251	4·7	4	4
	All other Violent Deaths	2	0·0	...	1
	Sudden Deaths	233	4·4	1	1
	Causes unspecified	448	8·3	6	8
	Certain Special Diseases of Zymotic Class and Miasmatic Order.				
1.1.	Small Pox	2012	37·5	52	57
	Measles	1698	31·6	32	32
	Scarlatina	5075	94·5	73	76
	Diphtheritis	724	13·5	12	13
	Croup	927	17·3	11	11
	Whooping Cough	2229	41·5	42	42
	Diarrhœa	2448	45·6	58	58
	Typhus & other Fevers, continued and remittent	2892	53·8	46	48

* 1÷53·7th part of the entire mortality of the Town. The number of Deaths registered in the District, has here been subjected to the correction for ten errors; see note (†) to table on page 3.

from these diseases were 360, and they were therefore somewhat less prevalent in St .Giles's than elsewhere in London. This is an unusual, but not an unprecedented circumstance. When it is remembered that diseases of this sort are those most controllable by public sanitary arrangements, we may venture to believe the vigilance of the district authorities has really been productive of some fruits.

The most preventible disease, however, of all this group has been very unduly fatal in St. Giles's. The number of deaths that would be computed to fall on St. Giles' in the recent epidemic of small-pox is 37 or 38. The actual number of deaths was 57. It is of particular moment to enquire concerning the vaccination of these cases :

There were 22 fatal cases of small-pox in which no record was furnished of the previous vaccination. Excluding these, the remaining 35 were classed as follows :

Not vaccinated	22
Not vaccinated until they had caught small-pox...	2
Vaccinated unsuccessfully	3
Wholly unprotected, therefore.....	27
Said to have been vaccinated	8

Of these eight deaths in persons alleged to have been vaccinated, some were entered as occurring after "imperfect" vaccination. In other cases the quality of the vaccination, as judged by the scars, was not stated, and even the fact of its success was not always ascertained.

It is not enough to observe that more unvaccinated persons died of small-pox than vaccinated persons, unless we at the same time remember the very different numbers of the two classes of people that live among us. It may be affirmed that 90 per cent.* of our population has been subjected to vaccination of some degree of efficiency. That 90 per cent. of the population lost only 8 persons by small-pox in the year, while the 27 deaths among unvaccinated occurred in the remaining tenth of the population. A simple calculation therefore shows that for equal numbers the unvaccinated died to thirty times the extent of the vaccinated. In the last section of this report, however, it will be shown that a great deal of the vaccination upon which people rely for protection against small pox is illusory, and indeed the vaccination was ascertained to be inefficiently done in certain of the eight deaths that occurred from small-pox among those who believed themselves protected by the operation.

The epidemic of small-pox began and culminated in St. Giles's at the same time as in the metropolis taken as a whole, but its subsidence appears to have been slower in our own district.

Scarlatina, though extensively prevalent in St. Giles' and causing no fewer than 76 deaths, (against 70, itself a very high number, in 1862) was yet not so fatal as our population would lead us to expect. Our quota of deaths from this disease was 94 or 95. Typhus and other continued fevers also were less fatal in St. Giles's than in the average metropolis, 48 deaths from these causes being recorded instead of a quota of 54.

Diarrhœa caused twelve more deaths, than the 46 which we should have computed to be furnished by our population. Measles, whooping cough, and diphtheritis, were fatal in St. Giles's to exactly the same extent as in the average of London. Croup exhibited fewer deaths than its computed number, a circumstance very exceptional on our death-register.

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* In the schools indeed, as will be seen by the 7th Section of this Report, less than 5 per cent. of children were found without marks of vaccination.

To recapitulate then, fevers were less prevalent, small-pox and diarrhœa more prevalent in St. Giles' than in an equal population taken indiscriminately from London at large. The balance of mortality from the group of miasmatic diseases was on the side favorable to St. Giles'.

Consumptive or Tuberculous Diseases followed their invariable rule in being extraordinary fatal in St. Giles's District. The deaths from such diseases were 266 against a population-quota of 207. When one year is taken with another this is about the ordinary degree of excess that is observed in our parishes.

Heart and Brain Diseases also exhibited their usual excess of mortality, Physical and mental work at high presure, with the frequent abuse of alcoholic stimulants, are the causes to which such mortality is mainly to be ascribed, and there can be no doubt that these causes operate especially upon the residents of such a district as our own. Infantile convulsions. too, which are included in the class of Brain Diseases, depend upon causes that must ever be most rife in a poor and ignorant population.

Diseases of the Lungs again, that large group that contributes every year a sixth part of the entire mortality of London, habitually exhibits a larger proportional mortality in St. Giles'. In 1863, our population would have given 214 deaths from these diseases at the rate of mortality prevailing in the town at large. The actual deaths were just half as many again, 322. Exposure and poverty do the work of death with particular certainty through this class of diseases, and public sanitary measures are in the main unable to afford safeguards against their attacks.

Under the fourth class of the foregoing table, the excessive mortality among children from the causes reckoned by the Registrar General as *developmental* has been less apparent than usual in St. Giles's. Taking together premature birth, malformations, teething, and atrophy in children, 100 infants died in lieu of the population-quota of 90. The excess has generally been double to this.

In the class of accidental deaths, the only point to be noted under the present division of our subject is, that *homicide* as well as accident unhappily adds to the mortality of St. Giles' in a distinguishing degree.

SECTION IV.—On the Localization of Disease and Death in St. Giles's in 1863.

A. In Sub-Districts. Referring to each sub-district those persons who were taken from it for treatment in hospitals, or in the parish infirmary, the subjoined table gives the materials for calculating the death-rate in each. [*See Table top of next page.*]

The death-rate* of persons resident in each sub-district, without reference to the place where they happened to die, is therefore, in St. George, Bloomsbury, 20·3 per 1000; in St. Giles' South 33·3 per 1000; and in St. Giles' North 27·8 per 1000. Herein the workhouse with its residents is excluded.

* In this computation the population for the year 1863 has been computed according to the rate of change experienced between 1851 and 1861. Thus Bloomsbury has been estimated to contain 17509 persons; St Giles's South (without the workhouse) 18695. St. Giles' North 17150. All the three death-rates. it is to be further observed, are rather too high, from the year being taken at 53 weeks, but correction for this is made in the table that follows.

Sub-districts of St. Giles's, Deaths in 1863.

Deaths of residents in sub-district of	Dying at own Homes.	Dying in Hospitals.	Dying in Workhouse.	Total.
Bloomsbury.....	318	18	19	355
St. Giles's South.....	481	38	104	623
(Workhouse Inmates, &c.) ...	...	...	116	116
St. Giles's North	403	23	52	478
Whole District	1202	79	291	1572

Comparing these figures with the results of former years (and taking the rate per *ten thousand* to avoid fractions) we have the following

Death-rate per 10,000 in Sub-districts.*

Districts.	1857.	1858.	1859.	1860.	1861.	1862.	1863.
St. George, Bloomsbury	180	198	184	185	205	216	199
St. Giles's South	357	292	349	346	291	317	327
St. Giles's North	283	277	240	247	279	282	273
Whole District.....	280	258	260	262	270	289	285

* Correction has been made for the extra length of the registration years 1857 & 1863.

In the year 1863, the three sub-districts were in their usual order, viz: Bloomsbury healthiest, next St. Giles' North, while the largest mortality falls on St. Giles' South. None of the sub-districts differed strikingly from its average of former years, but a slight decline in the mortality of Bloomsbury from 1862 is to be observed.

