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

Contributors

St. Giles (London, England). Board of Works.

Publication/Creation

1869.

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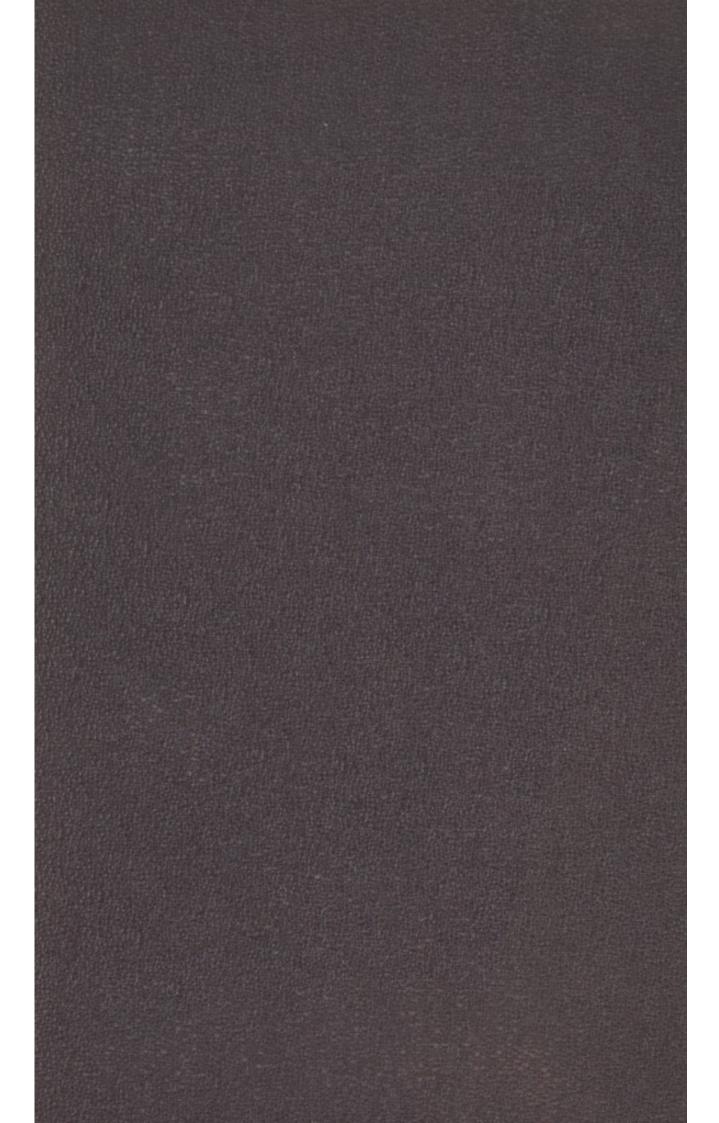
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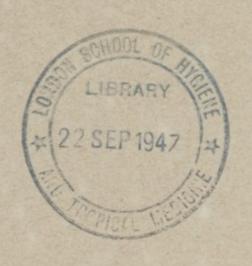
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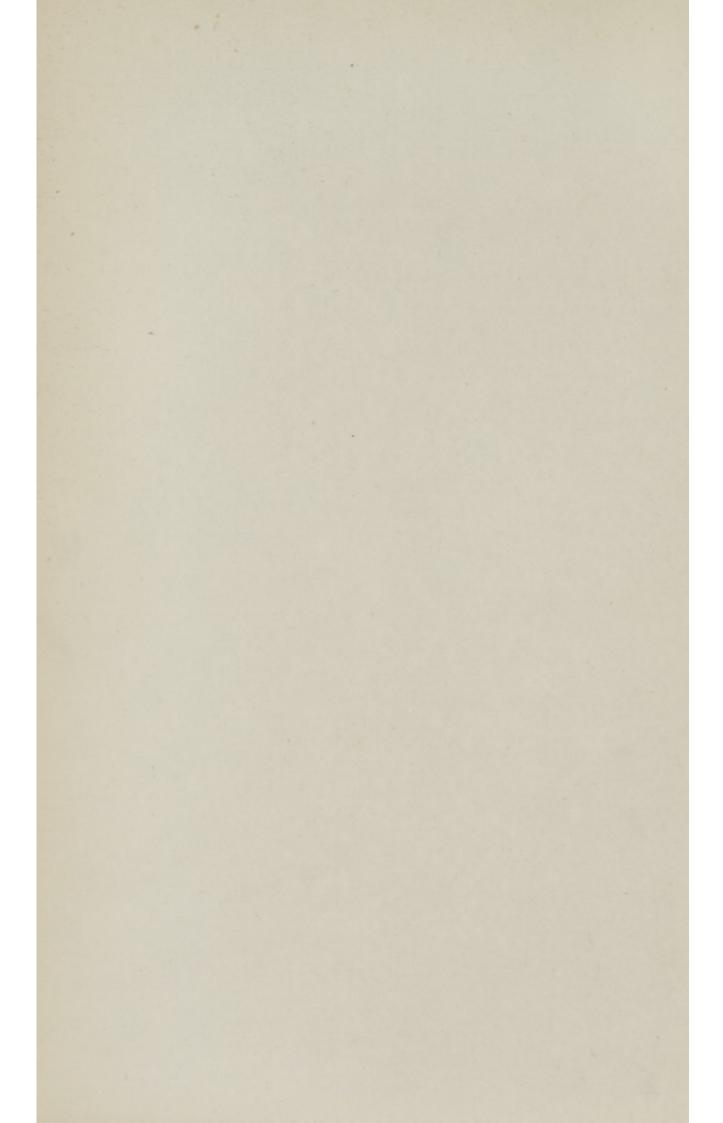




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REPORT

ON THE

SANITARY CONDITION

OF THE

ST. GILES DISTRICT,

DURING THE YEAR 1868,



By GEORGE ROSS, M. D., &c.,

FELLOW OF THE MEDICAL SOCIETY OF LONDON, &c.,

MEDICAL OFFICER OF HEALTH.

LONDON:

PRINTED BY THOMAS PENNY, LEMAN STREET, WHITECHAPEL, E.

REPORT 698

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ANNUAL REPORT

OF THE

Medical Officer of Health.

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TO THE

BOARD OF WORKS FOR THE ST. GILES DISTRICT.

GENTLEMEN,

My first Annual Report to you comprises the year's work of my predecessor, and must necessarily, therefore, be, in some degree, imperfect.

