Annual report of the Metropolitan Asylums Board, 1900 : (in two volumes). Vol. 2, Fifteenth report of the Statistical Committee with appendices.

#### **Contributors**

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# ANNUAL REPORT-1900

(IN TWO VOLUMES).

VOL. II.

## FIFTEENTH REPORT

OF THE

# STATISTICAL COMMITTEE,

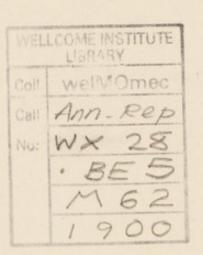
WITH

APPENDICES.

PRICE FIVE SHILLINGS.

LONDON:
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1901.







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APPENDICES.



LONDON:

MCCORQUODALE & CO., LIMITED, CARDINGTON STREET N.W.

# ANNUAL REPORT-1900

### ERRATA.

### Reports for 1899 :-

- (1) The post-scarlatinal diphtheria return on page 219 of this volume was omitted from page 174, vol. II., 1899.
- (2) Substitute the following figures in respect of the South-Eastern Hospital, on pages 180-1, vol. II., 1899:—

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Cases.		Deaths.		Mortality.
157		36		22.9
	Injected	with An	titoxin.	*
156		35		22.1
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### STATISTICAL COMMITTEE.

1900-1901.

## Chairman—SIR V. H. B. KENNETT-BARRINGTON, 57, Albert Hall Mansions,

Kensington Gore, S.W.

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Ex Officio Members.

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Office of the Board—Victoria Embankment, London, E.C.

### STATISTICAL COMMITTEE

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Cancellar V. H. B. KENNET-BARRINGTON. 57, Abert Hall Mandons.

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Mr. R. Brandanki Mana, Virte to the Bond.

# REPORT OF THE STATISTICAL COMMITTEE FOR THE YEAR 1900.

To the Managers of the

Metropolitan Asylum District.

22nd May, 1901.

We submit our report for the year 1900 upon the statistics concerning:-

- The notification of cases of infectious disease in the Metropolis;
- (2) The work of the ambulance service; and
- (3) The inmates of the various institutions under the Managers' control.

#### i. INFECTIOUS DISEASES.

Notification (1.) During the year there were notified in the Metropolis Statistics. 35,247 (42,285)\* cases of infectious disease. Of these, 30,243 (36,338) were legally admissible to the Managers' hospitals. The remainder—mainly cases of erysipelas, but including also 237 (326) cases of puerperal fever—were not admissible. Out of the 30,243 admissible cases, 21,361 (24,732)† cases, or 70.63 (68.08) per cent., were actually admitted.

Since 1890, the first complete year in which compulsory notification was in force, the proportion of admissions to the total number of legally admissible cases has been as follows:—

1890	 33.59 per	cent.	1896	 52.37 per cent.
1891	 36.69	,,	1897	 58.50 ,,
1892	 43.17	,,	1898	 65.50 ,,
1893	 36.91	,,	1899	 68.08 ,,
1894	 52.23	,,	1900	 70.63 "
1895	 50.31			

Table A, pp. 13-14, shows the number of notifications of, and deaths from, those notifiable diseases which are admissible to the Managers'

<sup>\*</sup> Italic figures in brackets throughout are the corresponding figures for 1899.

<sup>†</sup> Including 18 cases detained for observation at South Wharf, but excluding Tottenham and other extrametropolitan cases shown on pp. 22 and 106.

hospitals, the ratio of such notifications and deaths to the population, the number of notifications of other notifiable diseases, and the grand total of cases notified during 1900.

The increase in the ratio of diphtheria to scarlet fever, which has been a marked feature for some years past, again shows further progress. The number of diphtheria notifications actually exceeded those of scarlet fever in 13 (7)\* different districts, viz., Fulham, Stoke Newington, Shoreditch, Bethnal Green, Limehouse, Poplar, St. Saviour's, Newington, Bermondsey, Rotherhithe, Lambeth, Camberwell, and Lee.

Facing p. 15 we give three charts tracing the course throughout the year of scarlet fever, diphtheria, and enteric fever respectively. Each chart shows week by week (a) the notifications of the disease to which it relates, (b) the admissions, and (c) the number of patients under treatment.

<sup>\*</sup> Italic figures in brackets throughout are the corresponding figures for 1899.

TABLE A.—Cases of Infectious Disease Notified, and Deaths therefrom, in London in 1900.

				2100			_	_	IS PRO	or, THO		PIABLE I	DISEASES		ARR ADM		500.					-		
	Estimated	Estimated				No	PTIFECATE	ONB.							Di	LATHS.				N	OTIFICATIO NOTIFIABLE	ns of c	THER.	TOTAL
Sanitary Authorities in whose Districts the cases were resident,	Population.	Population. 1900. Density of Population per Acre.	Smallpox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Enteric or Typhoid Fever.	Typhus Fever.	Relapsing Fever.	Continued Fever.	TOTAL NOTIFICATIONS.	Annual Rate per 1,000 persons living.	Smallpox.	Scarlet Fever.	Diphtheria (including Membranous Croup).	Enteric or Typhoid Fever.	Typhus Fever.	TOTAL DRATHS.	Annual Rate per 1,000 persons living.	Cholera.	Erysipelas.	Puerperal Fever.	TOTAL.	GRAND TOTAL OF NOTIFICATIONS
West Districts. Paddington Kensington Hammersmith Fulham Chelsea St. George, Hanover Square Westminster St. James, Westminster	130,104 173,603 110,203 136,383 96,715 81,133 51,657 21,457	104 79 48 80 122 73 63 132	562922	306 366 352 552 233 167 122 62	152 328 252 633 179 88 104 39	2 4 - 9 2 3 1	56 103 103 92 81 55 31	2 - - 1 - -	11111111	3 10 2 2 3 3 —	526 817 711 1,297 501 318 258 113	4·1 4·7 6·5 9·5 5·2 3·9 5·0 5·3	11111111	5 4 7 23 7 6 1	27 27 28 66 18 11 8	8 17 17 18 19 11 9 3	1 - 1 - 1 - 1 - 1	41 48 52 107 44 29 18 8	0·32 0·28 0·46 0·79 0·46 0·36 0·35 0·38		122 160 113 153 71 47 53 16	6 9 6 9 7 1 4	128 169 119 162 79 48 57 16	654 986 830 1,459 580 366 315 129
NORTH DISTRICTS.  Marylebone	139,777 81,766 245,651 351,541 35,718 225,519	93 36 92 113 56 68	5 7 2 - 16	382 224 658 1,084 126 695	214 156 583 628 127 614	2 4 6 9 3 7	82 50 356 265 24 228	- - 1 - 1	111111	- 1 6 - 5	685 434 1,611 1,995 280 1,566	4·9 5·3 6·6 5·7 7·9 7·0	2 - 1 -	12 4 10 25 4 19	40 31 72 105 14 59	12 9 64 49 6 43	111111	66 44 146 180 24 121	0·48 0·54 0·59 0·51 0·67 0·53		200 50 234 294 80 230	5 4 11 16 4 15	205 54 245 310 34 245	890 488 1,856 2,305 314 1,811
CENTRAL DISTRICTS. St. Giles	36,870 11,865 22,748 29,188 66,007 40,655 26,922	151 41 137 146 174 172 40		98 24 78 100 137 95 83	58 14 37 67 119 75 65	2 - 1 - 1 1	33 10 10 24 60 32 29	1111111	1111111	_ _ 1 1 _ _	191 48 127 192 318 203 177	5·2 4·1 5·6 6·6 4·8 5·0 6·6	1111111	4 -1 4 10 2 5	8 2 3 5 18 13 6	5 3 4 4 6 6 2		17 5 8 13 34 21 13	0·47 0·42 0·35 0·45 0·51 0·52 0·48		51 4 9 41 75 58 21	1 - 1 1 - 1	52 4 9 41 76 59 21	243 52 136 233 394 262 198
EAST DISTRICTS. Shoreditch Bethnal Green Whitechapel St. George-in-the-East Limehouse Mile End Old Town Poplar	120,641 128,831 82,220 48,875 58,944 113,781 170,968	186 171 218 200 127 168 73	3 4 1 7 1 1 2	328 370 399 138 172 334 493	344 391 256 114 180 289 620	10 16 5 4 - 8 25	124 153 79 65 75 119 268	_ _ _ _ _ _	1111111	2 1 2	811 935 741 328 428 751 1,416	6·7 7·3 9·0 6·7 7·3 6·6 8·3		16 12 11 6 13 7 8	57 63 19 14 17 35 115	14 18 9 10 7 22 47	11111111	87 93 39 30 37 64 170	0.72 0.72 0.47 0.62 0.63 0.56 1.00	1111111	170 234 128 85 107 176 194	8 8 6 7 2 6	178 242 134 92 109 182 204	989 1,177 875 420 537 933 1,620
SOUTH DISTRICTS. St. Saviour, Southwark St. George, Southwark Newington St. Olave, Southwark Bermondsey Botherhithe Lambeth Battersea Wandsworth Camberwell Greenwich Lewisham (excluding Penge) Woolwich Plumstead Lee Port of London	23,854 60,597 125,138 10,909 85,920 41,246 312,152 178,100 217,004 268,457 184,582 93,548 41,600 65,558 40,722	117 213 198 87 137 55 79 82 23 60 54 16 37 19 6	1 	82 251 356 87 258 102 821 545 673 818 685 417 133 298 137 4	115 216 437 14 347 107 842 309 448 890 503 307 98 237 163 17	1 5 10 — 5 6 6 6 6 6 10 119 4 1 4 1 —	27 179 101 7 120 77 273 205 153 186 177 57 23 39 18 30	ппппппппп	111111111111111111111111111111111111111	- 1 17 1 1 6 2 2	225 652 905 58 730 292 1,959 1,066 1,285 1,913 1,386 785 257 580 319 53	9·5 10·8 7·3 5·3 8·5 7·1 6·3 6·0 5·9 7·1 7·5 8·4 6·2 8·9 7·9		11 11 1 7 6 21 11 17 12 15 9 6 7	15 23 70 3 59 26 101 34 44 41 132 64 32 7 7 25 19	6 12 21 	пининин	21 46 102 4 93 42 175 77 88 177 102 55 17 41 23	0.88 0.76 0.82 0.37 1.09 1.02 0.56 0.43 0.40 0.65 0.55 0.59 0.40 0.63 0.57	- 1 - 2 - - - - - -	23 75 134 8 60 71 236 164 206 214 235 72 39 73 24 2	2 3 10 6 3 12 6 15 10 11 4 2 4	25 78 145 8 66 74 250 170 221 224 246 76 41 77 26 3	250 730 1,050 66 796 366 2,209 1,236 1,506 2,137 1,632 861 298 657 345 56
Totals	4,589,129	61	‡87	13,80)	11,776	+209	4,291	7	-	78	30,243	6-6	4	361	1,539	716	2	2,622	0.58	5	4,762	237	5,004	35,247
Percentage of the above cases admitted to the Managers Hospitals (un-corrected for mistakes in diagnosis))	_	-	-	75·15 —	72:4	8	*47-70	57·14 —	-		70-63	-	75·00 100·00	86-15 87-19				64.42		1	Percentage Mana Percenta	gers' l	deaths Iospita	in the

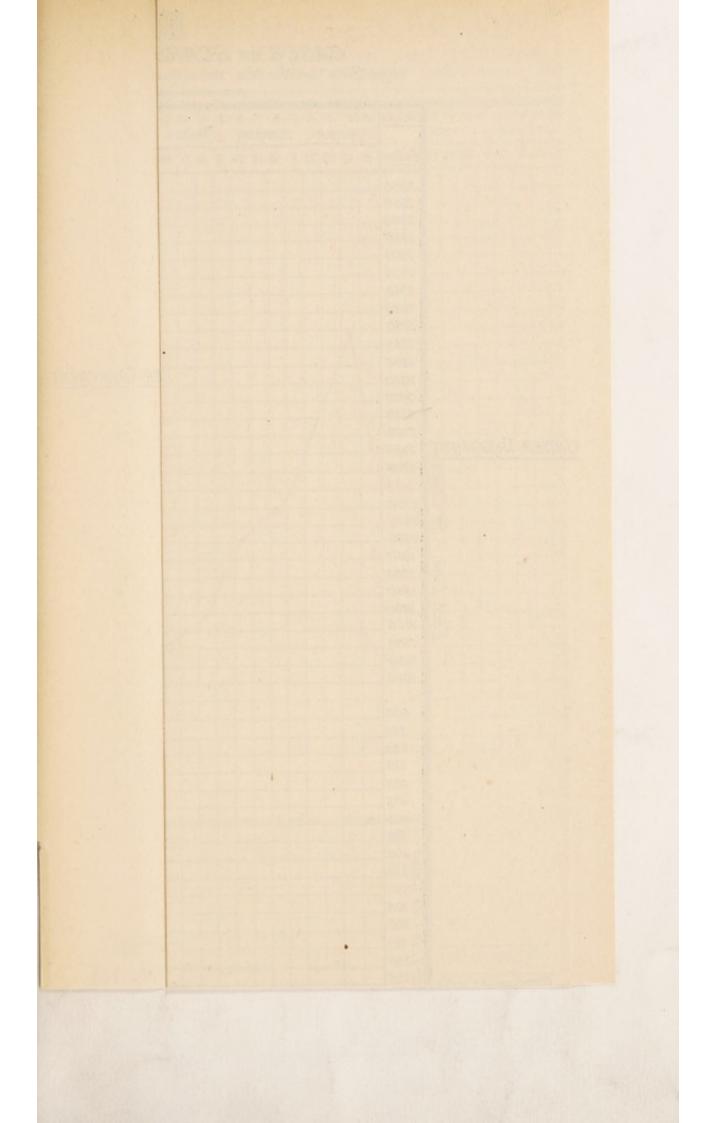
<sup>\*</sup> This does not include 201 cases admitted into general hospitals under arrangements made with those hospitals by the Managers, but if such cases be included the number of admissions will be increased to 2,248, and the percentage to 52.39.

† Only cases of membranous croup which are certified to be of a diphtherite nature may be admitted into the Board's hospitals.

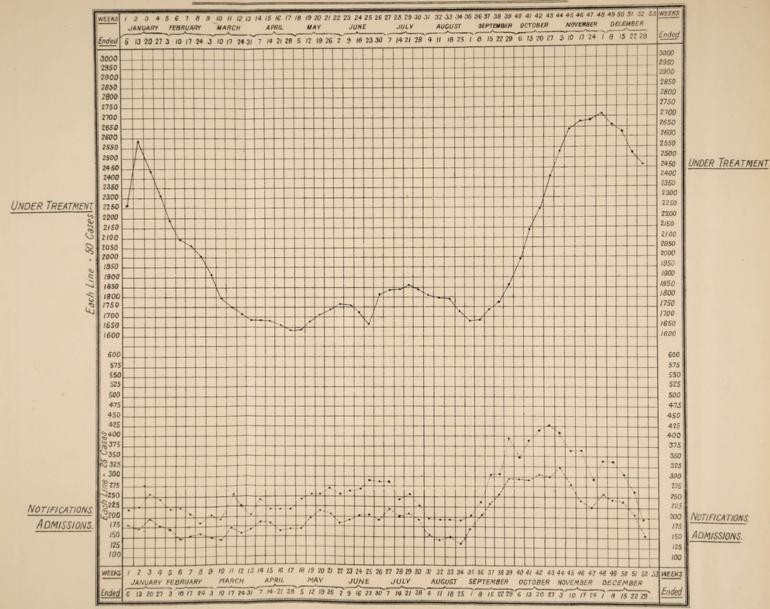
‡ 94 cases were removed to the South Wharf, but only 64 were eventually found to be genuine cases of smallpox.

§ These percentages were omitted from last year's annual report.

-

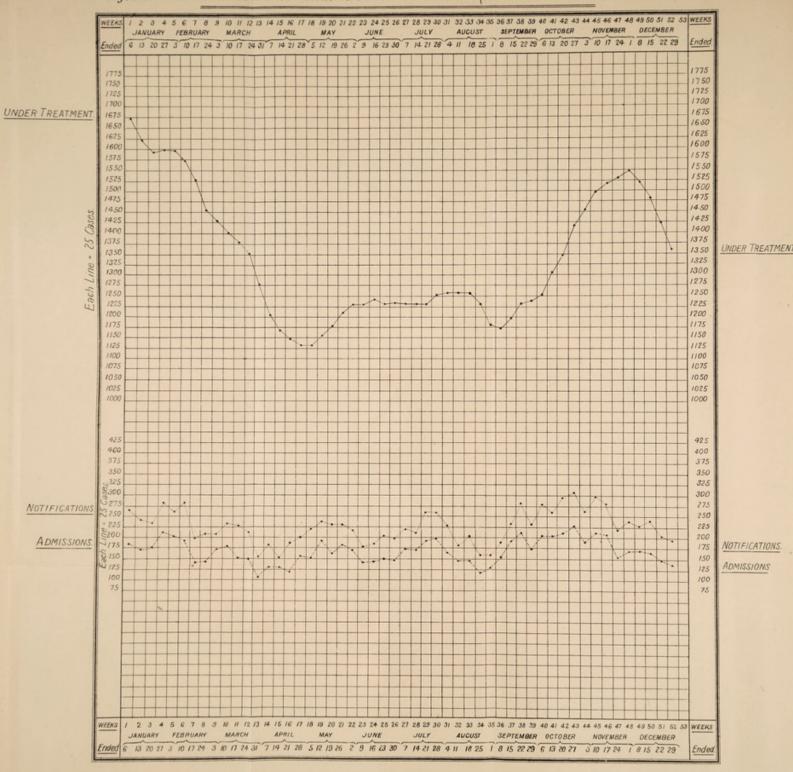


CASES of SCARLET FEVER notified and admitted during each week of 1900, together with the mean number under treatment each week (uncorrected for mistakes in diagnosis).

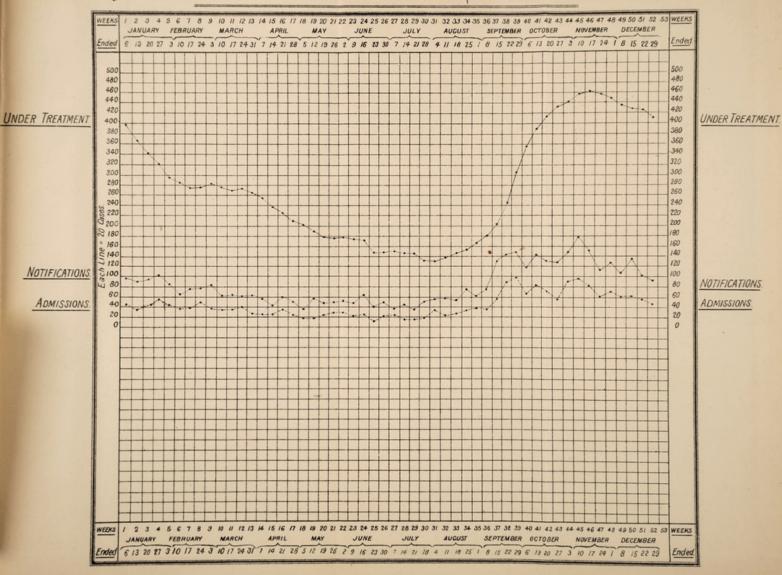




CASES OF DIPHTHERIA notified and admitted during each week of 1900, together with the mean number under treatment each week (uncorrected for mistakes in diagnosis).



CASES of ENTERIC FEVER notified and admitted during each week of 1900, together with the mean number under treatment each week (uncorrected for mistakes in diagnosis).



METROPOL

The numbers of notifications and admissions in each chart are based upon the figures in the following table:—

Table A1.—Cases of Scarlet Fever, Diphtheria, and Enteric Fever notified, Number admitted, and Percentage of Admissions to Notifications for each week during 1900.

1	WEEK	Sca	RLET F	EVER.	D	1PHTHE	RIA.	En	TERIC F	EVER.
	NDED	Notifica- tions.	Ad- missions.	Percentage of Admissions.	Notifica- tions.	Ad- missions.	Percentage of Admissions.	Notifica-	Ad- missions.	Percentag of Admission
	1000			Admissions.		-	Admissions.			Admission
	1900.	001	100	70.10	000	101	CO.17	0.5	40	17.00
1	Jan. 6	221	175	79:19	266	184	69:17	95	43	45.26
2	,, 13	225	165	73.33	248	169	68.15	89	35	39.33
3	,, 20	258	199	77.13	238	175	73.53	93	45	48.39
4	,, 27	245	176	71.84	283	212	74.91	102	55	53.92
5	Feb. 3	217	169	77.88	260	201	77:31	84	47	55.95
6	,, 10	222	145	65.32	281	192	68.33	69	36	52.17
7	,, 17	208	151	72.60	197	141	71.57	77	37	48.05
8	,. 24	185	155	83.78	209	143	68.42	78	49	62.28
9	Mar. 3	202	147	72.77	208	173	83.17	84	36	42.85
10	,, 10	191	138	72.25	238	177	74.37	62	34	54.84
11	., 17	254	173	68.11	226	152	67.26	65	34	52.31
12	., 24	226	159	70.35	216	151	69-91	61	40	65.57
13	., 31	206	165	80.10	158	108	68.35	62	28	45.16
14	Apr. 7	242	181	74.79	184	132	71.74	55	24	43.64
15	,, 14	218	178	81.65	155	129	83.29	44	24	54.55
16	,, 21	217	160	73.73	188	117	62.23	60	33	55.00
17	., 28	217	165	76.04	200	155	77.50	50	26	52.00
18	May 5	238	165	69.33	220	151	68-64	34	19	55.88
19	,, 12	256	196	76.56	238	189	79.41	54	19	35.19
20	,, 19	254	216	85.04	229	163	71.18	48	24	50.00
21	0.0	271	207	76.38	230	181	78.70	50	29	58.00
22	June 2	259	185	71.43	217	170	78.39	53	29	54.72
23		262	192	73.28	177	143	87.91	48	21	43.75
24	10	270	201	74.44	182	145	79.67	66	24	36.36
25	0.0	291	205	70.45	201	150	74.63	40	14	35.00
26	, 30	283	190	67.14	196	148	75.51	49	21	42.86
27	July 7	283	222	78.44	220	174	79-09	38	23	60.53
	14	240	200	83.33	211	172	81.52	43	17	
28	01	254	210	82.68	256	189	73.83	38	16	39.53
29		226	193	85.40		191	75.49	47	19	42.11
30	,, 28	197	148		253	167				40.43
31	Aug. 4	193	145	75:13	228		73.25	53	33	62.26
32	,, 11			75.13	178	146	82.02	57	26	45.61
33	,, 18	195	151	77-44	202	147	72.77	52	28	53.85
34	,, 25	191	137	71.73	161	118	73-29	74	32	43.24
35	Sep. 1	205	160	78.05	161	129	80.12	64	39	60.94
36	,, 8	237	197	83.12	189	156	82.54	74	37	50.00
37	,, 15	302	232	76.82	238	190	79.83	128	57	44.53
88	,, 22	306	253	82.68	284	213	75.00	142	88	61.97
39	,, 29	391	297	75.96	233	172	73.82	149	96	66.43
10	Oct. 6	349	291	83.38	278	202	72.66	117	68	58.12
1	,, 13	385	289	75.06	264	203	76.89	141	82	58.16
2	,, 20	416	304	73.08	294	212	72.11	127	74	58.27
3	., 27	426	300	70.42	307	227	70.68	126	57	45.24
4	Nov. 3	407	323	79.36	265	188	70.94	147	88	59.86
5	,, 10	363	278	76.58	299	211	70.57	179	96	53.63
6	,, 17	365	243	66.58	286	206	72.03	152	81	53.29
7	,, 24	293	225	76.79	222	153	68.92	112	62	55:36
8	Dec. 1	337	258	76.56	239	168	70.29	126	71	56.19
9	,, 8	336	242	72.02	227	169	74.45	109	63	57.80
0	,, 15	303	237	78.22	235	166	70.64	132	63	47.73
1	.,, 22	264	206	78.03	205	148	72.20	101	57	56.44
2	,, 29	198	154	77.78	196	138	70.41	91	47	51.65
		13,800	10,453	75.75	11,776	8,706	73.93	4,291	2,246	52.34

<sup>(</sup>N.B.—Extra-metropolitan cases admitted into the Board's hospitals are deducted from the weekly admissions. Enteric fever cases taken to London general hospitals are added to the weekly admissions.)

This table is also of interest as showing the great variation from week to week in the percentages of cases admitted to hospital. The variations range from 65.32 (63.05)\* to 85.40 (87.40) in the case of scarlet fever; from 62.23 (56.91) to 87.91 (83.55) in the case of diphtheria; and from 35.00 (20.63) to 65.57 (75.00) in the case of enteric fever.

The following table, A2, shows the number of cases of infectious disease admissible to the Managers' hospitals which were notified during the years 1890 to 1900:-

Table A2. - Number of cases of admissible Diseases† notified during the years from 1890 to 1900.

YEARS.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Smallpox.	Relapsing Fever.;	Continued Fever.;	TOTALS.
1890	15,330	5,870	2,877	35	60	7	237	24,416
1891	11,398	5,907	3,372	27	114	39	152	21,009
1892	27,095	7,781	2,465	20	423	7	147	37,938
1893	36,901	13,026	3,663	22	2,813	4	205	56,634
1894	18,440	10,655	3,360	21	1,192	2	162	33,832
1895	19,757	10,772	3,506	14	979	3	105	35,136
1896	25,647	13,362	3,190	6	225	3	103	42,536
1897	22,848	12,803	3,103	4	104	1	67	38,930
1898	16,894	11,543	3,024	16	32	1	55	31,565
1899	18,089	13,346	4,453	13	29	1	69	36,000
1900	13,800	11,776	4,291	7	87	_	73	30,034

The proportion which the hospital admissions bear to the total number of cases is of great importance to the Managers in considering the question of the amount of accommodation which should be provided to meet the wants of the Metropolis. In this connection the following table will be of interest :-

Table As.—Percentage of Admissions to Notifications of each admissible Disease during the years 1890 to 1900.

DISEASES.	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
Scarlet Fever Diphtheria Enteric Fever Typhus Fever	17:87 22:49	25.07 27.34	30·19 25·27	24·52 20·01	63·94 38·89 20·24 61·90	41.55 24.13	39·92 27·02	51.64 30.36	62·12 36·64	69·69 40·78	72·48 47·70

N.B.- These percentages are exclusive of extra metropolitan cases, but are not corrected for cases of mistaken diagnosis discovered after admission to hospital, and therefore do not correspond exactly with the percentages obtained by taking the corrected admissions as shown in Table I., p. 20.

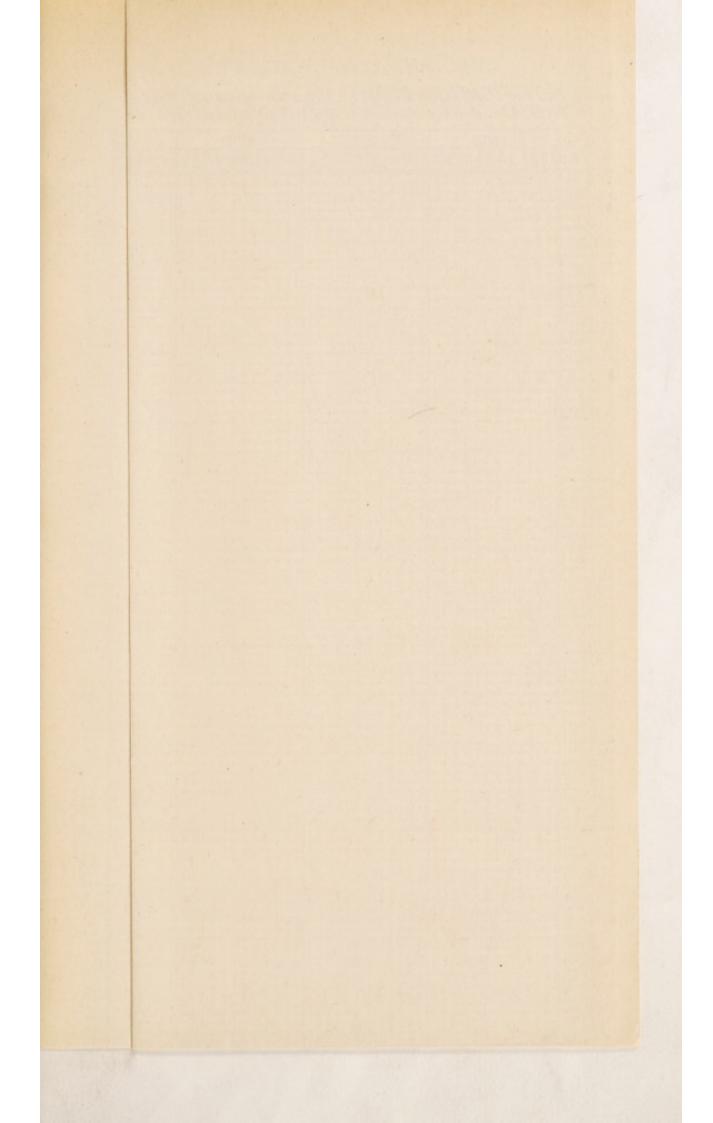
The proportion of scarlet fever admissions to notifications has risen from 42.82 to 75.15, of diphtheria cases from 17.87 to 72.48, and of enteric cases from 22.49 to 47.70. The low figures of 1893 were due to the fact that scarlet fever and diphtheria were unusually prevalent that year, and the Board's hospital accommodation was quite inadequate.

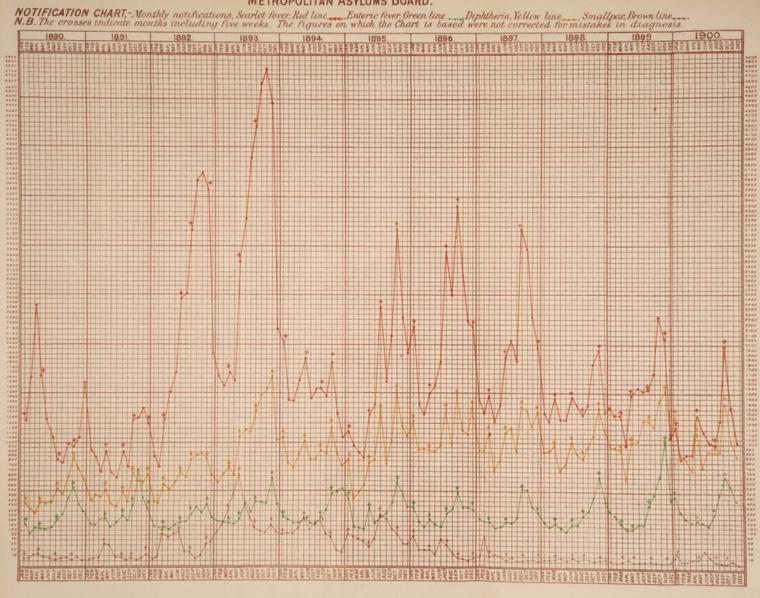
Enteric fever was more prevalent in the years 1899 and 1900 than in any previous year since the introduction of compulsory notification.

<sup>\*</sup> Italic figures in brackets throughout are the corresponding figures for 1899.

<sup>†</sup> Cases of membranous croup are not included in this table. See note, pp. 13-14.

Although relapsing and continued fevers are admissible to the Managers' hospitals, few cases so certified are sent in.





The chart facing this page traces the course of scarlet fever, diphtheria, enteric fever, and smallpox month by month during each year from 1890 to 1900. Notwithstanding that the Managers have more than doubled their accommodation for fever cases since 1891, it may still become necessary to make further provision, as the present accommodation would prove inadequate should scarlet fever and diphtheria again become as prevalent as they were in the year 1893.

Maps spotted to show the distribution of the principal fevers throughout the Metropolis during 1900 will be found in the pocket at the end of this volume.

In all, there are eight maps, dealing with five diseases.

Scarlet Fever cases are spotted on four maps—one for each quarter of the year.

Diphtheria cases are on two maps—one for each half-year.

Enteric Fever cases are on one map.

Smallpox and Typhus Fever cases are shown on one map, the former being represented by spots and the latter by crosses.

Tables A4, A5, and A6 exhibit the age and sex of cases notified as scarlet fever, diphtheria, and enteric fever respectively during the year. Scarlet fever and diphtheria are most prevalent amongst children; over two-thirds of the cases being under ten years of age. But whereas scarlet fever is most prevalent amongst children from five to ten years of age, diphtheria is most so amongst those under five years.

Ages of Cases Notified-1900.

TABLE A4	-Scarl	ET FEV	ER.		ABLE A		TABLE A 6. ENTERIC FEVER.			
AGES.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	
Under 1	81	74	155	137	99	236	4	2	6	
1 to 2	260	226	486	384	310	694	8	6	14	
2 ,, 3	461	437	898	523	488	1,011	26	16	42	
3 ,, 4	613	644	1,257	633	649	1,282	33	19	52	
4 ,, 5	625	628	1,253	645	672	1,317	47	52	99	
Total under 5	2,040	2,009	4,049	2,322	2,218	4,540	118	95	213	
5 to 10	2,312	2,803	5,115	1,782	2,075	3,857	314	292	606	
10 ,, 15		1,285	2,401	606	759	1,365	389	319	708	
15 ,, 20	100	484	975	300	357	657	351	277	628	
20 ,, 25	279	328	607	193	317	510	339	252	591	
25 ,, 30	140	167	307	107	246	353	284	217	501	
30 ,, 35	79	101	180	70	143	213	221	146	367	
35 ,, 40	34	44	78	38	82	120	147	121	268	
40 ,, 45	21	20	41	16	47	63	95	65	160	
45 ,, 50	10	15	25	16	33	49	57	45	102	
50 ,, 55	4	3	7	8	14	22	28	34	62	
55 ,, 60		1	2	2	2	4	21	19	40	
Upwards		***	3	4	11	15	19	16	35	
Unrecorded	6	4	10	7	1	8	3	7	10	
Totals	6,536	7,264	13,800	5,471	6,305	11,776	2,386	1,905	4,291	

Ambulance Work. (2.) The statistical tables concerning the work of the ambulance service will be found on pp. 52 to 54.

During the year 21,524 (24,945)\* fever, diphtheria, and smallpox patients were conveyed to the various hospitals of the Managers; 5,394 (7,973) convalescent patients were transferred to the Northern and Gore Farm Hospitals; and 5,416 (7,904) recovered patients were brought back from those hospitals to London. Further, 327 (369) private persons were removed on payment to other places than the Managers' hospitals; 20 (144) were taken from the out-patient departments of general hospitals to their homes, owing to there being no beds immediately available in the Managers' hospitals (they were admitted the following day); and 201 (247) enteric patients were removed from their homes to the general hospitals, where arrangements for their reception had been made by the Managers.

Altogether, 33,791 (42,119) removals were effected by the land ambulance service during 1900, and the various vehicles made 24,808 (28,184) journeys, and ran 232,848 (260,367) miles.

The steamboats of the river ambulance service conveyed 1,635 (1,468) passengers to and from the hospital ships at Long Reach; of that number 64 (11) were patients taken to the hospital ships, 69 (6) were recovered patients brought back to London, and 1,502 (1,451) were visitors, staff, workmen, &c.

Accommodation. (3.) FEVER AND DIPHTHERIA.—The normal accommodation at the fever hospitals open at the end of the year was as under:—

tablest these under	HOSPITAL	. airmit	of the same		N	o. of Be	eds.
Eastern Hospital						362	
North-Eastern Hos	pital (temp	orary b	uildings)			386	
North-Western Ho				rary			
buildings)						460	
Western Hospital			"			450	
South-Western Ho	spital					366	
Fountain Hospital	(temporary	buildin	gs)			402	
Grove Hospital			1.7			522	
South-Eastern Hos	pital (inclu	ding sm	all tempor	cary			
buildings)			1,11			432	
Park Hospital						548	
Brook Hospital						488	
Northern Hospital	(including	tempora	ary buildi	ngs)		764	
THE THE TOTAL		Total	0.000			5,180	
Further accommodation	will be pr	rovided	at :				
North-Eastern Hos				the			
permanent be				are			
brought into u		14.			128		
Southern Convalesc					800		
		Total	1			928	
		Grand					6,108
				100.00			

Italic figures in brackets throughout are the corresponding figures for 1899.

This accommodation is capable of further increase in times of pressure by placing extra beds in the wards of several of the hospitals. In addition there is the Gore Farm Hospital, which can furnish 850 beds for convalescent fever cases, but only so long as it is not required for its proper function of a smallpox convalescent hospital.

SMALLPOX.—For this disease the Managers possess 300 beds at the hospital ships, and are about to erect buildings, capable of containing 400 beds, on the Joyce Green estate, adjoining the ships. Gore Farm, if at any time the Managers are compelled to reclaim it for its original purpose, can, for smallpox convalescents, furnish about 1,192 beds more.

(4.) FEVER.—On the last day of 1899 there were 4,895 patients in the fever hospitals then open.

By May 5th, 1900, the number under treatment had fallen to the minimum, 2,948 (April 29th, 1899, 3,208).\* After that date, the number rose to 3,220 by the end of May, and varied but little from that figure until the middle of August, when it began to decline and continued falling until on the 1st September it was reduced to 2,998. It then began to rise again, and attained the maximum, 4,779, for the year on November 27th (November 21st, 1899, 5,710), and it then declined until the end of the year, when 4,142 (4,895) patients remained under treatment.

The following was the distribution of patients amongst the various hospitals on November 27th:—

Hoopen			Beds Occupied.										
HOSPITAL	•		Scarlet.	Diphtheria.	Typhus.	Enteric.	Other Diseases,	TOTAL					
Eastern Hospital			4	266		37		307					
North-Eastern He	al	339	1				340						
North-Western	"		241	115		61		417					
Western	**	***	229	153		47		429					
South-Western	,,		196	93		26		315					
Fountain	"		195	145				349					
Grove	11		91	111		102		304					
South-Eastern	"		103	159		49		311					
Park	11		130	128		75		333					
Brook	,,		242	147		57		446					
Northern	"		471	97				568					
Gore Farm	27		519	150				669					
Totals			2,760	1,565		454		4,779					

<sup>\*</sup> Months and figures in italics in brackets throughout are the corresponding months and figures for 1899.

Tables I. to VIII. and the accompanying chart summarise the several fever hospital tables given on pp. 68 to 101.

Table I Admissions	Discharges, ar	d Deaths at Fever	Hospitals during 1900.
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DISEASES.	Re- maining on Dec. 31, 1899.		Total under treatment during 1900.	Dis- charged.	Died.	Mortality per cent.	Re- maining on Dec. 31, 1900.	
Diphtheria Enteric	2,891	10,343	13,234	10,436	313	2·97	2,485	
	. 1,540	7,873	9,413	7,242	988	12·27	1,183	
	382	1,728	2,110	1,506	245	14·09	359	
	1	4	5	4	1	22·22		
Totals Other diseases	4,814	19,948	24,762	19,188	1,547	7:58	4,027	
	81*	1,706	1,787	1,505	167	9:90	115	
Grand Totals	4,895	21,654	26,549	20,693	1,714		4,142	

Notes.—The mortalities returned as above include all deaths occurring from intercurrent diseases, particulars of which will be found in the annual reports of the medical superintendents.

The mortality rates are calculated according to the Registrar-General's formula—i.e., by dividing the deaths, multiplied by 100, by half the sum of the admissions, discharges, and deaths for the year.

Cases of enteric fever admitted into general hospitals under arrangements made with those hospitals by the Managers are not included in this table. If they were, the number of admissions would be increased by 201.

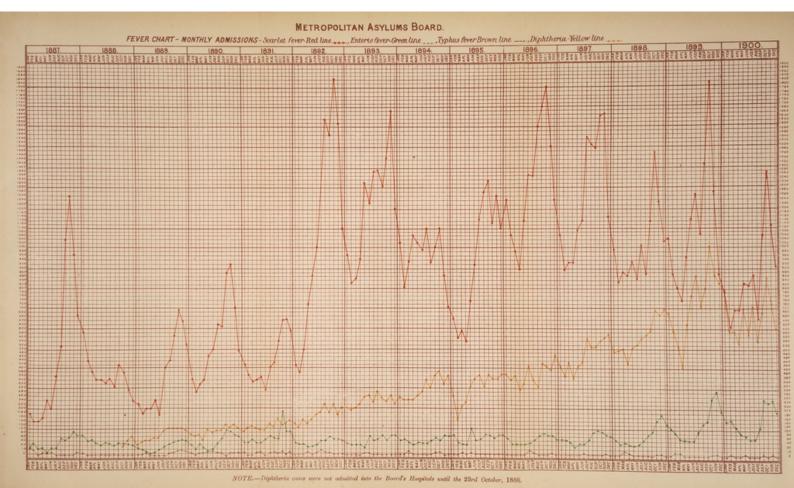
The total number of patients treated during the year was 2,920 lower than in the preceding year, which was the highest on record (due to the increased prevalence of diphtheria and enteric fever). The death-rate for scarlet fever was exceptionally high at the Eastern Hospital. This was probably due to the comparatively small number treated and to the severity of the type of the disease, which forbade the removal of some cases to the more distant North-Eastern Hospital, where most of the cases were admitted from the districts usually allocated to the Eastern Hospital.

Table II.—Monthly Admissions, Deaths, and Discharges at Fever Hospitals during 1900.

MONTH.		Admissions.							DEATHS.					MORTALITY PER CENT.					
	Scarlet.	Dipptheria.	Enterie.	Typhus.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Enterio.	Typhus.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Other Diseases.	Total.	
Jan Feb March April May June July Aug Sept Oct Nov Dec	782 602 681 687 829 816 866 644 1,057 1,367 1,105 907	591 593 530 701 563 717 541 677 852	148 118 81 76 59 59 117 252 236 245	1  1  1  1	115 111 147 127 178 160 163 119 132 153 156 145	1,453 1,539 1,425 1,785 1,598 1,805 1,421 2,119 2,608	25 19 28 18 36 23 17 21 35 31	136 109 99 47 77 80 60 58 78 97 72 75	24 28 19 17 6 9 7 10 24 34 36 31	1	16 9 16 10 17 18 14 11 14 12 17 13	200 171 153 102 118 143 104 96 137 178 157	2·15 3·36 2·34 4·04 2·28 4·54 2·70 2·37 2·26 3·29 2·99 3·55	16:73 16:22 14:30 8:17 11:72 14:01 8:64 9:95 12:03 13:05 10:74 10:27	11-94 18-18 14-84 15-17 6-80 12-33 10-45 10-52 13-95 18-18 15-00 14-09	100.0	14.61 8.57 10.59 8.26 10.62 10.34 8.91 8.15 10.85 8.57 11.04 8.60	8-94 10-20 8-58 6-71 6-96 8-87 5-87 6-27 7-30 8-34 7-46 7-38	
Totals	10,343	7,873	1,728	4	1,706	21,654	313	988	245	1	167	1,714	2:96	12:27	14.09	22-23	9.88	7:71	

<sup>\*</sup> Six cases certified as enteric and one case certified as diphtheria in hospital on 31st December, 1899, were subsequently diagnosed as other diseases.





The total monthly admissions were lowest in August (April),\* and highest in October (October).

The accompanying chart shows the monthly admissions of each kind of fever from and including the year 1887.

During the twenty-nine years which have elapsed since the first of the Managers' fever hospitals was opened, the scarlet fever admissions fell to the minimum for the year eleven times in February, four times in March, eight times in April, four times in June, once in September, and once in December (1888); while the maximum number of admissions was reached once in January (1888), twice in July, four times in September, fourteen times in October, six times in November, and twice in December. The enteric fever admissions fell to the minimum for the year three times in March, eight times in April, nine times in May, eight times in June, and once in July; and rose to the maximum once in May, five times in September, twelve times in October, ten times in November, and once in December.

Diphtheria cases were not admitted to the Managers' hospitals until October 23rd, 1888. Since then the minimum admissions have occurred twice in January, four times in February, five times in April, and once in August; while the maximum admissions took place once in July, once in August, twice in September, thrice in October, twice in November, and thrice in December.

The maxima of scarlet fever, diphtheria, and enteric fever admissions must not, however, be regarded as indicating with accuracy the greatest seasonal prevalence of these diseases, for the reason that on several occasions the accommodation in the Managers' hospitals became completely exhausted, and consequently any further rise in the number of admissions was impossible.

We have for the first time shown the monthly mortality rates for each disease, calculated according to the Registrar-General's formula. The maximum death-rate was for scarlet fever in June, for diphtheria in January, and for enteric fever in February, the same rate being also attained in October. The minimum rate was for scarlet fever in January, for diphtheria in April, and for enteric fever in May.

<sup>\*</sup> Months in italics in brackets are the corresponding months in 1899.

Table III.—Admissions and Deaths of Patients at Fever Hospitals during 1900, divided according to Parishes or Unions.

PARISH OR UNION.		Scarlet,	Diphtheria.	Enteric.	Typhus.	Other Diseases.	Total Admissions	Total Deaths.
Viton		267	240	55		51	613	38
Kensington		233	172	45		26	476	28
Hammersmith		469	490	42		70	1,071	82
Fulham		228	104	28		28	383	27
Paddington		198	114	40		20	369	25
Chelsea	***	234	108	21	1	31	395	19
St. George's, Hanover Square		96	41	8		15	160	7
Westminster		295	146	21		46	508	46
St. Marylebone St. Pancras		520	418	130		70	1,138	85
		113	92	18	***	15	238	26
Hampstead		728	386	87		88	1,289	103
slington	***	507	466	88	1	93	1,155	100
Hackney Places	***	77	24	7		6	114	9
St. Giles & St. George, Bloomsb		36	20	3		7	66	6
Strand		302	148	52		37	589	50
Holborn		56	43	6		5	110	7
London, City of	***	252	261	36		74	623	60
Shoreditch Bethnal Green		216	213	46		55	530	56
		327	171	27	1	75	601	38
Whitechapel St. George-in-the-East		109	61	20		29	219	21
		137	121	37		39	334	31
Stepney Mile End Old Town		194	156	34		36	420	25
		296	354	107	1	60	818	80
		626	589	170	G. G.	115	1,500	125
1. Ot t-		320	342	98		88	848	94
1 .1		581	541	107		106	1,335	96
Vandsworth and Clapham		855	481	153		122	1,611	118
Camberwell		528	544	70		124	1,266	124
Freenwich		482	291	72		58	903	57
Woolwich		466	344	60		87	907	51
Lewisham		345	319	23		48	785	50
Port and Tower of London		2	1			1	4	
Fottenham		245	71	22		27	365	28
Beyond Metropolitan Area		8	1			2	11	I
Totals		10,343	7,878	1,728	4	1.706	21,654	1,714

In several districts mentioned in the foregoing table III. the admissions were considerably in excess of those of the previous year, the most notable instances being, as regards scarlet fever cases, Whitechapel, 327 (159)\*; St. George-in-the-East, 109 (73); and Poplar, 296 (217); as regards diphtheria cases, Kensington, 240 (166); Hammersmith, 172 (78); Fulham, 490 (404); St. Pancras, 418 (347); Hackney, 466 (368); Bethnal Green, 213 (157); Poplar, 354 (243); and Woolwich, 344 (257); and as regards enteric fever cases, Hammersmith, 45 (10); Chelsea, 40 (21); St. Pancras, 130 (81); Poplar, 107 (74); St. Saviour's, 170 (78); St. Olave's, 98 (75); and Lambeth, 107 (71).

<sup>\*</sup> Italic figures in brackets throughout are the corresponding figures for 1899.

Scarlet Fever. Table IV.—Admissions, Deaths, and Mortality per cent. of Scarlet Fever Patients during 1900, divided according to age and sex.

		MALES.		1	EMALES.			TOTAL.	
AGES.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1	40	8	20.0	42	6	14.3	82	14	17:1
1 to 2	190	24	12.6	141	24	17.0	331	48	14.5
.2 ,, 3	354	32	9.0	321	23	7.2	675	55	8.2
3 ,, 4	471	26	5.5	462	30	6.5	933	56	6.0
4 ,, 5	520	28	5.4	513	21	4.1	1,033	49	4.7
Totals under) 5 years	1,575	118	7.5	1,479	104	7:0	3,054	222	7.3
5 to 10	1,842	23	1.3	2,158	31	1.4	4,000	54	1.4
10 ,, 15	944	11	1.2	943	7	0.7	1,887	18	0.9
15 ,, 20	408	5	1.2	317	1	0.3	725	6	0.8
20 ,, 25	203	5	/	161	1	1	364	6	1
25 ,, 30	86	5		78	1	1	164	6	
30 ,, 35	46			34		11 1	80		
35 ,, 40	23	1	1	21		1	44	1	
40 ,, 45	8		3.0	8		0.6	16		1.9
45 ,, 50	2		11	3			5		No tree
50 ,, 55			1	2			2		
55 ,, 60				1			1		
And upwards	1		7			1	1		2
Grand Totals	5,138	168	8.8	5,205	145	2.8	10,343	313	3.0

The total admissions of scarlet fever cases in 1900 were 10,343  $(13,290)^*$ : the female were 67 (496) in excess of the male admissions. The total mortality, calculated on the admissions, was 3.0 (2.7) per cent.

Diphtheria.—Table V.—Admissions, Deaths, and Mortality per cent. of Diphtheria Patients during 1900, divided according to age and sex.

iona		MALES.		1	EMALES			TOTAL.	
AGES.	dmitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1	74	19	25.7	64	25	39.1	138	44	31.9
1 to 2	245	70	28.5	202	46	22.8	447	116	25.9
2 ,, 3	357	78	21.8	378	86	22.7	735	164	22.3
3 ,, 4	463	74	16.0	476	- 74	15.5	939	148	15.8
4 ,, 5	485	69	14.4	505	80	15.8	990	149	15.0
Total under }	1,624	310	19.1	1,625	311	19.1	3,249	621	19.1
5 to 10	1,276	132	10.3	1,546	171	11.1	2,822	303	10.8
10 ,, 15	418	25	5.9	491	24	4.9	909	49	5.4
15 ,, 20	187	5	2.7	183	3	1.6	370	8	2.2
20 ,, 25	87	2	1	126	1	5 6	213	3	3
25 ,, 30	51		1 1	83	2	1	134	2	
30 ,, 35	32	1		51	1		83	2	
35 ,, 40	18			34			52	***	
40 ,, 45	4		> 1.5	16		> 1.2 4	20		1.3
45 ,, 50	5		1 1	10			15		
50 ,, 55	2			2			4		
55 ,, 60	***			1	***		1	***	
And upwards			2	1		1	1	•••	2
Grand Totals	3,704	475	12.8	4,169	513	12.3	7,873	988	12.5

<sup>\*</sup> Italic figures in brackets throughout are the corresponding figures for 1899.

The total admissions were fewer in number by 800 cases than in 1899, and the death-rate, 12.5 per cent., was 1.1 below that of the previous year, and was the lowest on record.

Enteric Fever.—Table VI.—Admissions, Deaths, and Mortality per cent. of Enteric Fever Patients during 1900, divided according to age and sex:—

		MALES.		1	EMALES			TOTAL.	
AGES.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent
Under 5	41	4	9.8	28	2 7	7.1	69	6	8.7
5 to 10	126	6	4.8	102	7	6.9	228	13	5.7
10 ,, 15	206	12	5.8	155	9	5.8	361	21	5.8
15 ,, 20	163	27	16.6	126	15	11.9	289	42	14.5
20 ,, 25	149	34	22.8	101	11	10.9	250	45	18.0
25 ,, 30	120	37	30.8	70	8	11.4	190	45	23.7
30 ,, 35	86	21	24.4	56	15	26.9	142	.36	25.3
35 ,, 40	59	11	18.6	52	9	17:3	111	20	18.0
40 ,, 45	28		14.3	15	4	26.7	43	8	18.6
45 ,, 50	9	2 2	) (	15	3	1 (	24	5	)
50 ,, 55	6	2	( 000)	9	3 2	( )	15	4	20.0
55 ., 60	1		25.0	4		} 17·2 ≺	5		> 20.0
And upwards			) (	1		) (	1		)
Totals	994	160	16.1	784	85	11.6	1,728	245	14.2

There were 193 more cases of enteric fever admitted than during 1899, and the total death-rate was 1.4 per cent. lower than in that year, and is the lowest on record.

Four (11)\* cases of typhus fever were admitted during the year 1900, and they are entered in the following table:—

Typhus Fever.—Table VIIa.—Admissions and Deaths of Typhus Fever Patients during 1900, divided according to age and sex.

	AGES.		MAL	ES.	Fема	LES.	Тотл	L.
			Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Under 5		 						
5 to 10		 	1				1	
10 ,, 15		 						
15 ,, 20		 	1				1	
20 ,, 25		 						
25 ,, 30		 						
30 ,, 35		 *14						
35 ,, 40		 						
40 ,, 45	****	 	1				1	
45 ,, 50		 						
50 ,, 55		 			1	1	1	1
55 ,, 60		 						
And upwa	rds	 						•
	Totals	 	3		1	1	4	1

N.B.—In the above table three cases were treated at the Eastern and one at the Grove Hospital.

<sup>\*</sup> Italic figures in brackets throughout are the corresponding figures for 1899.

Table VIII., pp. 90 to 101, gives details of the cases of miscellaneous diseases admitted during 1900, and is further referred to in the paragraph on p. 29 relating to cases of mistaken diagnosis.

LENGTH OF RESIDENCE OF FEVER PATIENTS IN HOSPITAL. We have again had tables prepared to show the length of residence of patients treated in the Managers' hospitals.

For scarlet fever and diphtheria there are two tables for each disease, one dealing with cases treated to termination at the Board's London hospitals and the other with cases completing their treatment at the convalescent hospitals.

SCARLET FEVER PATIENTS. Table IXA.—Length of Residence of Scarlet Fever Patients treated to Recovery or Death in the Board's Town Hospitals during the year 1900.

			Aller San Control		0 0	
Hospital.	Total Number of Cases (including Deaths).	of Days'	Average Residence.	Recovered Cases only.	Number of Days' Residence.	Average Residence.
Eastern	186	11.560	62.2	161	11,002	68.4
	(335)*	(22,652)	(67.6)	(309)	(22,358)	(72.3)
North-Eastern	1,401	94,596	67.5	1,362	93,934	69.0
	(1,301)	(87,620)	(67.3)	(1,256)	(86,959)	(69.2)
North-Western	549	30,139	54.9	502	29,391	58.5
	(740)	(44,087)	(59.5)	(669)	(42,695)	(63.8)
Western	617	43,318	70.2	575	42,805	74.4
	(648)	(58,544)	(76.5)	(591)	(48,255)	(81.6)
South-Western	744	49,851	67.0	728	49,388	68.3
	(711)	(48,065)	(67.6)	(683)	(47,671)	(69.8)
Fountain	581	39,917	68-7	560	39,518	70.6
	(708)	(46,716)	(66.0)	(683)	(46,212)	(67.7)
Grove	234	14,189	60.6	219	13,843	63.2
	(22)	(1,085)	(49.3)	(20)	(1,060)	(53.0)
South-Eastern	472	28,643	60.7	438	28,127	64.2
	(423)	(26,929)	(63.7)	(401)	(26,603)	(66.3)
Park	599	38,848	64.9	562	38,275	68.1
	(765)	(46,358)	(60.6)	(725)	(45,197)	(62.3)
Brook	988	70,040	70-9	958	69,451	72.5
	(938)	(73,592)	(78.5)	(913)	(73,116)	(80.1)
Totals	6,371	421,101	66.1	6,060	415,734	68.6
	(6,591)	(455,648)	(69.1)	(6,250)	(440,126)	(70.4)

Table IXB.—Length of Residence of Scarlet Fever Patients who completed their Recovery or Died at the Board's Convalescent Hospitals during the year 1900.

	er of Cases Deaths).	Nun 1	nber of E Residence	ays'		verag		ses only.		nber of I Residence		Re	verag	ce.
Hospital.	Total Number (including D	Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital.	Total.	Recovered Cases	Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital.	Total.
CALL SALES OF THE PARTY OF THE	2,223 (3,565)			178,213 (272,110)			(76:3)			(164,510)				
Gore Farm	2,156 (3,171)	64,131 (104,080)	108,005 (144,859)	172,136 (248,939)	29·7 (32·8)		79°8 (78°5)	2,156 (3,167)		108,005 (144,859)		29·7 (33·9)	50°1 (45°7)	
Total	4,379 (6,736)	133,761 (211,442)	216,588 (309,607)	350,349 (521,049)		49·5 (46·0)		4,377 (6,724)		216,513 (309,369)		30·5 (31·4)		80°0 (77°4)

Italic figures in brackets throughout are the corresponding figures for 1899.

The average duration of residence of scarlet fever cases was at the London hospitals  $66\cdot1$   $(69\cdot1)$  days including deaths, and  $68\cdot6$   $(70\cdot4)^*$  days if the fatal cases be excluded. At the convalence thospitals both averages were  $80\cdot0$   $(77\cdot4)$  (including residence in the London hospitals). So that, on the whole, the total residence of cases completing their recovery at the country hospitals was  $11\cdot4$  days longer than that of cases at the London hospitals.

As regards the residence of the recovered patients in the London hospitals, there are very considerable variations. The shortest residence was 58.5 (62.3) days at the North-Western Hospital (*Park Hospital*) or 10.1 (8.1) below the average, and the longest was 74.4 (81.6), or 5.8 (11.2) days above the average, at the Western Hospital (*Western Hospital*).

DIPHTHERIA TABLE XA.—Length of Residence of Diphtheria Patients treated to PATIENTS. Recovery or Death in the Board's Town Hospitals during the year 1900.

