

# REPORT

OF

*The Leeds*

BOARD OF HEALTH,

MDCCCXXXIII.

---

PUBLISHED BY ORDER OF THE BOARD.

---

*Leeds :*

PRINTED BY HERNAMAN AND PERRING,

AT THE INTELLIGENCER-OFFICE.

—  
1833.

LEEDS BOARD OF HEALTH.

*Court House, Leeds,  
Monday, Jan. 21, 1833.*

At a meeting of the Leeds Board of Health, held here this day, Doctor Thorp in the Chair, in the absence of William Hey, Esq. the President of the Board—

RESOLVED UNANIMOUSLY,

1. That the Report presented to the Board by Medical Gentlemen of the town\* be received and adopted.

2. That the condensed Report by Mr. Baker, now read, be received, adopted, and printed, and that copies of the same be laid before the General Board of Health, and the Secretary of State for the Home Department.

3. That as the facts communicated in the said report are applicable to all large towns, this Board is of opinion that a General Act of Parliament for sewerage, draining, cleansing, and paving, would prove a public benefit.

4. That the Chairman of this Board be requested to address the Home Secretary of State on the subject referred to, and to correspond with persons in other towns who may be disposed to co-operate in the attainment of a General Act.

John Marshall, Jun. Esq. M.P., who was present and joined in the proceedings, undertook to wait upon the Board of Health and the Secretary of State for the Home Department, personally, and to call their particular attention to the important facts and arguments contained in this pamphlet.

\* See next page.

## MEDICAL REPORT

(REFERRED TO IN THE PRECEDING RESOLUTIONS.)

*Leeds, January 16th, 1833.*

At a Meeting of the Medical Men of Leeds, held in the Court-House, on Wednesday the 16th of January instant, pursuant to a circular issued by the Secretary, and by the desire of the Board of Health, Dr. Thorp in the chair, the following Resolution, moved by Dr. Williamson and seconded by Mr. Garlick, was unanimously agreed to, viz. :—

“ That we, whose names are undersigned, are of opinion that the streets in which malignant cholera prevailed most severely, were those in which the drainage was most imperfect; and that the state of the general health of the inhabitants would be greatly improved, and the probability of a future visitation from such malignant epidemics diminished, by a general and efficient system of drainage, sewerage, and paving, and the enforcement of better regulations as to the cleanliness of the streets.”

### Physicians.

R. W. D. THORP, M.D.  
JAS. WILLIAMSON, M.D.  
A. HUNTER, M.D.

CHAS. CARR, M.D.  
DISNEY THORP, M.B. *Contab.*  
GEORGE WILSON, M.B.

### Surgeons.

WILLIAM HEY.  
THOS. CHORLEY.  
SAM. SMITH.  
WILLIAM HEY, JUN.  
R. C. BATTYE.  
J. P. GARLICK.  
W. PRICE.  
ROBERT WILSON.  
O. BROOKE.  
BENJAMIN MUSGRAVE.  
S. HARE.  
JOSEPH BECKETT.  
R. TAYLOR.  
J. T. RICHARDSON.  
JNO. WALKER.  
WILLIAM HAY.  
WM. WILDSMITH.  
T. P. TEALE.  
ROBERT ATKINSON.

THOS. S. RUSBY.  
JOHN RICHARDSON.  
J. WARD.  
WILLIAM R. CASS.  
O. BROOKE, JUN.  
JOSH. TEALE SIGSTON.  
R. D. PAWSON.  
CHAS. W. SCHOLEFIELD.  
JOHN D. HEPWORTH.  
WM. CASSON.  
R. G. HORTON.  
J. MACKENZIE TAYLOR.  
SAM. HEALD.  
CHAS. NELSON.  
BENJ. KEMPLAY.  
GEORGE MORLEY.  
HENRY CHORLEY.  
JAS. CLOSE.  
ROBT. BAKER.



# REPORT.

---

TO THE MEMBERS OF THE LEEDS BOARD  
OF HEALTH.

