

348 SANITARY EVOLUTION OF LONDON

In St. Pancras in 1888 the death-rate was "by far the lowest yet recorded."

In Bermondsey, in the same year, "so few deaths have not occurred since 1865."

These and similar reports from other districts showed that sanitary progress was being made. But, unfortunately, in the autumn of 1888 there was an epidemic of measles of exceptional severity, which raised the death-rate. And in 1890 there was a sudden increase from 18·4 per 1,000 to 21·4, a mortality which was higher than any since 1882.

The increase served to show the great necessity there was for unceasing watchfulness and for steady perseverance in sanitary work. The forces of disease are ever on the watch for the opportunity to work their evil will, and there were still many weak places in the defences against them. The central government of London had been improved enormously, but the corrective was not extended to where it was most wanted, namely, the local Sanitary Authorities, the Vestries and District Boards.

CHAPTER VI

1891-1901

IN 1891 the census once more gave authoritative figures as to the population of the metropolis of London. The population had increased from 3,830,297 to 4,228,317.

The increase had been in a somewhat lower ratio than the population of England and Wales as a whole, and the fact was notable inasmuch as it was the first time that such a phenomenon had presented itself, London having been found in every preceding intercensal period to have gained more or less in its proportions as compared with the country at large.

The movements of population had followed very much the same lines as in the previous decade. In the central parts—under the pressure of the great economic forces—the population had increased. In the outer parts it had increased, but "the wide belt of suburbs was beginning to show some signs of repletion."

Immigration into London had greatly diminished in the decade. Fewer immigrants had come from the various counties of England and Wales, and the proportion of the inhabitants of London who had been born elsewhere had fallen from 308 persons per 1,000 in 1881 to 283 in 1891.

Thus the influx of country people, mostly in the prime of life, and the admixture of fresh country blood into the urban population of London was undergoing diminution—a circumstance which, in the long run, would materially influence the physique of the people.

Three important facts came into view with the figures set

out in the census, giving food for thoughtful minds as regarded the future of London.

The first was that the rate of increase of the population had again slackened off. The flood tide of population was not now flowing so fast.

The second was that the population was being affected by migration. The natural increase of the population had been 510,384, the actual increase 396,199—so that London had lost by the excess of emigration over immigration more than 114,000 persons. This was the first time such an event had happened.

London's boundaries, however, were very arbitrary and haphazard, and this emigration was probably only to places immediately outside London for residence at night, whilst work was performed in London during the day—as illustrated by the "City" and the Strand, where huge differences existed between the day and night populations. The figures showed, however, a movement of population which was bound to have an effect upon the sanitary condition of the people.

A third and portentous fact, ascertained correctly by aid of the census figures, was the decline of the birth-rate in London. This had fallen remarkably since 1881. It was then 34·7 per 1,000 living. It was now 31·9.

Deducible from the census figures, reliable calculations could also be made as to the death-rate in the metropolis.

In 1891 it was practically the same as in 1881, being 21·4 per 1,000. It might be inferred that these latter figures did not afford much testimony to the effects of sanitary administration and labours, but the pause in the steady decline was only a temporary one.

The authoritative and accurate records thus afforded decennially by the census are invaluable in tracing some of the most important developments in the sanitary evolution of London.

Another very noteworthy change was also brought into prominence by the census. This was the continued rapid growth of the population immediately outside the boundaries of the County of London.

Between 1871 and 1881 it had increased 312,000. Between 1881 and 1891 it had increased by 469,000, and now in 1891 it stood at 1,405,000, having more than doubled since 1871.

A passage in the report of the Medical Officer of Health for Islington in 1895 illustrates this so far as his own district was concerned:—

"The fact cannot be burked that many of the better classes have gone further into the country to live, induced to do so by the increased facilities for travelling that railways have provided. . . The same facilities have also checked the influx of people to the same extent as formerly, so that now in northern London people are flocking to Hornsea and Hampstead and thereaway."

The fact was that the metropolis had burst its boundaries, and just as it had grown up around the "City" so now the "outer ring," as it was called, was growing up around it.

How little reliance could be placed on the intercensal estimates of Medical Officers of Health as to the number of inhabitants and the death-rate, is illustrated by the following passage from the report of the Medical Officer of Health for Islington in 1891:—

"There was an error amounting to nearly 50,000 in the estimated population of the parish in 1891; consequently all statistics based on the estimated figures during the decade 1881-91 are more or less erroneous."

Also "the mortality returns were not kept in such a manner as to lead to accuracy, for while all deaths of non-residents were excluded, the deaths of residents dying outside the district in similar institutions were not included.

"It is impossible to make an accurate statement as to the correct meaning of the mortality returns—the returns are erroneous."

A similar miscalculation was made by the Vestry of St. George, Hanover Square. In their report for 1890-1 they stated that they had no reason to believe that the population was much different from what it was in 1871 and 1881. The census, however, showed that it had fallen over 11,000.

In each successive census the number of inhabited houses

in London was enumerated. In this one the number was 547,120—being an increase of nearly 60,000; but not much instruction was to be obtained from such general figures beyond the fact that houses were becoming more and more densely packed.

The substitution of blocks of dwellings for small houses had also made considerable progress during the intercensal period.*

The same reasons as to the diminution of the number of houses in the central parts of London continued to be given by Medical Officers of Health.

In St. George-in-the-East it had been brought about "by the extension of warehouses and the demolition of insanitary property." In St. Martin-in-the-Fields it was "due to many former residents having removed to the country, and to the demolition of so many houses for improvements." In the Strand to the fact that the district was becoming like all the central parts of London, "a business, as distinguished from a residential district." The Vestry of St. James' reported that "buildings formerly occupied as dwellings were being replaced by warehouses and business premises commanding a higher rent. As the centre of trade extends, this condition of things must be expected to continue, just as the increasing volume of trade has converted the City of London at night from a populous place to little more than a city of caretakers," and they drew attention to the "enormous number of people engaged in business in the parish during the day time who resided elsewhere."

On the south side of the river the same story was told. The Medical Officer of Health for Lambeth remarking in his report that—

"The displacement of population from the central districts of Lambeth, and the settlement of population in those districts which are situated in the outer ring, or on the circumference of the inner, is a part of a greater movement which affects the whole metropolitan area."

The census of 1891 is specially memorable by the fact that for the first time a mass of most valuable information

* See General Report of Census Commissioners, P.P. 1904, vol. cviii.

was obtained which was wholly new, and which threw a blaze of light upon the condition of the housing of the population of London.

For the first time full details were obtained and published as to the numbers of the people living in tenements of less than five rooms and the numbers and character of the tenements they lived in.

A tenement was defined as "any house or part of a house separately occupied either by the owner or by a tenant."

These tenements were classified into those of one room, two rooms, three rooms, and four rooms; and the number of persons inhabiting each of these classes of tenements was given.

The nearest approach to information of this sort had been given by Mr. Marchant Williams in 1884, but it was only for a particular area in London. The information now given related to the whole of London.

The total number of tenements in London in 1891 was stated to be 937,606.

Of these, 630,569 were tenements of less than five rooms. And of these—

172,502	were tenements of	one room.
189,707	" "	two rooms.
153,189	" "	three "
115,171	" "	four "

An examination of the detailed figures revealed some astounding facts.

In the central group of parishes and districts, in the parish of St. Luke 21,937 persons, or over one-half of the population, lived in tenements of one or two rooms; in Clerkenwell, over 33,000 persons; and in Holborn, over 16,000—practically one-half.

In the eastern group, in Whitechapel, close on 33,000 people, or over 44 per cent., lived in tenements of one or two rooms. In Shoreditch, over 50,000, or 40 per cent.; in Bethnal Green, 45,000 persons, or 38.4 per cent.; in St. George-in-the-East, 43 per cent. of the population.

In the northern group, in St. Pancras 95,000, or over 40 per cent., lived in tenements of one or two rooms; and in

one district of the Parish, namely Somerstown, 57 per cent. of the population were living in such tenements. In St. Marylebone over 58,000 lived in such tenements.

In the western group over 173,000 persons lived in tenements of one or two rooms.

And on the south side of the Thames, in Bermondsey close upon 24,000 lived in tenements of one or two rooms; in Camberwell, 30,000; in Lambeth, 61,000; in Newington, 31,000; in St. Saviour over 41 per cent., and in St. George-the-Martyr 26,000, or over 43 per cent.

And examining the numbers of persons living in one-room tenements, it appeared that in Chelsea one-tenth of the population lived in such tenements; in St. Marylebone somewhat less than a sixth; in Holborn a fifth; and in St. George-in-the-East between a fourth and a fifth. These figures show how large a proportion of the population began, spent, and ended their existence within the four walls of a single-room tenement.

The total result shown was that in the metropolis 1,063,000 persons, or one quarter of the population, lived in one- or two-room tenements, and 1,250,000 in three- or four-room tenements; making a total of over 2,310,000, or well over half of the population living in tenements of less than five rooms.

Of still deeper interest and import was the information obtained as to that dreadful factor in London life—"overcrowding." An effort was now for the first time made to get reliable information upon this matter. Hitherto it was only by piecing together the statements made by some of the Medical Officers of Health as to overcrowding in their respective parishes that one could form even the crudest idea of what the sum total in London actually amounted to.

Here, at last, was material enabling accurate calculations to be made, not only of overcrowding in each separate parish or district, but in London as a whole.

The Census Commissioners laid down the principle—

"That ordinary tenements which have more than two occupants per room, bedrooms and sitting-rooms included, may be considered as unduly overcrowded.

"We may," they wrote, "be tolerably certain that the rooms in tenements with less than five rooms will not in any but exceptional cases be of large size, and that ordinary tenements which have more than two occupants per room, bedrooms and sitting-rooms included, may safely be considered as unduly overcrowded."

By using the information given in the tables, and excluding all one-roomed tenements with not more than two occupants, all two-roomed tenements with not more than four occupants, all three-roomed tenements with not more than six, and all four-roomed tenements with not more than eight occupants, the desired information would be obtained. And they added:—

"Each Sanitary Authority is now provided with the means of examining with much precision into the house accommodation of its district."

