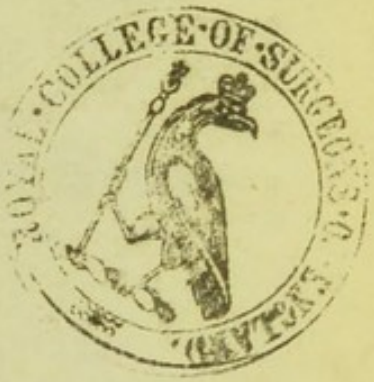
Scarlet fever for ten years (1860-70) in the parish of St. George, Hanover Square / by C.J.B. Aldis.

SCARLET FEVER

FOR

TEN YEARS

(1860–70)



IN THE

Parish of St. George, Hanover Square.

BY

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MEDICAL OFFICER OF HEALTH, ST. GEORGE'S, HANOVER SQUARE,
AND FORMERLY LECTURER ON THE PRACTICE OF MEDICINE.

READ BEFORE THE METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH, ON DECEMBER 17TH, 1870.

DR. DRUITT IN THE CHAIR.

LONDON:
MESSRS. CHURCHILL, NEW BURLINGTON STREET.

1870.

Price One Shilling.

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DR. DRUITT IN THE CHAIR.

Epidemic scarlet fever having occupied the public attention for some time past, I have thought it expedient to introduce the subject to the notice of our Society this evening, rather with the view of exciting discussion upon a disease, which occasions more or less anxiety, than of submitting any new facts to the Association.

The sanitarian considers with the deepest interest the source of the poison, its nature, what chemical agent can best neutralize so formidable an enemy to the public health, and what means are best calculated for preventing its spreading.

Then, as a pathologist, he notices that in its mildest form it may produce severe dropsy, that a slight or a most malignant sore throat may occur, and that nature seems to eliminate the poison either through the skin, the kidneys, or the mucous outlets of the body. Then complications sometimes occur in the serous surfaces, giving rise to pleurisy or

pericarditis, the brain also becomes implicated, and occasionally infants die suddenly from its violence without any eruption, causing suspicions that they have been poisoned.

We do not read in the history of great epidemics any notice of scarlet fever in Europe before 1610, although one writer believes that he has traced symptoms of it in the account given by Thucydides of the plague of Athens, which occurred B.C. 430.

I purpose now very briefly to call your attention to—

1. The population of St. George's.
2. The elevation and area.
3. The geology.

The population of the parish of St. George amounted to 87,517 in 1861, which was distributed in the following districts, thus :—

Hanover-square . .	19,770.
Mayfair	12,648, with a Workhouse.
Belgrave	55,099, with St. George's Hospital.

Therefore, the total population of the Hanover-square and Mayfair districts numbered 32,418, while the Belgrave contained an excess of 22,681 at that period. The inhabitants of this district increased at the rate of 1,500 a year for several years after the previous census was taken, while those of the two first remained almost stationary. Now the difference in the elevation of the districts with that of the areas, and the difference in the extent of their inhabited parts, will claim your attention. The elevation of the Hanover-square above high-water mark, is computed to be 64 feet, with an area of 445 statute acres; the elevation of the Mayfair 56 feet, area 136 acres; that of the Belgrave is only 12 feet, area 580 acres. If, therefore, the areas of the two first, which are

called the In-Wards, be added together and compared with that of the Belgrave there is a difference of only one acre, which is in favour of the former.

The remaining point to be considered is that the uninhabited area of Hyde Park, of Kensington, and Hamilton-gardens, situated in the parish, comprises 316 acres, leaving 265 acres for the population (32,418) of the In-Wards. It has generally been supposed that each inhabitant of the In-Wards enjoys more superficial space to live in than one in the Out-Wards; but on enquiring into this subject, I have found that the space is ·0081 of an acre or about 40 yards for an inhabitant of the In-Wards, and ·0094 of an acre, or 45 yards 7 feet, for one in the Belgrave Sub-District, deducting from this calculation the 58 acres of the Thames.

With regard to the geology of the parish,—the soil of the In-Wards and Belgravia consists almost entirely of gravel and sand, while that of South Belgravia is formed of made earth, gravel, and sand, situate upon alluvium.

