TOWN AND COUNTRY.*

By H. FRANKLIN PARSONS, M.D.,
Late Assistant Medical Officer, Local Government
Board.

MY first duty, on taking the chair, so worthily filled by my predecessor, is to thank you for the honour which you have done me in electing me your President for the current year. The honour is the more marked and unexpected, inasmuch as it is more than 30 years since I was myself a medical officer of health, though I have had opportunities, by personal visits and interviews as well as by the reading of innumerable reports, of keeping myself acquainted with the good work which is being done by medical officers of health all over the country.

As one whose harness is now laid down, you will not be surprised, if, in the remarks which I have to make to you, I adopt a retrospective tone, but you will not find me a *laudator temporis acti*. During the past 30 years, although there has been a large increase in the work expected of a medical officer of health, without, in all cases, a corresponding increase in his pay, yet the knowledge available for his guidance in the performance of his duties has largely increased, and new powers have from time to time been placed in his hands; and with this there has come an increased appreciation of his work on the part of the public and of the authority whom he serves. When I became a medical officer of health, it was the first appointment after the Act of 1872, to a combined district in a not very progressive part of the country, and I used to find my public health work variously regarded in the lights of a new-fangled way of wasting money; an unwarrantable interference with the liberty of the individual; a convenient means of spiting an obnoxious neighbour; or an impious encroachment on the prerogatives of Providence.

The farmer who remarked that the nuisance inspectors "were t' biggest nuisances o' t' lot" expressed a not uncommon view. It was not for many years after I had left the district, that the things for which I had striven came into being under my successors, but now that public water supplies, drainage, and isolation hospitals have been provided, their utility is, I believe, generally recognised.

This change of public attitude towards efficient sanitary equipment and administration has, more or less, pervaded the whole country.

One does not now, on the occasion of a municipal election, see such placards as "Vote for Smith and No Sewers," nor is unrestricted pig-keeping so often the burning question upon which the election turns. Occasionally local circumstances induce opposition to sanitary improvements; thus several important Kentish towns still remain unsewered, because the facility for disposal of sewage afforded by cesspools leaking into the porous chalk, appears to their inhabitants to render the cost of sewers unnecessary. In other places where a plentiful supply of water, though one liable to pollution, can be got from an adjoining stream or from shallow wells in a water-bearing gravel or other superficial porous bed, there is sometimes similar opposition to the provision of a public water supply. In rural districts, opposition to sanitary improvements is more frequent than in urban districts, partly owing to the incidence of rating, as I shall mention later, but there are now few towns which have not provided themselves with sewers and a satisfactory means of sewage disposal, and hardly any that have not a good public water supply. The noxious privy system long held its ground in the Northern towns, and, entrenched behind a series of judicial decisions, resisted the attacks of sanitarians, but with the aid of Section 39 of the Public Health Acts Amendment Act, 1907, the position can now be turned; and in many of such towns the erection of new privies is forbidden; and the conversion of the existing ones into water-closets is proceeding more or less rapidly. In most Southern towns water-closets have long been in general use. Concurrently with these sanitary improvements, there has been a marked decline in the total death-rate and in the mortality from enteric fever, and it has been greater in the larger towns than in the smaller districts—partly, no doubt, because there was more scope for it in the former. In the five years ending 1900, the average death-rate in the 33 largest towns was 19·3, in the 67 smaller towns 17·7, and in the rest of the country 16·7. In 1910 the corrected death-rate in 77 great towns was 14·2, in 136 smaller towns 12·9, and in the rest of England and Wales 12·8. The mortality from enteric fever, which had been 38 per 1,000 living at the time of the passing of the Public Health Act, 1872, was in the five years ending 1900, '20 in the 33 great towns and the same in the 67 next towns, and '16 in the rest of the country; in 1910 it had fallen to '05 in each class of districts.

*Presidential Address delivered to the Home Counties Branch of the Society of Medical Officers of Health, on October 19th, 1911.