Hospital.		Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence.	Recovered Cases only.	Number of Days' Residence.	Average Residence
Eastern		1,046	55,069	52.6	846	52,330	61.9
		(1,014)	(48,110)	(47.4)	(797)	45,938)	(57.6)
North-Eastern		13	731	56.2	10	721	72.1
	200	(3)	(158)	(52.7)	(1)	(148)	(148.0)
North-Western		794	35.030	44.1	680	33,634	49.5
	100000	(843)	(36.105)	(428)	(696)	(34,348)	(49.3)
Western		791	41,616	52.6	691	40,957	59.3
		(775)	(40,100)	(51.7)	(658)	(38,335)	(583)
South-Western		569	24,270	42.7	500	23,653	47.3
		(491)	(22.658)	(49.1)	(413)	(21,884)	(53.0)
Fountain		651	34,662	53.2	598	33,892	56.7
		(699)	(34,261)	(49 0)	(606)	(\$3,509)	(55.3)
Grové		569	35,879	63.1	519	35,261	67.9
		(292)	(10,872)	(37.2)	(240)	(10,535)	(43.9)
South-Eastern		835	47,666	57.1	688	46,101	67.0
		(865)	(50,389)	(58.2)	(683)	(47,825)	(70.0)
Park	***	1,098	53,288	48.5	937	51,480	54.9
-		(1,173)	(63,983)	(54.5)	(1,010)	(61,720)	(61.1)
Brook		829	48,320	58.8	738	47,469	64.3
		(911)	(55,218)	(60.6)	(782)	(54,056)	(691)
Totals		7,195	376,368	52.3	6,207	365,498	58.9
10000	***	(7,086)	361,854)	(51:2)	(5.886)	(348,298)	(59.2)

Table Xb.—Length of Residence of Diphtheria Patients who completed their Recovery or Died at the Board's Convalescent Hospitals during the year 1900.

	of Cases eaths).		ber of l			Averag		Cases only.		nber of l tesidenc			Average	
Hospital,	Total Number of Cases (including Deaths).	Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital,	Total.	Recovered Cas	Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital.	Total.
Northern Gore Farm Total	(992)	(7,548)	No de (5,055)	(66,785)	(37.9)	(25.4)	(63.3)	565 (199) 1,034	(34,625) 24,248 (7,548) 41,715	17,933 (5,055) 36,994	36,528 (66,648) 42,181 (12,603) 78,709 (79,251)	42.9 (37.9) 40.3	31.7	77·8 (67·3) 74·6 (63·3) 76·1 (66·7)

<sup>\*</sup> Figures and hospitals in italics in brackets throughout are the corresponding figures and hospitals for 1899.

The average length of residence of diphtheria patients at the London hospitals was  $52\cdot3$  ( $51\cdot2$ )\* days including deaths, and  $58\cdot9$  ( $59\cdot2$ ) if the fatal cases be omitted. At the convalescent hospitals, where there was no death, the average residence (including residence in the London hospitals) was  $76\cdot1$  ( $66\cdot7$ ) days, or  $17\cdot3$  days longer than in the London hospitals.

The variations in length of residence at different hospitals are again very remarkable, ranging from 47·3 (49·3) days at the South-Western Hospital (North-Western Hospital), 11·6 (9·9) days below the average, to 67·9 (70·0) days at the Grove Hospital (South-Eastern Hospital), or 9·0 (10·8) days above the average. The diphtheria cases at the North-Eastern Hospital were cases of mistaken diagnosis, having been certified on admission as scarlet fever cases.

ENTERIC EVER
PATIENTS. TABLE XI.—Length of Residence of Enteric Fever Patients treated to Recovery or Death in the Board's Town Hospitals during the year 1900.

Hospital.		Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence.	Recovered Cases only.	Number of Days' Residence.	Average Residence
Eastern		214	10,855	50.7	180	10,414	57.9
	1000	(226)	(11,564)	(51.2)	(193)	(10,964)	(56.8)
North-Eastern		5	330	66.0	5	330	66.0
		(5)	(385)	(77.0)	(5)	(385)	(77.0)
North-Western		326	13,836	42.4	270	13,173	48.8
	170	(285)	(12,020)	(42.2)	(246)	(11,566)	(47.0)
Western		171	11,974	70.0	155	11,690	75.4
		(175)	(10,959)	(62.6)	(141)	(10,508)	(74.5)
South-Western		100	5,549	55.5	- 85	5,393	63.4
	30.50	(103)	(5,594)	(53.3)	(77)	(5,179)	(67.3)
Grove		350	19,031	54.4	298	18,365	61.6
	2000	(132)	(5,183)	(39.3)	(91)	(4,648)	(51.1)
South-Eastern		212	10,747	50.7	189	10,374	54.9
	10000	(254)	(12,819)	(50.5)	(217)	(12,402)	(57.1)
Park		214	10,994	51.4	179	10,559	58.9
	1000	(92)	(5,448)	(59.2)	(79)	(5,309)	(67.2)
Brook		159	8,930	56.2	145	8,742	60.3
		(104)	(5,858)	(56.3)	(87)	(5,588)	(64.2)
Total		1,751	92,246	52.7	1,506	89,040	59.1
	1	(1,376)	(69,730)	(50.7)	(1,136)	(66,549)	(58.6)

The average residence of enteric fever patients was 52·7 (50·7) days including deaths, and 59·1 (58·6) days if the fatal cases be excluded. The shortest residence of recovered cases was 48·8 (47·0) days, or 10·3 (11·6) days below the average, at the North-Western Hospital (North-Western Hospital), and the longest 75·4 (74·5) days, or 16·3 (15·9) days above the average, at the Western Hospital (Western Hospital). The enteric fever cases at the North-Eastern Hospital were cases of mistaken diagnosis, having been certified on admission as scarlet fever cases.

<sup>\*</sup> Figures and hospitals in italics in brackets throughout are the corresponding figures and hospitals for 1899.

MISCELLA-NEOUS DISEASES.

Table XII.—Length of Residence of Patients suffering from Miscellaneous Diseases treated to Recovery or Death in the Board's Town Hospitals during the year 1900.

Hospital.		Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence.	Recovered Cases only.	Number of Days' Residence.	Average Residence
Eastern		245	6,640	27.1	217	6,886	29.4
North-Eastern		(276)* 108	(6,605) 3,582	(23.9)	(240) 103	(6,338) 3,551	(26.4)
North-Western		(199) 189	(6,826)	(34.3)	(189) 158	(6,656) 3,497	(35.2)
W		(194)	(4,027)	(20.8)	(176)	(3,850)	(21.9)
Western		164 (170)	4,258 (4,614)	26·0 (27·1)	152 (147)	4,239 (4,443)	27·9 (30·2)
South-Western		(96)	2,824 (2,641)	32·5 (27·5)	77 (81)	(2,523)	36.0
Fountain		126	2,409	19-1	125	2,395	19.2
Grove		(91) 12 <b>6</b>	(1,616) 3,609	(17·8) 28·6	(88) 104	(1,593) 3,330	(18·1) 32·0
South-Eastern		(34) 215	(844) 5,092	(24.8)	(28) 189	(809) 4,757	(28·9) 25·2
Doub		(187)	(4,408)	(23.6)	(168) 293	(4,232)	(25.2)
Park		(259)	4,981 (5,728)	16·1 (22·1)	(243)	4,895 (5,615)	16·7 (23·1)
Brook		102 (96)	2,478 (3,104)	24·3 (32·3)	87 (82)	2,380 (2,977)	27·4 (36·3)
Totale		1 679	20 010	99.7	1 505	98 909	05.1
Totals	•••	1,672 (1,602)	39,616 (40,413)	23·7 (25·2)	1,505 (1,442)	38,202 (39,036)	25·4 (27·1)

Of the cases of miscellaneous diseases (cases of mistaken diagnosis) treated, the average residence of each patient was 23.7 (25.2)\* days including deaths, and 25.4 (27.1) days if the fatal cases be excluded. The shortest residence of recovered cases was at the Park Hospital (Fountain Hospital), 16.7 (18.1) days, or 8.7 (9.0) days below the average, and the longest at the South-Western Hospital (Brook Hospital), 36.0 (36.3) days, or 10.6 (9.2) days above the average.

Of smallpox patients 65 were treated. Average residence, in-PATIENTS. cluding deaths, 33·3 days, or, excluding deaths, 34·7 days.

GENERAL REMARKS. The length of residence of patients in the Managers' hospitals is of the utmost importance from an economical point of view. Not only would any shortening of the period of residence effect a saving in the cost of maintenance, it would also enable the Managers to treat a larger number of patients without increasing the number of beds, which is of very much greater importance. The subject is still receiving the careful consideration of the Hospitals Committee.

<sup>\*</sup> Figures and hospitals in italics in brackets throughout are the corresponding figures and hospitals for 1890.

Table I. on pp. 106-8 shows the number of smallpox patients admitted from each parish or union during each month of the year 1900, and the total admissions for the year.

The total number of smallpox cases admitted was 66 (18)\*, which, added to 7 remaining in hospital at the beginning of the year, made a total treated during the year of 73; 3 (3) died, 69 (8) were discharged recovered, and 1 (7) remained in hospital at the end of the year. But, in addition to these numbers, there were of non-smallpox cases, 1 admitted to the Hospital Ships, 18 (9) detained at the observation shelters at South Wharf, and 12 (9) were returned direct to their homes.

Full information as to the cases admitted to the Hospital Ships will be found in the report of the medical superintendent, Dr. Ricketts, on pp. 103-5, and as to the cases detained at the South Wharf shelters in the report of the acting medical officer of the river service, Dr. Ricketts, on p. 102.

Tables IIA., IIB., and IIc., on pp. 109-120, supply minute particulars concerning the vaccination of the smallpox patients admitted.

Table IIc. (which is a combination of Tables IIa. and IIB.) shows that vaccination cicatrices were present in 49 (15) cases, of whom 1 (3) died; in 3 (1) cases there was "no evidence" of vaccination, and in 14 (2) cases vaccination cicatrices were "absent," of whom 2 died.

Fever.—In the course of the year 1900 no fewer than 1,706 (1,583) patients, or a percentage on the total admissions of 7.8 (6.3), were, after admission at the fever hospitals, found not to be suffering from the diseases mentioned in the medical certificates upon which they were removed to hospital (see Table VIII., pp. 90 to 101). The largest number of cases thus admitted to any one hospital was at the Park Hospital (Eastern Hospital), where the proportion was 322 (275) out of 2,999 (2,682) admissions, or 10.7 (10.2) per cent. of the total. The percentage on the total scarlet fever cases was 5.5 (3.9), diphtheria cases 8.3 (7.4), and enteric fever cases 18.2 (17.3).

Amongst the 608 (542) cases wrongly certified as scarlet fever there were 63 (53) of measles, 106 of rötheln, 129 (120) of tonsillitis, 104 (100) of erythema, and 60 (102) had no obvious disease. Amongst the 709 (693) cases wrongly certified as diphtheria were 40 (38) of measles and 498 (491) of tonsillitis. Amongst the 386 (322) cases wrongly certified as enteric fever were 21 (25) of influenza, 89 (76) of pneumonia, and 14 (15) of bronchitis.

<sup>\*</sup> Figures and hospitals in italics in brackets throughout are the corresponding figures and hospitals for 1899.

Smallpox.—One non-smallpox case was admitted to the Hospital Ships. In the case of smallpox the original medical certificate is revised by the examination of a medical officer of the Board at the London wharves. If therefore we take the total number of cases originally certified in London as smallpox and removed to the wharves, we find that the mistaken diagnoses numbered 30 (18)\* out of 94 (28), or 32.0 (64.3) per cent.; and these are the figures properly to be compared with those given above in the case of fever.

(5.) FEVER.—The return on p. 31 shows the annual admissions and deaths of patients at the Managers' fever hospitals, with the mortality per cent. since the establishment of the first hospital in 1870, together with extracts from the Registrar-General's annual summaries showing the annual mortality per 1,000 persons living of the population of the Metropolis from scarlet, typhus, and enteric fevers and diphtheria.

The decreased percentage of mortality amongst scarlet fever patients treated in the Managers' hospitals continues to be a noticeable feature, although there was a slight increase (0.32) last year as compared with the previous year.

More noticeable is the decline in the percentage mortality amongst diphtheria patients from 40·74 in 1889 to 29·29 in 1894; to 22·85 in 1895 (when the antitoxic serum treatment was first adopted); to 21·2 in 1896; to 17·69 in 1897; 15·38 in 1898; 13·95 in 1899; and 12·27 in 1900.

In connection with the mortality of diphtheria cases, we draw special attention to the rate per 1,000 of the estimated population. For some years prior to 1893 it had been steadily advancing, notwithstanding occasional reductions, until in the year mentioned it had attained the very high figure of 0.76. Since 1893, however, the rate has shown a distinct tendency to fall, and this fall has been coincident with the introduction and increasing use of the antitoxic serum treatment of diphtheria. The slight rises in the rates of 1896 and 1899 coincided with the increased prevalence of the disease in those years (see Table A2, p. 16).

<sup>\*</sup> The italic figures in bracket throughout are the corresponding figures for 1899.

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### STATISTICAL COMMITTEE, 1900.

the opening of the first hospital on 25th January, 1870, together with the Annual Mortality per 1,000 persons living of the Population of the Metropolis from Scarlet, Tunhus, and Enteric Fevers and Diphtheria, extracted from the Registrar-General's Annual Summaries. TABLE AIII. -Showing the Admissions and Deaths of Patients and Mortality per cent. at the Managers' FEVER HOSPITALS during each Year since

-			-		_	_	_	_		_	_	_			_	_		_	_			_		_	_	
lio lio	Enteric.	0.27	0.57	0.58	0.55	0.52	0.53	0.19	0.52	0.52	0.53	0.12	0.15	01.0	0.18	0.15	0.13	0.10	0.16	CT.0	0.13	0.19	0.13	0.17	91-0	
fortality ,000 Population	Typhus.	0.02	80.0	0.00	0.04	10.0	0.05	0.05	0-05	10.0	0.01	0.01	00-0	0.00	00.0	0.00	0.00	0.00	000	80.0	000	0-0	00-0	0.00	0.00	:
Annual N	Diphtheria	0.08	60-0	0.12	0-11	0.00	0.15	0.14	0.17	0.57	0.54	0.58	0.51	0.53	0.89	0.83	0.85	0.46	0.49	29.0	0.60	0.21	0.39	0.43	0.84	:
A so to	Scarlet.	0.58	61.0	1.06	0.65	0.44	0.72	0.85	0.20	0.27	98.0	81.0	0.17	98.0	0-13	0.51	0.14	0-27	0.87	27.0	0-61	81.0	0.13	60-0	80.0	:
ents	Enteric.	21.96	5.13	14.87	0.34	22.98	9.73	15-63	21-47	5.64	8.85	5.85	4.85	4.59	2.12	89-6	4.52	8.50	10.0	0.10	2.84	8.64	7.73	6.47	4.09	18:44
nt, of Pati d in Hosnitals.	.snudAL	28.62		19.62 I							20.00	-		_	81.57	-	-		20.00		95.0 1		1111	-	22.22	20.54
83.	-					64 6	: :		:			::			40.74 8			-		44			_		12-27	19-68 20
ortality per o	Scarlet	<u> </u>	.00	13.69	-13	.10	.57	12.30	01.	2.38	-57	-47					-	on .		67 76.0			-12 15		97 19	6.07 19
- N			-	342 12 308 13	-	-	_	_			_			-	-	-	-	-	_		_	_	7	0	,714	-
	Diseases. Total.			20 10 4 40 50 00												=		_	_ '			-	-	_	-	1 24,768
	Other																									5 2,391
DEATHS.	Enteric.			25 62										_	41	6	10	9	ì	7			14:	176	24	2,665
DE	Typhus.	: 8	16	202	88	36		9	00 0	7.	10	-	4	-	:	10	-	24	-				:			483
-	Diphtheria	::	:	:	: :	:	: :	:	:	: :		:	:	:	975	316	397	583	865	1,085	020	0.50	166	1 189	988	9,483
	Scarlet.	:=		89	8	40				7.03				9.0					901						313	9,796
	Total.	864	1,145	2,134	1,892	1,207	2,098	2,464	2,355	2,367	2,547	1,855	2,197	6,587	5,152	8,334	7,809	16,276	18,674	16,667	16,547	000000	91,057	95,094	21,654	344,206
	Other Diseases.	343	271	929	294	186	136	239	211	909	180	229	7.4	191	918	341	462	725	732	868	177	114	488	589	1,706	6,048
ONS.	Enteric.	279	381	435	288	372	385	248	415	010	493	550	999	441	990	498	755	480	544	534	199	664			1,728	15,632 16,048 244,206
ADMISSIONS	snud &T	134	401	536	139	170	48	58	219	455	50	533	10	000	1 6	16	18	19	03 (	90	000	0 0	10	11	. +	
1	Oiphtheria	::	:	:	: :	:	: :	:	:	: :			:		100	945	1,812	2,009	2,848	3,666	3,635	0000	6,566	8 676	7,873	8,529 2
	Scarlet.	108	92	1.189	671	479	1.469	1,949	1,477	1,850	1,845	1,353	1,780	2,900	4,408						11,271					161,646 48,529 2,351
-		1 : 2	-	-		-	: :		-	1		-		-	-	-		_	-	-	-	-				16
		31st, 1872		:		:			:				:	:	:		:	-	:		:	:			: :	:
1		to Dec.	:	:	: :	:	: :	:	:				:		:	: :	:	****				::			: :	
-	YEAR.		:	:	: :	:	: :	:	:	:	: :	:	:	:	:	: :	:	:	:	****				:	: :	Totals
	X	 (15 months	:	:	: :	4:	: :		:	:	: :	:	:	:	:	: :	:	::	:	:	:	:	:	:	: :	1
		1871)		1874	1876	1877	1879	1880	1881	1882	1884	1885	1886	1887	1888	1890	1881	1892	1893	1894	1895	1000	18681	1890	1900	
-		_				_	-	-		_	-	-	-	-	-	-	-	-	-		-	-	-	-		

Nore.—1. From 1st December, 1870, to the end of September, 1871, smallpox cases only were admitted to the Board's hospitals.

2. The deaths of fever patients include those deaths due to intercurrent maladies.

3. Diphtheria cases have only been admitted into the Managers' hospitals since 23rd October, 1888.

4. The mortality rates of patients in the Managers' hospitals are calculated according to the Registrar-General's formula, i.e., by dividing the deaths, multiplied by 100, by half the sum of the admissions, discharges, and deaths for the year.

SMALLPOX. (6.) The following table shows the admissions and deaths of patients in the Managers' smallpox hospitals during each year since the opening of the first hospital at the end of 1870:—

Table XIV.—Admissions, Deaths, and Mortality per cent. of Smallpox Patients since 1st December, 1870, together with the Annual Mortality per 1,000 persons living of the Population of the Metropolis from Smallpox, extracted from the Registrar-General's Annual Summaries.

	YEA	R.			Al	OMISSIO	NS.		DEAT	HS.	Mortality per cent. of Patients treated in Managers' Hospitals.	Total Annual Mortality per 1,000 of estimated Popula- tion.
					Smallpox.	Other Diseases.	Total.	Smallpox	Other Diseases.	Total.	Smallpox.	Smallpox.
	Dec., 187 Fe' -2 (4th F	b., 1	871	5	582		582	97		97	20.81	
1011		31st			13,139	6	13,145	2,460		2,460	18.95	2.42
		n., 18	873)	5	2,359	3	2,862	467	1	468	17.84	0.54
Sept.		n., 18	74)	5	174	17	191	35		35)	17.00	0.03
10000		t De		at	112	8	120	10		10	17.02	0.02
1875		***			89	22	111	22		22)	,	0.01
1876			•••		2,134	16	2,150	372	1	373	21.64	0.21
1877					6,516	104	6,620	1,214	4	1,218	17.92	0.71
1878					4,558	96	4,654	824	9	833	17.99	0.39
1879			•••		1,628	60	1,688	273	5	278	15.69	0.12
1880				400	1,982	50	2,032	286	2	288	15.95	0.12
1881		***			8,551	120	8,671	1,417	14	1,431	16.61	0.62
1882 1883		•••		***	1,799	55 28	1,854 626	260	3	263 93	12.96 16.06	0.11
1884				***	598 6,363	204		93 940	3	943	15.98	0.31
1885					6,146	198	6,567 6,344	1,052	3	1,055	15.80	0.35
1886					99	33	132	22	2	24	10 00	0.01
1887					56	3	59	3		3	(	0.00
1888					62	5	67	8		8	14.00	0.00
1889					5		5			(	14.28	
1890					22	5	27	3		3		0.00
1891					63	1	64	8	***	8)	1	0.00
1892					325	*23	348	35		35	11.29	0.01
1893					2,376	*118	2,494	180	2	182	7:64	0 05
1894		***	***		1,117	*120	1,237	102	7	109	8.87	0.02
1895			•••	***	941	*81	1,022	64	1	65	6.36	0.01
1896			***	***	190	*41	231	9	1	10	4.01	0.00
1897		***		**	70	*26	96	13	1	14	18.44	0.00
1898 1899		***		***	5 18	*18	14 36	3		3	20.69	0.00
1900		***			66	*19	85	3		3	4.3	0.00
1300	Totals					1,489	63,634	10,275	59	10,334	16:53	

The following table is founded on the returns of the Registrar-General, and will be of interest to the Managers in relation to the history of smallpox in the Metropolis:—

<sup>\*</sup> Most of these were patients who were detained for observation at South Wharf.

	Pottored & Proceedings	D	EATHS FROM SMALLPO	
YEARS.	Estimated Population in the Middle of each Year.	Annual Total.	Annual Rate per Million of Population.	Rate per Millio on Averages of Five Years.
1838	1,766,169	3,817	2,161	_
1889	1,802,751	634	352	_
1840	1,840,091	1,235	671	_
1841	1,878,205	1,053	561	_
1842	1,917,108	360	188	787
1843	1,954,041	438	- 224	399
1844	2,033,816	1,804	887	506
1845	2,073,298	909	438	460
1846	2,113,535	257	122	372
1847	2,202,673	955	434	421
1848	2,244,837	1,620	722	521
1849	2,287,302	521	228	389
1850	2,330,054	499	214	344
1851	2,873,081	1,062	448	409
1852	2,416,367	1,159	480	418
1853	2,459,899	211	86	291
1854 1855	2,503,662	694	277	301
1856	2,547,639	1,039	408	340
1857	2,591,815	531	205	291
1858	2,636,174	156	59 90	207
1859	2,680,700 2,725,374	242		208
1860	2,725,374 2,770,181	1,158 898	425 324	237 221
1861	2,815,101	217	77	
1862	2,860,117	366	128	195 209
1863	2,905,210	1,996	687	328
1864	2,950,361	547	185	280
1865	2,995,551	640	214	258
1866	3,040,761	1,391	457	334
1867	3,085,971	1,345	436	396
1868	3,131,160	597	191	297
1869	3,176,308	275	87	277
1870	3,221,394	973	302	295
1871	3,267,251	7,912	2,421	688
1872	3,319,736	1,786	537	708
1873	3,373,065	113	33	676
1874	3,427,250	57	16	661
1875	3,482,306	46	12	602
1876	3,538,246	736	207	161
1877	3,595,085	2,551	709	194
1878	3,652,837	1,417	387	266
1879	3,711,517	450	120	287
1880	3,771,139	471	124	309
1881 1882	3,824,964	2,367	617	391
1883	3,862,876	430	110	271
1884	3,901,164 3,939,832	136	34	201
1885	3,978,883	1,236 1,419	307	228
1886	4,018,321	24	347 5	283
1887	4,058,150	9	9	160 139
1888	4,098,374	9	2 2	132
1889	4,138,996		_	71
1890	4,180,021	4	1	2
1891	4,221,452	8	1 2	1.4
1892	4,263,294	41	10	3
1893	4,306,411	206	48	12
1894	4,349,166	89	22	16
1895	4,892,346	55	13	18
1896	4,421,955	9	2	18
1897	4,463,169	16	4	17
1898	4,504,766	1	0.2	7.6
1899	4,546,752	3	0.6	3.8
1900	4,589,129	4	0.8	1.4

In connection with the foregoing table, it is interesting to remember that the beginning of the present ambulance service was by the opening in 1881 of one ambulance station in the east end of London, to deal with smallpox removals only; also that in 1884 a commencement was made of the existing practice of removing all smallpox out of London for treatment. To the combined effects of quick removal and perfect isolation is doubtless attributable in no small degree the long-continued freedom of the metropolis from smallpox in its epidemic form.

staff niness in the Fever the medical superintendents of the several hospitals, showing the total number of members of the staff who were off duty during the year on account of illness.

There were 4,333 (4,765)\* persons employed at the fever hospitals during the course of the year (including those employed at the Gore Farm Hospital), of whom 216 (243), or 4.9 (5.1) per cent., fell ill with fever or diphtheria, and 3 (3) died; while 1,397 (1,280), or 32.2 (26.8) per cent., suffered from other forms of illness.

The table also shows that 118 (88) persons were employed on the Hospital Ships during the year, none of whom contracted smallpox, but 18 (19), or 15.2 (21.6) per cent., suffered from other diseases.

In our report for the year 1892 we pointed out that nurses and other members of a hospital staff could be brought with almost absolute impunity into contact with smallpox, provided they were properly protected by vaccination; and the evidence of each succeeding year has confirmed us in that opinion. It may be added that it is the Board's practice to insist on the re-vaccination of all officers and servants before they join the hospital or ambulance service unless they can satisfy the medical superintendent that they are already sufficiently protected.

### ii. IMBECILITY.

Accommodation for Imbecile Patients.

(1.) The following table gives particulars of the accommodation for imbecile patients which the Managers now possess:—

	Ins	TITUTION.		Males.	Females.	Total.
Leavesden	Asylum		 	 818	962	1,780
Caterham	,,		 	 888	1,065	1,953
Darenth ,,	"		artment partme	 1,070	924	1,994
				2,776	2,951	5,727

<sup>\*</sup> The italic figures in brackets throughout are the corresponding figures for 1899.

ANNUAL REPORT, STATISTICAL COMMITTEE, 1900.
TABLE XV.—Staff Illness in Infectious Hampitals during the year 1900.

		East Hosp		North- Eastern Hospital	W	orth- stern spital.	Western Hospital.	Sor Wer Hosp	oth- stern pital.	Fount Hospi		Grere Horpita	. 1	South- lastern repital.		ark pital.	Bro Hosp		North Hospi		Gore Fan Hospital.		SCHMART (Fever lospitals).	He S	ospital Ships salipox).	
NATURE OF DISEASE.	OFFICERS.	Number of Officers.	Number of days warded.	Number of Officers. Number of	Number of Officers.	Number of days warded.	Number of Officers, Number of	Number of Officers.	Number of days wareled.	Number of Officers.	Number of days warded.	Number of Officers, Number of	Sumber of	Number of	Number of Officers.	Number of days warded.	Number of Officers.	Number of days warded.	Number of Officers,	Number of days warded.	Number of Officers, Number of	Number of	Officeire, Number of days warded,	Number of Officers,	Number of days wanted.	REMARKS.
	Assistant medical officer Charge nurses Assistant nurses	- 3	97		40 1 06 1	28 2	2 10	1				1 1	15 67 00 8	 494	 1 5	 35 325	1 2 4	7 60 250	2	 121	7 7	18	4 118 5 210 39 1,974			G.H., one remaining warded at end of year. B.H., one remaining warded at end of year. G.H. one: B.H., one; G.F.H., two remaining warded at end of year. N.W.H., one died
Scarlet Sever	Lanndrymaids Messroom-maid Wardmaids Porters	1 2	44 92	1	43 2	104	= =	-	50		53	5 3	50 1	53 61		73 41		197	1	74	1 1	29	2 96 1 44 19 1,115 2 71	1111		Recovered. Recovered. B. H., one remaining warded at end of year. G. F. H., one remaining warded at end of year.
	Ambulance driver Assistant medical officer. Charge nurses Assistant nurses	1 2 10	51 33 300	6 1	i i		9 34	1 - 2	28 108	1 9	29 238		60 1 82 5	30	1 2 7	16 77 296	 1 10	19 857		50		2	1 51 6 136 8 217 69 2,504		-	Recovered.  G.F. H., one remaining warded at end of year.  Recovered.  G.H., one; B.H., two remaining warded at end of year.
Diphtheria	Cook		1111					=			=		45		-111		1	45	3	137			1 44 3 137 1 45 1 45 2 108		111	Recovered. Recovered. Recovered. Recovered. Recovered.
Scarlet fever and diphtheria	Wardmaids Porter	1	128 29				2 5	1 =	-	ī	28		51 2	67	-	150	1 1	114 43 80		-	2 7		18 660 1 43 1 29 3 140		1111	Recovered. Recovered. Recovered. O. F. H., one remaining warded at end of year.
Enteric fever	Wardmaid	8	72		2	115	2 17	1 2	139	-	=	4 3	92 14 1 86 1		1	86 185	1 1	51 52	111				1 72 4 229 19 1,094 5 318			Recovered.  G.H., one remaining worded at end of year.  E.H., one died; S.W.H., one died; G.H., one remaining warded at end of year.  (J.H., one remaining warded at end of year.
	, Medical superintendent	27	845	14 8	42 7	278	15 67	1 7	283	14	389	31 1,6	70 21	1,083	29	1,409	29	1,275	7	382	1 11		216 9,500			G.H., one remaining warded at end of year.  Recovered.
	Assistant medical officer Stewards' clerks Matron Assistant matrons	2	11	3	20	1111		1 1 1	28 21  22	2	*	***	15	=		43	1	15 2	1	34			17 226 2 55 1 2 2 33	1	23 	Recovered. Recovered. Recovered.
	Housekeeper Charge nurses Assistant nurses Night superintendents Lambry superintendents	21 53	192 464	5 64 3	46 4 66 28	86 208	1 5 8 14 44 78	2 15	115 610 	11 57	63 426	37 5	60 2 64 31	28 316	15 49	184 649	25 75 2	246 937 29	2 21	8 184	4 6 27 34	2	1 51 123 1,841 541 6,149 2 29 1 13	1	6 51	Recovered. B.H., three remaining warled at end of year. B.H., five remaining warded at end of year. Recovered. Recovered.
	Wardmaids	24	21 218  17	34 3	134 8 1 1	129 68 5	2 12 32 66	7 58	612 28	29	205	55 8	22 28		37 	20 477 	2 40  3	20 407  20	22	199	35 45		6 186 102 4,655 1 68 20 142	5	37 39	Recovered. G.H., three remaining warded at end of year. Recovered. Recovered.
	Kitchenmaids	1 3	4 39 	5- 12- 4- 1	17 2 53 2 30 22 1	33 12	1 2	S 8 7 S	66 54	9	55	9	1 19 88 9 45 1 18 2	20		1111	4 12 5	37 187 41 13	8 6 4	53 78 22 20		1	1 5 30 252 71 733 18 158 18 184	100		Becovered.  R.H., two remaining warded at end of year.  Recovered.  Recovered.  F.H., one died.
Other diseases	Scullerymaids General servantesian ma Dispenser Engineer				1			<sub>1</sub>	12		1111	-	4	58			i 	4					2 17 5 65 1 12 1 4	1		Recovered. Recovered. Recovered. Recovered.
	Assistant engineer Electrician Fitter Carpenter Porters	11.14			12 3	15	1 1	4 13	72		58	/100 m	4	- 35		234	1 16	5  971		=	1 2	8 21	1 5 1 4 1 8 101 1,189		10	Recovered. Recovered. Recovered. G.H., one: B.H., one; G.F.H., one remaining warded at end of year.
	Gate-porter Assistant gardeners Stokers Laundrymen	1 1 1 1 1 1	21	1	3	13		1 5	25	=			1	3	1111			1111	1 13	6	1 1		1 3 2 18 9 66 4 23	3	44	Recovered. Recovered. Recovered. Recovered.
	Labourers Messengers Messroom attendant Ambulance attendant Ambulance drivers		16	1	5 1	24 8	2 6		11111	=				=	11111	11111	1	19	-	-			2 19 2 24 1 24 1 8 4 86		-	Recovered. Recovered. Recovered. Recovered. Recovered. Recovered.
	Sweep Night watchman Boatmen						1 4	5	2,066					-	-	=======================================	=	=		=	= =		1 45	-	2 12	Becovered. Becovered. Becovered.
Number employed	(Males Females		0	146   1,5 45 232		59 511	108   2,55 42 228		12,066	129 38 233		62 399		64 311		3,006 54 19	223 13 39	10)	50   51 251		100 11,7 128 231	17 1.	613 25,296 826 3,507		47 71	
	Totals	34		297		170	270		07 15	971		461 20		275	-	T3	52	12	811		459		4,383		118	
Number engaged during the year	Totals	11	12 90 12	17		23 104 127	168	10	16	71		153	_	117	1	43 81	21	13	0	3	60 175 185	-	344 1,346 1,690		14 38 52	
Number that left during the year			12	8 79		22 59	14 184		15	63		23 158		30 106	1	33 54	14		17		50 139		318 1,893		14 25	
	TOTALS	- 11	3	87		121	198	1	38	71		181	1	136	1 1	18	21	14	8	3	189	1	1,721	-	39	

In addition to the foregoing accommodation, the Managers have now in course of erection at Tooting Bec an asylum infirmary of 750 beds. They have also arranged to erect on the same site receiving houses for 56 imbecile children. The Managers have also hired a house at Little Ealing in which they propose to temporarily accommodate 150 improvable children.

Annual Reports. The annual reports of the medical superintendents of the asylums will be found on pp. 121 to 139.

Asylum Statistics. The annual statistical tables for each asylum are printed on pp. 140 to 165, together with the summaries of the same. For the first time the statistics relating to the adults' and the children's departments at Darenth are included in one set of tables. This has been done because the departments, although in separate and independent buildings, are now placed under one medical and general administration and are to all intents and purposes one asylum. It will also be observed that various changes have been made in the forms of the tables and new ones have been introduced, so that they now correspond with the forms laid down by the Medico-Psychological Association, which are in use at most of the asylums throughout the country.

The following tables summarise the statistics of the three asylums:—

Table I .- Admissions, Re-admissions, Discharges, and Deaths at Asylums during 1900.

111111111111111111111111111111111111111				Males.	Females.	Total.
In the asylums, January 1st, 1900				2,890	3,061	5,951
Cases admitted —  First admissions	Males. 170 5 48	Females.  204 5 70	374 10 118			
Total cases admitted during the year				223	279	502
Total cases under care during the year				3,113	3,340	6,453
Discharged— Recovered	10 14 24 48 285	8 6 27 70 284	18 20 51 118 519			
Total cases discharged and died during the	year			331	395	726
Remaining in the asylums, December 31st,	1900			2,782	2,945	5,727
Average number resident during the year Persons* under care during the year† Persons admitted Persons recovered Transferred from other asylums not under Transferred to other asylums not under the	the Bo	ard;		2,836 3,110 223 10 28 18	2,995 3,340 279 8 65 17	5,831 6,450 502 18 93 35

<sup>\*</sup> Persons, i.e., separate persons in contradistinction to "cases," which may include the same individual more than once.

† Total cases, minus re-admissions of patients discharged during the current year.

Included in first admissions. § Included with not improved cases,

From the remarks made in the reports of the medical superintendents, it appears that the majority of the admissions in recent years have been lunatics, not imbeciles. They also draw attention to the weakness, age, and decrepitude of many of the patients sent for care and treatment to the asylums, many of them requiring infirmary treatment on their arrival. It is for the reception of this latter class of patients that the Managers are now providing accommodation at Tooting Bec.

Of the discharges, 38 were transferred to county asylums as "dangerous "to themselves or others."

The medical superintendent of Leavesden Asylum states that the high death-rate (16·2 per cent.) at that institution during the past year was the highest on record, namely, 310, as against the next highest, 305, when influenza was prevalent in 1890. The primary or secondary cause of death in the past year in 105 cases was tuberculosis. The death-rates at Caterham and Darenth Asylums were 6·8 and 3·82 per cent. respectively on the average numbers resident.

Table Ia.—(1) Previous Attacks among Persons Admitted at the Asylums during 1900, and (2) the Number of Times they have previously Recovered in one of those Asylums or any other Asylum.

		(4) 37								PERS	ons.		
		(1) NU:	MBER OF	Previous	ATTACI	KS.		Mal	les.	Fema	ales.	Т	otal.*
Have had	1 at	tack					 		4	1	7	lar-	11
,,	2 at	tacks					 		4	1 8	3		12
,,	3	,,					 		4	1	3	-	7
,,	4	,,					 		1	1	2		3
,,	5	,,					 			1	1	PERM	1
,,	6	,,					 		1				1
	(2)	Number	OF TIME	s Patien	TS RECO	OVERED.			n Boa Asylu		In .	ANY A	SYLUM.
				215	13			M.	F.	Total.	М.	F.	Total
Once							 		1	1	3	3	6
Twice							 				4	8	12
3 times							 				4	1	5
4 ,,							 				1	2	3
5 ,,							 				+5	1	1
6 ,,							 				1		1

<sup>\*</sup> No figures given in respect of Darenth Asylum.
No figures given in respect of Caterham or Darenth Asylums.

Table II.—Admissions, Re-admissions, Discharges, and Deaths from the opening of the Asylums to the 31st December, 1900.

1 2	Males.	Females.	Total.	Males.	Females.	Total.
Persons admitted during the period of 30 years and 83 days	11,211 156	10,546 112 1,212	21,757 268 2,329			
Total cases admitted				12,484	11,870	24,354
	Males.	Females.	Total.			
Discharged cases—  Not insane	27 595	24 404	51 999			
Relieved	826 846	585 734	1,411 1,580			
To other asylums of the Board Died	828 6,580	740 6,438	1,568 13,018			
Total cases discharged and died since open	ing of t	he asylur	ns	9,702	8,925	18,627
Remaining December 31st, 1900				2,782	2,945	5,727
Average number resident during the 30 year	ars and	83 days		2,461 315	2,866 603	5,327
Transferred from other asylums not under Transferred to other asylums not under the	Board	t		218	204	918; 422;

Table IIa.—Admissions and Recoveries of Persons § from the opening of the Asylums to the 31st December, 1900 (30 Years and 83 Days).

			Males.	Females.	Total.
Persons § admitted			 8,907	8,524	17,431
Persons discharged recovered during the sa Of whom were re-admitted relapsed	me	period	 515	325	840
Recovered persons who have not relapsed Relapsed persons discharged recovered ¶			 259		450
Net recovered persons **			 		

N.B.—This is an incomplete table. See notes to Summary, Table IIA., p. 142.

<sup>\*</sup> Included in the admissions. + Included with the not improved cases. 

‡ See notes to Summary, Table II., p. 141.

<sup>§</sup> Persons, i.e., separate persons in contradistinction to cases, which may include the same individual more
than once.

<sup>|</sup> i.e., persons who have relapsed one or more times.

 $<sup>\</sup>P$  i.e., after last re-admission, if relapsed more than once.

<sup>\*\*</sup> i.e., recovered persons, sane at the present time, so far as the asylum statistics how.

TABLE III .- Admissions, Discharges, and Deaths, with the Mean Annual Mortality and proportion of Recoveries per cent. on the Admissions at the Asylums for 1891, and each subsequent year.

	_						-							
	jo e	ident,	Total.	0.6	9.0	8.3	8.8	7.3	9.9	9.9	6-9	7.2	8.8	
	Percentage of	Deaths on Average Numbers Resident,	Females.	6.6	9.8	1.1	4.8	7.8	2.9	1.9	6.9	0.2	7.6	
	Porc	Deaths	Males.	œ œ	5.6	8.9	8.6	8.9	9.1	7.5	8.9	4.5	61	TO THE
			Total.	5.5	2.0	0.9	4.5	4.5	2.9	4.1	6.1	3.4	9.8	No. of Street, or other Persons
	ntage	Recoveries on Admissions.	Females.	0.9	3.1	5.1	3.1	1.5	6.4	9.8	8.8	3.5	8.6	98.09
	Porce	Reco	Males.	5.1	7.8	0.9	5.4	6.9	9.9	4.5	9.8	3.7	4.5	
		grace of the state	Total	5,803	5,875	5,968	5,962	6,004	6,013	5,983	6,040	5,943	5,831	(married
	A rough of the last	Resident.	Females.	3,053 5	3,068 5	3,096 5	3,100 5	8,121 6	8,114	3,092 5	3,087	3,069 5	2,995 5	
	000	Res	Males.	2,750 3	2,812 3	2,872 3	2,862 3	2,883 3	2,899 3	2,891 3	2,953 3	2,874 3	2,836 2	
			Total.	5,918 2,	5,990 2,	5,963 2,	6,004 2,	6,031 2,	6,006 2,	5,998 2,	5,991 2,	5,951 2,	5,727 2,	
r secu	Remaining	1st December in each year.	Females.	3,089 5,	3,120 5,	3,092 5,	8,137 6,	3,124 6,	3,106 6,	3,085 5,	3,099 5,	3,061 5,	2,945 5,	
iori, and each sanseduent year.	Rema	31st December in each year.	Males.	2,829 3,0	2,870 3,	2,871 3,	2,867 8,	2,907 3,	2,900 8,7	2,918 8,0	2,892 3,	2,890 3,0		-
ome				523 2,8	531 2,8	498 2,8	527 2,8	440 2,9	399 2,9	399 2,9	418 2,8	431 2,8	519 2,782	1
creere		DIED.	Females.	281 5	264 5	241 4	262 5	245 4	178 3	190 33	216 4	217 4	284 5	Old Its
terese		ī .	Males.	242 2	267 2	257 2	265 2	195 2	221 1	209 1	202 2	214 2	235 2	
1		. jo	Total.	1	45	68	21	72	22	22	4	47	1000	1336
		To other Asylums of Board.	Femsles.	- 1	31	#	13	9#	53	33	52	21	70 118	
of ownshire	T.	ASS	Males.	:	11	45	38	96	28	24	19	56	48	
6	DISCHARGED.	Not Im. proved.t	Total.	58	68	67	5 51	19	19 1	54	7.5	\$ 176	15	411
	SCHA	Not	Males, Females.	31 27	34 29	41 26	25 86 15	30 30 31	8 24	14 20	41 34	3 33	14 27	
	Ö	7	Total	618	27.	88	25.8	308	52 48	5234	28	39 43	20 24	1 20
1		Re-	Remales.	31	6	18	6	=	55	13	13	00	9	111-1-2
1		_	Males.	330	41 18	20	1 16	61.8	130	665	36 15	2031	8 18 14	
1		Re. covered.	Females.	25 48	64	19 16 35	131	5 28	1231	9.24	0.1	60	8	-
1		B	Males	53	29 1	191	20 11	53	19	15	241	12	10	
		1.	basab JatoT	864	776	689	726	829	581	629	293	573	505	10-100
1		Total.	Females.	414	376	310	5000	325	247	250	314	249	279	
1			Males.	450	43 100	879	371	333	334	329	279	324	223	Links
1	ED.	ner d.	Total.	- 1	43	89	53	72	57	57	44	47	70 118 223	117
1	DMITTED.	rlun	Lemsjes.	:	65	44	13	46	53	33	25	21	20	
	D	From other Asylums of Board.	Males.	;	Ξ	45	40	26	58	57	6:1	26	30	14.14
		*.	Total.	864	733	009	673	989	524	522	549	526	384	
		From Parishes d Unions.	Lemules.	114	344	266	342	279	218	217	289 549	528	209 384	
		Pa	Males.	450	389	334	331	307	306	305	260	862	175	
					:	:	:	:	:	:	:	:	:	
		YEAR.		1891	1892 .	1893 .	1894	1895 .	1896 .	. 7681	1898	1899	1900	
1.		-			-	-	-		-	-	-		-	

The reduced number of admissions direct from parishes and unions during the past, as compared with former years, was due to the reduction in the number of beds available at Leavesden and Caterham Asylums. The proportion of recoveries to admissions was again very low-3.6 per cent.-and indicates the chronic nature of the mental diseases from which the patients suffer.

; Includes 3 males, 1 female, not insane.

<sup>\*</sup> Including transfers from asylums not under Board.

<sup>+</sup> Including transfers to asylums not under Board.

† Includes the "not insane" cases in Table II., p. 141 (Leavesden and Caterham Asylums).

Table IV.—History of the Annual Admissions since the opening of the Asylums, with the Discharges and Deaths, and the numbers of each year remaining on the 31st December, 1900.

(Table VIII. in previous reports.)

		-	٠.	ATTOTICAL COMMITTEE, 1900.	
	20.	ars ns nber,	Total.	4844468778881888444884488888888888888888	727
	Remaining	or each year's Admissions 31st December 1900.	Females.	28 28 28 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	2,782 2,945 5,727
1	Ren	Adn 1st I	Males.	88118821754458888888888888888888888888888888888	782
		00	· · · · · · · · · · · · · · · · · · ·		_
ı		ė.	Total.	888.8 88	6,580 6,438 13,018
ı	SIONS	DIED.	Females.	1,000 2,000	6,438
	NDMIS		Males.	25.55.55.55.55.55.55.55.55.55.55.55.55.5	0,580
	TOTAL DISCHARGED AND DIED OF EACH YEAR'S ADMISSIONS.	her ims he rd.	Total.	2882282445646788462256848815000	865 744 1,6091 828 740 1,568
	и Ув	To other Asylums of the Board.	Females.	-68 23 25 25 25 25 25 25 25 25 25 25 25 25 25	740
١	RAC		Males.	72218857848854888817887213000+000	88
	40 g	Not Improved.	Total.	88345223222222222222222224 884522222222222222222	1,609
ı	DIR	Not	Females.	E8897158800888888888888888	7.
ı	VND	H	Males.	2012424488888488888888888888888888888888	865
	GED	ed.	Total.	PHP2835529220202020203338888888884824	826 585 1,411
	HAN	Relieved	Females.	\$2222888000288888882225888003220001	128
١	Disc	Re	Males.	88888888848888888888888888888888888888	3365
	OTAL	red.	Total	23.44.28.43.48.88.54.42.88.88.48.88.88.88.78.73.7	603 418 1,021*
	-	Recovered.	Females.	21484255000545826850088148	181
		Rec	Males.	82888887151872275151518888758551205	908
		10	Total.	885-65-99-66-610-685-812178888888888888	
	AND	DIED.	Females.	515041000 :010000100000155550058158	84 5
	OKD	-	Males	1001 :: 000000 :0000100400408485551848	235 284 519
-	SSIONS DISCHARGED IN 1900.	ms ne d.	Total.		
	Disc	To other Asylums of the Board.	Females.		48 70 118
	SSIONS I IN 1900.		Males.		
		Not Im- proved.	Total.		7 51
	ADMI	No Prr	Males. Females.	H H H H H H H H H H H H H H H H H H H	24.0
	YEAR'S	ved.	Total.		30
1		Relieved.	Males.		14 6
1	KACH	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Total.		18
١	0F.	Re- covered	Females.	1111111111111	00
-		ő	Males.		10
			Grand Total.	28.00 88	24,354
		Total.	Females.	1,415 8,717 8,817	0,28,11
			Males.	22122222222222222222222222222222222222	12,484 11,870 24,354
	UKD,	other ims he rd.	Females.	:: :84250 : :2270 :888803 :3224888195	
	ADMITTED.	From other Asylums of the Board.	Males.	:::4555512 8 18 25 18 25 12 28 28 25 28 2	1,117 1,212
			Females.		
		Re- lapsed Cases.	Males.	: :: :-::::::::::::::::::::::::::::::::	156 112
		ases.	Females.	1,13 1,13 1,13 1,13 1,13 1,13 1,13 1,13	
		New Cases	Males.	1,184 1,184	11,211 10,546
	_			811111111111111111111111111111111111111	-
		19		(part c	Totals
-		YEAR.		1871 (p. 1872   1873   1874   1875	Tot
L				222222222222222222222222222222222222222	

\* Includes the "not insane" cases in Table II., p. 141 (Darenth Asylum).

Table V.—Causes of Death at the Asylums
(Table VII. in

	_			_				_	_		_				_				_			_		
CAUSE OF DEATH.					and and and 20.	l er		an und 2f	d ler		30	d der 0.		100	d ler 5.		and and 40	d ler	u	40 and nde 45.	er	u	45 and nde 50.	i er
		8			1			18			100			18			100			1			1	
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Female	Total.	Males.	Females.	Total.	Males.	Female	Total.	Males.	Female	Total.	Males.	Female	Total.
CEREBRO-SPINAL DISEASES-	П									ı			L			П			Ш			п		
Apoplexy					1	1																		
Cerebra Isoftening Cerebral softening and pulmonary tuberculos	100	1			500	100																		1
Cerebral spinal meningitis		1	1																					
Exhaustion of imbacility and possicious answer	2		2	3	1	4	5		5	3	1	4	1		1		2	2	1		1		-	
General paralysis of the insane				1	1	2		1	1		ï	ï	ï		1	1	1	2	5	1	6	2		2
Cerebral spinal meningitis  Epilepsy Exhaustion of imbecility and pernicious anaem General paralysis of the insane with pneumon General paralysis of the insane with pulmonar	ia												-		***					1	1			
tuberculosis						***												1						
Glioma of spinal cord Hydrocephalus			***				in		***		1	1	1		ï			***						
Maniacal or melancholic exhaustion							1		1															
								1	1				l			11		1				1.		1
Suppurative otitis	1	ion	1						***			***			***		***	***						***
Tubercular meningitis			***									***	l				1	1						ï
			***		""			***	***		***	***		***	111	***		***		"	***		1	1
THORACIC DISEASES—		-	-			20																		
Fatty degeneration of the heart					1	1			***												,,,			
				:::									1::			1	1	1						
Influenzal congestion of the lungs												***	١		***						_			
Manhara annilla and antique				100								***		2		1	2	3		1	1		4	
Pericarditis										:::							***	111				10 4		400
Phthisis			***	4		4	6	3	9	3	4	7			13	4	8	12	8	4	12	8	6	
Pneumonia				4		7	1	1	2	3	***	3	3		3	1	2	3	1	5	6	2	1	3
Pulmonary tuberculosis with tubercular						_																		
Pulmonery tukerenlesie and influence	_				200		1004	76.5	- 10		200					7.5	200	- 1	200	100	_		_	
Valvular degeneration of the heart Valvular disease of the heart with influenza				3		3		2	2			***					2	2	2	1	3		1	1
bronchitis and influenzal pneumonia									***															
ABDOMINAL DISEASES-																	1							14
Acute enteritis																							1	1
Bright's disease			***									***						***	1.		1	1		1
Carcinoma of bowels		.:							***	1		ï	***		***			***			"			
Colitis	-								***								1	1						
Nonhaltin		_				_		2005 B C				ï		***			1	_			_			
Obstruction of bowels (volvulus)					-																			
Peritonitis (tubercular)		100		ï		ï								-	2					910	1		-9.00	
Peritonitis and psy, salpinx			200																	58.53				
Illeans the enterth	1	500						1	1										1000	-	.			7.0
IThermaline - Wet-																	1	1	1		ï			
GENERAL DISEASES—							1		111111			Party.			150			1						
Angina ludovici							1		1															
Cancer												***												
Enteric fever																							-	
Erysipelas												***	1		1									
Gangrene of the leg	1	2	3	1						1		1			***			1						
Influenza	-											***					-							
						1 .						1									_		-	
Charity 4																							38100	200
ACCIDENT OR VIOLENCE—														1										
Choking																1.		1						
				1	-		1	-			-	1			-	-	-		in in	1				
	1	-		-	-	1	-	-		-	-	+		-			-		-	1	-	-	-	-
Totals	4	3	7	181	00	9 1	61	n	20	10	0	90	10	7	25	199	23	35	19 1	4 9	23	6 1	5 2	11
Totals					MI G	/C) B1	Milit	ALC: U	200	4.00	100		4.620											

during 1900, together with the Ages at Death. previous reports.)

	50 and nd 55.	er	,	55 an and 60	d	1	and and 65	d	ı	65 and and 70	d er		70 and nde 75.	er	un	nd der	1	and and 85	d er		Să and ind	der		90 and and 95	der		95 and and 100	d er	u	10 and nd	der	2000 2000 2000	TOTAL	s.
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
2	2	1  4  2	1 1 1	1	2 2  1  1		1	4 3  2 2 2 	2	92 :: 33 ::	2 2 1 3			:4:::::	i	1		ïi	1		1	1									11111111	7 6 1 2 18 	5 9  1 12 1 6 1	12 15 1 3 30 1 18 1
2	2	4 :::::::::::::::::::::::::::::::::::::		2	4	2	4	6	2	1 5	 7  			11:1:1:1:		ï																 2 1 10  1	1 1 15 1 15 1	1 1 2 2 25 1 1 1
3	3	1  6  10	1 1 3	1 6	1 2 1 4 7	3	3 1	2 3 1 8	3	1 1 3	 1 1 6  6 1		2	2 1 2  3  6 1	1 1 1 1 1 1	1 2 2 1 2 1 1	-	1	2 1 1 3		1000	::: ::: ::: :::										2 1 1 2 1 14  1 57	6 1 5  4 1 24 1  57 2	8 2 6 1 6 2 38 1 1 114 3
2	ï	3	2	1	1 6	Г	0	9 4	6	5	7 8	1	3	4  1	1	2	-	1	1		2	1 2				-						30	26 1 1 27 4	56 1 2 39 4
	1	1	1	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	  1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	 i i 	 1 1 2  1 		3	3 1			1	i	i i i i i i i i i i i i i i i i i i i													3 2 1 4	1 3 3 3 1 1 1 2 2 1 1 1 1 1	1 6 3 2 4 1 5 1 6 1 1
.1		1 1  1 		1 1 1	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··				1	   1	"i 4	3		3	1	1 1 1	3	 1  7	 1 1  10		 1	    		3	3							1 5   19	2 1 1 4 1 2 1 36	1 7 1 1 2 1 9 1 2 1 2 1 5 5
Ì	-						-	***		-			"			0 46	-			-	1	ï 8				-	-					2 235	284	519

Attention has already been drawn to the large number of deaths from tuberculosis. From the foregoing table it will be seen that other main causes of death were epilepsy, organic brain disease, influenzal pneumonia, diseases of the heart, and senile decay.

Table VI.—Length of Residence in those Discharged Recovered and in those who have Died at the Asylums during 1900. (Table IX. in previous reports.)

				RECOVERED.			DIED.	
LENGTH	OF RESIDENCE.		Males.	Females.	Total.	Males.	Females.	Total.
Under 1	Month		1		1	3		3
From 1	to 3 Months		1	2	3	5	8	13
,, 3	,, 6 ,,		2	4	6	13	3	16
0	0		1	2	3	8	6	14
,, 9	10		2		2 2	4	9	13
4	O Vanno		2		2	26	20	46
0	9					13	18	31
0	E .					21	31	52
-	7					27	23	50
,, 7	10					40	40	80
,, 10	10		1		1	10	17	27
,, 12	1 5				*.*	9	14	- 23
,, 15	,, 20 ,,					8	29	37
,, 20	95					24	20	44
,, 25	90					24	46	70
	Totals		10	8	18	235	284	519

Fifteen out of the 18 patients discharged as recovered had been inmates of the asylums for less than 12 months. One, from Darenth Asylum, had been an inmate for between 10 and 12 years.

Most of the patients who died had been inmates for many years; 70 of them between 25 and 30 years.

Table VII.—Duration of Insanity on Admission in the Admissions, Discharges, and Deaths at the Asylums during 1900.

		Du	RATION	of D	TION OF DISEASE ON ADMISSION IN FIVE CLASSES.								
CLASS.	Ad	lmissi	ons.	Re	cover	ies.		novals			Death	8.	
	M.	F.	T1.	M.	F.	Ti.	M.	F.	Tl.	M.	F.	Ti.	
First class—First attack—	100				1		2 4 7 8 8	- 100		-			
Within 1 week on admission													
" 1 month "		2	2	1	2	3		1	1		1	1	
" 2 months "	1			1000							1	1	
., 3 .,	2	3	5	1		1	1		1	3	1	4	
Second class-First attack -	1000	196			- 0	1	1	1000	1 200	1			
Above 3 and within 6 months			1										
on admission	3	8	11	3	1	4				4	2	6	
Above 6 and within 12 months				193		1				12.0			
on admission	16	26	42	2	3	5	3	2	5	35	45	80	
Third class-Not first attack, and												17	
within 1 month on admission	1		1										
" 6 months "	3	3	6				8	2	10	15	22	37	
., 12 ,, ,,	1		1	**			4	4	8	11	31	42	
Fourth class-First attack or not,							and the		1				
but over 12 months on admission	32	67	99	3	2	5	12	15	27	57	77	134	
Fifth class-Congenital	137	130	267				52	69	121	97	75	172	
Unknown	0.00	40	67				6	10	16	13	29	42	
Totals	222*	279	501	10	8	18	86	103	189	935	284	519	

One patient admitted twice during the year is only counted once, discharged improved, but not cured, to care of parents.

Of the 18 recoveries, 13 were of patients admitted within 12 months of the first attack.

Table VIII.—Ages of Patients Admitted, Recovered, and Died at the Asylums during 1900, and of those remaining on 31st December, 1900.

(In place of tables X. and XI. in previous reports.)

