[Report of the Medical Officer of Health for Chiswick].

Contributors

Chiswick (London, England). Urban District Council.

Publication/Creation

1895.

Persistent URL

https://wellcomecollection.org/works/ghnm7369

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



CHISWICK PARISH.

ANNUAL REPORT

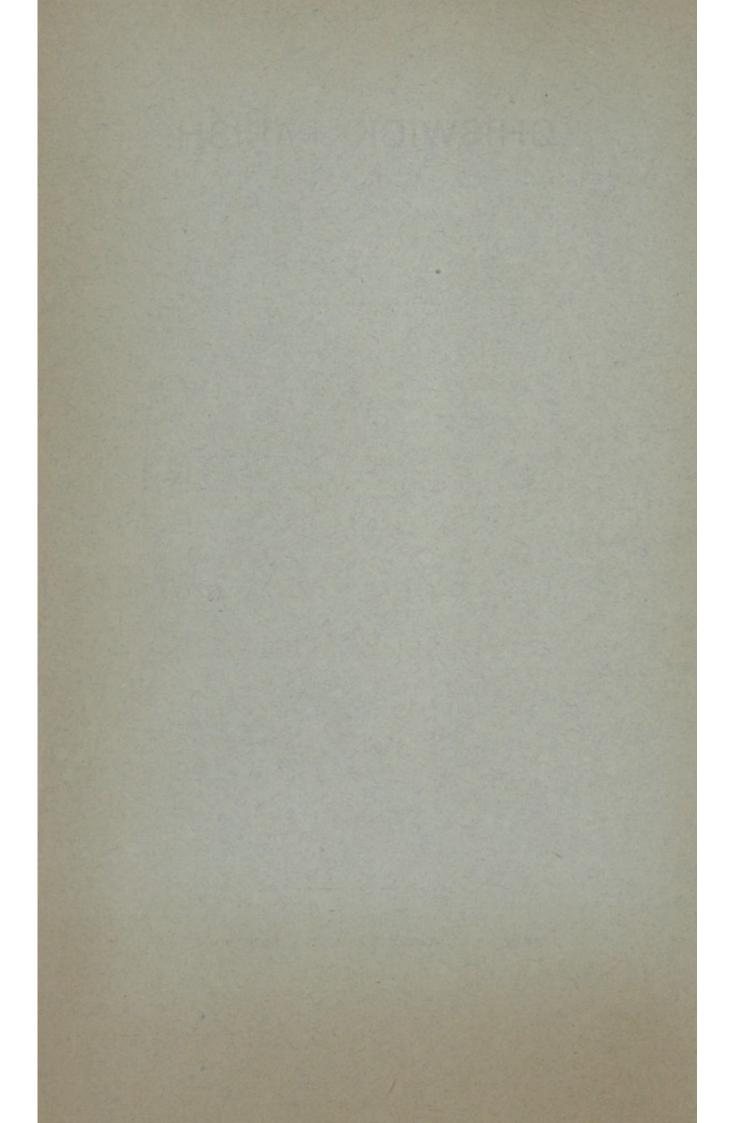
OF THE

Medical Officer of Health.

1894.

CHISWICK:

PRINTED BY PLATRIER AND SONS, HIGH ROAD.



CHISWICK PARISH.

ANNUAL REPORT

OF THE

Medical Officer of Health.

1894.

CHISWICK:

PRINTED BY PLATRIER AND SONS, HIGH ROAD.

CHISWEST URBAN DISTRICT COUNCIL.

Harris de la companya del companya del companya de la companya de

dost gains and a second and a s

remperature had a contact of contact the fatality.

CHISWICK URBAN DISTRICT COUNCIL.

SANITARY DEPARTMENT.

THE SIXTEENTH ANNUAL REPORT

MEDICAL OFFICER OF HEALTH.

MR. CHAIRMAN AND GENTLEMEN,

It becomes my duty to place before you my Annual Report of matters pertaining to the Public Health of our district, for the year terminating 31st December, 1894, together with a Report of the proceedings taken by the officials of the Public Health Department, with the view of maintaining and improving the sanitary conditions of our district.

The record for the year is even more favorable than that for 1893, and marks a progressive improvement; compared with the average of the past ten years the results are most satisfactory.