It is sometimes the fate of preventive as of curative medicine to gain less credit in proportion as its success is the more complete; and the rarity with which at the present day outbreaks of enteric fever can be traced to polluted water supplies or defective drainage has led some medical writers to express doubt as to how far these factors have any influence in its causation.

The acceptance by local authorities of the need for public sanitary works has set the medical officer of health free for action along other lines; and one result is that the medical officer of health, who, if a "whole time officer," was formerly in danger of being looked upon simply as a superior inspector of nuisances, is now brought again into touch with clinical medicine in such duties as the medical inspection of school children and the administration of the Midwives and Notification of Births Acts and the Tuberculosis Orders. If this work can be carried out in such a way as to quicken and not to supersede the sense of parental and individual responsibility, it will open to the medical officer of health a much wider field of usefulness than was the case when his aims were nearly limited to the prevention of the "seven principal Zymotics," or some of them.

The greater readiness of local authorities at the present day to carry out sanitary improvements has resulted partly from wider popular diffusion of knowledge on matters of health; partly from a lessening of what has been called "the ignorant impatience of taxation" formerly displayed by ratepayers, and a greater recognition that there are things of common benefit and convenience which it is worth while to do at the common cost; and partly also from the abolition, by the Local Government Act of 1894, of plural voting, under which the inhabitants of populous places where improvements were needed, were liable to be out-voted by the large outside ratepayers who would not benefit by them. Indeed at the present time there is in some places a danger on the other side; and in districts where the bulk of the rates are paid by large concerns, while the voters almost exclusively belong to a shifting working class population, there is complaint of extravagance and undue accumulation of debt on sanitary and other works, tending to encumber the industries upon which the prosperity of the district depends.

The backward state in sanitary matters of rural districts has been often commented on, and

more especially in the report of Sir John Dickson Poynder's Committee on the Housing of the Working Classes Bill, 1906. It has been ascribed on the one hand to the ignorance and apathy of the rural district councils, and on the other hand to agricultural depression and poverty precluding the cost of improvements. But, in my experience, another very frequently operative cause of objection to sanitary improvements in rural parishes is that, while the works may be required only for a small portion of the parish, their cost has to be spread over the whole parish. A parish in a rural district is often, topographically, a very inconvenient area for the purpose. A parish containing a compact village, where houses have little space about them, and where public water supply, sewers and scavenging are needed if the place is to be kept in a wholesome state, often contains in addition a wide outlying rural tract with only scattered farms and their appertaining cottages, where these works are unnecessary, and where, owing to the distance of the houses from one another, their inclusion in the scheme would add inordinately to its cost. The ancient parishes of ecclesiastical or feudal origin often bear no relation to the present distribution of the population or to the natural topographical features of the country, and their boundaries are often irregular and inconvenient. In country parishes there is often little idea of common action for the common benefit, and it is difficult to get people to combine to do at their joint cost work which is for the benefit of all, though perhaps in unequal degrees; and still more do they object to pay rates for improvements from which they themselves receive no benefit. As the ratepayers living outside the village are commonly large farmers, employers of labour and people of influence, it thus comes about that the opinion of a country parish as expressed by its representatives is almost invariably strongly opposed to the carrying out of sanitary improvements; and the referring of schemes by the Rural District Council to the Parish Council, which is a course frequently adopted, and to some extent required by the Local Government Act, 1894, almost always leads to their being shelved.

The difficulty is sometimes increased by the circumstance that the need for sanitary works has arisen through the action of a speculative builder, who having bought cheap a plot of ground in a place where there are no sewers or public water supply, has covered it with cottages, leaving insufficient open space for sanitary

needs; and in such cases the rest of the parish objects to be taxed for the improvement of the builder's property to his pecuniary benefit. This difficulty can not be completely prevented by bye-laws as to new buildings, since the Public Health Acts only authorise bye-laws requiring open space to secure a free circulation of air and not for the purpose of refuse disposal, though something can be done by prescribing a proper distance of the privy and cesspool from the house and well.