The population of St. Giles District, in common with that of the Central districts generally, remains nearly stationary, whilst that of the Metropolis is growing on all sides; hence the proportion which the mortality in St. Giles bears to that of the whole metropolis must diminish each year; although the ratio of its mortality to its own population may increase or decrease according to the operation of general or local causes. It is in the demonstration of these relations that the usefulness of these Annual Reports consists.

The population of London for the year 1868 is estimated at 3,126,635. The deaths for the 53 weeks (which for the purpose of computation we include in this year) were 74,908. The death-rate therefore was 23.59, or nearly 24 per 1000 of the population; being a diminution of the average mortality which is 24.34.

This favourable state of public health appears to have been, in some degree, due to the meteorological conditions of the summer. From April to October the weather was dry and fine, and although the cattle suffered from want of rain, yet the health of the people was not so injuriously affected as to increase the general mortality. An excess of rain occurred both at the beginning and end of the year, so that the average amount of rain-fall was maintained.

The disease which was attended by an unusual death-rate was diarrhoea; nevertheless, there was nothing to cause alarm. The deaths from this disease were 4,060 as against 2,942 in 1867, and 3,184 in 1866, when cholera prevailed. The deaths from cholera in 1868 were 320, being a slight increase upon the number in 1867, when they were 241.

Zymotic diseases generally, were more rife than in the previous year; they were, however, below the average of the preceding five years. Scarlet fever and measles were, with diarrhea, the most fatal of the group. The mortality from smallpox (606) was not the half of what it had been in each of the two preceding years; and it is to be hoped that recent legislation making vaccination compulsory, will be followed by increasingly beneficial results.

If we compare the mortality of these diseases in the four quarters of the year, we shall find that small pox was most prevalent in the first quarter (280 deaths out of a total of 606), measles in the second quarter (741 deaths out of 1989), diarrhea, as is usual, in the third quarter (3145 deaths out of 4060), and scarlet fever in the fourth quarter, when just half of all the mortality (1463 out of 2921 deaths) from this disease was registered.

It is difficult to say to what extent personal infection on the one hand, and the influence of meteorological conditions on the other, promoted the propagation of these diseases. It is well however, to bear in mind that the excessive mortality both from smallpox and scarlet fever was coincident with a moderate temperature and an excessive rain-fall—facts that point to the confinement of people, especially children—in unwholesome rooms, the close damp air of which is charged with miasmatic poisons. Infectious disease under these circumstances spreads rapidly from person to person. A fresh incentive is thus afforded to us for the enforcement of the law, with all proper energy to prevent overcrowding; and in the case of small pox, to insist stringently upon the protective efficacy of vaccination.

The mortality from typhus fever and other fevers (2483) was rather more than that of the previous year; but still it was below the average of the preceding five years. The largest proportion of deaths occurred in the last half of the year.

The deaths from phthisis and other affections of the lungs did not deviate remarkably from their usual number.

It is worthy of remark, that cancer is a disease that figures more largely in our Registers year after year; in 1856 for example, there were 1074 deaths registered; in 1857 there were 1152, and so on in successive years until in 1867 the deaths were 1464, and in 1868, 1580. This increase is out of all proportion to the increase of the population, and awaits a sufficient explanation.

As an evidence of the advantage to the public health arising from the adoption of sauitary measures, I may instance the lessening of the death-rate among the population of the South side of the river, since the improvements in the drainage and water-supply have been carried out. A few years ago, South London was conspicuous for its unhealthiness, and was peculiarly exposed to the ravages of epidemic disease. In the five years ending in 1854, its average mortality was 26. The sewage was then stagnent, and the water supply, derived directly from the Thames, was always impregnated with sewage and often loaded with impurities. In 1856 the improvements were effected, and the mortality fell to 23, which with little variation, has continued up to the year 1868. The Registrar General remarks "the mortality is now lower in South London than it is in North London."

II .- THE MORTALITY IN ST. GILES DISTRICT.

Our own District has participated proportionately in the general health-fulness of the Metropolis. Our standard is yet too high; but any diminution of it is a cause of thankfulness.

The number of deaths reported by the Registrars, for the year, was 1372, to which must be added 95 for deaths of persons who were removed out of

the District into the various hospitals,—which will give us 1467: but from this number we must deduct 16 for the deaths in the Infants' Home, Great Coram Street, of children belonging to other parishes. This will give us 1451 deaths as the actual amount of the mortality of the District.

These figures render a rate of mortality for the District of 26.8 per 1000 The rate for the Metropolis I have already stated to be 23.59; so that we considerably exceed our proper number. If we compare again St. Giles District with the group of central districts in which it is included by the Registrar General, we shall find that we are still placed at a disadvantage. Last year the rate of mortality for the central districts was 24.69, as against our 26.8. These central districts are, besides our own, the Strand, Holborn, Clerkenwell, St. Luke, East London, West London, and London City, which comprise within their circle the oldest parts of this Metropolis and some of its most abject quarters. The City of London and its Liberties are rapidly improving, and thereby getting rid of their poorer population. In this way the rate of mortality for the central districts may have diminished during the past two or three years more markedly than would otherwise have been the case, whilst, no similar beneficial causes operating in St. Giles, our rate of mortality exhibits a stronger contrast than might have appeared under other The improvements in the City and the clearances in circumstances. Carey Street to provide space for the proposed Courts of Law, must necessarily have tended to produce an overflow into the adjacent parishes. The degree in which we may have suffered from this cause, we are not at present able to estimate; but it is fair to consider these points when we are comparing the salubrity of St. Giles with neighbouring districts which in appearance resemble it as regards the character and density of their population.

The smallest number of deaths (296) occurred in St. Giles in the second quarter of the year; and the largest number (382) in the fourth quarter. Of the number registered 674 were males and 698 females.

III .- THE CAUSES OF THE MORTALITY IN ST. GILES DISTRICT.

Having shown the rate of mortality in the Metropolis and St. Giles District respectively, we shall now trace this mortality back to its causes, or, in other words, to the diseases which produced it. I shall employ for this purpose the method, of my predecessor, with such modifications as appear to me desirable. In short, I shall follow the plan of the Registrar General as regards the computation of "weeks," believing it best that all statistics having the same purport should be in relation with a common standard.

All calculations tending to show the comparative frequency of any disease or class of diseases, must be based upon the amount of population; and here, unfortunately, we lose a secure foothold. It has been estimated that the central districts decrease in population at the rate of 0.39 in accordance with the experience derived on taking the Census in 1861; but the extensive destruction of property, to which I have already referred, in some of the districts constituting the group, has very probably increased the population in some other districts, our own among the number. At any rate we can scarcely count upon a decrease in St. Giles District; I think therefore, that it is better to assume our population to be stationary, than to indulge in any speculative ratio, which may lead to error. The difference in any case cannot be large.