The year was one of comparatively little sunshine, with an excessive amount of rain during each month with few exceptions, and this on the whole was conducive to a low death rate, the cool summer temperature had a tendency to reduce the fatality from infantile diarrhæa and also lowered the general

mortality of children, under a year, together with the zymotic death rate.

The amount of zymotic disease was insignificant.

Population.

I need hardly remind you that with a rapidly increasing district such as Chiswick, it is somewhat difficult to arrive at an exact estimate of the population, and it must necessarily be somewhat proximate; for the middle of the year I have estimated the population at 23,982.

Births.

The number of births during the year was 708, of which 350 were males and 358 females.

The birth rate was 29.52 per thousand, against 28.86 for the year 1893. The birth rate for London was 30.1 per thousand, and for England and Wales 29.6.

Deaths.

An account of the deaths tabulated in the form required by the Local Government Board will be found at the end of this report.

During the year 320 deaths were registered, 160 were males and 160 females (including 7 non-residents) which reduces the number to 313.

The annual rate of mortality amounted to 13.05 per thousand, against 14.45 for 1893; whilst for London it was 17.8, and for England and Wales 16.6.

The above figures, which are quoted from the returns of the Registrar General, are subject to revision when the causes of death are finally classified for the Annual Report.

The natural increase of population (excess of births over deaths) was 395.

The usual mortality from diseases of the organs of respiration, usual in the winter months, resulted in 56 deaths, 10 less than in the year 1893.

From phthisis and other tubercular diseases there were 37 deaths (an excess of 11 on the year 1893), but from heart disease there was a decreased fatality, 13 deaths; whilst for 1893 there were 32 deaths.

During the year there were 29 sudden deaths, necessitating Coroner's Inquests, of which 17 were due to natural causes, 6 the result of accidents, 1 from exposure during the delirium of scarlet fever, 3 from convulsions, and 2 from accidental suffocation.

The following table epitomises the ages at which the deaths occurred:

Eight of the deaths occurred between the ages of 80 and 90, and 2 attained the age of 93.

Infantile Mortality.

The rate of this mortality or the proportion of deaths under one year of age in every thousand births was 131, being 23 less than the preceding year; for London it was 143, and for England and Wales 137.

The falling death rate that has been proceeding. for several years is, in a great measure, due to the saving of young lives by the application of the laws of hygiene, consequently a greater number of persons reach maturity than formerly.

The following are the diseases that proved most fatal to infants and young children:

Diseases of the	Respirato	ory O	rgans,	
viz.: Bronch	itis, Pneu	monia	, and	
Pleurisy				31
Measles			***	12
Whooping Cough				3
Convulsions				19
Diarrhœa				6
Tuberculosis and	Marasmus			6
Premature Birth				12
Tubercular Menin	gitis			5
Debility from Birt	th	***		2
				96

Zymotic Diseases.

The following are the deaths from the principal zymotic diseases:

Whooping Cough		 	3
Measles		 	12
Scarlet Fever		 	3
Diphtheria		 	4
Croup (Membranou	is)	 	I
Enteric Fever		 	3
Continued Fever		 	2
Puerperal Fever		 	I
Erysipelas		 	2
Diarrhœa		 	9
		-	40

Zymotic death rate, 1.66 per thousand. For London it was 2.66 and for England and Wales 1.76.

The following table gives the average births, deaths, birth rates, and death rates, also the deaths from zymotic disease, for the past ten years.

	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	Average of last 10 years
Births during the year	649	709	683	688	678	639	654	679	675	708	676.2
Birth rate per thousand		37:37	34.84	34'10	32.64	29.89	29.48	29.80	28.86	29.52	32.18
Deaths from all causes	200	315	318	331	271	358	345	392	338	313	328.3
Death rate per thousand	16.43	16.60	16.24	16.40	13.04	16.75	15.55	17.20	14.45	13.05	15.57
Deaths from Small Pox	4	0	0	0	0	0	0	0	0	0	*4
" Measles	21	5	2	8	3	16	8	34	5	12	11.4
" Scarlet Fever	5	0	2	2	3 8	2	0	I	2	3	2.5
" Diphtheria	9	I	2	I	0	3	0	3	4	4	2.7
" Whooping Cough	5	14	3	16	5	10	9	27	9	3	IO.I
,, Typhoid and other Fevers	. 3	2	3	I	1	0	7	3	4	6	3
" Diarrhœa	14	10	19	8	8	17	18	20	21	9	14'4
" Croup (Membranous and	100										
Diphtheritic)	I	I	0	I	I	I	I	I	4	I	1.2
" Erysipelas	I	0	I	I	0	I	0	0	0	2	.6
" principal zymotic diseases	-	33	32	38	26	50	43	89	49	40	46.3
Death rate from do	3:26	1.73	1.28	1.78	1.30	2.38	1.93	3.90	2.09	1.66	2.15