In this place it is customary to give the registered Births of each year. The Registrar General comments upon the increased vigilance of local registrars throughout the metropolis, in getting information of all the births that occur. Perhaps this cause may have operated to increase the numbers in St. Giles's. But it is certain that any such vigilance is an inadequate substitute for a proper system of compulsory registration, such as exists in Scotland and Ireland and in most Continental countries.

Registered Births in Sub-districts.

Sub-districts.	1857.	1858.	1859.	1860.	1861.	1862.	1863.
St. George Bloomsbury	398	403	411	430	416	383	467
St. Giles's South	860	717	780	786	808	772	881
St. Giles's North	592	557	538	562	532	583	550
Whole District.....	1850	1677	1729	1778	1756	1738	1898

B. In the Ten Localities. The varying character of the residents within the bounds of the same registration sub-districts renders a further sub-division desirable in considering the localization of prevalent diseases in St. Giles's. The same ten localities that have been adopted in former reports will therefore be taken in the present for the further consideration of this subject. Their boundaries have been often stated, and their population is given in the VIIth Table of the Appendix. Here it is needful to remark that however desirable it would be to make correction for the fluctuations of population in each locality from year to year, this has not been found practicable, and the population of 1861 is therefore retained as the basis for calculations of death-rate.

The Mortality from all causes in 1863 was distributed in the ten localities in the manner shown on the table next following. The order of healthiness (on this standard) is not materially different from that observed in 1862, indeed the five localities at the head of this table, and the one at the bottom of the list stood in just those same positions in the former year. The fact is seen—that would be startling if we had not got used to it—that three persons die in the poorer parts of South St. Giles' for every one that dies in the richer parts of Bloomsbury. And this is after exclusion of deaths in the workhouse.

Ten Sub-divisions of St. Giles's; their order of Mortality from all causes, 1863.

Order of Sequence, 1863.	Locality of	Actual number of Deaths in 1863.				Total Mortality per 10,000.
		In Houses.	In Workh.	In Hosptls.	Total.	
Best 1st.....	B. Russell-square.....	67	2	3	72	129
2nd.....	A. Bedford-square	59	2	3	64	162
3rd.....	L. Lincoln's Inn-fields...	40	—	5	45	199
4th. ...	D. Bloomsbury-square...	108	3	8	119	226
5th. ...	C. Coram-street	138	11	7	156	255
6th.7th.8th.	E. Church-lane.....	109	24	8	141	301
	F. Dudley-street	239	29	12	280	309
	K. Southern Drury-lane.	125	21	12	158	312
9th....	H. Northern Drury-lane.	121	53	9	183	355
Worst 10th.	G. Short's gardens	196	30	12	238	377
	Workhouse Inmates, &c.	—	116	—	116	—
Whole District		1202	291	79	1572	291

The figures of this table tell sufficiently their own story. With the remark that the mortality of the Coram Street locality was a shade under that of 1862, we may pass to consider the ages at death and the chief causes of death in each of the ten sub-divisions.

The Ten Sub-divisions—their Order of Infantile Mortality in 1863.

Order of Sequence, 1862.	Locality of	Deaths among Children in 1863.				Infantile mortality per 10,000 residents.
		Under 3 Months.	3 Months to 2 years.	2 years to 5 years.	Total under 5 years.	
Best... 1st. ...	B. Russell-square	5	7	3	15	27
2nd...	A. Bedford square	6	12	6	24	61
3rd....	L. Lincoln's Inn fields	7	7	5	19	84
4th.....	D. Bloomsbury-square	9	24	15	48	91
5th.....	C. Coram-street	11	41	14	66	108
6th.....	K. Southern Drury-lane.....	16	36	13	65	128
7th.....	E. Church-lane.....	13	36	14	63	134
8th.....	H. Northern Drury lane.....	19	38	26	83	160
Worst 9th.-10th.	F. Dudley-street	41	83	32	156	172
	G. Short's-gardens	28	59	25	112	178
	Workhouse Inmates, &c.....	7	10	2	19	—
Whole District		162	353	155	670	124

Here will be seen to what a great degree the variations in the total mortality are produced by the deaths of infants. While Russell Square district lost only 15 children under 5 years, or 27 per 10,000 of its residents; the parts about Dudley Street and Short's Gardens experienced deaths among children to the extent of 172 and 178 per 10,000 of their population respectively. Doubtless there are fewer infants among the people of comfortably established position in the one neighbourhood, than swarm in the poor courts and alleys of the other district. But this consideration explains but a very small part of the prodigious disproportion between the localities at the top and at the bottom of this list.

The Ten Localities—their Order of Mortality from Zymotic Diseases,

(Miasmatic Order) **1863.**

Order of Sequence, 1863.	Locality of	Deaths from Miasmatic Diseases in 1863 *									Miasmatic mortality per 10,000.
		All miasmatic diseases.	Small-pox.	Measles.	Scarlet Fever.	Diphtheritis.	Whooping Cough.	Continued fevers, of which ( ) registered as "typhus."	Diarrhœa.	Other miasmatic diseases.	
Best 1st....	B. Russell-square	10	1	1	3	1	—	1 (-)	—	3	18
2nd.	A. Bedford-square.....	17	1	1	3	2	4	3 (1)	2	1	43
3-4	L. Lincoln's Inn-fields..	12	2	—	3	4	—	1 (-)	1	1	53
	K. Southern Drury-la.	28	4	2	5	—	5	6 (1)	5	1	55
5th.	E. Church-lane.....	30	3	5	5	1	4	4 (3)	7	1	64
6-7	D. Bloomsbury-square..	37	1	3	15	—	5	2 (-)	5	6	70
	F. Dudley-street	63	14	3	12	1	10	11 (4)	11	1	70
8th.	C. Coram-street.....	48	7	6	11	1	3	6 (3)	5	9	78
Worst	H. Northern Drury-la.	48	14	6	10	2	3	5 (2)	8	—	93
9-10	G. Short's-gardens.....	59	10	5	10	1	7	11 (5)	13	2	94
	Workhouse Inmates ...	8	—	—	1	—	1	2 (2)	2	2	—
Whole District.....		360	57	32	78	13	42	52 (21)	59	27	66

* The totals may not always be found to correspond exactly with those in Table III. of the Appendix. This would arise from the different ways in which a complicated disease may be recorded on two occasions. In the column of "fevers," puerperal fever is here included. With scarlatina, quinsy.

Here again Russell Square district stands in the highest position, having about a fifth part of the zymotic mortality for its population that is observed in the worst parts of St. Giles'. But it is not necessary to leave the Parish of Bloomsbury for a contrast with the Russell Square district. The Coram Street locality continued in 1863 the very high rate of death from these diseases that it had in 1862: every important disorder of the zymotic group giving several deaths in that unfortunate district, and scarcely any being unrepresented on its death-rolls. It will be seen that small-pox found its largest number of victims in those districts whose general zymotic mortality was greatest, a circumstance that would seem to show that vaccination is not much more neglected in one part of St. Giles' than in another. Fevers obtained their maximum prevalence in Dudley Street and Short's Gardens district, where the most deaths from typhus proper were also recorded. Bloomsbury Square district holds a bad position by reason of the many deaths from scarlatina that occurred there.

The Ten Localities—their order of Mortality from Tubercular Diseases, 1863.