I pass now to the subject of scarlet fever as it occurred in the parish, commencing with a record of the deaths during the four quarters of the past year:—

Quarter.	
June 1869	6
September 1869	15
December 1869	22
March 1870	21
Total	64

including those of 8 non-parishioners; 6 of whom died in St. George's Hospital, 2 in the Orthopœdic Hospital, and 1 in Little Chelsea Workhouse; reducing the number of deaths from scarlet fever to 55, of which 12 occurred in the Hanover, 8 in the Mayfair, and 34 in the Belgrave Sub-District.

Admission of Contagious Diseases into General Hospitals.

This question served to remind me of a case which occurred at St. George's Hospital, and appeared in the joint Quarterly Report, ending April 1st, 1865, of Dr. Druitt and myself. A boy, aged 8, was sent with his brother from 18, North Bruton-mews, into St. George's Hospital, on the 4th of November, for the cure of scalds. On or about the 30th, he became affected with scarlet fever, but recovered sufficiently to leave the hospital and go home on the 7th. This, be it observed, was much earlier than was quite safe for a scarlet fever patient to go into a house—so called—such as 18, North Bruton-mews, which, with the contiguous premises in Grosvenor-mews, ought rather to be called a village of 140 people under one roof; nevertheless, as it happened, no infection spread on the present occasion, and it could not have been helped if there had, for a child cannot be maintained by a private charity, such as St. George's Hospital, till the infectious stage is over. But there was another boy, aged 12, living in Bolton-yard, and acting as page at 13, Duke-street, St. James's, who fell whilst cleaning a window, and broke one arm, and sustained other injuries, on November 1st. He was taken to St. George's Hospital, and admitted into the ward contiguous with that in which the other boy was, where he went on well till December 7th, when he took the scarlet fever, and died on the 28th. This is a different case, and involves the question—ought patients to be left to take their chance, or ought every precaution to be taken that they shall not catch any complaint in the hospital other than that for which they were admitted within its walls? This latter view is certainly the more proper one to be taken; nevertheless, I ascertained a few days ago, that cases of scarlet and other fevers are still admitted into the wards of some hospitals containing patients affected with other diseases.

At another time, a physician, now deceased, retained a patient ill with small-pox in St. George's Hospital, in order to try the effects of the sarracenia purpurea, in a separate room, to which of course the pupils had access, when one of them became infected. He resided in Shaftesbury-crescent, in the Belgrave Sub-District, and communicated the disease to others in the same locality. Since then no other case of small-pox has been allowed to remain in the hospital. It so happens, however, that a woman named Sarah Collis, vaccinated in childhood, is now in the hospital suffering from modified small-pox, although she has been *confined to her bed for five months,* with a bad leg, in Drummond Ward. As the patient belonged to St. James's Parish, application was made at the Workhouse for her removal, which was impossible, the small-pox hospitals being already full.

Scarlet Fever in Rooms containing Dead Bodies—Risk of Infection from Wakes.

On one occasion I found in a dirty small room, at No. 2, Prince's-row West, now pulled down, a man, his wife, and three children, one of which had been lying dead from scarlet fever for three days without a coffin, but was afterwards buried as soon as possible. The two other children, being very ill with the same complaint, were taken with the mother into the Fever Hospital, but one child was returned dead, and kept without a coffin for some days. A wake was held upon the first that died, so that some of the neighbours had been visiting the room, and running the risk of infection.

Scarlet Fever in Model Lodgings.

It was noticed in one of our Quarterly Reports, ending September 1865, under the head of "Sickness," that the scarlatina was of a serious though limited character. The

28 cases infested 17 houses, and out of the number 5 died at home, and 1 more in the Fever Hospital. One of the large piles of building, called "model lodgings," in the Hanover District, and erected with the benevolent object of giving to the labouring classes cleaner and more comfortable homes, is yet so constructed that there is a deficiency in the general sweep of air over and through the building, and almost a necessity that the vapours of the wash tub and of the water closets shall be at times breathed and swallowed by the inmates, instead of being clearly blown away. Scarlet fever appeared in a child, aged 2, at No. 5, in the week ending August 4th. Next week, another child, aged 4, had it in the same rooms. In the week ending 26th, a child of 9, at No. 3; September 2nd, the mother and baby, at No. 5; September 16th, three children, at No. 24; September 23, another child, at No. 21, and another, at No. 3; September 30th, a boy, at No. 24, and a girl, at No. 27. Thus there were twelve cases of scarlet fever in seven different apartments in a model establishment. It is but fair to record that not one death occurred from scarlet fever in the new model lodgings called Gatliff-buildings, in Belgravia, between June 1869 and March 1870.