""     25     ""     3)     ""     9     6       ""     30     ""     35     ""     8     10       ""     35     ""     40     ""     9     10       ""     40     ""     45     ""     41       ""     45     ""     45     ""     7     10       ""     50     ""     7     10       ""     55     ""     60     ""     6     11       ""     65     ""     70     ""     9     9       ""     75     ""     5     6       ""     80     ""     85     ""     3     8       ""     80     ""     85     ""     3     8       ""     90     ""     95     ""     ""     10	58 9 37 4 37 9 28	14	1 4 8 1 11	1 22	M. 34 19	F. 24	Tl.  58	М.	F.	T1.	M.	F.	Ti.	M.	F.	Tl.
From 5 and under 10 years   34   2   18   18   18   18   18   18   19   15   18   19   15   18   19   15   19   10   10   10   10   10   10   10	4 58 9 37 4 37 9 23	1:	1 4 8 1 11	1 22	34 19	24									7	444
,, 95 ,, 100 ,,	0 18 0 19 1 15 6 23 2 19 5 22 5 28 0 18 0 14 5 21 3 3	1	6 111 3 8 3 8 1 4 1 3 1 3 1 1 1 3 1 1 1 3 1 1 1 1	30 17 11 3 5 4  2 1  	37 25 20 14 12 4 8 8 6 6 13 9 5 6 6 3 	19 22 20 28 21 18 14 20 15 16 17 10 9 15 8 3 	38 59 45 48 35 30 18 28 23 22 22 22 21 111 3 	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 11 11 11 11 11 11 11 11 11 11 11 11		15 18 11 17 13 19 16 19 18 29 28 14 15 6 235	1 6 6 6 6 111 7 7 7 23 14 15 15 19 27 30 29 27 33 18 8 3	5 8 21 29 18 24 36 33 31 38 45 50 57 41 48 8 3 519	77 220 305 322 279 231 221 202 208 199 144 135 89 84 44 11 8 2 1 2,782	57 132 178 219 226 227 212 259 252 220 255 217 180 133 111 42 17 4 1 1 3	134 352 483 541 505 458 433 461 460 419 399 359 217 155 53 25 6 1 4 5,727

Of the direct admissions 95 were patients over 60 years of age. One patient over 65 years of age was discharged as recovered. There were seven patients over 90 years old remaining in the asylum at the end of the year.

Table IX.—Condition as to Marriage of Patients Admitted, Recovered, and Died at the Asylums during 1900.

(Included in table XIII. in previous reports.)

					ADMIS	ssions.											
AS	CONDITION AS TO MARRIAGE.  From Parishes and Unions.*			A	From other Asylums of Board.			TOTAL Admissions.			RECOVERIES.			DEATHS.			
			M.	F.	Tl.	M.	F.	TI.	M.	F.	Tl.	М.	F.	Tl.	M.	F.	TI
Single			130	122	252	48	68	116	178	190	368	5	3	8	82	94	176
Married			28	45	73		1	1	28	46	74	4	4	8	94	111	203
Widowed			16	41	57		1	1	16	42	58	1	1	2	34	58	9:
Unknown			1	1	2				1	1	2				25	21	40
Totals			175	209	384	48	70	118	223	279	502	10	8	18	235	284	519

Excluding 119 patients under 20 years of age who were admitted to Darenth Asylum, 133 out of a total of 265 direct admissions are recorded as single.

<sup>\*</sup> Including transfers from asylums not under the Board.

Table X.—Probable Causes of Insanity in the Patients admitted at the Asylums during 1900.

(Table XI. in previous reports.)

manufacture and all of the control o	1	NUMBE	R OF I	NSTAN	CES IN	wine	н вас	н Са	USE W.	AS ASS	SIGNEI	
		Ac	lmissi	ons—1			of Cas Fema		9; To	tal, 3	84.	
CAUSES OF INSANITY		redisp cause.			exciti cause.		or wh cou	redisp exciti ere th ld not inguis	ng, lese t be		Total	
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Moral—												
Domestic trouble (including loss of relatives and friends)				4	8	12				4	8	12
Adverse circumstances (includ- ing business anxieties and												
pecuniary difficulties)		1	1		2	2					3	3
Mental anxiety and worry (not included under the above		33.8										
two heads) and overwork					2	2					2	2
Religious excitement												
Love affairs (including seduc- tion)									1			
Fright and nervous shock												
Physical —												
Intemperance in drink	5	4	9	6	10	16				11	14	25
Intemperance, sexual		î	1								î	1
Venereal disease					1	1	***				1	1
Self-abuse, sexual	1		1	1		1				2	6	2
Over-exertion				1		1		***		1		1
Sunstroke	1		1		***		***	***		1 =		1 5
Accident or injury Pregnancy	1		1	4	***	4	***	***		5		5
Parturition and the puerperal	***			***	***			***			***	
state					1	1					1	1
Lactation		***										
Uterine and ovarian disorders	***											
Puberty					1	1			***		1	1
Change of life	***				3	3					3	3
Fevers Privation and starvation					***		***					
Old age	18	20	38	8	14	22				26	34	60
Other bodily diseases or dis-												
orders	2	3	5	5	5	10	2		2	9	8	17
Previous attacks		1	1		***						1	1
Hereditary influences ascer-	00	15	97				0		2	24	15	20
tained (direct and collateral) Congenital defect, ascertained	22 10	15	37 17	18	11	29	57	44	101	85	15 62	39
Other ascertained causes	73.9			10	11	29		44	101	99	02	141
Strict moor turned bruses		***		***			***					

Intemperance in drink is assigned as a predisposing cause in only 9 instances, and as an inciting cause in 16, hereditary influence in 39, and congenital defect in 147.

Note.—With reference to the distinction between "predisposing" and "exciting" causes, it must be understood that no single cause is enumerated as both predisposing and exciting in the case of any individual patient.

The figures in the total column represent the entire number of instances in which the several causes (either alone or in combination with others) were stated to have produced the mental disorder. The excess of the aggregate of such causes over the number of patients admitted is owing to combinations of causes. Transfers from other asylums are not included in this table.

Table XI.—Form of Mental Disorder in the Admissions, Recoveries, and Deaths at the Asylums during 1900 and of Inmates on 31st December, 1900. (Includes tables IV. and V. in previous reports.)

				An	MISSIC	ons.	REC	OVER	IES.	1	DEATH	s.		MAINING	
FORM OF MENT	AL DIS	ORDER		Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Congenital or In  Deficiency- Congenital—(c)  (i)  Epilepsy acqui General paraly	with with	epile	psy	41 103 1 7	38 96 4 4	79 199 5 11				45 46 20 11	24 56 18 7	69 102 38 18	479 1,273 69 21	373 1,081 100 14	852 2,354 169 35
Mania— Acute Chronic Recurrent A potù Puerperal Senile				1 9 4 -2 	25 1 2 1 	1 34 5 4 1	2 3 3	2 1  1	2 5 1 3 1	1 8 8  3	17	1 25 8  3	10 224 54 3 	3 248 17 2  6	13 472 71 5  6
Melancholia— Acute Chronic Recurrent Puerperal Senile				 1 2  1	2 11 	2 12 2 	2	3 1	3 3	2	4	6	10 5  3	59  4	 69 5  7
Dementia— Primary Secondary Senile Organic (i.e., coarse brai				8 22 21 	2 46 46 1	10 68 67				60	114 43 1	2 174 71 2	21 484 116	25 887 124 2	46 1,371 240
Total	s			223	279	502	10	- 8	18	235	284	519	2,782	2,945	5,727

3,206 out of the 5,727 patients remaining in the asylums at the end of the year were cases of congenital insanity, 472 of chronic mania, 69 of chronic melancholia, 1,371 of secondary dementia, and 240 of senile dementia.

Table XII.—Station or Occupation of Patients Admitted at the Asylums during 1900.

(Included in table XIII. in previous reports.)

	MAL	ES.	
Asylum attend'nt 1 Beadle	Joiners 2	Painters          Porters          Printer          Sailors          Shoeblack          Shoemakers          Slater          Solicitor          Stoker          Tailors          Tailor's salesman       1         Traveller	Upholsterer 1 Vanboys 2 Window-cleaner 1 Woodchopper 1 Nil and unknown 99

Note.-Transfers from other asylums of the Board are not included in this table.

Table XII.—Station or Occupation of Patients Admitted at the Asylums during 1900—continued.

- Continues	FE	MALES.	
Bookfolder 1 Caretaker 1 Charwomen 14 Domestic serv'nts 7	Fur-sewer 1 Hawker 1 Housekeepers 2 Housewives 10	Scrubber 1 Servants, general 19 Tailoresses 3	Umbrella sewer 1 Upholsterer 1 Nil and unknown 116
y, workers 7 Dressmakers and needlewomen 16	Laundresses and laundrywomen 6	Trimming manu- facturer 1	Total209

Note.-Transfers from other asylums of the Board are not included in this table.

Table XIII.—Table of Heredity in Patients admitted in the Asylums during 1900.

Degra	OK.				Males.	Females	Total.
I. DIRECT—					-		Taran II
Paternal					6	6	12
Maternal					1	2 2	12 3 3
Grandparents					1	2	3
II. COLLATERAL—				18,1		-	
Brothers or sisters					5	6	11
Paternal uncles or aunts					4	6 2 3 1	6
Maternal ,, ,,					.5	3	8
Maternal or paternal au	nts					1	1
Paternal grandparents		***					
Maternal ,,					1	1	2
Cousins					2		2
II. Rемоте—						r or so like	
Undefined					6	4	10
Totals					31	27	58
Total number of admissi	one .				145	181	326
Number in which causes		ssigned	***		35	46	81
Percentage of heredity of					21.4	14.9	17.8

This table contains no information in regard to patients admitted at Leavesden Asylum. In the 58 cases dealt with, there appears to have been a history of insanity in the parents or grandparents of the patients in 18 cases and in other relatives in 30 cases.

### iii. CHILDREN'S HOMES.

Into the homes at Herne Bay and Margate for children requiring the benefits of seaside air there were admitted during the year 104 boys and 120 girls. There were discharged 100 boys and 113 girls, and 1 boy and 2 girls died.

In the homes for defective children there have been under training 13 boys and 22 girls (see the table on p. 166).

### iv. TRAINING SHIP "EXMOUTH."

The number of boys admitted during the year was 423 (341)\* (including 80 (67) who were admitted from extra-metropolitan parishes and unions), while the number discharged was 392 (372).

Of the latter number, 115 (149) entered the royal navy, 145 (135) the mercantile marine, 93 (58) the army as musicians, and 39 (30) were returned to their respective parishes and unions. There was 1 (1) death.

At the end of the year there remained 561 (531) boys under training, of whom 115 (86) were chargeable to extra-metropolitan districts.

The statistical tables on pp. 167 to 175 supply detailed information concerning the boys under training.

### v. GENERAL SUMMARY.

In conclusion, the Committee submit the following brief summary of the number of persons who have been under the care of the Managers in their several institutions since the opening of the first hospital in 1870:—

Number of Persons. (Re-admissions are not included.)	Admitted direct from Homes or Parishes and Unions.	Remaining in the various Institutions, Dec. 31st, 1900.
Fever patients (including 218 cases of) relapsing fever treated in 1870)	244,424	4,142
Smallpox patients	63,634	2
Imbeciles	21,757	5,727
Boys on training ship "Exmouth"	7,615	561
Children at homes	795	196
Totals	338,225	10,628

### vi. MEDICAL SUPPLEMENT.

In continuance of the arrangement begun in 1896, there will be found at the end of this volume a Medical Supplement, edited by two of the Board's medical superintendents (Dr. F. M. Turner and Dr. H. E. Cuff), who have been appointed for that purpose by their colleagues. In this supplement there are included, in the first place, reports based on the records of the fever hospitals for 1900, dealing with the following subjects of a medical rather than of a general statistical nature:—

- 1. Complications and co-existent infectious diseases.
- 2. Post-scarlatinal diphtheria.
- 3. Antitoxin treatment of diphtheria.

There are also included papers by members of the Managers' medical staff on various subjects of interest in connection with the treatment of infectious disease.

(Signed) V. B. KENNETT-BARRINGTON,

Chairman.

<sup>\*</sup> The italic figures in brackets throughout are the corresponding figures for 1899.

## i. APPENDIX I.—INFECTIOUS DISEASES.

(Statistical tables detached from the Ambulance Committee's Annual Report in Vol. I.)

### APPENDIX A.-LAND AMBULANCE SERVICE.

Number of Patients removed by the Ambulances of the Board.

Number of		o reme	ocea o	y ine	Amout	unces	oj ine	Doare		-
Paulin .	From 1881 to 1892	1893	1894	1895	1896	1897	1898	1899	1900	TOTALS.
FEVER:— From homes to Hospitals	58,966	18,496	16,573	16,725	22,152	22,795	20,923	24,917	21,430	222,977
Convalescents to North-)	19,561			5,037		0.000000000			5,394	75,313
ernand other Hospitals	10,001	0,010	0,100	0,001	0,000	Ojoti	0,101	1,510	0,001	10,010
Recovered cases from Northern Hospital to				-		V 200				
Town Hospitals for	15,032	5,670	4,090	4,464	5,899	5,259	4,226	4,530	2,681	51,851
discharge)					Million .		11 148		Call at 4	90,500
Recovered cases dis-							1			
charged from Northern Hospitalconveyedfrom		BAR		L		1 .1				
Eastern and Western	100	60	221	82	154	111	1	97	29	855
Hospitals to South-							NO THE		100 11	
Eastern Hospital				negati i	AFRICA T	DER!	ello-co		ndmin	0.30
Ditto from South- Eastern Hospital to				170000			Toronto.	9		2
Western Hospital										
Recovered cases from	THE P					3 27 -6	100			
Gore Farm Hospital to	2,651	1,586	1,375		3,629	3,658	2,445	3.374	2.735	21,403
Town Hospitals for discharge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				.,	.,	-,	-,		
Recovered cases from						1				
Gore Farm Hospital					67 10 3		Berry 1			
conveyed from the	100	100				-01			200	1.000
South-Eastern, the South-Western, and	183	126	112		31	181	125	31	233	1,022
the Brook Hospitals to										
other Hospitals										
Other transfers between			7	61	1	10	2	6	39	126
Hospitals)	*3,038		251	256	377	350			577	5,830
From Hospitals to homes From General Hospitals	0,000	210	201	200	011	200	914	999	511	0,000
to homes, owing to	Tona I		and the							
want of room in the	3 marrie	400	140						00	0.000
Managers' Hospitals, or } to the patients being		468	143	724	1,287	752	71	144	20	3,609
extra - Metropolitan	-		BU 718 T	136		1 24	la la si	At south		Mann !
residents			3							
Enteric Fever cases from		1.50	010		100	****	7.00	0.17	001	1.700
homes to General Hos- pitals		170	216	241	109	186	133	247	201	1,503
*			-	TUE	-	-		,		
Total Fever Patients	99,531	33,618	28,147	27,590	43,637	42,243	34,680	41,706	33,339	384,491
SMALLPOX:-			77.5		and edical	P. Fr 20		Francisco	1	Transfer of
From homes to Hospitals	14,376	2,389	1,186	1,045	265	121	36	28	94	19,540
From Hospitals to Wharves			8					8		5,500
Other transfers between)	5		1					7		17
Hospitals)	0	-1	1	0	***	***	OF MOST	loga.		1.
From Hospitals and Wharves to homes	10,368	44	77	77	39	33	1	1	31	10,671
Total Smallpox Patients	29,902	2,765	1,272	1,125	304	154	37	44	125	35,728
Conveyance of Patients) to other places than the Managers' Hospitals)	688	_		-		361		369	327	3,692
Grand Totals	130,121	36,976	29,688	29,041	44,374	42,758	35,043	42,119	33,791	423,911

\* Includes some smallpox cases.

The use of the Managers' ambulances for the general conveyance of the infectious sick was not authorised until November 30th, 1889.

### APPENDIX B .- LAND AMBULANCE SERVICE-(continued).

Return of Work for the Twelve Months ended December 31st, 1900.

PARTICULARS OF WORK.	Number			HLES RU	N.	
TARTICULARS OF WORK.	Journeys.		Calculation and Calculation in Contract of the	orses.		By
		1	2	3	4	Vehicles.
REMOVALS FROM HOME-		mt.				
To the Board's Hospitals-						
Fever Patients	20,519	173,544	628			174,172
Smallpox Patients						***
To the Board's Wharves-	00	1 400			Harris Constitution of the	1 400
Smallpox Patients	88	1,483				1,483
To General Hospitals— Enteric Patients	190	1,599				1,599
		.,,,,,				2,000
OTHER REMOVALS—						
From General Hospitals to homes owing to want of		1				1 10
room in the Board's Hospitals,						
or to the patients being extra-			1 - 1/2			- de la constitución de la const
Metropolitan residents	21	210		***		210
Non-Smallpox Patients returned				-	100	
home	20	283				283
Other Patients returned home	28	267				267
Patients sent for, but for various causes not removed	434	2,915	20		3000 90	2,935
Patients' friends taken from	101	2,010	20			2,000
home to Hospital	43	358				358
Patients' friends taken from			1900		TO THE REAL PROPERTY.	No.
Hospital to home	43	343				343
TRANSFERS BETWEEN HOSPITALS-						
Fever Patients to and from						
Northern Hospital	735	6,505	9,427			15,932
Fever Patients to and from						
Gore Farm Hospital	1,080	1,042	18,618	85		19,745
Other transfers between Hospi- tals	121	1,156	195	Marin and Marin		1,351
Board's Hospitals to Wharves		1,150				1,001
RECOVERED PATIENTS TAKEN HOME—						
From Fever Hospitals	506	5,174	229			5,403
From Wharves:—Smallpox	9	162				162
Service requirements	639	5,172	25	7		5,204
Conveyance of Ambulance Com-						1000
mittee	6	40				40
Conveyance of other Committee					***	
Conveyance of Posionte to others	24,482	200,253	29,142	92		229,487
Conveyance of Patients to other places than Managers' Hos-	326	3,279	82			3,361
pitals (private removals)	020	0,213	02			9,001
Totals for 1900	24,808	203,532	29,224	92		232,848
Totals for 1899	28,184	222,128	37,855	452		260,367
Totals for 1898	23,120	182,255	32,421	- 33		214,677
Totals for 1897	26,055	231,143	39,417	810	41	271,411
Totals for 1896	26,646	249,376	46,792	337	301	296,792
Totals for 1895	19,963	189,360	23,004			212,364
Totals for 1894 Totals for 1893	19,796	214 884	26,918 30,186	72	228 241	203,820 245,311
Totale for 1900	24,017 17,607	214,884 147,606	27,497		3,535	178,638
Totals for 1891	8,254	66,129	12,958		791	79,873
Totals for 1890	8,644	67,443	14,167	415	2,405	84,423
Totals for 1889	5,594	40,957	6,276	232	881	48,346
Totals for 1888	5,550	34,842	12,767		1,910	49,519
Totals for 1887	6,507	51,894	5,223		1,009	58,126
Totals for 1886	2,073	13,578	1,980		***	15,558
Totals for 1886	-,					-

<sup>•</sup> Includes 126 miles by horses only.

### APPENDIX C .- RIVER SERVICE.

Number of Patients, Visitors, Staff, &c., conveyed to and from the Hospital Ships during the year 1900.

Month.				Patients conveyed to Hospital Ships.	Recovered cases conveyed from Hospital Ships.	Visitors conveyed to and from HospitalShips (including Managers).	Staff, &c., conveyed to and from Hospital Ships.	Totals.	
January					 18	2	3	109	132
February					 4	17	5	107	133
March					 3	9		128	135
April					 6			131	139
May					 5	2 5	1	133	144
June					 17	9	5	152	183
July					 6	13	23	. 118	160
August					 2	7		117	126
September	***				 1	2	1	121	125
October					 	1	4	115	120
November					 2	1		113	116
December					 	1		121	122
Totals for 1	900				 64	69	42	1,460	1,635
Totals for l					 11	6	- 17	1,434	1,468
Totals for 1					 6	5	7	937	955
Totals for 1					 69	55	132	1,027	1,283
Totals for 1					 188	243	153	1,815	2,399
Totals for 1					 925	792	862	2,372	4,951
Totals for 1					 1,101	1,009	1,762	3,742	7.614
Totals for 1					 2,364	2,053	2,195	4,040	10,652
Totals for 1					 298	235	121	735	1,389
Totals for 1					 68	58	155	503	774
Totals for 1	1890				 26	25	38	339	428
Totals for 1					 5	4	51	445	505
Totals for 1	888				 62	63	246	476	847
Totals for 1					 54	45	395	478	972
Totals for 1					 130	145	458	*3,929	4,662
Totals for 1	885				 5,468	5,809	‡	† 11	11,277
Totals for 1	884		41		 5.592	4,267	†	†	9,859
Grand Total	s				 16,426	14,878	6,634	23,732	61,670

### STEAMERS.

STEAMER.	Fires alight.		Under Steam.		Under Way.		Coal consumed.		of days	Distance run.
STEAMER.	Hours.	Mins.	Hours.	Mins.	Hours.	Mins.	Tons.	Cwt.	when steam raised.	Miles.
" Albert Victor"	407		307	7	148	40	49		45	1,260
"Geneva Cross"	393	9	236		97	37	58	10	47	906
" Maltese Cross "	290		153		40	10	47	10	29	276
"White Cross"	572	50	375	30	207	25	34	10	71	2,315
Totals	1,662	59	1,071	37	493	52	189	10	192	4,757

Quantity of Stores, Parcels, &c., conveyed to and from the Hospital Ships. Number, 2,644. Weight, 70 tons 2 cwt. 3 qrs. 10 lbs.

<sup>\*</sup>Included in this number is the number of contractors' workmen who were engaged on building and other work in connection with the Hospital Ships, and who were conveyed to and from Long Reach each week.

† No figures were given in the Committee's Report for 1884 and 1885.

# REPORTS OF THE MEDICAL SUPERINTENDENTS OF THE SEVERAL FEVER HOSPITALS FOR THE YEAR 1900.

(For Statistical Tables, see pp. 68 to 101.)

### No. 1.

### EASTERN HOSPITAL.

Homerton, N.E., January 22nd, 1901.

During the year, 2,513 patients have been under treatment. Of these, 1,407 have been discharged from the hospital, 533 have been transferred to the Northern and the North-Eastern Hospitals, and 287 have died, leaving 286 under treatment at the end of the year. The percentage mortality is 13:05.

The number of scarlet fever cases under treatment has been 367. Of these, 160 were discharged, 174 were transferred, 25 died, and 8 remained. The percentage mortality is 7.92. Included amongst the 25 deaths are 2 cases fatal from diseases other than scarlet fever, viz., measles, 1, and tuberculous disease of the brain, 1.

The mortality of the scarlet fever cases is higher than for any year since 1895, when it was 8.62 per cent. For reasons I shall mention presently, the number of admissions was small compared with previous years. Further, a ward is reserved at this hospital for cases certified to have concurrent scarlet fever and diphtheria, such cases, I believe, not being admitted to the North-Eastern Hospital. These cases usually turn out to be severe cases of scarlet fever of the anginous form, though occasionally they are instances of mixed infection. These facts partly explain the high mortality.

There have been 4 cases of secondary or post-scarlatinal diphtheria; scarlatinal pointheria.

1 of the patients thus affected died, but death was due to scarlatinal nephritis and not to diphtheria; 3 of the cases occurred in Courage and 1 in Honor ward. No cases arose in the three remaining wards set aside for scarlet fever. There were 4 cases of other forms of secondary sore throat.

The number of cases of diphtheria under treatment was 1,633. Of these, 847 were discharged, 359 were transferred to the Northern Hospital, 200 died, and 227 remained at the end of the year. The mortality per cent. is 14.04, the lowest hitherto recorded for this hospital. Included amongst the fatal cases are 15 in which death was due to diseases other than the attack of diphtheria for which the patients were admitted, viz., scarlet fever, 6; measles, 5; whooping cough, 2; and tuberculosis, 2. Making allowance for these cases, the mortality is 12.98 per cent.

Of enteric fever, 246 cases have been under treatment. Of these, 180 were discharged, 34 died, and 32 remained at the end of the year The mortality per cent. is 16.38.

Typhus Fever. 3 cases of typhus fever were admitted; all recovered.

Combined The combined mortality of the scarlet fever, diphtheria, and enteric fever cases is 13.27 per cent.

Of the 2,162 cases admitted, 252, or 11.6 per cent., were found to be suffering from diseases other than those notifiable diseases which are usually admitted to the Managers' hospitals. The percentage of error was, for scarlet fever, 17.0; for diphtheria, 7.6; and for enteric fever, 27.6.

In consequence of the increase in the number of patients suffering from diphtheria, the accommodation for this disease was, in June last, enlarged. Four scarlet fever wards were emptied (such of the patients as could bear removal being transferred to the Northern and North-Eastern Hospitals), cleaned, and disinfected, and reopened for diphtheria. There remained only one block of two wards for scarlet fever, which has been reserved for cases of co-existing scarlet fever and diphtheria, and for such cases of scarlet fever as have been sent to the hospital with the erroneous diagnosis of diphtheria. Consequently, only 19 patients suffering from scarlet fever were admitted during the last five months of the year.

Plague accommodation. Since September last the isolation block has been held in readiness for a few plague cases.

Staff. It is with regret I record the death of Assistant-Nurse Mary Green.
She died of enteric fever on May 21st. In her the Managers lost a hard-working and conscientious officer.

(Signed) E. W. GOODALL,

Medical Superintendent.

### No. 2.

### NORTH-EASTERN HOSPITAL.

St. Ann's Road, Tottenham, N.,

January 28th, 1901.

During last year, 1,841 patients were admitted direct from their homes, and 34 transferred from the Eastern Hospital, which, added to 347 left in from the previous year, brought up the total of those treated during 1900 to 2,222. Of these, 47 died, giving a percentage mortality of 2.47; 1,480 were discharged, 394 transferred to the Northern Hospital at Winchmore Hill, and 301

left in at the end of the year. At no time during 1900 was the hospital full, the number of admissions falling below that of any previous year.

Of scarlet fever, 2,083 cases were treated, with 39 deaths, giving a mortality per cent. of 2.2, which is slightly less than it was last year. The 39 deaths included 3 from post-scarlatinal diphtheria.

14 cases of diphtheria were under treatment, with 3 deaths, of which 1 was moribund on admission, and 5 cases of enteric fever with no deaths.

During the year, 120 patients were admitted who had neither scarlet fever, diphtheria, nor enteric, a number with which our extremely limited isolation accommodation was quite unable to cope. Of these, 103 were discharged, 5 died (2 from tubercle, 2 from measles, and 1 from diarrhæa), and 12 remained in at the end of the year.

The cases of post-scarlatinal diphtheria numbered 43, with 1 death.

Scarlatinal Diphtheria. In all there was a definite inflammation of the throat from which the bacillus of diphtheria was cultivated. There were in addition a large number of patients with apparently normal throats in whom this bacillus was found at some time or other during their stay in the hospital. Several of these had it on admission, though they showed not the slightest evidence of diphtheria, nor was there in any case a history of a recent attack of that disease. Such facts, while demonstrating the widespread character of this germ, tell strongly against the view that the reception of both scarlet fever and diphtheria into the same institution is the sole or even the principal cause of post-scarlatinal diphtheria, for it must be remembered that this hospital has always been reserved for scarlet fever, all patients suffering from diphtheria being isolated on admission.

Staff. 1 temporary assistant medical officer, 6 assistant nurses, and 1 laundrymaid contracted scarlet fever, while 6 assistant nurses suffered from diphtheria; all recovered. There was rather more general illness among the staff last year than in 1899, the excess occurring among the assistant nurses and wardmaids.

(Signed) HERBERT CUFF,

Medical Superintendent.

### No. 3.

### NORTH-WESTERN HOSPITAL.

LAWN ROAD, HAMPSTEAD, N.W., February 13th, 1901.

Statistics. The gross number of cases treated during the past year was 3,069, the mortality on the whole being 9.05 per cent.

Of the 2,684 admissions direct from their homes, 1,410 were cases of scarlet fever, 772 cases of diphtheria, 320 cases of enteric fever, and 182 were at the time of arrival or subsequently found to be suffering from other diseases than those certified.

1,411 of the total admissions suffered from scarlet fever, and 47 deaths were attributable to this disease or its complications, the percentage mortality, calculated according to the Registrar-General's formula, being 3.24 per cent.

The character of the disease throughout the year was distinctly mild.

With regard to age, 31 per cent. of the cases were under 5 years, and 34 per cent. between 5 and 10 years.

Of the 873 suffering from diphtheria, 114 died, the mortality being 14.5 per cent. 41 per cent. of the cases were under 5 years of age, and 36 per cent. between the ages of 5 and 10, that is, no less than 77 per cent. were under 10 years of age.

The severity of the cases, like scarlet fever, was much below the normal.

Of the 372 enteric patients, 56 died, the percentage mortality calculated in the same way being 17.3 per cent.

The type of the disease much exceeded the average severity, and was particularly observable as regards the males.

Of the 182 cases of other diseases, 31 died, or a percentage mortality of 16.7.
935, or 66.2 per cent., of the scarlet fever cases were transferred to the Northern Hospital.

The table showing the incidence of diphtheria during recovery from scarlatinal scarlet fever will be found in the medical supplement, this, however, was but rarely seen, the total number being 11, with 1 death.

Staff. Illness among the staff was considerable. 1 charge nurse contracted scarlet fever, and 1 assistant nurse, who I regret to state died from the malignant form of the disorder after 48 hours. With the exception of 1 being attacked by diphtheria and 2 by enteric, the rest were of a minor character, and all recovered.

(Signed) WM. GAYTON,

Medical Superintendent.

### No. 4.

### WESTERN HOSPITAL.

Fulham, S.W., February 27th, 1901.

The total number of patients treated during the year, which includes 1 born in the hospital, was 2,982. Of these, 1,573 were discharged recovered, 864 were transferred to other hospitals of the Board, and 170 died, leaving 375 in the hospital at the end of the year. The combined mortality in respect of all cases was 6.57 per cent.

Of scarlet fever, there have been 1,573 cases under treatment, of which 744 were transferred to other hospitals of the Board, 575 were discharged, 42 died, and 212 remained in hospital on December 31st.

The scarlet fever mortality was 3.09 per cent., the lowest so far recorded at this hospital.

Diphtheria supervened during scarlatinal convalescence in 14 cases, or 1.02 per cent. of the completed cases; all of these recovered.

The diphtheria admissions numbered 882, which, with 139 left over from the previous year, brings the total number treated to 1,021. 691 were discharged recovered, 119 were transferred, and 100 died, leaving 111 in hospital.

The diphtheria mortality was 11.16 per cent., the lowest so far reached at this hospital. In 15 cases death occurred within 24 hours after admission.

Tracheotomy was performed in 33 cases, with 9 deaths, a recovery rate of 72.7 per cent.

Of enteric fever, 212 cases were treated, of which 155 were discharged, and 16 died. 41 remained at the end of the year.

The mortality was 9.84 per cent., which is considerably below the average.

As regards miscellaneous diseases, which constituted 7.24 per cent. of the total admissions, 176 cases came under treatment, 152 were discharged, 12 died, and 11 remained in hospital.

The mortality was 7.10 per cent.

The percentage of error was 4.4 in cases certified as scarlet fever, 9.2 in cases certified diphtheria, and 16.8 in cases certified enteric fever.

The average daily number of patients during the year was 363, with a maximum of 436 on the 4th January and a minimum of 290 on the 21st June;

staff. whilst the average daily number of staff employed was 5 medical, 125 nursing, and 141 other staff.

There were no changes in the principal appointments during the year. The total number of subordinate officers employed was 412 female and 56 male. 168 females were appointed and 184 left, whilst 16 males were appointed and 14 left.

108 officers were warded during the year. Of these, 18 suffered from infectious diseases, viz., 1 charge nurse and 2 assistant nurses from enteric fever, 2 assistant nurses from scarlet fever, 9 assistant nurses and 2 wardmaids from diphtheria, and 1 assistant nurse and 1 wardmaid from german measles; all recovered.

(Signed) R. M. BRUCE,

Medical Superintendent.

### No. 5.

### SOUTH-WESTERN HOSPITAL.

Stockwell, S.W., February 10th, 1901.

On January 10th I resumed my duties at this hospital after an absence of six months in connection with the opening of the Grove Hospital.

During the year 1900, 1,612 patients were admitted, which, with 308 remaining at the close of the previous year, represents a total of 1,920 treated. Of these, 1,385 were discharged, 154 were transferred, 115 died, and 266

remained in hospital on December 31st, 1900; the general mortality was therefore 7.04 per cent.

The scarlet fever mortality was 2.52 per cent. 30 of the scarlet fever patients developed diphtheria. Of these, 2 died, but in each case of some cause other than diphtheria, viz., pyæmia, following ear disease, and broncho-pneumonia, which was present before the diphtheria appeared. All were treated with antitoxin.

The diphtheria mortality was 11.27 per cent., antitoxin being employed in 84 per cent. The recovery rate after tracheotomy has in each of the last two years been over 72 per cent.

The number of cases in which the original diagnosis was not confirmed after admission amounted to 5.6 per cent. of the total admissions to hospital. As usual, the largest number of mistakes were in respect of enteric fever. They represented 20 per cent. of the cases so certified. The proportion in respect of scarlet fever was 4.9 per cent., and diphtheria 3 per cent.

During the year 7 members of the staff contracted an infectious disease, viz., 2 assistant medical officers, 4 assistant nurses, and 1 wardmaid. Of these, 1 assistant nurse died of enteric fever.

(Signed) F. FOORD CAIGER,

Medical Superintendent.

### No. 6.

### FOUNTAIN HOSPITAL.

TOOTING GROVE,

TOOTING GRAVENEY,

February 20th, 1901.

During the year 1900, the total number of patients under treatment was 2,001; all these were certified to be suffering either from scarlet fever or diphtheria, which diseases continued to be admitted to the hospital throughout the year.

1,283 patients were discharged recovered, 347 were transferred to convalescent hospitals, and 75 died.

The gross mortality, calculated on the Registrar-General's formula, was 4.39.

Of the 1,076 patients under treatment for scarlet fever, 21 died, the mortality being 2.37 per cent. 10 patients contracted diphtheria with the ordinary clinical features of the disease; 23 patients developed a muco-purulent discharge from the nose or other mucous surface, which proved on bacteriological examination to be of diphtherial origin. These patients did not manifest the usual clinical features of diphtheria, and the diagnosis rested on the bacteriological examination.

That diphtheria is associated with scarlet fever at the patients' own homes, and is not merely an accident of hospital treatment, is proved by the fact that 22 patients were suffering from both these diseases when they arrived at the hospital.

799 patients came under treatment for diphtheria, of whom 53 died. The mortality works out at 7:55 per cent. This is the lowest hitherto recorded at this hospital, and would doubtless be still lower if all our patients had come earlier under treatment. In nine instances, the disease was so advanced when the patients arrived at the hospital that they died within 48 hours of admission.

Tracheotomy was performed in 19 completed cases, with 4 deaths—a mortality of 21 per cent. The records of this hospital for the past five years show that this operation has been performed on 164 completed cases, with 49 deaths, giving a mortality rate of 29.8. Prior to this period the supply of antitoxin failed on several occasions, and its strength was not constant. It is not therefore surprising to find that in 1895, the year preceding this period, the tracheotomy results were much higher than in any succeeding year, amounting to 47.2 per cent.

During the year under review, antitoxin was administered in 80 per cent. of the cases.

The diagnosis of scarlet fever was incorrect in 43 cases, and of diphtheria in 79 cases, working out at 4.7 and 11.1 per cent. respectively on the admissions for the year. On the total admissions, the errors of diagnosis amounted to 7.1 per cent. These percentages are somewhat in excess of those for the previous year.

staff.

129 members of the staff were warded during the year, of whom 3 contracted scarlet fever, 11 diphtheria, and the rest various minor disorders. Amongst them, however, I have to note one exception, that of Miss Maloney, an assistant sempstress, who, I regret to state, died from shock following perforation of a gastric ulcer.

Of the staff employed during the year, 38 were males and 237 females; 7 males and 68 females entered, and 8 males and 65 females left the service.

The average daily number of patients was 250, and the average daily number of staff was as follows: on the medical staff 4, on the nursing staff 91, on the other staff 105.

(Signed) C. E. MATTHEWS,

Medical Superintendent.

### No. 7.

#### GROVE HOSPITAL.

TOOTING GROVE, TOOTING GRAVENEY,

February 5th, 1901.

Statistics. The number of patients under treatment during the past year has been 1,799; of these, 1,140 were discharged recovered, 237 were transferred, and 140 died, leaving in hospital at the end of the year a total of 282. The gross mortality was 9.34 per cent.

The admissions included 489 cases of scarlet fever, 530 of diphtheria, 326 of enteric fever, 1 of typhus, and 133 suffering from other diseases.

Of the 489 cases of scarlet fever, 15 died, showing a mortality of 3·19 per cent. Of the 530 cases of diphtheria, 50 died, showing a mortality of 8·95 per cent. Antitoxin was given in 97·7 per cent. of the cases.

As regards enteric fever, 326 cases were admitted, and 52 deaths occurred,

giving a case mortality of 15.38 per cent.

The original diagnosis was not confirmed in 155 of the 1,479 cases admitted. The percentage of cases in which a different diagnosis was made subsequent to admission amounted to 4.4 in the case of scarlet fever patients, 9.9 in the case of diphtheria, and 18.7 in the case of enteric fever.

In view of the recent decision of the Managers to admit only cases of diphtheria and enteric fever to this hospital, it is important to observe that 17 cases of scarlet fever were admitted who were certified to be suffering from diphtheria, and 2 cases of diphtheria who were certified to be suffering from scarlet fever. The diagnosis in some of these cases is a matter of the greatest difficulty, and their true nature may only be recognised on the outbreak of a second disease in the ward to which they have been admitted. Some mistakes will always continue to occur, though the evil can be greatly minimised by the care and experience of the medica officer who is responsible for their admission.

Staff. Dr. Caiger returned to the South-Western Hospital on 13th January, and Miss West commenced her duties as matron on 24th May, on the return of Miss Wacher to the Hospital Ships.

(Signed) J. E. BEGGS,

Medical Superintendent.

#### No. 8.

#### SOUTH-EASTERN HOSPITAL.

Avonley Road, S.E., 7th February, 1901.

During the past year, the total number of patients treated was 2,627, or 330 less than during 1899. Two wards remained closed during the greater part of the year; in the first half of the year from two to three of the general wards were closed in order to allow of the annual cleaning; in the second half, one ward was emptied and held in reserve for plague and one diphtheria ward was kept empty owing to lack of admissions of this disease. Three wards were closed between April 22nd and June 14th. At no time were more than three wards closed.

The highest number of patients in hospital at any one time was 374, on January 2nd; the lowest was 256, on August 18th. The daily average number was 311.

The total number of admissions was 2,256. Of these, 842 were suffering from

scarlet fever, 984 from diphtheria, 213 from enteric fever, and 217 from other diseases.

The deaths were 230, of which 34 occurred after scarlet fever, 147 after diphtheria, 23 after enteric, and 26 after other diseases.

Calculated on the Registrar-General's formula, the total case mortality was 10·10 per cent.; that for the respective diseases was, scarlet fever, 4·01; diphtheria, 14·62; enteric fever, 10·84; and other diseases, 12·03.

As compared with the figures for 1899 (see Annual Report, p. 65), there was a rise of almost 2 per cent. in the scarlet fever mortality, a fall of 2 per cent. in that of diphtheria, and a fall of almost 5 per cent. in that of enteric fever. The following table shows the admissions and deaths from each infectious disease with the mortality (calculated as a percentage on the admissions) for the five years which I have been at this hospital.

	Sea	arlet Fev	er.	Di	phtheri	A.	Ent	eric Fe	ver.		Typhus.	
Year.	Admissions.	Deaths.	Mortality per cent.	Admissions.	Deaths.	Mortality per cent.	Admissions.	Deaths.	Mortality per cent.	Admissions.	Deaths.	Mortality per cent.
1896	1,822	85	4.6	702	138	19.6	162	29	17-9	8	1	12:
1897	1,696	76	4.5	707	122	17.2	174	34	19.5	1	0	0.
1898	1,152	54	4.7	734	119	16.2	183	28	15.3	5	0	0.
1899	1,030	22	2.1	1,115	182	16.3	233	37	15.8	7	0	0.
1900	842	34	4.0	994	147	14.6	213	23	10.8	0	0	0.

TABLE A.

This table shows the steady progress in the admissions from diphtheria and corresponding decline in admissions from scarlet fever. The natural effect of this preponderance of diphtheria is to increase the yearly total number of deaths and the combined death rate for all diseases. However, the decline in fatality which has simultaneously taken place in diphtheria and enteric fever has had sufficient effect to almost neutralise the above tendency, and the gross mortality in hospital was only  $\frac{1}{2}$  per cent. higher in 1900 than in 1896 (10·17 against 9·57).

The decline in diphtheria mortality is due in part to a larger number of mild cases admitted.

The decline in the enteric fever death rate is probably in part due to the routine employment of cold-bath treatment. This was introduced in the autumn of 1898, and has been in regular use in the male enteric ward throughout the year. The mortality rate, 10.8, is lower than in any of the preceding four years. If the death rate between the two sexes be compared, the males admitted with this disease numbered 126, and the male deaths 11; whereas the females admitted numbered 87, and deaths 12. The death rate for males, among whom only the above treatment was employed, was thus 8.7 per cent., and that for females 13.8. While these figures are too small to exclude the possibility of accidental coincidence, they are amply sufficient to justify the continuance of the experiment.

The monthly admissions were highest in September, numbering 242; and lowest in July, numbering 147.

Of the various parishes from which patients were sent, Whitechapel heads the list with 372 admissions. More than half the admissions, 1,407, or 51 per cent., were taken from East-end districts.

Of the 290 cases certified on admission as enteric fever, 77, or 26.5 per cent., were differently diagnosed in hospital; 887 cases were sent in as scarlet fever, of which 45, or 5 per cent., were differently diagnosed here; 1,078 cases were sent in as diphtheria, of which 94, or 8.7 per cent., were otherwise diagnosed here. The one patient admitted who was certified to be suffering from typhus was found not to have that disease.

Of diseases contracted in hospital, there was a great decline in post-scarlatinal diphtheria. Only one case appears in the statistical tables. There were, however, during November and December, outbreaks in three of the scarlet fever wards, and in two of these the outbreaks were continued into January. However, the cases all remained in hospital over the new year; and since the annexed tables are compiled from completed cases only, they do not appear in them. I regret, however, to report that the amount of scarlet fever contracted on the diphtheria side has increased, being 81 cases, as against 66 in 1898.

. . . . . .

There have occurred among the staff 21 cases of infectious disease, all ending in recovery. The majority of the other cases were of a slight nature, and include a large number of cases of tonsillitis, anæmia, and dyspepsia. I have not found any marked improvement in the health of the staff since the introduction of a medical examination on appointment.

(Signed) F. M. TURNER,

Medical Süperintendent.

#### No. 9.

PARK HOSPITAL.-No report.

### No. 10.

#### BROOK HOSPITAL.

SHOOTERS HILL, KENT, February 19th, 1901.

Statistics. The total number of cases treated was 2,817. Of these, 1,928 were discharged recovered, 343 were transferred to other hospitals of the Board, and 150 died. There remained under treatment on December 31st, 396 patients.

Scarlet Fever. The number of cases treated was 1,463. Of these, 958 were discharged recovered, 237 were transferred, and 30 died. The mortality was therefore 2.49 per cent.

Diphtheria. The number of cases treated was 1,041. Of these, 738 were discharged recovered, 106 were transferred, and 91 died. The mortality was therefore 10.04 per cent. There were 25 hamorrhagic cases, and 11 died within

24 hours of admission. Tracheotomy was performed on 43 patients, of whom 13 died; therefore 69.8 per cent. of those operated on recovered.

Antitoxin Treatment.

Of 935 completed cases, 861 were treated with antitoxin. The following table shows the results of the antitoxin treatment with special reference to the day of disease on which the treatment began:—

BROOK	HOSPITAL.	DIPHTHERIA.	1900.
DROOM	IIIIII IIIII.	DILLITED BUILDING	1000.

The Land HR	DA	Y OF	Disi	ASE	ON W	нтсн	TRE	ATME	NT BEG	AN.			
Ages.	1:	st.	21	nd.	3r	d.	4t	h.	5th and upv		Тот	AL.	Mortality per cent.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Mo
Under 1  1 to 2  2 to 3  3 to 4  4 to 5  5 to 10  10 to 15  15 to 20  20 and upwards	0 3 2 4 5 9 6 0 2	0 0 0 0 0 0 0 0	4 9 28 35 28 70 50 14 11	0 0 1 2 2 4 0 0	5 10 21 23 37 73 36 12 21	1 1 3 1 3 4 3 0 0	3 8 10 14 21 65 24 6 10	0 2 1 3 6 11 1 1 0	6 13 18 19 19 64 16 4 16	1 8 7 5 7 9 0 1 0	18 43 79 95 110 281 132 36 60	2 11 12 11 18 28 4 2 0	11·1 25·5 15·2 12·5 16·3 9·9 3·0 5·5 0·0
Total	31	0	249	9	238	16	161	25	175	38	854	88	
Mortality per)	0.	0	3	6	6.	7	14	1.9	21	2	10:	2	.,,

For the purpose of comparison I give the results of the antitoxin treatment here for the four years 1897, 1898, 1899, 1900:—

1897, 1898, 1899, 1900.

Of c	ases t	reated	on	1st day	of d	isease t	he mortality	per cent. was	0.0	0.0	0.0	0.0
	,,	,,	,,	2nd	**	,,	,,	,,	5.4	5.0	3.8	3.6
	,,	**	,,	3rd	,,	,,	"	,,	11.5	14.3	12.2	6.7
	**	,,	,,	4th	"	,,	,,	,,	19.0	18.1	20.0	14.9
	,,	,,	,,	5th da	y and	lafter	,,	,,	21.0	22.5	20.4	21.2

For four consecutive years therefore there has not been a death among the cases that came under treatment on the first day of disease. This shows the paramount importance of beginning the treatment at the earliest possible time after the onset of diphtheria.

The number of cases treated was 205. Of these, 145 were discharged recovered, and 14 died. The mortality was therefore 8.33 per cent., an unusually low death rate.

(a) Infectious disease.—12 officers contracted scarlet fever, 14 contracted diphtheria, 2 contracted enteric fever, 4 contracted measles, 1 contracted chickenpox, and 23 influenza. All recovered. (b) Other diseases.—165 officers were warded with various ailments. All recovered.

(Signed) JOHN MACCOMBIE,

Medical Superintendent.

### No. 11.

#### NORTHERN HOSPITAL.

WINCHMORE HILL, N., February 1st, 1901.

Statistics. The total number of patients treated during the year was 3,264. Of these, 550 were in the hospital at the end of 1899, and 2,714 were admitted during 1900; 2,700 were discharged, and 2 died; 562 remaining under treatment at the end of the year.

Of the admissions, 2,235 were scarlet fever and 479 diphtheria cases. The total mortality was 0.74, that of scarlet fever being 0.22, and of diphtheria nil.

The incidence of complications and of intercurrent disease was less than in the preceding year. 113 cases of post-scarlatinal diphtheria were completed, with no deaths.

works. The electric installation was completed in January, and from March 25th, since which date accounts have been accurately kept, electricity, as compared with gas, has proved to be not only superior in every way as an illuminant, but also the more economical of the two.

staff niness. 90 members of the staff have been incapacitated, for varying periods, from duty by illness. Among these, Dr. Hague, senior assistant medical officer, suffered from a severe and prolonged attack of angina ludovici during the last three months of the year.

2 assistant nurses and 1 wardmaid contracted scarlet fever, and 1 assistant nurse and 3 housemaids diphtheria. All recovered.

> (Signed) F. N. HUME, Medical Superintendent.

### No. 12.

#### GORE FARM HOSPITAL.

DARENTH, NEAR DARTFORD, KENT, February 19th, 1901.

During the year 1900 there were 3,220 patients treated in the hospital. Of these, 2,721 were discharged recovered, and 5 were transferred to other hospitals. There remained 494 under treatment at the end of the year. Throughout the year there was no death. During the years 1896 to 1899 inclusive the hospital has shown a low average mortality rate, but that the mortality rate during last year should have been reduced to nil is a matter for congratulation, inasmuch as, I believe, a record has been created in a convalescent

fever institution comparable in size to this. While being aware of the suitability of the site of the hospital and the many other factors which tend to the reduction of mortality, I again wish to emphasise the importance of all convalescent fever patients being carefully and warmly clad, and I have to thank you for the support you have given to this policy.

The number of scarlet fever patients under treatment was 2,575. Of these, 2,063 were transferred here from other hospitals of the Board, 508 remained over from 1899, and 4 were admitted from Dartford and its surrounding district. Of the numbers treated, 2,156 were discharged recovered, 3 were transferred to other hospitals of the Board, and 416 remained under treatment at the end of the year.

The number of diphtheria patients treated was 645. Of these, 561 were transferred here from other hospitals of the Board, and 84 remained over from 1899. Of the number treated, 565 were discharged recovered, and 78 remained under treatment at the end of the year.

There were 85 completed cases of post-scarlatinal diphtheria.

(Signed) FREDERIC THOMSON,

Medical Superintendent.

## FEVER STATISTICS.—TABLE I.—

		E	ASTERN	HOSPI	TAL.				
callification only	Remain-	Admitted	during 1900.	Total under		arged g 1900.	Died	Mortality	Remain-
DISEASES,	on Dec. 31st, 1899.	Direct from homes.	From other Hospitals of Board.	treatment during 1900.	Re- covered.	To other Hospitals of Board.	during 1900.	per cent.	on Dec. 31st, 1900.
Scarlet Diphtheria	95 190	270 1,436	7	367 1,633	160 847	174 359	25 200	7·92 14·04	8 227
Enteric	45	201		246	180		34	16.38	32
Typhus		8		3	3				
sera Sadamer	330	1,910	9	2,249	1.190	588	259	13.27	267
Other diseases	12	252		264	217		28	11.28	19
Totals	342	2,162	9	2,513	1,407	588	287		286
		NORT	H-EASTI	PPN HO	CDITAL	-		_	
Scarlet	334	1,715	34	2,083	1,362	394	39	2.20	288
Diphtheria	1	13		14	10		3	23.07	1
Enteric	2	3		5	5				
Typhus			***	***	***			***	***
0.1 11	337	1,731	34	2,102	1,377	394	42	2.35	289
Other diseases	10	110		120	103		5	4.58	12
Totals	347	1,841	34	2,222	1,480	394	47		301
		NORT	H-WEST						
Scarlet	219	1,410	1	1,630	502	935	47	3.24	146
Diphtheria Enteric	100 52	772 320	1	873 372	680 270		114 56	14.55 17.33	79 46
Typhus								11.99	40
-31	371	2,502	2	2,875	1,452	935	217	8.49	271
Other diseases	+12	182		194	158		31	16.75	5
	383		2						-
Totals	999	2,684	2	3,069	1,610	935	248		276
			ESTERN	Secretaria de la constanta de					
Scarlet	220 139	1,353 882		1,573	575	744	42	3.09	212
Diphtheria Enteric	58	154		1,021 212	691 155	119	100 16	11·16 9·84	111
Typhus									
**	417	2,389		2,806	1,421	863	158	6.54	364
Other diseases	3	173		176	152	1	12	7.10	11
Totals	420	2,562		2,982	1,573	864	170		375
	-	SOUT	H-WEST	ERN HO	SPITAL				
Scarlet	193	822	1	1,016	723	99	21	2.52	178
Diphtheria	88	602		690	500	55	69	11.27	66
Enteric	22	96		118	85	***	15	15.30	18
Typhus				***			•••		
Other diseases	303 5	1,520 91	1	1,824	1,308 77	154	105	6.80	257
							10	11.23	9
Totals	308	1,611	1	1,920	1,385	154	115		266
		The second secon	UNTAIN		The second second second				
Scarlet Diphtheria	180 106	896 693		1,076 799	560 598	288 59	21 53	2·37 7·55	207 89
Dipinition II. II.	286	1,589		1,875				-	
Other diseases	4	122		126	1,158 125	347	74	4·67 ·80	296
Totals	290	1,711		2,001	1,283	347	75		296
				3		0.11			200
Scarlet	55	489	_	HOSPITA 544		917	1.5	1 0-10	- 00
Diphtheria	145	530		675	219 519	217	15 50	3·19 8·95	93 86
Enteric	109	326		435	298		52	15:38	85
Typhus		1		1			1	100.00	
0.1 11	309	1,346	***	1,655	1,036	237	118	8.62	264
Other diseases		133		144	104		22	17 05	18
Totals	320	1,479		1,799	1,140	237	140		282

Admissions, Discharges, and Deaths during 1900.

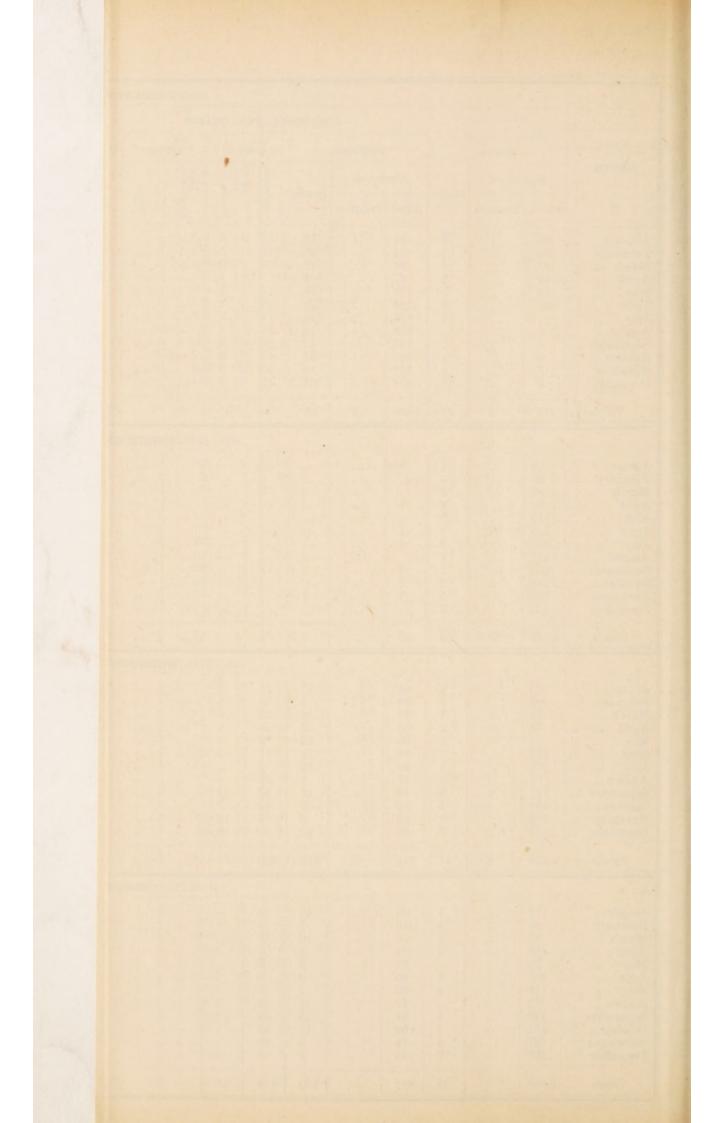
Marie Street or other Death or other	_	-		DOC Z.	ER MARKO E A	ERN HO	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
			Remain-	Admitted d	luring 1900.	Total under	Disch during	arged ; 1900.	Died	Mortality	Remain-
DISEASES.			on Dec. 31st, 1899.	Direct from homes.	From other Hospitals of Board.	treatment during 1900.	Re- covered.	To other Hospitals of Board.	during 1900.	per cent.	on Dec. 31st 1900.
Scarlet Diphtheria			140	842 984		982	438 688	378	34	4·01 14·62	132 151
Enteric			184 33	213		1,168 246	189	182	147 23	10.84	34
Typhus			1			1	1				
			358	2,039		2,397	1,316	560	204	9.90	317
Other diseases Totals			13	216	1	230	189		26	12.03	15
Totals			371	2,255	1	2,627	1,505	560	230		. 332
Scarlet		_	199	1.356	PARK I	1.556	L. 562	866	37	2.62	91
Diphtheria			262	1,084		1,346	937	140	161	13.86	108
Enteric			34	237		271	179		35	15.52	57
Typhus											
			495	2,677	1	3,173	1,678	1,006	233	8.31	256
Other Diseases			8	322	***	330	293		17	5.37	20
Totals			503	2,999	1	3,503	1,971	1,006	250		276
				I	BROOK	HOSPITA	L.				
Scarlet			276	1,186	1	1,463	958	237	30	2.49	238
Diphtheria Enteric			163 27	877 178	1	1,041 205	738 145	106	91 14	10.04 8.33	106 46
Typhus											
			466	2,241	2	2,709	1,841	343	135	5.91	390
Other diseases  Totals			469	105	2	108	1.000	049	150	14.56	396
Totals		•••	409	2,346		2,817	1,928	343	100		000
	-			NO	RTHERI	HOSP	TAL.				1
Scarlet Diphtheria			472 78		2,235 479	2,707 557	2,221 469	3 7	2	0.22	481 81
			550		2,714	0.001	9 600	10	2	0.74	562
Other diseases					2,714	3,264	2,690			0.14	362
Totals		***	550		2,714	3,264	2,690	10	2		562
				GOI	RE FAR	M HOSP	ITAL.				
Scarlet			508	4	2,063	2,575	2,156	3			416
Diphtheria			84	***	561	645	565	2			78
			592	4	2,624	3,220	2,721	5			494
Other diseases											
m			*00	-	0.004	0.000	0.701			-	
Totals			592	4	2,624	3,220	2,721	5			494
				s	UMI	MAF	X.				
Scarlet			2,891	10,343	4,338	13,234	10,436	4,338	313	2.97	2,485
Diphtheria			1.540	7,873	1,049	9,413	7,242	1,049	988	12.27	1,183
Enteric		***	382	1,728		2,110	1,506		245	14.09	359
Typhus				4		- 0	- 4		1	22.23	
Totals			4,814	19,948	5,387	24,762	19,188	5,387	1,547	7:58	4,027
Other diseases	***		81	1,706	1	1,787	1,505	1	167	9.90	115
					-	-	-				
Grand Tot	ale		4,895	21,654	5,388	26,549	20,693	5,388	1,714		4,142

Notes.—The mortalities returned as above include all deaths occurring from intercurrent diseases, particulars of which will be found in the annual reports of the medical superintendents.

The mortality rates are calculated according to the Registrar-General's Formula—i.e., by dividing the deaths, multiplied by 100, by half the sum of the admissions, discharges, and deaths for the year.

<sup>†</sup> Six cases certified enteric and one case certified diphtheria in hospital on 31st December, 1899, were subsequently diagnosed as other diseases.