These and other legal difficulties affecting water supply, drainage, scavenging, repair of private roads, etc., in relation to single houses or small groups of houses, will, I am convinced, have to be removed by legislation before rural districts councils will be in as good a position as urban authorities for maintaining and improving the sanitary condition of their districts. Such legislation will have to be framed for the purpose by persons who are acquainted with the special needs of rural districts. The principle upon which the more recent Public Health Acts have been framed, viz.: the incorporation into the general law as adoptive Acts of clauses selected from local Acts, does not meet the case, since local Acts are only obtained by large and wealthy towns which can afford the expense of promoting them, and hence their provisions do not meet the special circumstances of rural districts. In indicating the points specially requiring to be met by legislation in rural districts the provincial branches of the Society of Medical Officers of Health might do a useful work, and I suggest the subject as one for a paper by a member of the Home Counties Branch acting for a rural district or districts.

The importance of securing proper sanitary administration and wise provision in rural districts is the greater inasmuch as the preliminary report on the Census of 1911 contains indications that the tide of townward migration is turning, and that the movement "back to the land," which has long been the dream of social reformers, is setting in. It is true that the dwellers in urban districts constitute a larger proportion (78 per cent.) of the whole population than at any previous Census, and that the rate of increase in the population is even now greater in urban than in rural districts. But in the intercensal period 1901-11, as compared with the previous one, the rate of increase of population in the Urban Districts of England and Wales diminished from 15.2 to 11.1 per cent., while in the rural

districts it rose from 2.9 to 10.2 per cent., so that the rural rate of increase appears to be on the point of overtaking the urban rate of increase.

London itself in 1911, for the first time, showed a decrease of population in the metropolis as a whole. Decreases in the more central districts had been observed at previous censuses, but on the present occasion the decrease affects every metropolitan borough except nine, all of which are near the circumference. In the districts around London—the "Outer Ring" of the Registrar General—the rate of increase of the population declined from 45.5 per cent. in 1891-1901 to 33.5 per cent. in 1901-11. Most of the larger urban districts in the Outer Ring grew at a less rapid rate in 1901-11 than in 1891-1901—Barnes and Ealing and some of the more distant urban districts in Middlesex being exceptions—but in the smaller urban districts and in the rural parishes in the Outer Ring, the population increased at an accelerated rate. In the urban districts in the Outer Ring, the rate of increase of population since the previous Census declined from 47.1 per cent. in 1901 to 32.8 per cent. in 1911; in the rural parishes in the Outer Ring on the other hand, it increased from 24.9 per cent. in 1901 to 43.8 per cent. in 1911.

In the case of other large towns, similar evidence may be found that the increase of population at the present time is taking place in the surrounding districts rather than in the town itself. But the growth of the rural population is not confined to the parts of the country in the neighbourhood of the large towns. Of 55 registration counties in England and Wales in 1901, 45 showed an increase of population and 10 a decrease; in 1911, 47 showed an increase, and 8 a decrease, one of the latter being London. The only counties showing a marked decrease are the three Welsh ones of Radnorshire, where in 1901 a large number of men were employed on the Birmingham Waterworks now completed, and Carnarvonshire and Merionethshire, where the staple trade of slate quarrying is in a depressed state through the preference of modern architects for tiles.

The increase of population took place at an accelerated rate in 30 out of the 47 counties. The acceleration was greatest in Monmouthshire and Carmarthenshire, where it was no doubt due to the recent developments of coal mining; but it was considerable in a number of agricultural counties as Dorset, Cambridge, Oxford, the North Riding, Bucks, Huntingdon

and Rutlandshire. On the other hand, in many of the manufacturing counties, the rate of increase of population was markedly less in 1911 than in 1901, *e.g.*, in Staffordshire, Lancashire, Leicestershire, Gloucestershire, and Northamptonshire. But in some of these, if the comparatively stationary population of the county boroughs be deducted, the population of the remainder of the county is found to have increased at a much higher rate.