Provided with the tables as to the occupants of tenements, the Medical Officer of Health for the London County Council, in his report for 1891, worked out the figures for the metropolis. The result showed that there were in London 145,513 tenements of less than five rooms apiece, in each of which there were more than two inhabitants per room, and each of which consequently was "overcrowded."

But it is when one ascertains the number of persons living in these overcrowded tenements that one realises what the extent of overcrowding was. In round numbers, one-fifth of the entire population of London lived in these tenements. The total population was 4,200,000; the number of "overcrowded" persons was 830,000.

A few illustrations of the overcrowding in certain parishes brings the meaning of these figures home still more.

In Clerkenwell, 25,600 persons lived in overcrowded tenements; in St. Luke, 18,700 persons; in Shoreditch, 41,700; in Islington, 64,600; in Kensington, 28,700; in Lambeth, 43,600. The larger proportion of these lived in one- or two-room tenements.

Figures are dry things to read and difficult to understand. To appreciate the true meaning and import of these, and to enable one who reads them to at all realise the conditions

of existence of these hundreds of thousands of people, one must recall to mind the descriptions given by many of the Medical Officers of Health of tenement-houses; of all the misery, the filth, the sickness, the physical and moral degradation of life in tenement-rooms.

These facts now for the first time revealed the full magnitude and momentous nature of the problem of the sanitary housing of the people.

The year 1891 is memorable in the history of the sanitary evolution of London for "the Public Health (London) Act, 1891,"* which consolidated and amended the laws then existing in connection with the public health of the metropolis.

The state of the law was recognised as very unsatisfactory, being scattered over some thirty statutes or more—a condition of things which was greatly to the disadvantage of the public health of London.

Moreover, in accordance with the extraordinary custom, London, which on account of its huge population needed sanitary legislation almost more than any other place, had been excepted from much sanitary legislation which had been in operation for many years, with the most beneficial results, in the remainder of the country. Part of this legislation was at long last extended to London. Many amendments were made, recommendations of the Royal Commission of 1884 were given effect to, new provisions introduced, and the general result was a Sanitary Code for London—imperfect still in some important respects, but a great advance on anything which London had previously possessed.

The Act came into operation on the 1st of January, 1892, and it applied to the Administrative County of London only; some few of the provisions extending to the "City."

And for the first time the new Central Authority—the County Council—with extended powers, occupied a prominent place in this legislation.

Once more did Parliament enact the oft-ignored direction

* See speech of the President of the Local Government Board, Mr. Ritchie, in introducing the Bill in April. Hansard, 1891, vol. ccclii.

that "it shall be the duty of every sanitary authority to cause to be made from time to time inspection of their district" for detection of nuisances—a duty so shamelessly neglected—and "to put in force the powers vested in them relating to public health and local government so as to secure the proper sanitary condition of all premises in their district."

With a view to secure fit and proper persons as Medical Officers of Health and Sanitary Inspectors, their appointment was made subject to the regulations of the Local Government Board.

The Act greatly strengthened the law both as to the prevention and definition of nuisances. It provided for the immediate abatement of a nuisance, not only where actually proved to be injurious or prejudicial to health, but also where it was dangerous to health. It gave to any person the right to give information of nuisances to the sanitary authority instead of that right being limited to the person affected by the nuisance; and it extended to a Sanitary Authority the power to take proceedings for the abatement of nuisances arising in the district of another authority should the nuisance injuriously affect the inhabitants of their own district. It transferred from the police to the local authority the enforcement of the provisions of the law against smoke nuisances. It dealt with the removal of refuse. It extended the previous laws as to the adulteration of food and drugs, and the inspection of articles intended for the food of man. It enacted that a newly-erected dwelling-house must not be occupied until a certificate had been obtained of the Sanitary Authority to the effect that a proper and sufficient supply of water exists; and made the provisions as to the occupation of underground rooms as dwellings more stringent and effective.

The notification and prevention of the infectious and epidemic diseases, the provision of hospitals, ambulances, and many other branches of the great subject—the health of the public—were legislated upon. Additional duties were imposed on the Sanitary Authority in the matter of disinfection; the practical result of which was that the

whole cost of disinfecting houses, and cleansing and disinfecting bedding, clothing, &c., was thrown upon the rates. In several matters the option given in previous legislation to local authorities to administer the law was taken away, and the duty made imperative. Parliament evidently had realised the hostility of many of the Vestries to administering some of the principal provisions of sanitary law, and the word "shall" figured much more frequently than ever before.

The hitherto optional provision of mortuaries by the sanitary authorities was made compulsory, the need for suitable and convenient places for the reception of the dead during the time that bodies are awaiting burial having long been felt, particularly in the poorer districts, where bodies awaiting burial were of necessity frequently kept in living rooms under conditions dangerous to health, especially where the case was an infectious one.

Among these "shalls" was that most important of all health subjects—overcrowding—and the condition of the tenement-houses of London. In this matter the local authorities had through a quarter of a century been tried in the balance and found wanting, and it was enacted (Sec. 94):—

"Every Sanitary Authority *shall* make and enforce such bye-laws as are requisite for the following matters (that is to say): (a) for fixing the number of persons who may inhabit a house, or part of a house, which is let in lodgings; (b) for the registration of houses so let or occupied; (c) for the inspection of such houses; . . . (d) for enforcing drainage for such houses, and for promoting cleanliness and ventilation in such houses; (e) for the cleansing and lime-washing at stated times of the premises; (f) for the taking of precautions in case of any infectious disease."

In another matter, which the Vestries had long opposed, their hostility was overborne. They were now required to appoint "an adequate number of fit and proper persons as sanitary inspectors," and, in case of their failure to do so, the Local Government Board was enabled, on the complaint of the Council, to order the appointment of a proper number.

The new Central Authority, directly representative of the whole of London, was not constituted the chief sanitary authority for London, nor even a sanitary authority. It was given power to make bye-laws for the prevention of nuisances of various sorts in London, except as regarded the "City," to license cow-houses, and slaughter-houses, to appoint Inspectors to inspect them, and also dairies and milkshops, and it could extend the number of infectious diseases to be notified.

But most important of all was the power given to the County Council (by Section 100), which enacted, on it being proved to the satisfaction of the Council, that any Sanitary Authority (except the Commissioners of Sewers of the City) had made default in doing their duty under this Act with respect to the removal of any nuisance, the institution of any proceedings, or the enforcement of any bye-laws, the Council might institute any proceedings and do any act which the Authority might have instituted and done, such Authority being made liable to pay the Council's expenses in so doing.

And, furthermore, Section 101 provided that "when complaint is made by the Council to the Local Government Board that a Sanitary Authority have made default in executing and enforcing any provision which it is their duty to execute or enforce under the Act, or of any bye-law made in pursuance thereof, the Local Government Board, if satisfied after due inquiry that the Sanitary Authority have been guilty of the alleged default, and that the complaint cannot be remedied under the other provisions of this Act, shall make an order limiting the time for the performance of the duty of such authority in the matter of such complaint. If such duty is not performed by the time limited in the order, the order may be enforced by writ of mandamus, or the Local Government Board may appoint the Council to perform such duty," and the expenses were to be paid by the Sanitary Authority in default."

"It seems to me right and proper," said Mr. Ritchie in introducing the Bill, "that in regard to the great question of public health in London the County Council ought to

be charged with the performance of duty, which in the opinion of the Local Government Board after inquiry, has not been adequately and properly performed by the local authority."

These sections were strongly opposed by some of the prominent Vestries, being held to be "degrading and destructive of local self-government by completely subordinating the local to the central authority."

The self-government which many people like is the being able to do exactly as they themselves like, regardless of everybody else's likes and rights. And it is the same with many local government authorities. Their idea of self-government too often is to govern for their own objects, and their own interests, regardless of the infinitely greater interests and rights of the great community around them; and when it is brought home to them that they are only a small integral part of a great community, that their sphere of self-government can only be a very limited one, and that they cannot be allowed either by action or neglect to injure the community, they resent it with no little outcry.

The principle of self-government, however, was not one to which appeal could be made, for it had been dragged through the mire by too many of the local authorities. Once the unity of London assumed definite shapes, as it did in the new Central Authority representing the whole of London, Vestry self-government, except upon certain lines and within certain limitations, was doomed; for it would have to make way for a far larger system of self-government—the self-government of London by Londoners.

Moreover, prolonged experience had proved that the Vestries could not be relied on to enforce the laws, and it was manifest that some effective provision must be devised for preventing them perpetually thwarting the intentions and defeating the imperative enactments of Parliament designed for the welfare of the community at large.

It was unfortunate, however, for the sanitary welfare of great masses of the people of London that the principle thus recognised and adopted by Parliament was not given fuller effect to than it was, for it is the only principle upon which

any really sound system of public health administration for London can be based.

A few years later the principle was reaffirmed by Parliament.

During the summer of 1892 the appearance of cholera on the west coast of Europe—particularly Hamburg—exposed London to the importation of cases of this disease. The unsatisfactory position of the Council with regard to London administration for the prevention of epidemic disease was at once made evident.

In order to remove doubts as to the Council's responsibilities as to the administration of the law relating to epidemic diseases, a provision defining the Council's position was included in the Council's General Powers Bill, which was passed by Parliament in 1893. This provision was to the following effect:—

"The Local Government Board may assign to the Council any powers and duties under the epidemic regulations made in pursuance of Section 134 of the Public Health Act, 1875, which they may deem it desirable should be exercised and performed by the Council.

"If the Local Government Board are of opinion that any sanitary authority in whose default the Council has power to proceed and act under the Public Health (London) Act, 1891, is making or is likely to make default in the execution of the said regulations, they may by order assign to the Council, for such time as may be specified in the order, such powers and duties of the sanitary authority under the regulations as they may think fit."

Parliament thus once more emphasised the policy of the local sanitary authorities being subordinated to the Central Authority.