*Leeds, Jan. 3, 1833.*

Before the Board of Health conclude the labours in which they are now engaged, I beg, as one of the District Surgeons, to present to them a summary report of the rise, progress, and decline of the Cholera, as it has affected Leeds and its vicinity under their cognizance and control.

Accompanying this Report, are a Map and Schedule, on the former of which are depicted the streets, sewered and paved by the town—(coloured blue,)—by private individuals—(yellow,)—the townships—(green.) The strong black lines denote the river and water-courses; the smaller lines in the middle of the streets point out the common sewerage, and, of course, by the colour of the street, it will be perceived whether it is public or private. The red colour marks only the districts in which the Cholera prevailed.

In presenting this report I trust I shall not be considered as assuming to myself the exercise of an improper function. The Board, I hope, will give me credit for only wishing to afford to them, at the close of their arduous duties, the information I have obtained, (and which is both of local and general interest) at a considerable expense both of time and labour, and by a diligent survey of all the places to which both the Map and Schedule have reference.

In Leeds, the Cholera was preceded by a general tendency to bowel complaints. Throughout the month of May, and in the latter part of it especially, violent diarrhœa was not at all uncommon.

On the 26th of this month, wind E. N. E. the first case of pure Cholera occurred in the Blue Bell Fold, (a small and dirty *cul de sac*, containing about 20 houses, inhabited by poor families, many of whom are Irish,) rendered remarkable by the extent and fatality of an epidemic disease which raged in Leeds some years ago, and which, if it did not commence in this alley, was at least exceedingly prevalent there. To those who know nothing of the Blue Bell Fold, excepting by report, its relative situation may be a matter of curiosity. It lies on the North side of the river, in an angle between it and an offensive beck or streamlet which conveys the refuse water &c. from numerous mills and dyehouses on its course for the distance of at least a mile and a half. It is inhabited by operatives, whose means of subsistence, too frequently limited and deficient, were peculiarly so at this period, in consequence of the check given to trade by the dread of propagating the disease through the medium of manufactured commodities. On inquiry I found that the income of one family of eight persons, of whom five were upgrown, and of whom four died in succession at the very commencement of the disease, had not averaged more than twelve shillings per week for the four preceding months. The labouring part of the community must have been at this time in unusual distress: for I find, upon inquiry, that the average payments to out-poor at the Workhouse, during the first six months of 1832, exceeded the same six months of 1831 by £1785. 1s. 6d., though the bills of mortality for 1832, as compared with the average bills of mortality for 1829, 30, and 31, as far as the parish-registers can assist in the investigation, give a decrease in the population of this township of 577.



The first case occurred in a child, two years of age, of Irish parents, which, having been in perfect health on the preceding day, became suddenly ill on the morning of the 28th inst. and died at five P. M. of the same day. It is true that at this time the Cholera prevailed at Goole and Selby, lower down the river, but by the most careful inquiries, I am not able to trace any connection between those places and Leeds by which the disease might have been communicated to this child; on the contrary, its age, its situation, and other circumstances, forbid the possibility of such an occurrence.

On the following day, another child, the play-fellow of the preceding, was attacked and died in about twelve hours. The distance between the residences of these two children is but a few yards, and, moreover, they were at play together on the day the first was attacked. This would have looked something like contagion, had it not happened that in the course of the week three cases occurred in individuals at a considerable distance from the Blue Bell Fold, where there had been no connexion with the former families. The disease then ran through the Blue Bell Fold, spread with considerable rapidity over those parts of the town which have been affected, became general in the beginning of July, was at its height in August, and the Board of Health ceased to have reports from its district surgeons on the 12th of November.

It is not the object of this report to discuss the difference of opinion which exists among medical men as to the contagious or epidemic nature of this disease, but to call the attention of the Board of Health, while the members yet possess an official character, to the general state and condition of the town of Leeds, as respects those causes which are admitted on all hands to be conducive to the propagation of such diseases as put on the appearance of epidemics, and are pestilential and fatal to every community amongst whom they happen to arise.