The colonisation or re-population of the country districts is taking place as the result of several social processes. In the first place, there is the growth of the towns outwards. When the area of a town is wholly built over, there is no room for more houses, and any growth of population can only occur by putting more people into the houses than there are, or by converting existing buildings into larger ones. But as the number of families at the Census of 1911 was found to have increased 14.8 per cent., while the number of persons had increased only 12.2 per cent., it would seem that, where there is no special local cause of pressure upon house accommodation, the tendency is for there to be fewer rather than more inmates per house. In the central parts of towns, too, many houses are converted into business premises, uninhabited at night or occupied only by a caretaker, the people employed by day in the business living elsewhere. The increased facilities of communication introduced of late years, as bicycles, electric trams, tube railways and motor omnibuses, and for wealthier people, motor cars and telephones, have promoted this centrifugal tendency. This outward movement of the population would be checked if labour difficulties, like the recent railway strike, should frequently recur to hinder travelling and interrupt supplies, as people would then find it necessary to live near their work, but otherwise it seems likely to continue.

The growth of the town may take place by an extension on the edge of the existing town, the streets of new houses invading the green fields, like the rows of bone cells in ossifying cartilage. Or a more or less detached aggregation of houses, like an epiphysis, may arise by a country estate or park being laid out for building. This is probably the history of the numerous "Parks," destitute of verdure, which one meets with in London suburbs. In some instances the development has been projected with professedly public objects, the intention being to create a "Garden Suburb" in which town workers may have their residence,

or a "Garden City" in which people may earn their living, amid agreeable and healthful surroundings. We wish success to such enterprises, but it can perhaps hardly be said that any of them have as yet got beyond the experimental stage. Usually, however, the development is carried out by private owners or syndicates primarily for purposes of profit. Where a large estate is laid out by a far-seeing management, who have plenty of capital and can afford to wait for returns, the result is good; but it is otherwise when a plot of ground gets into the hands of a speculative builder, whose object is to get the largest immediate return without regard to the future. In such a case the streets are often left not made up, to become quagmires in muddy weather; they are laid out with no consideration for their future usefulness as thoroughfares, but merely to give access with the least sacrifice of ground to the houses that may be built beside them: and the houses are crowded together as closely as local bye-laws permit, in order to get the largest possible number on the ground. It is depressing to see a beautiful rustic locality becoming invaded by streets; but still more so when we see the streets bordered by long rows of houses in continuous blocks or at most detached or semi-detached with a 3-ft. passage between them, and with only a narrow strip of ground behind in place of the garden, which in such a situation would be an attractive and appreciated feature. Possibly the Town Planning Act may in future help to create a higher standard.

One circumstance, which sometimes tends to cause the crowding together of houses, is an undue stringency of the requirements as to new streets. In determining the cost of a building site, the frontage is generally a more important factor than the depth from front to back, and where an excessive width or costly methods of construction of streets are required, since the cost is charged in proportion to the frontage, the tendency of the builder is to reduce the width of the building plot and get the required area by depth from front to back. The result is cramped and ill-lighted houses, often darkened and confined at the rear by long projecting annexes. For an important thoroughfare or business street an ample width is needed, but for secondary streets, of which the principal function is to give access to houses, a width of 36 feet is sufficient, and any additional space available is better used as forecourts or gardens. Or the street might be laid out in the first instance with a comparatively narrow roadway

and footpaths, the rest of the width forming a grass strip or being planted with trees. The roadway could then be easily widened at a future date, if the traffic required it.