The Coincidence of Contagious Diseases in the same Patient and House.

It was remarked in another of our reports that one house, or even one patient, might be affected with more than one of these contagious disorders together, or in close succession. We spoke of a child at No. 4, John's-court, who died of scarlet fever and small-pox. At No. 23, Grosvenor-market, measles, scarlatina, and small-pox were present in the same house, and one patient had measles and small-pox in close succession. We also spoke of a girl of 13, who was sent from No. 4, Thomas-street, with scarlet

fever, to the Fever Hospital, on 29th January; she was sent home on 15th February, and died on 13th March; she was kept unburied for ten days, and interference was called for by the occupier of the house, in order to get her interred. In May, her father, mother, and sister (aged 4) were seized with typhus; the father died on the 25th May, the rest recovered. Then the disease attacked a woman in the next room. The family consisted of a husband, who worked at Clerkenwell, and only spent Sunday at home, his wife, and two grown-up daughters of the wife by a former husband. The wife was seriously ill, and had a narrow escape. Of course our exertions were unremitting to get the only remedy applied which could be of any avail to stop the mischief; that is, to have the infected rooms emptied of their tenants, and cleansed; and to give the tenants the benefit of fresh quarters for the recovery of their health, and for the purification of their apparel and goods. Meanwhile, the drains of the house became stopped up, and a most dangerous nuisance was created. The removal of the sick persons was, of course, postponed till they were able to be moved with safety, and then they resisted it, and were only got out by the intervention of the magistrate at Marlborough-street. A summons was taken out June 22nd, heard on the 29th, adjourned to July 8th, and again to the 15th, when the families were reported to have been removed, the rooms cleansed, and fresh windows put in, for their better ventilation in future. But this was not all—one of the daughters, aged 17, of the last-named family, came to Mount-street with the small-pox, on the 11th of July; and her sister, aged 19, on the 17th, having in the meanwhile been living at Islington, and at a Roman Catholic Refuge in Robert-street. This last patient had not only small-pox but typhus. Here is a history of six or seven months of illness,—scarlet fever, typhus, and small-pox, in a most crowded and ill-ventilated house, in which the greatest exertions were necessary to induce the persons

affected to make any move for their own benefit. While writing this Paper, my attention was called to No. 21, Brewer-street, Pimlico, where eight families lived (including twenty-one children) in an eleven-roomed house. In Hutton's family there were two cases of scarlet fever; and in Brown's two of chicken-pox. It became necessary at once to prohibit needle-work from being sent to the house from the District Society, the children from going to St. Peter's Infant School, and to abate the overcrowding. It is in such cases that sanitary measures are highly useful to the community.

Fatality of Scarlet Fever.

The Registrar-General, in his weekly Report, dated January 18th, 1870, has stated that "the disease (scarlet fever) was, therefore, more fatal in London last year than in any previous year since registration commenced; the nearest approach to so high a death-rate having been in 1863, when scarlet fever killed 171 persons to every 100,000 of the then population."

It appears from a decennial table, which I have made, that the total annual deaths in St. George's Parish were as follows:—

From June	1860	to March	1861	 51
„	1861	„	1862	 104
„	1862	„	1863	 63
„	1863	„	1864	 62
„	1864	„	1865	 68
„	1865	„	1866	 48
„	1866	„	1867	 28
„	1867	„	1868	 52
„	1868	„	1869	 62
„	1869	„	1870	 64

Therefore, scarlet fever destroyed 602 persons in the parish between April 1860 and March 1870 inclusive

and the highest number of deaths (104) happened in 1861-2, 58 having occurred in the third quarter (ending December) alone, and the lowest number (28) of the annual deaths in 1866-7.

Dr. Willan, in his Report on the Diseases of London, published in 1801, page 32, says that, "For some years past, it—the scarlet fever—has always been most virulent and dangerous in the months of October and November; but generally ceased on the appearance of frost." It appears from a table (1), published in my last Annual Report now produced, that the disease was most fatal in the quarters ending December, for nine years,—in which it killed 199 persons; and the deaths in the nine quarters, ending September, amounted to only 126.