To this end I am warranted in submitting a few facts to the notice of the Board, shewing, I think, demonstratively, that the disease has prevailed, at least in Leeds, most particularly in those parts of it where, from a want of local cleanliness and ventilation, a malignant state of the atmosphere was likely to obtain. In such situations the epidemic malaria seems to have invested the dwellings of the inhabitants; for I find upon reference to the schedule that in 53 families two persons were attacked in the same house at the same period of time; in seven families five persons; in three, four; in one, five; and in one, seven. If these distinct attacks upon members of the same family depended entirely upon contagion, how happens it that we so rarely find cases recorded of two persons being attacked in the same habitation, situated higher, where the miasm does not exist, and where proper attention is paid to cleanliness and ventilation? Yet we have abundant instances, particularly in the cases of two individuals, both the fathers of large families, and both residing in the higher parts of the town, dying of Cholera, in its most aggravated form, but not communicating the disease to any of the survivors. And again, we have had three or four cases in those parts of the town where nuisances still prevail, since the Board of Health ceased to have reports, but without the appearance of its present diffusion. If the total of the double numbers (165) beforementioned, be subtracted from the general total 1817, there will remain 1652 isolated cases, where, as in the Workhouse, amidst a population of whom many may not unreasonably be considered as habitually predisposed to epidemic diseases, yet having the advantages of cleanliness, good diet, and many comforts unknown to out-paupers, although so many persons were attacked, two cases did not occur in the same room.

Leeds, situated for the most part in a valley, and in land remarkable for its tenacity, intersected by many small streams, corrupted in their courses by both animal and



vegetable putrefactive matter, so accumulated as long ago to have obliterated all traces of their former level, subjected to no regulation by which they may be cleansed, and gradually allowing the prescriptive right of common sewerage for all the mills and other privies which can be built along their sides, has suffered materially by a disease which has ever prevailed under such circumstances of situation. The record of the Leeds Board of Health presents, it is my belief, but very little of any thing else than what might strictly be termed malignant Cholera,\* yet how small a portion of its inhabitants escaped without some affection of the bowels, not unlike the ordinary endemic of Autumn, when the more formidable disease was in the midst of its career.

In a large manufacturing district, and amidst a population of 76,000 persons, to find only 68 streets, upon the state of whose pavement any dependence can be placed; that not more than 14, and those for the most part in the higher parts of the town, have thorough common sewers; that but 59 streets are cleansed by the scavengers, and the rest left to any chance, by which their condition may be improved, most of them unsewered, undrained, unpaved, formed upon clayey land, and broken up by vehicles of every description, the only wonder is, that diseases of a pestilential character do not oftener and more fatally prevail; more especially if Sydenham's observation be correct, that "epidemic diseases depend upon a certain constitution of seasons, which owes its origin to neither heat, cold, dryness, nor moisture, but to a certain secret and inexpressible alteration in the surface of the earth, whence the air becomes impregnated with such kinds of effluvia as subject the human body to such kinds of distemper so long as that constitution prevails."

\* In some places, Cholera, and the Diarrhoea of Cholera, were introduced.



In Leeds, there is indeed alment enough in the thousands of stagnant and exhalant surfaces from whence such a condition of the atmosphere may arise.

If the Board will refer to the map which accompanies this report, they will at once see how exceedingly the disease has prevailed in those parts of the town, where there is a deficiency, often an entire want of sewerage, drainage, and paving; and what must be the opinion of the town on the condition of such places, when I mention the fact that in three parallel streets, which are neither sewered, drained, paved, nor cleansed, in one division of the town, occupied entirely by cottage dwellings, with cellar dwellings to boot, for a population which I have taken by house row of 386 persons, there are but two small single privies, and these in such a state as to be totally unavailable. I am bound to mention this fact, though I withhold the name of the proprietor, and, I am also bound to state, this is by no means an uncommon occurrence. In such streets as these, and in places where such nuisances are found, the Board will perceive the highest lists of cholera attacks. Of these I may particularly instance, Boot and Shoe Yard, Baxter's Yard, Quarry Hill, Cherry Tree Yard, Goulden's Buildings, Lemon-street, Marsh-lane, Fleece-lane, and Lee's Yard, in one of which 52 cases occurred, and in another 45; the remainder varying from 7 to 17. I cannot help here quoting an observation made by Sir John Pringle in his treatise on the diseases of the army. He says, "The chief cause of dysentery appears to be the foul straw and the privies; for as soon as we had left that ground on which we had been long encamped, the sickness visibly abated." And again he says, "The greatest source of dysenteric affections appears to be the privies:" and again, speaking of bad air as producing epidemics, he systematizes the mediate agents thus—"1st, Marsh Effluvia. 2dly, Encampment near trees. 3dly, The privies