Infectious Diseases (Notification) Act, 1890.

Under this Act I have received 132 Certificates, viz.:

	***		I
		***	38
			18
s)			3
***			II
			15
	***		I
			45
		-	132
	s)	s)	s)

The Notifications received by me for the year preceding amounted to 239, showing a decrease of 107 for the year 1894.

An imported case of small pox was notified at Gunnersbury; it was of a very mild type, and as proper means of isolation could be adopted at the house in which it occurred, it was not considered necessary to remove the patient to an isolation hospital. The complaint was supposed to have been contracted in a public conveyance. I adopted the precaution of having the linen used by the patient removed from the house in order to be washed and thoroughly disinfected.

Scarlet Fever.

The diminution of the prevalence of this most infectious disease in the district is both gratifying and remarkable. During the past ten years 25 deaths have been recorded. Each year confirms the experience that isolation is the only method of keeping the disease in check, more especially in a densely populated parish such as Chiswick.

The number of cases notified of this complaint compares favorably with that of the previous year, amounting to 38 against 131 for 1893; they occurred during each month of the year, resulting in three deaths.

Diphtheria.

Eighteen cases were notified (an increase of three on the year 1893) resulting in four deaths, one in February, one in March, and two in June. Three cases were reported at a house in Bedford Park, of which two proved fatal. The third was removed to

a London hospital and ultimately recovered.

With the assistance of our Sanitary Inspector I made a careful examination of the general sanitary arrangements of the house and premises, which I found in a very unsatisfactory condition, the drains being defective and the pipes having a reversed fall with leaky joints. A small catch-pit had been constructed at the rear of the premises, which had been used as a grease trap and received the waste from the pantry sink, and ultimately overflowed into the main house drain, which was untrapped from the public sewer. A stack pipe was found connected with a cesspit, the open head of which was within a few inches of one of the windows of the house. It was evident that both the house drains and also the main sewer were ventilating into the windows of the house. Acting upon my advice the Board ordered the drains to be reconstructed in accordance with the bye-laws, which has been carried out in a very satisfactory manner; the bath and overflow waste pipe have both been disconnected from the drain and soil pipe. The supply of water was constant, and that used for drinking purposes taken from a cistern which was far from satisfactory.

As regards the other two cases of diphtheria, both were young children, and we were unable to find any sanitary defects on the premises.

Membranous Croup.

Three cases were notified (against six for the preceding year) and one death, which was in February.

Whooping Cough.

Three deaths only were registered from this complaint (all children under five years of age).

Enteric Fever.

Eleven cases were notified, three of which proved fatal. One at Bedford Park was evidently imported, the patient having been from home for some time, and the house on examination was proved to be in a thoroughly sanitary condition.

Continued Fever.

Fifteen notifications, with two deaths, one on the Sulhamstead Estate and the other at Chiswick New Town.

At the request of the late Local Board, I read a Special Report on the subject of this fever in October last, in which I stated that it was generally understood to be an abortive form of typhoid; the term is somewhat indefinite and in my opinion should not have been included with the diseases coming under the Notification Act.

Puerperal Fever.

One notification which was a fatal case.

Erysipelas.

There were 45 notifications and two deaths, one of a child aged six months. This complaint consti-

tuted almost a third of the cases notified; a large proportion were reported during the early spring and winter months, and probably arose from the damp and cold conditions then existing.

Diarrhæa.

This complaint was the immediate cause of nine deaths, against 21 for the year 1893, mostly young children, and occurred during the months of July, August, and September when infantile or summer diarrhæa is usually most prevalent. It is a complaint much influenced by temperature, and doubtless the cool summer accounted for the comparatively small number of deaths.