The annexed Table gives at one view, (1st) the number of deaths in each class and order of disease; (2nd) the estimated quota which should fall to St. Giles supposing the mortality in each class and order were the same as the average mortality of the Metropolis; (3rd) the actual registered mortality; and (4th) the true mortality after correction for deaths in hospitals registered in outside parishes.

TABLE I.

Comparison of Mortality from Various Causes in London and St. Giles, Whole Year, 1868, (53 Weeks.)

		LONDON.	ST. GILES	's, Populatio	on 54,000.
Classes.	CLASSES AND ORDERS OF DISEASE.	Population, 3,136,635	Estimated Quota.*	Actual Registered Mortality.	Corrected for Death in Hosptl &c.
	All Causes	74908 74234	1274 1262	1372 1363	1450 1442
	CLASSES.	le milita de	de de la company	A STATE OF THE PARTY OF THE PAR	
I.	Zymotic Diseases	18893	321	297	329
II.	Constitutional,,	14621	248	317	328
III.	T1	00000	499	557	585
IV.	Developmental,,		150	164	164
V.	Violent Deaths"	2567	43	28	36
	Orders.	El Territor	Chaptering	The same	rillistour communio
I.	1 Miasmatic Diseases		294	273	299
	2 Enthetic ,,	529	9	14	16
	3 Dietie ,,	. 807	13	8	12
	4 Parasitic ,,	234	4	2	
II.	1 Diathetic Diseases	2522	43	36	40
	2 Tubercular Diseases	12099	204	281	288
III.	1 Diseases of Nervous System	8489	144	127	130
	2 ,, Organs of Circulation	3558	60	62	67
	3 ,, Respiratory Organs	12182	205	306	315
	4 ,, Digestive Organs		52	31	34
	5 ,, Urinary Organs	1197	20	22	27
	6 ,, Organs of Generation	295	5	2	3
	7 ,, Organs of Locomotion 8 ,, Integumentary Organs	331 255	6 4	3 4	4 4
IV.	1 Dev: Dis. of Children	2193	35	41	41
	2 ,, ,, Adults	284	5	5	5
	3 ,, ,, Old People	2544	43	41	41
	4 Diseases of Nutrition	3794	64	77	77
V.	1 Accident or Negligence		37	25	33
	3 Homicide	(24) 27	-	Problems.	LUN-
	4 Suicide	294 35	5 1	3	
	Sudden Deaths	60	1		1
	Causes unspecified	614	10	9	9
	Certain Special Diseases of Z	ymotic Class	s and Miasi	natic Order.	inteleta es
1.1.	Small Pox	636	10	6	8
	Measles	1989	34	23	23
	Scarlatina	2921	50	71	73
	Diphtheritis	497	8	6	6
	Croup	717	12	12	12
	Whooping Cough	2369	40	42	42
	Diarrhœa	4060	69	69	69
	Typhus & other continued Fevers	2483	42	18	39

^{* 1 - 58.8}th part of the entire mortality of the Town.

This Table affords evidence that St. Giles did not exceed its estimated quota in the number of its deaths from miasmatic diseases. As this order of diseases is that which is most likely to afflict a crowded and poor population, it is gratifying to find that this test of our sanitary condition is so far favorable. Constitutional affections, however, exhibit a decided excess. Under this head we included tabes mesenterica, or the abdominal consumption of children, and phthisis or the pulmonary consumption, of adults. There was an undue amount of mortality from both of these maladies, and as these are diseases of nutrition, their cause must be looked for in other than merely meteorological conditions.

Diseases of the respiratory organs constitute another order of maladies from which our District has suffered more than its due. There does not, however, appear to have been any augmentation over previous years; the excess representing merely the average death-rate from these causes in St. Giles District.

I have said that the diseases of the zymotic class have kept within their estimated limits; and this is true of these diseases in the aggregate; but there is one member of this class—scarlet fever—that has attacked the District with considerable severity. Our estimated quota of deaths from this complaint is 50; we have actually incurred a loss of 73 lives during the year. I have inserted a Table, at page 6, to show in which of the Sub-Districts this destructive fever was most rife.

Having alluded to the mortality from cancer in the Metropolis, I may state that we have sustained our due proportion of that mortality. The ratio for St. Giles is 26.8; our actual mortality was 26.

There are no other orders of disease that require particular notice.

IV .- THE MORTALITY IN THE SUB-DISTRICTS OF ST. GILES.

We will now consider a question of more immediate practical importance to us, viz., the comparative death-rate of the three sub-districts. In order to ascertain with accuracy the number of deaths in each sub-district, I have adopted the method of my predecessor; that is to say, I have added to the registered number of each sub-district the deaths that occurred out of it either in the Workhouse or in adjacent hospitals; and I have subtracted from the St. George District the deaths in the Infants' Home that occurred among children brought there from other parishes. The subjoined Table shows the death-rate in the three sub-districts respectively.

TABLE II.-DEATH-RATE PER 1000 IN SUB-DISTRICTS *

DISTRICTS.	1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.	1868.	Average Death-rate of 10 years
St. George, Bloomsbury	19.8	18.4	18.5	20.5	21.6	19.9	21.6	21.1	20.0	19.0	21.0	20.04
St. Giles, South	29.2	34.9	34.6	29.1	31.7	32.7	34.8	34.6	32.8	31.6	31.1	32.6
St. Giles, North	27.7	24.0	24.7	27.9	28.2	27.3	29.2	26.6	29.8	26.6	25 3	27.2
Whole Dis- trict	25.8	26-0	26.2	27.0	28-9	28.5	31.1	29 6	29.0	26.9	26.8	27.9

^{*} Correction has been made for the extra length of the registration years 1863 & 1868, and for the proportion of deaths due to each sub-district among the deaths in the Workhouse and in Hospitals outside the respective sub-districts. The deaths in the Infants' Home are here deducted from the register of the Bloomsbury sub-district.

It will be noticed that the mortality in Bloomsbury has been rather in excess of last year; and indeed it has been in excess of the average of the last ten years in the proportion of 21 to 20.04. We shall discover directly by another Table what the cause of that excess was. St. Giles South on the contrary evinces a decreasing mortality. It is not only less than last year, but, in a decided degree, less than the average of the preceding ten years; the death-rate last year having been 31.1 and the average of the last ten years 32.6. It is too soon to hazard any conjectures upon this point; but we may remark with reference to it, that zymotic diseases, which are the peculiar scourges of St. Giles South, were, last year, less prevalent than usual; and we may hope also that sanitary regulations are at length doing some good in that sub-district.