Order of Sequence, 1863.	Locality of	Deaths from Tubercular Diseases.			Tubercular Mortality per 10,000.
		From Consumption, Tabes, and Scrofula.	From Water-on-the Brain.	Total.	
Best ... 1st....	B. Russell-square.....	3	—	3	5
	L. Lincoln's Inn-fields	6	—	6	27
	A. Bedford-square	9	2	11	28
2.-3.-4.-5th	D. Bloomsbury-square	12	3	15	29
	C. Coram-street	16	2	18	30
6th ...	K Southern Drury-lane	23	5	28	56
7th ...	F. Dudley-street	43	11	54	60
8th ...	H. Northern Drury-lane.....	28	5	33	64
Worst	G. Short's-gardens	37	7	44	70
9.-10th	E. Church-lane	30	4	34	73
	Workhouse Inmates	21	—	21	—
Whole District		228	39	267	49

Tuberculous diseases constitute the next class of causes in which St. Giles' district is conspicuously fatal beyond the average of London. The ten localities appear to suffer from these complaints very much in the order of their poverty, and this is to be expected from the conditions of privation and exposure under which consumptive diseases chiefly arise. But the three districts lowest on the list have an especial reason for high tubercular mortality in the large number of common lodging houses they contain. These establishments often constitute the last alternative with the workhouse for persons suffering from incurable maladies, and consumption is one of the diseases that always prevails to an extreme extent in the districts where such houses abound.

Diseases of the lungs have been fatal in the ten localities in the proportions below specified. After what has been said concerning the influence of exposure with insufficient food and clothing upon the production of these diseases, there is no remark of importance to be made upon the order of this table.

The Ten Localities--their order of Mortality from Diseases of the Lungs, 1863

Order of Sequence, 1863.	Locality of	Deaths from Lung Diseases.			Mortality per 10,000.	
		Acute Bronchitis, Inflammation of Lungs and Pleura.	Chronic Bronchitis and Asthma.	Total.	From acute lung diseases.	From all lung diseases
Best ... 1st....	B. Russell-square	3	7	10	5	18
2nd...	A. Bedford-square	7	2	9	18	23
3rd....	L. Lincoln's Inn-fields ...	4	2	6	18	27
4th....	D. Bloomsbury-square ...	9	10	19	17	36
5th....	C. Coram-street	19	8	27	31	44
6th....	F. Dudley-street	33	18	51	38	57
7th....	E. Church-lane	17	13	30	37	64
8th....	H. Northern Drury-lane...	21	16	37	41	72
9th....	G. Short's-gardens	34	17	51	54	81
Worst 10th ...	K. Southern Drury-lane...	28	17	45	55	89
	Workhouse Inmates.....	3	34	37	—	—
Whole District.....		178	144	322	33	60

Deaths from Violence and Intemperance numbered 69 in the whole district, and were distributed as follows : In locality A, 4 ; In B & C, each 6 ; In D and E, each 3 ; In F and G, each 11 ; In H, 7 ; In K, 10 ; In L, 2 ; while six deaths from such causes were among inmates of the workhouse.

The general conclusion to be drawn from this chapter appears to be that we are achieving a little better position for those districts which habitually had the most of zymotic deaths, but that one district at least is deteriorating steadily in this respect. Both the fact and the exception appear to point to the influence of sanitary work over this class of disease. But in respect of deaths among infants from other than zymotic causes, in respect of consumption and lung disease, and probably also in respect of other disorders not here investigated, the poorer districts manifest little disposition to rise to the standard of the wealthier neighbourhoods. And it is not so certain that with these classes of disorders, the sanitary powers entrusted to the Board of Works are able to contend.

SECTION V.—On the Diseases and Deaths in the Practice of the Public Medical Institutions of St. Giles's in 1863.

A summary of the practice of the Parochial Medical Officers is given on the opposite page. A comparison of this table with the corresponding one of 1862 shows an increase in those branches of the workhouse practice which from their nature most admit of variation from year to year. Within the Workhouse Infirmary the number of cases received and the mortality are both somewhat below the standard of 1862, yet are higher than have been observed in other years. In the out-patient department, the numbers for 1863 are exceptionally high, both among people whose smaller ailments allow of their attending at the dispensary and among those who are visited at their own homes.

Applicants at the parochial dispensary appear to have been more numerous than in 1862 through the greater prevalence of diarrhœa and of slight feverish disorders, and also through the much greater number of sufferers from bronchitis and other lung diseases. Those who were visited at home would be almost the same in number in the two years but for the prevalence of small-pox, 210 cases of which disease required treatment at their homes in 1863 against 3 cases only in 1862. Small-pox cases, in so far as they have been removed from their own homes, have been received into the parish infirmary, where they have been distributed among other patients whose vaccination was well ascertained. Even with this precaution, there was some risk in the admixture of this disease, but fortunately no serious ill results have followed. The admissions for small-pox were 95, of whom 5 only died. They were unvaccinated persons. Typhus fever sent 141 cases to the infirmary for treatment, against 359 in 1862, and the deaths in the 141 cases amounted to 10 only.

The high mortality that is observable from certain classes of disease in the practice of the infirmary results from two circumstances in the main : the incurable nature of many of those complaints which drive their victims to the workhouse as a last refuge ; and the late period of their course at which the diseases come under treatment. The influence of these conditions has been very conclusively shown in some tables recently compiled by Mr. Bennett.

The practice of the Bloomsbury Dispensary in 1863, is shown in summary on the table on page 14. While the total number of cases coming under treatment was a little under that of the two previous years, the cases that have been severe enough to require treatment at their own homes have been

Cases of Disease and Deaths, occurring in the Practice of the Workhouse in 1863, and its four Quarters.

Cases occurring.—	Within Walls of Workhouse, (Infirmary and Inmates.)										Among Out- Patients attending at Workhouse.					Among Patients visited at their own homes.										
In Quarters of the Year.	First Quarter.		Second Quarter.		Third Quarter.		Fourth Quarter.		Whole Year.		First.	Second	Third.	Fourth	Whole Year.	First Quarter.		Second Quarter.		Third Quarter.		Fourth Quarter.		Whole Year.	
Cases.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases. No Deaths.					New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths.
Of all Diseases	320	93	351	56	346	49	384	89	1401	287	1142	1269	1682	1343	5436	668	52	660	59	619	45	671	58	2618	214
Small Pox	22	...	43	3	18	...	12	2	95	5	5	23	13	5	46	40	7	94	13	44	5	32	6	210	31
Measles	1	...	8	...	1	...	2	...	12	...	10	26	10	0	46	25	...	72	5	14	1	6	...	117	6
Scarlet Fever	2	...	4	1	3	...	...	...	9	1	...	9	6	9	24	9	2	11	1	28	5	30	5	78	13
Whooping Cough	...	...	1	...	1	1	19	1	21	2	5	21	19	15	60	1	...	9	1	...	...	9	1	19	2
Diarrhœa	...	...	3	1	5	1	...	...	8	2	111	152	526	117	906	16	1	25	1	83	...	15	...	139	2
"Fever and Febricula"	7	...	8	...	2	...	9	...	26	...	99	175	162	139	575	55	3	56	...	52	...	36	1	199	4
"Typhus Fever"	25	3	13	...	24	3	79	4	141	10	...	...	...	..	...	26	1	30	...	25	1	37	2	118	4
Ague	...	...	...	...	...	...	...	...	...	...	...	..	2	...	2	...	...	...	...	...	...	...	...	...	...
Bronchitis (acute and chronic)	66	26	47	17	31	8	50	20	194	71	358	265	231	381	1235	108	12	49	8	27	1	91	7	275	28
Inflammation of the Lungs & Pleura	5	1	5	2	2	1	9	2	21	6	15	20	20	18	73	26	1	39	4	32	6	47	11	144	22
Consumptive Diseases	30	28	14	9	21	16	34	19	99	72	3	3	8	10	24	30	8	26	13	31	12	37	11	124	44
Ophthalmia	2	...	4	...	2	...	1	...	9	...	5	11	18	11	45	2	...	...	...	...	...	3	...	5	...

steadily increasing in number. These cases are a chief test of the usefulness of a dispensary. The class of poor persons above the rank of paupers, who require gratuitous medical assistance are largely indebted to the out-patient departments of hospitals, but the dispensary alone is the charity to which they can look when their illness is of a sort to be made worse by going out of doors. But for the Bloomsbury Dispensary a great proportion of these thousand persons who receive assistance at their own homes must have been driven to seek medical relief from the parish.