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#### APPENDIX I.—INFECTIOUS DISEASES. FEVER STATISTICS.—TABLE IL (continued)—Monthly . FEVER STATISTICS, 1900. 208 365 172 265 152 160 139 206 583 448 234 16 16 9 12 7 5 4 11 28 04 62 31 261 196 196 113 126 149 210 141 172 109 117 150 429 240 353 153 190 216 166 168 200 273 394 20 21 20 20 20 16 17 18 14 18 18 21 21 99 47 44 20 28 28 48 49 47 31 41 130 110 110 88 71 60 98 51 71 50 21 153 58 147 143 200 127 135 136 130 503 130 07 40 71 66 99 60 80 81 60 96 110 71 13 11 11 100 | 1 | 1 | 12 | 12 | 12 115 51 82 77 109 61 86 81 111 111 111 80 201 183 113 112 155 163 143 118 141 153 206 502 2 220 1 196 1 196 1 192 2 294 1 169 1 169 1 125 2 210 2 297 3 299 1 187 15 2,848 6 13 9 14 8 5 5 5 4 4 4 4 5 19 11 16 12 36 6 24 8 20 4 135 3 176 7 211 2 171 5 161 11 123 2 164 11 154 3 142 16 145 20 151 11 192 1,417 706 862 643 992 699 574 730 337 735 499 834 411 709 567 725 541 729 538 938 548 1,082 784 88 2,443 20 1,729 140 1,874 166 1,475 115 1,486 138 1,632 141 1,541 117 1,486 115 1,480 115 1,480 116 1,821 144 2,230 147 24 146 28 118 19 81 17 26 6 50 9 50 7 117 10 232 24 235 34 245 36 190 31 January February March ... April ... May ... July ... July ... September October November Detember January February March April... May ... June ... July ... August September November December 111 79 98 101 100 86 91 42 101 134 140 96 15 16 15 15 10 6 6 7 17 19 13 13 80 84 116 80 63 68 103 61 71 63 82 61 27 73 80 70 94 35 55 72 58 51 44 89 15 14 8 13 10 9 4 6 7 15 15 29 26 36 36 31 10 11 10 40 40 38 49 :56 38 48 11 6 ; 6 40 50 28 782 602 681 681 829 836 866 644 1,067 1,367 1,166 907 300 179 273 265 236 301 277 240 279 701 663 474 24 25 19 28 18 56 23 17 21 85 31 36 765 501 503 500 701 565 717 677 852 721 602 90 20 22 60 84 52 58 74 72 160 185 112 156 100 93 47 77 80 60 58 26 97 72 115 111 147 127 128 160 163 179 112 153 154 145 251 132 120 127 22 29 60 64 63 104 130 220 250 170 172 275 296 301 240 288 601 673 464 80 60 31 34 84 75 38 74 77 154 179 110 MORTALITIES PER CENT. Other Pressor 14-61 8-07 10-09 8-91 8-91 8-91 8-93 10-96 11-94 8-90 Total, 8-94 10-20 8-56 6-29 6-96 8-87 5-97 5-97 7-90 8-94 7-46 7-93 292 60 196 30 216 27 134 29 143 30 143 30 144 38 163 29 162 50 316 56 281 63 January February March --April --May --June --July --August --September October --November Docember 802 156 261 163 174 175 183 192 191 212 372 383 189 143 160 161 161 163 174 174 153 447 411 360 133 112 126 132 136 139 139 139 138 138 138 674 31 14 31 19 36 32 30 25 76 72 66 1 January Felerary March April May June June July August October October November December 2-15 3-36 2-34 4-04 2-28 4-34 2-20 2-26 3-29 2-99 3-35 11-94 18-18 14-84 13-17 6-99 12-53 10-43 10-52 13-96 18-18 15-90 14-99 T-TH



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## FEVER STATISTICS .- TABLE IV .- Scarlet Fever Admission

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			7	Trans- ferred Cases.		:	::	:			:	:	:	:			:	::			::	:		:	:	:	:		AL.					:	:	:			:	:	****			:		:		:	:		1	
	HOSPITAL.	TOTAL.	Diad	Of Direct Admis- sions.		:	-	ic	10	T		0,	1	::	:		:			:		:				:	25		HOSPITAL.	-	-	9	00		+ 1	00	+		:	:				:				:	:			
	HOS		1	Admitted	1	:	21	21	000	26	100	101	9	18	6	-	4	::	6		-			:	:	:	270				9	888	48	000	9	9/	850	120	007	7	200	20			20	67	-	,		:		
	RN	ž,	1	Died.	I	:	00	-	c	1	: '	7	-	:		:	:	****		:	::		:	:	:	;	00	1	STI	-		00	-		0	01	67		:	:	:		:	:						:		-
	EASTERN	FRMALES.	-	рэті:пр <b>У</b>	v		-	-	16	100	07	20	77	00	-		:		-				:	:	::		129	1	SOUTH-WESTERN	1	61	16	100	01	21	45	189	10	00	07	=	9	00	0	-	-	-		::			- Samuel
	E	-	t	Died.	I	:	+	+	20		# 0	21	:	:		:	:	:		:	:			:	:	:		1	TO	-	-	00	0	4 1					:		:		:	:	:		:	:	:	:		
-		MALES.	-	Admitted	1	::	14	14	17	1.4	+1	20	16	10	-		-	****	-		-			:	:		1		SO	-	+	17	00	00	000	34	188	200	01	7.4					01		,	****				
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			0007	AUES.		Under 1	1 to 2			01	2	2	10 to 15	5		9	20 to 30	30 to 35		2	40 to 45	\$	3	50 to 55	55 to 60	And naward	Totals				Under 1	1 40 0		2		4 to 5	10	21	2	50	20 to 25	00		30 to 35	35 to 40	45	200	2	50 to 55	55 to 60	-	The same of the sa
-	-	-	-		-	-	-	-	-	-	-	-	-	-	_	-	-	-	-	-	-		-	_	_		-	-	_	_	-	_	_			_	-	_		_		_	_	_			_	-	-	-	-	4

and Deaths during 1900, divided according to Age and Sex.

ace.	nee	Deuino u	uring 1900, awatea according to Age and Sex.	
		Sions, Od. Od. Trans- ferred Cases,		
	TOTAL.	Of Direct Admis- sions,		
*		Admitted.	111117101111111111	
Total Second	TERS	Died.		
Care	FRMALES	Admitted.	11 11 2 11 11 1 1 1 1 1 1 1 2	
555	MALES.	Died.		
-	MAI	Admitted.		
*****		sions. Of Cases. Iterred Cases.	1	
SACOLA SALAS	TOTAL.	Direct Admis- Sions.		
1		Admitted.		
Charles	NEES .	Died.		
Traces.	FRMALES	.bəttimbA		
C. Address	MALES.	Died.		
A STATE OF	MA	Admitted.		
		Of Farans- ferred Cases.		
and the Lates	TOTAL.	Direct Direct sions, 10	3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
ш		Admitted.	8 27 2 3 111 3 4 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TO SE	LESS	Died.	T 1 9 9 9 9	
TAXABLE PARTY	FEMALES	Admitted.	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
conse	MALES.	Died.	1 . 2 4 4 8 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
-	MAI	Admitted.	252 253 253 253 253 253 253 253 253 253	
		Sions. 2 10 Trans- ferred Cases.		
-	TOTAL.	Of Direct Admis- snois	I H	010
		Admitted.	116	0,040
	88.	Died.	12010100 + -	04.1
	FRMALES	Admitted.	25.25.25.25.25.25.25.25.25.25.25.25.25.2	0000
		Died.	10	_
	MALES.	Admitted.	150 20 20 20 20 20 20 20 20 20 20 20 20 20	10016
-	1			_
		92	Totals	7.000
		AGES.	Under 1 2 to 2 2 to 2 2 to 2 2 to 2 2 to 10 10 to 15 15 to 20 20 to 25 25 to 30 35 to 40 40 to 45 45 to 50 55 to 60 410 to 15 110 to 15 110 to 15 110 to 15 15 to 40 410 to 45 45 to 50 55 to 60 410 to 45 45 to 50 55 to 60 45 to 50 55 to 60 45 to 50 45 to 50 55 to 60 45 to 50 55 to 60 45 to 60	nna
			Under 110 to 110	5

FEVER STATISTICS .- TABLE V .- Diphtheria Admissie

Months			FEVER STATISTICS.—TABL	iE v.—Dipmineria Aumissie
L.		Trans ferred ferred Cases.		1111111111111111
HOSPITAL.	TOTAL.	Direct Direct Admis- sions, 10		34288
		Admitted	\$50  \$14 \text{ \$4 \text{ \$34 \text{ \$45 \text{ \$87 \text{ \$67 \text{ \$71 \text{ \$67 \text{ \$67 \text{ \$71 \text{ \$67 \text{ \$	1141 1141 1101 1101 1101 1101 1101 1101
ER	RS	Died.	L447-200 0 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2	1405-1:-::::
WESTERN	FEMALES	Admitted.	440004040401144-11:12 12 0004	82525667464
WE		Died.	88888774 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :	
	ALES.	Admitted.	2002 837 118 118 118 118 118 118 118 118 118 11	\$2524454088
-	M	Cases,		
HOSPITAL.		snois 10 -snarT beyreit	111111111111111111111111111111111111111	
	TOTAL.	Olivect Admis- Asions.	114 14 15 22 22 33 4 47 77 4 4 47 77 77 77 77 77 77 77 77	°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
NORTH-WESTERN		Admitted.	#1117 12 282 889 889 889 889 889 889 889 889 88	111286879688
ESI	SE	Died.		911-02
M-I	FEMALES	Admitted.	401 57 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	442268747848 : : : :
E	8. F	Died.	1110000	
NOF	MALES.	Admitted.		886 886 887 887 887 887 887 887 887 887
TAL.		Trans- ferred Cases.		
HOSPITAL.	TOTAL.	Direct Ndmis- sions.	HOSPITAL 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Geuzen : : : : : : :
TERN		Admitted.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	282 282 282 283 283 283 283 283 283 283
IST	SE	Died.		132330
-EA	FRMALES	Admitted.	FOUNTAIN 13 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44281114221142411
E		Died.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+0 :00H : : : : : : : :
NORTH-EAS	MALES.	Admitted.		2244882004009 : : : - :
1		Of Parish ferred Cases.	111111111111111111111111111111111111111	
HOSPITAL.	TOTAL.	Of Direct Admis- sions, 10	112 386 311 227 61 61 11 11 11 11 11 11 11 11 11 11 11	22 6 22 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HOSE		.bestimbA	03-1-1-100-10-10-10-10-10-10-10-10-10-10-1	502 69 69 83 87 77 11 11 11 11 14 11 11 11 11 11 11 11 11
EN	%	Died.	SS STE	11:::::::::::::::::::::::::::::::::::::
EASTERN	FEMALES.	.bəttimbA		4889944197781111111111111111111111111111
EA	-	Died.	11 44 8 11 11 11 11 11 11 11 11 11 11 11 11 1	4 1- 10 10 00
	MALES.	.bettimbA	Sol Sol	28.401.821.2408 : : :
-			111111111111111111111111111111111111111	11111111111
-		AGES.	Under 1 1 to 2 2 to 3 3 to 4 4 to 5 5 to 10 10 to 15 15 to 20 25 to 30 25 to 30 35 to 40 40 to 45 40 to 45 55 to 60 55 to 60 Totals Totals	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
			Under	

and Deaths during 1900, divided according to Age and Sex.

	-	Detterio d			,			3		9	and Dec.	
W.		Trans- ferred ferred Cases.	::	:::	:::	::	:::	: :	::			
BUSELLAL	TOTAL.	Of Direct Admissions.	::	:::	:::	::	:::	::	::	:		
FARM		Admitted.	::	:::	:::	::	:::	::	: :	:	STOREST STATE	
V.	188	Died.	11	111	111	11	111	. :	1 1	1		
25	FEMALES	Admitted.	::	: : :	:::	: :	: : :	::	::	:		
GORE		Died.	::	1 1 1		11	111	11		-		
5	MALES.		-			• •			1000			
	MA	Admitted.	1 1	111	111	! !	: : :	: :	::	:		
A.L.		JO 10 Trans- ferred ferred Oases.	::	:::	:::	::	:::	::	: :	:		
HOSFITAL.	TOTAL.	Of Direct Admis- snois	::	:::	:::	::	:::	::	::	:		
		Admitted.	11	:::	:::	1:	:::	::	: :	:	Programme week	
3	837	Died.	11	:::	11.	11	111	. :	: :	:		
NORTHERN	FEMALES	Admitted.	::	:::	111	::	:::	::	::	:	Charles and Committee of	
ON	Section 1	Died.	11	111	1.1	. :	: : :	: :	1 :	1:		
	MALES.	Admitted.		111	111	11	111	::	: :	:	The advanced by the second	
		Sions. Of Trans- Trans- ferred ferred Cases.	::	:::	:::	::	: :,:	::	: :			
HOSPITAL	TOTAL.	Of Direct Admis- sions.	200	13 29		::	:::	: :	: :	16		
		Admitted.	131	89 102	311 125 48	18 33	00 10 10	03	:-	877		
OK	LES	Died.	03.10	0 10 0	138	::	1 1 1	: :	::	48		
BRO	FRMAL	Admitted.	9 67	36 41 62	175 53 16	10	040	- :	:-	451	The state of the s	
M	1000	Died.			121		111	::	1 1	484		
	MALES.	Admitted.	1		10000		· · ·		11	1		
-	8		1 -4	40 40 40	200					426		-
		sions. 20 10 Trans- ferred ferred Cases.	::	:::	111	::		::	::	:		
TAL.	TOTAL.	Direct Direct Admis- snois	8 22	8 22 8	51 9	: :	:::	::	: :	191	### ### ##############################	886
HOSPITAL.		Admitted.	62 20	126 160	387 143 44	48	8 :	- 3	- :	73 1,084	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7,873
	96	Died.	00 4	1222	24 4 1	::	: : :	: :	: :	133	# 2248846 52 52 52 52 52 52 53 54 55 55 55 55 55 55 55 55 55 55 55 55	513
PARK	FEMALES.	Admitted.	8 22	57 07	204 67 22	00 00	∞ ÷ :	00	- :	531	CDATA  O	4,169,513
	-	Died.	1	18 10 18		11	111	::	: :	88	0 61 52 55 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.15
	MALES.	Admitted.	22 55	69 69	183 76 22	910	이 # ;	: :	::	223	2545 2545 2545 11,2765 1187 187 187 188 188 188 188 25 25 25 35 35 35 35 35 35 35 35 35 35 35 35 35	3,704 475
1			1::	::	111	: :	111	::	: 00	:	11111111111111111	
									Var.	als.		Tota
-		AGES.	Under 1 1 to 2	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	0 0 0	000	30 to 35 35 to 40 40 to 45	2 2	55 to 60	Totals	Under 1 1 to 2 2 to 3 3 to 4 4 to 5 5 to 10 10 to 15 15 to 20 25 to 25 25 to 25 35 to 45 40 to 45 45 to 55 55 to 60	And upwards Grand Totals
-	-	A CONTRACTOR OF THE PARTY OF TH	1	-	new term					12-12		

# FEVER STATISTICS -TABLE VI. - Enteric Fever

Į.		Of E	1111111111111	:	HOSPITAL.	111111111111
HOSPITAL.	TOTAL.	Of Direct Admis- sions, Of	11101 1000011111	16	923	01-0040r ::: 8
1		Admitted.	25 25 25 25 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	154	SOUTH-EASTERN	20 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
ER	LESS	Died.	1 1 164 . 7 1 1 1 1 1 1 1	60	AS	H !   - 01 - 4     1   5
WESTERN	FEMALES	Admitted.	1301300111111	52	I-E	+0100000100 :::
WE		Died.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13	TE	
	MALES.	Admitted.	66744	10011	301	
	M		18111	102	04	982222222
PITAL.		sions. Of Of Trans- ferred Cases.	11111111111111	:		11111111111111
NORTH-WESTERN HOSPITAL	TOTAL	Of Divect Admis- sions.	n n n 4 n n 4 n 1 n 1 n 1 n 1 n 1 n 1 n	99	HOSPITAL	0,041,010,000,000; :   5
TER		Admitted.	8182444888800048 :	320		11 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
/ES	22	Died.	: :010100-0001 : :- : :	14	VE	
H-W	FEMALES	Admitted.	4183888818448:	114	GROVE	-2552533666666
T.		Died.	:04FI0001H::::	421	9	11974049911 ::   2
4O	MALES.	Admitted.	11: 26 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	206		0110 0110 0110 0110 0110 0110 0110 011
	N		44444A	63		
HOSPITAL.		of Di Arans- Trans- ferred Cases.	1111111111111	:	AL.	411111111111
	TOTAL.	Of Direct Admis- sions.	1111111111111	:	HOSPITAL	111111111111
NORTH-EASTERN		Admitted.	-	60	10000	1111111111111
AS	LES	Died.		:	TA	
3	FEMALES	Admitted.	-::::::::::	-	ND	
T		Died	1111111111111	:	FOUNTAIN	
OB	MALES.	Admitted.		03		
4	N		17 17 1 11,111 1111			
		Of 10 Trans- ferred Cases.		:	CAL.	1111111111111
HOSPITAL.	TOTAL.	Direct Simba Sions, 10	; 61 61 00 00 00 00 01 ; ; ☐ ; ;	34	HOSPITAL.	[ [40000H0H : [ ] ] ]
		Admitted.	118 88 88 88 88 88 88 88 88 88 88 88 88	201		9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
RN	16	Died.	[01-00-4-01-11111	14	ST	1 100 1 1 1 1 1 1 1 1 1 1
EASTERN	FEMALES.	Admitted.	48046000140 : :	68	SOUTH-WESTERN	-01-04-0-:::u
EA		Died.		08.	TE	[ [01010001 ] - [ ] [ ] [ ]
	MALES.	Admitted.	- 48885555 - 100 -	112 2	sor	101070401 : : : :
-	-					
	AGES		Under 5 5 to 10 10 to 15 15 to 20 20 to 25 25 to 30 85 to 40 40 to 45 45 to 50 50 to 55 And upwards	Totals		Under 5 5 to 10 10 to 15 15 to 20 20 to 25 25 to 30 30 to 35 40 to 45 45 to 50 55 to 60 And upwards

Admissions and Deaths at various ages during 1900.

97		one tente s	Seams at various ages auring 1900.	
AL.		Of Arans- ferred Cases.	11 111111111111	Mark .
HOSPITAL.	TOTAL.	Direct Direct Admis- Sions.		
FARM F		Admitted.	11111111111111	
FA	LES	Died.		
	FEMALES	Admitted.		
GORE	MALES.	Died.		
	MAI	Admitted.		
4		Of A Trans- ferred Cases.	110,111111111111	
HOSPITAL.	TOTAL.	Direct Direct Admis- sions. Jo	1111111111111	
		Admitted.	11,111111111111	and the second second
HE	TERS	Died.	111111111111111111111111111111111111111	1
NORTHERN	FEMALES	Admitted.	11111-111 111   1	
NC	MALES.	Died.		
	MA	Admitted.		
		Of A	111111111111111111111111111111111111111	
HOSPITAL.	TOTAL.	Of Direct Admis-sions.	: : : : : : : <del>1</del>	
		Admitted.	11 2 3 3 4 3 4 3 4 3 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
BROOK	ALES	Died.	[H ]H [H SHH ] ] [ ] W	
BR	PENALES	Admitted.	101111111111111111111111111111111111111	
	MALES.	Died.	L	
	MA	Admitted.	::::::::::::::::::::::::::::::::::::::	
		Of O. Trans- ferred Cases.	111111111111111111111111111111111111111	111111111111111111111111111111111111111
HOSFII AL.	TOTAL.	Divect SimbA Sinois 10	- 00 00 10 00 10 4 4 H	## 28
		Admitted.	837 837 838 838 838 837 837 111 111 113 113 113 113 114 115 115 115 115 115 115 115 115 115	69 228 361 289 280 142 111 142 111 15 15 15 17 17 18
	ź	Died.	:010101	217-2511-251-251-158
-	FEMALES	Admitted.	4 5 1 2 1 2 2 2 2 3 4 2 3 3 3 4 2 3 3 4 3 3 3 4 3 3 3 3	28 102 101 101 101 101 101 101 101 101 101
		Died.	11188448 : : : : : :	4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	MALES.	Admitted.	135 1175 175 175 185 185 185 185 185 185 185 185 185 18	1126 206 206 163 149 120 86 86 59 9 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	AGES.		Under 5 5 to 10 10 to 15 15 to 20 20 to 25 25 to 30 30 to 35 35 to 40 40 to 45 45 to 50 50 to 55 55 to 60 And upwards Totals	Under 5 5 to 10 15 to 10 15 to 20 20 to 25 25 to 30 30 to 35 40 to 45 45 to 50 55 to 60 And upwards Grand Totals

TABLE VII.—Typhus Fever Admissions and Deaths divided according to age and sex during 1900.

			MAL	ES.	FEMA	LES.		TOTAL.	
	AGE.		Admitted.	Died.	14-14-4	Died	14-14-4	Di	ed.
			Admitted.	Died.	Admitted.	Died.	Admitted.	Of Direct Admission.	Of Trans- ferred Cases
Under 5		 							
5 to 10		 	1				1		
10 to 15		 							
15 to 20		 	1		1 1		1		
20 to 25		 							
25 to 30		 							
30 to 35		 			1				
35 to 40		 							
40 to 45	***	 	1				1		
45 to 50		 							
	***	 			1	1	1	1	
55 to 60		 							
And upwa	rds	 							
Te	otal	 	3		1	1	4	1	



## FEVER STATISTICS .- TABLE VIII. - Details of

Disease as certified on	Number	Disease as diagnosed		TERN TTAL.	EAST	RTH. FERN ITAL.	WES'	RTH- TERN PITAL.		TERN ITAL.
admission,	Cases,	after admission.	No. of Cases.	No. of Deaths.	No. of Cases,	No. of Deaths.	No. of Cases,	No. of Deaths.	No. of Cases.	No. of Deaths.
Scarlet Fever	) (	GENERAL DISEASES. Acute tuberculosis								
		Chickenpox	1		3		1		1	***
		Erysipelas Febricula	1							***
		Influenza							1	
		Malaria Measles	7	1	3	2	14	3	5	3
		,, and chickenpox ,, and whooping							1	
		cough					***		1	
		Rheumatism Rötheln	19		18	***	2		iii	
		Syphilis			1					
		whooping cough		ï	ï		1			
		whooping cough	3	1	1		1			
		LOCAL DISEASES.								
		Digestive System.							The second	
		Apthæ Dentition	1				1			
		Diarrhœa			1	1				
		Enteritis			1					
		Gastritis Glossitis					1		***	
		Mesenteric disease					1	1		
		Peritonitis, tubercular Pharyngitis			1	1				
		Post - pharyngeal		***						
	526	abscess								
		Stomatitis Tabes mesenterica			1				1	
		Tonsillitis	3		25		8		20	
		Respiratory System. Bronchitis			\					
		Catarrh	1		1	***				
	1	Coryza	3			:::				
		Empyema Pleurisy	···						1	
		Pneumonia								
		,, broncho							2	
		" lobar	1		1					
		Urinary System.							1	3
		Albuminuria Nephritis	1							
		Nephritis							***	
		Skin Diseases, Acne	,							
	li	Copaiba rash	1		1					
		Drug rash								
		Eczema Erythema	2	***	27		13		2	
		Impetigo								
		Lichen Psoriasis								
		Strophulus								
		Sudamina								
		Urticaria			1				2	
Carried forward	526		45	2	87	4	44	4	48	3

Miscellaneous Diseases admitted during 1900.

WEST HOSP	CERN	FOUN	TAIN ITAL.	GRO	OVE ITAL.	SOU EAST HOSP	CERN	HOSP	RK ITAL.	BRO	OOK ITAL.	SUMN	MARY.
No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
			21										
										1	1	1	1
		3				1		5				15	
1	***					1	4.76		***	1		3	
		1						4				6	
	444		***							***		1	***
12		1		1		7	1	10	1	3		63	11
								***				1	
						***		***				1	
10		90	***	";		1				1		100	
10		28		4		6		5		3		106	
***				ï	1	***						î	1
		***		2		2		1		1		11	1
	1								Invit se				
		- 44							- FUIF		1		
					100				- 1	P. B			
	180									1.0			
	1	1					1		Section 1	100		14	
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											***	1	
***					***			1 2	1			2 3	1
	***		***		***	2		1				2	
												1	
												1	1
												1	1
	***			1		-110						1	
		,			100				1177			1	
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						1						2	
									***			1	
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***				1				2				5	
. 6		3		2		3		47		1		104	
								1		1		2	
1								2				3	
		***						. 1	***	1		1	
***			***				***	1				1	
		1		1				4				9	
-	-		-						-				-
46	2	48		15	1	40	1	124	2	34	1	526	20

## FEVER STATISTICS.—TABLE VIII. (continued)—Details

Disease as certified on	Number	Disease as diagnosed	EAST HOSP	TERN ITAL.	NOR EAST HOSP			TH- FERN ITAL.	WEST	TERN ITAL.
admission.	Cases.	after admission.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	526		45	2	87	4	44	4	48	3
Scarlet Fever (continued)	1 (	Circulatory System. Morbus cordis								
		Nose, Disease of. Rhinitis								
		Local Injuries. Abdominal	2							
		Scalds								
	81 (	Not Classified. Adenitis								
		Admitted with mother Born in hospital			2					
		Cellulitis Infantile convulsions								
		No obvious disease	7		20		12		12	
		Otitis Sunstroke	1				1	1		
	) (	Tubercular adenitis			1	1				
	607		55	3	110	5	57	5	60	3
Diphtheria	) (	GENERAL DISEASES.								
		Enteric fever Febricula								
		Influenza							1	
		Measles ,, German	8				10	3	11	3
and the second		Pertussis								
		Rickets Syphilis	1	1					5	
		,, secondary Tuberculosis, acute					100	'		
		Varicella								
		Local Diseases.								
	137							34.23		113
		Respiratory System. Bronchitis	1				1			
		Catarrh								
		Empyema	8							
		Laryngitis chronic	10	1	•••		1		1	
		Pneumonia					5	2		
		,, broncho- ,, lobar	11	1			1		2	2
		Digestive System. Dental abscess								
		Dentition Gastro - intestinal					3			
		Mesenteric disease Peritonsillar abscess		:::			ï	ï		
	187	Carried forward	43	4			22	6	20	 5
Carried forward	744			7			70	11	80	0
Carried forward	122		98		110	5	79	11	00	8

### FEVER STATISTICS, 1900.

of Miscellaneous Diseases admitted during 1900.

WEST HOSP	TERN	FOUN	TAIN ITAL.	GRO	VE ITAL.	SOU EAST HOSP	TH- TERN ITAL.	HOSP	RK ITAL.	BRO	OOK ITAL.	SUMM	IARY.
No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
46	2	43		15	1	40	1	124	2	34	1	526	20
										1		1	
			***	1								1	
										1		1	
						1	1					2	1
		430				12 1		0					
			***					3				3	
***			***					1				1	
•••						1		3	2	4		3	2
				4		1		3		1		60	
	***					l						2	
												1	1
46	2	43	-	20	1	44	2	135	4	37	1	607	26
30	-	40		20	1	**	-	100		01	1	001	20
		3										3	1
				***				1				1	
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										1	1	1	1
		:::				1						1	
10	2	11		6		9		12	3	4	3	137	23
56	4	54		26	1	53	2	147	7	41	4	744	49

### FEVER STATISTICS-TABLE VIII. (continued)-Details

Disease as certified on	Number	Disease as diagnosed		TERN	EAST	TH- TERN ITAL.	WES	TH. TERN TTAL.	WES'	TERN ITAL.
admission.	Cases.	after admission.	No. of Cases,	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	744		98	7	110	5	79	11	80	8
Brought forward —Diphtheria	} 137		43	4			22	6	20	5
Diphtheria (continued)	1 1	Digestive System (contd.) Pharyngitis						-144		
	-	Post - pharyngeal abscess							1	1
		Retro - pharyngeal abscess					4	2		
	100	Septic sore throat	3 7	2			1			
		Stomatitis Tabes mesenterica		1			***		1	ï
		Tonsillitis	59				49		57	
								237		
		Charlet C.	- 17			-				-
		Circulatory System. Pericarditis	1	1	*	*	1			
		,, purulent			***				1	1
		Morbus cordis								
			14-1	1 -1		64 1	4 19 19	7,020		
		Nervous System.	37.4			1000	1-1-			
		Cerebral effusion					1	1		
		,, softening					1	1		
THE TAX THE		Convulsions								
		Delirium tremens Tetanus	1				1	1		***
T INCHES		Tetanus	1	***	***					***
4+5	1000	Skin Diseases.								
		Eczema Erythema	1							
***	578	Hornes		***	***		ï			
		11erpes								
		Nose, Disease of.								
1		Rhinitis								
		Urinary System. Nephritis								
		Lymphatic System. Lymphadenoma								
17 2 1		Not Classified.		-	1					
		Abscess, cervical	1				***			
		,, sublingual		***	* ***				***	
5 3 37		Anæmia, pernicious,								
		with tonsillitis	1	1						
		Circumcision Foreign body in œsoph-			***					
		agus								
		Marasmus								
1		No obvious disease	1				6		1	
		Ophthalmia and cre- tinism								
		Otorrhæa	1		***		***		***	
		Syphilis					1	1		
		Vaccination		***						
	710		119	9			87	12	82	8
Carried forward	1,317		174	12	110	5	144	17	142	11

of Miscellaneous Diseases admitted during 1900.

WEST HOSP	CERN	FOUN	TAIN ITAL.	HOSP		EAST HOSP	ERN	HOSP	RK ITAL.	HOSP	OK ITAL.	SUMM	IARY.
No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases	No. of Deaths.	No. of Cases,	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
56	4	54	1	26	1	58	2	147	7	41	4	744	49
10	2	11		6		9		12	3	4	3	187	23
4		1										5	
		1						2	1			4	2
						1	1					5	3
		2				2		4		2	1	18	2 2 1
5		60		32		78		135	1	23		1 498	1
												1	1
		1			****							1	1
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								·				1	1
			***			1						1	***
19	2	79	1	41	2	94	2	157	6	32	-4	710	46
65	-4	122	1	61	3	138	4	292	10	69	5	1,317	72

## FEVER STATISTICS.—TABLE VIII. (continued)—Details

Disease as certified on	Number	Disease as diagnosed	EAST	TERN ITAL.	NORTH. EASTERN HOSPITAL.		NORTH- WESTERN HOSPITAL.		WEST	TERN ITAL.
as certined on admission,	Cases.	after admission.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	1,317		174	12	110	5	144	17	142	11
Enteric Fever	1 (	GENERAL DISEASES.								
		Alcoholism Erysipelas due to scald	1							
		Febricula	19				···		6	
		Malaria	2							
		Measles Puerperal fever								
		Rheumatism					2		1	
		,, acute								
		Rickets Syphilis							1	***
		Tuberculosis	3	3						
A THE STATE OF		Whooping cough	1							
		Respiratory System.								
		Bronchitis	2				1			
		Catarrh Empyema								
		Phthisis	ï				1	1		
		Pleurisy Pneumonia	5 17	6			2 7	4	5	1
		,, broncho-	2							
	297	Pulmonary tubercu- losis			The same of	1000	2	1		
		Pleural effusion								
		Circulatory System.								
		Endocarditis,rheumatic								
		,, ulcerative Morbus cordis					1	1		
		Pericarditis	1	1						
		Digestive System.								
		Appendicitis							1	
		Ascites Cholecystitis								
		Cirrhosis of liver								
		Colic	1							
		Constipation	3						4	
		Diarrhœa Dyspepsia	1				2		3	***
		Enteritis					2	1		
		Gastritis Gastro-enteritis								***
		Hepatic congestion			***		1			***
	) (	Ischio rectal abscess Jaundice	1				1			
	297	Carried forward	60	10			25	8	22	1
Carried forward	1,614		234	22	110	5	169	25	164	12

of Miscellaneous Diseases admitted during 1900.

SOUTH- WESTERN HOSPITAL.		GROVE HOSPITAL.			TH- TERN ITAL.	PA	RK ITAL.	BRO	OOK ITAL.	SUMMARY.			
No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
65	4	122	1	61	3	138	4	292	10	69	5	1,317	72
											NUT !		
						1						1	
				ï								1	
						2		3				24	
1				1		8		1		1		21	
1						1				1		$\frac{1}{2}$	
							***			1	1	1	1
								1				4	
				1								1	
***						***						1	
				8	5	3	2	***				1 14	10
	***							2	2			2	2
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									1				
	100			200									
				4	1	1		2	1	4	1	14	3
1												1	
1						1			***	1		5 6	
2				2		1		3		1		12	1
5	3			12	3	14	4	9	3	13	5	82	29
				3	3			1		1		7	3
	1		1	1		100						-	
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174								Figure 1	- Lines	12		1	
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						4						4	
				2	2	3	2					5	4
				2				2	1		***	5	2
												1	1
5										13			
-797	-		1000		1.1			-		100			
30	1						1	1000	1	1			1
				3				1		2	1	7	1
								1		1		1	
	***			***						1	1	1	1
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				1		1	- 1			1		3	1
				2		10						9	
						12 2						18	
								3			1	5	ï
		1				4						4	
6				14	1							20	1
			****									1	
												1	
8 18	3			56	15	58	9	29	7	29	9	297	62
1000					-	-							
8 83	7	122	1	117	18	106	13	321	17	98	14	1,614	134

98

### APPENDIX I .- INFECTIOUS DISEASES.

# FEVER STATISTICS .- TABLE VIII. (continued) -- Details

Disease as certified on	Number	Disease as diagnosed	EAST	ERN ITAL.	NORTH- EASTERN HOSPITAL.		NORTH- WESTERN HOSPITAL.		WESTERN HOSPITAL.	
admission.	Cases.	after admission.	No. of Cases.	No. of Deaths,	No. of Cases.	No. of Deaths.	No. of Cases,	No. of Deaths.	No. of Cases,	No. of Deaths.
Brought forward	1,614		234	22	110	5	169	25	161	12
Brought forward —Enteric Fever			60	10			25	8	22	1
Enteric Fever (continued)	) (	Digestive System (contd.) Perforating gastric								
		ulcer	***				1	1		
		Peritonitis ,, pelvic	2	1						***
		,, tubercu-		***						
		Perityphlitis	ï				1	1	1	
		Tonsillitis	î							
		Nervous System. Alcoholism	1				2	1		
		Amyotrophic lateral sclerosis		0.50						1
		Chorea								
		Delirium tremens Disseminated sclerosis	1							
		Hemiplegia								
		Mania								
		Meningitis	1	1				***		
		,, tubercular								
		Urinary System, Albuminuria	1			B				
		Diabetes		***						
	59	Nephritis, chronic					1	1	****	
	09	Stricture of urethra	***				1			
		vasation of urine								
		Tubercular pyelitis								
		Skin Diseases.								
		Eczema Erythema papulosum								
		Zijinoma paparosum							***	
		Generative System. Endometritis Malignant disease of								
		cervix uteri								
		Pelvic cellulitis Pyosalpinx				***		···	1	
		Pyosalpinx					1	1		
		Locomotive System.								
		Multiple arthritis Necrosis of tibia, acute			:::					
							1000			
		Lymphatic System. Bubo								
		Local Injuries. Insolation	1							
	356	Carried forward	69	12			32	13	24	111
Carried forward	1,673		243	24	110	5	176	30	166	125

of Miscellaneous Diseases admitted during 1900.

SOUTH- WESTERN HOSPITAL. FOUNTAIN		INCOMPAT TAMEDITAL			EAST	SOUTH- EASTERN HOSPITAL.				OOK ITAL.	SUMMARY.		
No. of Cases.	No. of Deaths.	No. of Cases,	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths,	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths
83	7	122	1	117	18	196	13	321	17	98	14	1,614	134
18	3			56	15	58	9	29	7	29	9	297	62
									Prey Market				
***												1	1
1	1			3	1	1	1					7	4
										h =			75.0
		***				1	***					3	1
2										3	***	6	
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				1								1	***
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1													
				***								1	
23	6			70	19	73	19	30	7	35	10	356	87
88	10	122	1	131	22	211	28	322	17	104	15	1,673	159

# APPENDIX I .- INFECTIOUS DISEASES.

FEVER STATISTICS .- TABLE VIII. (continued) - Details of

Disease as certified on	Number	Disease as diagnosed	EAST		NOF	TH- FERN ITAL.	NOR	TH-	WEST	TERN
admission.	Cases.	after admission.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No of Cases.	No. of Deaths.	No. of Cases.	No. of Death:
Brought forward			243	24	110	5	176	30	166	12
Brought forward Enteric Fever	} 356		69	12			32	13	24	1
Enteric Fever (continued)		Not Classified.  Abortion  Abscess, temporo sphe-							1	
		roidal Addison's disease		1						
		No obvious disease Otitis					2	***		
		" and pyæmia	2	2						
	( 01 )	Pleurodynia Pyæmia							ï	
	31	Whitlow	1							
		Not Certified, Admitted with Mother					3		1	
		Born in hospital Measles, admitted as							1	
PAR SHARE		such					1	1		
		No disease Rötheln					***		1	
	1. (	Tonsillitis							2	
1 13.1	387		77	15			38	14	31	- 11
m t n										ш
Typhus Fever	} 2{	Meningitis Rheumatic sudamina			:::					
			1	1						
						No.				
GRAND TOTALS	1,706		252	28	110	5	182	31	173	

Miscellaneous Diseases admitted during 1900.

WEST HOSP	TH- FERN ITAL.	FOUN	TAIN ITAL.	GRO	OVE ITAL.	EAST	TH- TERN ITAL.	PA	RK ITAL.	HOSP	OOK ITAL.	SUMM	MARY.
No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths
88	10	122	1	131	22	211	23	322	17	104	15	1,673	159
23	6			70	19	73	19	30	7	35	10	356	87
								Di Sala				1	
						1	1		***			1	1
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												2	
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						2	2					3	2
												1	
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										1			
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2												2	
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***										***		_	
26	6			72	19	77	22	30	7	36	10	387	94
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REPORTS OF THE ACTING MEDICAL OFFICER OF THE RIVER AMBULANCE SERVICE AND OF THE MEDICAL SUPERINTENDENT OF THE SMALLPOX HOSPITAL SHIPS FOR THE YEAR 1900.

### No. 1.

#### RIVER AMBULANCE SERVICE.

SOUTH WHARF,
ROTHERHITHE, S.E.,
23rd January, 1901.

During the year 1900, 94 patients were sent to this wharf certified to be suffering from smallpox. This diagnosis was confirmed in 64 instances, and 63 of the patients were transferred to the Hospital Ships. The other patient was not so transferred, but was detained for treatment at, and subsequently discharged from, the wharf. This patient presented symptoms characteristic of the early stages of smallpox, but, as occasionally happens, the characteristic papular eruption was never developed. For this reason this case has not been included in the statistics of vaccination.

One patient who was transferred to the Hospital Ships, on further examination, appeared to be suffering not from smallpox but from the effects of vaccinia. There were thus 64 transfers to the Hospital Ships. But there were actually 65 admissions to that hospital from the metropolitan area, since one person was detained for treatment who had visited the hospital to see a sick relative. That patient was found at the time of her visit to be herself the subject of the disease.

Of the remaining 29 cases, 12 were sent home on the day of their removal and 6 on the day following; 11 were detained in the shelters for periods varying from 2 to 16 days. The longest period of detention (16 days) was in the case of the patient suffering from varicella, who had no home in London to which he could be returned. He was therefore detained at the wharf until his recovery.

I present in a tabular form the facts to which I have referred :-

				Transferred to	Returned the same day	De	tained in Shelt	ter.
	Disa	ASE.		Hospital Ships.	or after one day's detention.	2-4 Days.	7-9 Days.	16 Days.
Smallpox			 	63			1	
Vaccinia			 	1		1	***	***
Varicella			 		13	3		1
Erythema			 		13 5	1		
Urticaria			 ***				1	
Impetigo			 			1	***	
Syphilis			 			1		
Ulcerative	endo	carditis	 			1		***
No disease	appa	rent	 			1		
		Totals	 	64 .	18	9	2	1

(Signed) T. F. RICKETTS,

Acting Medical Officer.

# No. 2.

#### HOSPITAL SHIPS.

(For Statistical Tables, see pp. 106 to 120.)

Long Reach,
Near Dartford, Kent,
January 22nd, 1901.

Statistics. During the year 1900, 67 patients were treated in this hospital. Of these patients, 1 was considered to be suffering not from smallpox, but from the effects of vaccinia. There were 3 deaths. At the end of the year, 1 patient remained under treatment. There were 2 patients sent to the hospital from Orsett, in Essex, leaving 64 smallpox patients who came from the metropolitan area.

As usual, most cases occurred in the earlier part of the year, all but five being admitted in the first seven months. In six cases the patient had recently arrived in London from abroad, and brought the disease or the seeds of it with him. Four of these cases led, so far as is known, to no further spread of the disease. The two other cases were the forerunners of an interesting series, which will be presently further alluded to. In two instances the disease was imported from the provinces. One of these cases was that of a man who had been employed in erecting a smallpox hospital at Hull. Early in January he returned to his home at Fulham, where he developed smallpox, and was the source of the disease in three other cases.

The remainder of the cases are comprised chiefly in three groups :-

- (1.) A group of cases occurred in Hackney in January and February which was traced to a gathering of friends in a small house in Homerton, on Christmas Day, 1899. It was found afterwards that a boy then present was suffering from a mild attack of smallpox. His illness had been mistaken for chickenpox. Eight persons present on that occasion afterwards fell ill of smallpox, and 17 persons in all owed their illness to the same source.
- (2.) On March 29th, the s.s. "Caledonia" arrived in the port of London. The steward and the ship's clerk returned to their homes in St. Pancras and Marylebone, and fell ill of smallpox within a few days of one another. Five persons with whom they came into contact afterwards developed the disease. On May 21st, a woman was admitted here with smallpox who was the widow of a valet employed in Victoria Street, Westminster. Her husband had just died, it was supposed of measles; but there can be little doubt that the nature of his disease was hæmorrhagic smallpox. The origin of his illness was for long obscure, but it appeared probable that he caught smallpox at an eating-house in the north of London from one of the cases originating in the "Caledonia." Thus, while the outbreak was stamped out in the north, its focus shifted to the south-west of London. Three persons with whom the valet's wife came into contact caught smallpox and were sent here. While about the same time a woman who lived in the same house in Victoria Street, and had come into contact with her or her husband, was admitted as a patient to St. Mary's Hospital, and died there of a severe attack of confluent smallpox. The nature of this patient's illness was unrecognised, and

five other persons who were patients or employed at that hospital caught smallpox from her and were sent here. When the valet died in Victoria Street, some linen from the house was sent to a laundry at Chiswick, and another centre for the spread of the contagion was thus furnished. Again the earlier cases were unrecognised, and nine patients were admitted in consequence. Nor was this quite all. For the valet's brother came to London when he died, and took the smallpox back with him to the provincial town where he dwelt. Four or five cases of smallpox resulted. So far as is known, at least 30 cases in London and out of it could thus be traced back to the "Caledonia," and over 20 cases to the man who died of measles in Victoria Street. This is a somewhat unusual experience nowadays, and it is to be explained by the repeated mistakes in diagnosis which were made. Thus the nature of the original cases from the "Caledonia" was not at first recognised. The man in Victoria Street was supposed to have measles. The patient taken to St. Mary's Hospital died of a rare skin disease, the name of which has escaped me. While the earlier cases in Kensington and those in the provincial town were classed as chickenpox.

(3.) Early in April there was a small outbreak of smallpox in St. George's-in-the-East. Five patients were sent here from that infirmary, and two more from the same part of London, who all appeared to owe their illness to a common source. The first to fall ill was a boy who was treated in the infirmary for chickenpox, the true nature of whose illness was not perceived until other secondary cases had occurred.

The cases so far touched on form the bulk of the admissions for the year. But it may be worth while to allude to the remaining cases.

In February a young woman was admitted from Greenwich. She was shortly to have been married. But she died here of hæmorrhagic smallpox. She caught smallpox from her mother, in whom the disease was of a similar nature and had a similar result. How the mother got smallpox is unknown, nor was the nature of her illness recognised. She was stated to have died of blood poisoning.

Three persons, members of the same family, were admitted from Streatham, in August. The father of two of the patients had died shortly before their admission. His illness was supposed to have been due to measles. He seems to have caught smallpox from a son who had come home on leave from a training ship at Devonport. The son was said to have chickenpox.

In November two fellow-servants were admitted from a house in Sloane Gardens. One of them has barely escaped with her life. It seems probable that they got smallpox from their master. They told me he had been suffering from blood poisoning with an eruption of spots.

It has been mentioned that two patients were admitted from Orsett (in July). The first patient was a youth in the navy, who had returned home to Orsett on leave from one of H.M. hospital ships. He said there was a boy there who had been suffering from German measles and chickenpox, a double-barrelled diagnosis very suggestive of smallpox. The second patient admitted caught smallpox from the first, and died here.

I think it may be said justly that the most part of the cases of smallpox which occurred in London last year might have been prevented very readily. Had the mistakes in diagnosis which I have recounted not been made, so much illness, much suffering, and some deaths would have been avoided. Smallpox is a disease which

in practice seems to present more difficulties in its detection than do most others; it is the disease in which mistakes are of most moment; and yet it is perhaps of all diseases that in which a certain diagnosis can be arrived at in almost every case. It is unfortunate that what opportunities exist for the study of the disease are not more available for students. It is unfortunate also that medical men as a rule do not conceive it to be their duty to notify all cases where a diagnosis of smallpox appears to be not only probably but possibly the correct one, and to allow the responsibility of deciding as to the disposal of such cases to rest with the Managers.

Meanwhile, an epidemic of smallpox in London is always possible, and it is therefore a matter of congratulation that the new smallpox hospital at Joyce Green has at length been begun.

staff I present the usual return of the number of persons employed on the employed. staff of the hospital in the course of the year.

Staff en	nployed	at the H	Iospital.	Ste	iff newly	y employ	ed.
Year.	Class.	Number employed.	Contracted Smallpox.	Year.	Class.	Number newly employed.	Contracted Smallpox.
1900 {	I. II. III. IV.	25 40 53 45	Nil.	1900 {	I. II. III. IV.	19 13 13 25	Nil.
Total	L	163		Total		70	_

(Signed) T. F. RICKETTS,

Medical Superintendent.

#### APPENDIX I.-INFECTIOUS DISEASES. SMALLPOX STATISTICS, 1900.

SMALLPOX STATISTICS.—TABLE I.—Return showing the Numbers of Smallpox Patients Admitted from each Parish or Union during each Month of the Year 1900; the Total Admissions, Discharges, and
Deaths during the Year, and the condition of the Patients as to Vaccination.

	REMAINING IN HOSPITAL ON 18T JANUARY	JANUARY.	FEBRUARY.	Макси.	Арин.	MAY.	June.	July.	August.	SEPTEMBER.	OCTOBER. NOVEMBER	. Весемиев.	TOTAL ADMISSIONS.	DEATHS.	DISCHARGES.	HEMAINING IN HOSPITAL ON SLAT DECEMBER.
					v	ACCIN	ATION	CIC	TRIX	OR	CICATRIC	26.				
PARISH OR UNION.	Present. No Evidence. Absent.	Present. No Evidence. Absent.	Present. No Evidence. Absent.	Present. No Evidence. Absent.	Present. No Evidence. Absent.	Present. No Evidence, Absent.	Present. No Evidence. Absent.	Present. No Evidence, Absent.	Present. No Evidence. Absent.	Present. No Evidence, Absent.	No Evidence. Absent. Present. Present. No Evidence.	Present. No Evidence. Absent.	Present, No Evidence, Absent,	Present, No Evidence, Absent,	Present. No Evidence. Absent.	Present, No Evidence, Absent,
Kensington Hammersmith Fulham Paddington Chelsea St. George's Westminster		1 1	1			1   1	3 4 5	1 2					5 2 7 1 5 1 1 1 1		5 2 7 1 5 1	
St. Marylebone  St. Pancras  Hampstead  Lilington  Hackney  St. Giles & St. George,  Bloomsbury  Strand  Holborn		4 6		1 1	2 4 	1							3 4 5 7	1	2 4 7 7	
Shoreditch  Shoreditch  Bethnal Green  Whitechapel  Ste George-in-the-East Stepney  Mile End Old Town  Poplar	1					1	4 1	2			10		1 1 1 1 1 3 4 1		1 1 2 1 3 4 4 1 2 1 1	
St. Saviour's								1		1			3 1		3 1 1	
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Note 1.—The colum	ns headed " no	evidence" con	tain the parties	ulars of eases state	N.B.—Ad	missions, &c., fro	om "other disea on bearing no w	sees " during the	ne year are not	included in th	is Return.					

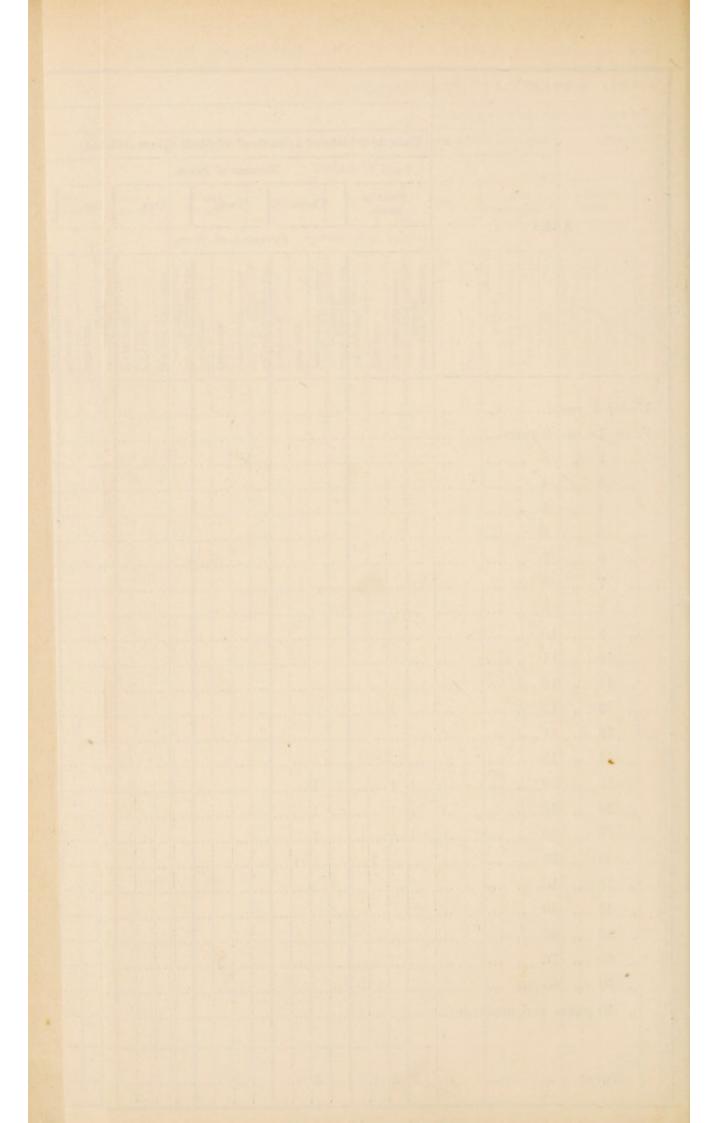
Note 1.—The columns headed "no evidence" contain the particulars of cases stated to have been Vaccinated, but bearing no visible evidence of the operation and also of those in which no statement was made, but the nature of the cruption or other cause prevented any observation of the marks, if any existed.



## APPENDIX I.—INFECTIOUS DISEASES. SMALLPOX STATISTICS, 1900.

					SMALLE	OX STAT	ristics.	-TABLE	IIA.—Shee	ring the con-	lition as re	gards Vac	cination of	MALE	Patients adm	tted during	1900.				_			Cases in	La	
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									An	A OF CECATED	X OR CECAT	ROCKS										Devile		evidence as to	tilos	n a
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	Four or more,	Three,	Two,	One.	Not recorded.	Four or more.	Three.	Two.	One.	Not recorded.	Four or more.	Three.	Two.	One.	Not recorded.	Four or more.	Three.	Two.	One.	Not recorded.	dealt					
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	* In this o	olumn are in-	Inded cases a	tated to have	o been vascine	and, but bear	ing no visit	de evidence o	the operation	on, and also es	see in which	no statemer	d was made	, but the nat	h smallpox. are of the eru	otion, or other	P CARROL TEXAS	ented any ob-	servation of ti	be marks, if	any owl	and .				

<sup>•</sup> In this column are included cases stated to have been resentance, but beening to within explosions cases which were varieties of the relationship of the marks, if any calci



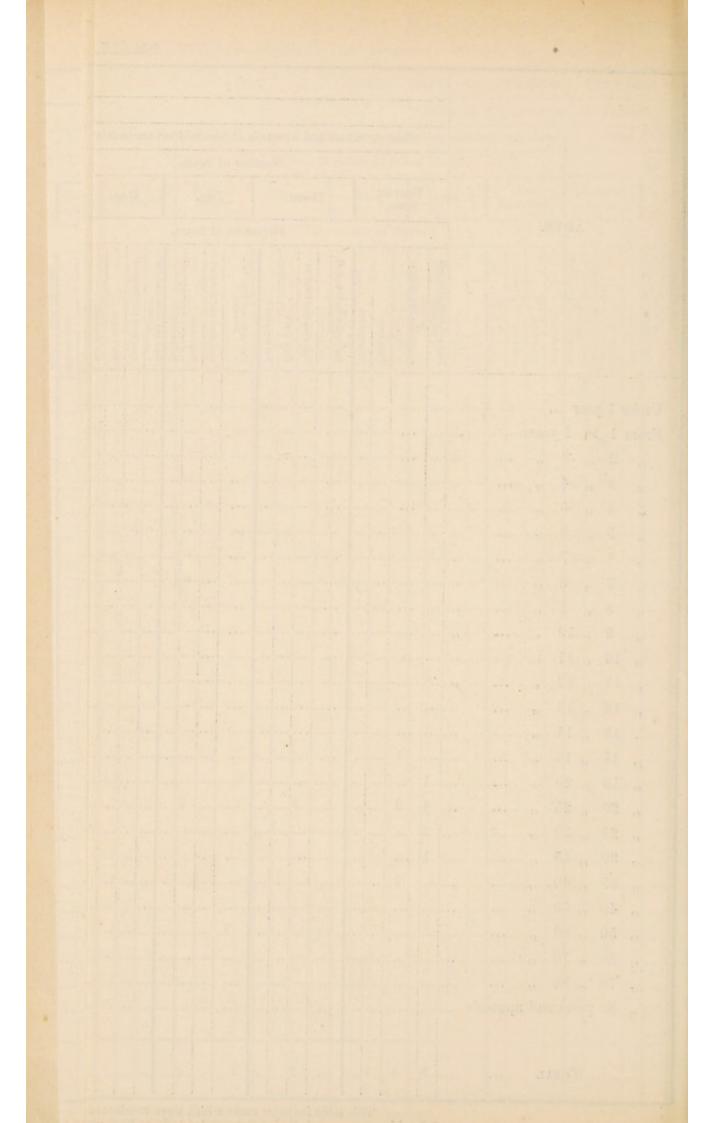
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APPENDIX I.—INFECTIOUS DISEASES. SMALLPOX STATISTICS, 1900.

SMALLPOX STATISTICS—TABLE III. (continued)—Sharing the condition or reporte Paccintion of the FEMALE Patients admitted during 1900.

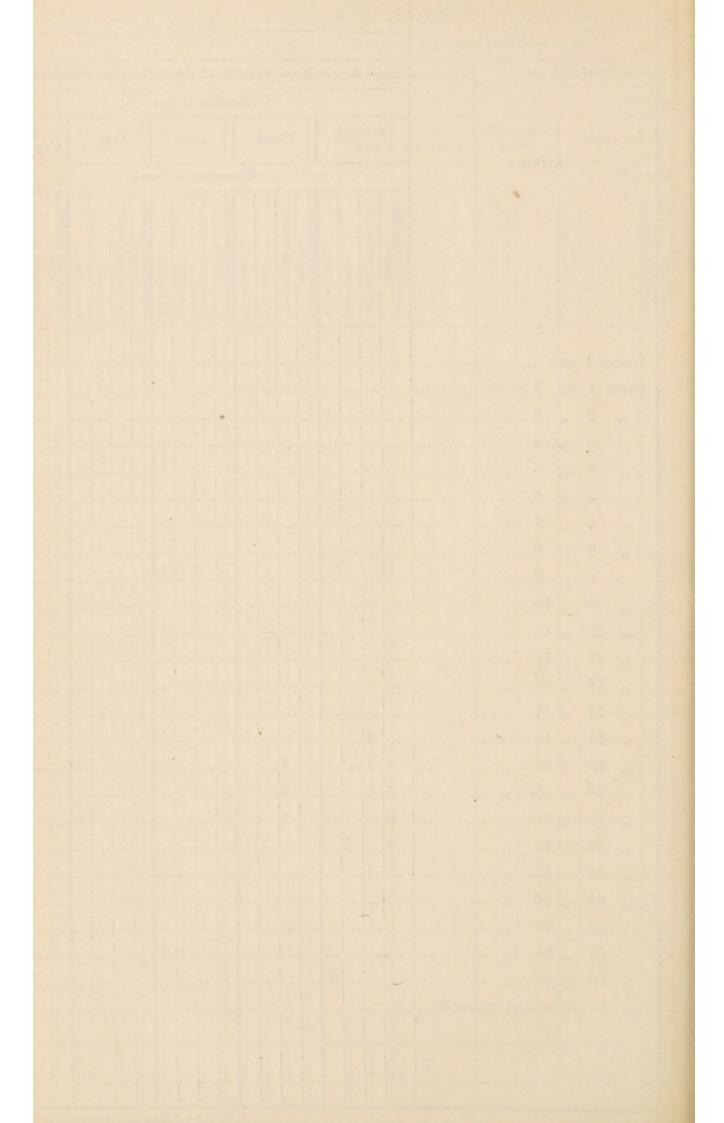
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APPENDIX I.—INFECTIOUS DISEASES. SMALLPOX STATISTICS, 1900. SMALLPOX STATISTICS-TABLE IIc.