The foregoing observations apply equally to St. Giles North, a considerable portion of the population of which is of the same class as that which inhabits St. Giles South. The death-rate for this sub-district was last year 25.3 and the average rate of 10 years 27.2.

TABLE III.—CERTAIN ZYMOTIC DEATHS IN 1868, IN SUB-DISTRICTS. DEATHS IN HOSPITALS AND WORKHOUSE REFERRED TO PREVIOUS RESIDENCES.

		DEATHS IN SUB-DISTRICTS FROM												
Sub-Districts, &c.	Population 1861,	Small-pox.	Measles.	Scarlatina,	Diphtheria.	Whooping Cough.	Continued Fevers.	Diarrhœa.	Cholera.	Cholerac Diarrhœa.				
Bloomsbury	17392	1	7	18	4	19	5	18	1	4				
St. Giles South	19483	2	- 9	34	2	13	7	29	1	2				
St. Giles North	17201	3	7	19		10	4	22						
Workhouse In- mates & Tramps	695						2							

21 Deaths from Fever occurred in the London Fever Hospital in addition to the above.

This Table shows a marked preponderance of mortality from whooping cough in the Bloomsbury District. It had also more than its share of deaths from measles and scarlet fever, as compared with its customary relative mortality. The following Table gives the quarterly death-rate from scarlet fever, this being the disease which was most especially fatal in our District during the year.

TABLE IV

RATES OF MORTALITY FROM SCARLET FEVER, IN THE THREE SUB-DISTRICTS, 1868,

Quarters.	Blooms- bury.	St. Giles South.	St. Giles North.	Totals for three sub districts
1st Quarter	1	1	2	4
2nd Quarter	2	2	1	5
3rd Quarter	7	7	5	19
4th Quarter	8	24	11	43
Whole Year	18	34	19	71

The preponderance of mortality from this affection was in the last quarter of the year and in the sub-district of St. Giles South; and it will be observed that so long as the disease was sporadic and comparatively mild, Bloomsbury yielded as many deaths as St. Giles South, but as soon as the malady became intense St. Giles South became the chief sufferer. This is the common history of disease in unhealthy localities. It is when the poison is virulent, that insalubrity tells; if, indeed, it does not make the virulence.

The following Table sets forth the mortality in the several London hospitals among patients brought out of the three sub-districts of St. Giles. It is curious as showing the extent to which the sub-districts availed themselves of hospital assistance. As St. Giles South provided the largest number of patients, so King's Cross and the Charing Cross Hospitals, which are the nearest to that sub-district, were most frequently resorted to. The Fever Hospital likewise gave very beneficial aid to our District during the year.

TABLE V.

DEATHS IN HOSPITALS AMONG PATIENTS BROUGHT FROM THE SUB-DISTRICTS

OF St. Giles, 1868.

Districts.	Population.	St. Bartholomew's Hospital (W. London)	Kings College Hospital, (Strand).	Westminster Hospital (Westminster.)	Charing Cross Hospital (St. Martins)	Middlesex Hospital (Marylebone).	University College Hospital (St. Pancras)	London Fever Hospital (Islington).	Small Pox Hospital, Highgate.	Royal Free Hospital (St. Pancras).	Children's Hospital (Holborn.)	Total ascertained Deaths in London Hospitals.
Bloomsbury	17,392	1	2	1	2	0	3	1	1	3	2	16
South St. Giles	19,483	2	26	0	9	7	1	12	0	1	1	59
North St. Giles	17,201	0	5	0	3	3	0	8	1	0	0	20

The figures in the above Table were obtained by personal inspection of the Registers of the several Hospitals.

V.—THE MORTALITY IN THE WORKHOUSE AND OTHER LOCAL INSTITUTIONS.

I have been desirous of giving the usual statement respecting the number of cases treated by the Parochial Surgeons during the year, together with the mortality from all and specified causes; but I regret that I have been unable to complete the statistical record. The book from which the Table has been heretofore compiled, contains no record of practice among the "out patients" for the last quarter of the past year, owing, as Mr. Bennerr informs me, to an order from the Poor Law Board, requiring the old books to be discontinued, and a new set to be adopted. The records, however, as regards the mortality in the Workhouse, and among patients treated at their own homes are complete.

The following Tables enable us to form an opinion of the large amount of useful work done by the Parish Medical Officers. The zymotic diseases which appear to have been most prevalent within the Workhouse were measles (27), fever (100), and whooping cough (33). The cases do not appear to have been severe, there having been 7 deaths only. Among the out patients attending at the Workhouse during the three quarters of the year recorded, the most frequent of these diseases were diarrhea (1726), fever (476) and whooping-cough (100). The cases of diarrhea were very numerous although, as might be expected from the circumstance of their attending the Workhouse, not so severe as to become fatal.

Cases of Disease and Death, occurring in the Practice of the Workhouse in 1868, and its Four Quarters.

Cases occurring—		With	in W	alls o	of Wo	rkho mate	use, (es.)	Infir	mary		An	at	tendi	Patient ng ouse.	S	A	mon	g Pat	ients	visite	ed at	their	own	home	es.
In Quarters of the Year		rst rter.	Sec Quar		Th		For	irth rter.	Wh	ole ar.	First.	Second	Third.	Fourth	Year.	Fin	-		ond rter.	10000	ird rter.	For Qua	arth arter-		hole
Cases.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths.	Nev	v Cas	es.	Death	ıs.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths.	New Cases.	Deaths
Of all Diseases	421	71	361	51	379	48	353	80	1514	250	1409	1841	2809			809	48	894	41	875	87	863	31	3441	20'
Small Pox													1			12	2	1		4		1		18	5
Measles	16		5		6	1			27	1		17	23	Comsumption ing the year.		49		49	2	24		5		127	1
Scarlet Fever	1								1				30	suml he ye		4		5		64	4	62	2	135	1
Whooping Cough	3						30	2	33	2	26	49	25	Com ng t		13	1	7		2	1	1	1	23	1
Diarrhœa	1		2				1		4		95	290	1341	8 5		16		88	2	118	8	12		234	10
("Fever and Febricula"	26	1	31		23	1	20	2	100	4	86	95	295	curred		80	1	49		175		164	1	468	9
(" Typhus Fever "												1	7	2 des		11		2	1	29	1	4		46	9
Cholera					,							**													
Bronchitis (acute and chronic)	72	15	36	10	31	6	50	18	189	49	241	209	70			80	12	40	3	66	17	113	21	299	55
Inflammation of the Lungs & Pleura	8	5	4	1	4	3	11	4	27	13		1	5			18	4	16	8	6	4	5	1	45	17
Consumption	31	19	37	11	22	8	36	25	126	63	18	23	42		-	25	5	22	6	27	8	30	5	104	24
Ophthalmia	1		7		18		5		31		10	16	11					2		1		4		7	-

Among the third class of patients,—those who were attended at their own homes—we find a different ratio to have prevailed. The cases of diarrhœa were only 234, fever 468, measles 127, scarlet fever 135, and small pox 18.