New Cases treated at Bloomsbury Dispensary, 1863.

Quarter ending.	Physician's Cases.			Surgeon's cases.			Casualties.	Total.		
	Admitd.	Visited at home.	Died.	Admitd.	Visited at home.	Died.		Admitd.	Visited at home.	Died.
Mar. 25th.	763	183	30	266	70	3	239	1268	253	33
June 24th.	741	171	20	253	52	2	236	1230	223	22
Sept. 29th.	793	200	24	181	41	1	198	1172	241	25
Dec. 25th.	672	188	15	190	59	2	206	1068	247	17
Whole Yr.	2969	742	89	890	222	8	879	4738	964	97

The mortality among the Dispensary patients, in proportion to the number of severe cases, was slightly less in 1863 than in the preceding year.

At the British Lying-in Hospital in Endell Street four deaths only occurred, three of them were of children, and the remaining one was of a mother who died from puerperal peritonitis.

SECTION VI.—On the Deaths in St. Giles', where there was no Certificate of the Cause from a Medical Practitioner or Coroner.

These deaths in 1863 numbered twenty-six. In nine of these cases there was no medical attendant in the fatal illness, and in none was the cause of death certified by a medical practitioner. In none of these cases was any enquiry made as to the real cause of death; but in all, the death was registered, a certificate for interment was therefrom obtained, and in every case the body was buried without further question.

The registration laws do not appear, indeed, to have been enacted primarily to provide information as to the cause of death, but as they have long been administered, these laws have provided a most valuable check upon the manner in which persons have come by their death. In at least 97 cases out of a hundred, certificates of the cause of death are made by medical practitioners in set form and with a fair amount of accuracy. But the law has not provided for this practice, but has permitted registration of death without any other evidence of its cause than the statement of some person present.

It has repeatedly been contended in these reports that the practice which is so nearly universal, should, in the interests of society, be made a matter of law. That any certificates of the cause of death are given depends under present arrangements upon the administration of an office, and upon the voluntary services of medical practitioners. Even if one should make the blunder of looking on statistics as an end in themselves, instead of a means for advancing the department of knowledge to which they are applied, it would be desirable to get our figures freed from 3 per cent. of wholly unreliable data. But the subject matter of these statistics is the life and death of

the population. By ensuring that the cause of death shall be well ascertained in every case—we obtain more certain knowledge to apply to the prevention and alleviation of disease. We also exercise a most important influence in restraining and detecting death from unfair means.

A very little alteration of the registration laws would suffice to extend the present practice of registering causes of death to every instance where certificates are now deficient. Such an amendment cannot be deemed impossible when actual practice has advanced already to the desired point in 97 per cent. of deaths. In some districts indeed, what is here contended for is actually observed as a rule ; civil registrations being refused in any case where the cause of death is obscure, until the coroner has been communicated with. Although this practice appears of doubtful legality, no inconveniences are known to be produced by its operation.

Since this subject was first brought under notice in these reports, the Metropolitan Association of Medical Officers of Health has given careful attention to it, and have pressed the views that are here advocated upon the attention of the Registrar General. Similar opinions have been published recently by the Coroner for Central Middlesex, whose experience shows that facility to crime is undoubtedly afforded by the present system of interring bodies without sufficient evidence of the way in which death was produced. Memorials to the Home Secretary have been presented by most of the District Boards of London, and first by that of St. Giles's, advocating an improvement of the laws in this respect. And public attention is being called by the public press to the need of further provision for the safety of life.

SECTION VII.—On the Sanitary Work of 1863.

By the following tabular statement it appears that the usual amount of house inspection was performed in St. Giles's in 1863. The poorer streets of the district, and those where zymotic disease was most prevalent, have been the objects of special care. In the presence of epidemic typhus much attention has been given to promote cleanliness and ventilation, and to reduce overcrowding in the Southern parts of St. Giles. The table does not indeed show the full amount of work that has been done in the last direction. With every notice for the abatement of other unwholesome conditions, and upon every available opportunity, warning has been given to the owners of house property of the determination of the Board to prevent overcrowding. The five instances notedin the table refer only to cases where further proceedings were commenced for the protection of the public health in this respect. In the case of one overcrowded house, the owner was summoned, and the decision of the Magistrate at Bow Street upheld the view of the Board that 400 cubic feet of air were essential to the health of every adult inmate. It is probably to care upon this point that the reduction of the zymotic mortality of St. Giles's is mainly to be ascribed. The precautions as to space which the legislature has provided in Common Lodging Houses require especially to be extended to poor houses occupied by a family in every room, (and which do not fall under the technical definition of Common Lodging Houses) at a time when London is subjected to "improvements" whose tendency is to overcrowd the working population more seriously than ever. Experience has shown that the demolition of poor neighbourhoods by new streets produces no corresponding reduction in the number of inhabitants ; for the displaced population is partly provided for in houses previously occupied by single families ; partly it is received into houses which already contain as many inmates as they can healthfully accommodate. A larger rent can be obtained for the same room if it is overcrowded by a large family than if it be hired for only as many inmates as it can properly receive. Hence the interests of landlords are constantly on the one side, the health of the poor on the other. This antag-

cnism would evidently increase year by year, as the accommodation for the poor in the centre of London becomes less and less adequate to their increasing numbers. But the premium on unwholesome crowding is much increased by the progress of those metropolitan works, which, however admirable in themselves, destroy whole streets of poor houses without making any provision for those who are displaced.

House Improvements in St. Giles's, effected under the superintendence of Inspector Webb between March 25th, 1863, and March, 25th, 1864.

Number of houses improved		510
Improvements in Drainage.	Drains constructed	102
	Improved or repaired	102
	Traps fixed	199
	Cesspools abolished	25
	Stables drained and horse-pools abolished	48
In Water Closets.	Pan, trap, and water provided	27
	Water and apparatus only provided	180
	Cleaned or repaired	144
	Newly constructed or re-built	10
In Dust Bins.	Newly constructed	23
	Repaired or covered	41
Paving.	Re-laid	61
In General Water Supply.	Receptacles provided	20
	Receptacles repaired	70
	Water provided where none in house before	3
In Cleanliness and Repair.	Generally repaired	27
	Cleansed and lime-whited	301
	Various accumulations removed from cellars, &c.	73
In Ventilation, &c.	Ventilation improved	150
	Overcrowding reduced	5
	Kitchens disused, or made legally habitable	20
	Other rooms disused	2
Proceedings taken.	First notices	329
	Second notices, letters, &c.	38
	Summoned	2
	Reported to Police or District Surveyor	7
Total Improvements		1633

At the present moment, a bill is before parliament for making a new railway through the poorest parts of St. Giles's. The simultaneous formation of a handsome new street, that will involve the removal of some 200 dwelling houses, of a kind now occupied by the very poorest people, is likely to be insisted on by Parliament as one of the conditions for conceding this bill. At the lowest computation 2500 persons will be displaced by this scheme.