								CASI	es WITH	VACCINA	rion cic.	ATRIX OF	CICATR	CES PRESE	INT.									Cases in which there	Cases in which
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# ii. APPENDIX II.-IMBECILITY.

REPORTS OF THE MEDICAL SUPERINTENDENTS OF THE SEVERAL IMBECILE ASYLUMS FOR THE YEAR 1900.

(For Statistical Tables, see pp. 140 to 165.)

#### No. 1.

#### LEAVESDEN ASYLUM.

King's Langley, Herts, 19th January, 1901.

#### Statistics.

	* *	Males.	Females.	Total.
On 1st January, 1900, the asylum contained		 897	1,088	1,985
Admitted during the year		 78	98	176
Total under treatment during the year		 975	1,186	2,161
Discharged during the year		 25	21	46
Died during the year		 137	173	310
Remaining in the asylum on 31st December, 1900		 813	992	1,805

In consequence of a resolution adopted by the Managers on the 19th May, 1900, the reason for which will be explained later, the normal accommodation, hitherto for 2,000 patients—1,100 females and 900 males—was reduced by 250 to 1,750—950 females and 800 males. On December 31st, 1900, there were still 42 females and 13 males in excess of the lately fixed normal accommodation.

Admissions. Patients ceased to be admitted in June, so that no admissions took place during the last six months of the year. There was therefore a great falling-off in the year's admission rate, and whilst in 1899 the admissions numbered 342, in 1900 the admissions were only 176.

At the end of the year 1899 it was decided to transfer cases from Darenth Asylum, so that Darenth could for a while admit new cases from the outside. In December, 1899, 23 cases were admitted from Darenth Asylum, and during 1900 115 more were received. The majority of admissions to this asylum during recent years have been lunatics and not imbeciles. The transfers from Darenth Asylum were nearly all of the latter class, and on account of the faulty habits of many of them and the destructive habits of others they have added greatly to the numerous and increasing class of those requiring constant supervision by day and by night.

Every year it is necessary to draw attention to the weak, aged, and decrepit

people sent for care and treatment to the asylum. The feeble state of the admissions during 1900 is well shown in the following table:—

,	Males.	Females.	Total.
1. In good bodily health and condition	_	_	-
2. In average bodily health and condition	7	1	8
3. In indifferent bodily health and condition	25	14	39
4. In weak bodily health	30	61	91
5. In very weak bodily health and exhausted			
condition	16	22	38
confidence on policy and addition	78	98	176

Nos. 4 and 5 include all patients suffering from physical disease, including epileptics.

Out of 176 admissions 130 were brought from other asylums:-

Name o	f Asylum.			Males.	Females.	Total.
City of Lo	ondon, at	Stone	 	 7	-	7
Claybury			 	 5	_	5
Colney Ha			 	 1		1
Hanwell			 	 2	_	2
Darenth			 	 46	69	115
				61	69	130

There was one readmission. Harriet D., aged 45, chargeable to St. Pancras, who suffers from epilepsy, was readmitted on May 14th, 1900. She was first admitted on August 15th, 1893, discharged, not improved, to the care of relatives on April 20th, 1894, readmitted March 1st, 1895, and again discharged, relieved, to the care of friends on May 15th, 1899.

Discharges.	The	following	is t	he	table	of	discharges :-
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Recovered			 Males.	Females.	Total.
Relieved		 	 5	2	7
Not improved	'	 	 18	16	34
			25	21	46

The percentage of recoveries on admissions was as follows:-

Males.	Females.	Total.
2.5	3.06	2.8

22 patients were sent to other asylums as suicidal or dangerous to others:-

Name of Asylum			Males.	Females.	Total.
Claybury		 	 1	3	4
Colney Hatch		 	 3	5	8
Hanwell		 	 5		. 5
Banstead		 	 1	-	1
Stone (City of L	ondon)	 	 2	2	4
			12	10	22
				and the same of	

The deaths numbered 310—137 males and 173 females. This is the largest number of deaths that has occurred in any one year in the history of the institution, the next highest number being 305 in the influenza year 1890. The very high death rate is further shown by the following figures, which are also much the highest that have ever been recorded in the history of the asylum:—

Percentage of deaths on the average number resident :-

Males.	Females.	Total.
15.8	16.6	16.2

There were 285 post-morten examinations—128 males and 157 females—this representing over 90 per cent. of the deaths. As this is the highest per cent. of post-morten examinations that has ever been performed here, it follows that the table giving the causation of deaths has never been so accurate. Bedsores were found in 21 male and 25 female bodies after death, being one bedsore less than during 1899. It is right, however, to point out that many of these bedsores were trifling in the extreme, and would not have been classified as bedsores years ago. Now that the great overcrowding of the infirmary wards is a thing of the past, and now that the attendants and nurses are receiving a full course of lectures and demonstrations in their nursing duties, bedsores should be of rare occurrence.

The greatest cause of death at Leavesden Asylum in 1900 and for many years previously was tuberculosis. The following table gives a list of those deaths during 1900 where tuberculosis played a principal or secondary part:—

		Males.	Females.	Total.
Pulmonary tuberculosis		45	49	94
Pulmonary tuberculosis with tubercular enteritis		_	1	1
Pulmonary tuberculosis with influenza		1	1	2
Cerebral softening with pulmonary tuberculosis		1	-	1
General paralysis of the insane with pulmon	ary			
tuberculosis		-	1	1
Status epilepticus with pulmonary tuberculosis		_	1	1
Tubercular meningitis		_	1	1
General tuberculosis		3	1.	4
		50	55	105
		_		

It is startling to find that out of 310 deaths, in 105, or more than one-third, tuberculosis was the primary or secondary cause of death. The following table shows that at this asylum tuberculosis has no respect for age, old people often falling victims:—

					Under 20	20-30	30-40	40-50	50-60	60-70	70-80	80-90
1007	( Male				1	14	7	4	1	1	1	-
1897	Female				2	3	3	6	2	1	1	-
1000	Male				1	10	5	5	5	2	-	-
1898	Female				1	12	4	5	3	1	-	-
1000	Male					7	10	13	10	- 1	-	
1899	Female		***	***	2	6	5	6	6	3	2	-
	Male				2	6	10	16	5	8	3	-
1900	{ Female					6	12	9	12	7	_ 5	4
	To	tals			10	64	56	64	44	24	12	4

It would be considered unusual in outside practice for old people to die of "consumption," but at Leavesden Asylum during the last four years 40 persons over 60 years of age died of tuberculosis. The average length of residence in the asylum of those dying of tubercle or in whom active tubercle was found on postmortem examination during 1899 has been worked out (there is no doubt much the same results could be got from the 1900 figures), and it is found that in the males roughly eight years and in the females roughly nine years are the periods. The proportion of these cases in which tubercle was recognised on admission is as follows:-Males 19 per cent., females 33.3 per cent. It may therefore be confidently affirmed that the majority of the cases of tuberculosis were generated in the asylum after the patients were admitted. The committee, being fully aware of the high death rate from tuberculosis, have taken during the year several steps which it is hoped will minimise the great death rate. On May 19th, 1900, it was decided that the normal accommodation hitherto for 2,000 patients should be reduced by 250 to 1,750, but this reduction could only take place gradually as a consequence of deaths and discharges, and on December 31st there were still 55 patients in excess of the lately fixed normal accommodation. The amount of air space each patient is to have has been fixed as follows:-

Advanced tubercular cases, 100 square feet of floor space by day and night. Incipient tubercular cases, 60 square feet of floor space by night and 30 square feet by day.

Infirm and sick cases, 850 cubic feet by night and day.

Ordinary cases, 500 cubic feet by night and 300 cubic feet by day.

Offensive cases, 1,200 cubic feet by day and night.

The neighbourhood of the asylum is very healthy, and on inquiry it is found that very few cases of "consumption" occur among the surrounding population. The liability to tuberculosis is therefore peculiar to the population of the asylum. The degenerate character of the asylum population will, it is to be feared, always produce a larger number of tubercular cases not only than the general population, but than the population of most other asylums. During the later months of the year the tuberculous patients have been placed in separate wards, although the classification is not yet quite complete. It has also been determined to erect rustic shelters in the airing courts attached to the wards for tubercular patients, so that independently of the weather the patients may spend as much time as possible in the open air. The overcrowding of a degenerate population has been, I think, the main cause of the high death rate from tuberculosis at this asylum, and it is therefore hoped that the steps which have been taken will remedy this evil.

Next to tuberculosis, the second great cause of death during the year was owing to an epidemic of influenza, which began during the last few days of 1899. The death rate among the patients during January was phenomenally high, there being 73 deaths from all causes during this month, the largest mortality that has ever occurred in any one month in the history of the institution.

The epidemic continued into February, and there was a recrudescence in April, fully a fourth of the patients as well as a large number of the staff being attacked. None of the latter, I am glad to say, died, although several of them were seriously ill for a time. As the medical superintendent and two of the three assistant medical officers were hors de combat, Caterham and Darenth Asylums sent to our

aid Drs. Fleck and Anderson. The victims of influenza were mostly those who were very old or who suffered from serious disease, but, alas! we also lost many of our old workers, a serious matter when nearly every newly-admitted case is a non-worker. A great many invalids were left behind and added to the death rate during the year. The following table shows the deaths from influenza:—

Influenza alone				1	Males.	Females.	Total.
Influenzal pneumonia					14	24	38
Influenzal bronchitis					2	4	6
Influenzal congestion of	lungs				1	1	2
Valvular disease of heart	with ir	fluenz	al pneur	monia			
or bronchitis					-	4	4
					17	34	51

It will therefore be seen that more than half of the deaths during 1900 are accounted for by tuberculosis and influenza. Among the other chief causes of death during 1900 were pneumonia (32), valvular disease of the heart (18), cerebral softening (14), and senile decay (14). There were 63 persons between 70 and 90 died during 1900. 1 female patient died of enteric fever in October, and during the year 1 male and 1 female patient died of erysipelas.

Accidents, There have been 6 serious accidents during the year involving inquests, and sudden deaths. Sub-committee at the time, details are unnecessary here. Besides these accidents, the coroner held 3 inquests during 1900. On January 10th, an inquest, after a post-mortem examination, was held on the body of William Alexander, aged 53, who suffered from general paralysis of the insane, when the jury returned the following verdict:—"That the said William Alexander died on the "7th January, 1900, at Leavesden Asylum, and his death was caused by being "accidentally choked with a piece of meat, and no blame was attached to any person."

On May 18th, an inquest, after a post-mortem examination, was held upon the body of Henry Mortong, aged 36, who suffered from epileptic fits. He was in an infirmary ward, but assisted the attendants in their work. Two attendants noticed the patient in a fit. They loosened his collar, put a pillow under his head, and otherwise treated him as they were in the habit of doing a patient in a fit. Later on they noticed he looked strange, and Dr. Hallett, assistant medical officer, was sent for. Dr. Hallett found the patient dead, and he also found bread in the patient's mouth. The jury returned the following verdict:—"That the said "Henry Mortong died at the Leavesden Asylum on the 16th May, 1900, and his "death was caused by being suffocated while in a fit, but no blame is attached to "any person."

On June 11th, an inquest, after a post-mortem examination, was held upon the body of Elizabeth Flook, aged 88, when the jury returned the following verdict:—
"That the said Elizabeth Flook died at Leavesden Asylum on 8th June, 1900, from senile decay, death having been accelerated by fracture of the left thigh bone which she sustained by having fallen in the airing court on the 26th May, and further the jurors say that they consider no blame for the fall is attached to any person."

There were 2 cases of unexpected deaths in which the coroner did not deem an inquest necessary. Full particulars were presented at the time to the subcommittee.

Entertainments and amusements provided for the patients. The weekly dances, several cricket matches, and several football matches have taken place as usual.

. . . . . .

Entertainments, all of which were much enjoyed, were given by the Social Dramatic Company (3), by the Star Dramatic Company, by Mr. Gatti and friends, by the Granville Theatre of Varieties Company, and by Mr. R. P. Goodacre.

A village shopkeeper brings at frequent intervals such of his goods as are authorised either into the recreation hall or into the cricket field, and sells to those of the patients who possess money. A good number of the patients' friends send money and stamps to their relatives, and this money is liable to get stolen or lost. The stall affords a means of getting rid of the money, besides giving great pleasure to the patients in doing their own shopping. The success of the experiment depends upon the shopkeeper and upon the proper supervision of his goods.

Improvements and additions.

The whole of the male wards have now been repainted and redecorated, all the floors being dry-rubbed instead of scrubbed.

No. IV. block has been converted into 3 much-needed infirmary wards of 50 beds each.

A new dispensary has been fitted up and opened.

A coal store has been added to the needle room.

A renewal of the internal sanitary fittings throughout the asylum has taken place.

An extra storey has been added to the laundrymaids' quarters, so that each laundrymaid now has a bedroom of her own.

Two circular walks have been made around the asylum estate, one for male and one for female patients. They are regularly used, except on wet days, and have already proved a great boon by allaying excitement and improving health.

Many other smaller improvements, alterations, and additions have also taken place, and several more are contemplated. Among the latter none is so important as the alterations in the laundry, so urgently needed, first because of the constant danger there is by the daily mixing of male and female patients and male and female officials, who all work together, and second because the antiquated arrangements and machinery can hardly cope with the work now thrown upon them.

Staff. \* \* \* \* \*

The excellent services rendered during the epidemic of influenza by Drs. Anderson and Fleck, temporarily lent respectively from Darenth and Caterham Asylums, must be specially recorded. The sub-committee specially thanked 17 of the female and 14 of the male officials for their services during the epidemic, when so much extra work fell upon them, not only on account of the illness among the patients, but also because so many of their fellow-officials were ill.

In May, the sub-committee decided to engage a second superintendent nurse, and Miss Crouchley, a trained hospital nurse, was appointed to the office.

. . . . . .

The Medico-Psychological Association now recognise the experience obtainable at Leavesden Asylum as a sufficient training for those who wish to be candidates for the nursing certificates. A syllabus of lectures and demonstrations has been made out, and the assistant medical officers, with the superintendent nurses, are actively lecturing and training those of the staff who wish to obtain the nursing certificate and the St. John Ambulance Association's certificates.

Six attendants who were reservists were called out.

The duration of service of the staff is shown in the following table:-

 Under 1 year
 ...
 ...
 45
 37
 82

Und	er 1	year			 	45	37	82
Over	1	year and	under	2	 	25	23	48
11	2	,,	"	3	 	12	11	23
,,	3	,,	,,	5	 	10	12	22
,,	5	,,	,,	10	 	16	9	25
,,	10	,,	,,	15	 	16	7	23
,,	15	,,	**	20	 	16	3	19
99	20	,,	11	25	 	8	3	11
"	25	,,	,,	30	 	8	_	8
						156	105	261
						-	-	-

General The number of patients working on December 31st was as follows:—

\*\*Total\*\*

\*\*Total\*\*

380 376 756

One of the duties of the third assistant medical officer is to encourage as many of the patients as possible to be at work, but it is difficult to push this very far owing to the weak, helpless character of so many of the patients.

There were 9 cases of measles in the early part of the year, all among the young male adult patients transferred from Darenth Asylum. 7 patients had erysipelas, of which 5 recovered and 2 died. Scarlet fever occurred among the children of the senior head attendant, resident on the estate, but precautions were taken and the disease did not attack the patients.

. . . . .

The well water has been a constant source of anxiety during the year, and indeed ever since it was proved to be the cause of the epidemic of enteric fever, enteritis, and pneumonia in 1899. It has been bacteriologically examined every month by Dr. Cartwright Wood, and on May 1st, after it had been uniformly good for some months, it was decided to use it unboiled once more, and to cease using the additional water supplied by the Abbots Langley Water Company. Unfortunately Dr. Cartwright Wood's report in May was not so good as usual, and during May and June there were 35 cases of diarrhæa, 1 of which ended fatally and was proved by post-mortem examination to be enteritis similar in character to

that which was prevalent in 1899. As Dr. Cartwright Wood's reports for June, July, and August were good, it was believed that the cases of diarrhœa were due to old water stored in the large cisterns at the top of every block.

In September, however, a sample of the water was adversely reported upon as "approaching in character those samples which were taken during the period of "the epidemic last year." Since this report all water supplied to the patients and staff is either boiled or else got from the Abbots Langley Water Company. At the end of the year the water was reported upon as good.

There was no epidemic of diarrhœa in the autumn, but there was one fatal case of enteric fever in a female patient. A nurse had enteric fever in January, but recovered. The committee, acting on expert advice, decided it would be too costly to bring in a fresh supply of drinking water, the contamination of the well was considered inevitable, and a steriliser, which is guaranteed to both sterilise and soften all the water for use in the asylum, is now being erected.

There was no necessity during 1900 to use seclusion, mechanical restraint, or strong dresses in the treatment of the patients.

The increase of staff, allowed by the committee, gives by day 1 attendant to 16 patients and by night 1 attendant to 50 patients. All the patients now sleep under continuous supervision, which removes a source of much anxiety to those responsible for them. The table below gives information as to the satisfactory way in which the night nursing is performed:—

	Males.	Females.
Average number of faulty patients per night during the year	18.49	36
Average number of dirty articles per night during the year	64.96	112.84
Total number of soiled mattresses during the year	44	33

The night supervision was organised earlier on the male side, and the number of female patients is greater than the male, which are the two reasons that account for the difference in the two columns of figures.

(Signed) FRANK ASHBY ELKINS, M.D.,

Medical Superintendent.

### No. 2.

#### CATERHAM ASYLUM.

CATERHAM VALLEY, SURREY, January, 1901.

Statistics. The statistical results of the past year may be thus classified :-

	Males.	Females.	Total.
On 1st January, 1900, the asylum contained	931	1,074	2,005
Admitted during the year	41	51	92
Total number under treatment during the year	972	1,125	2,097
Discharged during the year	19	12	31
Died during the year	58	76	134
Remaining in the asylum on 31st December, 1900	895	1,037	1,932

Admissions. There was a decrease of 52 in the number of admissions as compared with the preceding year. This was due to the reduction made in the normal accommodation of the asylum for both male and female patients in May last, which necessitated the further non-admission of patients until the number of beds had been reduced to the standard laid down. I am unable to report any material improvement in the bodily condition of the fresh admissions, a large proportion of whom require infirmary treatment on their arrival, owing to their chronic enfeebled condition, and I do not anticipate such occurring until the Tooting Asylum infirmary, now in course of erection, is ready for the reception of patients. 19 were between 60 and 70 years of age, and 11 between 70 and 80. I cannot but think that many of these aged people might with advantage be retained and adequately treated in their respective workhouse infirmaries, instead of being transferred to an asylum to end their days, as they are only the subject of senile dementia, quiet in their demeanour, and easily managed.

13 male and 21 female patients were transferred to this asylum from the London County Council Asylum, Cane Hill, Surrey.

The mortality for the year was 134, giving a percentage of 6.8 on the average number resident. 6 were due to cancer, 4 to colitis, and 39 to senile decay, comprising 31 between 70 and 80 years of age, 5 between 80 and 90, and 2 over 90. It will thus be seen that nearly a third of the deaths were due to the decay of old age. Phthisis pulmonalis accounted for only 8, being the same number as in the preceding year. I see no reason to alter the opinion I then expressed, viz., that our comparative immunity from pulmonary consumption is due to the salubrity of the site (610 feet above sea level), chalk subsoil, and the exceptionally dry, bracing air.

The number of post-mortem examinations was 83. These are made in all cases where the relatives raise no objection, and since July, 1897, a notice has been sent

on the arrival of a patient, to the nearest relative, that on the death of a patient it is desirable that a post-morten examination shall be made, and that it is assumed, unless hearing to the contrary, that no objection is entertained on the part of the relatives to such an examination being made. The majority, however, of the deceased were admitted prior to this date, and in these cases frequent objections were raised.

The number of recoveries was 12, being 5 more than were similarly discharged during 1899. 5 left the asylum as relieved, and 13 as not improved, 10 of whom were transferred to the London County Council Asylum, Cane Hill, as either dangerous or suicidal. 1 female was transferred, at the request of relatives, in order that she might be more easily visited, to Darenth Asylum.

The average number resident in the asylum during the year was 1,980.

It is a matter for congratulation that another year has passed without the occurrence of any form of epidemic disease, and this, I think, is some evidence of the very satisfactory sanitary condition of the asylum. The health of the patients has also been generally good.

It has not been necessary to employ mechanical restraint in the treatment of the patients during the past year.

Causation. The causes assigned are less, numerically, than they would otherwise have been, owing to the foot-note instruction that transfers from other asylums are not to be included in this table; thus, causes were given in 15 out of 34 cases transferred. I do not think that too much reliance should be placed on the assigned causes given by relatives; for instance, 8 only out of 92 admissions are given as due to intemperance, which would not, in my opinion, in any way represent the proportion due to this cause. The predisposing cause is, of course, the important one. Exciting causes assigned by the relatives are frequently misleading. The opinion expressed in my annual report to the committee of 1880 entirely represents my present views on the subject, I cannot, therefore, do better than repeat it:—

"The supposed causes of the mental condition of those admitted, not being given on their certificates of admission, there is an absence of data from which to form an accurate estimate as to the most frequent predisposing factor in the causation of insanity of these cases, but from the evidence I have subsequently obtained from the relatives of the patients, and in many cases from the patients themselves, I am of opinion that the combined causes of hereditary predisposition and alcoholic intemperance, the latter in the majority of cases indirectly rather than directly, will account for the mental condition of a large proportion of our population."

The recreation of the patients has received the attention it demands.

The weekly dancing and musical entertainment during the winter months is especially popular amongst them. The asylum brass band, consisting of 12 capable instrumentalists, nearly all of whom have been members of regimental bands, in addition to performing at the weekly dances, play selections in the grounds and also at the cricket matches during the summer months, Theatrical and variety entertainments have also been given by visitors from London, and afforded much gratification.

Plans for the enlargement and entire re-arrangement of the laundry, including the provision of considerable additional machinery, have been approved, and I trust the work will soon be commenced, as there is considerable difficulty experienced in keeping pace with the pressing requirements of the asylum, and it will be possible when the structural alterations, which comprise the more effectual separation of the sexes, are carried out, to safely employ more female patients' labour in this department.

Thatched rustic shelters, similar in design and accommodation to the one erected last year in male B epileptic airing court, are now in course of construction in all the male and female airing courts, and will be ready for use in the early spring. These shelters will prove a source of great comfort and protection from weather to the patients.

Two large hot closets, heated by steam, to be erected in the central kitchen, for the purpose of retaining the heat in the joints pending their issue to the various blocks, have been approved by the committee and will shortly be ready for use.

A scheme for warming the main and cross corridors by means of hot-water radiators has been approved by the Asylums Committee.

One of Messrs. Fraser & Co.'s milk sterilisers has been fixed in the kitchen and in daily use for some months.

A. Medical staff ... { Medical superintendent } ... { Three assistant medical officers } ...

B. Nursing staff ... { This includes matron, assistant matron, head attendants, and superintendent nurse } 128

The conduct of the attendants and employés has, with a few exceptions, been satisfactory.

The material increase in the staff of attendants sanctioned by the Board will, I feel assured, be productive of good results, not only as regards the better supervision of the patients, but by facilitating an increased number of patients being able to enjoy walks beyond the asylum grounds.

There have been comparatively few changes in the staff of male and female attendants during the past year.

The situations of those reservists who are now at the seat of war in South Africa are being kept open until their return, a number of temporary attendants having been engaged to deputise for them.

Whilst on this subject I regret to state that Attendant Private William Tilley, serving with his regiment, the 2nd Wilts, in South Africa, was killed in action on December 22nd at Honing Spruit.

General remarks. The statistical tables for this year have been compiled in accordance with those adopted by the Medico-Psychological Association, and which are in use in all the public asylums of the country, thus giving a uniformity of particulars.

The Medico-Psychological Association has recently decided on recognising the asylums under the Board as training schools for the purpose of entering the examination for their nursing certificate. A course of lectures with a view of preparing the nurses has been given, and, in addition, classes are now being arranged with the intention of qualifying the male and female attendants to obtain the certificates for first aid and sick nursing of the St. John Ambulance Association.

The Asylums Committee were good enough to grant me lengthened leave of absence, owing to my impaired health, in the spring, and I desire to record the thoroughly able and in every way efficient manner in which I found on my return, the control and general administration of the asylum had been carried out by my colleague, Dr. Campbell.

The efficiency of the fire brigade has been tested on several occasions by surprise calls in the presence of the sub-committee, and the very quick response of the alarm, and the energetic and smart work of the men have been most gratifying. The means available for extinguishing fire will shortly be increased by the addition of a steam fire engine.

(Signed) G. STANLEY ELLIOT,

Medical Superintendent.

# No. 3.

#### DARENTH ASYLUM.

DARENTH, DARTFORD, KENT,

January, 1901.

I have the honour to submit to you the annual report for these asylums for the year 1900, together with the usual statistical tables. These tables have this year been prepared on the plan adopted by the Medico-Psychological Association, and the returns for the whole institution have been made on one set of tables.

Statistics. The following is a brief summary of the statistics:-

	Males.	Females.	Total.
On January 1st, 1900, the asylum contained	1,062	899	1,961
Admitted during the year	104	130	234
Total under treatment during the year	1,166	1,029	2,195
Discharged during the year	52	78	130
Died during the year	40	35	75
Remaining in the asylum on December 31st, 1900	1,074	916	1,990

Admissions. The total number of patients admitted during the past year has been 234, i.e., 104 males and 130 females. This number is considerably larger than for many previous years, the increase being accounted for by the

transfer of a number of cases early in the year to Leavesden and the filling of the vacancies thus caused by new admissions from the parishes. The object in transferring these patients to Leavesden was to prevent that asylum from receiving so many old and feeble cases for which there was not suitable accommodation.

Of the total admissions, 132, i.e., 47 males and 85 females, have been to the adult, and 102, i.e., 57 males and 45 females, to the children's department. Of those admitted to the adult 14 women and 3 men were over 70 years of age and had to be sent to the infirmary wards. The bodily condition of the remainder was fairly good. Table XI. shows the mental condition of those admitted, and it will be seen that a large number were suffering from different forms of chronic insanity, such as are received at the county asylums; 3, i.e., 2 men and 1 woman, were suffering from general paralysis, and a comparatively small number were congenital cases, i.e., imbeciles and idiots. Most of the cases over 60 years of age were simply cases of senile decay, such as could be well cared for in a home, and it has been frequently pointed out that cases of this sort are not suitable for an asylum, and require infirmary rather than asylum treatment.

44 of the female cases were transferred from county asylums and 1 from Caterham; 2 males were transferred from Leavesden.

With one exception, a case of juvenile general paralysis, all the patients received into the children's department were suffering from congenital insanity. 34 males and 33 females were imbeciles, and 23 males and 12 females were idiots. 19 of the males and 14 of the females suffered from epilepsy proper, apart from convulsions. 34 males and 25 females appear to be capable of receiving some instruction, but the prognosis for the remainder is unfavourable.

The following table shows the admissions to the children's department, classified according to the particular type of congenital insanity:—

						Males.	Females.	Total.
Imbecility, wit	h epil	epsy o	r conv	ulsions		21	14	35
,,						26	23	49
Microcephalic						1	3	4
,, ,,				nvulsi		3	2	5
Hydrocephalic	,,,	Parel	,,	,,,		4		
,,				***	***	1	1	2 2
Mongolian				***		1	1 1	2
General paralys	sis			***		***	1	1
						57	45	102

During the year 52 males and 78 females were discharged, a total of 130; of this number, 10 males and 5 females were children, of whom 4 males and 3 females were improved, and 6 males were sent to other asylums of the Board. Of the adults, 40 males and 69 females were transferred to Leavesden for reasons before stated, 1 male and 5 females were discharged to county asylums as "dangerous to themselves or others," and 1 female, who on admission was suffering from melancholia, was discharged recovered. With regard to the discharges from the children's department, all have been on guardians' orders or at the request of friends, with the exception of the 6 transferred to Leavesden. In my opinion,

only in very exceptional cases should imbeciles be discharged as fit to earn their living, especially when one remembers how large a part heredity plays in the causation of insanity.

There have been 75 deaths, and of this number 40 were males and 35 Deaths. females. This gives the very low rate of 3.82 per cent. on the average number resident. This rate is the more remarkable when one considers that a number of the cases received were old and feeble, and that in the children's department a large proportion of the patients are crippled, helpless, and epileptic. Of the deaths, 28 occurred in the children's department and 47 in the adult. The causes of death were very varied, and are shown in table V. 13 were due to tubercular disease, and of this number the primary seat of the disease was the lungs in 12, and 1 was a case of tubercular peritonitis. These figures are practically the same as last year, but I am pleased to say the amount of tubercular disease now in the asylum is very small, and I feel confident that the numbers will decrease now that dry polishing of the floors has been substituted for the former scrubbing. 2 patients, 1 male and 1 female, died from juvenile general paralysis, as against 6 last year; in one of these there was a well-marked history of inherited syphilis. The other causes of death call for no special comment except one case, who died from angina ludovici, a somewhat rare disease. Post-morten examinations were made in the case of 35 males and 33 females, or 90.6 per cent. of all deaths.

No inquests have been held during the year.

Accidents. No serious accident has occurred. There have been a few cases of fracture of limbs, chiefly from falls, but all have done well.

Restraint and seclusion. It has not been found necessary to employ either of these forms of treatment during the past year.

In April last, there was unfortunately an outbreak of scarlet fever in the children's department, which continued until the end of August. In all, 27 patients and 2 members of the staff were attacked; all these were treated at Gore Farm Hospital. The type of disease was mild, and no deaths occurred. The source of the outbreak could not be traced. An isolation building where suspicious cases of infectious disease can be placed, and if necessary treated, is very badly required. The building originally intended for this purpose is continually occupied by cases of ringworm and ophthalmia. When the amalgamation of the two departments can be carried out, it may be possible to set aside wards for these latter diseases, and allow the isolation block to revert to its original use. Towards the end of the year there was an outbreak of German measles, again confined to the children's department. Isolated cases of varicella have also occurred throughout the year, and there has been one case of measles in the adult.

Ringworm and ophthalmia still occur, but the number of cases is small; it seems, however, in spite of rigorous isolation, impossible to stamp out these diseases.

Causation. I propose to consider this separately for the two divisions of the institution, and to deal first with the children's department.

Dr. Beresford has taken great trouble to obtain reliable histories from the friends of the children admitted, and has succeeded in doing so in the case of 54 of the 57 males and in 32 of the 45 females.

In dealing with congenital insanity, there is no doubt that hereditary influences are by far the most important factors, and that the exciting cause given by the friends is as a rule of very little consequence.

The hereditary factors that must be considered are insanity (including epilepsy), phthisis, syphilis, and alcohol. One other factor I propose to include, *i.e.*, abnormal labour. This, although not hereditary, affects patients at such an early age that I think it wise to place it in the list with the others.

The following table shows for the different types of insanity the number of times in which a history of each factor could be obtained:—

Type of Insanity.		story nsanit			History of Phthisis.			History of Syphilis,			History of Alcohol.			Abnormal Labour.		
manine to time	М.	F.	T1.	М.	F.	Tl.	M.	F.	Tl.	M.	F.	TI.	M.	F.	Tl.	
Imbecility, with (Epilepsy)	5	2	7	10	2	12	1		1	1	1	2	11	4	15	
Imbecility	7	3	10	3	3	6	2		2	3		3	8	7	15	
Microcephalic								***								
,, with Epilepsy		1	1	1	1	2					1	1	1	1	2	
Hydrocephalic													1	1	2	
" with Epilepsy				2	1	3							1		1	
General Paralysis		1	1		1	1										
	12	7	19	16	8	24	3		3	4	2	6	22	13	35	

It will be seen that there was an hereditary history of insanity in 19 cases, or 22 per cent. of those of whom a history could be obtained, and a family history of phthisis in 24 cases, or 28 per cent., but the other two hereditary factors, syphilis and alcohol, give but small percentages. It must not, however, be forgotten that it is very difficult to obtain histories of these latter two.

The number of cases in which the labour was abnormal is very striking, i.e., 35 out of a total of 86, and this large proportion would certainly suggest some connection between the abnormal labour and the patient's mental condition. I find, however, of these abnormal labours, 13 were first labours, i.e., 3 girls and 10 boys. With regard to the association of any particular type of imbecility with one or more of the hereditary causes, the number of cases dealt with is too small to draw any conclusions, but this is a subject well worthy of further consideration.

It has been far more difficult to obtain histories of the patients admitted to the adult department. Many are old and have no friends, and many are transfers from other asylums; but it will be noticed that intemperance in drink is the probable cause in 11 cases, old age was the cause in 22, and 29 were cases of congenital insanity.

Industries. The following table gives a summary of the amount of work done in the past year in the various shops and in the needlerooms, together with the number of patients employed, and the length of time; it also shows the

number of paid staff.	The two departments	of the asylum are shown separat	tely,
A standing for adult ar	d C for children.		

Industry.	Pat	nber of tients ployed.	ts Average time Num					icles ide.	Articles Repaired.		
Department	. A.	C.	A.	C.	A.	C.	A.	C.	A.	C.	
Upholsterer's shop	. 17		hours.	hours.	1		101		7,218		
Tailor's ,,	. 17	25	41/2	23	1	1	432	425	4,217	6,723	
Shoemaker's ,,	. 16	27	41/2	21/2	1	1	335	123	2,218	1,448	
Needleroom	. 10	14*	4	$2\frac{1}{2}$	4	7	9,507	12,159	***	17,014	
Mending room	. 10				1				21,309		

The ward cleaning in the schools and pavilions is now done by patients. By utilising patient labour for this purpose it has been found possible to dispense with the services of 10 scrubbers, who were paid 15s, a week each. This change has been gradually brought about during the past two years. The patients so employed range in age from 15 years upwards. 3 women who were employed in the mending room repairing clothes have also been found unnecessary, and thus a saving in wages of £507 a year has been effected.

In the adult laundry 31 female patients are employed morning and afternoon, and 9 in the afternoon only; and in the schools laundry, 14 female patients from the adult department work morning and afternoon, and 4 patients from the children's department are employed for half the day.

In addition to the above 60 male patients from the adult and 10 from the children's department are employed on the farm and grounds. Of course, a large proportion of these are unable to do much, but the little they can do is turned to account, and the out-door life is very beneficial to many.

School work and progress. The head schoolmistress sends me the following report of the school for the past year:—

Statistics.

"Number of names on school registers on 31st December, 1900 :—

Boys . . 227 Attending all day . . . . 212

Girls . . 166 ,, half-day . . . . 150

,, 2½ hours per day 31

Total ... 393 Total .. 393

Number of removals . . . 68
,, discharges . . . 5
,, deaths . . . . 2

Total .. 75

History. Children have been absent the greater part of the year from various blocks owing to an outbreak of first, scarlet fever, and second, measles, which has interfered with the school routine and reduced the daily attendances in number.

<sup>\* 12</sup> of the 14 patients shown above as working in the needleroom in the children's department have only been so employed since October last.

Progress. Though working under the above difficulties, the year has been a very marked one as to the general progress of the children, especially as regards the various manual occupations, which are developing steadily into recognised industries.

Paperwork. This is a new occupation since last year, and so far has been very successful. Balls, flowers, umbrellas, and toilet tidies make artistic work for little fingers, and the lessons are always eagerly anticipated by the younger children.

Below is a summary of the year's work :-

No.	Industry.	Number of Articles.	Amount 1	Realised.	
1	Cane basket work		286		. d.
2	Plain and fancy knitting		243	19 1	1 71
3	Paper work		150	0 10	3 4
4	Macramé knotting		84	4 1	1 7
5	Rag work		11	5 9	6
6	Plain and fancy sewing		48	6	5 11
		-	822	45 18	3 11

#### Articles made and credited to institution :-

No.	Industry.	Number of Articles.	
1	Cane basket work	19-baskets	£ s. d. 1 13 0
2	Cane chair seating	40 chairs	2 0 0
3	Osier basket work	138 baskets	14 1 7
4	Stripping and cutting osiers	90 bundles	3 17 6
		287	21 12 1

Articles of clothing made, repaired, and ironed for the institution :-

1.	Articles	made	 	 	 	603
2.	,,	repaired	 	 	 	709
3.		ironed	 	 	 	932 "

Amusements. During the past year, as in previous years, care has been taken to
provide the patients with as much amusement and recreation as
possible. All through the winter months there were weekly entertainments,
consisting of theatricals, dances, concerts, &c., and in the summer as many
patients as possible were encouraged to join in the out-door games. The excellent
asylum band . . . . has contributed largely to the enjoyment of all, both
patients and staff. The annual fête was held in July, and was again favoured by
fine weather. This is a day greatly looked forward to by the inmates, and is
anticipated for many weeks beforehand. It provided a happy day for all.

The Christmas entertainment for the younger patients was held on Christmas

afternoon, and every child received a present from the Christmas tree. The editor of Truth kindly sent a large consignment of toys.

Instruction for nurses and attendants.

for sick nursing.

mental nursing.

During the year lectures and demonstrations have been given by the assistant medical officers and myself to the members of the male and female nursing staff, and these lectures have been well attended. In January, an examination for the first aid certificate of the St. John Ambulance Association was held, and 6 attendants and 14 nurses were successful, and later 11 attendants and 15 nurses gained certificates from the association

In May, 5 nurses entered for the Medico-Psychological examination, and I am very pleased to say all were successful. This, I believe, was the first examination of the sort ever held in this asylum. The Medico-Psychological Association have now recognised the adult department of Darenth in addition to Leavesden and Caterham Asylums as training schools for nurses and attendants, and I trust the time is not far distant when the Board will require all officers from charge attendants upwards to hold this certificate, the only generally recognised one for

At the present time 32 of the 41 nurses in the adult department hold certificates from the Medico-Psychological or St. John Ambulance Associations.

As a result of the instruction given, the nursing is now intelligently carried out, and of course the patients reap the benefit. Bedsores, one of the surest tests of nursing efficiency, are now almost unknown, and this in spite of the fact that a majority of the cases are of defective habits and many crippled and helpless.

Building improvements.

The following work, which I last year reported as being in progress, has now been completed:-

- (1.) The remodelling of the sanitary arrangements in the adult department.
- (2.) The plastering of the outside of the south, west, and part of the east sides of the front blocks and corridors of the adult department.
  - (3.) The redecoration of the adult department.

The improved appearance of the wards brought about by the new floors and the redecoration is very marked, and they would hardly be recognised as the wards of two years ago. It is now generally agreed amongst asylum authorities that the surroundings of patients exercise considerable influence on their mental condition, and this is an important reason why wards should be as bright and cheerful as possible. There is also no doubt that the dry rubbing of floors is greatly superior from a health point of view to scrubbing, and especially is this the case in asylums, where floors require so frequently to be cleaned.

Owing to the occurrence of scarlet fever, it was found necessary to redecorate five blocks in the children's department.

The following is a list of the more important new work completed or in progress:—

- (1.) New outside coal, foul linen, and dust stores for blocks 5, 6, 7, 8, 9, and 11 (completed). All the blocks in the adult department are now provided with these stores.
- (2.) Tar-paving and laying out the airing courts of blocks 1 and 2, 4, 7, 10 and 11 (in progress).
  - (3.) Gravelling paths and laying out airing courts of pavilions 29 and 32.

In my report last year I pointed out the necessity for the outside coal, foul linen, and dust stores, and these have proved to be a great acquisition to the wards. When the tar-paving and laying out of the airing courts is completed, it will be a great boon to the patients, and will enable them to obtain far more outdoor recreation than at present, and in grounds which will be much more attractive. The sub-committee have recently ordered a large number of forest trees to be planted in the courts and round the pavilions, and these in the course of a few years should provide shade for the patients in summer.

Staff. The number of changes amongst the staff still continues high, and especially is this the case with the male staff, but I am pleased to record that the changes during the latter part of the year have not been nearly so numerous as in the early part. The numbers who have left are as follow: —

In July last, the Board adopted the new wages scale which gave increased salaries to all members of the subordinate staff, and the new rules which will shortly be presented to the Board will allow all attendants one whole day a week off duty, and these concessions ought to greatly diminish the present large number of changes. The sub-committee have recently set aside a room for reading, &c., for the male attendants, and the question of providing better accommodation for the female staff of the adult department is now under consideration. A nurses' block is urgently required. I would point out that an attendant's work in this asylum, owing to the class of patients, is harder, less interesting, and less varied than in an ordinary county asylum.

(Signed) F. R. P. TAYLOR, M.D., B.S. (LOND.),

Medical Superintendent.

# ASYLUM STATISTICS.—TABLE I.—Admissions, Re-admissions,

				outile.	LEA	VESDI	EN AS	YLUM.		
				Males.	Females.	Total.	Males.	Females.	Total.	
In the asylums, 1st January, 1900			 				897	1,088	1,985	
Cases admitted —						200				
First admissions		***	 	32	28	60				
Not first admissions			 		1	1				
From other asylums of the Board			 	46	69	115				
Total cases admitted during the year			 				78	98	176	
Total cases under care during the year			 				975	1,186	2,161	
Cases discharged—										
Recovered			 	2	3	5				
Relieved			 	2 5	2	7				
Not improved			 	16	16	32				
To other asylums of the Board			 	2		2				
Died			 	137	173	310				
Total cases discharged and died during	the ye	ar	 				162	194	356	
Remaining in the asylums, 31st December	er, 190	0	 				813	992	1,805	
					971		000	1 040		
Average number resident during the year			 				863 975	1,042	1,905	
Persons* under care during the year† Persons admitted	•••	•••	 				78	1,186	2,161	
The state of the s			 		***		2	3	176	
Transferred from other asylums not und	or the	Board+	 				15		15	
Transferred to other asylums not under			 				12	10	22	
Transferred to other asytums not under	the Di	MIUS	 ***				12	10	22	

<sup>\*</sup> Persons, i.e., separate persons in contradistinction to "cases," which may include the same individual more than once, † Total cases, minus re-admissions of patients discharged during the current year.

TABLE II.—Admissions, Re-admissions, Discharges, and Deaths
[N.B.—The following are the dates of the opening of the several Asylums:—

			7-11		LEA	VESD	EN AS	YLUM	
				Males.	Females.	Total.	Males.	Females.	Total.
Persons admitted during the period of 30 year Re-admissions Admissions from other asylums of the Board	s and 83	days		4,293 55 240	4,139 23 312	8,432 78 552		:	
Total cases admitted Discharged cases—							4,588	4,474	9,062
Not insane				13 256 251	8 134 171	21 390 422			
Not improved To other asylums of the Board			-	346 49	322 34	668 83			
Total cases discharged and died since opening of	of the as	 ylum		2,860	2,813	5,678	3,775	3,482	7,257
Remaining 31st December, 1900							813	992	1,805
Average number resident during the 30 years a †Transferred from other asylums not under the ‡Transferred to other asylums not under the B	Board	ays 				ce 1888,	ts of th		1,887 m are only accurately

<sup>\*</sup> These include a few escapes which have occurred since the opening of the asylum. N.B.—From April 16th, 1873, to November, 1876, the North-Western Hospital (Hampstead) was used as an asylum for from the other asylums of the Board; 222 patients (91 males and 131 females) died, and the remainder were discharged

Discharges, and Deaths during the Year ended 31st December, 1900.

C	ATEI	RHAM	I AS	YLUN	r.	DARENTH ASYLUM.							SUMMARY.					
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	
41		90			2,005	97	127	224	1,062		1,961		204	374	2,890	3,061	5,951	
	2	2				5 2	2 1	7 3				5 48	5 70	10 118				
			972	51 1,125	92 2,097				104 1,166	1,029	234 2,195				3,113	3,340	6,453	
8 4 7  58	4 1 6 1 76	12 5 13 1 134				5 1 46	1 3 5 69	1 8 6 115				10 14 24 48	8 6 27 70	18 20 51 118				
			77	88	165	40	35	75	92	113	205	285	284	519	331	395	726	
			895	1,037	1,932				1,074	916	1,990				2,782	2,945	5,727	
			972 41	1,125 51	92				1,054 1,168 104	1,029 130					2,836 3,110 223	2,995 3,340 279	5,831 6,450 502	
	:::		8 13 5	4 21 5	12 34 10					1 44 2	1 44 3				10 28 18	8 65 17	18 93 35	

from the Opening of the Asylums to the 31st December, 1900.

CATERHAM, September 29th, 1870; LEAVESDEN, October 9th, 1870; and DARENTH, May 4th, 1880.]

	CATERHAM, September 23th, 1070; DEAVESDEN, October 5th, 10													70, 111 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
	C	ATE	RHAN	I AS	YLUI	MI.	DARENTH ASYLUM.						SUMMARY.								
and a party of	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males,	Females.	Total.	Males.	Females.	Total.			
	38 129	3,869 34 204	8,114 72 333				2,673 63 748	55					11,211 156 1,117	10,546 112 1,212	268						
				4,412	4,107	8,519				3,484	3,289	6,773				12,484	11,870	24,354			
THE PERSON NAMED IN	259 282	191 168	450 450				80 293	14 79 246	539				27 595 826	24 404 585							
10 to	225 87 2,658	49	422 136 5,121				275 692 1,062	215 657 1,162	1,349				846 828 6,580	734 740 6.438	1,580 1,568 13,018	:::					
					3,070 1,037					2,410 1,074		4,783 1,990				9,702 2,782		18,627 5,727			
-	···					1,913				770		1,527				2,461 315	2,866 603	5,327			
	1			217	197					1	7	8				218	204	422			

† Included in the admissions. ‡ Included with the not improved cases. § Information prior to 1890 not obtainable. Imbeciles, and during that period 1,201 patients were admitted direct from the several parishes and unions, as well as some or transferred to the asylums at Leavesden and Caterham.

<sup>‡</sup> Included in first admissions. § Included with not improved cases.

TABLE 1A.—Showing (1) the Previous Attacks among Persons admitted during 1900, and (2) the number of times they had previously Recovered

SUMMARY.	Persons.	Females. Total.		rd's In any ms. Asylum.	Ti. M. F. Ti.	1	rom the opening of the Asylum to the 31st December, 1900 (30 years and 83 days).	Females. Total.	8,524 17,431	325 840	191 450	i.e., persons who have relapsed one or more times,
		Males.	4444 :-	In Board's Asylums.	M. F.	111111	years a	Males.	8,907	515	529	relapsed on
ASYLUM.		Total.	obtain- oossible figures.	In any Asylum	F. T1.	ob ob	1900 (30	Total.		obtain-	figures.	who have r
	PERSONS.	Females.	Insufficient data obtain- able, hence impossible to give reliable figures.		Tl. M.	impossib	cember, 1	Females.		Insufficient data obtain-	to give reliable figures.	.e., persons
DARENTH		Males.	Insufficie able, to give	In this Asylum.	M. F.	le, hence e figures.	e 31st De	Males.		Insufficie	togive	t i
ASYLUM.		Total.	4 (0)	In any Asylum.	F. Ti.	Insufficient data obtainable, hence impossible give reliable figures.	lum to th	Total.	8,447	450	450	n once.
	Persons.	Females.	eo   co	In	TI. M.	sient data	f the Asy	Females.	4,073	191	191	ame individual more than once.  † i.e., persons who have relapsed one or m
CATERHAM	F	Males.   I	-::::	In this Asylum.	M. F. 7	Insuffic	pening o	Males. I	4,374	529	529	une individu
ASYLUM. CA.		Total.	113557	any lum.	F. TI.	11356	rom the	Total.	8,984	390	otain- ssible gures.	elude the sa
	Persons.	Females.	4 2 - 61 - ;	In any Asylum.	M.	844- i-	ersons* f	Females.	4,451	134	Insufficient data obtain- able, hence impossible to give reliable figures.	hich may in
LEAVESDEN	Pı	Males. Fe	∞ <del>4</del> 4 ⊢ i ⊢	In this Asylum.	. F. TI.	7:::::	ries of Pa	Males. Fo	4,533	256	nsufficien able, he to give r	to cases, wi
п	Westlow of December Attaches		ad 1 attack 2 attacks	(2) Number of Times Patients Recovered.	M.		TABLE IIA Admissions and Recoveries of Persons*	Mi	Persons* admitted during 30 years and 83 days 4,	iod	Of whom were re-admitted relapsed Recovered persons who have not relapsed Relapsed persons discharged recovered Net recovered persons	* Persons, i.e., separate persons in contradistinction to cases, which may include the same individual more than once.
	100		Have had "" "" "" "" "" "" "" "" "" "" "" "" ""	(2) Nu		Once Twice 3 times 4 ", 5 ",			Person	Person	Of who Recove Relaps Net rec	

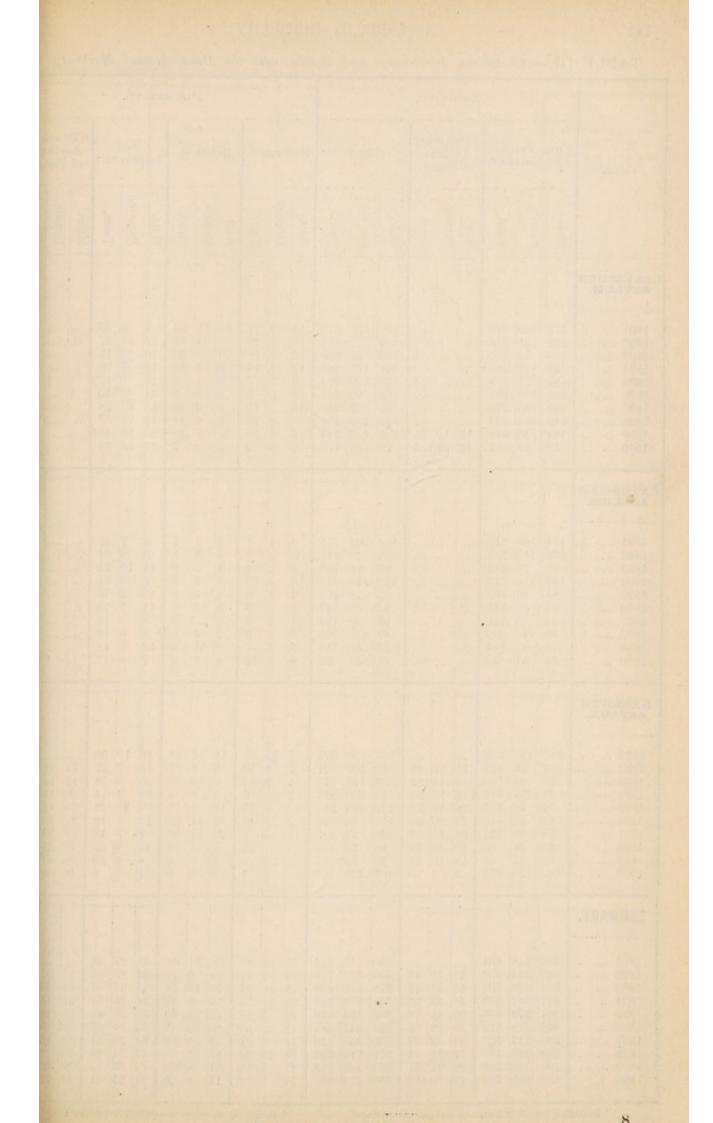


TABLE III .- Admissions, Discharges, and Deaths, with the Mean Annual Mortality an

TABLE		21.	1114001	AD			er geo	, cene		2010	,	-			DISCH			140		- g	
YEAR.		n Par Unio		As	m o			<b>Fotal</b>		Red	cove	red.	Re	eliev	ed.	Im	Not	ed. †	As	o oth sylui Boa	ms
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total
LEAVESDEN ASYLUM.																					
1891 1892 1893 1894 1895 1896 1897 1898 1899	185 160 154 126 139 145	151 95 112 127 102 108 135 135	329 336 255 266 253 241 248 254 319 61	   12 46	 1   11 69	1    23 115	179 185 160 154 126 139 145 119 196 78	150 152 95 112 127 102 103 135 146 98	329 337 255 266 253 241 248 254 342 176	13 17 13 12 6 8 13 18 9	8 7 5 4 1  9 4 3	21 24 18 16 7 8 13 27 13 5	14 7 10 9 4 5 8 5 25 5	4 4 4 3 6 6 5	11 10 13 8 8 14 11 30	7 13 10 19 10 21 18 19 29 16	7 7 9 10 18 19	16 27 17 26 17 30 28 37 48‡ 32	 1 1  2	1	
CATERHAM ASYLUM.													-								-
1891 1892 1893 1894 1895 1896 1897 1898 1899	103 86 102 85 84 84 80 76	113 76 59 58 120	218 162 215 161 143 142	 1		  1	104 103 86 102 85 85 84 80 76 41	108 115 76 113 76 59 58 120 68 51	212 218 162 215 161 144 142 200 144 92	3 5 2 6 7 6 1 6 3 8	3 4 3	8 9 5	2 5 4 4 5 3 5 2 2 3 4	5 3 1 5 4 1	7 6 8 5	5 6 11 6 13 11 8 5 10 7	8 10 5 3 7 5 8 8	18 13 13 18		···	
DARENTH ASYLUM.																					None of the last
1891 1892 1893 1894 1895 1896 1897 1898 1899	. 101 88 75 . 96 . 83 . 76 . 61	78 95 117 6 76 5 57 5 56 1 34 25	179 183 192 172 140 132 95 63	11 45 40 26 27 24 19 14	44 13 46 29 33 25	42 89 53 72 56 57 44 24	167 112 133 115 122 110 100 80 52 104	109 139 130 122 86 89 59 35	221 272 245 244 196 189 139 87	77 77 44 22 100 55 11	39 99 30 30 55	10 13 5 13 14 6 	10 2: 20	3 13 3 13 3 5 0 6 2 14 0 13 8 3	8 19 5 16 16 36		5 7 9 9 1 3 7 21 1 8 8 8	22 29 14 28 3 19 5 13 6 25 6 10	11 45 38 25 27 24 19 26 46	31 44 13 45 29 33 25 21	
SUMMARY.													1						I		
1891 1892 1893 1894 1895 1896 1897 1898 1899	389 331 307 308 308 260 298	9 344 4 266 1 342 7 279 6 218 5 217 0 289 8 228	733 600 673 586 524 522 549 526	111 45 40 26 28 24 19 26 48	35 44 13 46 46 32 33 33 21 21	43 89 53 72 57 57 44	406 379 374 334 329 279 324	310 355 3 325 4 247 9 250 9 314 4 249	776 689 726 658 581 579 593 573	23 25 26 25 25 15 16 24 15 16	9 15 9 16 0 17 3 3 9 15 5 5 4 15 2 8	2 41 3 35 1 31 5 28 2 31 9 24 2 36	1 2 1 1 3 3 1 3	0 1 6 9 1 0 2 3 1 5 1	9 27 8 38 9 25 1 30 2 52 9 52	3 4 3 4 4	4 25 1 20 6 1 0 3 3 2 4 2	9 63 6 67 5 51 1 61 4 67 0 54 4 75 3 76	4: 3: 2: 2: 2: 1: 2:	1 31 5 44 8 18 6 46 8 29 4 33 9 23 6 2	1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8

<sup>\*</sup> Including transfers from asylums not under Board. ‡ Including transfers to asylums not under Board. ‡ Includes 3 males, 1 female, not insane.

proportion of Recoveries per cent. on the Admissions for the year 1891, and each subsequent year.