and foul straw of a camp; and 4thly, A pent, corrupt, and vitiated atmosphere."

I do not wish to dwell on details so repugnant and disgusting, but I am justified in asserting, that I never but once met with a town, where in certain parts, so large a quantity of offensive matter was allowed to accumulate in the streets, and where the cholera ranged so nearly in proportion to the population, as it has done in Leeds.

I now call the attention of the Board of Health, to that part of my report, which, with deference, I consider to be of the first consequence, to the healthful state of any community, much more a manufacturing one like ours, I mean the absence of good common sewerage, drainage, and pavement in our numerous streets, not only to remove the top water, but also the refuse water from the dwelling houses.

In streets, which are destitute of proper common sewerage, drainage, and pavement, there have been 1,203 persons attacked exclusive of those in the out-townships. I need not say, that such congregations of human beings, as are to be found in Quarry Hill, Marsh-lane, Boot and Shoe Yard, &c. not only require attention to the nuisances before mentioned, but that for all such places, a common sewer is essentially necessary.

The cause of an epidemic disease may depend upon the egesta here and there scattered from patients labouring under such complaints, with as much if not more probability than actual contact.

At the bottom of the Boot and Shoe Yard, a fetid water course, commencing in Vicar-lane, and traceable upon the map, receives much of the soil from George's-street and Court, Boot and Shoe Yard, and other places in its vicinity, all on the north side of Kirkgate. Along this line these yards and streets were more or less affected by the disease, which attacked not fewer than sixty persons. Compare for one moment Kirkgate with Briggate, sewered, paved, and cleansed, give them the same number of inhabitants,



but to Briggate the advantages of under drainage, ventilation, and cleanliness, and you will have an effect for which there is no other assignable cause.

It may be said that Briggate ought not to be compared with Kirkgate, the latter being in a much lower situation, and its inhabitants in the aggregate a shade lower in condition; but that shade in condition will not alter the fact, that if situation is to have weight in this instance, both sides of the streets ought to have been affected alike, which was not the case, for only eight attacks occurred on the south side of the same street.

Again, take the Lower North East division, where all but three streets are more or less in a stagnant condition, where the refuse of the houses is too frequently thrown into them, forming channels or pools in various directions where there are but one whole and three parts of common sewers, which are private property, for the whole district, where what little pavement there is, save in the above three streets belonging to the town (which alone are cleansed), is every where broken up, and where the scavenger never makes his appearance; and here the record shews 283 cases to have occurred.

Again, take the East and South-East Divisions, and divide them; 1st, into the streets which are sewered, paved, and cleansed; and 2dly, into those which possess none of these advantages, and see how the question stands.

|                                                           | Private Com. Sewer. | Is Paved by the Town | and Cleansed. | Cases. |
|-----------------------------------------------------------|---------------------|----------------------|---------------|--------|
| Mill-street .....                                         | §                   |                      |               | 14     |
| § of Richmond-road .....                                  | not.                | do.                  | do.           | 8      |
| Richmond-street .....                                     | not.                | do.                  | do.           | 3      |
| § of Marsh-lane .....                                     | not.                | do.                  | do.           | 26     |
| Pomfret-lane .....                                        | not.                | do.                  | do.           | 7      |
| East-street .....                                         | partly T.           | do.                  | do.           | 7      |
| Timble-bridge .....                                       | Ss.                 | do.                  | do.           | 5      |
| Wheeler-street .....                                      | Ss. P.              | Part P.              | not.          | 3      |
|                                                           |                     |                      | Total .....   | 73     |
| In streets unsewered, unpaved, undrained, uncleaned ..... |                     |                      |               | 489    |