The new Central Authority—representative of the people of London—gave early evidence of vitality and energy. The heir had come into his property, with high ideals as to its government, and as to the welfare of the people. A new power had suddenly been brought into London life—an unknown but vigorous force. A capable staff was at once organised, and a Medical Officer and Assistant Medical

Officer of Health appointed. Inquiries and investigations into the various matters most concerning the welfare of the citizens of London were at once undertaken, and conclusions arrived at, and action taken, with a thoroughness and a rapidity hitherto unknown in the administration of London affairs.

Bye-laws were made to regulate and unify the administration of sanitary laws by local authorities.

Several of the water companies were induced to give a constant supply of water to an increased extent.

And great efforts were made to utilise the powers conferred upon the Council by the recently passed Acts—the Housing of the Working Classes Act of 1890, and the Public Health (London) Act of 1891.

It was at once felt that the problem which first faced the Council was the housing of the people, and the Council determined to attack it on every side.

In the belief that facilities of communication between the working centres of London and residences in healthier localities would help considerably to alleviate some of the worst effects of overcrowding, and towards the successful treatment of the great housing problem, action was taken to turn the Cheap Trains Act of 1883 to greater account, and to secure greater numbers of workmen's trains and more moderate fares; so as to enable workmen to travel cheaply between more distant homes and their places of employment.

That Act, which gave a large remission in the amount of passenger duty paid by railway companies, if the companies would provide a service of workmen's trains, and would convey workmen at less than the usual fares, had so far not been made much use of.

On investigation it was found that the facilities afforded to workmen, particularly on certain railways, were very inadequate. There were no workmen's trains at all on one important line—on another only one such train was run, whilst on several others the number of trains run was very small.

Representations were made to the Board of Trade and

negotiations carried on with the Railway Companies, and by degrees a considerable extension of the facilities for the conveyance of workmen was secured.

The Council gave its immediate and more anxious attention to those breeding-places and forcing-pits of disease and misery, the insanitary areas in London.

The Housing Act of 1890 (by Part I.) constituted the Council the authority for preparing and carrying into effect schemes for the clearance and improvement of insanitary areas which were of such size, and situation, and character, as to render their clearance and reconstruction of general importance to the County.

The tremendous task of dealing with them was rendered more difficult and costly by the obligation imposed by Parliament of providing housing accommodation for the persons displaced; for in the lack of easy means of communication with the outer parts of London it was held to be necessary to re-house the greater number of them in the same locality.

The Metropolitan Board of Works had simply acquired and cleared the properties, and disposed of the sites to companies or individuals, placing on them the obligation to erect houses for the working classes. Now, however, the Council determined itself to erect, let, and maintain, the necessary dwellings. The chief reason for the change was the difficulty experienced in finding companies or persons who were willing to undertake the erection of dwellings on some of the sites.

The Council had to complete several schemes which it inherited in an unfinished condition from the Metropolitan Board of Works, but it at once initiated many itself, and carried them through to a successful conclusion.

And as one after another of the insanitary areas was investigated, so again and again was revealed to public view the appalling condition in which thousands of people—in the very heart of London—dragged out an existence more bestial than human; horrors piled on horrors—a state of things all the more awful because it had been existing for an indefinite number of years—levying annually the

heaviest of tolls on those who came within its deadly sphere, and scattering its poison abroad among the community at large.

There was the Clare Market (Strand) Scheme, some $3\frac{1}{2}$ acres— $3\frac{1}{2}$ acres of human wretchedness and disease and misery and filth. In one sub-area there were upwards of 800 persons to the acre. Here the death-rate was 41.32 per 1,000 in 1894; in another sub-area, the death-rate had been 50.52 per 1,000 in 1893; the death-rate for the whole area having been 39.03 in 1894. And in addition to this was the unknown sick-rate. There was the Webber Row Scheme in St. George-the-Martyr, Southwark—close upon 5 acres in extent, with a death-rate of 30.5 per 1,000. There were the Roby Street and Baltic Street areas in St. Luke, areas which “have about the worst reputation of any in London.”

The largest scheme which the Council undertook was that known as “the Boundary Street Area” in Bethnal Green. Here some fifteen acres of old, dilapidated, crowded dwellings—dwellings so insanitary that the death-rate in them was over 40 per 1,000—were swept away, entailing the displacement of 5,719 persons; and the ground so cleared was laid out with wider streets, and a large open space and excellent buildings were erected thereon to contain 5,524 persons without crowding. The Prince of Wales once more testified his deep interest in the welfare of the poorer classes of London by opening the new buildings—a ceremony which took place on the 3rd of March, 1900—and delivering an impressive speech.

A summary of the work accomplished by the Council up to this time showed that the Council had provided, or was engaged in providing, accommodation for 35,950 persons at a total outlay of close upon £2,000,000, an amount of building operations which, if conducted at one spot, would have resulted in the formation of a town of nearly 36,000 inhabitants.*

The cost of this work was enormously heavy, owing to the fact that the arbitrator could and did award commercial

* Statement by the Clerk of the London County Council.

value for the land; but, as was pointed out by the Medical Officer of Health for the London County Council* :—

“The primary object of Part I. of the Act is not to provide artizans’ dwellings, but to secure the removal from the midst of the community of houses which are unfit for habitation, and the faults of which are in large degree due to bad arrangement. Where houses are thus situated, and are in a number of ownerships, rearrangement can only be carried out by vesting the property in one ownership, that of a public authority, who can then, by the making of new streets and by complete rearrangement of the area, ensure that the conditions which in future will exist are such as are needed for the health of the inhabitants. The chief value of the Act is, therefore, not so much the provision of house accommodation which is fit for habitation, as the abolition of houses which are dangerous to health. Part I. is not, therefore, in itself so much a Housing Act as an Act for the removal of nuisances on a large scale.”

But another reflection also suggests itself, namely, why should the ratepayers of London have been obliged to pay these high sums for property which, by the culpable neglect of the owners and their predecessors, had been allowed to sink into a condition not alone exceptionally dangerous to the lives of its inhabitants, but a constant danger to neighbouring districts—even to London itself. Surely in common fairness, those who had let it fall into such a state should have paid the penalty therefor, and not the public of London, who had had no part in bringing the property into such an evil condition.

Part II. of the Act was mostly a consolidation of Torrens’ Acts, 1868 and 1882, with amendments. It enabled the Vestries or District Boards to take proceedings before a magistrate for the clearing and demolition of single houses unfit for human habitation, and obstructive buildings, and empowered them and the County Council to undertake schemes for the improvement of areas too small to be dealt with by the Council.

The owner might elect to retain the site after the demoli-

* See his Report for 1899, p. 63.

tion of the building, and in that case received compensation for the building only. If the Vestry or District Board acquired the site the same procedure as to compensation had to be followed as under Part I.

A few schemes were undertaken by Vestries under this Part of the Act, the Council making a contribution to the cost, and a few by the Council. Thus in St. George-in-the-East, from November, 1890, to the end of 1894, 224 houses were "represented" as unfit for habitation—gruesome pictures of dirt, dilapidation, and insanitation of every form and variety, and this, too, after nearly forty years of sanitary work by the Vestry. Many were closed by order of the magistrate, some by the owner, some pulled down, some repaired and re-let.

Part III. of the Act embodied the idea, originally started by Lord Shaftesbury in 1851, as to the erection of labouring classes' lodging-houses by the local authorities, and grafted several amendments thereon.

Power was given for the acquisition by the Council of land for the purpose of erecting lodging-houses thereon. Such land, however, was to be within the Council's jurisdiction. Under this part of the Act the Council erected a common lodging-house in Parker Street for the accommodation of over 300 persons. It also acquired several sites, including the Millbank estate, upon which it proceeded to build houses; and one of 38 acres at Lower Tooting for the erection of cottages thereon.

Altogether the work performed under the Act was considerable, and the housing for the accommodation of the working classes made sensible progress, the sites sold by the Metropolitan Board of Works to trusts, and public companies, and private persons, having been built upon and covered with artizans' dwellings.

Private building was proceeding at considerable pace, and in many parts of London the ground was becoming more overcrowded than ever with houses.

The older parts of London were being rapidly re-built, and open spaces at the rear of buildings were being gradually covered by buildings.

Of St. Pancras the Medical Officer of Health wrote (1896):—

"... There is a prospect that in course of time the whole of the open space about buildings may disappear. . . . Old houses possessing yards, areas, open spaces, in some form at the front or back or both, are being re-built in such a manner as to entirely cover the whole ground area two or three storeys up—leaving not a particle of open space."

The restrictions imposed by the Building Acts were of the most illusory character, and as the Acts were mostly future in their operation, and not retrospective, their effect was also limited. Any "owner" was entitled to re-build on "old foundations," no matter how crowded the houses were on the spot, so new buildings were usually only a resurrection in huger and more perpetual and objectionable form of the evils which ought, as far as possible, to have been eradicated.

During the year 1894 the London Building Law was consolidated and amended. The Act recognised, for the first time in London, the principle that, in addition to the height of the building being proportionate to the width of the street on which it abuts, the amount of open space about the rear of a building should also be proportionate to its height, and hence the future crowding of buildings on area was put under limitation.

But how small was the limitation, how small the concessions exacted from "owners" in this matter, and how miserably late they came in the history of London building operations.

The tendency of house construction in London was to ever larger size, to greater height. To how great an extent this had been carried on in the "City" was described by the Medical Officer of Health in 1894:—

"It would be a fair and moderate estimate to put the superficial area (of the City) at *four square miles* instead of one. We have only to point to the construction of business premises—the piling of one floor over another for many storeys high, each floor being occupied by separate occupiers,

forming in itself a distinct tenancy, having all the rights and privileges of an independent building, and claiming as much attention from every branch of our municipal system as if it stood alone. . . . We have, in fact, to deal with about 28,000 separate tenancies, with a day population of 301,384."

In some of the more well-to-do parts of the metropolis great blocks of buildings were built and let out in flats, most of them with the minimum of light and air prescribed by narrow laws.

In other districts of London considerable numbers of small houses were removed, and large blocks of artizans' dwellings erected in their stead. Thus, in the parish of St. Luke, nearly one-fifth of the entire population resided in the ten blocks of artizans' dwellings which existed there.