		Died.		Dec	emainir ember each ye	31st	Numb	Average ers Res	e ident.	Re	ercentag ecoverie Admissio	s on	Avera	centage leaths o age Nur Resident	nbers
Male.	THE PARTY OF THE P	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male,	Female.	Total.	Male.	Female.	Total.
114 113 1113 1103 1003 1004 99 122 133	1 7 8 3 7 0 2 1	132 111 85 97 116 88 84 102 129 173	246 242 202 215 219 195 184 194 250 310	872 889 899 895 897 894 900 885 897 813	1,082 1,098 1,096 1,096 1,094 1,099 1,099 1,088 992	1,954 1,987 1,995 1,991 1,991 1,999 1,984 1,985 1,805	851 857 894 894 895 893 895 869 869	1,089 1,068 1,097 1,095 1,096 1,097 1,095 1,097 1,083 1,042	1,940 1,925 1,991 1,989 1,991 1,990 1,996 1,952 1,905	7·2 9·2 8·1 7·7 4·7 5·8 8·9 15·1 4·6 2·5	5·3 4·6 5·3 3·5 0·8 0·0 0·0 6·6 2·7 3·06	6·3 7·1 7·0 6·0 2·8 3·3 5·2 10·6 3·8 2·8	13·4 15·3 13·1 13·0 11·5 12·0 11·1 10·3 13·9 15·8	12·1 10·4 7·7 8·9 10·5 8·0 7·6 9·3 11·9 16·6	12·7 12·6 10·1 10·1 11·0 9·8 9·2 9·8 12·8 16·2
76 81 71 94 51 71 66 61 51	3 2 4 7 3 6 7 8	86 95 66 91 73 43 72 83 53 76	162 178 138 185 130 116 138 150 111 134	937 941 938 930 933 925 929 929 931 895	1,064 1,071 1,064 1,074 1,072 1,073 1,050 1,072 1,074 1,037	2,001 2,012 2,002 2,004 2,005 1,998 1,979 2,001 2,005 1,932	922 919 940 931 932 929 931 931 932 919	1,060 1,045 1,070 1,071 1,070 1,074 1,063 1,056 1,070 1,061	1,982 1,964 2,010 2,002 2,002 2,003 1,994 1,987 2,002 1,980	2·8 3·8 2·3 5·8 8·2 7·1 1·2 7·5 3·9 19·5	3·7 1·7 2·6 3·5 1·3 5·0 6·9 2·5 5·8 7·8	3·3 2·7 2·4 4·6 4·9 6·2 3·5 4·5 4·8 13·7	8·2 9·0 7·6 10·0 6·1 7·8 7·0 7·1 6·2 6·3	8·1 9·0 6·1 8·5 6·8 4·0 6·8 7·8 4·9 7·2	8·1 9·0 6·8 9·2 6·4 5·7 6·9 7·5 5·5 6·8
5: 5: 5: 5: 5: 5: 5: 5: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4:	3 8 3 5 1 3 3 5 5	63 58 90 74 56 47 34 31 35 35	115 111 158 127 91 88 77 74 70 75	1,020 1,040 1,034 1,042 1,077 1,081 1,085 1,078 1,062 1,074	943 951 932 967 958 937 936 928 899 916	1,963 1,991 1,966 2,009 2,035 2,018 2,021 2,006 1,961 1,990	977 1,036 1,038 1,037 1,056 1,077 1,065 1,133 1,073	904 950 929 934 955 943 934 916 892	1,881 1,986 1,967 1,971 2,011 2,020 1,999 2,067 1,989 1,946	9·99 4·54 1·20 10·52 6·02 1·31	0·01 5·17 9·72 6·00 5·26 15·78 5·31  0·23	0·01 7·58 7·13 3·60 7·89 10·90 3·31 	10·08 10·65 13·00 10·50 7·00 7·57 8·09 8·87 6·90 3·79	13·83 10·46 18·10 15·05 10·73 9·31 7·11 7·11 7·70 3·92	11·95 10·55 15·55 12·77 8·86 8·44 7·60 7·99 7·30 3·85
	7 5 5	281 264 241 262 245 178 190 216 217 284	523 531 498 527 440 399 399 418 431 519	2,829 2,870 2,871 2,867 2,907 2,900 2,913 2,892 2,890 2,782	3,089 3,120 3,092 3,137 3,124 3,106 3,085 3,099 3,061 2,945	5,918 5,990 5,963 6,004 6,031 6,006 5,998 5,991 5,951 5,727	2,750 2,812 2,872 2,862 2,883 2,899 2,891 2,953 2,874 2,836	3,053 3,063 3,096 3,100 3,121 3,114 3,092 3,087 3,069 2,995	5,803 5,875 5,968 5,962 6,004 6,013 5,983 6,040 5,943 5,831	5·1 7·3 5·0 5·4 6·9 5·6 4·5 8·6 3·7 4·5	6·0 3·1 5·1 3·1 1·5 4·9 3·6 3·8 3·2 2·8	5·5 5·3 5·0 4·2 4·2 5·3 4·1 6·1 3·4 3·6	8·8 9·4 8·9 9·3 6·8 7·6 7·2 6·8 7·4 8·2	9·2 8·6 7·7 8·4 7·8 5·7 6·1 6·9 7·0 9·4	9·0 9·0 8·3 8·8 7·3 6·6 6·6 6·9 7·2 8·8

TABLE IV.—History of the Annual Admissions since the opening of the Asylum, with the (Table VIII. im

			ADN	ITTE	0.					01	EA	и У	EA			(ISSI			SCHA	ROE	D ANE
	New C	Cases.	R lap Cas	sed	From Asylunthe Be	ms of		Тотаь.			te- ered	Re	lie	red.		t In	1-				DIED.
YEAR.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Grand Total.	Males.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males. Females.	Total.	Males.	Females.
LEAVESDEN ASYLUM.																					
1870 part of  1871  1872  1873  1874  1875  1876  1877  1878  1879  1881  1882  1883  1884  1885  1886  1887  1899  1899  1891  1899  1891  1899  1891  1892  1893  1894  1895  1897  1898  1897  1898  1899  1899  1899  1899  1899  1890  1891  1892  1893  1894  1895  1896  1897  1898  1899  1899  1899  1899  1899  1899  1899  1899  1899  1899	468 520 163 141 115 158 95 60 92 85 55 56 77 71 140 162 176 181 156 148 125 136 143 118 182 32	5566 545 2566 165 149 108 79  1 89 75 75 71 1 85 106 96 97 83 92 83 121 155 148 149 95 112 121 121 122 123 134 134 134			41 1 1 13 126 1 13	30 13 184 4         	468 520 163 182 117 112 284 96 83 80, 92 89 85 80 65 82 163 179 163 179 185 160 154 126 129 145 119 129 145 119 129 145 119 129 129 129 129 129 129 129 129 129	556 545 256 195 162 263 4 1 89 75 72 87 107 96 92 87 107 96 92 83 122 157 150 152 152 102 103 135 146 98	1,024 1,065 419 377 277 279 221 547 100 84 169 167 161 172 187 154 174 151 264 329 329 337 255 266 253 241 248 254 346 347 264				1111		1 2 2 1	1 2 1 1 1 1		2		97 77 11 55 33 11 11 11 11 18 88 81 13 44 55 83 31 8	2 4 4 2 5 5 4 2 4 4 4 6 5 5 8 8 8 5 3 9 7 10 25
Totals	4,293	4,139	55	23	240	312	4,588	4,474	9,062	2	3 4	5 5	2	7	16	16 :	32	2	2	137	173
ASYLUM,  1870 part of  1871  1872  1873  1874  1875  1876  1877  1878  1879  1880  1881  1882  1883  1884  1885  1885  1886  1887  1888  1899  1891  1892  1893  1893  1894  1895  1896  1897  1898  1899	259 183 240 158 173 178 157 176 122 122 122 123 173 98 59 115 103 83 92 119 104 101 86 100 85 83 84 77	2022 870 161 167 169 180 170 56 47 84 87 105 85 37 102 48 91 90 81 78 122 108 114 76 115 59 58 119 67 49	1 2 2 3 3 3 2 2 2 2 2 2 1 1 3 3 3	3 5 6 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 2 2		36 167 1	156 664 259 184 158 211 180 174 182 122 81 76 100 62 118 105 83 92 121 104 103 86 102 85 85 85 84	202 870 161 167 208 180 342 57 47 84 93 105 87 40 103 51 92 91 123 108 115 76 113 76 59 58 120 68 51	358 1,534 420 351 522 338 553 237 221 266 217 227 168 116 203 3113 210 196 164 171 244 212 218 162 218 162 218 164 219 219 219 219 219 219 219 219 219 219	1		11 11	1		1	1 1 3 1	1			9	6 2 1 1 1 1 1 2 2
Totals	4,245	3,869	38	34	129	204	4,412	4,107	8,519	8	4 1	2 4	1	5	7	6	13		1 1	58	76

Discharges and Deaths, and the numbers of each year remaining on the 31st December, 1900. previous reports.)

			Ton	AL DIS	CHARG	ED AND	Digo	OP BAC	н Үвл	r's Ad	MISSION	18.					
R	ecover	ed.	1	Relieve	d.	I	Not mprove	ed.		To othe lums o Board.	f the		DIED.		year	aining of 's Admis ecember	sions
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
15 20 12 9 7 5 13 7 5 3 8 11 3 4 4 5 9 9 4 14 14 14 12 10 8 10 10 10 10 10 10 10 10 10 10 10 10 10	8 15 6 4 2 2 3 3 3 4 4 1 2 2 1 1 5 5 2 3 3 4 1 3	23 35 18 9 8 16 7 5 6 6 12 18 9 6 6 10 13 3 7 8 13 26 20 20 16 12 11 11 11 11 11 11 11 11 11 11 11 11	26 30 12 3 18 5 4 4 3 3 10 7 7 3 7 3 5 5 4 10 12 7 11 8 9 9 4 4 8 8 4 9 1 1 251	21 23 11 6 7 5 5 5 5 8 3 4 4 1 3 2 5 8 9 4 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	47 53 23 15 9 8 25 5 4 8 18 12 8 15 6 9 4 8 6 15 20 16 15 10 11 12 8 12 12 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	25 50 15 17 13 17 11 3 3 3 8 7 7 5 5 7 7 8 12 13 12 13 12 13 13 13 14 15 17 11 11 11 11 11 11 11 11 11 11 11 11	44 49 14 21 17 13 13 13  7 2 3 3 8 7 8 8 3 12 6 6 12 10 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	69 99 29 38 30 30 30 24 3 3 100 10 10 10 10 10 10 10 10 10 10 10 10	12 15 5 10 2         	4 10 14 5	16 25 19 15 2	348 364 1190 93 76 2100 68 600 59 66 59 66 59 47 96 106 106 95 82 82 82 88 88 80 88 88 88 88 88 88 88 88 88 88	435 387 196 78 196 4 1 51 60 69 72 60 59 54 75 80 84 61 68 41 75 80 84 61 68 41 78 80 81 81 81 81 81 81 81 81 81 81 81 81 81	783 751 305 272 219 154 406 72 61 110 110 126 128 110 113 96 121 101 171 197 190 190 156 188 127 95 91 15	42 41  7  11 32 33 11 13 6 5 5 10 6 6 10 6 6 15 9 9 10 19 20 20 20 20 33 33 30 33 30 37 37 37 37 47 47 47 47 47 47 47 47 47 47 47 47 47	44 61 25 17 10 10 44 44 41 18 21 20 6 16 23 39 21 26 39 21 26 39 39 43 48 21 39 50 77 77 77 85	86 102 25 24 10 21 76 13 11 23 26 16 22 38 31 45 59 69 81 117 118 216 75 107 76 75 107 117 118 216 149
4 47 24 19 18 13 2  5 6 7 3 9 11 7 2 12 17 4 8 8 8 5 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 31 12 10 24 11 11 3 4 4 12 2 2 2 2 2 4	8 78 36 29 42 24 13 8 10 11 5 19 15 19 11 14 7 4 11 7 8 4 7 7 3 11 5	7 50 24 19 30 10 21 14 11 6 5 4 9 7 6 6 6 4 4 1 1 1 2 6 6 4 4 3 2 2 5 1	13 30 10 6 13 8 13 4 1 4 7 5 5 3 10	20 80 34 25 43 18 34 18 11 10 7 19 11 13 8 6 8 7 7 3 2 7 7 9 6 4 3 8 3 8 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	6 47 111 13 1 9 5 5 4 13 8 10 2 3 6 5 5 9 4 6 6 8 3 8 8 5 7 7 5 5 2	7 36 9 19 8 9 3 5 1 7 4 4 6 6 6 8 6 5 5 11 10 3 3	13 83 20 32	2 19 16 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 6 11 8 18 3	3 25 27 199 54 4	111 473 173 104 1199 115 148 131 127 77 75 41 45 41 58 39 66 63 52 48 43 50 30 30 31 31 31 31 31 31 31 31 31 31 31 31 31	144 669 110 112 128 243 40 28 47 60 73 35 22 21 57 33 49 46 47 47 49 46 47 47 49 48 49 49 49 40 40 40 40 40 40 40 40 40 40 40 40 40	2555 1,142 283 216 327 244 391 174 141 1590 62 115 72 115 103 96 109 109 109 109 109 109 109 109 109 109	26 28 28 11 18 30 10 35 29 27 17 20 16 23 29 19 19 37 42 46 46 25 37 39 49 49 51	33 98 9 12 25 21 66 10 10 28 15 21 15 10 20 13 33 23 25 49 42 42 42 43 43 44 45 46 46 46 46 46 46 46 46 46 46	59 126 20 30 55 51 101 39 42 47 35 32 47 40 29 41 44 44 86 84 94 47 57 77 71 137 106 82
259	191	450	282	168	450	231	199	430*	87	49	136	2,658	2,463	5,121	895	1,037	1,932

<sup>\*</sup> Includes the "not insane" cases in Table II., p. 140.

TABLE IV. (contd.)—History of the Annual Admissions since the opening of the Asylum, with (Table VIII. in

		-				-				0	F F 1	си з	VEA	R's	Армі	88102	-	Disc		GED	AND
			ADM	OTTE	D.		E/V 80s	MY BA	11 100 4		. MA		. na			IN 1	900.				
YEAR.	New	Cases.		e- sed ses.	From Asylu the B	ms of		TOTAL.	li i		Re- ered	Re	elie	ved.		Im- ved.	As	oth sylun of the loard	ns e	D	IED.
1 ban.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Grand Total.	Males.	Total.	Males.	Females.	Total.	Males. Females.	Total.	Males.	Females.	Total,	Males.	Females. Total.
DARENTH ASYLUM.												I		1							
1870 part of 1871 1872 1873 1874 1875 1876 1877 1877 1878 1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1890 1891 1892 1890 1891 1892 1890 1891 1892 1893 1894 1895 1896 1897 1898 1896 1897 1898 1899 1899 1899 1899 1899	47 69 32 50 89 77 66 240 194 115 86 107 124 121 219 163 99 86 86 75 95 82 76 61	34 36 23 16 64 228 63 241 234 93 81 94 108 171 144 156 76 92 117 75 56 55 33 25 127					213 76 32 53 92 100 67 318 201 119 111 132 268 248 222 167 112 133 115 122 110 100 80 80 52 104		377 120 56 73 157 383 145 578 445 214 223 237 307 464 432 412 272 241 272 244 196 189 139 87 234				2					3 1 2 4 2 4 3 2 6 6 7 6 7		1 3 5 2 2 2 3 3 2 4	2 1 2 1 3 1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	2,673	2,538	63	55	748	696	3,484	3,289	6,773		1	1	3	8	1	5 6	46	69 1	15	40	35 7
1870 part of 1871	1,184 422 324 355 316 400 306 276 346 291 403 342 209 216 284 307 275 451 448 381 381 328 328 305 301 303 305 301 303	758 1,415 417 332 218 322 286 79 64 237 390 239 411 377 291 226 268 278 270 421 412 339 263 341 275 215 215 226 204		::::::::::::::::::::::::::::::::::::::		30 49 124 355 5 317 8 8 69 9 42 32 444 133 255 21 770	024 1,184 422 366 431 483 571 308 310 354 484 316 278 484 357 277 246 315 324 482 500 470 379 371 333 334 329 279 324 223	758 1,415 417 362 370 453 649 85 68 238 451 255 434 391 294 260 283 353 353 360 385 470 414 376 310 355 227 250 314 249 279	1,382 2,599 839 728 801 936 1,220 303 378 592 767 533 918 571 506 598 677 784 867 976 689 726 668 571 579 573 573 573 573 573	6.			1	1 1 4 8 8 4	1 2 2 4 8	1 1 1 1	11 11 11 14 48 88 33 55 55 53 33 32	31242432663647671		10 21 6 35 52 22 45 57 44 99 18 113 117 110 1113 41	12 2 15 2 15 5 4 7 2 2 1 3 7 7 5 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
15 8	11,211	10,546	156	112	1,117	1,212	12,484	11,870	24,354	10	8 1	3 14	6	20	24 2	7 51	48	70 1	18	235	284 511

<sup>\*</sup> Includes the "not insane" cases in Table II., p. 141 (Darenth Asylum).

the Discharges and Deaths, and the numbers of each year remaining on the 31st December, 1900. previous reports.)

		ports.		L Disc	HARGEI	AND I	Digg o	F EACH	YEAR'	s Admi	ISSIONS.						
Re	covere	d.	R	elieved		In	Not	1.	Asylv	o other ums of Board.			DIED.		year's	ining of e Admissi cember,	ons
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
										82 17 9 14 30 36 19 28 38 14 19 15 12 3 3 2 1 1	 184 23 41 74 72 45 70 86 39 48 51 91 134 72 83 47 30 27 19 11 6 3 6 1			103 36 20 15 57 196 67 315 212 105 95 162 129 127 76 52 55 31 27 71 4 4 7 7	7 43 15 5 12 27 27 90 58 85 55 41 82 86 80 64 43 97	35 5 38 28 6 16 16 25 39 39 42 26 40 83 68 777 62 63 54 31 123	42 5 81 43 111 288 243 552 1299 977 81 81 165 133 109 148 143 118 74 220
SS	93	181*	293	246	539	275	215	490	692	657	1,349	1,062	1,162	2,224	1,074	916	1,990
19 67 36 38 25 23 18 12 12 17 17 17 12 15 12 12 12 15 12 12 15 12 12 15 12 12 15 12 15 12 15 12 15 15 12 15 15 12 15 15 15 15 15 15 15 15 15 15 15 15 15	12 46 18 14 26 16 16 3 3 10 14 16 26 19 25, 5 8 8 8 11 19 24 10 9 6 9 9 8 10 9 10 9 10 9 10 9 10 9 10 9 10	31 113 54 42 51 39 34 10 12 22 35 33 35 43 42 27 20 20 20 20 20 20 25 52 27 30 25 15 21 21 21 21 21 21 21 21 21 21 21 21 21	33 80 36 28 32 20 50 50 23 24 19 31 36 27 23 33 32 26 39 28 20 21 21 22 23 24 25 26 27 28 29 29 20 20 20 20 20 20 20 20 20 20	34 53 21 12 20 32 20 8 3 15 36 22 20 30 36 24 16 26 11 17 30 22 18 9 9 12 15 10 6 6 5 11	67 133 57 40 52 70 31 27 34 61 72 59 43 43 69 50 38 38 34 25 35 31 25 44 44 44 44 46 41 44 46 46 46 46 46 46 46 46 46 46 46 46	31 97 26 30 14 67 20 10 11 23 20 22 28 24 22 28 21 25 33 30 25 27 19 19 19 19 22 2	51 85 23 40 17 37 32 3 6 8 35 9 32 24 20 23 26 23 26 27 29 20 21 21 21 21 21 21 21 21 21 21 21 21 21	82 182 49 70 31 104 52 13 17 31 55 31 60 48 42 23 33 41 48 59 45 45 45 48 49 40 45 45 46 47 48 48 48 49 46 46 47 48 48 48 48 48 48 48 48 48 48	14 34 21 21 38 103 37 15 28 44 43 64 26 42 48 25 29 33 18 71 11 12 9 8 4 4 3 6 2 6	5 16 25 13 85 17 9 14 30 36 39 12 88 39 14 19 18 73 38 54 33 19 15 13 3 3 19 15 13 3 13 18 19 19 19 19 19 19 19 19 19 19 19 19 19	19 50 46 34 56 188 54 42 74 72 45 70 87 39 48 51 91 134 72 83 47 32 30 27 22 11 6 3 8 3	459 837 292 234 249 379 216 178 160 286 187 151 130 148 172 163 246 231 231 230 192 164 153 104 104 105 159 57 15	579 1,056 296 254 252 454 52 32 129 259 157 252 215 177 161 163 182 217 205 175 118 139 113 73 64 62 37 12	1,038 1,893 588 488 566 501 833 293 245 345 447 317 538 402 295 333 326 428 448 448 435 367 282 292 217 174 155 121 94 27	68 69 11 25 30 21 67 42 43 40 30 31 73 38 35 34 65 65 119 96 142 123 120 137 139 162 185 186 175 213 198	77 159 34 29 35 31 110 10 46 71 32 66 58 32 66 67 77 83 90 130 111 136 163 163 163 163 163 163 163 163	145 228 45 54 55 52 177 52 53 86 101 63 139 96 67 79 132 142 202 186 272 234 256 273 302 319 329 337 394 396 451
603	418	1,021*	826	585	1,411	865	744	1,609†	828	740	1,568	6,580	6,438	13,018	2,782	2,945	5,727

<sup>†</sup> Includes the "not insane" cases in Table II., p. 141 (Leavesden and Caterham Asylums).

## TABLE V.—Causes of Death during (Table VII. in

																				LE	A.	VE	SD	EN	
CAUSE 0	F DEAT	TH.		u	and and 10	er	u	10 and nde 20.	er	u	20 and ade: 25.		un	nd der 00.	u	and and 35	er er	ur	35 and ade 40.	er	ur	40 .nd nder 45.	-	un	nd de io.
CAUSE				Males.	Females.	Total.	Males.	Females.	Total.	Males.	remaics.	Total.	Males.	Total.	Males.	Females.	Total.	Males.	remarcs.	Total.	Males.	Total	Total.	Females.	-
				T					I		T				İ										1
Cerebral hæmorrh:	ure																								
Cerebral softening	and puln	onary t	uberculosi	is		***									1									1	
Cerebro-spinal mer General paralysis o	ningitis	444	***						***												ï	1	2	1	
General paralysis monia	of the i	nsane,	with pner	1-		100		81															- 1		1
General paralysis	of the	insane,	with pu	1-					0.000					100					-			110	- 1		1
monary tubero Maniacal exhausti	on	***				***				ï		1			1				1						
Organic brain dise Status epilepticus		***											2	1 3	1	-							ï		
Status epilepticus, losis	with p	ulmonar	y tubercu	1-															-				- 1		
Tubercular mening	ritis			-		***									-				1	1		-			-
															-					-					
THORACIC DISEASES-				1			П								1					-					
Bronchitis Congestion of lung	8										00	00										-			
Fatty degeneration Gangrene of the lu	n of the l	heart						1	1						-			1							
Influenzal pneumo	nia					***	1	1	2	1		1				2	2	1	2	3		1	1	1	4
Influenzal bronchi Influenzal congest	on of lu	ngs																		1					-
Pericarditis Pleurisy							-				60				-					***					
Pneumonia Pulmonary tuberc	***	***					1		1	1 3	-	1 4	2				1-00		27	2 9	1	4	5 12	2 .	
Pulmonary tuber	rculosis,	with	tubercul		1				1	°	1	*													8
Pulmonary tuberco		d influe	nza									ï						1		1					
Valvular degenera Valvular disease o				al	-				***						1	-	***	-	1	1	1		1		
bronchitis or i	nfluenza	l pneun	nonia	-	-				***	-		***			1		***	-							
																		Ш			П				
ABDOMINAL DISEASES— Acute enteritis																		П			П				1
Carcinoma of bow																				***		100			
Cirrhosis of liver Endometritis											***					1			1	1					
War 24 24 5											99									444					
Psoas abscess			4.6%			***		100			1	1					111			***	10.0				
Ulcerative enterit Ulcerative colitis				_				1000											ï	ï	1		1		
				1	-		ı								ı										
GENERAL DISEASES-							-																		
75 A	"																			***			***		
Gangrene of the le	写		***									***								411			100		
General tuberculo Influenza			***			***									.					404			***		**
Senile decay																									
															-		1								
ACCIDENT OR VIOLENCE				1											-		1	1,		1					
Choking Fracture of femur																-									
*				1											1	1	13								
				1					1						-		100								
				1											-										
															-										
					1		1								1										
															-										
				1	-						_			_	-	_		L	-				-		
Totals		1		1		373	1	2	a	10	0	12		6 11	1.	1.	14	1.	10	25	10	10	OF	101	P
													100	101			1.12	100		Park.	200	120	2013	III COLUMN	ø

1900, together with the Ages at Death. previous reports.)

1		A	sv	L	UD	α.								-						_						1												
The state of the s	u	50 and nde 55.	i er		ar une	dei	-	u	60 and nde 65.	er		6 ar une 70	d der	-	ur	70 .nd .de 75.		u	75 and nde 80.	r		80 and nde 85.	r	u	85 and nde 90.		u	90 ind ade 95.	r	111	95 and de 00.	r	u	100 und nde	r		TOTALS	
	Males.	Females.	Total.	Males.	Females.	m	Total.	Males.	Females.	Total.	Males.	Females.	Total.	No.	Persoles.	remaics.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	remanes.	Total.	Males.	remanes.	Total.	Males.	remaics.	Total.	Males.	remaics.	Total.	Males.	Females.	Total.
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	92	ï	2 1			-								ï									***														1 1 1  2	1 (1) 1 (1) 2 (2) 2 (2) 8 (1) 1 (1)
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the state of the s	1													***						***					ï	ï										2	ï	2 (°) 1 (°)
1	111	1 15	2 21	3	10 1	17	27	16	5 18	3	-	20 1	17	37	7	17	24	8	15	23		5 14	19		7	7					-					137	173	310(27*)

examination shown by small figures in brackets, thus 20 (10).

## APPENDIX II.—IMBECILITY.

TABLE V. (continued)—Causes of Death during (Table VII. in

																					CA	T	ER	HA	M	
CAUSI	E OF DEA	АТН			-	an unc	id ier	ı	an and and 20	d er	ur	20 nd ider 25.		an und 30	dier		30 and nd 35	d er		35 and nd 40	d er		40 and and 45.	d er	u	45 and nde 50.
CAUSI	or Dis				Males.	Females.	Total.	Males.	Females.	Total.	Males.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	remales.
BREBRO-SPINAL DIS					I																			-		
Apoplexy Epilepsy Exhaustion of				niciou				1		ï	1	1	-							2	2					-
anæmia General paralys													-			-		ï						4		
Organic disease	of the br	ain .													211			100			1			***	1	
Softening of br Tumour of brai	n	:																***								
					1			ı					1												П	
Phthisis					1					***			1		1	1	2	3	1	1	2					1
Pneumonia Valvular degen	eration of	heart.								100					***								200			
					1																100					
ABDOMINAL DISEASE Bright's disease					-					1			-								***	1		1	1	
					-			ļ						1	ï					1	1			***		
Obstruction of	bowels (vo	olyulus	)		-					***			1					***						***		
Peritonitis	***				1			-		***		-	1		***						***	-		***		
GENERAL DISEASES-					L			ı					١													
Carcer Carbuncle																										
Senile decay Tuberculosis					-					***			1					***			***			***		
					T		-	Г										***								
					L																	L				
Totals								1		1	1	1 2	2		2	2	2	4	3	4	7	6		6	3	3
					_	-		-	100				_		_	-			-		1	DA	RI	EN'	ГН	
*																										
*					T	T	1	ı			П	1	1	T		1			1			1			1	1
DEREBRO-SPINAL DE					-			1		1			-			1			1			1				
Apoplexy Epilepsy				: :		2	2	2	1 1 1	3	1		1	i	ï	l ï		ï								
Apoplexy Epilepsy General paralys Glioma of spins	is			: :		1		1	1	93 92 ::			1	i	ï			***			***			***		
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease	is al cord							1	1	90 01 : : :	1	1 1		1	1	1		1			200			111		
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus	is al cord of the br	rain				1	1	1	1	3 2 : : :	1	1 1		1	1	1		1								
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative of	sis al cord of the br tis itis	rain				1	1	1	1	3 2 : : :	1	1 1		1	1	1		1								
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative of	sis al cord of the br tis itis	rain				1	1 1	2	1	93 04	1.	1 1		1	i	1		1						100		
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative ot  Thoracic Diseases Morbus cordis a Phthisis	is al cord of the br tis itis	rain				1	1 1	2	1	93 04	1.	1 1		1	i	1		1						100		
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative of	is al cord of the br tis itis and celluli	rain .				1	i 1	21	1	901 : : : : : : : : : : : : : : : : : : :	3	1 1		1	1	1		1 2 3	11							
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative ot  THORACIC DISEASES Morbus cordis a Phthisis Pneumonia Valvular degen	is al cord of the br tis itis and celluli cration of	rain .				1	i 1	21	1	901 : : : : : : : : : : : : : : : : : : :	3	2 1		1	1	1		1 2 3	11							
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative of  FHORACIC DISEASES Morbus cordis a Phthisis Pneumonia Valvular degen  Abdominal Disease Acute nephritis	is al cord of the br tis itis and celluli cration of	rain				1 1	1	3 3 3	3	00 i i i i i i i i i i i i i i i i i i	3	2 1 1 2 2 2		3	3	1		1 2 3	111	1	1111			1		1
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative of CHORACIC DISEASES Morbus cordis a Phthisis Pneumonia Valvular degen	is al cord of the br tis itis and celluli eration of	ain itis				1 1	111	33333	3	3 2	3	2 1		3	3	1 22 3		1	111	1	i 1 1 1 1					111
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative of Thoracic Diseases Morbus cordis a Phthisis Pneumonia Valvular degen Aedominal Disease Acute nephritis Peritonitis (tub Peritonitis and	is al cord of the br tis itis and celluli eration of s- s erecular) psy. salpi	ain itis				1 1	111	33333	3	3 2	3	2 1 1 2 2 2		3	3	1 22 3		1	111	1	i 1 1 1 1					111
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative ot  FHORACIC DISEASES Morbus cordis a Phthisis Pneumonia Valvular degen  Aedominal Disease Acute nephriti Peritonitis (tub Peritonitis and	al cord of the br tis itis and celluli eration of s- s erecular) psy. salpi	nain				1	1 1	33 33 3	3	3 2	3	22 (1)		33	3	223		1	111	1	1111					11
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative of  THORACIC DISEASES Morbus cordis a Phthisis Pneumonia Valvular degen  AEDOMINAL DISEASE Acute nephritis Peritonitis (tub Peritonitis and  GENERAL DISEASES Angino ludovic Cancer	is al cord of the br tis itis and celluli ceration of s ercular) psy. salpi	itis heart				1	1 1	3333	3	3 9 2	3	22 (41)		3	3	3		2 3	1111	1	1111		111	111		11
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative ot  FHORACIC DISEASES Morbus cordis a Phthisis Pneumonia Valvular degen  AEDOMINAL DISEASE Acute nephriti Peritonitis (tub Peritonitis and  GENERAL DISEASES Angino ludovic Cancer Marasmus Senile decay	al cord of the br tis and celluli eration of s- s erecular) psy. salpi	heart				1 1	1 1	3333	3	3 2	3	22 (11)		3	3	233		1	111	1	11111		111	111		1
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative ot  Fhoracic Diseases Morbus cordis a Phthisis Pneumonia Valvular degen  Aedominal Disease Acute nephriti Peritonitis (tub Peritonitis and  General Diseases Angino ludovic Cancer Marasmus	is al cord to of the br tis itis and celluli ceration of secular) psy. salpi	heart				1 1	1 1	33333	3	3 2	3	22 11 12 2 2 1		3	3	2 3		2 3	1111		1111		111	111		11
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative ot  THORACIC DISEASES Morbus cordis a Phthisis Pneumonia Valvular degen  AEDOMINAL DISEASE Acute nephritis Peritonitis (tub Peritonitis and  GENERAL DISEASES Angino ludovic Cancer Marasmus Senile decay Syphilis	is al cord to of the br tis itis and celluli eration of ss— s percular) psy. salpi	heart				1 1	1 1	33333	3	3 2	3	22 (11)		3	3	2 3		2 3	1111		1111		111	111		11
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative ot  THORACIC DISEASES Morbus cordis a Phthisis Pneumonia Valvular degen  AEDOMINAL DISEASE Acute nephritis Peritonitis (tub Peritonitis and  GENERAL DISEASES Angino ludovic Cancer Marasmus Senile decay Syphilis	is al cord to of the br tis itis and celluli eration of ss— s percular) psy. salpi	heart				1 1	1 1	33333	3	3 2	3	22 11 12 2 2 1		3	3	2 3		2 3	1111		1111		111	111		11
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative ot  THORACIC DISEASES Morbus cordis a Phthisis Pneumonia Valvular degen  AEDOMINAL DISEASE Acute nephritis Peritonitis (tub Peritonitis and  GENERAL DISEASES Angino ludovic Cancer Marasmus Senile decay Syphilis	is al cord to of the br tis itis and celluli eration of ss— s percular) psy. salpi	heart				1 1	1 1	33333	3	3 2	3	22 11 12 2 2 1		3	3	2 3		2 3	1111		1111		111	111		11
Apoplexy Epilepsy General paralys Glioma of spins Hydrocephalus Organic disease Spinal meningi Suppurative ot  THORACIC DISEASES Morbus cordis a Phthisis Pneumonia Valvular degen  AEDOMINAL DISEASE Acute nephritis Peritonitis (tub Peritonitis and  GENERAL DISEASES Angino ludovic Cancer Marasmus Senile decay Syphilis	al cord of the br tis itis eration of s- s eration of psy. salpi	heart				1 :	1 1	33333	3 3 1	3 2	3	22 11 12 2 2 1		3	3	2 3		2 3	1111		1111		111	111		11

1900, together with the Ages at Death. previous reports.)

	A	YI	U	M.																													
an une 5.	nd		55 and nde 60.	er	u	60 and nde 65.	er		65 and nde 70.	r		70 and nd 75.	d er		75 and nde 80,	i er	u	30 nd ider 35.		82 an unc 90	d ter	u	90 and and 95.	er er	u	95 and nde	r	tı	100 and nde 105.	r		TOTALS	
Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Total	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
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TABLE V. (continued)—Causes of Death during (Table VII, in

																				ST	נט	M
CAUSE OF DE	CATH			an und	d ler	u	10 and nd- 20.	d er	ur	20 nd ider 25.	1	and and 30	d	u	30 and ader 35.	u	35 and nder 40.		an und 45	d ler	u	45 and nder 50.
			Males.	Females.	Total.	Males.	Females.	Totul.	Males.	Total.	Males.	Females.	Total.	Males,	Total.	Males.	Total.	Males.	Females.	Total.	Males,	Total
CEREBRO-SPINAL DISEASES— Apoplexy							1	1														
Cerebral hæmorrhage Cerebral softening													1111				** ***				ï	
Cerebral softening and losis		***																				
Cerebral spinal meningit Epilepsy Exhaustion of imbeci			2	1	2	3		4	5		3	ï	4	1	ï		2 2			ï		
anæmia General paralysis of the	*** ***	***					-			ï		ï	···		ï	1	1 0	1.		6	-0.	1
General paralysis of the i	nsane with	pneumor	nia				-			-											2	
tuberculosis											-	1	ï		777		1 1		EUO BI			
Hydrocephalus Maniacal or melancholic	exhaustion								1	. 1				1	1							
Organic brain disease Status epilepticus with p	*** ***	***								1	-					1.	. 1				1	-
																	0					
Tumour of brain		***		-			-				-						-	-			1	1
THORACIC DISEASES— Bronchitis																						
Congestion of lungs Fatty degeneration of t							1	ï				100										10.
	*** ***				***									100 271		1	1 1					
						1	1	2	ï	. 1				3	2 2		2 3		ï	ï	1 4	1
Morbis cordis and cellul Pericarditis		***		14001	***																8 (	
Phthisis Pleurisy Pneumonia					***	4 .		4	6			4	7	9		1				12	8 6	
Pulmonary tuberculosi enteritis	s with to	ibercula	r								П											
Pulmonary tuberculosis Valvular degeneration o				1000						1				1000		1			1000	3		
Valvular disease of the bronchitis and influ					13 7									_								
ABDOMINAL DISEASES-						П												1				
Acute enteritis Bright's disease		***																			ï	
Carcinoma of bowels Cirrhosis of liver		***									ï		1					1				
Colitis Endometritis													***				1 1					
Nephritis Obstruction of bowels ( Peritonitis		***			***								1			-						
Peritonitis (tubercular) Peritonitis and psy, salp	inv					1		1												1		
Psoas abscess Ulcerative enteritis										1 1	-									***		
Ulcerative colitis				-			Sec.				-							1		1		
GENERAL DISEASES— Angino ludovici		***							1	. 1	1		***							***		
Carbuncle						-		***			-		***				** **		100	200		
Enteric fever Erysipelas				0.00																		
Gangrene of the leg General tuberculosis			:::	1 2	3		-	***			1		"i			1						-
Influenza Marasmus		***					1				-	1	ï									-
Syphilis Senile decay											-						100			***		
ACCIDENT OR VIOLENCE-											-					1.						
Choking Fracture of femur		:::																				
											-											
											1							1				
Totals			1	4 9	7	18	10	28	16	0 26	19	- 8	90	18	7 95	19	23 3	5 1	9 14	99	16	15
Automo III	-	-		1 "	1	10		20		7	1"	10	20	10	20	14	3	1	1.4	90	10	1

1900, together with the Ages at Death. previous reports.)

N	1	A	-	F	2.7	Y																																
un	50 inde	er		un	nd de:	r		une	o nd de 5.	r		65 and nd 70	d er	1	an und	d		an und 80	d ler	-	un	ond der 5.	-	un	s5 nd der	1	un	90 nd nder	r	un	nd nder oder	-	un	00 nd ide: 05.	-		TOTAL	s.
Formules.	remaies.	Total.	Males.	Females.		Total.	Males.	Females.		Total.	Males.	Females	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males	Females.	Total	Molos.	Females.	Total	No.	Formales.	The state of	Total.	Females.	Total	Total.	Males.		Total.	Males.	Females.	Total.
	1	 ï	П	1	1	1 1 2		9		00 10 10	2	2	: 92 92		3	4	1	1	44		1		1 .		1	1 .										1 6 6	4 1 9	5 7 (*) 15 (**)
2	2	4		1		1	-			: 04 04	1	3	1 3																							1 2 18	1 12	1 (1) 3 (2) 30 (1)
1	1	2	-	1	-	ĭ	-		-				***	ŀ																						12 	1 6 1	1 18 (8 1 (1
2	2	4		2	2	4		2	4	6		1 5	7	11111				1		i																 2 1 10  1	1 1 15 1 15 1	1 (1 1 2 2 (2 25 (3 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6			1 3	1	1 2 1 1 4 7	I.	3	31	2 3 1 8	3	2 1	1 1 6 6 1		2 4	3 6 1		1 1 1 1 1 1 1 1 1 1		2		1	1		1	1										2 1 1 1 2 1 14  57	6 1 5  4 1 24 1  57 2	8 (2 (6 (1 (6 (2 (38 (3 1 (1 (1 (5 (3 (4 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
2	1	3			1 6	1 6	1	1	3 2	9 4	3		8		1 8	1	-	1 1	3	24			1		2	1										30  1 12	26 1 1 27 4	56 (3 1 (2 39 (1 4 (
	1	1		1	1	1 1 1		1	1	ī i i		1	1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				3		1	1		1	ï													3  2 1  4 1 	1 3 3 3 1 1 1 2 	1 (6 3 (2 4 1 5 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1			1		1	1												1	1	1		1	``i						3							1 5 1  1 5   19	2  1 1 1  4 1 2 1 36	1 7 1 1 2 1 9 1 1 2 1 1 5 5 (''')
1			1		***	***	-			***			-												1	ï			***							2	ï	2 1
	-	3		10	077	AF	-	10	30	40	1	200	9 50	,	5.9	0 4	5	16 3	0	16	6	18	94	-	8	9	-	3	3	-			-			235	284	519(2

shown by small figures in brackets, thus 20 (19) in respect of Leavesden Asylum. only.

## APPENDIX II.-IMBECILITY.

TABLE VI.—Length of Residence in those Discharged (Table IX. in

								LEA	VESDI	EN AS	YLUM.	
LENGTI	OF	RESIT	ENC	E			F	ECOVERE	D.		DIED.	
MANGIT	· Or	WEST.	, into				Males.	Females.	Total.	Males.	Females.	Total.
Under 1 Month										3		3
From 1 to 3 Months							1	1	2	3	4	3 7 7
,, 3 to 6 ,,								1	1	6	1	7
,, 6 to 9 ,,								1	1	7	3	10
,, 9 to 12 ,,							1		1	3	8	11
" 1 to 2 Years										17	16	33
" 2 to 3 "						***				8	10	18
" 3 to 5 "										9	16	25
,, 5 to 7 ,,					***					21	8	29
,, 7 to 10 ,,										24	24	48
,, 10 to 12 ,,					***					4	11	15
,, 12 to 15 ,,									***	2	12	14
,, 15 to 20 ,,							***		***	2	17	19
,, 20 to 25 ,,									***	11	10	21
,, 25 to 30 ,,						5		13803		17	33	50
,, 30 and upwards						5	***		***	11	00	50
Totals							2	3	5	137	173	310

## TABLE VII .- Duration of Insanity on Admission, in

												LE	VE	SDE	N A	SY	LUM.			1
											Di	URATI		FIVE			DMISSI	ON		1
		CL	ASS.						Ad	lmiss	ions.	Re	ecove	ries.		not ecove			Deatl	hs.
									Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
First class—																				
First attack-V	Vithin	1 we	ek on	admis	sion	***										***				
	***	1 me	onth	**								***	***	***					***	***
	"	2 m	onths	**		***														***
	,,	3		**													***		1	1
Second class-																				
First attack—A	bove	3 and	with	in 6 me	onths	on ac	lmissio	n	2	4	6							3	2	5
	,,	6	,,	12	,,		**		9	13	22	2	3	5	3	2	5	31	43	74
Third class—																				
Not first attack	, and	with	in 1 m	onth o	n adn	nissio	n	***				***		144		***	***		***	
., ,,		59	6 m	onths		,,			2	3	5				8	2	10	15	22	37
		**	12	,,											4	4	8	11	31	42
Fourth class-		-																		
First attack or	not, l	out n	ot ove	r 12 m	onths	on a	dmissio	n	9	20	29				8	10	18	35	34	69
Fifth class—																				
Congenital		***						***	56	58	114							42	40	82
Unknown		•••	***	•••	•••	***		***						***						***
									78	98	176	2	3	5	23	18	41	137	178	310

Recovered and in those who have Died during 1900. previous reports.)

C	ATE	RHAN	I AS	YLUM	t.		DARI	NTH	ASY	LUM.		2	נטו	MIN	IA	RY	
R	COVERE	D.		DIED.		Ri	BCOVERE	ED.		DIED.		R	COVERE	SD.		DIED.	
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
1 2 1 1 2 1 1	 1 2 1     	1 1 4 2 1 2 	 1 4 1 1 1 9 4 7 2 6 6 2 5 7 7	3 1 2  3 8 5 11 12 3 1 5 10	1 12 12 12 13 18 5 6 7 17 19				1 3 1 5 4 10 4 2 4 6	1 1 1 1 1 1 10 4 4 3 1 7 1	2 4 1 1 1 1 15 8 14 7 3 11 6	1 1 2 1 2 2 2   1 	2 4 2 	1 3 6 3 2 2 	3 5 13 8 4 26 13 21 27 40 10 9 8 24	8 3 6 9 20 18 31 23 40 17 14 29 20 46	3 13 16 14 13 46 31 52 50 80 27 23 37 44 70
8	4	12	58	76	134		1	1	40	35	75	10	8	18	235	284	519

the Admissions, Discharges, and Deaths, during 1900.

(	C.F	T	E	RI	IAI	I	AS	SYI	LU	M.			D	AR	EN	IT	H	A	SY	LU	M.				1	ST	7	M	ID	Œ.	A	R	Y.		
WI	RA	T10			Disi				DМ	issi	ION	D	URA	TION			ISEA E C				MIS	810	N		Du	RATE			Dis				M1881	ON	
	d-	ns.	C	Re	e- ries.	n	Renov	als	D	eat	ths.	Adn	nissi	ons.	co	Re	ries.	n	Renovi	als	D	eat	hs.	Adr	nissi	ons.	ec	Re	ries.	Rec	not	vals red.	D	eath	s.
Females.		Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
	L					1			1				***				***	-					***		2					***					
2	1	2	ľ	2	3	1	1	1	-	1	1		***		-			-		***		***	***				1		3	***	1	1		1	
1		3	١,	***	1	1		1	3		3		2	2			***			***			***	2	3	5	1		1	1		1	3	1	
		0	1			ľ			ľ					-			***			***			***				1					1	0	*	
4		4	3		3			***	1		1	1		1		1	1			***				3	8	11	3	1	4			***	4	2	
12	2	15			***				4	2	6	4	1	5										16	26	42	2	3	5	3	2	5	35	45	. 8
	1					1			ı																										
	-					-						1		1										1	***	1			***						١.
	-				111	-			-			1		1						***				3	3	6			***	8	2	10	15	22	:
	-		-			-		111			***	1		1				-		***			1000	1	***	1				4	4	8	11	31	4
	ı					ı			ı																										
24	1	41	3	2	5	14	5	9	22	43	65	6	23	29	-									32	67	99	3	2	5	12	15	27	57	77	13
						ı			ı											50.55						SO AL									
	8					6	2	8			34		66			***				113					130						69		97		
24	2	15		***	***	1	***	***	8	15	23	14	38	52			***	6	10	16	5	14	19	27	40	67			i	6	10	16	13	29	-
51		00	-	-	10	1.		10	1	70	134	*103	120	099		1	1	50	77	129	10	25	75	*222	279	501	10	0	18	00	103	100	oor	90.	-
-1	1	92	8	4	12	11	8	19	100	10	104	103	130	600	-	1	1	12	11	1.20	10	00	10	220	210	301	10	0	18	86	103	199	235	284	5

## APPENDIX II.-IMBECILITY.

TABLE VIII.—Showing in Quinquennial Periods the Ages of those Admitted,
(In place of Tables X. and

								11,000						/xm	Prac	O OI	Table	10 AF.	anna
THERMAL			- 1	ADMISS	SIONS		-170		Total		P							ATIENT	
AGES.			From rishes Inions	and	A	om o sylu he B		Ai	DMIS81	ONS.	FEEC	OVER	Ins.	1	DEATH	8.		DECEM 1900.	
		Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
LEAVESDEN ASYLUM.	•																		
Under 5 years  From 5 and under 16  , 10 , 15  , 20 , 21  , 25 , 30  , 30 , 35  , 40  , 40 , 45  , 50 , 55  , 60 , 65  , 65 , 70  , 70 , 75  , 80  , 85 , 90  , 90 , 95  , 100  Unknown	) years				 114 100 111 66 3      			18 16 14 77 3 1 1 3 3 3 2 2 4 4 2 2 2 2 1 2				111		4 99 5 99 7 133 131 110 166 200 7 7 8 5 5	2 3 6 5 5 18 12 10 12 17 17 15 14 7	6 12 11 14 25 25 23 27 34 23 119 7	 37 80 92 66 82 90 84 85 54 59 29 33 31 4 2	25 58 83 67 79 99 104 101 104 86 68 50 43 17 7 1	6: 138 177: 131 16: 189 189: 144 9: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:
Totals		32	29	61	46	69	115	78	98	176	2	3	5	137	173	310	813	992	1,806
Mean age a		45	65	55	25	31	28	35	48	42	55	47	51	47	58	52	44	51	4
DARENTH ASYLUM.																			
Under 5 years		34 18 14 4 4 3 5 5 2 3 3 3 2 5 5 2 1 1 1 1	24 19 10 5 8 6 7 5 5 10 4 8 8 7 7 2 4 4 1 1	58 37 24 9 12 7 13 7 10 12 4 5 6 6 5 1		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	34 19. 14 3 5 4 3 5 2 2 3 3 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 199 10 5 8 7 7 7 5 5 10 4 8 8 7 7 2 2 4 4 1	58 38 24 10 12 10 12 7 10 12 4 5 6 5 1 		" " " " " " " " " " " " " " " " " " "	1	4 22 10 7 5 6 6 3	1 6 4 7 7 1 1 2 2 2 3 3 2 2 1 1 1 1 1 1	55 88 14 14 14 66 66 4 4 2 2 2 1 1	77 220 247 166 130 99 41 19 17 18 9 10 7 8 3 2 1	57 132 140 109 80 75 59 48 36 28 34 33 31 20 17 12 5	1 3 3 3 2 1 1 1
			_			_	_	_											
Totals		102	129	231	2	1	3	104	130	234		1	1	40	35	75	1,074	916	1.5

Recovered, and Died during 1900, and of those Remaining on the 31st December, 1900. XI. in previous reports.)

		A	DMISS	10NS.					234							P	ATIENTS	
AGES.	Par	From ishes a nions.		Λ	om ot sylur he Bo	ms		TOTAL MISSIO		REC	OVER	IES.	D	EATHS			DECEMO 1900,	
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
CATERHAM ASYLUM.																		
nder 5 years	:::5401440101014-5014 ::::::::::::::::::::::::::::::::::::		78 83 88 65 57 7100 88 99 110 44 77				5 4 9 4 4 1 9 9 9 9 9 4 4 1 1 9 9 9 9 9 4 4 1 1 9 9 9 9	21 4 1 4 2 4 4 5 5 8 6 5 5 5 2 3 3	7 8 3 8 6 5 7 10 8 9 10 4 7		1 2	1 1 2 2 1 3 1 1 		2 4 3 7 7 7 7 9 10 9 17 4 1 1 2 2	1 3 1 4 4 7 7 6 6 6 15 15 15 15 24 5 5 1 2 2	211 76 57 66 98 93 107 96 81 107 96 53 43 25 5 5 5 2	 13 52 63 85 74 112 91 117 98 81 63 51 13 5 4 	33 122 125 155 177 200 211 188 199 166 133 100 77 11 11
Totals	41	51	92				41	51	92	8	4	12	58	76	134	895 -	1,037	1,9
ean age	46	50	48				46	50	48	42	41	41	55	65	60	32	50	4
rom 5 and under 10 years  , 10	34 18 23 14 9 9 8 8 9 9 4 4 7 7 7 6 6 13 3	24 19 9 10 10 10 11 16 12 16 15 9 9 15 8 3	588 377 233 188 199 155 233 199 222 288 184 211 111 3 3	1144 111 111 66 3 3	8 11 19 11 8 3 3 4 4 3 2 1	11 22 22 300 17 111 3 5 4 2 1	34 19 37 25 20 14 12 4 8 8 6 6 13 9 5 6 6 3 	24 199 220 28 21 18 14 20 15 16 17 10 9 9 15 8 3 	58 38 59 45 48 35 30 18 22 23 22 23 30 19 14 21 11 3 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 2 1	:::::::::::::::::::::::::::::::::::::::	4 2 15 18 111 17 13 19 16 19 18 14 15 6	1 6 6 6 111 7 7 7 23 114 115 119 227 330 229 227 333 33	5 8 21 29 18 24 36 33 33 33 45 50 577 41 48 8 3	777 2200 305 322 279 231 221 202 208 199 144 135 89 84 44 11 8 2 1	57 182 178 219 226 227 212 259 252 220 255 217 180 133 111 42 17 4 1 17	1: 33: 48 54 4: 44: 44: 44: 44: 44: 44: 44: 44: 4
Inder 5 years	34 18 23 14 9 8 9 4 7 7 6 13 9 5 6 3 	24 19 14 9 9 10 10 11 16 12 16 15 9 9 15 8 3 	37 37 23 18 18 19 15 23 19 22 28 18 14 21 11 3	1114 111 111 66 3	8 11 19 11 8 3 4 3 2 1	1 22 22 30 17 11 3 5 4  2 1 	34 19 37 25 20 14 12 4 8 8 6 13 9 5 6 3 	24 19 22 20 28 21 18 14 20 15 16 17 10 9 15 8 3	58 38 59 45 48 35 30 18 28 23 22 30 19 14 21 11 3	1 2 1 1	1 1 1 2 1		4 22 15 18 111 177 133 199 166 199 188 200 288 144 15 6 6	1 6 6 6 11 77 7 23 114 115 119 227 33 118 8 3	5 8 21 29 18 24 36 33 31 38 45 50 57 41 48 24 8 3	220 305 322 279 231 221 202 208 199 144 135 89 84 44 11 8	57 132 178 219 226 227 212 259 252 220 255 217 180 133 111 42 17 4	113 313 48 54 44 44 41 31 32 22 11

TABLE IX.—Condition as to Marriage of those Admitted, Recovered, and Died during 1900 (Included in Table XIII. in previous reports.)

			I	EAV	ESD	EN A	SYL	UM.	and the last						
			Admis	sions			1271							2	3
Condition as to Marriage.	From	n Pa Uni	rishes ons.*	A	om o sylun Boar	ns of		Tota missi		Re	cove	ries.	1	Death	18.
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total,
Single	22	6	28	46	67	113	68	73	141		1	1	31	47	78
Married	7	7	14		1	1	7	8	15	2	2	4	79	93	17:
Widowed	3	16	19		1	1	3	17	20	***		***	27	33	60
Unknown															-
Total	32	29	61	46	69	115	78	98	176	2	3	5	137	173	31
		=		CAT	ERH	AM A	SYL	UM.							2000
Single	21	23	44				21	23	44	5	2	7	16	22	3:
Married	12	18	30				12	18	30	2	2	4	15	14	2
Widowed	8	9	17				8	9	17	1		1	6	19	2
Unknown		1	1					1	1				21	21	49
Total	41	51	92				41	51	92	8	4	12	58	76	13
				DAI	RENT	TH AS	YLU	M.				. Nie	AN	mi	
Single	87	93	180	2	1	3	89	94	183	1			35	25	
Married	9	20	29				9	20	29					4	
Widowed	5	16	21				5	16	21		1	1	1	6	
Unknown	1		1				1		1				4		
Total	102	129	231	2	1	3	104	130	234		1	1	40	35	
				st	J IM	IMI.	AF	Y.							
Single	130	122	252	48	68	116	178	190	368	5	3	8	82	94	
Married	. 28	45	73		1	1	28	46	74	4	4	8	94	111	
Widowed	. 16	41	57		1	1	16	42	58	1	1	2	34	58	
Unknown	1	1	2				1	1	2				25	21	
Total	175	209	384	48	70	118	223	279	502	10	8	18	235	284	

<sup>\*</sup> Including transfers from asylums not under the Board.

## TABLE X.—Probable causes of Insanity (Table VI. it

				LE	AVE	SDE	N A	LSY	LUM.			
		Num	ber of	insta	nces	in whi	ch es	ich c	ause w	as as:	signe	d.
		1	Admiss	ions-		ımber es, 32 ;			29 ; T	otal,	61.	3
CAUSES OF INSANITY.	pr	As edisp caus	osing		As exciti caus	ing	01 W	As redisper r excit here to ald no tingui	ing. hese of be		Tota	d.
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total
Moral-												
Domestic trouble (including loss of relatives and friends)												
Adverse circumstances (including business anxieties and pecuniary difficulties)		1	1		***	***		***		***	1	
Mental anxiety and worry (not included under the above two heads) and overwork					1	1					1	
Religious excitement												
Love affairs (including seduction)						***			***			
Fright and nervous shock			***			***				***	***	
						1						
PHYSICAL												
Intemperance in drink		4	6		***	***	***	***		2	4	
Venercal disease		1	1		***	***	***		***	***	1	
Salt abuse come!	١.		1		***					1	***	
Over-exertion												
Sunstroke	١.		1						***	1		
Accident or injury						***						
Pregnancy						***						П
Parturition and the puerperal state									***			П
Lactation												П
Uterine and ovarian disorders												Ш
Puberty						***		***				ı
Change of life						***	***	***	***			ı
Fevers						***		***	***			ı
Privation and starvation					"			***				
Old age	١.	17	25					***	***	8	17	
Other bodily diseases or disorders		2	3		1	1	***	***	***	1	3	
77 - 374 - 1 - 2		1	1			***		***	***			
G		3	9			***	***			6	3	
Other ascertained causes												
											4	
	1		2 4	100		Smills			-			

Note.—With reference to the distinction between "predisposing" and "exciting "causes, it must be understood to the total column represent the entire number of instances in which the several causes (either alone or the number of patients admitted.

Transfers from other asylums

in the Patients admitted during 1900.

previous reports )

		C	A7	FE	R	HA	M	AS	SYI	u	JM	τ.				D	AR	E	NT	H .	AS	YLU	JIM	t.							su	MN	AF	RY.			
	N	ım	abe			insta e wa					h es	ack	1		Nu	ımb			insta e wa			whied.	ch	eac	h		Nu	ımb	er	of i			in w		each	eaus	e
-	Adı	nis	ssi	on	Nui s—	mbe Male Tot	r of	1;	ses. Fen	nal	les,	, 51	1;	Ac	lm	issic			mbe Iales Tot	8, 10	2;	es. Fem	ale	s, 1	29;		A	dmi	ssic		-Ma	ales,	of Ca 175; , 384.	Fen	ales,	209	;
p	A: red osi	lis ng	5		A ceit eau	ing	wh ec	exci ere suld be d	ting, these not		Т	ota	d.	P	As red osi au	lis- ng		Axcit	ing	or wh	excl	9-		Tot	al.	p	As red osin	is- ng		Ascit	ing	wh	As dispos exciti ere th ld not inguis	ng. ese be	Т	Total.	
Males.	Females.	Total	Totali.	Males.	Females.	Total.	Males.	Females.	Total.		Males.	remales.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	remaies.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
										1																				0	10					8	12
-	***	**		***	4		-		1	1		4	4				2		5				94		2				4	8	12		***		4	3	3
**		**			2		-			1		2	2			***		-							***		1	1		2	2	***					
		41			1	1				1		1	1			***									***	Ш		***		2	2					2	2
										1																											
												-					-						-					•••			***						
										1											N.																
3			3	1	4	5	-			١	4	4	8				1	6	11				2	6	11	5		9	6	10	16				11	14	25
							1	1		1			***				ŀ	1		-			-	1	1		1	1	-	1	1					1	1
				1		1		1		1	,		1						1		1					1		1	1		1				2		2
				1		1					1		1																1		1				1		1
ŀ				-																			ŀ			1		1	-					***	1		1
ı				8		3				٠	3		3	1		1	ŀ	ı	1	-			1		2	1		1	4		4				5		5
i				ŀ			1			- 1		- 1												1						188	130			***			
i				ŀ	1	1	1.	1 "	-			1	1	-			ŀ	-		-			ŀ	-		-		***	-	1	1					1	1
į	-	1		ŀ			1.	1.						-			ŀ	-		-			1	-	1								***	***			
Ĩ	-	-		ı			1			1			**	1	***			18		1		-	1	15							130	-				1	1
Ì				ı					1	1			***		1											-					100					3	9
ı				ı				1														-			The same				ı								
ı		П								-						100	н		1				1		1						100						
ш	1	1			10	1		1000	100						1.00	100			1000						1000		133	4600	I.	14					26	34	60
-	1				10	1													8			. 2					256		1	5	10	2		2	9	8	17
																	1																			1	1
1	6		8	п				1									1					. 2		100								2		2	24	15	39
-	4		8								4	4	8				1	8 11	29	5	7 4	101	7	5 50	130	10	7	17	18	8 11	29	57	44	101	85	62	147
-	-												***										-			-			1								
																													-							-	

that no single cause is enumerated as both predisposing and exciting in the case of any individual patient.

combination with others) were stated to have produced the mental disorder. The excess of the aggregate of such causes over owing to combinations of causes.

not included in this table.