Phthisis.

Thirty-seven deaths were registered from this disease, against 26 for the previous year. This increase may be partly accounted for by the dampness of the subsoil during the greater part of the year.

In America the disease is included amongst those which come under the Notification Act, and when a death is registered the room occupied by the patient is disinfected as it would be after any other infectious disease. A resolution has been recently passed by the Society of Medical Officers of Health "that the Society while accepting the view that phthisis is an infectious disease, in the prevention of which active hygienic measures should be taken, think it premature to recommend the compulsory notification of a chronic disease like phthisis. They are however of opinion that it is incumbent on Medical Officers of Health to take such steps as may secure the voluntary notification of phthisis by those medical practitioners

who agree that precautionary measures are desirable; also the adoption of such precautionary measures, including the disinfection of rooms, as can be arranged in conjunction with the medical practitioner."

Cancer

Was the cause of five deaths, which is a decrease of three on the previous year.

Influenza.

This is a disease which has reappeared among us during the last few years, having caused in London during 1893 1,526 deaths. A few cases have occurred during the year, of a mild character, without any fatal results. It is a disease which our sanitary authorities have taken no cognisance of, and for which there is not even a column in the tabular form issued by the Local Government Board for Medical Officers of Health to use.

Isolation Hospital.

With regard to the proposed erection of a hospital for this parish for the isolation of cases of infectious disease. I consider it is a subject for regret that the conjoint scheme for the three parishes of Chiswick, Acton, and Hanwell fell through after numerous meetings and a prolonged Local Government Board Enquiry. It is simply by the provision of a hospital of this kind that we can hope to deal successfully with epidemics such as that of 1893, and it is only by the prompt isolation of early cases that we can expect to prevent an extension of infectious disease.

It is a matter of importance that the attention of Sanitary Authorities should be called to the real value of these hospitals as an important part of the necessary machinery of public health administration, in conjunction with the adoption of the Compulsory Notification Act.

Fortunately I have been able, with the sanction of the late Board and having full discretionary power, to deal with the few cases of infectious disease which have presented themselves from time to time, and only in a few instances have found it necessary to secure the services of a nurse at the expense of the Board, and, when necessary, to render some temporary assistance in the way of provisions where a family has suffered pecuniary loss in consequence of illness.

As to the important question of disinfection, I consider that we are placed somewhat at a disadvantage in not being provided with a proper steam disinfector, such as that in use in most parishes of the size and with the population of this. I must, however, admit that I have not as yet traced a case of infectious disease which could be attributed to insufficient disinfection, so thoroughly and effectually has it been carried out by our Sanitary Inspectors.

I have received during the year notices of persons arriving in England in vessels from infected ports where cholera and other infectious diseases existed, whose destination was in this district. I at once caused full enquiries to be made, and occasionally made an examination of persons where I considered it necessary.

Collection of House Refuse.

On referring to the Report of the Sanitary Inspector, it will be observed that a considerable number of sanitary dust bins have been supplied to houses in various parts of the parish, mostly made of galvanised iron. I regret to find that the collection of house refuse has not been executed in a satisfactory manner, which has caused a considerable number of complaints. I need hardly point out the importance of a frequent removal of this house refuse, more especially from the houses of the working class, which are too frequently the most neglected. I need hardly remind you that accumulations in the small back yards of small tenements, such as Chiswick New Town and other parts of the district, are detrimental to health, more particularly during the summer months. The real defect in this as also in other badly-served districts is the absence of a methodical plan for visiting every house in regular rotation. Such a systematic arrangement is carried out in the district of St. Pancras, that the actual complaints of householders have been reduced from over 20,000 to less than 2000 by the adoption of a scheme devised by Dr. Sykes, the Medical Officer of Health. Each contractor is strictly bound to call at every house, street by street, in that area according to a schedule, and work regularly through the list. He has also to furnish every Monday both the number of the cart and the names of the men told off to work each division on the schedule. By this arrangement the householders know exactly when to expect the dust cart each week, and can arrange accordingly. If there is any failure or irregularity the inspector in charge of this department can lay his finger both on the time and the man, and can without any difficulty ascertain whether the dustman or householder is to blame. An arrangement such as this might be easily adopted in this district, which is to say the least unsatisfactorily served; it can effectually be remedied

without either trouble or expense by the exercise of a small amount of organisation at the Vestry Hall.