The above seven streets may not unreasonably be considered as containing one-half of the population of the two divisions, with more of congregation, certainly. Then there have been 73 cases in streets having the advantage of part sewerage, drainage, and pavement, and 489 where none of these advantages are found. In the Wellhouses, at the top of Mill-street, a large building, having several flats for different families, the disease broke out in the first story. The matter ejected from the patients was thrown down the sink into a sump hole, over which there were persons residing who did not take the disease till this time. Here were then two sources of epidemy—the sump hole and the ejected matter. Under this roof there were 6 cases, 3 deaths.

From the privies in the Boot and Shoe yard (where there are but 32 houses), which did not appear to have been thoroughly cleansed, for the last thirty years, 70 cart loads of manure were removed by order of the commissioners. The formation of one of these renders it almost certain to escape observation, and to ensure such an accumulation as makes it necessary for me to mention it particularly.

In three streets in the York-road, where fever has always prevailed to a great extent, and where the Cholera was found more or less in every house, I found a drain and a sump hole under the flags for every house, perfectly, and apparently long since, stagnant.

In Fleece-lane and Lee's yard, Meadow-lane, there are privies of enormous size. In the former, in addition to the Holbeck-beck running by the lower end, there exists between two piles of buildings a surface of privy soil, as near as the eye can judge, of 10 yards by 4.

John's Place, Holbeck, where there were a great many fatal cases, is in close connection with a very offensive drain, now on a contrary level to its original course, from refuse matter uncleansed, and the water from the common



sewer on one side has been in the cellars of the inhabitants. Again if the Board look at that drain which runs by the Mint at Holbeck to Nineveh, highly stagnant and offensive in both these places, it will find the Cholera was not only very prevalent, but fatal.

Of the liability of houses in the proximity of brick-yards, I would adduce a few instances. Burmandtofts, where there were 6 cases; the streets on the left side of the York-Road, 26 cases; Bath-street, 18 cases; Woodman-street, 7 cases; Pomfret-lane and streets, 26 cases; the right side of the York-Road, 46 cases; Ellerby-lane, 29 cases, and Little Hunslet and the Folly at Holbeck suffered severely. All these places lie directly contiguous to morassy land and stagnant water, and I am assured by the owners of property in the neighbourhood of the Folly, that they are very seldom without an epidemic.

I now turn the attention of the Board to those streets in which the top water does not stand, and where there is sewerage, drainage, pavement, and cleansing. On reference to the schedule it will be seen, that in such streets, though containing in their number Marsh-lane, Kirkgate, Quarry Hill, East-street, Mabgate, Timble Bridge, part of York-street, Briggate, Richmond-street and road, Mill-street, George's-street, Hunslet-lane, Meadow-lane, *cum multis aliis*, many of which are situated in the low parts of the town, parallel with the Beck, and densely inhabited by the labouring classes, comprising probably one-half of the whole population, only 245 cases occurred. Deduct this number, with that of the cases in the out-townships, from the whole amount, and there remain 1203 cases, which have occurred in the other half of the population where there is neither common sewerage, drainage, nor pavement. I cannot take into account a street here and there, containing a sewer, which, though it be a common sewer, is private property, for other proprietors have no right to drain into such sewers,

and in nine cases out of ten, it happens that such inlets are stopped up at one time or another, and thus become absolutely worse than if no common sewer had existed, for the water stagnates in the closed sewer, and the sinks of the inhabitants soon become fetid and exhalant.