But from a health point of view, the worst state of things arises when houses are built by people of little means on small plots of land, in places where there are no sewers, public scavenging, or public water service, so that the houses have to drain into cesspools and to dispose of the filth and house refuse on their own curtilages, while the water supply is obtained from shallow wells in the same limited areas. Under these circumstances, accumulations of filth, the fouling of the ground around the houses and the pollution of wells are unavoidable, and when a polluted well chances to receive specific infection, an outbreak of enteric fever occurs. As I have already pointed out, it is difficult to get rural district councils to carry out effectual remedial measures in such cases, for the reason that such action has to be at the cost of the whole parish, nor can the difficulty be wholly prevented from arising by the adoption of bye-laws or even, I should fear, by the Town Planning Act, the application of which in rural districts might present difficulties. What is wanted is power to require that every house, erected in a place where there are no sewers available, should have in connection with it sufficient open space for the proper placing of an earth closet or suitable privy, and for the innocuous disposal of its contents and of house refuse and waste liquid. Improvements in the Public Health (Water) Act, 1878, are also needed.

The districts in which this difficulty most frequently arises are those in which, owing to industrial developments, a rapid increase of population and of building takes place in what has hitherto been an agricultural district. This is another of the ways in which increase of the population of the rural districts is being brought about. There is at the present time some tendency to the removal of manufactures, especially such as are of a light character, not requiring the carriage of heavy weights of material, out of the large towns into country districts, where the rates are lower, this removal being facilitated by modern improvements in the means of transport and communication. But the greatest increase takes place in the mining counties, where the so-called "Rural Districts" are in many parts towns in all but name and administration. Thus in Durham the Chester-le-Street Rural District increased

in population (present area) from 48,799 in 1901 to 63,882 in 1911, the Easington Rural District from 40,562 to 60,040, and the Sedgefield Rural District from 20,355 to 33,711. In South Yorkshire, where new collieries are being opened in what has hitherto been an agricultural region, the population of the Doncaster Rural District increased from 22,993 (present area) in 1901 to 37,571 in 1911; the Hemsworth Rural District from 23,379 to 40,118, and the Rotherham Rural District from 18,805 to 33,143. In Wales the Neath Rural District increased in population from 28,282 in 1901 to 41,619 in 1911, the Swansea Rural District from 29,990 to 43,239 and the Wrexham Rural District from 55,188 to 60,683. The opening of a colliery or large works in what has been a sleepy rural district brings a large influx of work-people and of speculative builders; and as it takes time to acquire urban powers and make bye-laws and to provide sewerage and water supply—and these things are not done without much deliberation and controversy at the District Council—it too often happens that evils which are afterwards found difficult to remedy come into existence before the local authority are in a position to deal with the situation.

There have also been rapid increases in the population of some of the rural districts in the neighbourhood of London and other large towns, thus Hendon Rural District increased in population from 8,647 in 1901 to 14,161 in 1911; Croydon Rural District (present area) from 33,671 to 65,136, and Yardley Rural District from 33,946 to 59,171.

But apart from such exceptional cases there has been a tendency to increase of population in rural districts in almost all parts of the country. I find that in 476 rural districts in England and Wales the population has increased, while in 181 it has diminished. In some counties, as Berkshire, Surrey, Middlesex, Hampshire, Monmouthshire and Cheshire there has been an increase in every Rural District, and Rural Districts of declining population have formed the majority only in a few counties in which staple industries are in a depressed state at the present time, as Cornwall, Cumberland, Hereford and some of the Welsh counties. The rural districts are, therefore, we may hope, looking up.

The members of the Home Counties Branch of the Society of Medical Officers of Health are in a position to congratulate themselves that in the part of England under their charge the

death-rate is lower than in any other. The territorial boundaries of the Branches are not, I believe, rigidly defined; but I have taken the "Home Counties" to include Middlesex, Essex, Berkshire, Surrey, Kent, Hertfordshire and Buckinghamshire, the Southern Branch to include Sussex, Hampshire and Dorset, and the Eastern Branch, Suffolk, Norfolk, Cambridge, Huntingdonshire and Lincolnshire.