## APPENDIX II.-IMBECILITY.

TABLE XI.—Form of Mental Disorder in the Admissions, Recoveries:

(Includes tables IV. and

1	i and	ns til	d line				100	EX.			RAG	LEA	VE	SDE			LUM.	-		
FO	RM OF	e ME	NTAL	DISC	ORDEF	t.		100	Ad	lmiss	ions.	Re	cove	ries.	1	Death	18.		mair in sylu	
									Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	These
Congenital or	INPANTE	LE M	ENTAL	DEFIC	IENCY-		1								100					
Congenital-									17	19	36				13	12	25	92	115	9
	(b) wit			sy			***		39	39	78			***	29	28	57	325	307	-
Epilepsy acc	quired					***			1	4	5				18	18	36	69	100	0.00
General par	alysis of	the i	nsane						1	1	2				5	6	11	7	9	
Acute									1		1	2		2	1		1	10	3	
Chronic									4	7	11				7	7	14	66	91	
Recurrent				***																
A potù	***		***	***	***												***		***	
Puerperal																	***		***	
Senile							***								3		3			
ELANCHOLIA—																			-	
Acute		***	***	***	***					2	2		3	3						
Chronic	***	***		100			***				***		***	***	2	***	2	10	5	
Recurrent	***	***	***	***		***	***						***	***			***		***	
Puerperal Senile						***		***			***		***			***	***	***	***	
Senile	- 1						***	***				***	***				***		***	
EMENTIA-																				
Primary					***	***	***								2		2			
Secondary				***					7	7	14			***	46	78	194	169	335	
Senile									8	18	26				11	23	31	55	11-0	
Organic (i.e.	, from t	tumo	urs, co	arse b	rain di	sease,	&c.)	***		1	1					1	1	10	2	
											**		***		1					
																			-	
											1									
											1									
															18					
										1					1	1				
													-			20		1000		
	Totals								78	98	176	2	3	5	105	370	910	010	000	
Maria Company	Locais	**	***	***		***		***	18	95	1/0	2	0	9	137	1/3	310	513	992	

and Deaths of the Year 1900, and of Inmates on 31st December, 1900.

V. in previous reports.)

	,	CA	T	ER	н	A	IM		AS	YI	UM.				DA	RI	EN	T	H	A	SY	LUN	ı.			1	s	U	_ I	1	M	C.		R	z.	
	dm	is-		tece		1	Dea	ath	18.		emair in asylu			Ad-	ns.		eco		De	eath	18.	Ren	nain in ylui	199		Ad.	ns.		ecovries		De	ath	s.		maini in ylum	
Males.	Females.	Total.	Males.	Females.	Total.	Males	Fernales	A CHARACO	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
3	88	7							- 1	28	32	10000	21		100		50		67.3	8		450		1.300		720	100		24	-	1939			479	00000	
9		5				1	2	1	2	314	304							1 1 1		-	21	634		1,104	1	4	199 5 11				20	18		1,273 69 21	100	
2 4	7	9		2		ı	0			 148 54	90	1	3	100	14			1		1	1	10	67	77	1 9 4	25	34		2 1	2 5	1 8 8	17	1 25 8	10 224 54	3 248 17	472
	1	1	2 3	1		3					6		2												91	2		3	1	3	3		3	3	6	
1			5	1		3		4	4		44	44	2	5	5 2							 5  3		 10 5 	1 2 1		12	2 :: :	3 1	00 00 :: :	00	4	6	 10 5  3		69
6	18		1			1	22	4		300	 470 66		3	21 23	24 30				92	12 3		15	25 82 33	97 53		46	68				60	 114 43	174	21 484 116	124	1,371 240
かちつうな 日本 日本 のかり のり															,															The state of the s						

## APPENDIX II .- IMBECILITY.

TABLE XII.—Station or Occupation of Patients admitted during 1900.

(Included in Table XIII, in previous reports.)

## TABLE XIII. - Table of Heredity in Patients admitted in 1900.

	LEAVESDEN ASY	LUM.			CATERHAM ASY	LUM.		
	Degree.	Males.	Females.	Total.	DEGREE.	Males.	Females.	Total.
I. 1	Paternal Maternal Grandparents				I. Direct— Paternal Maternal Grandparents	1	3	4  1
II.	COLLATERAL— Brothers or sisters Paternal uncles or aunts Maternal ,, ,, Maternal or paternal	hered has b	histor litary een obt	taint ained	II. COLLATERAL— Brothers or sisters Paternal uncles or aunts Maternal ,, ,, Maternal or paternal	1	2 1 1 1	2 2 2 2
Ш	uncles or aunts Paternal grandparents Maternal ,, Cousins	non- missi never major	ny of transfe ons, theless rity ably	but the have	uncles or aunts Paternal grandparents Maternal ,, Cousins III. Remote—		ï	ï i 
	Undefined Total	ditar	y defe history	et if	Undefined  Total	-	1 11	1 14
Nu a Per	tal number of admissions mber in which causes were ssigned centage of heredity on dmissions			To Garage	Total number of admissions  Number in which causes were assigned  Percentage of heredity on admissions	12	51 24 21·6	92 36 15·2
		4						
	DARENTH ASY	LUM.			SUMMA	RY.		
	DEGREE.	Males.	Females.	Total.	SUMMA) DEGREE.	Wales.	Females.	Total.
I.		ales.				Males.	Females.	
	Degree.  Direct— Paternal Maternal Grandparents  Collateral— Brothers or sisters Paternal uncles or aunts Maternal ,, ,, Maternal or paternal	5 1 1 5 3 4	3 2	E 8 3	DEGREE.  I. DIRECT — Paternal	6 1 1 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 2	°L 12 3
	DEGREE.  DIRECT— Paternal Maternal Grandparents  COLLATERAL— Brothers or sisters Paternal uncles or aunts Maternal ,, ,,		3 2 1 4 1 2	8 3 2 9 4 6	DEGREE.  I. DIRECT — Paternal	Males.	6 2 2 6 2 3	12 3 3 3 11 6 8
п.	DIRECT— Paternal	5 1 1 5 3 4 2 6	3 2 1 4 1 2	8 3 2 9 4 6 1	I. Direct — Paternal	6 1 1 5 4 5 2 6 6 1 1	6 2 2 3 1 1 4	12 3 3 3 11 6 8 1 2 2 10
п.	DIRECT— Paternal	5 1 1 5 3 4 2 2	3 2 1 4 1 2	8 3 2 9 4 6 1 2 9	DEGREE.  I. DIRECT — Paternal	6 1 1 5 4 5 2 6 6 1 1	6 2 2 3 1 1	12 3 3 3 11 6 8 1 2 2
11. III.	DIRECT— Paternal	5 1 1 5 3 4 1 2 6 28 104	3 2 1 4 1 2 3 16 130	8 3 2 9 4 6 1 2 9 44 234	DEGREE.  I. DIRECT — Paternal	6 1 1 5 4 5 1 2 6 31 145	6 2 2 3 1 1 4	12 3 3 3 11 6 8 1 2 2 10
III.	DEGREE.  DIRECT— Paternal	5 1 1 5 3 4 1 2 6 28 104 23	3 2 1 4 1 2	8 3 2 9 4 6 1 2 9 44	DEGREE.  I. DIRECT — Paternal	6 1 1 5 4 5 1 2 6 31 145 35	6 2 2 3 1  1 	12 3 3 3 11 6 8 1 2 2 10 58

## APPENDIX III.—CHILDREN'S HOMES.

(Statistical table detached from the Annual Report of the Children's Committee in Vol. I.)

## STATISTICAL STATEMENT, 1900.

-		1	1						1
	mber ren ed ning y to nber,	Total.		510	249		83	13	795
	Total Number of Children admitted from opening of Home to 81st December, 1900.	Girls.		253	145	9	83	:	421
	Tota of from of 31st	Boys.		257	104	2	:	13	374
	ber,	Total.		123	9		20	13	196
	Remaining on 31st December, 1900.	Girls.		98	88		50	:	106
	Rei 31st l	Boys.		92	15		:	13	90
	p in it	Total.		. 00	C3		:	:	10
1889	Died during the Year.	Girls.		C)	0.1	THE PARTY NAMED IN	:	:	*
1 55	0	Boys.		-	:			1	-
EN.	ar.	Total.		20	-		63	:	4
DR	Trans- ferred to other Homes mder the Board during he Year	'ermo	-		-				
H	Trans- ferred to other Homes under the Board during the Year.	Boys.	1	20	- 22		89		4
CH		Priost		-:	:		:	:	:
NUMBER OF CHILDREN.	ans ar.	Total.		131	83		1	1	213
IBER	Discharged to the Guardians during the Year.	Girls		13	48		:	:	113
NUN	D 2 2	Boys.		99	34		:	:	100
	Trans- ferred from other Homes under the Board during the Year.	Total.		20	60		21		4
	The House	Girls.		20	60		21		44
1	the at the	Boys.		20	:				44
	ed no the	Total		143	81		60	13	240
EN	Admitted direct from the Guardians during the Year.	Girls.		9/	4		60	:	123
	di d	Boys.		67	97		:	139	1117
	age ury,	Total		114	4		19	:	1000
	Remaining on 1st January, 1900.	Girls.		49	23		19	:	74 100 174
	Re 1st	Boys.		65	6		-	:	7.4
	Date of Opening.			, ·	26 June, 1898		16 January, 1899	17 September, 1900	
1	eni			26 December, 1897	188		Y,	qu	30
	do			me.	of .		lar	ten	TOTALS
	to	200		Dece 1897	m		nu	Sept 1900	OT.
100	ate		1	A	3		Ja	15.00	E
1 241	Ä		1	56	56		91	17	
1									
ri.		Life Control		Sa.				, B	
HOMES.	manda a port			H 4	ate 1.	en.	lle 0.	ha	5
TO	me.		18.	ET.	204	dr	ivi	7	
H	a N	143	en	He on,	Ma	hil	ton	H	
	pu		es	lati	dat	0	en	65, de	
	8		val	me	mo	ine	H sal	ap sk	
1	oto	-14	000	Ho	Ho	ect	se,	d Road, 30 and 62 For Boys only.	
	crip		0	8 3	H. I	e e	Ou Fo	78 S	
	Descripton and Name.	- 10	IConvalescents.	ne	t Cliff House, Margat Total accommodation, 41.	7	H	gwood Road, Fullst Nos. 60 and 62 For Boys and 13	101
			1	Anne's Home, Herne F	Tot	II.—Defective Children.	yd House, Pentonville For Girls only. Total accommodation, 20.	SON SE	2
		ice have		S. Anne's Home, Herne Bay Total accommodation, 134.	East Cliff House, Margate Total accommodation, 41.	I	Lloyd House, Pentonville For Girls only. Total accommodation, 20.	Kingwood Road, Fulham, Nos. 60 and 62 For Boys only,	1 (1972)
	Maria de la Sala de la Companya de l	2000			-		-	-	

7,615

# APPENDIX IV.—TRAINING SHIP "EXMOUTH."

(Statistical tables detached from the Training Ship "Exmouth" Committee's Annual Report in Vol. I.)

TABLE I.—BOYS ADMITTED AND DISCHARGED.

1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1899 1890 1891 1892 1893 1894 1895 1896 1897 1898 1899 1900 1210 289 226 340 350 267 374 241 301 329 290 223 322 299 307 278 347 325 323 341 423	114 96 87 104 108 89 83 102 133 163 137 129 123 149 115 2,423 107 98 141 171 134 75 69 90 87 96 109 112 112 135 145 2,603	18 56 48 42 66 28 26 37 49 28 32 52 93		45 44 36 18 51 34 54 41 51 29 39 29 39	2 1 1 1 8 2 1 3 2 1 1 1 1 1	293 ST6 S27 225 270 267 308 SSS 350 300 307 STS 398 7,054	Total number of boys discharged 7,054 Remaining under training 31st December, 1900 561
1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1899 1890 1891 1892 1898 1896 1897 1898 1899 1899 1899 1899 1899 1899	96 87 104 108 89 83 102 133 163 137 129 123 149 115 98 141 171 134 75 69 90 87 96 109 112 135 146	18 56 48 42 96 28 26 37 49 28 32 52 93		44 36 18 51 34 54 41 51 29 39 29 39	1 1 1 8 2 1 8 2 1 1 1 1 1	376         325         270         267         308         338         350         300         307         373         393	1 1
1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1899 1890 1891 1892 1898 1896 1897 1898 1899 1899 1899 1899 1899 1899	96 87 104 108 89 83 102 133 163 137 129 123 149 98 141 171 134 75 69 90 87 96 109 112 112 135	18 56 48 42 06 28 26 37 49 28 32 52		44 36 18 51 34 54 41 51 29 39 29	1 3 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 3 1 1 1 1	376         325         270         267         303         338         350         300         307         373	1 1
1679 1880 1881 1882 1883 1884 1886 1887 1888 1889 1890 1891 1892 1894 1896 1897 1898 1899 290 289 290 307 278 347 325 383	96 87 104 108 89 83 102 133 163 137 129 123 98 141 171 134 75 69 90 87 96 109 112 112	18 56 48 42 66 28 26 37 49 28 32		44 36 18 51 34 54 41 51 29	1 1 3 5 1 8	376         325         270         267         308         338         350         300         307	
1679 1880 1881 1882 1883 1884 1885 1886 1887 1888 1899 1890 1891 1892 1898 1894 1895 1896 1897 189 1890 1891 1892 1898 1894 1895 1896 1897 1898 1899 1899 1899 1899 1899 1899	96 87 104 108 89 83 102 133 163 137 129 98 141 171 134 75 69 90 87 96 109 112	18 56 48 42 06 28 26 37 49 28		44 36 18 51 34 54 41 51 29	1 1 3 5 1 8	376         327         225         270         257         308         338         350         300	Total number of boys discharged Remaining under training 31st December, 1900
1679 1880 1881 1882 1883 1884 1885 1887 1888 1889 1890 1891 1892 1898 1896 1896 1896 1896 1896 1896 1896	96 87 104 108 89 83 102 133 163 137 88 137 138 171 134 75 69 90 87 96 109	18 56 48 42 06 28 26 37 49		44 36 18 51 34 54 41 51	1 3 2 1	376 327 225 270 267 303 538 350	Total number of boys discharged Remaining under training 31st December, 1
1679 1880 1881 1882 1883 1884 1885 1887 1888 1889 1890 1891 1892 1894 1895 189 1890 290 289 290 307 278	96 87 104 108 89 83 102 133 163 98 141 171 134 75 69 90 87 96	18 56 48 42 06 28 26 37	1	44 36 18 51 34 54	1 1 1 8 2	376 327 225 270 267 308 338	Total number of boys discharged Remaining under training 31st Decen
1679 1880 1881 1882 1883 1884 1885 1887 1883 1889 1890 1891 1892 1894 1894 1895 1895 1895 1895 1895 1895 1895 1895	96 87 104 108 89 83 102 133 88 141 171 134 75 69 90 87	18 56 48 42 96 28		44 36 18 51 34	1 1 1 8	876 827 225 270 257 308	Total number of boys discharge Remaining under training 31st
1679 1880 1881 1882 1883 1884 1885 1886 1887 1888 1889 1890 1891 1892 1898 189 289 289 289 289 289 289 289 289 289 2	96 87 104 108 89 83 102 98 141 171 134 75 69 90	18 56 48 42 96		44 36 18 51	1 1 1	376 327 225 270 257	Total number of boys disc Remaining under training
1679 1880 1881 1882 1883 1884 1885 1886 1887 1888 1889 1890 1891 1892 210 289 226 340 350 326 207 374 241 301 329 290 223 322	96 87 104 108 89 83 88 141 171 134 75 69	18 56 48 42		88 81	1 1 ::	876 827 225 270	Total number of box Remaining under tr
1679 1880 1881 1882 1883 1884 1885 1886 1887 1883 1890 1891 1891 1890 1891 1890 1891 1890 1891 1890 1891 1890 1891 1890 1891 1891	95 87 104 108 98 141 171 134	18 56 48	1	\$	1 1	376 327 225	Total number Remaining un
1879 1880 1881 1882 1883 1884 1886 210 289 226 340 350 326 267	88 141	18 56	1	4	1	376 327	Total nu Remaini
1879 1880 1881 1882 1884 1886 210 289 226 340 350 326 267	88 141	18 56	:			376	To
1879 1880 1881 1882 1884 1886 210 289 226 340 350 326 267	88 87	18		19	01	-	
1879 1880 1881 1882 1884 1886 210 289 226 340 350 326 267	8 8					61	
1879 1880 1881 1882 1884 1886 210 289 226 340 350 326 267	14 7		1	2	-	260	
1879 1880 1881 1882 1884 1886 210 289 226 340 350 326 267	1114	13	:	49	42	330	
1679 1880 1881 1882 1883 1884 210 289 226 340 350 326	128	3	1	89	01	306	-
1879 1880 1881 1882 210 289 226 340	8 8	19	01	25	01	318	
1879 1880 188	至 8	7.	:	88	1	344	
1879 1880 188	155	94	1	57	-	820	
210	98 201	55	24		4	266	
8 1879	72 73	17	40	19	:	258	
90 00	00 10		1	30	-	185	
1878	1 196	6	01	17	03	187	
194 494	0 000	= =	de la	\$3	2.2104	59	
1876	1 62		-	12		82	
Year	Discharged to Royal Navy  Discharged to Mercantile  Marine, of whom 70  were enrolled in Royal  Naval Reserve	Discharged to Army as	Discharged to situations, of whom 9 subsequently went to sea	Discharged to Unions by order of respective Boards of Guardians and Committee		Totals	

The number of boys discharged during the last 18 years averages 335 per year.

## TABLE II.

Number of boys admitted from each of the metropolitan unions and parishes and from country unions during 1900 and during the whole time the ship has been established.

Year ending Dec. 31st, 1900.	Union or Parish.	From Mar 31st, 1876, to Dec. 31st, 1900.	Year ending Dec. 31st, 1900.	Union or Pa	From Mar. 31st 1876, to Dec. 31st 1900.	
1-11	Number of boys in the ship when it was taken over		Bro. 346	Brough	t forward	7,320
	from the managers of		1	Bedford		18
	the Forest Gate School		5	Strood		38
	District	12		Medway		21
			11	Kingston		39
	Metropolitan Unions.		-	St. Albans		2
-	City of London	117	-	Martley		3
11	Fulham	254	2	Worcester		18
19	Greenwich	398		Brentford		9
19	Hackney	258	1	Richmond		10
32	Holborn	251	-	Gateshead		1
4	Hammersmith	8	-	Bicester	***	1
17	Lewisham	617		Hendon		1
14	Mile End	191		Hambledon		1
4	Poplar	377	1	Epsom		4
1	St. George's-in-the-East	124		Leeds		1
3	St. George's Union	266		Dewsbury		2
1	St. Giles, Bloomsbury	39	1	Watford		7
41	St. Giles, Camberwell	401	-	Warwick		1
1	St. John, Hampstead	30	4	Crovdon		6
2	St. Leonard, Shoreditch	137	-	Haslingden		1
2	St. Luke, Chelsea	150	3	Eastbourne		4
12	St. Mary, Islington	237	5	Isle of Thanet		12
6	St. Mary Abbots, Kensington	188	6	Maidstone		16
32	St. Mary, Lambeth	433	2	Gravesend		4
13	St. Marylebone	490	1	Steyning		4
4	St. Mary, Paddington	141	22	West Ham		52
17	St. Matthew, Bethnal Green	190	1	Chelmsford		3
12	St. Olave's	268	-	Newbury		_
19	St. Paneras	439	1	Kettering		2
12	St. Saviour's	416	_	Reigate		_
4	Stepney	102	1	Chippenham		2
2	Strand	32	1	Westhampnett	*** ***	2 2 2 1
26	Wandsworth and Clapham	213	1	Dorking		2
8	Westminster	55	-	Banbury		
8	Whitechapel	152	2 2	Thakeham	***   ***	2
3	Woolwich	318	2	Derby		2
			1	Cuckfield		1
	Country Unions.		1	Brighton		1
1	Willesden	2	1	Orsett		1
	Stockport	2			1000	
2	Bromley	12				
ar. } 346	Carried forward	7,320	Total 423	Total		7,615

Admissions from country unions commenced only in the latter part of 1892.

TABLE III.—BOYS SHIPPED FROM THE SHIPPING HOME.

Year.	Number Shipped.	Year.	Number Shipped.	Year.	Number Shipped.	Year.	Number Shipped,
1876	53 19 126 115 105 107 109	Bro. for 1883 1884 1885 1886 1887 1888 Car. for,	634 96 106 91 107 93 141 1,268	Bro. for 1889 1891 1892 1893 1894 Car. for	1,268 171 134 75 69 90 87	Bro. for 1895 1897 1898 1899 1900 TOTAL	1,894 96 109 112 112 135 145

TABLE IV .- SPECIAL GOOD CONDUCT AND ABILITY PRIZE LIST.-Prize Day, 25th June, 1900.

DESTINATION.	Still on board.	M. Marine.	Ditto.	Still on poard.	Ditto.	Ditto.	Army.	M. Marine.	Royal Navy.	Still on board.	M. Marine.	Royal Navy.	M. Marine.	Royal Navy.	M. Marine.	Ditto.	Still on board.	
QUALIFICATIONS.	Selected by the officers for general smartness and ability. He received no less than 28 votes out of 29 officers. He is probably the	best boy on board  Was a first-rate captain of division, and is now a most careful and attentive captain's	A smart all-round lad, good not only in school,	A first-rate petty office, and the smartest sub-	An exemplary captain of division; always clean	Most trustworthy and well-behaved 1st class	A capital chief petty officer, and sergeant of	An excellent captain of division, and	The boy won his rating as chief petty officer in	A very good 1st class petty officer; sick berth	An excellent, steady, and hardworking petty	A first-rate coxswain of a boat, and pulls the	Very coar in one surp.  Very good chief petty officer, and captain of	Was promoted to rank of chief petty officer	A smart captain of division; an excellent and	An excellent chief petty officer; the oldest	Selected by his shipmates, and deserves it	
KINDLY GIVEN BY	Sir E. Galsworthy, J.P.	R. Strong, Esq., J.P.	A Member of the	Ъ	The Managers	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	From Capt. Brown's Legacy	
PRIZE.	Silver Watch ("Brewer Prize")	Silver Watch (Most Useful Boy)	Silver Watch	Silver Watch	Silver Medal	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Silver Watch (Popular Boy)	
RANK.	Wandsworth Chief Petty Officer	Ditto	Ditto	Bethnal Green 1st Class Petty Officer	Chief Petty Officer	City of Lond'n 1st Class Petty Officer	Chief Petty Officer	Ditto	Ditto	BethnalGreen 1st Class Petty Officer	Ditto	Ditto	Chief Petty Officer	Ditto	Ditto	Ditto	Ditto	
UNION OR PARISH.	Wandsworth	St. Pancras	St. George's	Bethnal Green	Strood	City of Lond'n	Paddington	BethnalGreen	Kingston	BethnalGreen	St. George's	Kingston	Wandsworth	Paddington	St. Pancras	Lewisham	Strood	
No. on Watch Bill.	25	109	101	33	424	392	471	571	290	25.53	484	376	283	2963	940	548	424	
No. on Ship's Books.	1999	6130	8909	6249	6714	6703	6543	6440	6371	6550	1899	6372	6545	6525	8629	9809	6714	
NAME.	G. Fysh	A. Burton	C. Cheshire	J. Cuthbert	J. Holland	J. Davis	G. Martin	E. Sullivan	L. Rowatt	J. Haskell	V. Sparrow	C. Rowatt	F. Elliott	S. Bryant	J. Austin	J. Tyrrell	J. Holland	
Order of Merit.	-	01	00	4	9	9	1-	00	0	10	11	12	13	14	15	16	17	

## TABLE V.—CERTIFICATES OF MERIT.

The undermentioned boys were honourably mentioned in the following order of merit for good conduct and ability in various ways.

These would have been awarded prizes next to those who have received medals if there had been sufficient, but the number has been properly limited.

These lads had the honour of being presented with a certificate of merit for conduct and ability.

No. on Ship's Books.	Name.	No. on Watch Bill.	Destination.	No. on Ship's Books.	Name.	No. on Watch Bill.	Destination.
6476	S. Applin	184	M. Marine.	6855	J. Burns	159	Army.
6378	J. Watson	384	Royal Navy.	6492	H. Thomas		Still on board
6732	W. Eldon	0.50	M. Marine.	6695	C. Fearn	26.76.70	M. Marine.
7106	R. Bayley	200	Still on board.	6952	R. Roberts	2 200	Still on board
6725	W. Edev	31	n	6718	A. Smith	33.0	**
6680	A. Watson	149		6947	H. Pullman		"
6107	A. Davis	41	Army.	6897	E. Barton	- more	11
6518	F. Amos	102	M. Marine.	6736	A. Tite	P. (0/2)	M. Marine.
7138	H. Willsher	TOO.	Still on board.	6622	L. Webb	80.0	**
6552	J. Aldridge	74	M. Marine.	6405	W. Banks	. 117	**
6095	T. Brailsford	233	,,	6605	W. Hornbuckle	mon	"
6604	W. Jackson	280		6463	J. Boddington	248	Still on board
6647	F. Box	452	Union.	7030	G. Seddon		Royal Navy.
6580	J. Read	292	M. Marine.	6127	R. Taylor	0.10	M. Marine.
7171	E. Enright	600	Royal Navy.	7121	G. Beard	. 265	
6277	J. Quinton	569	Still on board.	6802	Cl Channell	222	Still on board
6869	W. Price	106	Royal Navy.	6891	A. Putman	2000000	**
6142	A. Stevens		M. Marine.	7113	THE MELLS	. 29	Army.
6949	J. Hollingdale	382	Royal Navy.	6743	E. Turner	447	Still on board
7228	C. Cudby	422	Army.	6810	A. Reid	400	11
6672	W. Chalk	. 83	,,				

### TABLE VI.

The boys discharged to the army since 25th March, 1876, joined the undermentioned regiments as band boys, viz.:—

,	to the	David Harry Antillani		a the	10th Hannes	**		Walah Badii a Baad
		Royal Horse Artillery.			19th Hussars. 20th Hussars.	11		Welsh Fusiliers, Royal.
24	**	Royal Artillery.	9 2	11		32	**	Welsh Regiment.
1	11	Royal Engineers.		33	21st Hussars.	1	33	West Riding Regiment.
6	**	Dragoon Guards.	8	11	Grenadier Guards.	6	**	East Lancashire Regiment.
1	9.9	3rd Hussars.	4	70	Coldstream Guards.	5	99	Loyal North Lancashire
1	**	4th Hussars.	1	9.9	Scots Guards.			Regiment.
2	**	5th Lancers.	20	33	Argyle and Sutherland	17	33	South Lancashire
1	**	11th Hussars.	1		Highlanders.			Regiment.
6		Berkshire Regiment, Royal.	. 7	33	Northumberland Fusiliers.	3	22	Lancashire Regiment,
16		Border Regiment.	13		Oxfordshire Light Infantry.			Royal.
10		Cheshire Regiment.	17	22	Rifle Brigade.	7	. 33	Leicester Regiment.
44	**	Connaught Rangers.	19	22	Royal Fusiliers.	4	11	Leinster Regiment.
21	,,	Derbyshire Regiment.	3	23	Royal Highlanders.	4	***	Lincolnshire Regiment.
9 32	**	Devonshire Regiment.	1	**	Royal Marine Light	3	- 11	Liverpool Regiment.
9	**	Dorsetshire Regiment.			Infantry.	63	**	Manchester Regiment.
32	**	Dublin Fusiliers, Royal.	40	33	Scots, Royal (Lothian	14	23	Middlesex Regiment.
7	**	Duke of Cornwall's Light			Regiment).	2	**	Munster Fusiliers, Royal.
		Infantry.	21	22	Scots Fusiliers, Royal.	6	**	Cameron Highlanders.
14		Durham Light Infantry.	5	11	Scottish Rifles.	11	11	Northamptonshire
34	**	Essex Regiment.	2 8		Seaforth Highlanders.	1000		Regiment.
5		Gloucestershire Regiment.	8		Shropshire Light Infantry.	- 6	**	Wiltshire Regiment.
12 5 7	**	Gordon Highlanders.	22	11	Somersetshire Light	9	**	Worcester Regiment.
5	**	Highland Light Infantry.			Infantry.	21	**	York& Lancaster Regiment.
7	***	Inniskilling Fusiliers,	1	**	Staffordshire Regiment,	27	11	Yorkshire Light Infantry.
		Royal.	10/3		North.	9	**	Yorkshire Regiment.
19	.,	Irish Fusiliers, Royal.	16		Staffordshire Regiment,	13	**	East Yorkshire Regiment.
10		Irish Rifles, Royal.		***	South.	8	31	West Yorkshire Regiment.
9	**	Kent Regiment, East.	21	**	Suffolk Regiment.	1	**	Army Hospital Corps.
5	11	Kent Regiment, RoyalWest.	7	11	Surrey Regiment, Royal	11	**	Royal Army Medical Corps.
5	",	King's Own Scottish		"	West,	9	**	Surrey Regiment, East.
	"	Borderers,	25	**	Sussex Regiment, Royal.	5	33	Bedford Regiment.
21	***	King's Royal Rifle Corps.	16	11	South Wales Borderers.	-		bearing megament.
37		Lancashire Fusiliers.	35	11	Warwickshire Regiment,	1.0	000 7	Cotal.
1	11	13th Hussars.	-	11	Royal.	-		- Contract
-	**							

## TABLE VII.—SCHOOL PRIZE LIST.

	Standard or Class.	No. on Ship's Books.	Name.	No. on Watch Bill.	Prize.	Union or Parish.	Destination.
1	VI.	6058	C. Cheshire	191	s. d. 5 0	St. George's	M. Marine.
	**	6802	C. Stygall	222	5 0	Wandsworth	course on house
	57	7060 6932	W. Baker E. Stretton	105	3 0	Poplar	Army.
ı	**	7180	G. Laws	67	2 0	Camberwell	Royal Navy.
	33	7200 6804	F. Batt	58	2 0	Wandsworth	Still on board.
	"	7341	G. Timms F. Chitty	561 494	1 0	Kingston	"
1							
	V.	7113 5986	W. Mills J. Tyrrell	29 548	5 0	Greenwich Lewisham	Ar Armina
ı	**	7155	W. Baker	3	3 0	Fulham	Th
L	**	6718 7177	A. Smith	116 121	3 0	Bedford	Th 1 Mineral
ŀ	**	6827	H. Evers S. Goodman	196	2 0	Holborn	
١	"	7034	W. Lowrie	529	1 0	St. Saviour's	Friends.
ı	**	6730	D. Spaul	214	1 0	Fulham	M. Marine.
1	IV.	6648	E. King		5 0	St. Saviour's	,,
ı	***	6925 6622	C. Sewell	70	5 0	Camberwell	
ı	**	6887	S. Harrison	450	5 0	Holborn	
	,,	6975	H. Latham	245	3 0	Fulham	Army.
	",	6893 7042	R. Harvey	990	3 0	Holborn Lewisham	CHAIN Land
	**	7192	C. Riches	428	3 0	West Ham	Th 1 Min
	**	7116	A. Wright	50	2 0	Whitechapel	
	**	7013 7171	F. Pye E. Enright	gna	2 0	Paddington St. Saviour's	77 1 37
1	"	7276	E. Turtlebury	162	2 0	Islington	C14.111 1
1		6997 7100	F. Dakin F. Illing	105	1 0	St. Olave's	
4	**	7009	E. Busby	9.4	1 0	Kensington	1
1	"	6675	A. Jackson	170	1 0	St. Saviour's	** ** ** * * * * * * * * * * * * * * *
1	Passed out of	)			1	7 7 7	
	Standard IV.	10010	J. Watson	1444	5 0	Lewisham	,,
ı	"	6472 6130	H. Smith	100	5 0	St. Pancras	Mr. Mandana
ı	"	6082	J. Moir	478	5 0	Hackney	
ı	,,	6564	G. Fysh		5 0	Wandsworth	Still on board.
١	**	6714	J. Holland E. Sullivan	6.754	3 0	Strood Bethnal Green	3.6 3.6
	'.	6348	H. Bowers	573	3 0	Kingston	73 1 37
1	,	6896	G. Shakeshaft A. Watson	140	3 0	Holborn Eastbourne	PH. 199
ı	"	6680 6095	T. Brailsford	000	2 0	Paddington	35 35
1	,,	7090	F. Adams		2 0	St. George's, E	A continued
1	"	6543 7204	G. Martin W. Compton	450	2 0	Paddington	Th
1	"	6604	W. Jackson	. 280	2 0	St. Paneras	
1	**	6424	J. Smith	91	1 0	Mile End	Royal Navy.
۱	",	7063 6858	W. Wright W. Motteram	0.00	1 0	St. Paneras	1 11 11 - 11 I
ı	"	7086	F. Brand	400	1 0	Lewisham	34 34
	"	6905	J. Price	402	1 0	St. Pancras	M. Marine.
	III.	6944	E. Beddingham	43.0	4 6	St. Saviour's	
	**	6920 6974	B. Jowers T. Latham	005	3 0	West Ham	The second secon
	"	6608	A. Sharpe	418	3 0	St. Paneras	Friends.
	"	6741	R. Johnson	670	2 0	Islington	10 1 Minus
	"	6706 6850	A. Adrian	. 599	1 0	Hackney	COLUMN TO A COLUMN TO
	",	6722	C. Eames	172	1 0	St. Paneras	. ,,
		6967 6685	W. Bass F. Elliott	0.0	1 0	Marylebone Greenwich	
	"				101		
	II.	6968 6674	C. Hayward J. Gillard	010	4 0	Marylebone	M Manine
	"	6960	F. Higgs	. 9	3 0	Lambeth	. Still on board.
	11	7037	S. Hazell W. Chalk	00	3 0	Kingston	A CONTRACTOR OF THE PARTY OF TH
	"	6672 6922	W. Chair W. Beard	900	2 0	St. Pancras	Daniel Marin
	"	6855	J. Burns	. 159	1 0	West Ham	. ,,,,
	11	6914	H. Webb	. 136	1 0	Islington	Army.
	I.	6762	W. Fern		3 6	City of London	Still on board.
	11	6834	F. Moule	3 DW	3 6 2 6	St. Paneras	
	"	7051 6999	D. Edgington A. Mansfield	00	2 6	Lambeth	,
	"	6854	A. Rutter	307	1 0	West Ham	Royal Navy.
	**	6133	C. Clarke	468	1 0	St. Paneras	M. Marine.

## TABLE VIII .- BAND COMPETITION.

			Nam	e, &c.						No. on Ship's Books.	Union or Parish.	Destination.
For best	read	ing and play	ving at s	sight_								
		. Rolfe		-						6368	Wandsworth	Army,
55	9. H	B. Holt						***		7019	West Ham	Royal Navy.
47	0. P	. Farndell	***	***	***	***			***	7049	", "	"
		ral knowled		usic-								
		V. Beard		***	***	***	***		***	6922	St. Pancras	Royal Navy.
		. Vincent			***	***	***	111	444	7286	Mile End	,
	7. A	. Bremner	***	***	***	***	***	***		7289	33 *** ***	Army.
		ormance in p	playing :	a solo-								
		. Reid			***	***	***	111		6810	Mile End	Still on board
		I. Moore		***	***	101				7020	West Ham	Royal Navy.
18	9. H	I. Strong			***		***	***	***	6753	St. Paneras	Friends.
		progress in :	2nd Clas	s Bane	d-							
100	6. G	. Monkley	***	***		***				7176	Holborn	Royal Navy.
		. Lane	111	***		44-			100	6654	Fulham	Army.
		V. Sharman	***	***	***	****	***	***	200	6895	Holborn	Royal Navy.
8	7. G	. Shakeshaf	t		***		***	***	***	6896	99 101 411	Army.
For quick	est	progress in	3rd Clas	s Banc	1-							
50	5. A	Halling	***		***	***	***	***	444	7148	St. Pancras	Army.
		. Eames		***	***	***			***	6722	.,	Still on board
		. Yetton				***				7244	Bethnal Green	Royal Navy.
	3. W	V. Baker		***	***	***	***	***		7155	Fulham	"
		Sugle Band-										
		Jowers	***	***	***	***		***	***	6920	West Ham	M. Marine.
		V. Mills	* ***	***	***	***	133	***		7113	Greenwich	Army.
		Davis	***	***	***					6107	St. George's	
26	4. A	Cross		***	***			***		6710	Woolwich	Still on board
	hav	e taken gre	atest car	re of th	heir in	strum	ents-					6-11
Boys who		. Martin	***	***		***				6543	Paddington	
	1. G									6678	City of London	Royal Navy.
47		. Davis	***		111							
47 31	6. G	Davis . Goodman		***				***		6827 6753	Islington	Friends.

## TABLE IX .- SWIMMING COMPETITION AND PRIZE LIST.

No. on Ship's Books,	Name.	No. on Watch Bill.	Union or Parish.	Lengths.	Distance swum in one hour.	Destination.
6142 6397 6695 6107 6961 6604 6689 6525 6476 6593 6672 6463 6774 6791 6980 6440	A. Stevens T. McClarence C. Fearn A. Davis C. Beard W. Jackson C. Taylor S. Bryant S. Applin J. Austin W. Chalk J. Boddington C. Jeans W. Ehm T. Stent E. Sullivan	77 228 41 490 280 46 263 184 42 83 248 539 286	St. Saviour's Bethnal Green Camberwell St. George's Lambeth St. Pancras Camberwell Paddington City of London St. Pancras Fulham Marylebone St. Pancras Lewisham Wandsworth Bethnal Green	128 126 122 120 118 118 116 114 112 112 112 110 110 110 92 83	1\frac{1}{4},  80  \	M. Marine. Army. Still on board M. Marine. Royal Navy. M. Marine. Still on board M. Marine. Still on board Royal Navy.

This year the prizes were awarded to the boys who swam the longest distance in one hour, and the following is the list of prize winners:—

1st	Prize		Α.	Stevens			Silver	Wate	h, pr	esente	ed by	Ship C	ommitt	ee.		
2nd			T.	McClare	nce		Silver	Meda	al, pre	sente	d by	Mr. Jos	seph Wa	alto	n, Medal	llist.
3rd	**			Fearn	***		15/-	1								
4th	11			Davis			10/-									
5th	**			Beard			6/3 }	Pie I	- Allo	wed I	by Co	mmitte	ee.			
6th	11			Jackson	n.,			LIC								
7th	**	***	C.	Taylor	**	***	2/6	)								
	Number	of	boy	s who co	uld n	ot s	swim, 1	st Ja	nuary	, 1900		***	***	***	65	
	Number	of	boy	s admitt	ed in	190	00					***	***	***	422	
													Total	***	487	

## TABLE X.—GYMNASTIC COMPETITION AND PRIZE LIST.

No. on Ship's Books.	Name.	No. on Watch Bill.	Union or Parish.	No. of Marks obtained.	Prizes.	Destination.	
6476 6095	S. Applin	184	City of London		Silver watch*	Mercantile Marine.	
6127	T. Brailsford		Paddington	0.0	15s	,, ,,	
6440	R. Taylor	- man	St. Pancras		10s	,, ,,	
	E. Sullivan		Bethnal Green		7s. 6d	22 22	
6142	A. Stevens		St. Saviour's		58	,, ,,	
6130	A. Burton	. 109	St. Pancras	66	2s. 6d	,, ,,	

<sup>\*</sup> Kindly given by James Brown, Esq.

## TABLE XI.—AMBULANCE COMPETITION AND PRIZE LIST.

		s. d.		s. d.
First examination .	James Cuthbert	6 0		2 0
,,	George Fysh	5 0	,, Philip Couchman	2 0
	( Arthur Honess	3 6	,, Frank Weatherley	2 0
	Charles Webb	3 6	,, Joseph Holland	2 0
	Walter Edey	3 6	,, James Gillard	2 0
	Leonard Rowatt	2 6	(Absalom Burton	2 0
	nal examination		Harold Targett 48.	

## Table XII.—Particulars of Old Boys who have visited the "Exmouth" and of others of whom information has been obtained during 1900.

	0.00	Olling	OI II	HOM INTORM	ALION	nas bhan	OBTAINED DURING 1800.
-	No.	Name.	No. on Ship's Books.	Union or Parish.	Date when heard of, or visited ship.	Reported by	Remarks.
\$5.00.00 BOX \$1.00 BOX \$1.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 33 34 35 36 36 36 36 36 36 36 36 36 36 36 36 36	E. Skelton F. Coker T. Hill C. Clarke G. Taylor J. Carroll H. Guy C. Krôeger W. Long A. Heald G. Worth M. Gombrick W. Evason C. Banks J. Dixon W. Chapple D. Thorne H. Greig H. Hook G. Willsher E. Humphries J. Smith A. Gordon S. Smith A. Gordon S. Smith A. Gordon J. Farley A. Bowes B. Hales J. Moore F. Finch R. Stead E. Aird P. Bower S. Dowsett J. Heritage P. Bower S. Dowsett J. Heritage	5579 4806 6262 6131 3556 5832 6449 6456 1910 4471 5264 4286 2928 5577 6275 6460 4493 6367 5516 65719 6811 6495 6227 6525 6342 5609 6594 7143 5140 6404 6399 5699	Medway Brentford Popiar Islington St. Pancras St. George's St. Saviour's Holborn Greenwich Greenwich Islington Greenwich Islington Lewisham St. George's Hammersmith St. Pancras City of London Hackney Medway Mile End Islington Camberwell Lewisham Holborn Woolwich St. Pancras Stepney Fulham Hackney Greenwich Woolwich St. Pancras Stepney Fulham Hackney Greenwich Woolwich St. Pancras St. Saviour's Mile End St. Saviour's Mile End St. Saviour's Mile End	1 Jan. 2 " 5 " 10 " 10 " 11 " 11 " 12 " 25 " 25 " 25 " 25 " 25 " 25 " 25 " 2	Visited ship.  """""""""""""""""""""""""""""""""""	Doing exceedingly well in the s.s. "Joshua Nicholson." Doing exceedingly well in the army. Is now a 1st class petty officer in H.M.S. "Sans Pareil." Is now a leading seaman in H.M.S. "Sans Pareil." Doing very well in royal navy; is now acting gymnastic instructor. Is now seaman gunner in H.M.S. "Sans Pareil." Doing well in the army as bandsmen. Doing well in the army as bandsmen. Doing very well in the s.s. "Envoy." Doing very well in the s.s. "Yola."  Doing very well in H.M.S. "Pembroke" as domestics.  Doing well in the mercantile marine. Doing very well in the army as a band boy. Doing very well in the royal navy. Doing well in the mercantile marine. Doing well on shore at a tinsmith's. Doing well on shore as a warehouseman. Doing well on shore as a vanboy.
0	37	G. Hoperoft	200000		16 ,,	" "	Doing well on shore at a bellmaker's.  Doing very well indeed in the royal navy
1	38	A. Coyle	0000		16 ,,	" }	as domestics.
1	00	S. Bishop	0181	Kensington	16 ,,	,, ,	as domestes.
1	-						

				Date		
		No. on	BELLEVE CO.	when	STREET - THE	
No.	Name	Ship's	Union or Parish.	heard	Reported by	Remarks.
		Books.	Salar Salar	of, or visited		The same of the sa
	1180. Sentiment		294112	ship.		
40	H. Connor	5230	Chelsea		Visited ship	Doing very well indeed in the royal navy as bluejacket.
41	F. Banks W. Edwards	2960 4514	St. Saviour's	10	,,	Is a 1st class petty officer in the royal navy.
43	J. Cowen	5367	Hackney St. Saviour's		", "	Doing well on shore as a capsule maker.  Doing well on shore as a carman.
44	A. Lane	4629	City of London	16 ,,	,,	Doing well in mercantile marine.
45 46	G. Wetherly W. Holmwood	5614 5762	Strood St. Saviour's		.,	Doing well on shore as a painter.  Doing well on shore as a carman.
47	E. Pullen	2921	Lambeth			Daines were well indeed in the Townsontile
48	J. Blackie	4903	St. Saviour's	16 ,,		Doing well on shore as a chaffcutter.
49 50	F. Adams	5025	Lambeth		,,	Doing well in mercantile marine.
51	W. Adams W. Vickery	2244 3097	St. George's, E. Paddington	16 ,,	,,	Doing well on chose at a seconomicante
52	T. Comer	5203	Fulham	2.00	,,	Doing well in mercantile marine.
53 54	E. Amos	3196 5903	Lewisham	10	33	Doing well on shore as a carman.
55	W. Hynes W. Green	5972	St. Paneras	16 ,,	***	Doing well on shore as a plumber's mate.  Doing well on shore as a billiard marker.
56	J. Berry	4742	Camberwell	1 May	7	Doing well in the Royal Horse Artillery.
57 58	R. Spinks A. Woodnutt	6225	St. Saviour's Kingston	9.00	"	
59	W. Baldwin	6285	Kensington	24 ,,		Doing well in mercantile marine.
60	H. Seale	6342	Holborn	25 ,,	,,	
62	W. Tagg J. Glasgow	6785 5767	Lewisham St. Marylebone	27 ,,	, J	Doing well on shore; wants to go to sea again.
63	W. Hall	6209	Camberwell	3 Jun.	erar "contill	Doing well in mercantile marine.
64 65	R. Cleft A. Jennings	6439 5905	Bethnal Green Fulham	3 ,,	" }	Doing exceedingly well in the army.
66	T. Richardson	5118	St. Saviour's	4 ,,	"	Doing well on shore in an ironfoundry.
67	J. Goodman	6232	Hackney	4 ,,	,,	Doing well in the mercantile marine.
68	B. Brooks E. Webber	5835 4639	St. George's Fulham		,,	Doing very well on shore as a waiter.  Doing very well on shore as a paper-maker.
70	H. Ryder	4935	St. Pancras	4 ;;	" …	Doing very well on shore as a grocer's assistant.
71	W. Ryder	4936		4	.,	Doing very well on shore as a vanboy.
72 73	H. Green G. Read	5934 5171	Lewisham	4	,,	Doing very well in the army as a band boy.  Doing very well in the royal navy as band boy.
74	A. Stiff	5795	Strood	4 ,,	" "	Doing very well in the mercantile marine.
75 76	A. Moule	6174 4902	Camberwell	4 "	,, f	Doing very well on shore as a chaffcutter.
77	J. Lackey E. Spanner	2011	St. Saviour's Hackney	4 ,,	", …	Doing very well on shore as a plumber.
78	W. Baldwin	6861	Kensington	4 ,,	11 12	Doing very well in mercantile marine.
79	A. Bethray J. Cotton	6019	Fulham Chelsea	9 "	" }	Doing very well in s.s. "British Prince,"
81	A. Sparrow	6035	St. George's	10 ,,	" "	Doing very well in s.s. "Gothic."
82 83	F. Jewell R. Lawler	5229	Chelsea Woolwich		,,	Doing well ashore as a railway porter.  Doing well in royal navy.
84	H. Beard	6146	Lambeth			Doing wen in royal navy.
85	G. Twitchell	6143	St. Saviour's	6 ,,		All doing well in the Manchester Regiment
86 87	B. Price J. Chivers	6838 7259	St. George's, E. Hackney	6	" 1	as band boys.
88	D. Newcombe	6612	W. & Clapham	6 ,,	1 1	
89 90	T. Boddy A. Leonard	5163 1851	Poplar Lewisham	8 ,,	10	Doing very well on shore.  Doing exceedingly well on shore as a grocer.
91	J. Moore	5140	Fulham	0		Doing exceedingly well in the R.M.S.
92	G. Hopkins	5510	St. Saviour's	11	l land	"Orizaba." Doing very well in the royal navy as a band
93	W. Chamb	6275	W. W	11		boy.
94	R. Stead	6399	Greenwich	4.0	" )	Doing very well in the mercantile marine.
95	W. Williams	6927		15 ,,		
96 97	G. Taylor A. Leonard	6131 1851	St. Pancras Lewisham	10	19 19 19 19	Doing very well in royal navy as a band boy.  Doing well on shore as a grocer.
98	C. Rogers	2825	St. Olave's	19 ,,	" "	Doing very well in royal navy, H.M.S.
100	H. Lawrence H. Smith	3u35 6472	Lambeth	19 ,,	. 1	"Powerful"; just home from South Africa.  Doing well in royal navy as domestic.
101	A. Ibberson	emon.	Bloomsbury Kensington	200		Doing well in mercantile marine.
102	S. Mortlock	5598	Whitechapel	24 ,,		Doing well in royal navy as band boy.
103	W. Lucas	6694	Lambeth		2 67	Doing well on shore.
105	F. Philips	5553	Kensington	29 ,,	}	Doing exceedingly well in mercantile marine
106	A. Bingon	0.000	Islington	17	"	100 (100 Land 100 Lan
107	J. Smith W. Livett	6424 7104	Lambeth Hammersmith	H	" }	Doing well in the mercantile marine.
109	W. Wookey	6957	Lambeth		;; ]	D. L. W. L.
110 111	T. McClarence	7397 6594	Bethnal Green St. Pancras	12 ,,	,,	Doing wall in mountails maxima
112	J. Rowland	7394	Bethnal Green	12 ,,	"	Doing well in royal navy as domestic.
113	H. Aldrick	0700	Islington	(N. N.		Daine wall in maniantile marine of "Min
114	C. Andrews	5729	Marylebone	24 ,,	,,	Doing very well indeed in royal navy as
-	1			le	1	signalman.

No.	Name,	No. on Ship's Books,	Union or Parish.	Date when heard of, or visited ship.	Reported by	Remarks.
115 116 117 118 119 120 121 122 123 124	W. Hall A. Humphries J. Lacey R. Lawler B. Brooks E. King C. Rowatt G. Cobb F. Leon F. Russell	5835 6441 6372 6559	St. George's Woolwich St. Saviour's Woolwich St. George's Bethnal Green Kingston Medway St. Paneras	25 25 26 26 1 Sep. 1 6	Visited ship	Doing well on shore, Doing well in mercantile marine. Doing very well in royal navy as bluejacket. Doing well on shore as a waiter. Doing well in mercantile marine, s.s. "Lake Erie." Doing well in royal navy as domestic. Doing well in mercantile marine. Doing very well on shore. Is a first class petty officer, H.M.S. "Pem-
125 126 127 128 129 130 131 132 133 184 135	W. Lilley W. Palmer T. Shill H. Ramsden C. Back M. McCarthy A. Stiff F. Hammond W. Wilson A. Shields H. Seal	6300 6607 6358 5980 5795 6515 5837 5134 6346	St. Saviour's th" Boy St. Paneras St. Saviour's Paddington Strood Camberwell St. George's Bethnal Green Holborn	7 9 16 19 24 11 Oct. 12 16 21 22		broke." Doing very well in army as band boy. Doing exceedingly well on shore. Doing well on shore as a printer. Doing well in mercantile marine. Doing well on shore as a waiter. Doing very well indeed in mercantile marine. Doing exceedingly well in mercantile marine. Doing well in mercantile marine.
136 137 138 139 140 141 142 143 144 145 146 147	C. Mason W. Chapple A. Ibberson A. Browning J. Melross J. Moore C. Back R. Waples C. Friend J. Giles T. Fellows C. Taylor	6275 5720 6629 3964 5140 6358 6514 6611	Fulham Kensington Woolwich St. Saviour's Fulham St. Saviour's Camberwell Lambeth Bloomsbury Camberwell	25 3 Nov. 7 10 17 2 Dec. 5 9 9 13		Doing very well indeed in s. "Thetis." Doing very well indeed in H.M.S. "Eclipse." Doing very well indeed in R.M.S. "Orizaba." Doing well on shore.
148 149 150	G. Gilead J. Lipman W. Page	6104 6808 4830	Poplar Mile End Poplar	15 ,,	: }	Doing very well in royal navy as band boys.  Doing very well in the army.

## MEDICAL SUPPLEMENT

TO THE

## REPORT OF THE STATISTICAL COMMITTEE

FOR THE

YEAR 1900.

EDITED BY

F. M. TURNER, M.D.,

AND

H. E. CUFF, M.D., F.R.C.S.

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# COMPLICATIONS AND CO-EXISTENT INFECTIOUS DISEASES, 1900.

Tables I., III., show the number and percentage incidence of complications occurring amongst the cases completed during 1900 at the various hospitals.

In cases which have been transferred from one hospital to another the complications have been enumerated under the hospital at which they were first observed.

Albuminuria includes all cases in which albumen was observed, even if observed on one occasion only; unless other symptoms of nephritis were present, in which case the complication is included as nephritis.

Adenitis of convalescence includes cases of cervical adenitis occurring apart from faucial inflammation.

Mastoid abscess includes all cases of suppuration in or about the mastoid region.

The tables include all the common and many of the rarer complications of the diseases treated.

Table IV. shows the number of cases in which two diseases were co-existent on admission. The two diseases were not in all cases of the same duration. Thus a case admitted with acute diphtheria and showing some late desquamation due to scarlet fever is entered as co-existent scarlet fever and diphtheria.

Table I.—Incidence of Complications amongst 10,700 cases of Scarlet Fever completed during 1900.

COMPLICATION.	Eastern.	North- Eastern.	North- Western.	Western.	South. Western.	Fountain.	Grove.	South- Eastern.	Park.	Brook.	Northern.	Gore Farm.	Total,	Percentage Incidence.
Total cases	359	1,795	1,484	1,361	843	869	451	850	1,465	1,225	2,226	2,159	10,700	
Otitis Albuminuria Adenitis (of convales-	64 15	184 109	99 71	173 113	111 53	79 107	56 41	119 39	147 78	125 93	48 11	41 13	1,246 743	6.94
cence) Suppurative adenitis	35	72	48	34	66	56	17	42	69	47	27	20	533	4-97
(included in above) Rheumatism Nephritis	14 11 12	38 116 78	8 18 13	7 32 25	10 65 21	13 27 27	13	20 22 27	6 13 34	12 38 28	7 8 7	13 5	144 - 376 - 336	1:34 3:51 3:14
Tonsillitis Stomatitis	4	114	8 3	23 23	36	15	7	5	5 8	9	21 18	69	316 119	2.95
Broncho-pneumonia Bronchitis Abscess (other than	1 3	6 39	5	12 4	7 19	6	1 3	21	3 7	8	7	1 8	72 111	0.67
mastoid or glan- dular)	4	6	6	8	9	5	5	9	6	22	2	10	92	0.86
Mastoid abscess Ophthalmia	9	6 12	2	6 2	7 15	3 5	2 2	6	7	5 5	2 7	1	56 57	0.55
Relapse of disease Pneumonia	2	11 8	7 5	11 6	16	8	9	1	2 1	30	13	18	128 36	0.34
Endocarditis Cervical cellulitis	- 71	13	2 4	8	1	2 2	3 2	3	7	6 3	3	2	50 21	0.20
Laryngitis Pleurisy	100000	2 2	"1	2	1 5		2	5 4	1 2	3			11 20	
Corneal ulcer Pericarditis	111	3 2 3		30		1 2	2	1	. 1	3 2	1	***	15 11	0.07
Empyema Pyæmia	2	2		1 1 1	3		2	4 1	1	2			14 7	0.1:
Meningitis Diphtheria Chickenpox	4	47	11	14	30 45	33	15	1 3	35 16	21 8	113	85	409 227	
Measles Rötheln	5	29	7	15	11 7	10		33	8 7	11	2 17	3 14	103	0.9
Whooping cough Mumps		12	11	14 2	4	9		4	9	8	2	3	77	0.7
Erysipelas Tuberculosis		1				1	ï	2	1	***			8 2	0.0
Enteric fever		1					***				***		1	0.0

Table II.—Incidence of Complications amongst 8,238 cases of Diphtheria completed during 1900.

COMPLICATION.	Eastern,	North- Eastern.	North- Western.	Western.	South- Western.	Fountain.	Grove.	South- Eastern.	Park.	Brook.	Northern.	Gore Farm.	Total.	Percentage Incidence.
Total cases	1,406	13	794	910	624	710	589	1,017	1,240	935	476	567	8,238	
Albuminuria Paralysis Relapse of disease Broncho-pneumonia Otitis Pneumonia Nephritis Scarlet fever Chickenpox Measles Whooping cough Rötheln Tuberculosis Enteric fever Erysipelas	644 207 17 11 194 12 3 61 1 21 1 4	50 20   20 20  	206 131 5 2 54 4 18 22 5 12 7 	319 172 12 11 58  3 26 7 1 1 2 	210 73 28 18 24  28 18 6 1 1	367 171 16 9 42  7 26 6 3 3 1 1	90 98 9 6 19 1  23 8 1  	216 303 24 24 66 2 9 81 7 	303 196 13 12 87 5 1 38 1 	247 155 34 4 50 4 14 56 23 12 2 1	17 1 10  2 16 2 	3 1 6  6  1 9 2  1 1	2,610 1,526 165 97 610 28 58 388 77 63 22 15 4	31:70 18:50 2:00 1:17 7:42 0:34 0:70 4:71 0:93 0:26 0:27 0:18
Complications refer				-		nongsi						treate		it.
Rash	531 53 6	4 1	50 11 5	506 16 3	242 60 16	317 49 4	371 50 16	349 31 14	275 52 2	453 60 18	1	3	3,102 383 84	42.60 5.26 1.10
Pyrexia (unattended with rash or pains)	1	1		1		1	6		9				19	0.56

Table III.—Incidence of Complications amongst 1,749 cases of Enteric Fever completed during 1900.