This view of the case is confirmed by all the accounts from India and other countries where malignant epidemics prevail endemically, whether proceeding from military or milito-medical authority. All writers upon the subject concur in this: whenever a station lay upon low, marshy, or damp ground, and particularly upon the banks of rivers, the occupants suffered from Cholera in direct proportion to their proximity to such unfavourable situations. In several cases it is known that where a regiment has been encamped, that part of it which lay upon high and dry ground has remained healthy, while the other has suffered from lying on morasses or river banks.

With respect to the dependence which exists between Cholera and the noxious effluvia which exhale from receptacles of undisturbed filth, I may mention a remarkable case which occurred at Clapham in 1829. According to the report of the medical gentlemen who were consulted on that occasion, and on the judgment of one whom, Mr. Pearson, F.R.S., the greatest reliance may be placed, 22 boys were simultaneously affected with all the symptoms of malignant Cholera, solely through exposure to the exhalations of the contents of a neglected cess-pool, which, from some circumstance had been accidentally opened.

I would instance, also, the difference which existed in the Cholera Hospitals of Southwark and St. George's, London, where, in the former, in a low and badly drained situation, on the borders of a stagnant ditch, most of the medical attendants and nurses suffered, while in the latter, situated on high and dry ground, though much less adapted, from its size and ventilation for the purpose,



not one is said to have been affected. I state this on the authority of Mr. Morley, Superintendent of the Cholera Hospital.

In Sunderland and Monkwearmouth, the disease was confined to the lowest, dirtiest, and most populous district near the river.

In the village of Newburn, near Newcastle, which is built on the margin of the Tyne, between which and the river there runs only a bank of mud and sand, partially covered at high water, with a shallow stream flowing through the village, there have been upwards of 325 cases, 55 deaths, out of a population of 550.

In York, the prevalence of the disease was in the water lanes, than which there does not exist dirtier or more confined streets.

In Goole, the disease commenced in a row of houses facing a stagnant marsh. Scarcely a single house escaped its influence.

There is a powerful argument which may be advanced against the idea of referring even the aggravation of this disease to the want of sewerage and drainage, and the want of cleanliness in the different localities where it has been found, viz. that the same want of sewerage and drainage has existed since their first formation, and that up to this period no such disease has ever made its appearance.

To this I would oppose the observation of Sydenham, where he says "that the constitution of years, subjecting the human body to particular distempers, so long as that kind of constitution prevails, after a certain term of time, gives way to a different one; and that each of these general constitutions is attended with its own proper and peculiar kind of fever, which never appears in any other."

This great fact is both notorious and incontrovertible, I shall therefore refrain from making numerous quotations which I have selected for its proof, and content myself with

citing a short passage from the Essay on Cholera by Mr. Bell, who has taken great pains to arrive at its origin. "According to the most authentic information," says this gentleman, "Epidemic Cholera first broke out on the banks of the river Barumpooter, at Mymensing, in latitude  $20^{\circ} 40'$ , and long.  $90^{\circ} 15' E.$  in May, 1817, and during June and July, it prevailed over the whole of that district. On the 11th of July it broke out at Patna, 500 miles from Mymensing. In August, 1817, it was at Calcutta; and on the 17th of that month it was at Silbet, 325 miles east of Calcutta. On the 19th it was at Jessore; and by the middle of September it had extended over six degrees of latitude and eight degrees of longitude. In six weeks more it had extended six more degrees of longitude, having reached the Sind. Take the centre of the space over which the disease so rapidly extended itself in the autumn of 1817, and let a circle, described from that centre, embracing any of the stations at which the disease broke out, and its simultaneous appearance at all the points equidistant from the central point will be very remarkable, viz. Sagapatam, due south; Nagpoor, south west; and Etawah on the north west, are each of them about seven and a half degrees distant from the centre point; and the disease will be found to have reached all those places very nearly in the same day, viz. about the middle of May, 1817."

This simultaneous breaking out of the disease in Hindostan is exceedingly remarkable, for its progress everywhere since then has been erratic though eccentric."