Unless provision be simultaneously made for accommodating, either in large central lodging houses or in the suburbs with access by railway, the people who are thus removed, the spectacle will be repeated in St. Giles's that has lately been seen in the East of London of a number of families wandering about some Saturday night, with their scanty worldly goods on their backs, without any resting place but the workhouse. Even at an advanced rent, the people who are displaced will hardly be able to get an accommodation so good as the meagre one they have left, and they are generally of a class ignorant enough to be content with worse conditions of lodgement, such as will certainly

be injurious to their moral welfare, and will conduce more than anything else to the shortening of thei rlives. In such a scheme as that now under consideration, it is therefore, of the last importance that the sanitary aspects of the case should not be overlooked.

A useful measure has been adopted to prevent overcrowding in Lincoln Court. On the inside of every room door a paper has been affixed, stating the number of inhabitants that can be allowed to reside in that room, in conformity with the scale of cubic space settled by the Board of Works. The owner deserves to have the credit of assenting to this plan.

A special report was made in 1863 upon one of the worst spots in our district, Church Lane and its vicinity. As this report is in print, it is only needful here to mention the conclusion which it arrived at; that unceasing care was demanded of the owners of the houses to prevent the incessant recurrence of dangerous nuisances among the miserable population. But that the very construction of the courts, and especially the way in which every spot of groundin the rear of the lane was covered by thickly tenanted hovels, was an obstacle to effectual sanitary improvement; that the absence of any notion of decency among the residents tended to perpetuate nuisances, and that conversely the filthy conditions under which they lived, were injurious to all notions of decency.

The courts about Coram Place, which were stated in the last of these reports to be deteriorating from year to year in their sanitary state, have been shown in the present report to have experienced a still higher rate of mortality from those diseases that are most produced by the operation of bad hygienic circumstances. What could be done in these courts by the action of the Sanitary Inspector has been done throughout the year, but the original arrangement of many of these courts, in hollows below the street level, where the air is stagnant and the drainage bad, constitutes an unhealthy condition with which the Inspector has no power to deal, but which appears to be making its influence more felt as each year passes by. Representations to this effect have been made in 1863 to the Committee of the Foundling Hospital, upon whose estate most of these courts are situated. This Committee state that they have no power to undertake a thorough reconstruction of these courts until the expiration of the existing leases. They have given instructions to their Surveyor, however, to see that the covenants of the leases are strictly enforced as to the proper maintenance of the property.

The Slaughter-houses of the district that were formerly licensed have had their licenses renewed. Applications for new licenses were made by owners of slaughter-houses in Drury Lane and New Yard, and were opposed, as the places in question were not in conformity with the requirements of the Building Act of 1848. Their licenses were consequently refused. The New Yard premises had previously been employed as a slaughter-house without a license, and for this infringement of the law the owner would have been summoned if he had not immediately ceased to employ them for that purpose. All the licensed slaughter-houses have been repeatedly inspected, and are in satisfactory order.

The Cow-houses of the district received considerable improvement from their proprietors before the time came for a renewal of their licenses at Michælmas. Several of them however remained in an especially defective state, and their owners received their licenses with a warning to keep them better. The regulations of the Board for the management of these establishments have been pretty well observed in the majority of instances, so that it is to be hoped that the injury to health which cow-houses are demonstrated to produce in St. Giles's may be somewhat lessened in the future.

In the session 1862-63, an Act of Parliament was passed for the Better Regulation of Bakehouses, providing for cleanliness and ventilation, and prohibiting the employment by night of boys under eighteen years of age, and forbidding any place on the bakehouse level to be used as a sleeping place unless properly separated from the bakehouse itself. An inspection of 56 bakehouses of St. Giles's under the powers of the Act was made with the following results :

BAKERIES—Forty eight.

Persons under eighteen years of age employed by night	0
,, ,, employed by day (legally)	11
Sleeping room on bakehouse level complying with the law	1
,, ,, not so complying	2
Bakehouse on level of street	6
,, underground	40
,, half underground	2
Bakehouse clean	28
,, requiring limewhiting	16
,, ,, and otherwise dirty	4
Bakehouses well ventilated	39
,, capable of being ventilated but habitually kept too close	6
Bakehouses badly ventilated	3
,, smelling of drains, &c	4
Bakehouses lighted sufficiently from without	36
,, capable of being so lighted but habitually darkened	5
,, admitting little or no external light	7

CONFECTIONARIES—with no night nor early morning work—Eight.

Clean	4
Requiring limewhiting	4
Ventilation good	7
,, bad	1
On street level	4
Underground	4

In respect of every condition that infringed the law, notices have been served upon the proprietors of the bakehouses, and numerous improvements have been made in consequence.

Another enquiry whose results it is here of interest to put on record was made in the summer of 1863, while small-pox was extensively prevalent in London. 1986 children in the National and other elementary schools of St. Giles's and Bloomsbury, and in the workhouse, were examined as to their vaccination. These may be classified as follows :—

1868 with vaccine marks, 1 of whom was scarred by small-pox.

97 without vaccine marks, 34 of whom was scarred by small-pox.

21 with doubtful vaccine marks.

More than a third of unvaccinated persons, therefore, even at the age of school schildren, had already been disfigured by small-pox, while of those who had been vaccinated less than one in a thousand had any marks of small-pox.

The quality of the vaccine scars was noted in 1876 of the children. The subjoined figures show the number of children that bore scars of the number and kind indicated:

Vaccine Marks.	Good.	Tolerable.	Bad.
Four or more - - - -	395	104	63
Three - - - - -	355	89	53
Two - - - - - -	287	89	49
One - - - - -	185	59	36

Proof has been repeatedly given, of the most extended and indisputable kind, that the protective value of vaccination is greater according as the scars left by the operation are numerous and well marked. Not half the vaccinated children examined in the St. Giles's schools can be considered to have received all the protection against small-pox that vaccination is capable of affording. This is an important fact to which public attention should be directed. Parents should know that the kind of vaccination that produces no constitutional and hardly any local effect is very likely to leave their children susceptible to an attack of small-pox.

At the time of inspection, those children whose vaccine scars were very imperfect were urged to have the operation repeated. Hand bills were circulated through the district, with the authority of the Board of Works, giving information about the outbreak of small-pox, and urging revaccination as well as primary vaccination for those who required it.

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75, Gower Street.

June, 1864.

APPENDIX.

TABLE I.--Mortality per Thousand in London, in the Divisions of London, and in St. Giles's in 1863, and in preceding Years.

NOTE.—The Death-rate of each year has been computed afresh by the Registrar General, from corrected Data. The figures of this table differ therefore from those of former reports, and should be substituted for them.