The diseases which are most decidedly infectious were those which were the most numerous among the poor people in there own homes, a result that might be anticipated from what we know of the conditions of their life, the overcrowding, the bad ventilation, and the neglect too common among the poor, of disease in its early stages.

In order to present a more complete census of the mortality in the Workhouse I have framed the two following Tables. The first gives the number of persons who died in the Workhouse during the year and distributes them among the three sub-districts where they had previously resided. It would have been manifestly unjust to charge St. Giles South with all the deaths because the Workhouse happened to be situated within it; the apportionment of them among the sub-districts was therefore necessary. As in some instances the residences were not ascertained, the deaths in these instances have been distributed in the same ratio as in those where the residences were ascertained.

The second Table gives the deaths from certain diseases (not zymotic) in the Workhouse for the year with the proportion due to each sub-district respectively.

TABLE VII.

Number of Persons who died in the Workhouse in 1868, with the Proportion due to each Sub-district respectively, according to their previous Residences as ascertained for the preceding year:—

St. George, Bloomsbury.	St. Giles, South.	St Giles, North.	Workhouse.	Tramps.	Residences not ascertained.	Total.
19	92	71	6	4	64	256

TABLE VIII.

DEATHS IN THE WORKHOUSE FROM CERTAIN DISEASES IN 1868, WITH THE PROPORTION DUE TO EACH SUB-DISTRICT RESPECTIVELY.

The same of	orge,	Giles, South.	Giles, North	khouse and esidences ascertained.	ages.	Sex	ces,	
DISEASES.	St. George, Bloomsbury.	St. Giles	St. Giles	Workhouse and Residences not ascertained.	Average ages	м.	F.	Total.
Bronchitis	3	18	12	14	57	18	31	49
Pneumonia	1	3	6	3	17	10	3	13
Phthisis	3	30	20	8	38	41	20	61
Disease of Heart	1	9	7	3	52	8	12	20
Paralysis	0	1	5	6	62	5	7	12
Old Age and Decay	2	3	4	10	81	8	11	19
Syphilis	0	2	0	4	12*	4	2	6
Premature Births	- 0	0	0	0	0	0	0	7
Still Births	0	0	0	0	0	0	0	14

^{*} Five of these were infants under 1 year; one, a woman aged 53 years.

Some interesting facts are brought out in the last Table which serve to illustrate the vital and economic peculiarities of the inmates of Workhouses. The largest number of deaths was from phthisis (61), the next in fatality was

bronchitis (49), but whilst the average age of those dying from phthisis in the Workhouse (38) is very nearly the same as of those dying from phthisis in in the District at large,—the average age of those dying from bronchitis in the Workhouse (57) is half a high again as of those dying from the same disease in the District. These anomalies are explained by the circumstance that the inmates of the Workhouse are chiefly adults and aged people. Phthisis, being a disease, in the main, of adult life, brings down its victims at about the same age whether in the Workhouse or out of it; and most of those who died in the Workhouse no doubt came in with the malady already formed; whilst the deaths from bronchitis in the District fell largely among children under two years of age of whom there are few in the Workhouse.

There is a singular discrepancy as to sexes also. The deaths from phthisis in the Workhouse were males 41, females 20, or more than double the number of males; whilst in the District at large they were at the rate of males 118, females 100. It would seem, therefore, that when a wife or daughter fell ill, the husband being strong and in work, preferred, if possible, to keep the sick one at home; but when the husband or son fell ill, and was unable to labour, there was no resource left but the Workhouse. In bronchitis the conditions are, in a certain degree, changed; but this is explained by the fact that bronchitis attacks older people, and is most severe beyond the working age. More women live to the age when (among adults) bronchitis is fatal than men—a fact that is brought out also in the general mortality of the District, as will be seen by consulting the Table in the Appendix, where the deaths from bronchitis are represented to be for males 88, females 119.

There were 20 deaths in the Workhouse last year from disease of the heart at the mature average of 52, which is lower than the average age for the entire District. It is noticeable that so many as 19 persons died in the Workhouse during the year at the high average age of 81, of whom the majority—eleven—were females, (males 8, females 11) a ratio that is consistent with the ratio for the district (male 16, females 25), and confirmatory of general opinion of the longevity of the so called weaker sex.

The Bloomsbury Dispensary.—Bloomsbury Dispensary has ministered to the relief of the suffering poor as largely as usual. The advantage which this Institution must be to the District can be duly estimated only by a scrutiny of the figures in the following Table, with which I have been favoured by the medical staff.

TABLE IX .- NEW CASES TREATED AT THE BLOOMSBURY DISPENSARY, 1868.

Quarter	Phys	ysician's Cases.		Sur	geon's cas	es.	1 63 1	TOTAL.				
ending—	Admitd.	Visited at home.	Died.	Admitd.	Visited at home.	Died.	Casualties.	Admitd.	Visited at home.	Died.		
Mar. 25th.	703	178	30	318	50	2	270	1291	228	32		
June 24th.	689	159	19	247	13	1	267	1203	172	20		
Sept. 29th.	715	173	17	319	27	2	325	1359	200	19		
Dec. 25th.	536	224	16.	292	54	3	225	1053	278	19		
Whole Yr.	2643	734	82	1176	144	8	1087	4906	878	90		

So many as 4906 cases were treated by the Physicians and Surgeons of this Institution during the year. Of this number 878 were visited at their homes. The smallest number of cases of sickness occurred in the second quarter, and the largest number in the fourth quarter of the year. The mortality however did not observe this rule, it being the heaviest in the first quarter, differing thus in a noteworthy manner from the general mortality of the District. The quarters, however, showing the highest and lowest rates of sickness at the Dispensary, and the similar rates of mortality in the District correspond.