I place before you a table of deaths for ten years from scarlet fever, showing the ages under which the patients died. We here observe that under 20, 476 died out of 499, thus proving that scarlet fever, like other fevers, destroys a great number who are in the vigour of life, and likely to be serviceable to the community. We also observe that after the age of 20 23 died, which would indicate the propriety of employing only elderly persons as nurses for this complaint, who are less susceptible of infection, or are likely to have had the disease.

The *Lancet* of October 24th, 1868, remarks that, "Comparing the deaths from scarlatina in the last two weeks in the five groups of Metropolitan districts, with their respective population, the following ratios of annual deaths to 10,000 living are deduced:—

	Week ending October 10th.	October 17th.
West Districts . .	26·6 .	24·0
North „ . .	18·4 .	11·8
Central „ . .	29·6 .	28·1
East „ . .	12·6 .	21·9
South „ . .	17·5 .	21·7

(1) Appendix, Table I.

The heavy mortality in the central group (comprising the St. Giles's, Strand, Holborn, Clerkenwell, East London, West London, and the City Districts), as well as in the more open and wealthy western districts, deserves to be carefully noted as an element in the study of its causes and means of limitation."

I have also prepared a table(²) from the Registrar-General's Return, showing how the deaths from scarlet fever were distributed during ten years in the western districts of the Metropolis. It appears that St. Mary and St. John's, Paddington produced 686 deaths, with a population of 75,784; Kensington Town alone 645, with a population of 51,910; Chelsea 678, population 63,439; St. George's, Hanover-square, 600, population 87,771; Westminster 657, population 68,213; St. Martin-in-the-Fields 122, population 22,689; St. James's 305, population 35,326.

On looking over this table it may be asked,—Why should Belgravia have produced more deaths from scarlet fever than the Hanover and the Mayfair Districts together? Firstly, it may be noticed that Belgravia contains a greater population than the In-Wards,—in fact, the greatest of the Western Sub-Districts,—which has increased for several years since the taking of the last census at the rate of 1,500 persons annually, who became occupiers of houses newly erected, affording accommodation to families many of whom occupied single rooms, and were of an age very susceptible of infection. The lower level of Belgravia, the geological features of the southern parts, and the vicinity of the Thames,—now greatly improved, with sewers tide-locked at intervals,—all may be in some measure accountable. The drainage, however, of the lower level sewer is rapidly progressing, which, when completed, will remedy this last evil. I have already noticed the somewhat stationary population of the In-Wards. Still, the mortality from scarlet fever in

(²) Appendix, Table II.

Belgravia is favourable, according to the table, when compared with that of some of the Western Districts. It is lower than that at St. Mary, Paddington, of Kensington Town—each having a smaller population—and the total deaths of St. George's from the same cause are lower than those of its neighbours, Chelsea and Westminster, whose population is also less numerous.

Means of Prevention.

We are told that scarlet fever may be stamped out; but each of us should have, like Argus, a hundred eyes to detect the disease, and, to annihilate it, the hundred hands of Briareus. Besides, we require the assistance of a more complete registration of sickness.

There can be no doubt that isolation is among the best means for preventing its extension, and that all of us adopt this plan where practicable. I remember causing three children who had the complaint, at an orphanage in Bloomfield-place, to be removed into an empty house in Bloomfield-terrace, where they recovered, and none of the others suffered. Without houses of refuge in our districts it is impossible to isolate the patients. There are so many children attacked under the age of 5, which precludes their admission into the hospital without the mothers, that it affords a barrier to isolation in numerous instances. But it often happens that kind persons receiving into their families those of another family apparently healthy, in which scarlet fever had appeared, inadvertently subject themselves to infection through these visitors being subsequently attacked.

The difficulties in regard to isolation and in the way of suppressing scarlet fever among the poor are very great; they have often no other place to occupy when we wish to disinfect their bedding and rooms, but sometimes they allege that it is cruel to cause their own removal, and occasionally they

have obtained certificates stating that they cannot safely be removed, which may be true; they often conceal the disease and break promises made of taking their children to the hospital, although living with their children in the kitchens, and letting the rest of the house to lodgers.

The author of *The Philosophy of Medicine,* published in 1800, says:—"From the time of Dr. Haygarth first communicating his ideas of stopping the progress of the small-pox, the probability of stopping the progress of the scarlet fever by the adoption of similar methods was too evident to escape the most inattentive observer. The first trials proved successful; and the full body of evidence elucidated by the clearest reasoning, which appeared soon afterwards from the same masterly hand, encouraged me to proceed; and now for several years past I have never thought it necessary either to break up a school or to disperse a private family. Allotting apartments on separate floors to the sick and to the healthy; choosing for nurses the older parts of the family, and prohibiting any near communications between the sick or their attendants, and the healthy, with positive orders instantly to plunge into cold water all the linen, &c., used in the sick chambers, has very universally been found sufficient to check the further progress of the infection."