All carts used for the removal of dust should be provided with a lid or covering; this is a rule too frequently neglected by the contractor.

Ventilation of Sewers and Drains.

Comparatively few sanitary matters have been the subject of so much recent debate as this. The present system allows communication between the sewers and the atmosphere, with the object of preventing the air in the former from acquiring a greater tension than that of the latter, and also for the dilution of the sewer gases by means of fresh air.

It is contended that in unventilated sewers the gases generated by decomposition of organic matter force the weak traps or house drains and pass into the houses.

In a sanitary point of view we may regard a perfectly open sewer as really less objectionable than one which is open at a limited number of points, when the emanations are cooled through openings at certain distances, such as road ventilators or manholes, as in this parish.

Mr. Baldwin Latham, a great authority on sanitary engineering, states "that large quantities of air entering a sewer displace equivalent amounts of foul air, which must escape somewhere." He also considers that too much stress is laid upon the subject of ventilation of sewers, and expresses an opinion that it is only necessary to give the air sufficient vent to obviate pressure on the traps of the houses.

The ventilating openings in the streets are naturally objected to by those living opposite or near them,

and undoubtedly from some of them most objectionable effluvia are complained of, and I must admit that several very suspicious cases both of enteric fever and diphtheria have been brought before my notice in proximity to these road ventilators.

In every town or large parish I consider there ought to be registered plumbers, whose duty should be to see that the connections between the drains and sewers are properly made, and that the traps are sufficient and efficient. It is a fact generally admitted that in most towns much soil pollution is the result of faulty house drains leaking their contents.

Bristol as far as I can learn is the only large town in which the sewers remain unventilated. As their contents are discharged into a tidal river, and consequently are sealed for some hours daily, it might naturally be concluded that the backing up of the sewage would cause pressure upon the air in the sewers. However both the Medical Officer of Health and City Surveyor are perfectly satisfied to allow them to remain as they are, and in fact deprecate every proposal to ventilate them into the streets.

Ventilating shafts and pipes are slowly superseding road ventilators, or grids; in narrow streets and other close places I am decidedly in favor of abolishing the latter method of ventilation. The system of cremating the gases is a good one, but too expensive for general use. The proposal to ventilate sewers by carrying pipes up the sides of the houses is not meeting with much favor. The plan has been tried in Sydney (Australia) and it has been stated that the sewer organisms showered down from the ventilating outlets on the windows and other parts of the houses.

As you are doubtless aware the sewers in this parish are flushed automatically, and during the summer months disinfectants freely used.

Water Supply.

The chief portion of the district is supplied by the West Middlesex Water Company, with the exception of Bedford Park and a certain number of houses on the north side of the Chiswick High Road.

The very important question of a constant supply to every house in the parish is one that I have brought to your notice in several of my previous Annual Reports, and I am glad to find that a resolution has been recently passed by your Council that this should be adopted. An intermittent supply with storage cisterns placed on the roofs of water closets in small back yards, is a common state of things and they are sometimes placed immediately under the bedroom floors, receiving the dust and other impurities when the room is swept. There is no direct evidence that the bacilli of typhoid fever may not occasionally find their way into these cisterns, when they are too frequently uncovered, and but on rare occasions cleansed, rendering them the cause of much pollution. Water used for drinking purposes should always be drawn direct from the main.

According to the monthly reports on the composition and quality of the samples of water supplied by the two Companies, viz., the West Middlesex and Grand Junction. They have been found clear, bright, and well filtered, with but few exceptions when one has been recorded as "clear, but dull." Frequent samples have been taken from the different stand-

pipes for bacterialogical examination, which afford a certain guide as to the efficient working of the filters. If the bacteria in any particular sample of water show signs of approaching the limit which is permissible in pure drinking water, notice is immediately sent to the Company in order that the imperfectly filtered supply can be cut off from the distributing mains and the defective filter remedied. Special samples have also been taken from the general shafts at the different water works, when the number of bacteria have been uniformly low, the average being 30 per cubic centimetre.

Inspection of the Parish.