In the earlier stages of the reform of the housing of London such buildings had been acclaimed as great improvements, as indeed they were. The later opinions of Medical Officers of Health were not so laudatory. Thus, in 1891, the Medical Officer of Health for Whitechapel, after stating that there were in his district 27 buildings having 3,127 apartments containing 12,279 persons, added that he was "not enlisted amongst the enthusiasts of this method of providing for the housing of the working classes." In 1896 he wrote: "All model dwellings are not equally models of good sanitary houses." And in 1897:—

"The increased population are housed in huge barrack buildings which sometimes are constructed so as to allow light and air to permeate the rooms and sometimes not. The effect of this modern invention is to increase the density of population to a damaging degree. . . .

"That the direct influence of these barrack buildings upon the health of their occupants—more especially the children—is adverse, I have not the slightest doubt."

The Vestry of Shoreditch reported in 1892-3:—

" 'Model Artizans' Dwellings' do not appear to have been quite what their title implied. At Norfolk Buildings, Shoreditch, on the Medical Officer of Health causing them to be examined for a certificate for exemption from the inhabited house duty, the whole system of drainage was found to be in

a most defective and dangerous state. A number of cases of typhoid, diphtheria, and other infectious illness had occurred on the premises."

And a couple of years later the Chief Sanitary Inspector submitted to his Vestry a report on some so-called "model dwellings": "These blocks of buildings, 50 feet high, are packed together so as to exclude light and air, and four rooms occupy the site of two: evil conditions which the architect and owner were not only privileged to create, but also, and very practically, in so doing were they privileged to condemn unborn generations of people, whose necessities condemn them to live in these tenements, to endure the evils of their creation."

The Medical Officer of Health for St. James' wrote:—

"Block dwellings in such an area as St. James' do not provide the conditions in which healthy children can be reared, nor in which there can be a family life comparable with that possible in the open suburbs of London."

The Medical Officer of Health for St. Olave gave a description of Barnham Buildings:—

"Many of the rooms, &c., on the ground and first floor are generally very dark, and the buildings have not been maintained in a sanitary condition, notwithstanding the hundreds of notices that have been served the past five years. The average death-rate of the past five years of the unhealthy tenements was at least 49.6 per 1,000 and of the remainder at least 29.1."

The Medical Officer of Health for St. Marylebone gave an interesting explanation of the condition of this class of houses:—

"The following is a list of applications, under the Customs and Inland Revenue Act, 1891, from which it will be gathered that it is quite exceptional for a block of artizans' dwellings of even recent construction to be in a tolerable sanitary condition. The reason for this anomalous state of things is, that in the building of these dwellings the Sanitary Authority seems to have no power; a dwelling must be occupied before it comes under supervision."

In spite of these and many other drawbacks, however,

many of these buildings afforded accommodation far superior to that which had previously existed on the spots where they were erected, and provided residence for large numbers of people who otherwise might have been doomed to living in the worst class of tenement-house.

Closely connected with the Public Health Act of 1891 was another Act passed in the same year—"The Factory and Workshop Act."

The Select Committee of the House of Lords on the Sweating System had finished their inquiry and reported in 1890. The evidence given before it was, as regarded factories, workshops, and workplaces, very much a repetition of that which for thirty-five years had been detailed by Medical Officers of Health as regarded the dwellings of the people, but now obtaining greater publicity attracted more attention.

Overcrowding and insanitation of almost every conceivable kind pursued large numbers of the unfortunate workers from their overcrowded and insanitary tenements to their overcrowded and insanitary workplaces, and with the same disastrous results. And as regarded domestic workshops the conditions were even worse, workers spending their days and nights often in the one room—sometimes with extra workers brought in.

Want of light and air and overcrowding in workshops and factories are quite as serious matters as they are in inhabited houses.

The Select Committee, in their conclusions and recommendations, said:—

"The sanitary conditions under which the work is conducted are not only injurious to the health of the persons employed, but are dangerous to the public, especially in the case of the trades concerned in making clothes, as infectious diseases are spread by the sale of garments made in rooms inhabited by persons suffering from smallpox and other diseases. Three or four gas jets may be flaring in the room, a coke fire burning in the wretched fireplace, sinks untrapped, closets without water, and altogether the sanitary condition abominable."

"A witness told us that in a double room, perhaps nine by fifteen feet, a man, his wife, and six children slept, and in the same room ten men were usually employed, so that at night eighteen persons would be in that one room."

"In nine cases out of ten the windows are broken and filled up with canvas; ventilation is impossible and light insufficient—the workshops are miserable dens. We are of opinion that all workplaces included in the above description should be required to be kept in a cleanly state, to be lime-washed or washed throughout at stated intervals, to be kept free from noxious effluvia, and not to be overcrowded—in other words, to be treated for sanitary purposes as factories are treated under the factory law."

Lord Kenry, Chairman of the Committee, in his draft report, said:—

"It has been shown that the dwellings or shops in which the sweated class live and work are too often places in which all the conditions of health, comfort, and decency are violated or ignored. . . . Sanitary inspection is totally inadequate, and the local bodies have seldom done their duty effectually. At the East End of London generally the sanitary state of homes and shops could not possibly be much worse than it is."

And Mr. Lakeman (Government Inspector under the Factories and Workshops Act) said, in reference to workshops: "I think that the evidence given your Lordships upon the insanitary state of those places is not at all too black."

Once more the necessity of inspection was insisted upon. "On no point," wrote the Chairman, "was the unanimity of witnesses more emphatic than with reference to the necessity of more efficient sanitary inspection, not only of workshops, but of the dwellings of the poor."

And just as it was as regarded tenement-houses, inspection here was lamentably deficient, if not absolutely non-existent.

"The inspection at present carried on is totally in-

adequate, and nothing was more clearly proved before us than the fact that satisfactory results cannot be looked for from the system as it now stands."*

"Even when an unmistakable cause of unhealthiness is discovered, and steps are taken to remove it, the process of applying the remedy is slow and uncertain. The Local Board meets once a week or fortnight . . . the landlord is allowed a fortnight to carry out the work; three weeks may elapse before the inspector can go and see it, then perhaps nothing has been done; the summons, &c., takes time. In any case much valuable time is lost, and small-pox or fever is allowed to pursue its ravages with the source of the disease daily aggravated in intensity.

"At present the inspectors under the Factory and Workshop Act of 1878 have no power to deal with any nuisance which lies within the district over which the local authorities preside. On the other hand, the local inspector cannot interfere should he discover any breach of the Factory Act."

The Home Secretary, in moving the second reading of the Bill, explained its scope. He said:—

"The design and object of this Bill is to bring all workshops and all factories up to the same sanitary level, and to require the same conditions as to ventilation, overcrowding, lime-washing, and cleanliness to be applied to all kinds of workshops in which men alone, or women, children, and young persons are employed. The Bill does not deal with 'domestic workshops.' The President of the Local Government Board will introduce a Bill dealing with the public health, and the House may rest content with leaving what is called 'the domestic workshop'—that is to say, the working-man's home in which he works with the members of his family—subject to the provisions of the law of public health alone. It is obvious that in the domestic workshop you have not got the presence of the employer and the employé. You have the members of the same family . . . and it seems to me that we may

* P.P. 1890, vol. xvii. See fifth Report from the Select Committee of the House of Lords on the Sweating System.

allow him and his family to work in a place which is sufficiently good so far as sanitary conditions are concerned for him and his family to live in. Now that we are extending the sanitary provisions of the Factory Act to all workshops throughout the country, of whatever kind they may be except the domestic workshop, so that every cobbler's shop, every blacksmith's shop, every tailor's shop, will come under the provisions of the sanitary law, it seems to me foolish not to take advantage of the existing machinery provided by the local authorities, and the enforcement of the sanitary provisions, so far as workshops are concerned, is by this Bill given to the local authorities."

The passing of the Factory and Workshops Act (1891) and of the Public Health (London) Act of 1891 made the sanitary authorities primarily responsible for enforcing many new provisions. Those authorities were charged with the duty of securing the maintenance of the "workshops" in a sanitary condition, of preventing overcrowding in them, and of enforcing cleanliness, ventilation, lime-washing, and freedom from effluvia, and securing the provision of sufficient sanitary accommodation.

Added to this was the sanitary supervision of the places of "outworkers."*

It would appear, however, that only in exceptional instances was any systematic attempt made in 1892 to carry out the new duties imposed by the Legislature upon the Vestries and District Boards.

In several instances the Medical Officers of Health drew attention to the impossibility of undertaking workshop inspection with their existing staff. Thus the Medical Officer of Health of Hackney:—

"Inquiry has revealed the presence of something like 2,000 workshops and dwellings of outworkers which, under this Act and Order, should be inspected to ascertain the presence or otherwise of any insanitary condition. With the present staff it is impossible that this can be attempted."

* See the Order made by the Home Secretary in November, 1892, as to "outworkers."

In St. Marylebone the Medical Officer of Health stated, in 1894, that the number of workshops and workplaces in his parish amounted to 3,550. And in 1895 he wrote: "The workplaces are so numerous in the parish that it is not practicable for them all to be inspected regularly with the present staff."

"Increased duties," wrote the Medical Officer of Health for Fulham in 1893, "having been placed on the sanitary staff by the 'Factory and Workshop Act' of 1891, relating to outworkers; but with the existing number of inspectors it is not possible to attend to them thoroughly, so that the Act in Fulham is almost 'a dead letter.'"

"In Islington," reported the Medical Officer of Health in 1895, "neither the factories nor workshops in the district, nor the smoke nuisances receive any attention worth mentioning, and so far as this district is concerned they may be said to have been entirely neglected."

"I look upon the inspection of factories and workshops as one of the greatest necessities of the present day, not only from a health point of view, but also from the social aspect."

The manifest solution of this difficulty was the appointment of additional inspectors, but the local authorities had a sort of horror of such appointments, though by this time they must have known that the benefit to workers and to the community generally would have been very great.