The Registrar General's Annual Report for 1909 and his Annual Summary for 1910 enable us to give the crude death-rate in the provinces of the several Branches of the Society approximately as follows:—

Area of Branch.	1899--1908.	1909.	1910.
Home Counties ...	13·8 ...	12·3 ...	11·0
Southern ...	14·3 ...	13·4 ...	12·4
Eastern ...	15·3 ...	14·1 ...	13·4
London ...	16·3 ...	14·2 ...	12·7
Midland ...	16·0 ...	14·6 ...	13·0
West of England and			
South Wales ...	16·1 ...	14·7 ...	14·0
West of England ...	15·1 ...	14·0 ...	13·0
South Wales ...	17·4 ...	15·7 ...	15·4
Yorkshire ...	16·8 ...	14·6 ...	14·2
Northern ...	17·8 ...	15·3 ...	14·7
North Western ...	18·1 ...	16·2 ...	14·8

The modesty of the members of the Branch will no doubt prevent their claiming that this happy position is in any way due to their own superior efficiency, but it will be interesting to endeavour to ascertain how it may be accounted for. More particularly an explanation is needed of the extremely low death-rates recorded in the large urban districts around London. In those given by the Registrar General in his Annual Summary among the 77 great towns, the death-rate in 1910 per 1,000 estimated population varied from 7·7 in Hornsey, to 11·7 in West Ham. But as a continuous death-rate of 10 per 1,000 inhabitants would mean that every person lived on an average 100 years, it is obvious that there must be a fallacy somewhere.

In the first place, the recent Census has shown that in most of these districts the population on which the death-rates for 1910 were calculated has been over-estimated, the rate of increase which prevailed between 1891 and 1901 not having been maintained during the last decennium. Calculating the death-rates on the Census figures of population, a death-rate of 7·7 in Hornsey becomes 9·3; 8·9 in East Ham becomes 10·8; 9·8 in Walthamstow becomes 10·8; 9·9 in Reading becomes 11·2; and 11·7 in West Ham becomes 12·4. (On

the 1910 revised population they would be somewhat higher).

These rates, however, are still very low, and this is largely accounted for by the circumstance that the inhabitants of these districts contain among them a large proportion of young adults with families of children, *i.e.*, of persons at the ages when the death-rate is lowest. In order to make an accurate comparison with the country as a whole, a factor of age and sex distribution must be applied. This factor, as given by the Registrar-General upon the basis of the Census of 1901, is above unity for all these districts, being for Hornsey as high as 1·14. The corrected death-rates are therefore higher than the crude death-rates; thus, that of Hornsey is raised from 7·7 to 8·8; of East Ham from 8·9 to 9·5; of Walthamstow from 9·1 to 9·6; of Reading from 9·9 to 10·2; and of West Ham from 11·7 to 12·5. Applying the factors of correction to the death-rates calculated on the 1911 Census figures, they become, Hornsey 10·3, East Ham 11·5, Walthamstow 11·4, Reading 11·5 and West Ham 13·2.

But even these rates would imply an average duration of life of 75 to 100 years, so it is evident that all the deaths are not brought into account. The apparent death-rate of a district would obviously be unduly lowered if deaths of persons who had been counted among the population habitually took place in another district and were not included in their own district; but the death-rates as given by the Registrar General are corrected for deaths of persons belonging to the district which occur in other districts. But, in a district of increasing population in which the infant mortality is not excessive, an effect similar to that of the non-inclusion of deaths of residents occurring in other districts is produced by the postponement of deaths of the younger generation to future decades. Assuming for the sake of simplicity that the increase of population is due to excess of births over deaths and not to immigration, it is evident that in any given year the number of young persons whose deaths according to the life-table will not, on the average, be due for many years, must exceed the number of persons whose deaths, according to the life-table, are due this year and who were born in previous years when the population of the district, *ex hypothesi*, was smaller; and the excess will be greater in proportion as the population of the district is the more rapidly increasing.