Building operations have progressed with tolerable activity, more especially in Gunnersbury and other parts of the Parish.

During the past year much important work has been done in the way of house-to-house inspection; also special attention has been given to the smaller houses in the district, where the question of sanitation is least considered by the owners. A considerable number of house drains have been reconstructed in accordance with the requirements of the byelaws. Each house has been carefully examined, and on the smoke test being applied to the drains many have been found defective.

In Devonshire Road, Chiswick, the drainage of several houses was seriously defective. In one instance a large brick drain was found immediately under the passage, and when opened was full of sewage owing to the drain being improperly connected with the sewer. The drain had evidently been leaking into the subsoil for some considerable time, and the

superficial area not being concreted might have caused serious trouble. I need hardly add that this condition of drainage was at once remedied.

The drainage also of a considerable number of small houses in Chiswick New Town has been thoroughly overhauled, and in many instances, having been found seriously defective, it was necessary to issue the usual notices requiring them to be re-laid. In James Street and William Street more especially, the drain pipes were found disjointed, having a reversed fall and improper connections, thus allowing the sewage to escape into the subsoil instead of the main sewer.

Owing to an outbreak of diphtheria in Bedford Park during the month of June (to which I have already alluded), a natural suspicion fell on the drainage and water supply, and a memorial signed by several of the inhabitants was presented to the late Board urging a house-to-house inspection; and acting upon my recommendation it was decided that the Sanitary Inspectors should make a careful and thorough examination of those houses which are in Chiswick. This was carried out, and as a result many drains were found defective, in some cases seriously so, and have since been relaid. In fact at the present time several of these alterations, such as the ventilation of drains and the remedying of various sanitary defects, are in progress.

The water supply of this portion of the district is constant and has been found on analysis of good quality.

Under the Housing of the Working Classes Act, I have had occasion to issue my certificate in respect to several houses in the district, and in one instance it became necessary to apply to the Police Magistrate owing to the Board's notice not having been complied with in connection with two houses in Devonshire Road, Chiswick, which I found in a dilapidated and dangerous condition and practically uninhabitable, the flooring, staircases, walls, and ceilings being dirty and defective. On the summons being heard the owner undertook to carry out the necessary repairs, which have since been done.

I was compelled to condemn a third house in Devonshire Road in consequence of its insanitary condition from defective drainage and also a deficiency of air space. The Surveyor in his report on these premises recommended the demolition of a building in the rear together with the reconstruction of the drains. The owner has since carried out the work in a satisfactory manner.

I have also had occasion to report on a block of small houses known as Blenheim Steps, Windmill Lane, which I found very damp and unhealthy, the result partly of defective guttering and from the fact of their being several feet below the ground level; both light and ventilation are insufficient and in their present condition they are practically unfit for habitation. They could, however, be greatly improved by carrying out the recommendations of your Surveyor; the necessary notices have been served for this purpose.

With reference to the contemplated improvements in Essex Place, suggested by a member of your Council, I consider the scheme an admirable one and should much like to see it extended to some other parts of the district, there being a certain number of houses which owing to their age are almost uninhabitable.

In April last I read a special report on the insanitary condition of three houses in Bell Alley, Strand-on-the-Green, which in consequence of insufficient air space rendered them unfit for habitation. This matter having been referred to your Surveyor to report on, he agreed with me that with a view of obtaining the requisite amount of ventilation the demolition of a part of the buildings would be necessary in order to give the remaining houses adequate ventilation. I may add that the condemned house since the notice has been served has been vacated, and as a result no further action has been taken.

Whenever I considered it necessary I have from time to time inspected various premises in the district, and it is hardly necessary to remind you that the work of my special department increases yearly. With a large and growing population such as Chiswick it is a matter of the utmost importance that the powers conferred and extended to your Council with regard to the interests of Public Health should be thoroughly carried out: failing this, sanitary legislation becomes a dead letter.

Factory and Workshop Act.

A register of out-workers in connection with various trades is kept in my department, and the necessary supervision given by the Sanitary Inspectors.

Sale of Food and Drugs Act.

This Act has been duly enforced during the year, having the effect of raising the quality of the food sold in the district; the cuality of the milk has greatly improved, which is a matter of the utmost importance. Slaughterhouses, Bakehouses, Cowsheds, and Dairies.