A report in 1892 of the Medical Officer of Health of St. George-the-Martyr shows the grievous need there was for inspection of one very important class of workshop:—

"I have inspected sixty-three retail bakehouses within the parish, and found them (with few exceptions) to be in a filthy and unwholesome state, dangerous alike to the health of the journeyman baker, who makes the bread, and to the public who eat it. Twenty-one were completely underground. . . . In times of heavy rainfall sewage forces itself through the draintraps of these cellars, soiling the sacks containing flour, and fouling the atmosphere."

Parliament again legislated about factories and workshops in 1895.

Under the Act a minimum space was required in each room of a factory or workshop of 250 cubic feet for each person employed. For the prevention of the infection of clothing, the occupier of a factory, &c., was prohibited from causing wearing apparel to be made or cleaned in a dwelling-house having an inmate suffering from scarlet fever or smallpox. An important step was also taken in extending the provisions of the Factory Acts to laundries, of which there were a great number in London, and where the workers stood in great need of improved conditions of work, and of public supervision.

Lamentable as were the results of the non-protection of the workers in workshops, still more lamentable and disastrous were they as regarded the 2,310,000 dwellers in the 630,569 tenements of less than five rooms. Up to 1889 regulations under the Sanitary Acts of 1866 and 1874 had been adopted in 31 of the 40 London sanitary districts. In only nine of these was any considerable use made of them. Had these regulations been put into force a great amount of overcrowding would have been prevented and the houses kept in a fairly clean and sanitary condition.

In the whole of London, with its 547,000 houses, only 7,713 tenement-houses were on the register in 1897, of which more than a half were in four parishes, namely: 1,500 in Kensington, 1,190 in Westminster, 840 in Hampstead, and 610 in St. Giles'; leaving 3,573 in the whole of the rest of London—a mere fraction of the tenement-houses of London.

In Bethnal Green (1894), "76.1 of the population lived in tenements of less than five rooms. No houses had been registered."

In Lambeth over one-half of the population lived in tenements of less than five rooms, and of these nearly one-third lived under conditions of overcrowding. There was one Sanitary Inspector to about 60,000 people. The inadequacy of the staff had been pressed upon the Vestry by the Medical Officer of Health from time to time for a number of years.

Considerable ingenuity was in many cases exercised by the opponents of the regulation of tenements in the working of the bye-laws which resulted practically in rendering them inoperative. In some cases all houses were to be exempted where the rent was higher than certain specified weekly sums. The result was that the "owners" promptly raised the rent above these sums, and so secured their exemption, at the same time getting an increased rent. In others, the bye-laws gave the Vestry power to decide what houses should be registered, and thus enabled the Vestry to evade the necessity of registering any at all. In others, notices were to be given to the "owner" before a house was registered—the notice was not sent. And so, in one way or another, the imperative "shall" of Parliament was evaded by the largest proportion of the Vestries and District Boards.

As regarded the Vestries and District Boards who made a show of putting the regulations in force, the Medical Officers explained that, owing to the inadequacy of the staff of Sanitary Inspectors, it was "impossible" to inspect the houses regularly.

In other parishes and districts the number registered and inspected was but a fraction of the houses which ought to have been registered. In Bow (in Poplar) where none were registered, the Medical Officer of Health wrote in 1891: "I should say 4,000 houses require registration." In St. Mary, Newington: "At least 80 per cent. of the houses are occupied by members of more than one family." But as yet none were registered. And this same Medical Officer of Health pointed out how in his parish—"The indisposition that has hitherto been shown on the part of the Vestry to put into force the bye-laws for houses let in lodgings has led to great license in house-farming and house-crowding."

Where really put into operation the regulations had an excellent effect. Thus the District Board of St. Giles' said: "The advantage of these regulations has been very great."

And in Paddington the Medical Officer of Health stated: "The work done . . . has had an excellent effect."

Of some streets where houses were registered (1897-8)—
"The whitewashing and cleansing has without doubt had a good effect. The streets have been freer from infectious diseases than they have been for several years past."

The advantages of the regulations in the administration of the health laws were time after time pointed out and insisted upon by many Medical Officers of Health.

The Medical Officer of Health for Westminster, where nearly 1,000 houses were registered, wrote (1899):—

"The great advantage in legal procedure lies in the fact that a breach of them is a finable offence with a further daily penalty after written notice, and is not a nuisance subject to abatement within a certain time.

"If the conditions imposed by the bye-laws are carried out, no doubt one of the best methods for preventing overcrowding is thus achieved."

The advantage of this quicker procedure was manifest, for, under the other Public Health or Sanitary Acts, the whole process of dealing with, or getting a nuisance abated, took "a long time—a very long time," but the advantages did not appeal to people who did not want to use them.

Thus there was a most grievous neglect of duty on the part of the great majority of the Vestries and District Boards, with the inevitable result of the most disastrous consequences to the working and poorer classes all over London.

It must have appeared strange, in view of this glaring and scandalous neglect of duty by the Vestries in enforcing the regulations, that the London County Council as the Central Authority did not use the powers which they were supposed to possess of acting in the default of the local authorities, or of making representation to the Local Government Board of the neglect of those authorities.

The explanation was, that in the administration of this, absolutely the most important of all branches of the housing problem of London, the London County Council, had been left entirely out—had not even been given a voice in the framing of the bye-laws or regulations, and therefore had

no legal power to act. Regulations or bye-laws, drafted by the Local Government Board as "models" for adoption by the local authorities, suggested "exemptions" to what Parliament had directed—though there was not a single word in the 94th Section or in any part of the Act to justify such a suggestion—or suggested phrases in them which actually placed the enforcement or non-enforcement of the Act in the discretion of those authorities, this, too, though Parliament had made the explicit imperative enactment that these local authorities should make and enforce regulations.

Most of the Vestries made bye-laws under Section 94 of the Act, nearly all containing exemption or elusive clauses as suggested; some even avowedly reserving to themselves the option of registering or not registering houses, as they thought fit.

The London County Council was not in a position to act in their default, as these authorities could shelter themselves under the option contained in the terms of the regulations, and a representation to the Local Government Board would have been useless, as the same defence would be effectively made by the local authorities if called to account.

Thus, the deliberate enactment of Parliament was frustrated; the Act was prevented being a remedy for overcrowding, or even a protection against it, and except in a few parishes or districts where the great advantages of the Act were appreciated, all the dreadful evils of overcrowding were given free play, and allowed to flourish on as gigantic a scale as ever.

The effects of the inaction of the Vestries and District Boards were unfortunately not confined to the moment. A legacy of suffering, of misery, and physical deterioration was left to subsequent generations. Once more might hundreds of thousands of voices of the victims and sufferers have cried out: "While you remain inactive, death and disease do not."*

* Not much interest appears to have been taken in the proceedings of some of the Vestries. Thus, in 1891, the Vestry of Westminster

A special census of the population of London was taken on March 29, 1896, which showed that the population had increased to 4,443,018 persons, being an increase of 200,900; and the number of inhabited houses from 547,120 to 553,119.

As years had gone by, and the necessity and importance of sanitation had become more widely recognised, and as London had grown in size and increased in population, the duties of the Vestries had grown heavier, and the tendency of legislation was to broaden the basis of their action.

The mileage of public streets to be paved, lighted, cleansed, and watered, had multiplied two, three, and four times since 1855; the number of houses in many districts had more than doubled; the drainage work had increased proportionally; the scavenging and removing of refuse also. Nominal duties had become real ones, and new duties had been added—the disinfection of infected houses and infected clothes, the inspection of food, the working of the Food and Drugs Act—these, with numerous smaller matters, meant a very considerable amount of work, expense, and responsibility.

But all these were what one of the Vestries in their Report described as "well-worn grooves of familiar routine." In addition thereto, and now more than ever of primary importance, was the great duty of inspection—inspection of houses, and of rooms in houses, and of workshops, and often the consequent proceedings for the abatement of nuisances, or the punishment of offenders.

"House-to-house inspection," wrote the Medical Officer of Health for Islington in 1893, "is the only efficient remedy for extensive sanitary evils. It is the life and soul of sanitary work."

House-to-house inspection of their districts was the most necessary of all sanitary work—as it was the means by

complained of the lack of public interest in the record of their proceedings. "Only eleven ratepayers out of 8,800 have purchased copies (price 2d.) of the Reports of the Vestry in each of the last three years." (A few years later they reduced their Reports to a few pages.)

And in 1896 the Vestry of Kensington complained of the limited demand for their Annual Report, though it only cost 2d.

which most sanitary defects and malpractices were detected—but it was the first to be sacrificed under the increased pressure of work, and the last for which adequate provision was made.

“A house-to-house inspection has been attempted more than once,” wrote the Medical Officer of Health for Islington in 1893, “but it has never yet been brought to a complete and satisfactory finish.”

In fact the main breakdown of the Vestry administration in London was their antipathy to inspection, and their refusal to appoint a sufficient number of inspectors.

“The subject of overcrowding alone,” wrote one Medical Officer of Health, “if properly attended to, would pretty well occupy the whole of the time of the present staff.”

The complaints of the Medical Officers of Health were frequent and insistent on the inadequacy of the inspectorate. Thus the Medical Officer of Health for Fulham wrote:—

“The Vestry must clearly understand that the present staff of Sanitary Inspectors is quite inadequate to properly perform the duties devolving upon the Sanitary Authority. There is only one Sanitary Inspector to every 35,000 inhabitants. Should the Vestry persist in their refusal to employ an adequate staff, the inference will be unavoidable that they are unwilling that the Acts—for the faithful administration of which, in the interests of the public health, they as Sanitary Authority are responsible—should be properly carried out.”

Interesting light is often to be found in the reports sometimes of the Vestries, and oftener of the Medical Officers of Health, upon various aspects of the great housing problem.

Sometimes a sentence enables so much else to be understood. Thus, in 1892, a Medical Officer of Health wrote:—

“Many persons think the Public Health Act an innovation on their privileges.”

Describing the insanitary condition of 230 houses in Provost Street, Shoreditch, the Sanitary Inspector wrote in 1892:—

“The difficulty of dealing with these houses has been greatly increased by the circumstance that the leases will expire in a very few years. There was, therefore, a very natural objection on the part of many of the leaseholders to execute substantial works, of which the freeholder would in a few years reap the benefit, and without contributing anything to the expense of the improvements.”