But apart from the paradoxically low apparent death-rates in the urban districts of the Outer Ring, the death-rate of the Home Counties area is, as a whole, less than that of any other similar area in England and Wales, and this is not due to over-estimation of the population, which, in the whole area, is shown by the Census to be slightly greater than had been estimated. I am inclined to think that the causes of the lower mortality are partly social. An acquaintance with both North and South has led me to think that the South country people are, on the whole, more civilised; that, comparing similar social classes, there is in the South more personal attention to matters of health and more care in dealing with infectious diseases, and that the South country working-class woman is, on the whole, a better housewife, so that in spite of the higher wages and greater purchasing power in the North, the standard of domestic comfort is higher in the South.

The South in relation to health has probably an advantage over the North in the way of occupations, but rather by reason of the habits of life engendered than by the direct effect of the occupations. The Home Counties have a lower death-rate than the agricultural counties of the Southern, Eastern and West of England areas.

The Home Counties and the South of England generally are free from two unsanitary institutions of the North, viz.: back-to-back houses and midden privies. The old-fashioned vault privy of the South is offensive enough, but it does not seem to have the same power of propagating enteric fever as the Northern midden privy, perhaps through being less open to the access of flies and less liable to disperse dust. In the South-East of England, including the Home Counties, the water supply is generally hard, in the North and North-West soft.

In my opinion, the healthiness of the Home Counties is largely due to the circumstance, that—as pointed out by Dr. Thresh in the case of Essex—the bulk of the population in the urban districts live in modern well-built towns, the development of which has been regulated by bye-laws which have secured streets of good width and houses with a fair amount of open space about them. We have, in the Home Counties, few ancient walled cities, or crowded towns built in the days of unrestricted industrialism and *laissez faire*. The new towns or new parts of towns which have sprung up around London have also, as a rule, been from the first sewered and provided with a public

water service, and water-closets have been generally adopted, so that these places have not gone through the stage of soil-polluting privies and cesspools and of shallow wells, to which the past unhealthiness of Northern towns has been largely due, and the evils of which are so difficult to remedy.

A MEAT FACTORY CAUSING NUISANCE.—At the West London Police Court on December 1st, before Mr. Fordham, the Excel Company Limited, a meat table delicacies firm, were summoned in respect of an alleged nuisance at their factory in Hammersmith Road. The chief witness for the prosecution, which was conducted by the Hammersmith Borough Council, was Mr. Richard Brinsley Sheridan, a barrister, residing at Russell House, which adjoins the factory, and he complained that the inmates of Russell House had been seriously annoyed and, in fact, made ill by the smells that came from the factory. Evidence was given for the defence by Dr. Collier, the Medical Officer of Health of Hammersmith, to the effect that, having received complaint from Mr. Sheridan, he and his sanitary inspectors made repeated visits to the spot, but could detect nothing that could be properly described as a nuisance, though it was possible that some people might object to the smell which came from the factory. Dr. W. H. Willcox, senior analyst to the Home Office, gave evidence that the factory was kept in excellent condition, that the foods cooked were wholesome and sound, and that the equipment was the best that could be devised. Mr. Fordham, in giving his decision, observed that, no doubt, some of the evidence for the prosecution was greatly exaggerated, but it was clear that a smell did exist, and was of a kind and a degree which was objectionable to many persons. He himself had, at the suggestion of the defence, visited the factory, and he certainly found nothing unfit or objectionable for human food; but he experienced a very disagreeable smell—like that of steaming grease—and it had such an unpleasant effect on him that two hours later he could scarcely eat his dinner, and he could truthfully say that the smell remained with him next day. He was satisfied that a smell amounting to a nuisance did exist, and further, that the company did not take the best practicable means to prevent the effluvia. He convicted the company, and imposed a penalty of £10. He must say that those who took the present proceedings—forced to do so by Mr. Sheridan—might have acted months ago, and he was surprised that the Hammersmith Borough Council had allowed a nuisance to exist for so long without taking action. He therefore refused to grant any costs.