Then again, as to the removal of patients,—have we a sufficient number of carriages at our disposal, and are they properly constructed? Complaints have been made that they are insufficient and also that three deaths occurred in January 1869, and another recently, in cabs, on the way to the Fever Hospital, on account of the sick persons sitting upright. Every parish should see the necessity of providing special carriages, in which fever patients may be conveyed lying at full length. Thirdly, we should all be able to use a suitable apparatus for the disinfection of clothing and bedding; but when I put the question to a meeting of this Association, as to whether each of the Members present could use one, the reply was in the negative. Then the habitations of the labour-

ing classes should have a constant supply of water; but I fear that in many parishes there is none on Sunday, when it is most needed. A promise is made that a supply shall be given on Sunday, or, at least, late on Saturday, to make up for any deficiency on Sunday; this promise, however, is frequently forgotten. I am glad, however, to read the following extract from the Report upon the Coleshill and Ebury Buildings, recently opened by the Improved Industrial Dwellings Company, in the Belgrave Sub-District:—"During the last two or three years the Directors have conducted a variety of experiments, for the purpose of securing a constant water supply for their tenants, and having, as they believe, succeeded, the perfect arrangements have been fixed for the first time in these buildings."

The provisions of the Sanitary Act enabled me to summon an inhabitant of Gilbert-street, Grosvenor-square, on April 25th last, at Marlborough-street, for being in charge of an infected person, that is, with scarlet fever; that she exposed him in a public conveyance without notifying to the driver that the person was so infected; for which she was fined; and also to stop the public sale of furniture infected with scarlet fever at a house in Buckingham Palace-road.

I need not dwell upon the disinfectants used in the Parish, as they are the same as have been so often noticed by this Association. Sulphurous acid is the principal gaseous disinfectant that has been used in unoccupied dwellings. This, by the way, appears to be the oldest substance employed to purify the air; for, according to Homer, Ulysses says, in the twenty-second Book of the *Odyssey*,—"Old woman bring me sulphur and fire to cleanse the air from these poisons, and to purify this palace." Carbolic Acid, McDougall's Powder, and Condy's Fluid, lime-washing, and cleansing walls and woodwork, with the timely publication of sanitary handbills, have been the principal means employed.

DEATHS FROM SCARLET FEVER DURING

HANO

QUARTER.	YEAR.	AGE.			
		Under 1.	Total under 5.	Under 20.	20 and under 40.
June	1860	0	5	8	0
September	,,	1	8	13	0
December	,,	2	4	10	0
March	1861	0	8	18	1
June	,,	0	3	6	0
September	,,	0	11	16	0
December	,,	4	35	58	0
March	1862	3	12	24	0
June	,,	0	7	10	1
September	,,	0	8	12	1
December	,,	0	16	23	1
March	1863	2	9	13	2
June	,,	1	5	8	1
September	,,	1	6	16	1
January	1864	0	7	18	1
April	,,	1	9	16	0
July	,,	1	7	11	0
October	,,	0	10	22	1
December	,,	2	6	15	0
April	1865	1	12	16	0
July	,,	1	7	11	0
September	,,	2	7	15	0
December	,,	0	7	12	1
March	1866	2	4	8	0
June	,,	0	2	3	0
September	,,	0	6	7	1
December	,,	0	6	9	0
March	1867	0	2	5	0
June	,,	0	6	9	0
September	,,	2	4	6	0
December	,,	0	8	15	0
March	1868	0	12	22	0
June	,,	1	7	10	0
September	,,	1	7	13	0
December	,,	0	22	32	0
March	1869	2	3	7	0
June	,,	0	5	6	0
September	,,	1	9	15	0
December	,,	0	10	20	2
March	1870	1	11	18	3
		32	333	476	17

S IN THE PARISH OF SAINT GEORGE,

RE.