This “very natural objection” entailed, of necessity, sickness and death upon a considerable number of persons.

The Vestry of St. Pancras wrote in 1893:—

“The primary cause of houses and buildings becoming insanitary is the neglect of freeholders to compel lessees to comply with the terms and conditions of their leases. If the Vestry were empowered (where freeholders are negligent) to compel freeholders to cause lessees to carry into effect the covenants of the leases, the houses inhabited by the poorer classes would not become so wretchedly dilapidated and a scandal, but might be maintained in a fairly habitable condition.”

The Medical Officer of Health for Bethnal Green exonerated some property owners, whilst fixing the blame on others.

“. . . As a rule it is the professional insanitary property owner who has to be summoned time after time, and who exhausts every technicality and raises every possible objection, well knowing that in the usual way only an order costing some few shillings will be made against him.”

Others, however, went further. The Medical Officer of Health for Islington wrote in 1893:—

“Since 1891 there has been a steady forward movement, and . . . one now constantly hears of the persecution of the ‘poor property owner.’

“That owner who for long years had everything his own way, and who did as little as he could to make things healthy for his tenants, knowing well that there were plenty of persons ready to occupy any or every house. Property has rights, but so has flesh and blood; and if it be right that property should be protected from unnecessary exactions, it is surely righteous that the health and lives of human beings should be safeguarded in every way.”

And in the following year, writing about some insanitary bakehouses, he said: "It has always seemed to me a very absurd argument that because a place has been allowed to be occupied for a long series of years to the detriment of the health of the people working therein that therefore it must not be now abolished.

"If those insanitary places have been occupied for such a long time, surely they have more than recouped their owners for the money that has been originally spent on their erection?"

The Medical Officer of Health for St. James', after twenty-five years' work as Medical Officer of Health, declared in 1898:—

"The only practical course is to saddle the landlord with full responsibility for the neglect or misconduct of the tenants whom he harbours, at large rents, for his own profit."

In 1894 Parliament passed "The Local Government (England and Wales) Act," which included London in its scope, and which introduced great changes as to the electorate, the mode of election, and the qualification of vestrymen.

A new electorate on almost the widest basis was created, all persons, male or female, on the Parliamentary or County Council Register, including lodgers and service voters, and married women, who were themselves tenants of property, being made parochial electors; and the Vestry was to be elected under the provisions of the Ballot Act of 1872.

Thus the scandals hitherto associated with Vestry elections were for the future obviated, and greater publicity—that safeguard of all public bodies—was assured.

Additional powers were also obtainable under the Act by the Vestries on application to the Local Government Board, who could transfer to the Vestry the powers and properties of the Library Commissioners, the Baths Commissioners, and the Burial Board; the power of appointing the Overseers of the Poor, and some other powers and duties of more or less importance, possessed or possessable by Parish Councils. The elections were held on December 15, 1894.

The new Vestries, however, did not mend the ways of their predecessors as regarded "inspection."

Of Bethnal Green the Chief Sanitary Inspector said (1897): "With the existing staff (five Inspectors) and having regard to other work, it would take five years to visit all the houses in the parish—about 17,000."

The Medical Officer of Health for Kensington wrote (1898): "The staff is quite inadequate for the discharge of the duties devolving upon your Vestry as Sanitary Authority."

And the Medical Officer of Health for Hammersmith wrote in 1899: "The house-to-house inspection of the district is now nearly completed, and has taken six years to accomplish. The result of the inspection is in the highest degree satisfactory . . . nevertheless it cannot be contended that inspecting the district once in six years is properly carrying out the 1st Section of the Public Health (London) Act, 1891."

A series of investigations was made by the Medical Officer of Health of the London County Council, or by his assistant, into the sanitary condition of various parishes or districts, and an instructive light thrown upon the administration of their affairs by their respective local governing authorities.

Almost uniformly, so far as they were concerned, it was found that bye-laws as to houses let in lodgings were not enforced, and no, or practically no inspection of workshops, of which there were thousands, nor of "outworkers" had been carried out, and that the sanitary staff was quite inadequate for the work.

Though much was thus most unsatisfactory, yet in many other important matters which vitally affected the public health, considerable progress was being made.

In the matter of water supply a steady but slow improvement had, under public pressure, taken place. In 1892 a Royal Commission was appointed to inquire as to whether the existing sources of supply were adequate, and it reported in the following year.

"We are strongly of opinion," they said, "that the water as

supplied to the consumer in London is of a very high standard of excellence and of purity, and that it is suitable in quality for all household purposes. We are well aware that a certain prejudice exists against the use of drinking water derived from the Thames and the Lea, because these rivers are liable to pollution, however perfect the subsequent purification by natural or artificial means may be; but having regard to the experience of London during the last thirty years, and to the evidence given us on the subject, we do not believe that any danger exists of the spread of disease by the use of this water, provided that there is adequate storage, and that the water is efficiently filtered before delivery to the consumers."

This statement was to a certain extent satisfactory, but the fact remained that both the Thames and Lea still received sewage effluents above the intakes, and considerable pollution from other causes; and that diseases might still be water-borne and water-distributed by them. The thoroughness of the filtration also was often open to doubt.

Improvement was gradually being effected in the system of removal or disposal of filth and refuse of all sorts and kinds; the sweepings of the streets, the refuse from houses. According to the general practice of the local authorities the great bulk of this stuff was first brought to yards or places, the property of the authorities, and there sorted or sifted and sent down the river or along the canals in barges, or sometimes even by rail to the country. But the system was costly and insanitary and inefficient, and as was pointed out—"it could not be deemed satisfactory when large metropolitan districts inflict their filth upon smaller communities in urban districts."

A system of destroying much of this filth by fire had been devised, and gradually was adopted by the local authorities. It was found that with a properly constructed and efficient destructor no nuisance need result, and this method of disposing of house refuse was much more desirable from a sanitary point of view than that usually adopted by London Sanitary Authorities.

A certain number of local authorities adopted this method

to the great advantage of the community, and though there is still much to be done in this direction, the change, so far as it has gone, has undoubtedly minimised a great evil.

Both numerous and various are the measures which have to be taken for the protection of the public from disease. One of the most essential of these was disinfection—the disinfection of rooms where there had been infectious or contagious disease, and the disinfection or destruction of clothing or articles used by the person suffering from the disease. The process of disinfection originally was of the most primitive character and doubtful efficacy, but the progress of science had elaborated really effective methods.

In 1866 the local authorities had been given power to provide a proper place with all necessary apparatus, &c., for the disinfection of infected clothing, &c., free of charge, and to give compensation for articles destroyed. Thus every inducement was given to the public to get infected articles disinfected. But many years were to pass before provision by the Vestries was extensively made.

By the Public Health London Act, 1891, this provision was made imperative on the local authorities.

Disinfection by steam was considered practically the only efficient system. By 1895 twenty-four sanitary authorities had provided themselves with this apparatus, six with an apparatus whereby disinfection was effected by dry heat, and eight had arranged with a contractor.

When it is a fact that a few infected rags could let loose disease of the worst type upon a community, the advantages to the public of the general practice of disinfection were incalculable. And in London the advantages were specially great.

In almost every district hundreds of houses were disinfected every year, and thousands—even tens of thousands—of articles.

The system of the compulsory notification of infectious diseases facilitated greatly the work of disinfection, for by informing the authorities where cases of such disease occurred it enabled them to scotch disease in its breeding-places, and so it was of the greatest benefit to the com-

munity. How great may be gathered from the following figures.

The number of cases of Infectious Diseases in London notified under the Act of 1889 were:—

29,795	in	1890
46,074	„	1892
67,485	„	1893
49,699	„	1896
42,344	„	1899

Of those in 1893:—

36,901	were	cases	of	Scarlet	Fever
3,633	„	„	„	Enteric	„
22	„	„	„	Typhus	„
13,026	„	„	„	Diphtheria	„
2,813	„	„	„	Smallpox	„

Great work was being done in the prevention of the spread of infectious disease in London by the Metropolitan Asylums Board, in whose hospitals thousands of persons suffering from such disease were isolated.

Dr. G. Buchanan, Chief Medical Officer to the Local Government Board, wrote in 1892:—

“In regard to some infectious cases, notably those of scarlet fever and diphtheria, there are no means at all to be compared to isolation in hospital for preventing the spread of a limited number of cases into a formidable epidemic.

“And the wonderful and repeated checks to small outbreaks of smallpox in the metropolis in the course of the past seven years bears overwhelming evidence to the truth of this dictum.”

As the population of the metropolis increased in density it became more and more necessary in the interests of the people as a whole to make proper and sufficient provision for the prompt isolation of those of its inhabitants who might be smitten with infectious disorders.

Home isolation in London was difficult even under the best circumstances, but in the smaller tenements it was impossible.

“The removal to hospital of so many of the cases (of

scarlet fever) is a vast blessing to this neighbourhood,” wrote the Medical Officer for St. Mary, Newington, in 1897.

For some time a growing tendency on the part of the public to accept hospital treatment for infectious cases had been evinced.

“The ‘depauperisation’ of the Hospitals had led to a great increase in the admissions, so that the public are on the whole very willing to take advantage of the facilities offered for having their infectious sick cared for in hospital, whereby the other members of the patient’s family can follow their avocations without hindrance and without risk to the public generally.”

The Chief Sanitary Inspector for Bethnal Green gives information as to the numbers who from his parish availed themselves of the hospitals.

“A satisfactory feature, and of the greatest assistance in dealing with infectious disease, is the large number of patients now sent to hospital. This year nearly two-thirds of the cases notified were removed. The importance of this either to the patients themselves or to the public can hardly be overestimated.”

By the Public Health London Act, 1891, every inhabitant of London suffering from any dangerous infectious disease was entitled to free treatment at one of these hospitals.* On receipt of notice an ambulance was at once sent for his removal.