On inquiry into the peculiarity of the season of this year in the countries where the disease made its appearance, we learn "that it originated after an unusual disturbance of the seasons, with respect to the alternations of heat and moisture; that it made its appearance after a rainy season so excessive that the Gangetic Delta was converted into a sheet of water: and that in its diffusion over Hindostan



its progress was marked by circumstances somewhat similar to those which attended its origin."

That a disease which commenced in Hindostan should prevail in England, having the same characteristics, and requiring the same treatment, where so great a difference in habit and constitution may be supposed to exist, appears at first sight somewhat unaccountable; and yet I see no more reason why this should not be, than for 'twilight, which before did not exist in India, to be now as distinct as in Europe, and increasing in length, in proof of that change in climate which is now observed to take place all over the world,' and to which the attention of meteorologists has recently been directed.

"The majority of the severe contagious diseases," says Mr. Kennedy, "which have from time to time afflicted Europe, were imported from the East. The small pox was known for generations in China, before it made its way to the West in the middle of the sixth century, and after a long train of remarkable disturbances in the seasons, the malignant sore throat, previously unknown in Hindostan but by name, made its appearance in that country at the same time that the malignant Cholera had its rise—proving that in some way every age may be expected to modify the registered maladies, as it modifies the habits and genius of the inhabitants—and new diseases may be expected to arise, and old diseases to decline, as a natural consequence of the physical and moral condition of the people."

I could have enumerated other corroborative instances in addition to those I have here advanced. In all the writings of authors upon Cholera, such instances abound. But I conceive my object is attained. I think that I have made out a case sufficiently strong to warrant the presumption, that, whether this disease be sporadical, epidemical, or endemical—whatever may be the secrete cause, there is evidence enough before this Board of the condition of some

parts of the town of Leeds in which it may be latently maintained.

In bringing this report to a close, I cannot refrain from noticing, that whilst the inhabitants of almost every part of the town contribute their proportion to the Improvement Rate, so few streets are regularly cleansed; and that in a town like Leeds, where, in so many parts, it teems with human life, and where the operatives are congregated together in small and narrow streets, so little attention is paid by the owners of cottage property to their cleanliness and ventilation. I must further observe that it does seem somewhat of an anomaly that, while so many contribute to the maintenance of the highways, Knowsthorpe-lane, Buslingthorpe-lane, Woodhouse Carr and Moor, and the Burley road, should be paved or kept in a proper state of repair by the surveyors of the highways, whilst such streets as Bridge-street, York-street, and Regent-street, now in the heart of the town, and in the midst of its densest population, should be so far without the pale of their jurisdiction.

It is exceedingly to be regretted that it is not compulsory on the proprietors of property to make good common sewerage in the commencement of new streets and dwelling houses, and that paving and draining should not precede the building itself. If the general health be of importance, these preliminaries appear to be essentially necessary. As defective drainage, to which so many evils are to be attributed, is by no means confined to Leeds, it seems a subject worthy of legislative attention. If health were out of the question, for the sake of comfort, good order, and proper discipline, a strict regard to the habitations of a town is absolutely requisite. If our streets are not properly cleansed, we can hardly expect much cleanliness in either the dwellings, the habits, or the manners of the people.

In the remainder of the Schedule much matter of information may be found; and my acknowledgments are due



to Mr. Evers, at the workhouse, Mr. Collison and Mr. Morgan, Town's Surveyors, Mr. Heselton, and Mr. Fowler, land-surveyor, for much local information.

I have endeavoured to be accurate by a personal survey of all the places which are marked upon the Map and entered in the Schedule: and I entertain a lively hope that some very speedy and vigorous efforts will be made to obtain a national, or, at the least, a local Act of Parliament, which shall embrace the important objects now brought under your consideration.