All have been as usual inspected periodically by the Sanitary Inspectors, and occasionally by myself, and they have been found generally satisfactory.

In conclusion, it affords me pleasure to add that I consider the general sanitary condition of the parish at the present time better than it has previously been, from the fact that the laws relating to Public Health are more efficiently administered, and also the science of hygiene is more generally recognised and effectually applied.

I append, as usual, the returns of the Sanitary Inspector, and remain, Gentlemen,

Your obedient servant,
FRED^{c.} C. DODSWORTH,
Medical Officer of Health.

SANITARY INSPECTOR'S OFFICE, VESTRY HALL, CHISWICK,

	VESTRY HALL, C	HISWICK.
Report of Sanitary	Inspector for the year ending 31st Dece	mber, 1894.
	complaints received during the year	102
Tituliber of	Houses, premises, &c., visited and	102
"	examined	3284
,,	Notices served for abatement of	2004
"	nuisances	. 558
,,	Houses, premises, &c., repaired,	1997
	cleansed, &c	148
"	Houses disinfected after illness of	
	an infectious character	75
,,	Drains repaired, cleansed, and	
	ventilated	314
. ,,	House drains reconstructed and	
	ventilated	273
	Waste pipes from baths, sinks,	
	and lavatories disconnected from	
	drains	43
",	Cesspools emptied and done away	
	with, and new drainage provided connected with Public Sewer	
	Water closets repaired, cleansed, &c.	318
	Water closets supplied with water	310
"	separate from domestic supply	8
"	New water closets provided	81
	Samples of water analysed taken	7.
	from shallow wells supplying	
	drinking water	0
"	Houses supplied by Water Co.,	
	previously from shallow wells	3
"	Cisterns repaired, cleansed and	
	covered	17
"	Dust bins, new, provided	76
"	,, ,, repaired, covered, etc.	43
11	Dust complaints received and	
	attended to	376
, "	Accumulations of dung and other refuse removed	
	Animals removed, being improperly	21
"	The state of the s	TO
	Cases of overcrowding abated	9
	Registered cowsheds, dairies,	9
	and milkshops regularly inspected	32
"	Licensed slaughter-houses regu-	3-
	larly inspected	8
.,,,	Bake-houses regularly inspected	16
	Legal proceedings (i.e.) summonses	
	for the abatement of nuisances	10
	Your obedient servant,	
	JOHN H. CLAR	KE,
		y Inspector.

Sanitary Inspector.

(A) TABLE OF DEATHS during the Year 1894, in the Urban Sanitary District of Chiswick; classified according to Diseases, Ages, and Localities.

				PROM .	ALL CAU							Mo	BYALIS	FY PROM	SUBJO	DOED C	AUSES,	DESTING	UISHIN	o Dea	THE OF	CHILD	REN UN	onn Fi	VE YE	ARS OF	AGE.			
NAMES OF LOCALIFIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities.	At all ages.			5 and under 15.	15 and under 25.	25 and under 65.	65 and up- wards.		Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup,	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Cholena.	Erysipelas,	Measies.	Whooping Cough.	Diarrhea and Dysontory.	Rheumatic Fever.	Ague.	Phthisis.	Bronchitis, Pruemonia and Pleurisy.	Heart Disease.	Injuries.	All other Diseases.	Totals.
(a.)	(6.)	(0.)	(d.)	(c.)	(f.)	(g.)	(h.)	(i.)	1	2	3	4	5	6	7	8	9	10	11	19	13	14	15	16	17	18	19	20	21	23
Chiswick Proper	27	5	2	2	2	10	6	(Under 5 5 upwds.		ï							ï				::	ï	::	::	ï	2 2		::	5 14	20
Chiswick New Town	32	13	6	3	3	5	2	(Under 5 (5 upwds.		ï					ï					3		1		::	3	1 3	i		14 4	19
Turnham Green	86	29	14	2	3	23	15	(Under 5 5 upwds.			::			1					ï	5	1	2	î		2 7	11 6	5	1	21 20	48
Turnham Green North	12		1	1		6	4	Under 5 5 upwds.	::							**						::		::	2	ï			1 8	11
Glebe Estate	57	96	6	1	3	16	5	Under 5 (5 upwds.	::	i	::									8		8	-:		8	9 2	2	::	17 12	82 25
Sulhamstead Estate	24	9	2	1	2	5	5	Under 5 5 upwds.							ï				1	**		::			2 3	4 1			4 5	11 13
Gunnersbury	45	7	4	3	1	13	17	Under 5 5 upwds.			1			ï							2		ï		1 5	8	ï	ï	7 17	11 34
Grove Park	3				1	1	1	Under 5 5 upwds.			::														ï	::				3
Strand-on-the-Green	16	8	8		700	6	4	Under 5 5 upwds.		**		1										1	**	::	2	3 3			5	6 10
Bedford Park	11	1			1	6	8	Under 5 5 upwds.			1 2			i				::					::			**			7	10
TOTALS	313	98	38	13	16	91	62	Under 5 5 upwds.		3	2 2	1		3	2		ï		1	11	3	7 2	2	::	5 32	30 26	12	1	70 94	131 182
					The	subje	ined i	numbers l	ave :	also to	be to	aken ir	ito ac	count	in jud	lging	of the	abov	e reco	rds of	mort	ality.						7		
Deaths occurring outside. the district among per- sons belonging thereto.								Under 5 5 upwds.				**								::			::	::		::	::		::	-:-
Deaths occurring within the district among por- sons not belonging thereto.		1				6		Under 5 5 upwds.														::						6	1	1 6