The fact that the highest rate of mortality and the highest rate of sickness do not correspond as regards the quarter of the year when they occur, demonstrates the necessity of a national registration of disease for scientific and sanitary purposes. Much of the practical value of preventive measures depends upon a prompt application of them on the occurrence of epidemic or other sickness; but this advantage is necessarily lost if we must wait for a knowledge of the prevalence of the disease, until some future publication of the mortality tables.

The British Lying-inn Hospital.—The mortality in the British Lying-in Hospital has been lower than usual in the past year. There is a discrepency however, between the number of deaths reported by the Registrar General and those recorded in the Hospital books. The Registrar General returns the deaths of 4 women and 3 children. The Hospital books show the deaths of 2 women and 2 children only.

The number of women delivered was 152, and of children born 154. Of the two women who died, one had measles, under which she was suffering when she was received into the hospital; the other was comsumptive, dying at last of puerperal mania. These deaths may be regarded therefore, as unavoidable. Keeping in view the disadvantages of Lying-in Hospitals generally, as a means of aiding women in their child-birth, it is satisfactory to find, that last year this Institution did not sustain any deaths which may be fairly attributed to hospital infection.

Of the children who died, one was acephalous and lived but a short time; the other was the offspring of the woman who died of puerperal mania.

There were, besides the foregoing, 11 still-births, of which the Registrar General takes no account. Our satisfies are sadly deficient in this respect; for although in hospitals, death from other than natural causes is not likely to happen; yet, out of hospitals, and among the depraved, the allegement of "still birth" may cover a multitude of crimes. If it were required that every "still-birth" should be certified by a medical practitioner, the public would have a guarantee that the true cause of death had been ascertained.

This Hospital was closed for a short time in order to be cleansed after the occurrence of the case of measles. It is possibly owing to a rule that had been enjoined, as I have been informed, not to receive women suffering from organic diseases, that the mortality at this Hospital was lower last year than heretofore.

The Infant's Home.—Fewer children than usual were received into the Infants' Home last year. The whole number was 59, of whom 16 died. None of these belonged to St. Giles District. A new method of dealing with the children admitted here has been adopted. The younger infants are no longer kept in the House, but as soon as they are fit to be weaned, they are taken from their mothers and confided to women to be nursed at their private homes. These women receive on an average 5s. a week, and they are required to bring the children to the Matron once a week for inspection. The weekly inspection is the only safeguard—and I hope it will prove a sufficient one against the danger that always besets these attempts to rear children under the care of strange women—the danger that the weekly stipend will be spent upon other than its intended purposes, and that the infant will suffer neglect. Under the most favourable circumstances nursing by strangers is prejudicial to the child; one is however unwilling to discourage any humane attempt to rescue from almost certain death, the offspring of fallen mothers; I should therefore, wish anything that I have said to be received rather as a caution than a reproof.

THE SANITARY WORK OF THE YEAR.

The subjoined report which has been prepared for me by the Inspectors, shows that there has been no lack of diligence on their part during the year. The number of houses that have been improved, considerably exceeds the number reported upon in the last annual summary. The nature of the evils to be removed in this District, demands incessant inspection; for it is not enough to order an improvement to be effected; when it is done, unremitting vigilance is required to see that it is maintained. Filth of every kind will accumulate if the eye of the Inspector be not perpetually on the watch to detect any infringement or neglect of the Board's Regulations. This is necessarily a wearisome duty; but it is the only method of maintaining the cleanliness of those parts of the District where disease chiefly abounds. The two Inspectors have made 12,570 visits during the year.

TABLE X.

House Improvements in St. Giles District effected under the Superintendence of the Sanitary Inspectors between Lady-day, 1868, and Lady-day, 1869.

	medila de las collessas la situati manada	Inspector WEBB.	Inspector Dixon.
nich geritger	Number of houses improved	748	946
Improvements in Drainage.	Drains constructed or repaired Traps fixed Cesspools abolished Stables drained and horse-pools abolished	153 14	263 369 19 15
In Water Closets.	Pan, trap, and water provided	59 176 258 13	69 296 416 58
In Dust Bins.	{ Newly constructed		11 82
Paving.	Re-laid or repaired	96	162
In General Water Supply.	{ Receptacles provided		22 107
In Cleanliness and Repair.	Cleansed and lime-whited	776 17	891 45
In Ventilation, &c.	{ Ventilation improved Overcrowding reduced Kitchens disused, or made legally habitable	37	38 42 25
Proceedings taken.	First notices	53	254 135 4 4
Total	number of Improvements	2127	2928
Total	number of Visits during the year	5506	7064

Cowsheds and Slaughter-houses. — These have been frequently visited, and have been found to be in a wholesome state. The cows have been remarkably healthy; not a single cow having been sent away unwell. The slaughter-houses are also reported to have been kept in good order.

Bakehouses.—More than usual watchfulness has been required this year, to secure compliance with the Act for the regulation of bakehouses. Some

owners have been negligent, and have allowed their bake-houses to get into a dirty state, but after the usual form of notice had been served upon them, they have done what was required.

Cellars.—There is no part of the Inspectors' duty that demands the exercise of greater vigilance than that which relates to the supervision of cellars. So many of these underground places are in this District occupied by families, and so fraught with evil is the practice, that the utmost care is required that the restrictions placed by the Legislature upon the use of cellars should be strictly maintained. The Inspectors' duty in this respect, is likely to be facilitated by a decision given by Mr. VAUGHAN, the Police Magistrate at Bow Street, in the course of the past year. An occupier of a cellar having declined to discontinue its use, was summoned before Mr. VAUGHAN, and a conviction was obtained. This was the first occasion that an occupier had been summoned at Bow Street. The decision is likely to induce other occupiers to yield a more ready compliance with the law than heretofore. It appeared that the occupier was liable for each and every day that he occupied the cellar, but that a separate summons was required for each day's occupation before a penalty could be inflicted. This cumbrous process qualifies in some degree our satisfaction with the first conviction.

Workshops.—The Workshops' Regulation Act has been in force some time, and has been applied in several instances. The hours of labour have been altered in many shops, and, generally the owners seem to be willing to assist in carrying out the Act. A summons was taken out in one instance against a dress-maker for working the girls beyond the legal hours on Saturday, and the defendant was fined.

Bad Food.—Inspector Dixon seized during the year, six parcels of bad meat (one lot was from a cook shop, and was offered for sale as cooked meat), 17 parcels of fruit, and 11 of bad fish; making a total of 34 parcels.

I have the honour to be, Gentlemen,

Your obedient Servant,
GEORGE ROSS, M.D.

APPENDIX.

TABLE I.—REGISTERED DEATHS IN 53 WEEKS OF 1868. SUB-DISTRICTS OF ST. GILES.