Year by year greater use was made of the Board’s hospitals, and at times there was not sufficient room in the Metropolitan Asylums hospitals to receive all the cases. In 1892 the total number of patients received amounted to over 13,000, there being at one time 4,389 patients suffering from all classes of fever or diphtheria receiving treatment in the hospitals, whilst in 1893 the admissions amounted to 20,316.

By 1895 the Board had eight fever hospitals, including diphtheria, with 3,384 beds; three ships for smallpox cases

* See 3rd Report from Select Committee of the House of Lords on Metropolitan Hospitals, 1891.

with 300 beds; and a large hospital for convalescents with 1,200 beds. By 1898 the accommodation had reached the large total of about 6,000.

The Chairman of the Metropolitan Asylums Board, reviewing in 1897 the thirty years' work of the Board, said:—

“Whilst, during the first twenty years of the Board's experience, London was again and again visited with epidemics of smallpox, during the past seven years it has, thanks to the action of the managers in having removed to and isolated at Long Reach all cases of the disease, been practically non-existent as a health disturbing factor.

“The percentage mortality of smallpox cases treated by the Board decreased from 20·81 in 1871 to 4·0 in 1896, and the annual mortality from 2·42 to practically zero.”

The rate of death from diphtheria also showed a continuous fall, and this fall had been coincident with the introduction and increasing use of the anti-toxic serum treatment of the disease.

A valuable criticism on the existing machinery for the sanitary government of London was given in a report of the Metropolitan Asylums Board Statistical Committee in June, 1892:—

“Although London possesses an ambulance service and a system of hospitals admittedly unrivalled, yet it has no central authority charged with the duties of tracing out an outbreak of this infectious disease (smallpox), and of taking concerted action towards stamping it out by measures of disinfection and vaccination and re-vaccination.

“These matters still remain in the hands partly of the 41 local sanitary authorities, partly of the Local Government Board, and partly of the London County Council.

“Clearly the present arrangements are not only cumbrous and incapable of that rapid action essential to success in dealing with infectious disease, but they are also excessively expensive.”

In connection with hospital accommodation there were two other factors in the sanitary evolution of London. One

of these was the provision made by the Poor Law for the treatment and care of the sick poor.*

Previous to 1867 the accommodation provided by the Poor Law for the sick was in the sick wards of the workhouses. The Act of that year, which had established the Metropolitan Asylums Board, laid the basis for the removal to separate hospitals of paupers suffering from the worst forms of infectious disease. The same Act authorised the building and establishment of Poor Law infirmaries, thus removing most of the sick from the workhouse wards, giving them better treatment and better prospect of recovery.

In 1892 the number of new infirmaries was 24, containing 12,445 beds; but a large proportion of the sick were still kept in the workhouses, the returns for 1890 showing about 4,000 occupied beds in them.

And, in addition to these institutions, there were Poor Law dispensaries. The establishment of these dated from 1870, and by 1890 there were 44 of them. The immense amount of work they did is shown by the following figures: “In 1890 nearly 120,000 orders were given to Medical Officers for attendance on patients, 53,572 being seen at their own homes, and 59,149 at the dispensaries. It is calculated that there are about eight attendances on each order. Favourable opinions were expressed as to the quality of the treatment afforded at them.”

There is no means of even forming an estimate of the results of these great remedial agencies, but that they were an immense advance on previous arrangements for the treatment of the sick poor is a well-established fact.

The Lords Select Committee reported that:—

“The evidence on the whole appears to indicate a general recognition of the high standard of efficiency attained by the best of the new infirmaries.

“The poor do not generally regard the infirmary as they do the workhouse; they look upon it rather as a State-supported hospital; they come to the infirmary, are cared

* See the Report of Select Committee of House of Lords on Hospitals, P.P. 1892, vol. xiii.

for, cured, and go out again without feeling that they are tainted with pauperism."

The other great factor in the sanitary evolution of London was the group of great hospitals—general and special—supported, not by the State nor by aid from the local rates, but by the charitable public, and governed and managed and worked not by officials, paid either by the central or local authorities, but by men—lay and medical—who, from the highest and most public-spirited motives, devoted themselves to this responsible work.

The general hospitals in 1890 numbered nineteen—some of them great institutions, such as St. Bartholomew's, St. Thomas's, Guy's, the London Hospital; and the number of special hospitals—many of them small—was stated to be 67 in 1890.

"The total number of beds in the general and special hospitals in London combined was stated by Dr. Steele to be 8,500, of which 6,500 are continually employed. But according to Mr. Burdett—8,094 and 6,143."

"The vast numbers of persons who are treated in out-patients' departments of hospitals, the number treated at the eleven hospitals with schools, were estimated by one witness at over half a million."

Here, again, no precise estimate can be formed of the part these great institutions have taken in the sanitary evolution of London. That their part has been a really great one is evident without figures—proved not only by the millions restored to health and capable citizenship, but even more by their adopting and reducing to practice, and placing within the reach of the whole community, the vast benefits following the great scientific discoveries of recent times.

Among the many causes of insanitation, and all its miserable accompaniments, one of the most hopeless and most difficult to deal with has always been intemperance or "drink." Statistics give no means of estimating its disastrous consequences, but these consequences always have been, and still are, of the most deplorable kind. The overcrowded dwellings and bad sanitary arrangements constantly tended to increase the habit of intemperance, and

the moral degradation caused by drink made people indifferent to their housing, and lead to the poverty which increased overcrowding and insanitation.

In London the facilities for obtaining drink are practically unlimited. In the evidence given before the Royal Commission on Liquor Licensing Laws, which was appointed in 1896, it was stated that—

"In Soho District, in an area of a quarter of a square mile, there were 1950 inhabited houses and 116 public-houses. In another district, a little over half a square mile in extent, there were 259 public-houses (excluding restaurants and private hotels)."

Down one mile of Whitechapel Road there were 45 public-houses.

"The streets branching off, the hinterland, are also thickly supplied; some exactly opposite each other."

"In one street in St. George-in-the-East so crowded are the public-houses that there are 27 licensed houses out of 215 houses."

And these facilities are intensified by the great number of hours during the day in which licensed houses keep their doors open to all comers.

Parliament has done but little to mitigate this terrible evil. Happily, however, other influences are at work.

The Royal Commissioners in their Report in 1899 said:—

"Most persons who have studied the question are of opinion that actual drunkenness has materially diminished in all classes of society in the last twenty-five or thirty years. Many causes have contributed to this. The zealous labour of countless workers in the temperance cause counts for much. Education has opened avenues to innumerable studies which interest the rising generation. The taste for reading has multiplied manyfold within a comparatively brief period. The passion for games and athletics, which has been so remarkably stimulated during the past quarter of a century, has served as a powerful rival to 'boozing,' which was at one time almost the only excitement open to working men." And then followed this weighty statement: "Yet it is undeniable that a gigantic evil remains to be

remedied, and hardly any sacrifice would be too great which would result in a marked diminution of this national degradation."

And the Chairman of the Commission (Viscount Peel), the Archbishop of Canterbury, and seven Commissioners in a Minority Report stated that—

"The broad facts remain unchallenged of the prevalence of the evil arising from drink."

That drink and insanitary housing constitute a vicious circle should by no means deter the most vigorous efforts being continued to improve the conditions of housing and to raise the standard of the public health.

There was widespread testimony through the latter half of the decade that the public health in London was improving. Thus the Medical Officer of Health for the Bow District in Poplar wrote in 1895: "We have only to remember what London used to be, and consolation can be found in the comparison. Epidemics are not so frequent, disease is not so virulent, and those attacked stand greater chances of recovery through better and more skilful treatment."

And the Medical Officer of Health for Paddington in 1896: "There has been a steady diminution in water-borne disease since efficiently-filtered Thames water has been substituted for the numerous wells and pumps of former days."

The Medical Officer of Health for the Strand reported in 1897: "The Strand District (as to health) compares favourably with other years. The result of your labours is a steady improvement in the health of the inhabitants."

And the Medical Officer of Health for Islington in 1897 reported the death-rate as 15·80—the lowest since registration was introduced in 1837.

In Whitechapel "the policy of your Board has resulted in a considerable saving of human life." The death-rate for the district in 1879 was 26·0 per 1,000, and in 1899 it was 19·3 per 1,000.

In Battersea the death-rate was 26·8 in 1871, and 17·6 in 1901.

But infantile mortality did not show a similar rate of improvement. In many parishes there was a decided improvement. In many, however, infantile mortality remained at a very high rate.

In Bethnal Green, in 1893, nearly half the total deaths were of children under five years of age—a figure which drew from the Medical Officer of Health the remark: "The ignorance of women of the working classes on the subject of infant feeding is colossal." In 1896 it was 51·5 per cent., and in 1898 it was 49·7 per cent.

In Poplar the Medical Officer of Health wrote, in 1895: "I think it my duty to point out the terribly high rate of infant mortality. . . ."

In	Of 1,000 Births in 1895	Died under 1 Year.
Bow	179
Shoreditch	199
St. George's-in-the-East	196
Limehouse	202

"It is an awful state of affairs that so many young children die every year."

In Shoreditch, in 1896, 49·1 per cent. of the total deaths were of children under five; in Islington, in 1896, 42·4 per cent.; in Hackney, in 1898, 40·9 per cent.; in Fulham, in 1896, 51 per cent.

On the south side of the river—in St. George-the-Martyr, in 1894, it was 58 per cent. of the total deaths; in St. Olave, Southwark, 48·6 per cent. in 1896.

A most hopeful sign was the greater public interest taken in matters pertaining to the public health.

The Medical Officer of Health for Islington wrote in 1892:—

"With the advance of education the public and Parliament appreciate the importance of more and more safeguarding the public health."

In 1895:—

"They (middle class) will not tolerate the sanitation of a few years ago; indeed, they expect that the houses they live in will at least be rendered safe against the entrance of

sewer gas, and themselves safeguarded against infectious disease."

And the Medical Officer of Health for the "City" in 1894:—

"Attention has been more particularly directed to premises and dwellings of the better class, the occupants of which are becoming more and more exacting owing to the increased knowledge acquired by the public on all sanitary questions. Some of these premises are of great size and employ many hundreds of persons, and many enormous insurance, banking, and gigantic commercial establishments."