Death-rate in London, in groups of Districts, and in St. Giles.	Mean of Ten years 1847-1856.	Mean of Five years 1855-1859.	Death-rate of last Seven years, each corrected to 356¼ days.						
			1857.	1858.	1859.	1860.	1861.	1862.	1863.
LONDON.....	27·02	23·08	22·41	23·90	22·69	22.49	23·18	23 56	24·52
WEST DISTRICTS.—(Kensington, Chelsea, St. George, Hanover-square, Westminster, St. Martin, St. James.)	23·27	21·89	21·19	22.37	21·44	22·17	22·42	22·30	23·24
NORTH DISTRICTS.—(Marylebone, Hampstead, Pancras, Islington, Hackney)	22·67	22·08	21·50	22·88	21·67	21·17	22·33	22·00	23·81
CENTRAL DISTRICTS—(St. Giles, Strand, Holborn, Clerkenwell, St. Luke, East London, West London, London City)	25·10	24·10	23·77	24·46	24·14	23·34	25·03	25·83	26·64
EAST DISTRICTS—(Shoreditch, Bethnal Green, Whitechapel, St. George East, Stepney, Poplar)	26·43	24·63	24·63	25·78	23·95	24·08	24·02	25·98	26·65
SOUTH DISTRICTS.—St. Saviour, St. Olave, Bermondsey, St. George Southwark, Newington, Lambeth, Wandsworth, Camberwell, Rotherhithe, Greenwich, Lewisham.)	26·81	22·90	21·49	23·96	22 60	22·14	22·79	22·68	23·37
ST. GILES.—Registered mortality...	26·89	25·49	26·60	24·84	24·82	24·97	25·81	27·49	27·34
Corrected for Hospitals	—	26·61	28·20	25·91	26·13	26·33	27·12	28 ·99	28·64

TABLE II.—Deaths in Hospitals among Patients brought from St. Giles's and neighbouring Districts, 1863.

Districts.	Total ascertained Deaths in London Hospitals.	Kings College Hospital, (Strand).	Middlesex Hospital (Marylebone).	Charing Cross Hospital (St. Martins)	University College Hospital (St. Pancras)	Children's Hospital (Holborn.)	St. Bartholomew's Hospital (W London)	Royal Free Hospital (St. Pancras).	London Fever Hospital (Islington).	Small Pox Hospital (Islington.)	Westminster Hospital (Westminster).	St. Mary's Hospital (Paddington).	Deaths in Hospital *out of* the district.
St. Pancras	231	17	53	0	77	8	13	13	23	27	—	—	141
St. Marylebone	212	7	80	5	23	3	2	2	33	16	—	47*	132
METROPOLIS ...	4105	180	247	78	169	77	577	77	335	290	147	189	—
Holborn.....	89	17	4	3	2	10	30	6	8	9	—	—	79
Strand	97	43	14	16	1	7	3	1	7	5	--	—	54
St. Martin's	60	12	3	20	0	1	3	0	6	4	11*	—	40
St. Giles's	82	21	22	6	5	8	7	5	0	5	3*	--	82

The figures in the above table were obtained by personal inspection of the books of the several Hospitals, with the exception of those marked with a star, and for these I have to thank Dr. Sanderson, and Mr. Beale, the Officers of Health of Paddington and St. Martin. No particulars have been ascertained, respecting the three Deaths of St. Giles's parishioners in the Westminster Hospital, and they are nowhere taken into consideration in the statements of the Report.

TABLE III.– Causes of Death in St. Giles's in 1863, with the Ages at Death.

(Deaths in Hospitals are here included.)

Class.	Causes of Death.	At all Ages.			Under 2 years.	2 and under 5.	5 and under 10.	10 and under 20.	20 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and under 75.	75 and under 85.	85 and upwards.
		Males.	Females.	Total.												
	All causes	801	771	1572	516	155	70	58	27	93	109	158	147	152	65	22
	Specified causes	799	764	1563	511	155	70	58	27	92	109	157	146	151	65	22
	(Classes.)															
I.	Zymotic Diseases	219	183	402	178	89	37	20	12	20	16	12	11	4	3	...
II	Constitutional ,,	150	163	313	49	26	14	28	9	41	44	51	37	13	1	...
III.	Local ,,	332	300	632	154	35	16	9	6	23	48	89	95	119	34	4
IV.	Developmental,,	69	93	162	93	5	1	...	...	4	...	2	1	13	25	18
V.	Violent Deaths	29	25	54	37	...	2	1	...	4	1	3	2	2	2	...
	(Orders.)															
I.	1 Miasmatic Diseases	196	164	360	147	89	37	18	11	20	12	9	11	3	3	...
	2 Enthetic ,,	6	11	17	14	...	...	2	...	...	1	1	...	...	...	...
	3 Dietic ,,	17	8	25	17	...	...	...	1	...	3	3	...	1	...	...
	4 Parasitic ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
II.	1 Diathetic ,,	13	34	47	...	...	...	2	...	3	6	14	12	9	1	...
	2 Tubercular ,,	137	129	226	49	26	14	26	9	38	38	37	25	4	...	...
III.	1 Diseases of Nervous System	74	75	149	49	7	4	2	2	5	11	18	18	21	12	...
	2 ,, of Organs of Circulation	40	35	75	...	...	2	2	1	11	10	13	14	16	4	2
	3 ,, of Respiratory Organs	171	151	322	99	25	9	2	1	3	15	38	47	69	13	1
	4 ,, of Digestive Organs	29	22	51	6	2	...	1	...	2	8	14	12	5	...	1
	5 ,, of Urinary Organs	18	10	28	...	1	...	2	2	1	4	4	3	7	4	...
	6 ,, of Organs of Generation	...	4	4	...	...	...	...	...	1	...	1	...	1	1	...
	7 ,, of Organs of Locomotion	...	3	3	...	...	1	...	...	...	...	1	1	...	...	...
	8 ,, of Integumentary System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
IV.	1 Dev. Diseases of Children	29	27	56	53	3	...	...	...	...	...	...	...	...	...	...
	2 ,, of Adults	...	4	4	...	...	...	...	...	4	...	...	...	...	...	...
	3 ,, of Old People	20	38	58	...	...	...	...	...	...	...	1	1	13	25	18
	4 Diseases of Nutrition	20	24	44	40	2	1	...	...	...	...	1	...	...	...	...
V.	1 Accident or Negligence	22	22	44	33	...	1	1	...	2	1	1	2	1	2	...
	3 Homicide	3	2	5	4	...	...	...	...	1	...	...	...	...	...	...
	4 Suicide	3	1	4	...	...	...	...	...	1	...	2	...	1	...	...
	5 Execution	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Violent Deaths not classed	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...
	Sudden Deaths, cause unascertained	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...
	Causes not specified or ill-defined	2	6	8	5	...	...	...	...	1	...	1	1	...	...	...

TABLE III—(CONTINUED.) Diseases in Orders.