(B) TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the Year 1894, in the Urban Sanitary District of Chiswick; classified according to Diseases, Ages, and Localities.

		ATION AT AGES.				NEW	CASE.			IN EAC MEDIC					ENOW	REDGE		N N	CMBER	or suc	H CASE	RENG TREAT	VED FE	OM THE	OH RES	HOSPIT	THE SE	VERAL	Locar	TYTES
NAMES OF LOCALITIES		Estimat-	40	Aged				- 5			FEVER	8.									18			FEVER	ş.					
adopted for the purpose of these Statistics; Public Institutions being shown as separate localities.	Census 1891.	ed to middle of 1894. 23982.	Registered barths,	under 5 or over 5.	Smallpox.	Scarlatina.	Diphtheria	Membranou Croup.	Typhus.	Enterio or Typhoid.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.	TOTAL		Smallpox.	Searlatina.	Diphtheria	Membranou Croup.	Typhus.	Enterie or Typhoid.	Continued.	Relapsing.	Puerperal.	Cholent.	Erysipelas.		
(a.)	(6.)	(c.)	(d.)	(e.)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	94	25	9
niswick Proper		9390		Under 5 5 upwds.		8	2 2						ï		5	2 11		::			**									
iswick New Town		2148		Under 5 5 upwds.		5 6			**	ï	3 5				. 7	11 19		::		**	::									
rnham Green		8490		Under 5 5 upwds.	::	4	2	1	::	1 1	3		::		1 12	5 20				1	11		î							
rnham Green North		3330		(Under 5 5 upwds.	::								::		ï	ï						:-		::	::					
obe Estate		2770		(Under 5 5 upwds.	::	- 4	2	1		ï			11		2 5	5 11					-11	::								
lhamstead Estate .		1410		(Under 5 (5 upwds.		9 4					1				1 2	4 7										*:				
nnersbury		4880		Under 5 5 upwds.	ï	1 6	1			4					1 4	3 15	::					::		::						
ove Park .		794		(Under 5 15 upwds.													::					::		**		::				
and-on-the-Green		1340		(Under 5 (5 upwds.		2		1								1 4		::		::		::	::	::	::	::				
dford Park		1440		(Under 5 (5 upwds.		ï	1 7			3					i	12	::			1 2		::	::	::	**					
TOTALS .	, 21965	28982	708	Under 5 5 upwds.	ïi	8 30	8 10	3		10	4 11				8 87	32 100				2 2		::	ï							

State here whether "Notification of Infectious Disease" is compulsory in the District? Yes. Since when? January 1st, 1890. Besides the above-mentioned Diseases, insert in the columns with blank headings the names of any that are notifiable in the District, and fill the columns accordingly. State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which such Hospital is situated; and if not within the District, state where it is situated. Chiswick has no Infectious Hospital.