	60 and under 80.	Hanover.	Mayfair.	Belgrave.	Mount Street Workhouse.	Little Chelsea Workhouse.	Saint George's Hospital.	
							Parishioners.	Non-parishioners.
	0	1	0	8	0	0	0	0
0	0	1	1	10	0	0	0	1
0	0	3	0	7	0	0	0	0
0	0	0	2	16	0	0	0	1
0	0	0	0	5	0	0	0	1
0	0	3	2	9	0	0	1	1
0	0	18	13	24	0	1	1	1
0	0	4	0	19	0	0	0	1
0	0	3	0	6	0	0	1	1
0	0	0	0	12	0	0	0	1
0	0	4	0	18	1	0	0	1
0	0	5	0	7	0	0	0	3
0	0	1	0	8	0	0	0	0
1	0	4	2	9	0	0	0	3
0	0	7	0	10	0	0	1	1
0	0	2	0	11	0	0	1	2
1	0	1	1	8	0	0	1	1
1	0	1	1	18	0	0	0	4
0	0	2	0	10	0	0	1	2
0	1	1	2	13	0	0	1	0
0	0	2	1	7	0	0	1	0
0	0	5	2	5	0	0	3	0
1	0	8	4	2	0	0	0	0
0	0	2	0	6	0	0	0	0
0	0	1	1	1	0	0	0	0
0	0	3	0	4	0	0	0	1
0	0	2	1	6	0	0	0	0
0	0	1	0	4	0	0	0	0
0	0	0	1	8	0	0	0	0
0	0	1	0	5	0	0	0	0
0	0	3	6	5	1	0	0	0
0	0	3	5	12	0	0	1	1
0	0	0	2	8	0	0	0	0
0	0	2	1	8	0	0	0	1
0	0	1	0	27	0	0	1	2
0	0	1	1	5	0	0	0	3
0	0	0	3	3	0	0	0	0
0	0	9	1	4	0	0	0	0
0	0	2	1	15	0	0	1	1
0	0	3	3	12	1	1	0	3
5	1	110	57	375	3	2	15	38

DEATHS FROM SCARLET FEVER, DURI

DISTRICTS AND POPULATIONS.	QUARTERS. 1860-1.					QUARTERS. 1861-2.					QUARTERS. 1862-3.					QUARTERS. 1863-4.				
	June.	September.	December.	March.	TOTAL.	June.	September.	December.	March.	TOTAL.	June.	September.	December.	March.	TOTAL.	June.	September.	December.	March.	
St. Mary, Paddington . . . 39,015	9	13	7	9	38	10	10	5	3	28	5	9	46	38	98	9	12	9	7	
St. John's, Paddington . . 36,769	4	13	5	5	27	11	1	1	5	18	2	7	7	20	36	20	14	9	4	
Kensington Town 51,910	14	27	20	11	72	5	4	5	8	22	18	47	24	12	101	11	29	30	27	
Brompton 18,198	2	1	3	6	12	4	4	12	5	25	2	3	3	3	11	0	2	2	0	
St. Peter, Hammersmith . 5,415	0	0	0	0	0	0	0	0	1	1	2	0	0	0	2	2	1	2	0	
St. Paul, Hammersmith . 19,104	3	7	1	2	13	1	1	2	5	9	2	1	3	1	7	2	6	14	8	3
Fulham 15,539	5	4	0	2	11	0	4	26	18	48	9	8	4	3	24	3	1	2	10	1
Chelsea, South 21,654	1	2	11	13	27	8	5	23	6	42	5	12	9	6	32	4	1	2	4	1
Chelsea, North-West . . . 19,899	1	3	10	2	16	1	4	32	11	48	2	5	4	1	12	2	0	4	3	
Chelsea, North-East 21,886	4	10	17	6	37	2	2	4	7	15	12	4	11	5	32	5	3	10	0	1
Hanover-square 19,773	1	1	3	0	5	0	3	18	4	25	3	0	4	5	12	1	4	7	2	1
Mayfair 12,885	0	1	0	2	3	0	2	13	0	15	0	0	0	1	1	0	2	0	0	
Belgrave 55,113	8	11	7	17	43	6	11	26	20	63	8	13	19	10	50	8	12	12	14	4
St. John, Westminster . . 37,483	10	9	13	6	38	6	2	3	3	14	3	9	11	9	32	3	28	29	7	6
St. Margaret, Westminster 30,730	6	5	12	5	28	2	2	1	4	9	1	4	14	4	23	4	2	12	1	1
Charing Cross 11,071	3	1	4	2	10	0	1	2	3	6	3	5	5	8	21	2	3	2	2	
Long Acre 11,618	1	0	1	1	3	0	0	2	7	9	1	2	11	2	16	1	4	5	2	1
Berwick Street 10,607	2	0	2	2	6	0	0	7	7	14	0	8	9	3	20	0	2	4	3	
St. James's Square 10,753	1	2	0	3	6	0	0	2	9	11	4	3	5	1	13	6	1	1	0	
Golden Square 13,966	0	0	3	3	6	2	0	1	3	6	3	8	9	4	24	1	1	4	3	
St. Anne's, Soho	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	