Deaths in Sub-Districts.	Qua	rst rter. eeks.	er. Quarter.		Qua	ird rter. eeks.	Qua	rth rter. eeks.			
[Population 1861,]	M.	F.	М.	F.	M.	F.	M.	F.	M.	F	Both
St. George, Bloomsbury. [17392.]	50	41	42	34	38	45	44	44	174	164	338
St. Giles, South. [19483.]	99	76	68	64	77	83	94	116	338	339	677
St. Giles, North. [17201.]	35	50	45	43	44	56	38	46	162	195	357
Whole District. [54076.]	184	167	155	141	159	184	176	206	674	698	1372

TABLE II. REGISTERED BIRTHS IN 53 WEEKS OF 1868. SUB-DISTRICTS OF ST. GILES.

Births in Sub-Districts.	Qua		Qua		Qua	nird arter. veeks.	Qua			Year. 8. eks.	
	M.	F.	M.	F.	М.	F.	М.	F.	M.	F.	Total
St. George, Bloomsbury	65	52	83	57	59	43	57	78	264	225	489
St. Giles, South	135	99	106	103	101	110	100	127	442	439	881
St. Giles, North	67	66	76	69	63	68	61	66	267	269	536
Whole District	267	217	265	229	223	221	218	266	973	933	1906

TABLE III.- Causes of Death in the St Giles District in 1868, with the Ages at Death.

	CAUSES OF DEATH.	At all Ages.		ges.			0.	-0	2.	- 20	. ic	1 22.	d.	- ic	d	P
Class.		Males.	Females.	Total.	Under 2 years.	2 and under	5 and under 10.	10 and under 20.	20 and under 25.	25 and under 35.	35 and	45 and under 55.	55 and	65 and under 75.	75 and under 85.	85 and
	All causes	674 672	698 691	1372 1363	4	130	53	50	36	87	105	116	119	87	68	
	(CLASSES.)	100	105	907	100	OF.	21	10	5	10	5	5	3	4	2	
I.	Zymotic Diseases	159	135 164	297 317	162 58	65	8	10 20	30	49	58	40	24	14	3	
II	Constitutional ,,	969	295	557	157	46	24	19	7	27	38	64	86	58	31	
III.	Local ,,	80	84	164	99	7		11	2		2	1	5	10	32	
IV.	Developmental,,	15	13	28	14				2	1	2	6	1	2		
	(ORDERS.)	147	126	273	148	62	21	10	4	8	4	4	2	4	2	
I.	o That als	8	6	14	9	3				1	1				***	
	o Til II	5	3	8	1 3		***		1	1		1	1		***	
	4 Parasitic ,,	2		2	2							***			•••	
11.	1 Diathetic ,, 2 Tubercular ,,	13 152	23 129	36 281	58	13	8	19	2 28	4 45	5 53	8 32	5 19	7 6	2	
III.	1 Diseases of Nervous Sys-		57	127	40	13	8	7	1	6	5	18	9	10	10	
	2 ,, of Organs of Cir-		38	62	2		2		2	6	6	12	16	13	3	
	3 ., of Respiratory Organs			306	110	30	11	10	2	6	20	24	50	28	15	
	4 ,, of Digestive Or-		17	31	5	1	2			4	4	5	5	4	1	
	5 , of Urinary Or.		9	22		1	1		1	2	3	3	6	3	2	
	gans		2	2	1		110			2						
	neration 7 , of Organs of Lo-		2	3	1	,		1	1				***	-	***	**
	s ,, of Integumen- tary System		3		1			1		1		2				
		1	19	41	38	3		1								
IV.	1 Dev. Diseases of Children 2 of Adults		5	5				1	2		2					
	3 ,, of Old Peo-	-	25	41	1	1033	1					1 95		5	31	1
	4 Diseases of Nutrition		35	77	61	4						1	5	5	1	
v.			12	25	14				2	1		5	1	2		
	3 Homicide 4 Suicide		1	3	1			***			2	1				
	5 Execution		***		1::											
	Sudden Deaths, cause unas- certained															
	Causes not specified or ill- defined			9												

		Ata	ll Ag		. ,		0.	d 0.	5.	nd 15.	d.	d 55.	d 35.	d .5.	d .55.	d
Class.	CAUSES OF DEATH.	Males.	Females.	Total.	Under 2 years.	2 and under 5.	5 and nnder 10	10 and under 20.	20 and under 25	25 and under 35.	35 an under 4	45 and under 55.	55 and under 65.	65 and under 75.	75 and under 85.	85 and
I.	ORDER 1.															
	1 Small Pox	3	3	6		***	***		***	***	***	***	•••	***	***	***
	2 Measles	12	11	23	16	4	2	1		2	***	***	***	***	***	***
	3 Scarlatina	31	40	71	25	29	11	1	2		1	***	***	***	***	***
	4 Diphtheritis	3	3	6	1	3	1	1	***	1	***			***		
	5 Quinsy	3 5	7	3 12	2	4	***		***		***					
	6 Cronp	20	22	42	8 27	13	2		***							
	7 Whooping Cough	20	~~	10	21	10	~	***	***							
	8 Continued Fevers, Ty-	8	10	18	3	1	1	4	2	3	2	2	***			
	phus, &c	2	1	3	2					1			***			
	10 Metria									***						
	11 Carbuncle	2						***			***	***	1	1	***	***
	12 Influenza		***				***	***	***	***	***	***	***	***	**	
	13 Dysentery						***	***	***		***		***		***	
	14 Diarrhœa	45	24	69	56	7	3	1		1	***				1	
	15 Cholera	4	4	8	5	1	***				***	2	***	***	***	
	16 Ague		***			***		***			***		***	***	***	
	17 Remittent Fever	2	***	2	2	***				***	***	***	***			***
	18 Rheumatism	6	3	9		***	1	2	***	***	1		1	3	1	***
	19 Other Miasmatic Dis	1		1	1	***	***		***					14.		***
	ORDER 2.			7.1		0				7	1					
	1 Syphilis	8	6	14	9	3	***	***	•••			***		***	***	***
	2 Stricture of Urethra	***	***		***	***	***	***	***	***	***	***	***		***	
	4 Glanders	***	***	***	***	***	***			***	***		***	***	***	
	ORDER 3.														***	
	1 Privation	1	2	3	3	***	***	***	***							
	2 Want of Breast Milk				1	***	***									
	3 Purpura	***		***	***	***	***									
	4 Alcoholism.— a Delirium Tremens	2		2					1	1				***	***	
		2	1	3							***	1	1		***	***
	b Intemperance Order 4								1000		100000			183		
	1 Thrusa	2		2	2		***			***		***	***	***	***	
	2 Worms		***			***		***	***		***	***		***	***	
	ORDER 1.				-			100								
II.		1		1						***		***	1		***	
	1 Gout 2 Dropsy	2	5	7				1			1	2	2	1	***	
	3 Cancer	8	18	26				***	2	4	4	6	2	6	2	
	4 Noma	***	***			***	***			***	***		***	***	***	***
	5 Mortification	2		2		***	***				***	***	***	1	1	
	ORDER 2.														1 1 1 1	
	1 Scrofula		3	3				3		***	***	***			***	
	2 Tabes Mesenterica	19	16	35	27	4	3	1			***			***	***	**
	3 Phthisis	118	100	218	14	5	2	14	28	45	53	32	19	6		
	4 Hydrocephalus	15	10	25	17	4	3	1	***	***	***	***	***	***	***	**
TT															1 3	
II.	1 Cephalitis	8	8	16	5	5	4	1				1				
	2 Apoplexy	6	9	15						3	1	4	2	2	3	
	3 Paralysis	15	15	30			1	1	***	1	2	7	5	7	6	
	4 Insanity	***					***	***		***						
	5 Chorea	***				***	***		***						***	
	6 Epilepsy	5	2	7				2		1	2	1			1	
	7 Convulsions & Laryngismus	24	15	39	29	6	2	1	. 1	***		5	2			
	8 Other Brain Diseases	12	- 8	20	6	2	1	2	***	1		0	2	1	***	
	ORDER 2.		253				1 4-1		100				1			
	1 Pericarditis	1	3	4	2	***	2							***		
	2 Aneurism	1	1	2					1	1		10	10	1 555		
	3 Heart Disease, &c	22	34	56			***		1	5	6	12	16	13	3	
	ORDER 3.		1	1								1				
	1 Laryngitis	1	6	7	3	1	1	1	1					***		
	2 Bronchitis		119	207	65	16	7	6		1	14	16		25		
	3 Pleurisy	10000	2	6	1			1				2			1	
	4 Pneumonia		33	69	36	12	3	2		ð	4	4	2			
	5 Asthma	1	4	5								1	1 3	2	1	
	D Zistillio		3	12	5	1 4	1 1 1 1 1 1 1 1 1 1	1	100000		1		1 14			1000