Class.	Causes of Death.	At all Ages.			Under 2 years.	2 and under 5.	5 and under 10.	10 and under 20.	20 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and under 75.	75 and under 85.	85 and upwards.
		Males.	Females.	Total.												
I.	Order 1.															
	1 Small Pox	29	28	57	16	14	11	3	1	9	1	1	1	...	...	...
	2 Measles	19	13	32	17	14	...	1	...	...	...	...	...	...	...	...
	3 Scarlatina	43	33	76	20	33	15	5	2	...	...	...	1	...	...	...
	4 Diphtheritis	8	5	13	2	8	1	1	...	...	...	...	1	...	...	...
	5 Quinsy	...	3	3	1	1	1	...	...	...	...	..	...	...	...	...
	6 Croup	8	3	11	7	2	2	...	...	...	...	...	...	...	...	...
	7 Whooping Cough	21	21	42	28	12	2	...	...	...	...	..	...	...	...	...
	8 Continued Fevers, Typhus, &c.	24	24	48	2	4	4	5	5	7	9	7	4	1	...	...
	9 Erysipelas	6	4	10	2	...	...	...	1	1	1	1	2	2	...	...
	10 Metria	...	3	3	...	...	...	1	1	1	...	...	...	...	...	...
	11 Carbuncle	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
	12 Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
	13 Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	14 Diarrhœa	31	27	58	51	...	...	1	...	...	1	...	2	...	3	...
	15 Cholera	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...
	16 Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	17 Remittent Fever	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...
	18 Rheumatism	3	..	3	...	...	...	...	1	2	...	...	...	...	...	...
	19 Other Miasmatic Dis.	2	...	2	1	...	...	1	...	...	...	...	...	...	...	...
	Order 2.															
	1 Syphilis	6	11	17	14	...	...	2	...	...	1	...	...	...	...	...
	2 Stricture of Urethra	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Order 3.															
	1 Privation	4	4	8	7	...	...	...	...	...	...	1	...	...	...	...
	2 Want of Breast Milk	2	1	3	3	...	...	...	...	...	..	...	...	...	...	...
	3 Rickets, &c	5	2	7	7	...	...	...	...	...	...	...	...	...	...	...
	4 Alcoholism.—															
	a Delirium Tremens	4	...	4	...	...	...	...	1	...	1	2	...	...	...	...
	b Intemperance	2	1	3	...	...	...	...	...	...	2	...	...	1	...	...
	Order 4.															
	1 Thrush	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	2 Worms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Order 1.															
II.	1 Gout	2	1	3	...	...	...	...	...	1	...	1	...	1	...	..
	2 Dropsy	...	7	7	...	...	...	I	...	...	2	2	...	2	...	...
	3 Cancer	9	25	34	...	...	...	1	...	2	4	11	12	3	1	...
	4 Noma	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
	5 Mortification	2	1	3	...	...	...	...	...	...	...	...	...	3	...	...
	Order 2.															
	1 Scrofula	2	3	5	2	1	1	...	..	...	1	...	...	...	...	...
	2 Tabes Mesenterica	12	9	21	14	5	1	1	...	...	...	...	...	...	...	...
	3 Phthisis	106	95	201	13	6	11	21	9	38	37	37	25	4	...	...
	4 Hydrocephalus	17	22	39	20	14	1	4	...	...	...	...	...	...	...	...
	Order 1.															
III.	1 Cephalitis	9	4	13	8	2	2	1	...	...	...	...	...	...	...	...
	2 Apoplexy	18	17	35	...	1	...	1	...	1	5	7	7	9	4	...
	3 Paralysis	7	13	20	..	1	...	...	...	...	1	2	1	11	4	...
	4 Insanity	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...
	5 Chorea	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...
	6 Epilepsy	5	9	14	...	...	...	...	2	1	2	6	3	...	...	...
	7 Convulsions	18	17	35	34	1	..	...	...	...	...	...	...	...	...	...
	8 Other Brain Diseases	16	15	31	7	2	2	...	...	3	3	3	7	1	3	...
	Order 2.															
	1 Pericarditis	2	3	5	...	..	1	...	...	1	2	1	...	...	...	...
	2 Aneurism	...	2	2	...	...	...	...	...	1	...	1	...	...	...	...
	3 Heart Disease, &c.	38	30	68	...	...	1	2	1	9	8	11	14	16	4	2
	Order 3.															
	1 Laryngitis	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...
	2 Bronchitis	101	91	192	37	8	3	...	...	1	5	22	37	66	12	1
	3 Pleurisy	4	2	6	1	...	...	...	...	...	2	2	1	...	...	...
	4 Pneumonia	63	52	115	61	17	6	1	1	1	8	11	7	1	1	...
	5 Asthma	2	5	7	...	...	...	...	...	...	...	3	2	2	...	...
	6 Other Lung Diseases	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...

TABLE III. Diseases in Orders—(CONTINUED.)

Class.	Causes of Death.	At all Ages.			Under 2 years	2 and under 5.	5 and under 10.	10 and under 20.	20 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and under 75.	75 and under 85.	85 and upwards.
		Males.	Females.	Total.												
	Order 4.															
	1 Gastritis	4	1	5	3	1	...	...	...	...	...	1	...	...	...	...
	2 Enteritis	2	1	3	2	...	...	1	...	...	...	...	...	...	...	...
	3 Peritonitis	2	5	7	1	..	...	...	...	1	1	2	1	1	...	...
	4 Ascites	2	...	2	...	...	...	...	...	...	...	1	1	..	..	...
	5 Ulcer. Intest.	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...
	6 Hernia	3	3	6	...	...	...	...	...	...	...	4	1	1	...	...
	7 Ileus	1	1	2	...	...	...	...	...	...	...	...	2	...	...	...
	8 Intussusception	...	.	...	...	1	...	...	...	...	...	...	...	...	...	...
	9 Strict. Intest.	1	...	1	...	..	...	...	...	...	1	...	...	...	...	...
	10 Fistula	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	11 Stomach Disease, &c.	4	2	6	...	...	...	...	...	1	1	1	3	...	...	...
	12 Pancreas Disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	13 Hepatitis	1	1	2	...	...	...	...	...	...	1	...	1	...	...	...
	14 Jaundice	...	3	3	...	1	...	...	...	...	...	1	.	1	...	...
	15 Liver Dis. &c.	8	5	13	...	...	...	...	...	...	3	4	3	2	...	1
	16 Spleen Disease, &c.	...	...	...	...	...	..	..	...	...	...	...	...	...	...	...
	Order 5.															
	1 Nephritis	2	...	2	...	...	...	...	...	...	...	1	1	...	...	...
	2 Ischuria	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	3 Nephria	3	1	4	...	...	...	...	1	...	1	...	..	2	...	...
	4 Diabetes	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...
	5 Stone	2	...	2	...	1	...	...	...	...	...	...	...	1	...	...
	6 Cystitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	7 Kidney Disease, &c.	11	8	19	...	...	...	2	1	1	3	3	2	3	4	...
	Order 6.															
	1 Ovarian Dropsy	...	2	2	...	...	...	...	...	...	...	1	...	1	...	...
	2 Uterine Disease, &c.	...	2	2	...	...	...	...	...	1	...	...	...	...	1	...
	Order 7.															
	1 Arthritis	...	2	2	...	...	...	...	...	...	...	1	1	...	...	...
	2 Joint Disease, &c.	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...
	Order 8.															
	1 Phlegmon	...	...	...	...	...	...	...	...	...	...	..	...	...	...	..
	2 Ulcer	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
	3. Skin Disease. &c.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Order 1.															
IV.	1 Premature Birth	20	19	39	39	...	...	...	...	...	...	...	...	...	...	...
	2 Cyanosis	1	2	3	3	...	...	...	...	...	...	...	...	...	...	...
	3 Spina Bifida	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...
	4 Other Malformations	1	1	2	2	...	...	...	...	...	...	...	...	...	...	...
	5 Teething	6	5	11	8	3	...	...	...	...	...	...	...	...	...	...
	Order 2															
	1 Paramenia	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
	2 Childbirth (*see* Metria)	...	4	4	...	...	...	...	...	4	...	...	...	...	...	...
	Order 3.															
	1 Old Age	20	38	58	...	...	...	...	...	...	...	1	1	13	25	18
	Order 4.															
	1 Atrophy and Debility	20	24	44	40	2	1	...	...	...	...	1	...	...	...	...
	Order 1.															
V.	(Accident or Negligence.)															
	1 Fractures, &c.	8	1	9	...	...	1	1	...	2	1	1	1	1	1	...
	2-3 Wounds	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
	4 Burns, &c.	1	1	2	1	...	...	...	...	...	...	...	...	...	1	...
	5 Poison	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	6 Drowning	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	7 Suffocation	12	17	29	29	...	...	...	...	...	...	...	...	...	...	...
	8 Otherwise	1	3	4	3	...	...	...	...	...	...	...	1	...	...	...
	Order 3.															
	Homicide	3	2	5	4	...	..	..	...	1	...	...	...	...	...	...
	Order 4. (Suicide)															
	1 Wounds—Gunshot	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...
	„ Cut, Stab	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...
	2 Poison	...	1	1	...	...	...	...	...	1	...	...	...	...	...	...
	3 Drowning	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	4 Hanging	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...
	5 Otherwise	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...