(1) The Total (600) does not include the 2 deaths in th

N YEARS, IN THE WESTERN DISTRICTS.

UARTERS. 1864-5.				QUARTERS. 1865-6.					QUARTERS. 1866-7.					QUARTERS. 1867-8.					QUARTERS. 1868-9.					QUARTERS. 1869-70.					Total in Districts for Ten years.	
September.	December.	March.	TOTAL.	June	September.	December.	March.	TOTAL.	June.	September.	December.	March.	TOTAL.	June.	September.	December.	March.	TOTAL.	June.	September.	December.	March.	TOTAL.	June.	September.	December.	March.	TOTAL.		
9	8	4	25	1	8	18	5	32	2	8	16	13	39	7	3	7	6	23	4	7	15	7	33	25	30	28	27	110	463	
4	4	4	15	1	1	6	4	12	3	3	8	1	15	3	3	2	4	12	2	4	4	0	10	1	6	19	5	31	223	
0	18	6	60	4	2	7	2	15	3	4	7	9	23	5	6	5	8	24	23	25	80	16	144	9	20	37	21	87	645	
4	2	0	9	0	8	4	1	13	1	0	3	0	4	0	0	1	2	3	3	13	15	10	41	3	1	8	3	15	137	
0	0	2	2	0	3	4	0	7	2	1	0	0	3	2	1	0	0	3	1	1	4	1	7	0	0	1	0	1	31	
2	7	9	24	3	1	1	3	8	0	2	3	1	6	2	0	3	3	8	6	14	10	5	35	2	13	26	17	58	198	
5	11	2	21	10	0	1	0	11	1	4	2	2	9	0	0	0	0	0	2	14	23	6	45	1	9	3	6	19	204	
9	4	2	16	2	1	3	1	7	3	5	3	0	11	0	5	2	2	9	2	8	32	7	49	3	0	3	9	15	219	
1	13	5	22	0	1	5	3	9	6	4	3	1	14	1	2	1	0	4	2	20	45	6	73	2	0	6	10	18	225	678
8	7	2	24	1	4	6	6	17	3	15	5	0	23	0	3	1	2	6	2	10	38	2	52	2	0	5	3	10	234	
1	2	1	5	2	5	8	2	17	1	3	2	1	7	0	1	3	3	7	0	2	1	1	4	0	9	2	3	14	110	
1	0	2	4	1	2	4	0	7	1	0	1	0	2	1	0	7	5	13	2	1	0	1	4	3	1	1	3	8	59	(1) 600
2	13	14	59	8	8	2	6	24	1	5	9	4	19	8	5	5	14	32	8	10	31	5	54	3	5	19	14	41	431	
6	38	7	106	3	2	2	3	10	10	7	6	5	28	5	6	2	3	16	5	22	21	20	68	4	3	15	9	31	410	
8	15	5	56	11	4	5	4	24	5	3	5	2	15	2	2	5	1	10	2	12	22	5	41	3	2	11	6	22	247	657
1	2	0	3	1	1	0	0	2	0	3	0	1	4	0	2	0	0	2	0	0	0	0	0	0	0	0	0	0	57	
1	3	1	8	3	1	4	3	11	1	1	0	1	3	1	1	0	1	3	0	0	0	0	0	0	0	0	0	0	65	122
0	0	3	4	4	0	2	0	6	1	0	4	0	5	1	0	0	0	1	0	2	8	1	11	3	3	13	1	20	96	
1	0	0	1	1	0	0	3	4	11	1	0	1	13	0	0	1	1	2	1	2	2	2	7	0	1	3	0	4	69	
0	0	1	2	0	1	5	1	7	3	0	4	1	8	2	1	1	1	5	2	3	8	2	15	3	2	5	3	13	95	305
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	5	5	6	18	7	10	6	4	27	45	

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