		At	all A	ges.	1					1 3	1	1.5	10	1.6	- 2	1
Class.	CAUSES OF DEATH.	Males.	Females.	Total.	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.	bas 68
	Order 4.															
	1 Gastritis		1	1							1	7	1		***	***
	2 Enteritis	4	3	7	3	1	***	***	***	***	1	1	1	***	***	***
	3 Peritonitis	2	3	3	1	**	1	***	***	***	***	***	1	1	***	***
	4 Ascites	***		3			1	***	***	***	***					***
	5 Ulcer Intest	2	***	2		***	***	***	**	***		1		1		***
	6 Hernia		***	~												
	7 Ileus 8 Intussusception	1	1	2					***	1	1		***	***		
	9 Strict. Intest	***						***			***		***			
	10 Fistula				***								***	***		
	11 Stomach Disease, &c	1	1	2	***					2	***	***	***	***		***
	12 Pancreas Disease	***									***		***	***	***	
	13 Hepatitis		1	1	***	***	***		***	***	***	1	***	***	***	
	14 Jaundice	1	***	1	1				***	***	***				7	***
	15 Liver Dis. &c	3	6	9	***	***		***	***	1	1	2	2	2	1	
	16 Spleen Disease, &c Order 5.	***	***			***			***				***	***		***
	1 Nephritis		3	3	***	1								1	1	
	2 Ischuria															
	3 Nephria	3	1	4	***							1	2	1		
	4 Diabetes	1	1	2	***	***	***		***	1			1	***	***	***
	5 Stone	***			***	***	***			***	***				***	
	6 Cystitis	2	1	3	***	***	***	***		***]	1 2	***	1	***
	7 Kidney Disease, &c	7	3	10		***	1		1	1	3	1	2	1	***	***
	ORDER 6.		300										and I			
	1 Ovarian Dropsy	***	2	***		***	***		***	2	***	***	***	***	***	***
	2 Uterine D sease, &c	***	2	2		***	***	***	***	2	***	***		***	***	***
	ORDER 7.															
	1 Arthritis	1	2	3	***	1	***	1	1	***		***		200		***
	2 Bone Disease, &c			0	***	*		1	1			***	***	***		
	ORDER 8.	1	1	2				1				1				
	2 Ulcer															
	3. Skin Disease. &c		2	2						1		1				
	ORDER 1.										-					
V.	1 Premature Birth	13	14	27	27				***	***	***		***			
	2 Cyanosis	>**	***		***	***			***		***	***		***		***
	3 Spina Bifida		***	200	***		***			***		***	***	***		
	4 Other Malformations	4	2	6	3	3	***	***	***		***	***	***	***	***	***
	5 Teething	5	3	8	8	***	***	***	***	***	***	***	***	***	***	
	ORDER 2					12.1						230	1000	1000	200	
	1 Paramenia	***	5		***			***		***	2	***	***	***	***	***
	2 Childbirth (see Metria)		0	5	***		***	1	2		-			***	***	***
	ORDER 3.	16	25	41	la con		Taga							5	31	5
	1 Old Age Order 4.	10		31	***			***	***			***				
	1 Atrophy and Debility	42	35	77	61	4						1	5	5	1	
	ÖRDER 1.		133	100			1000									
V.	(Accident or Negligence.)									- 1		- 1		1653		
	1 Fractures, &c	1		1		**		***	1					***	***	**
	2-3 Wounds	5	***	5	***	***	***	***	***	***		4	1	***	***	***
	4 Burns, &c		2				***	***	***	1	***	1	***	***	***	
	5 Poison	1	1000	3	1		***		***		***			***	***	**
	6 Drowning	4	9	13	12			***	1	***		***	***			***
	7 Suffocation	4	1	2			***					***		2		
	8 Otherwise	-	1	-		***	***		***						***	***
	Homicide						***									
	ORDER 4. (Suicide)							190		E E						
	1 Wounds-Gunshot						***					***		***		
	2 ,, Cut, Stab									***						
	3 Poison	1	1	2		***				***	2					**
	4 Drowning									***	***			***		
	5 Hanging			1		***		***		***		1				
	6 Otherwise	***	***	***		***	***		***	***	***		***	***	***	