I am, Gentlemen,

Your's, most obediently,

**ROBERT BAKER,**  
District Surgeon.

*January 3d, 1833.*

CHOLERA

Plan of Leeds

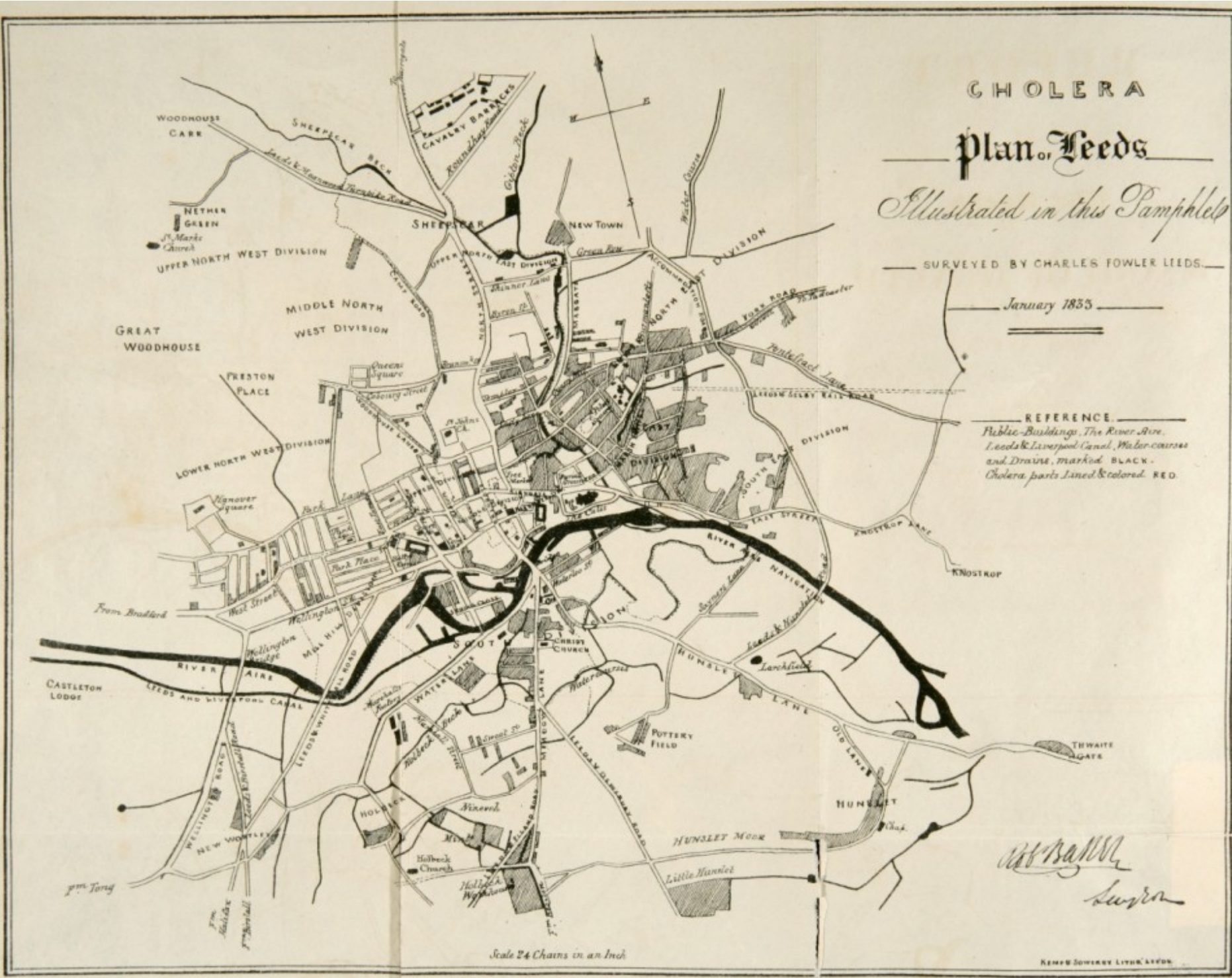
Illustrated in this Pamphlet

SURVEYED BY CHARLES FOWLER LEEDS.

January 1835

REFERENCE

Public-Buildings, The River Aire, Leeds & Liverpool Canal, Water-courses and Drains, marked BLACK. Cholera parts lined & colored RED.



Scale 24 Chains to an Inch

*Handwritten signature*  
Super