And that there is a community of interest in a healthy London was becoming more widely realised. That the fact should have taken so long to be grasped is extraordinary as it was so manifest a one. Over and over again it had been proved that disease was not restrained by the paper boundaries of parishes, and that once set alight anywhere no limit could be put to its widespread devastations. An unhealthy area in any part of the metropolis constituted a danger to the whole. Nor was disease a respecter of classes. All were interested in keeping it away.

And, after many painful lessons, people were realising much more than formerly that disease was a most costly infliction. The Medical Officer of Health for St. James', Westminster, in his report for 1893, set out the business aspect of it:—

"The position of St. James', as the shopping centre for the best retail trade of the West-end of London, makes the district more and more a city of luxurious shops, hotels, clubs, and lodging-houses. Increasing facilities for travel to the suburbs, and the increasing value of premises, necessitate its utilisation for business purposes during the day, and its comparative desertion at night. . . . Its resident population of 25,000 persons is therefore an inadequate exponent of the activity of its daily life, of the importance of its retail trade, and of the necessity for active sanitation. An outbreak of smallpox or of cholera would at once so damage the trade of the district as to inflict upon its ratepayers a thousand times the cost which is now incurred

by their preventive sanitary service, and by the prompt removal of infectious cases to suburban hospitals as is now done."

But that was only a single and a limited case.

The industrial classes realised to a greater extent than ever before the disastrous results to themselves and their families of sickness and ill-health; the prolonged suffering, the loss of work and wages, the ensuing hardships. And it was upon them more than on others that the effects of disease fell most heavily.

In most matters the interests of the various parts of London, and of the various classes, are one and the same, but in none to anything like the same extent as in the vital matter of public health. Here they are one and indivisible.

But neither Parliament nor the Government had got so far as to recognise that yet, and London—the great metropolis—with its four-and-a-half millions of people, was left for its protection against disease to a number of semi-independent local sanitary authorities who had no authority beyond their own area, and who could take no action for the safety of London as a whole.

One thing was absolutely certain—and that was that the civic life of London had within the decade been lifted to altogether a higher plane. The publicity of the proceedings of the central representative authority—whether of its meetings in the Council Chamber, or of its constant applications to Parliament for legislation embodying far-reaching civic reforms in London—the triennial elections, when the area of discussion was shifted from the Council Chamber to the constituencies, quickened the interest and awoke the dormant masses of the people to the importance of civic administration and of civic laws.

In this remarkable change the subject of the public health strode to the front. Men began to realise how it entered into every branch or part of their own lives and of their families, how its ramifications invaded every part of their existence, how much their welfare and comfort and even their existence depended upon it. And the people had a great load lifted off them—the load of despair begotten by

the hopelessness of any amelioration of the conditions of life which so long had weighed them down. They felt now that there was some one to whom they could complain, some public authority who would see that things would be righted, if they could be righted, and hope was born in their lives.

In 1899 another change was made in the system of local government in London.

The Act of 1888, while dealing with the central government of London, had practically not touched the local areas. The work was felt to be incomplete, and in 1893 Commissioners were appointed "to consider the proper conditions under which the amalgamation of the City and the County of London can be effected, and to make specific and practical proposals for that purpose."

They reported in August, 1894. Their general conclusion was contained in the following paragraph.*

"A consideration of the evidence we have received confirms the opinion suggested by the course of previous inquiries and of legislation, or, in other words, by the historic development of the metropolis, that the government of London must be entrusted to one body, exercising certain functions throughout all the areas covered by the name, and to a number of local bodies exercising certain other functions within the local areas which collectively make up London, the central body and the local bodies deriving their authority as representative bodies by direct election, and the functions assigned to each being determined so as to secure complete independence and responsibility to every member of the system."

In February, 1899, Mr. Balfour introduced in the House of Commons a "London Government Bill."† He referred to the Act of 1888 which created the London County Council as effecting a change "so much in consonance with the traditions of English municipal government that it is likely to be permanent," and said:—

* See Report of Royal Commissioners on the Amalgamation of the City and County of London, 1894.

† See Hansard, 1899, vol. lxxvii. p. 354.

"We recognise to the full that there must be a great central authority in London."

"Broadly speaking," he said, "the administrative Vestry and the District Board exist now as they were framed in 1855."

"It is with these administrative Vestries and District Boards that the present Bill proposes to deal. It is with the subordinate area, not with the central area, that we are now concerned.

"We do not propose to touch the City of London.

"We have determined that, by the appointed day it would be desirable that all London should be divided into areas for local government, and that every area should be simultaneously provided with all the necessary machinery for government of its local affairs."

He mentioned the areas.

"The constitution of the governing bodies in these areas shall be practically identical with the constitution which our great municipal boroughs already possess . . .

"We propose that there should be mayor, councillors, and aldermen.

"As regards their powers—the Vestries already possess (except as to police) the great urban powers possessed by other municipalities. Certain powers agreed upon between the Vestries and the London County Council at certain recent conferences will be added, and there would be transferred to them the powers relating to baths and wash-houses, libraries, and burial boards."

"On an appointed day every elective Vestry and District Board in the County of London is to cease to exist. He hoped the plan would come into operation in November, 1900."

The Bill became an Act—"The London Government Act"—in 1899.

The new municipal boroughs numbered twenty-nine—"the City of London" and twenty-eight others; sixteen of them consisting of single parishes, and the remaining twelve of several amalgamated parishes.

A few extra duties were cast upon them. Among them

the duty of enforcing within their borough the bye-laws and regulations with respect to dairies and milk, slaughter-houses, and offensive businesses; and in some respects their powers were enlarged, the principal addition being the power to adopt and use the provisions of Part III. of the Housing of the Working Classes Act, 1890, within their borough.

All preparations for the change were completed by the autumn of 1899; the new Municipal Councils were elected on the 4th of November, the forty-three Vestries and District Boards ceased to exist, and London entered upon a new stage of her career.

Here, at the close of 1900, the Vestries and the District Boards of London came to their decreed end, and disappeared from the scene of London civic life. That end was not regretted by the general public, whose opinion may be gauged from the fact that the name "Vestry" had become almost synonymous with incapacity, mismanagement, neglect, sometimes even of graver transgressions, though in later years the Vestries did something towards removing from themselves that reproach.

They certainly had done much useful work, and even at the outset of their existence were a great improvement upon their predecessors. They had found their parishes and districts forty-five years previously in the state described in the first and second chapters of this work—a chaos of filth, a slough of insanitation and deadly disease, and the great mass of the people living in misery indescribable—and the task before them was one which might have daunted the stoutest heart.

In many ways they did their work well; local sewerage and house drainage were effectually carried out; the refuse of the great city was regularly removed; the paving, and lighting, and cleansing of the streets were greatly improved.

But in many parts of London, and by many Vestries and District Boards, the larger, graver problems with which they were confronted were scarcely dealt with at all. Powers entrusted to them by Parliament were not used, vitally important duties imposed upon them by Parliament were ignored or neglected. Had this been pure

incapacity it would have been deplorable, but upon many of the Vestries were men who either were themselves interested in continuing existing evils and abuses, or whose friends were, and so laws which should have removed or mitigated the evils were not administered.

And the result was the non-prevention of diseases which led to deaths, and the continuance of miseries (consequent on disease) which might have been warded off, and the sowing of the seeds of evils of which we are still reaping the crop.

As years went by the pressure of public opinion upon them became more insistent, and their administration improved, but even to the end many of them grievously failed to fulfil the responsibilities of their position.

One class of workers under them must, however, be excluded from such blame, namely, the Medical Officers of Health.

It is not too much to say that the greater part of the sanitary progress which was made all through the period of Vestry rule was directly due to the unceasing labour, the courageous efforts, the insistence of many of these officers. Their recommendations were often ignored, their requests constantly denied, their opinions made light of; but in spite of such discouragement they persevered. And not alone did they bravely stand between disease and the people, but they were ever striving to drive it back, and to destroy its prolific sources and its power; ever urging upon their employers the necessity for action to relieve the people from the worst of the evils they were suffering under.

The description given in 1856 by one of them that their work was "a war of the community against individuals for the public good" had been proved to be absolutely true.

And in that war, of them generally, it is to be said that there were no sturdier fighters on the side of the community than they proved to be.

In 1885 Dr. J. Liddle, "a pioneer of reform," died after thirty years of "unflinching adherence to duty" as Medical Officer of Health for Whitechapel.

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In 1889 Dr. N. Vinen died after thirty-four years' service as Medical Officer of Health for St. Olave, Southwark.*

In 1895 Dr. J. S. Bristowe passed away after forty years of service as Medical Officer of Health for Camberwell.

And there are still in the service men whose labours have extended over prolonged periods. Such men as these, and others of them who gave their best to the service of the community, have indeed a claim to the lasting gratitude of the citizens of London.

* In his last report he recorded the death of J. Munro, who had been Inspector of Nuisances for thirty-three years, so for that long period they had worked together.

CHAPTER VII

1901-1906

ONCE more the census placed on record the actual population of the great metropolis, no longer divided, so far as local government was concerned, into parishes and districts, but now into a smaller number of municipal boroughs. The figures of this census are the last available for reliable deductions as to numerous important matters forming part of that comprehensive subject, the sanitary evolution of London.

The enumerated population of London had reached the great number of 4,536,541, and showed an increase of 308,224 during the ten years 1891 to 1901. The rate of increase, however, continued to show a decline, having fallen from 10·4 to 7·3 per cent. during the intercensal period.

The same movement of the population noted in previous censuses was recorded in this one.

In the City of London and six of the central metropolitan boroughs the enumerated population showed an actual decline of over 67,000 in the ten years, notwithstanding that the recorded excess of births over deaths in that period amounted approximately to 70,000.

In all the other boroughs there had been increases. In the Eastern group the increases had been very small, with the exception of Stepney, where, owing to the immigration of aliens, the population had increased 13,484. In the Northern group the greatest increase had been in Hackney (19,666). In the Western group Fulham showed the highest