TABLE IV.—Comparison of Mortality from various causes in London, and in St. Giles's. Four Quarters, 1863.

Class.	Classes and Orders of Disease.	First Quarter. 13 weeks.			Second Quarter. 13 weeks.			Third Quarter. 13 weeks.			Fourth Quarter. 14 weeks.		
		London.	St. Giles.		London.	St. Giles.		London.	St. Giles.		London.	St. Giles.	
			Estimated Quota.	Actual Number.		Estimated Quota.	Actual Number.		Estimated Quota.	Actual Number.		Estimated Quota.	Actual Number.
	All Causes	18967	353·2	418	17417	324·4	386	17105	318·5	344	18857	351·2	424
	Specified Causes...	18763	349·3	415	17229	320·8	384	16918	315·0	342	18775	349·3	422
	(Classes.)												
	Zymotic Diseases	4691	87·3	69	5003	93·1	93	6295	117·3	130	5016	93·4	110
I.	Constitutional ,, ...	3485	46·9	96	3425	63·8	68	3149	58·6	71	3459	64·4	78
II.	Local ,, ...	7848	146·1	186	6365	118·5	175	4886	91·0	88	7639	142·1	183
III.	Developmental ,, ...	2096	39·0	51	1826	34·0	38	1966	36·6	36	1986	36·9	37
iV.	Violent Deaths	643	12·0	13	610	11·4	10	622	11·5	17	655	12·2	14
V.	(Orders.)												
	1. Miasmatic Diseases	4416	82·2	59	4681	87·2	78	5926	110·3	123	4666	86·9	100
I.	2. Enthetic ,,	93	1·7	5	98	1·8	3	88	1·6	5	118	2·2	4
	3. Dietic ,,	150	2·8	5	189	3·5	12	227	4·3	2	201	3·7	6
	4. Parasitic ,,	32	·6	...	35	·6	...	54	1·0	...	31	·6	...
	1. Diathetic ,,	624	11·6	12	593	11·6	10	565	10.5	11	639	12·0	14
II.	2. Tubercular ,,	2861	53·3	84	2832	52·7	58	2584	48·1	60	2820	52·4	64
	1. Dis. of Nervous Syst.	1972	36·7	39	1850	34·5	44	1578	29·4	25	2003	37·3	41
III.	2. ,, Organs of Circulation	822	15·3	22	707	13·2	21	701	13·0	10	886	16·5	22
	3. ,. Respiratory Organs	3897	72·5	105	2651	49·4	97	1481	27·6	33	3470	64·6	87
	4. ,, Digestive ditto	708	13·2	9	721	13·4	11	713	13·3	10	808	15·0	21
	5. ,. Urinary ditto	260	4·8	7	249	4·6	2	241	4·5	8	275	5·2	11
	6. ,, Organs of Generation	63	1·2	3	66	1·2	...	64	1·2	1	61	1·1	...
	7. ,, ,, Locomotion	58	1·1	1	62	1·2	...	53	1·0	1	57	1·0	1
	8. ,, Integumentary System	68	1·3	...	59	1·1	...	55	1·0	...	76	1·4	...
	1. Dev. Dis. of Children	599	11·2	20	487	9·1	10	439	8·2	14	529	9·8	12
IV.	2. ,, ,, Adults.....	86	1·6	2	91	1·7	2	77	1·4	...	96	1·8	...
	3. ,, ,, Old People	751	13·9	18	664	12·2	16	589	10·9	11	683	12·7	13
	4. Diseases of Nutrition	660	12·3	11	584	10·9	10	861	16·1	11	678	12·6	12
	1. Accdt. or Negligence	548	10·3	9	501	9·3	6	537	10·0	15	563	10·5	14
V.	Homicide	29	·5	2	36	·7	2	29	·5	1	34	·6	...
	2. Suicide	66	1·2	1	71	1·3	2	56	1·0	1	58	1·1	...
	All other Violent Dths.	...	...	1	2	...	...	...	...	...	...	...	...
	Sudden Deaths	83	1·6	...	53	1·0	...	53	·9	1	44	·8	...
	Cause unspecified ...	121	2·3	..	135	2·5	2	134	2·5	1	58	1·1	2
	Certain Special Diseases.												
I.	Small Pox	422	7·9	9	788	14·7	24	512	9·5	12	290	5·4	12
	Measles	576	10·7	7	606	11·3	12	221	4·1	5	295	5·5	8
	Scarlatina	880	16·4	15	1055	19·6	7	1519	28·3	20	1621	30·2	34
	Diphtheritis	178	3·3	2	175	3·3	1	192	3·5	6	179	3·3	4
	Croup	258	4·8	3	243	4·5	5	215	4·0	2	211	4·0	1
	Whooping Cough	795	14·8	6	647	12·0	12	358	6·6	13	429	8·0	11
	Diarrhœa	161	3·0	2	225	5·0	4	1799	35·5	51	263	3·0	1
	Typhus and other Fevers, continued, remittent & puerperal.	824	15·3	10	695	12·9	9	714	13·4	13	971	18·1	20

Deaths in Hospitals here included. Population of St. Giles, 1 ÷ 53·7 *part of the Population of London in* 1863.

TABLE V.—Registered Deaths in 53 Weeks of 1863. Sub-Districts of St. Giles's. *After correction for duplicate entries*

Deaths in Sub-Districts. [Population 1861,]	First Quarter. 13 weeks.		Second Quarter. 13 weeks.		Third Quarter. 13 weeks.		Fourth Quarter. 14 weeks.		Whole Year, 1863. 53 weeks.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Both Sexes.
St. George, Bloomsbury. [17392]	40	42	37	41	33	35	46	44	156	162	318
St. Giles's, South. [19474.]	112	105	82	89	95	74	105	110	394	378	772
St. Giles's, North. [17183.]	37	56	75	52	48	44	39	52	199	204	403
Whole District. [54049.]	189	203	194	182	176	153	190	206	749	744	1493

TABLE VI.—Registered Births in 53 Weeks of 1863. Sub-Districts of St. Giles's.

Births in Sub-Districts.	First Quarter. 13 weeks		Second Quarter. 13 weeks.		Third Quarter. 13 weeks.		Fourth Quarter. 14 weeks.		Whole Year, 1863. 53 weeks.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total Children
St. George, Bloomsbury ...	59	61	75	58	63	48	60	43	257	210	467
St. Giles's, South.....	113	94	117	123	106	101	126	101	462	419	881
St. Giles's, North.....	71	81	63	59	61	61	74	80	269	281	550
Whole District.....	243	236	255	240	230	210	260	224	988	910	1898

TABLE VII.—Houses and Population of the Ten Sub-divisions of St. Giles's. From the Census of 1861.

LOCALITY OF	INHABITED HOUSES.	RESIDENTS.
A Bedford-square	508	3948
B Russell-square	810	5551
C Coram-street	649	6104
D Bloomsbury-square	536	5251
E Church-lane	324	4674
F Dudley-street	511	9047
G Short's-gardens	384	6306
H Northern Drury-lane	370	5155
K Southern Drury-lane...	274	5057
L Lincoln's-inn-fields	308	2261
Workhouse	1	695
Total	4675	54,049

Here Eve Terrace, Old St. Pancras Road, (thirteen houses and eighty-eight residents is for brevity's sake, included in locality A. The Enumerators' returns, on which thi Table is based, were kindly furnished by the Registrar-General.