Complicatio	N.			Eastern.	North- Eastern.	North- Western.	Western.	South- Western.	Grove.	South- Eastern.	Park.	Brook.	Total.	Percentage Incidence.
Total cases				214	5	326	171	100	350	212	212	159	1,749	
Relapse of disease				27	1	18	14	13	59	23	22	11	188	10.76
Hæmorrhage		***		14	***	11	10	15	29	16	12	8	,15	6:57
Abscesses				13	**	9	2	5	34	8	7	3	68	3:88
Perforation				12		8	2	5	6	4	7	2	46	2.63
				6	***	15	2	7	7	4	2	4	47	2.69
Peritonitis (non-perforation	tive)			2	***	7	3	1		1 3 2 3		***	14	0.80
Periostitis				6	***	***	2	1 3	9	3	3	1	25	1:43
				6 2 8	***	1	4	3	3	2	***	2 2 2 1	18	1.03
						2 5	1	2 .	5	3	1	2	24	1.37
				1	***	5	***	1	5	4 5	1 1 3	2	19	1.08
Broncho-pneumonia				1	***	4	2		5	5		2	22	1.26
Parotitis			***	2	***	2	***	***		2	1		8	0.45
Laryngitis	411					101	222	111	***			3	3	0.17
Scarlet fever			***	***					***		***			0.00
Diphtheria				1	***		***	***	1		***	2	4	0.23

Table IV.—Number of Cases in which two separate Infectious Diseases were co-existent at the time of admission during 1900.

Co-existent Infections.	Eastern.	North- Eastern.	North- Western.	Western.	South- Western.	Fountain.	Grove.	South- Eastern.	Park.	Brook.	Total.
Scarlet fever and diphtheria Scarlet fever and chickenpox Scarlet fever and whooping cough Scarlet fever and measles Scarlet fever and tuberculosis Scarlet fever and rötheln Scarlet fever and enteric fever Scarlet fever and mumps Diphtheria and measles Diphtheria and chickenpox Diphtheria and chickenpox Diphtheria and tuberculosis Diphtheria and tuberculosis Diphtheria and rötheln Diphtheria and rötheln Diphtheria and mumps Enteric fever and tuberculosis Enteric fever and tuberculosis Enteric fever and whooping cough	46 1 1  2  21 10 9 1  2	5 7 12 1 2 1 	12 1 6  1 -1  3  1 	28 5 1 5 1 2 2 1	23 5 4 2 1 4 2 2 1	22 4 1 1 1 4 6	3  1 2 1  3 	43 10 5 3  2  10 4 15 3 1 1	2	35 7 11 1 2  6 6 6  	216 36 48 14 6 7 2 3 50 26 42 6 2 3
Total		<i>;</i>									19,944
Percentage in which two diseases were present											2-32

#### POST-SCARLATINAL DIPHTHERIA DURING 1900.

The following tables give lists of cases, with dates of onset and other particulars, of post-scarlatinal diphtheria during 1900. The lists are compiled from completed cases only. Thus cases occurring at the end of 1899, but discharged after January 1st, 1900, are included, while cases occurring at the end of 1900, but remaining in hospital at the end of the year, are excluded.

EASTERN HOSPITAL.—Table I.—Post-Scarlatinal Diphtheria during 1900.

No.	Initials	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
1 2 3 4	E.M.P. F. H. E. G. C. W.	F F M	10	Courage Courage Courage Honor	Nov. 4/99 Dec. 6 ,, Nov. 29 ,, Apr. 17/00	Jan. 12/00 ,, 13 ,, ,, 25 ,, Apr. 29 ,,	68 36 52 10	Faucial and Nasal Faucial Faucial and Nasal	R R  *D	Antitoxin. No antitoxin. Antitoxin.

NORTH-EASTERN HOSPITAL.—Table II.—Post-Scarlatinal Diphtheria during 1900.

No.	Initials	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature o	f Attack.	Resu	lt.	Antitoxin or not.
1 2 3	R. B. A. C.	M	2 2	12 12	Oct. 7/99 Aug. 4 ,,	Nov. 10/99	31 93	Faucial &	Laryngeal	R		Antitoxin.
4	L. J. G. C. M. D.	M	3 1 2	12 12 12	Oct. 14 ,, Sept. 11 ,,	" 17 " Dec. 9 "	32 59 73	"		R		"
5 6 7	E. M. C. M.	F	4	4	Nov. 23 ,, Oct. 10 ,,	, 12 ,, ,, 17 ,,	16 62	"		R		"
8 9	H. B. H. S.	F	6 2	4 4	Nov. 4 ,, Sept. 19 ,,	,, 18 ,, ,, 19 ,,	42 85	"		R		"

<sup>\*</sup> Death was due to scarlatinal nephritis.

### MEDICAL SUPPLEMENT, 1900.

# NORTH-EASTERN HOSPITAL.—TABLE II,—Post-Scarlatinal Diphtheria during 1900—continued.

No.	No. Initials Sex Age		11 - 181		Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
10	F. B.	F	4	4	Oct. 18/99	Dec. 19/99	61	Faucial	R	Antitoxin.
11	G. W.	F	4	4	Dec. 1	,, 19 ,,	17	,,	R	11
12	N. V.	F	7	4	Nov. 25	,, 19 ,,	21	11	R	**
13	L. M.	F	3	4	,, 13 ,,	., 26 ,,	43	Faucial & Laryngeal	R	11
14	F. M.	F	3	4	Sept. 22	,, 27 ,,	93	Faucial	R	**
15	A. M.	F	5	4	Oct. 13 ,,	,, 29 ,,	74	.,	R	
16	W. B.	M	4	13	Nov. 23 ,,	,, 13 ,,	19		R	No antitoxin
17	W. S.	M	4	13	,, 25 ,,	,, 16 ,,	19	Faucial & Laryngeal	R	Antitoxin.
18	S. P.	M	4	13	n 7 m	,, 24 ,,	45	Laryngeal	R	**
19	A. H.	M	5	13	,, 24 ,,	,, 27 ,,	29	Faucial	R	**
20	W.W.	M	4	13	,, 8,,	,, 30 ,,	49	,,	R	**
21	A M.	M	5	13	,, 24 ,,	,, 30 ,,	35		R	31
22	R. G.	M	2	13	,, 24 ,,	,, 31 ,,	36	.,	R	***
23	L. H.	F	4	11	Dec. 30 ,,	Feb. 2/00		Faucial & Laryngeal		"
24	M. C.	F	2	11	Jan. 17/00	,, 3,,	14	Faucial		11
25	N. P.	F	5	11	11 2 11	3 ,,	30	,,		***
26	J. M.	M	6	16	Oct. 26/99	Nov. 9/99		** *** ***		No antitoxir
27	D. J.	M	34	18	Nov. 7 ,,	,, 28 ,,	20	,,		
28	E. T.	F	3	3	Sept. 29 ,,	Dec. 13 ,,	72	,,		Antitoxin.
29	R. P.	F	3	3	Oct. 12 ,,	., 20 ,,	64	35		No antitoxi
30	Е. Н.	F	3	3	Mar. 10/00	Mar. 24/00		** *** ***	R	Antitoxin.
31	A. E.	M	2	3	Apr. 3 ,,	Apr. 23 ,,	42	.,		11
32	J. L.	M	3	3	Mar. 12 ,,	May 28 ,,	72	w 11. 1 22. 22.		. It
33	H. J.	M	3	3	May 20 ,,	Aug. 21 ,,	87	Faucial and Nasal	R	No antitoxi
34	W. C.	M	8	19	Dec. 17/99	Jan. 14 ,,	26	Faucial	R	Antitoxin.
35	L. T.	F	1	12	Feb. 16/00	Feb. 16 ,,	80	. 11		Antitoxin.
36	E. G.	F	3	2	Jan. 10 ,,	., 19 ,,	39	Laryngeal		No antitoxis
37	A. D.	M	7	20	June 6 ,,	July 25 ,,	46	Faucial		
38	G. C.	F	3	24	, 15 ,,	Aug. 3 ,,	46	Faucial & Laryngeal		Antitoxin.
39	A. C.	F	3	11	9 ,,	,, 15 ,,	65	Faucial	R	No antitoxii
40	F. C.	M	5	13	May 6 ,,	,, 6,,	91			Antitoxin.
41	W. T	M	8	15	,, 11 ,,	,, 18 ,,	93			
42	D. L.	F	8	6	Oct. 6 ,,	Nov. 2 ,,	25	11	R	No antitoxit
43	A. P.	F	4	11	Sept. 1	,, 5,,	63	33 000 000	R	

### NORTH-WESTERN HOSPITAL.—Table III.-Post-Scarlatinal Diphtheria during 1900.

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature o	f Attack	Res	ult.	Antitoxin or not.
1	J. D.	M	2	4	Jan. 6/00	Feb. 12/00	34	Nasal	-	 R		Antitoxin.
2 3	M. V.	F	3 5	4	,, 18 ,,	9	21			 R		"
3	R. K.	F F M	5	4	10	Mar. 3	41	Faucial		 R		11
4	J. C.	M	2½ 3	Α	Feb. 23	Apr. 22	44	**		 R		**
5	J. H.	M		4	June 7 ,,	July 14	8 36 25			 R		**
6	G. C.	M	3	4	Aug. 10 ,,	Sept. 14 .,	36	Nasal		 R		No antitoxi
7	A. N.	M	3	4	,, 22 ,,	4.00	25	**		 R		Antitoxin.
8	Н. В.	M	3	4	Sept. 23 ,,	Oct. 20	22	11		 R		No antitoxi
9	F. B.	M	3	A	3 7 "	Nov. 5	39	Faucial		R		,,
	G. R.	F	12	A	Nov. 2 ,,	Dec. 13 ,,	36			R		
10 11	R. R.	M	2	2	29	,, 23 ,,	23	Faucial a	nd Nasal		D	Antitoxin.

### WESTERN HOSPITAL .- TABLE IV .- Post-Scarlatinal Diphtheria during 1900.

No.	Initials.	Sex.	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of	of Attack.		Res	oult.	Antitoxin or not.
1	Р. Н.	F	5	2 9	Sept. 12/99	Sept. 25/99	9 1	Laryngeal			R		Antitoxin.
2 3	M. K.	F	5 2	9	Nov. 28 ,,	Dec. 15 ,,	17	Faucial			R		"
3	W. P.	M	2	12	., 30 .,	,, 21 .,	16	Laryngeal	441	***	R		"
. 4	G. B.	M	6	13		Jan. 6,00	.33	Faucial	***		R		11
5	D. W.	F	3	4	Oct. 31 ,,	Mar. 27 ,,	140	111	***		K		
6	W. P.	M	5	11	Dec. 11 ,,	Feb. 24 ,,	75 36	31	***		R		
7	E. C.	F	5	13	Feb. 1/00	Mar. 9	36	12.3			R	1.19	**
8	B. B.	M	1	14	Dec. 11/99	11 00 11	100	- 11	***	***	R		
9	A. M.	M	5	4	Feb. 3/00	Apr. 25 ,,	78	, The Co.	***	111	R		**
10	W. G.	M	4	5A	June 2 ,,	June 8 ,,	6 3	***	4.04		R		10 31
11	W. T.	M	5	12	,, 16 ,,	,, 19 ,,	3	160	***	***	R	5	
12	A. Q.	M	5	12	,, 12 ,,	Aug. 16 ,.	63	St. 55,000			R	1	**
13	I. C.	F	17	12	Aug. 18	Sept. 18	31				R		,,,
14	B. J.	F	6	4	Sept. 19 ,,	Oct. 14 ,,	24	**			R		

# SOUTH-WESTERN HOSPITAL.—Table V.—Post-Scarlatinal Diphtheria during 1900.

No. Initials Sex Age Ward.		Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.		
1 F.M. J. 2 C. C. S. F. D. J. L. S. H. S. H. S. H. S. E. G. M. S. E. C. S. E. S. S. E. S. S. E. S.	F M F M M M M F F F F F M M M M M M M M	3 3 5 5 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	E 1 G 1 C 2 H 2 C 2 G 1 F 1 S C 2 S C 2 F 1 S C 2 F	Sept. 10/99 Oct. 27 Nov. 9	Nov. 28/09 Dec. 6 ,,	55 39 27 33 69 18 50 47 29 23 35 27 51 11 18 3 70 56 63 48 24 26 64 27 15	Nasal Faucial Nasal Faucial Nasal Faucial Nasal Faucial Nasal Faucial Nasal Faucial Kasal Faucial	R R	No antitoxin. No antitoxin. No antitoxin. No antitoxin. No antitoxin. "" "" Antitoxin. "" No antitoxin. "" No antitoxin. "" " " " " " " " " " " " " " " " " "

# FOUNTAIN HOSPITAL.—Table VI.—Post-Scarlatinal Diphtheria during 1900.

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
1	E. J.	F	6	7	Oct. 22/1	9 Nov. 25/99	32	Faucial	R	Antitoxin.
9	W. T.	M	5	7	,, 5	, ,, 99 ,,	46	Nasal and Faucial	R	**
3	W. O.	M	3	7	., 23	, ,, 26 ,,	34		.R	
4	E. H.	F	10	3	Nov. 20		15	Faucial		No antitoxi
5	E. C.	F	8	3	Feb. 14/		31		R	Antitoxin.
6	L. G.	F	6	7	Jan. 20		54	Laryngeal & Faucial	R	11
7	D. H.	F	10	1	Mar. 26	, Apr. 21 ,,	. 26	Faucial	R	No antitoxi
8	M. G.	F	8	3	Jan. 20		55	Nasal and Faucial	R	Antitoxin.
9	L. E. V.	F	3	8	May 11	, July 4 ,,	53	Faucial	-	"
10	L. M. Y.	F	8	6	July 26	Aug. 24 ,,	26		T. 1	
11	F. C.	F	6	7	Oct. 3/	00		V. ",	77	No antitoxi
12	G. R.	M	5	7		, , 30 ,,	43	Nasal		Antitoxin.
13	H. E. R.		4	9	,, 17	, Dec. 12 ,,	53	,,		"
14	A. R.	F	4	7	,, 21		24	,,	74	11
15	S. J. B.	M	9	8		, Dec. 5 ,, Nov. 27	52 41	** *** ***	10	"
16	T. W.		3	7		The 100	35	Faucial	R	***
17	C. G.	M	3	7	Nov. 6 Sept. 17	N 000	67	Vacal	D	V
18	F. R.	F	3	3	The second second				10	No antitoxi
19	D. J.	F	3	7	1.5	4.6	59	Faucial	10	Antitoxin.
20	F. H. C. P.	F	12	7	* **	4 3 4 4 5	77	The same of the same	73	No antitoxin.
21	E. G.	F	4	2	0.0	Pak 90	31	Faucial and Nasal	**	
99	J. W.	M	3	7	10	Ave 10	99		11	Antitoxin. No antitoxi
23 24	G. N.	F	6	8	31 00	Man 15	50	" "	D	
25	E. P.	M	2	3	31 00	Terms Of	29	Nasal "	R	"
26	G. C.	M	3	7	1	0	38		R	"
27	N. G.	F	1	3	10		25		73	"
28	E. D.	F	4	3	Apr. 14		56		D	"
29	W. T.	M	3	3	Territor 14	I Tanker 20	20		D	"
30	M. R.	E	8	3	4	L. 100	99		R	"
31	M. A. L.		8	7	* 1	Aug. 13 ,,	41	11	R	**
32	C. B.	F	3	3	37 90	June 6 ,	18		D	22
33	A. P.	F	4	6	June 22		28	11	R	Antitoxin.

## GROVE HOSPITAL.—Table VII.—Post-Scarlatinal Diphtheria during 1900.

No.	Initials.	Sex	Age	Ward.	Onse	e of et of rlet ver.	Dat Ons Dipht	et of	Days after Admission			ek.	Res	ult.	Antitoxin or not.
1	E. E.	M	6	9 A	Oct.	26/99	Nov.	14/99	19	Faucial			R		Antitoxin.
2 3	T. B.	M	8 8	9 A	**	27 ,,	**	7 ,,	11	**			R		,,
3	J. W.	F	8	10 A	**	29	Dec.	4 ,,	36	11			R		**
4	A. B.			10 A		30 ,,	.,	15 ,,	47	**	***	100	R		**
5	J. L.	M	6	9 A	,,	30 ,,	Nov.		21	**	***	111	R		**
6	V. M.	F	12	10 A	,,	31 ,,	Dec.	13 ,,	. 43	**	***		R		"
7	B. H.	F	8	10 A	Nov.	1 ,,	Jan.	13/00	70	11		***	R		**
8	К. Н.	F	3	10 B	**	29 ,,	Mar.	1/99	45	**	***	100	R		,,
9	L. W.	M	4	9 A	Dec.	24 ,,	Jan.	3/00	66	***		***	110	D.	**
10	E. J.	F	3	10 B		21/00	June		78	**	***	***	R	***	**
11	Н. Н.	M	6	10 B	May	1 ,,	May	6 ,,	b	11	***	100	R	***	33
12	N. G.	F	6	10 B		18 ,,		26 ,,	38				R	***	***
13	T. D.	M	2 2	11 B	Aug.	10 ,,	Sept.		34		Laryn	geal	R		
14	A. T.	M	2	11 B	. 11	22 ,,	11	9 ,,	18	Faucial	***	***	R	***	No antitoxin.
15	F. K.	M	4	9 B	Oct.	24 ,,	Nov.	8 ,,	15	***		111	R	***	Antitoxin.

## SOUTH-EASTERN HOSPITAL.—Table VIII.—Post-Scarlatinal Diphtheria during 1900.

No	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Res	ult.	Antitoxin or not.
1	D. D.	F	11/2	18	Apr. 18/00	June 20/00	63	Faucial	R		Antitoxin.

### PARK HOSPITAL.—Table IX.—Post-Scarlatinal Diphtheria during 1900.

No. Initials.	Sex Ag	ge Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
1 D. G. 2 S. G. 3 E. D. 4 E. M. 5 D. P. 6 A. J. 7 W A. 8 R. H. 9 Z. D. 10 R. S. 11 H. J. 12 E. H. 13 J. R. 14 T. D. 15 S. S. 16 S. A. 17 C. G. 18 M. R. 19 R. R. 20 R. C. 21 M. J. 22 F. S. 23 D. W. 24 L. D. 25 A. J. M. 26 A. P. 27 M. P. 28 M. W. 29 K. K. 30 D. H. 31 D. A. 32 E. H. 33 D. J. C.	M F F M F F F M F F M M F F M M F F M M F F M M F F M	6 G 1 4 C 1 6 N 1 F 1 4 G 1 8 R 1 8 R 1 1 H S G 1 8 G	Sept. 25/00 , 23 , 0ct. 4 , 23 , 23 , 23 , 24 , 25 , 25 , 25 , 25 , 25 , 25 , 26 , 26	Oct. 14/00 , 18, , 26, , 30, , 11, , 25, , 1 , , 25, , 1 , , , 25, , , 1 , , , 27, , Aug. 13, , , , , 15, , 15, , 17, , 16, , 27, , 17, , 18, , 17, , 17, , 18, , 17, , 18, , 19, , 19, , 19, , 19, , 19, , 19, , 19, , 19, , 19, , 19, , 19, , 18, , 19, , 18, , 18, , 18, , 18, , 18, , 18, , 18, , 18, , 18, , 18, , 18, , 18, , 19, , 18, , 18, , 18, , 18, , 18, , 18, , 18, , 19, , 18, ,	19 23 20 28 16 67 19 52 8 22 2 3 10 24 23 29 30 51 74 51 28 23 44 2 26 30 65 43 16 25 9 24 4	Faucial and Nasal	R R R D D D R R R R D D R R R R	No antitoxin.  Antitoxin.  No antitoxin.  No antitoxin.  Antitoxin.  No antitoxin.  Antitoxin.  No antitoxin.  No antitoxin.  ""  Antitoxin.  ""  No antitoxin.  No antitoxin.  No antitoxin.  ""  No antitoxin.  ""  Antitoxin.  ""  No antitoxin.  ""  Antitoxin.  ""  No antitoxin.  ""  ""  No antitoxin.

<sup>\*</sup> Died on 18th April from tubercular meningitis.

### BROOK HOSPITAL.—Table X.—Post-Scarlatinal Diphtheria during 1900.

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
1 2 3 4 5 6 7 8 9 10 11 12 13	E. R. L. M. D. F. A. S. M. E. E. G. S. A. C. C. F. G. L. S. B. P. M. S.	FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	6 6 4½ 3 9 13 9 4 4 4 9 6 5 5	A 1 A 1 A 2 D 1 A 2 D 1 E 2 A 1 D 1 A 2 F 2	Nov. 2/99 ,, 5, ,, ,, 1, ,, ,, 3, ,, ,, 3, ,, ,, 3, ,, ,, 3, ,, ,, 3, ,, ,, 18/00 Dec. 21/99 Jan. 18/00 Dec. 21/99 Jan. 18/00 Feb. 11, ,, Mar. 11, ,,	Dec. 5/99  ,, 5, ,, 9, ,, 11, ,, Feb. 2, ,, 13, ,, 13, ,, 23, ,, Mar. 2, Apr. 5, ,, May 25, ,,	29 28 35 25 60 10 71 15 44 39 51 63 64	Faucial	R R R R	Antitoxin.  ,, ,, ,, ,, ,, ,, ,, No antitoxin. Antitoxin.
14 15 16 17 18 19 20 21	H. B. G. C. A. C. E. F. A. H. A. P. A. R. B. C.	M F F F F F	6 10 8 3 9 7 2 12	E 1 C 2 C 2 C 2 C 2 C 1 C 1	May 11 ,,  Mar. 19 ,,  May 24 ,,  ,, 23 ,,  ,20 ,,  July 10 ,,  Aug. 15 ,,  June 24 ,,	,, 25 ,, June 15 ,, ,, 18 ,, ,, 25 ,, Aug. 26 ,, Sept. 26 ,, Oct. 3 ,,	66 20 24 35 44 39 99	Faucial, Nasal, and Laryngeal Faucial ,, Nasal Faucial	R R R	No antitoxin. Antitoxin. "" No antitoxin. Antitoxin.

## NORTHERN HOSPITAL.—Table XI.—Post-Scarlatinal Diphtheria during 1900.

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Ons	te of et of theria.	Days after Admission	Nature of	Attac	ek.	Res	ult.	Antitoxin or not.
1	G. A.	М	4	8	Sept. 16/99		18/99	5	Faucial			R		Antitoxin.
2	W. R.	M	6	5	,, 26 ,,	Nov.		26	**	***	***	R	***	***
3 4	A. G. W.	F	3	7	,, 28 ,,	1 11	8 ,,	13	**			R	***	**
5	F. H. S. R.	M	3 9	6 11	27 ,,	32	10 ,,	10	**			R	**	"
6	W. A.	M	5	11	Oct. 1 ,,	11	11 ,,	5 10	33	***	***	R	***	***
7	S. D.	M	15	9	18 18	11	12 ,,	3	**	***	***	R	***	
8	O. M.	F	6	17	16	19	10	4	"	***	***	R	***	"
9	E. F.	F	7	8	Same Of	"	14	20	"	***	***	R	***	"
10	L. I.	F	5	7		111	15	21	**		***	R		"
11	W. S.	M	4	12	,, 20 ,,	"	15 ,,	26	**			R		**
12	A. F.	F	18	8	Oct. 3	",	16 ,,	20	"			R		"
13	P. C.	M	8	18	Sept. 18 ,,	,,	17 ,,	44	"			R		",
14	C. K.	M	6	8	Oct. 15 ,,	,,,	18 ,,	8	***		***	R		"
15	E. W.	F	11	6	,, 2 ,,	1 ,,	18 ,,	29	**	***	***	R		"
16	H. S.	M	6	8	Sept. 24 ,,	,,	22 ,,	28	**			R		
17	N. B.	F	5	1	Oct. 6 ,,	33	23 ,,	5	**			R		39
18	R. L.	F	4	17	,, 24 ,,	111	28 ,,	12	23	***	**	R		"
19	A. U.	F	13	5	,, 21 ,,	**	26 ,,	6	11	***	***	R	***	**
20	L. U.	F	15	2	,, 18 ,,	**	26 ,,	9	**		***	R	***	"
21 22	W. G. L. H.	M	13	11	,, 20 ,,	11	27 ,,	18	***		***	R	***	33
23	M. B.	F	7 3	17	" 22 " " 10 "	Dog	30 ,,	6 22	Laryngeal	***	***	R	***	"
24	T. J.	M	6	8	10	Dec.	100	32	Faucial	***	***	R		,
25	D. W.	F	4	17	10	"	W	24		***	***	R		**
26	A. O.	M	15	9	Charle 4	"	- "	66	***	***	***	R	***	
27	J. B.	M	15	9	Oct. 21	"	- M	17	"		***	R		
28	S. N.	M	7	18	,, 29 ,,	11	5 ,,	5	"			R		,,
29	G. K.	M	5	8	,, 13 ,,	"	8 ,,	31	,,			R		",
30	F. M. J.	F	7	12	., 27 .,	111	10 ,,	19	"	***	***	R		"
31	A. H.	M	13	11	,, 11 ,,	- "	12 ,,	36	**		***	R	***	,
32	G. R.	M	8	11	,, 14 ,,	111	12 ,,	24	"			R		**
33	T. P.	M	12	11	.,, 14 ,,	,,,	13 ,,	27	,,,	***	***	R	***	"
34	A. J.	M	4	8	Nov. 11 ,,	99	15 ,,	16	Laryngeal	***	***	R	***	**
35	W. K.	F	8	12	,, 10 ,,	**	16 ,,	4	Faucial			R	***	,,
36	A. E. S.	F	8	17	Sept. 10 ,,	11	20 ,,	81	**	***	***	R		33
37	E. A.	F	13	12	Nov. 1 ,,	- 99	20 ,,	6	19	***	***	R		**
38	J. G. S. R.	M	9	25	11 2 11	111	21 ,,	9 28	**	***	***	R	***	"
40	L. C.	F	11 27	11 12	,, 3 ,,	11	21 ,,	7	**	***	***	R		"
41	V. L.	F	11	2	,, 16 ,,	11	40.0	40	.,,	***	***	R		"
42	C. G.	M	6	17	Oct. 6	23	China .	54	"	***	***	D	***	"
43	W. A.	M	13	11	180	"	19/89	39	**			TO		"
44	C. S.	M	6	12	Man 91	"	30	18				D		"
45	A. E.	M	10	11	Nov. 21 ,,	Jan.	3/00	22	",		-	R		,,

### MEDICAL SUPPLEMENT, 1900.

### NORTHERN HOSPITAL.—TABLE XI.—Post-Scarlatinal Diphtheria during 1900—continued.

No.	Initials,	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of	Attack.	Result.	Antitoxin or not.
46	J. C.	F	8	17	Nov. 19/99	Jan. 11/00	7.	Faucial		R	Antitoxin.
47	F. W. B.	M	6	-12	Oct. 26 ,,	,, 13 ,,	60	**		R	**
48	E. W.	F	3	8	Nov. 13	,, 17 ,,	36	.,,		R	,,
49	F. E. D.	M	9	10	., 7,,	,, 17 ,,	43	"		R	**
50 51	M. G. A. G.	F	4	6	Oct. 18 ,,	" 9 " 22 "	9	"	*** ***	R	**
52	J. D.	M	4	7	Nov. 16 ,, Oct. 19 ,,	0.1	79	. "		R	***
53	G. A.	F	5	12	Jan. 1/00	,, 29 ,,	3	1111		R	"
54	E. L.	F	6	8	Dec. 14/99	,, 31 ,,	11	"		R	- C
55	F. S.	M	4	8	Nov. 23 ,,	,, 31 ,,	12	**		R	**
56	N. H.	F	4	17	Dec. 22 ,,	Feb. 3 ,,	24	,,		R	
57	N. B.	F	3	7	Oct. 17 ,,	7	72	"	447 111	R	29
58 59	V. G.	F	8	18	Nov. 25 .,	" 11 "	29	"	40. 100	R	"
60	E. L. H. T.	M	9	25	Jan. 10/00	13	4 8	"	***	R	"
61	P. H.	M	11	11	Dec. 14/99	179	49			R	"
62	A. R.	F	13	12	Jan. 9/00	17 17	8	"		R	
63	C. R.	F	15	12	Dec. 17/99	,, 21 ,,	26			R	
64	C. T.	F	4	7	Nov. 18 ,,	,, 24 ,,	65	**		R	
65	W. W.	M	10	11	Jan. 27/00	Mar. 3 ,,	5			R	"
66	F. E.	F	8	7	Dec. 3/99	,, 9 ,,	58		*** ***	R	. ,,
67 68	P. H.	M	10	12	Feb. 9,00	,, 25 ,,	20	- 11		R	"
69	F. H. M. S.	F	7	7	Jan. 28	,, 29 ,,	13 30	"	411 111	R	, "
70	G. B.	F	. 7	7	EL O	90	14	**		R	"
71	E. B.	F	6	6	Jan. 10 ,,	Apr. 3 ,,	12	1 1		R	10%
72	A. D.	F	6	12	Feb. 8	,, 12 ,,	9	",		R	"
73	L. A.	F	5	12	., 7,,	., 13 ,,	28	**	*** .**	R	**
74	A. F.	F	7	12	Mar. 7	,, 23 ,,	20	. 11	100 100	R	**
75	M. W.	F	5	12	,, 7,,	24 "	0	"		R	**
76 77	E. P. J. M.	F	8 9	8 7	,, 10 ,,	May 3 ,,	5	.,		R	**
78	E. D.	F	11	17	Jan. 25 ,,	30	17	"	***	R	**
79	J. M.	F	5	1	Mar. 29 ,,	10	4	,,		R	
80	G. W.	M	10	10	May 13 ,,	July 19 ,,	5			R	"
81	E. L.	F	6	5		,, 26 ,,	29		414 111	R	
82	A. G.	M	14	10	July 4 ,,	Aug. 12 ,,	39	**	*** ***	R	,,,
83	A. R.	F	20	5	June 22 ,,	1, 14 ,,	25	,,	***		**
84	R. A.	F	6	5	Jan. 18 ,,	16 ,,	20	. **	*** ***	R	
85 86	L. H.	M	5	7	Sept. 3 ,,	Oct. 11 ,,	6	Namel	***	R	
87	A. G. G. E.	M	4	5	,, 8 ,, ,, 22 ,,	,, 19 ,, 19 ,,	3 7	Nasal		R	
88	A. P.	M	5	2	10	00	33	"		R	,,
89	A. R.	F	4	4	Oct 5 ,,	,, 21 ,,	1			R	"
90	S. M.	F	4	3	Sept. 19 ,,	,, 24 ,,	15		***	R	,,
91	L. G.	F	7	4	., 7 ,,	,, 25 ,,	1		*** **	R	,,
92	K. H.	F	.7	2	Oct. 7 ,,	,, 25 ,,	1		*** 11	R	
93	F. C.	F	15	Teolin	Sept. 5 ,,	,, 26 ,,	0		***	R	
94 95	L. S. M. L.	F	7 9	Isoln.	,, 28 ,,	,, 26 ,, 26 ,,	0	"		R	**
96	P. O.	M	4	1	19	- 91	7	17 10 1		D	
97	W. H.	M	4	î	Oct. 5	31	6	Aural		R	
98	V. A.	F	61	8	Aug. 10	Nov. 1 ,,	31	Faucial		D	",
99	W. M.	M	3	3	Oct. 2	., 3,,	0	Nasal		R	"
00	W. G.	M	9	18	., 10 .,	., 9 ,,	5				**
01	L. S.	M	4	3	,, 23 ,,	", 15 ",	2	**	*** ***	R	11
02	A. R.	M	51	5	, 15 ,,	,, 19 ,,	0	Faucial		R	. ,,,,
03	C. R. H. J. E.	M	5	5	., 18 ., ., 23 .,	. 20	0	Nasal	***	R	***
05	Н. В.	M	3	5	10	90	0			R	
06	E. J.	F	9	5	10	,, 20 ,,	1	"		R	**
07	R. H.	F	4	17	,, 16 ,,	,, 21 ,,	21			R	",
08	A. W.	F	31	3	Sept. 19 ,,	21	15		***	R	
00	W. W.	M	3	2	Oct. 1	,, 24 ,,	18		130	R	**
10	E. S.	F	10	2	,, 12 ,,	26	27	Faucial an		R	
11	H. P.	M	5	5	,, 28 ,, Sept. 30 ,,	Dec 4	0	Nasal	***	R	"
14	W. A.	F	41	5	sept. 30 ,,	Dec. 4 ,,	15	31	*** ***	R	

# GORE FARM HOSPITAL.—Table XII.—Post-Scarlatinal Diphtheria during 1900.

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria,	Days after Admission	Nature of Attack.	Res	sult.	Antitoxin or not.
1	E.M.	М	10	L	July 13/99	Sept. 20/99	65	Faucial	R		Antitoxin.
2	E. R.	F	4	F	Sept. 3	Oct. 22	48	,,	R		,,
3 4	G. S. H. C.	M	7 6	L	,, 20 ,,	,, 23 ,,	27	Parista Land Name	R		111
5	E. B.	F	4	B	Aug. 25 ,, Sept. 18 ,,	,, 31 ,, Nov. 8 ,,	26 50	Faucial and Nasal	R	***	" .
6	J. W.	F	6	E	sept. 18 ,,	,, 11 ,,	54	Faucial	R		
7	S. H.	M	5	E	Oct. 8 ,,	,, 11	32	,	Th	***	29
8 9	J. G.	M	8	K	Sept. 30 ,,	,, 17 ,,	45			111	,,
10	A. F. K. B.	M F	10	B	" 6 " " 26 "	,, 19 ,, 21 ,,	41 54	11 "	TO .		,,
11	J. K.	F	3	E	00	0.4	57	11 11 111	TO.	***	- "
12	A. S.	F	6	P	,, 20 ,,	,, 30 ,,	70	11	R		"
13	E. B.	F	8	В	Oct. 2 ,,	Dec. 1 ,,	59	Faucial & Laryngea			1 11
14 15	G. P. A. G.	F M	5 9	B	Sept. 30 ,,	,, 3,,	62	Faucial		***	,,
16	E. S.	M	4	K	Oct. 16 ,,	,, 3,,	43 31	Faucial & Laryngea	R		",
17	E. R.	F	7	F	,, 3,,	,, 8,,	65	Faucial	77		"
18	H. C.	M	3	F	,, 17 ,,	,, 8 ,,	50	33	R		.,
19 20	E. J.	F	11	P	,, 1,,	,, 9 ,,	67	,,		***	"
21	A. C. A. H.	M	12	E	,, 9 ,, 30	,, 19 ,, 20 ,,	37 49	Faucial and Nasal		***	No antitoxin.
22	S. T.	M	8	J	,, 16 ,,	,, 25 ,,	67	Faucial	Th		Antitoxin.
23	E. D.	F	4	N	21	,, 26 ,,	66		R		211111032111
24	E. C.	F	9	В	Nov. 21 ,,	,, 29 ,,	36	Faucial and Nasal		***	"
25 26	W. H. E. J.	M F	12	L N	Oct. 6 ,, Sept. 21 ,,	31 ,,	31	Faucial	R	***	"
27	W. D.	F	4	B	Oct. 30 ,,	Jan. 6/00	106 71	Faucial, Nasal, and	R		"
		100			0011 00 11	,, 10 ,,		Laryngeal	-	1	"
28	E. P.	F	10	N	Nov. 7 ,,	,, 11 ,,	65	Faucial		***	,,
29	D. M. E. M.	F	7	E D	Oct. 29 ,,	,, 13 ,,	75	,,		***	**
31	J. H.	F	10	c	Dec. 2 ,, Nov. 13 ,,	" 14 " " 16 "	62	,,	R		"
32	Z. C.	F	11	N	Sept. 29 ,,	,, 16 ,,	106	** *** ***	D		"
33	E. J.	F	7	C	Nov. 4 ,,	,, 18 ,,	73	,,	R		11
34	D. E.	F	6	N	,, 1 ,,	" 19 "	78	,,			"
35 36	R. C. J. S.	M	13	N L	Oct. 19	" 22 "	76 94	,,	10		"
37	E. F.	F	17	č	Nov. 11	,, 22 ,,	69	"	D		"
38	A. C.	M	6	I	,, 20 ,,	,, 24 ,,	63	,,	R	***	
39	C. S.	M	5	F	11	,, 24 ,,	71	,,	R		"
40	F. D. M. T.	M F	6	F	,, 13 ,, ,, 17 ,,	,, 30 ,,	77 72	,,	D		**
42	G. S.	M	6	F	", 10 ",	Feb. 3 ,,	81	,,	R		:
43	E. D.	F	9	E	Dec. 6 ,,	,, 4 ,,	58	,,	D		,,
44	E. A.	M	15	K	Jan. 1/00	,, 4,,	27	,,	R		"
45 46	D. K. S. P.	F	8	E	Dec. 19/99	" 6"	48 28	.,	77	***	**
47	E. H.	F	6	L B	Jan. 9/00 Dec. 16/99	0	51		D		"
48	E. R.	F	22	C	Jan. 5/00	" 10 "	35		D	1	
49	P. W.	M	9	4	Dec. 24/99	,, 16 ,,	52	,,			"
50 51	E. M.	F	3 4	F	Jan. 22/00	Mar. 3 ,,	37 27		R		"
52	J. H. G. W.	M	4	K	Feb. 11 ,,	00	34	Faucial and Nasal			,,,
53	D. F.	M	10	K	Dec. 30/99	,, 24 ,,	82	Faucial	R		"
54	G. C.	M	11	K	Feb. 23/00	Apr. 1	34				
55 56	D. G. E. S.	F	8	C	Dec. 15/99	,, 4 ,,	109		1 D		"
57	H. B.	M	13	H	Feb. 19/00 Mar. 4 ,,	May 1	57		D		
58	E. B.	M	11	H	Jan. 17 ,,	., 2,,	106		R		
59	Н. Н.	M	14	H	Mar. 12	,, 3,,	52		R		
60	W. S.	M	4	B	Feb. 21 ,,	,, 8,,	74	31 11			
61 62	J. H. S. M.	M	6 3	L	Mar. 23 ,, Feb. 1 ,,	" 11 "	107	**	10		"
63	S. S.	M	7	K	Mar. 28	,, 23 ,,	55		10		:
64	H. B.	M	14	H	Apr. 18 ,,	,, 26 ,,	33		R		
65	W. F.	M	7	L	15	,, 26 ,,	38	,,			"
66	W. W. W. R.	M F	6 2	FC	Feb. 28 ,,	,, 26 ,,	45 87	Faucial, Nasal, and	R		"
01	11. 16.	1	-	1		,, 29 ,,	31	Laryngeal	1		"
68	E. P.	F	6	C	Apr. 16 ,,	June 5 ,,	48	Faucial and Nasal			"
69	N. S.	F	6	C	Mar. 31	,, 8,,	70	Panalal " "	D		33
70	J. N. C. E.	M	8	L	Feb. 20 ,, Apr. 6 ,,	" 9"	88 64	Faucial	D		"
72	S. C.	M	9	I	May 7	" 11 "	33	33	TO		",
78	L. E.	F	7	M	Mar. 24 ,,	,, 13 ,,	77	,,	. R		"
74	E. L.	F	5	F	May 17 ,,	,, 28 ,,	41	,,			"
	E. T.	F	5	C	Apr. 30 ,,	,, 29 ,,	58	,,	D		**
75 76	F. W.	F	10	F	May 6 ,,	,, 30 ,,	55	*** *** ***			***

### MEDICAL SUPPLEMENT, 1900.

# Gore Farm Hospital.—Table XII.—Post-Scarlatinal Diphtheria during 1900—continued.

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature o	f Attacl	k. *	Res	ult.	Antitoxin or not.
77	E. E.	M F	3	L	Apr. 28/00	July 3/00	62	Faucial			R		Antitoxin.
78 79	A. K. N. E.	F	8	C B	May 4	" 4"	68 50	**	***		R	***	,,
19		M	5	C	A 10	" " "	77	33	***	***		***	**
80	H. S.		9		Apr. 19 ,,	,,, 9,,		33	***	***	R	***	**
81	A. C.	M		K	May 9 ,,	Aug. 2 ,,	94	11	211	**	R	100	17
82	L. H.	F	4	C	June 26 ,,	,, 7,,	42	99	***	***	R	***	17
83	G. K.	F	6	В	,, 25 ,,	,, 27 ,,	63	,,,	***	***	R		11
84	S. L.	M	1	В	Aug. 2 ,,	Sept. 18 ,,	45	Faucial &	Laryng	real	R	***	,,
85	F. W.	M	26	H	Oct. 7 ,,	Nov. 16	35	Faucial			R		***

Table XIII. -Sex-distribution and Mortality.

		(Males	Females	Cases	(Mortality per cent.	/ Males	Females	Augest	_	Males	Females	Total	Mortality per cent.
		1	:		ty pe	:		Total	Mortality percent		:	tal	ty pe
			i	1	r cent.	:			rcent				r cent.
East	Cases.	-	00	-		0	0	0		1	00	4	25.0
Eastern.	Deaths	-	0	-		0	0	0		1	0	-	0
North- Eastern.	Cases.	18	18	98		00	+	1-		12	24	43	60
4 É	Deaths.	0	Н	-		0	0	0		0	-	1	22
North- Western.	Cases.	00	00	=		0	0	0		90	00	п	6.6
en.	Deaths.	1	0	-		0	0	0		1	0	1	6
Western.	Cases.	1-	10	100		-	-	01		00	9	14	0
j.	Deaths	0	0	0		0	0	0		0	0	0	
South- Western.	Cases.	14	=	35		00	63	9		17	13	30	99.9
-	Deaths.	0	-	1		1	0	-		-	-	01	50
Fountain.	Cases.	81	10	63		0	-	1		01	п	88	3-08
.i	Deaths.	0	-	-		0	0	0		0	-	1	
Grove.	Cases.	-	Į=	14		1	0	1		00	[-	15	99-9
	Deaths.	-	0	1		-0	0	0	-	-	0	1	
South- Eastern.	Cases.	0	1	1		0	0	0		0	-	1	0
	Deaths.	0	0	0		0	0	0		0	0	0	
Park.	Cases.	11	01	22		91	0	03		13	81	35	11.48
.1	Deaths.	1	-	61		01	0	01	_	- 60	-	4	93
Brook.	Cases.	+	16	30		-1	0	1		9	16	ıı	4.76
	Deaths.	0	0	0		1	0	-		1	0	-	-
Northern.	Cases,	19	69	110		03	-	- 00		23	8	113	0
-	Deaths.	0	0	0		0	0	0		0	0	0	
Gore Farm.	Cases.	40	0#	8		04	00	9		- 27	9	38	0
in.	Deaths.	0	0	0		0	0	0		0	0	0	
Total.	Cases.	188	195	378		. 91	15	55		198	202	405	5-96
1	Deaths	7	4	œ.		*	0	+		00	4	120	
cent.	yor	81.3	5.00	9.11	1	9.96	0	14.81		4-04	1-98	96.3	

TABLE XIV. - Age-distribution and Mortality.

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2 3	Deaths.	00000000	0	.000000000	0	00000000	0
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Northern.	Deaths.	00000000	0	00000000	0	00000000	0
Nort	Cases.	000088820	110	00000000	00	0000888200	113
Brook.	Deaths.	00000000	0	00000н000	1	00000-000	1
Brc	Cases.	00-01-0-00	8	00000000	-	00-01-04-00	22
岩	Deaths.	011000000	0.3		0.9		4
Park.	Cases,	H84H955800	88	ноососное	01	21224127400	12
South- Eastern.	Desths.	000000	0	00000000	0	00000000	0
Sor	Cases.	0=000000	-	00000000	0	0000000	-
ve.	Deaths.	000000000	-	00000000	0	00000000	-
Grove	Cases.	0010000000	2	00-000000	-	000101010000	15
Fountain.	Deaths.	00000н000	1	00000000	0	000000000	-
Four	Cases.	0-8080800	82	00000-000	-	0-0507000	60
South. Western.	Deaths.	00-00000	-	000-0000	-	000000	03
Wes	Cases.	0111100100	25	000010000	.9	0090-00	8
estern.	Deaths.	00000000	0	00000000	0	00000000	0
Wes	Савев.	0-0-00-0	12	00-00-000	03	0	11
North- Western.	Deaths.	00400000	-	00000000	0	.004000000	-
Wes	Cases.	000000000	11	00000000	0	0000000	=
North- Eastern.	Desths.	оноососо	-	00000000	0	0-000000	-
	Cases.	900101001	38	0-2000000	t-	01-25:2-00-	27
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9		Under 1 1-2 2-3 3-4 4-5 5-10 10-15 15-20 Over 20	Total	Under 1	Total	Under 1 1-2 2-3 3-4 4-5 6-10 10-15 115-20 Over 30	Total
		cial and Nasal Cases.	Fau	Laryngeal Cases.		All Cases.	

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er.	Bro	Cases.	0-00-4-400-00-00-00-00-00-00-00-00-00-00	02	
Fever.	.si	Deaths.		61	H00000H0000000000000000000000000000000
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nce	Grove.	Саяев.	+000000000000000000000000000000000000	14	ООООНОООООООООООО   Н
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	Fountain.	Cases.	00000400400000000	21	000000000000000000000000000000000000000
Onset after	South. Western.	Deaths.	000100000000000000	1	00-00000000000000
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XV.	North. Western.	Deaths.	000-00000000000000000000000000000000000	-	000000000000000000000000000000000000000
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T	North- Eastern.	Deaths.	0	-	000000000000000000000000000000000000000
		Cases.	000000000000000000000000000000000000000	98	COHOMHUNOCOCOCOCO I-
	Eastern.	Deaths	0-0000000000000000000000000000000000000	-	000000000000000000000000000000000000000
	Eas	Cases.	0-000-0-0-00000000	49	000000000000000000000000000000000000000
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		1	*	Total	Sad
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1.	-	-	Faucial and Nasal Cases.	- 1	Laryngeol Cases.

TABLE XV .- Time of Onset after Commencement of Scarlet Fever-continued.

		( 1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	Tith Tith	12th	13th	14th	15th	16th	17th	18th	19th	20th	
		1st week	:	=	=	=	=	:	=	=	=	=	=	=	=	=	=	=	=	:	:	Total
			-	:	:	:	:-						:			1			:	:	and over	:
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		1	1	i	:	:	:	:	1	i	:	:	1	1	1	1	;	:	i	i	:	1
Eastern.	Cases.	0	-	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	7
	Deaths.	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
North- Eastern.	Cases.	0	00	9	01	9	+	10	0	*	01	4	1	01	4	0	0	0	0	0	0	23
	Deaths	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
North- Western.	Cases.	0	0	0	*	1	*	0	1	-	0	0	0	0	0	0	0	0	0	0	0	=
	Deaths.	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Western.	Cases.	-	01	01	1	1	01	0	0	0	1	1	1	0	0	1	0	0	0	0	1	14
	Deaths.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South- Western.	Cases.	-	1	1	10	19	*	0	00	00	00	00	1	0	0	0	0	0	0	0	0	30
-	Deaths.	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	01
Fountain.	Cases.	0	0	01	9	9	*	00	00	1	1	1	0	0	0	1	0	0	0	0	0	32
	Deaths.	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Grove.	Cases.	1	1	*	0	1	03	00	0	0	01	0	1	0	0	0	0	0	0	0	0	15
	Deaths.	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	-
South- Eastern.	Deaths.	0 0	0 0	0	0	0	0 0	0 0	0	0 0	0 1	0	0 0	0	0 0	0 0	0	0	0 0	0	0 0	1 0
	Cases.	10	90	*	6	10	0	01	00	0	91	-	0	0	0	0	0	-	0	0	0	133
Park.	Deaths.	03	0	0	0	0	0	1	-	0	0	0	0	0	0	0	0	0	0	0	0	4
Bro	Cases.	0	01	91	1	+	**	00	0	01	1	0	1	0	1	0	0	0	0	0	0	12
Brook.	Deaths.	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Northern.	Cases,	0	0	91	L-	16	21	19	15	6	9	99	99	0	7	0	1	0	0	0	-	113
	Deaths.	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gore Farm.	Cases.	0	0	0	**	20	6	90	15	6	10	10	9	01	01	0	2	0	0	0	0	128
III).	Deaths.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total.	Cuses.	00	13	83	98	53	99	43	49	65	30	53	14	7	11	01	9	-	0	0	21	405
-1	Deaths	03	00	-	23	-	0	-	-	0	-	0	0	0	0	0	0	0	0	0	0	12

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Brook.	Deaths.	000000000000000000000000000000000000000		000000000000
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South- Eastern.	Destps.	000000000000000	000000000000000	000000000000000
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Grove.	Deaths.	0000000000	000000000000000000000000000000000000000	0000000000
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Fountain.	Deaths.	1 0000100000	0000000000000000	00000000000
Four	Савев.	0440400004 8	0000000000	04000000000000000000000000000000000000
South- Western.	Destps	0000000000	ооооооооо п	0000но0000н о
So Wee	Cases.	40004044040 N	D HOOOORMOOOO	4000001110141 8
Western.	Deaths.	00000000000	00000000000	00000000000
We	Cases.	118108011100 81	000000000000000000000000000000000000000	
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We	Cases.	081100108118	00000000000	031410010014101
North- Eastern.	Deaths.	01000000000 1	0000000000000000	n 0000000000
	Cases.	122004400177	000000000000000000000000000000000000000	4 the contract of the contract
Eastern.	Deuths.	00010000000	00000000000	000000000000000
Ea	Cases.	#   000000000	0000000000000	**************************************
N		111111111111111111111111111111111111111		
		January February March April May July August September October November December Total	January February March April May June July August September October November December Total	January February March April May June July August September October November December Total
		Faucial and Nasal Cases.	Laryngeal Cases.	All Cases.

# SUMMARY OF THE ANTITOXIN TREATMENT OF DIPHTHERIA DURING 1900.

The three following tables have been compiled on the same rules as in preceding years.

They show the number of cases and the mortality of all cases of diphtheria completed during 1900, also the number of cases and mortality of laryngeal and tracheotomy cases; and in each table are given similar particulars for those cases only which were treated with antitoxin.

In all cases deaths are included even if due to some intercurrent disease.

Table I .- All forms of Diphtheria.

Hospital.		Cases treated with Antitoxin.			All Cases; both those treated with Antitoxin and those not.		
		Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Eastern		1,391	193	13.80	1,406	200	14.20
North-Western		511	92	18:04	794	114	14.30
Western		910	100	10:98	910	100	10.98
South-Western		527	69	13.09	624	69	11.05
Fountain		644	51	- 7:90	710	53	7.40
Grove		574	50	8.70	589	50 -	8.21
South-Eastern		841	134	15.87	1,017	147	14.45
Park		1,009	159	15.70	1,240	163	13.10
Brook		861	88	10.20	935	91	9.70
Total		7,271	936	12.88	8,225	987	12.01

Table II.—Laryngeal Cases.

Hospital.		Cases treated with Antitoxin.			All Cases; both those treated with Antitoxin and those not.		
		Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Eastern		183	37	20.20	186	40	21.50
North-Western		52	13	25.00	57	- 16	28.70
Western		70	18	25.70	70	18	25.70
South-Western		54	14	29.92	54	14	25.92
Fountain		32	7	21.80	34	9	26.40
Grove		51	8	15.68	51	8	15.68
South-Eastern		194	48	24.74	203	58	26.108
Park		64	23	35.90	66	23	34.60
Brook		77	14	18:10	78	15	19:20
Total		777	182	23.20	799	196	24.57

TABLE	III7	Cracheotomy	Cases.
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Hospital.		Cases treated with Antitoxin.			All Cases; both those treated with Antitoxin and those not.		
		Cases,	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Eastern		78	31	39.70	80	33	41.20
North-Western		36	12	33.30	38	13	34.20
Western		33	11	33.30	33	11	33.30
South-Western		25	7	28.00	25	7	28.00
Fountain		19	4	21.00	21	6	28.50
Grove		23	7	30.43	23	7	30.43
South-Eastern		77	27	36 00	82	34	41.40
Park	,	44	19	43.10	45	20	44.40
Brook		42	12	28.50	43	13	30.20
Total		377	127	83.65	390	139	34.30

#### NOTE ON ANTISEPTIC LOTIONS.

(By H. W. L. Barlow, M.B., Assistant Medical Officer, Park Hospital.)

Six ordinary mouth washes were examined with respect to their action on some micro-organisms.

- A. Chlorinated Soda Lotion.—Lot. Sod. Chlorinat. B.P., 1 part in 15 of water. Approximate cost, ½d. per 100 fluid ounces. Strongly alkaline, forming alkali albumen with proteids. Contained 18% available chlorine.
- B. Chlorine Lotion.—Pot. Chlor. 3 iss., Ac. Hydroch. 3 vi., in 110 ounces water. Cost, 3d. Acid, contained \*037 % chlorine.
- C. Boracic Acid Lotion .- Cost, 1d. Acid.
- D. Alkaline Boracic Acid Lotion.—Sod. Bicarb. 3 ii., Ac. Boric. 3 ii., Ess. Eucalypt. 3 i., in 100 ounces. Cost, 1d. Alkaline.
- E. Sanitas Lotion.—Sanitas, 3 iiss., Sod. Bicarb. 3 ii., in 100 ounces water. Cost, 1d. Alkaline.
- F. Hydrogen Peroxide Lotion.—Sol. Hyd. Perox., O. i., Ess. Eucalypt. 3 v., Tr. Lavand. Co., 3 v., in 100 ounces. Cost, 6d.

Method.—In the graduated tube of a centrifugal machine, the solutions given above were diluted nearly one-half either by water or by varying strengths of ascitic fluid (s.g. 1011, alb. ·8 %) or bouillon. A "suspension" in sterile water of serum cultures obtained from diphtheritic throats was poured on to this so as to make the dilution exactly one-half, and after a fixed time the organisms were separated by the centrifuge and cultivated without washing on serum. They were

stained by Neisser's method and by Carbol Fuchsin, control cultures being also examined.

Suspension I.—A mixed culture obtained from a diphtheritic throat showing streptococci, staphylococci, a yeast, and diphtheria bacilli.

$$O = No$$
 growth. Sc. = Scanty.  $+ = Moderate$ .  $+ + = Vigorous$  growth.

		One minute's action.	Two minutes' action.	Three minutes' action.
Equal parts water and lotion.	A B C D E F	Sc. = Sta. Str. Y. D. O + + = Sta. Y. D. + + = Sta. Str. Y. D. + + = Sta. Str. Y. + + = Sta. Y. D.	Sc. = Sta. Str. Y. D. Sc. = Sta. + + = Sta. Str. Y. D. + + = Sta. Y. D. + + = Sta. Y. D. + = Sta. Y. D. + = Sta. Y. D.	O O O + + = Sta. Y. D. + = Sta. Str. Y. D. + = Sta. Y. + = Sta. Y.

Suspension I.—Another culture showing staphylococcus pyogenes aureus and diphtheria bacilli.

		One minute's action.	Three minutes' action.	Five minutes' action.
Equal parts water and lotion.	A B C D E F	Sc. = Sta. + = Sta. D. + = Sta. D. + = Sta. D. + = Sta. D. + = Sta. D.	ON AMTISEPT	O O + = Sta. D. + = Sta. D. + = Sta. D. + = Sta. D.
25 % ascitic fluid.	A B C D E F	O Sc. = Sta. + = Sta. D. + = Sta. D. + = Sta. D. + + = Sta. D.	O Sc. = Sta. + + = Sta. D. + = Sta. D. + = Sta. D. + = Sta. D.	1 colony = Sta. + = Sta. D. + = Sta. D.
25 % bouillon.	A B C D E F	+ + = Sta. D. + = Sta. D. + + = Sta. D. + + = Sta. D. + + = Sta. D. + = Sta. D.		O O + = Sta. D. + = Sta. D. + = Sta. D. + = Sta.
50 % ascitic fluid.	A B	+ + = Sta. D. + + = Sta. D.		

Other experiments produced similar results. For example, it was found that the growth of typhoid bacilli in proteid solutions, e.g., ascitic fluid, bouillon, &c., was not much hindered by the addition of small quantities of the lotions in question.

Conclusions.—1. The beneficial action of some of the antiseptic lotions examined is largely mechanical, to a less extent chemical, and to a comparatively small degree germicidal. Used in the strengths and for the length of time actually

employed in the wards, some of them appear to be little superior as bactericidal agents to plain water.

2. The chlorine lotions are the best and also the cheapest of those examined, but their germicidal power is considerably impaired by admixture in sufficient amount of albuminous bodies with which they can chemically combine, such as must always be present in the nose and mouth. They are also, of course, more irritating than the others.

# TWO CASES OF PERICHONDRITIS LARYNGIS SECONDARY TO ENTERIC FEVER.

(By A. KNYVETT GORDON, M.B., B.C., B.A. Cantab., Senior Assistant Medical Officer at the Park Hospital.)

In the last year, two cases of abscess of the larynx have occurred in the enteric fever wards at the Park Hospital, and in each of them an autopsy was obtained.

Case 1.—A boy, aged 13, was admitted on May 31st, with a severe attack of enteric fever. He had been ill at home for 12 days, during which time he had not had any nursing except what his mother was able to give him in the intervals of her work, no particular attention having been paid to the cleansing of his mouth. When first seen his mouth was in a very dirty condition, the teeth and gums being covered with layers of dried and extremely fætid mucous; the tongue was dry and cracked, and all over the fauces were particles of food débris. There were some carious teeth. His voice, though husky at first, became normal when the mouth had been cleaned, and his general condition, which need not here be further described, was that of a severe case of enteric fever.

On June 7th, the 19th day of disease, the cough was noted as being hoarse, and the next day the voice was hoarse also. On the 26th day there was a sudden attack of dyspnæa. The patient sat up in bed, and the lips became blue. The respiration was shallow and gasping, but there was no laryngeal obstruction whatever. As the right heart was dilated to half an inch outside the right sternal margin, venesection was performed, with marked relief, the distress subsiding almost immediately. From this until his death on the following day there were three similar though less severe attacks, which were relieved by the application of a hot towel to the cardiac area, but there was not at any time the slightest evidence of any obstruction in the larynx. He died of heart failure and bronchitis on the 27th day of a severe attack of enteric fever.

On slitting up the larynx from behind, a cavity was found on the left side, which held about one drachm of pus and broken-down débris. It extended from the anterior to the posterior middle line, and thus occupied almost the entire half of the larynx, but the right side was normal. Its upper limit was the lower edge of the left vocal cord, and it extended downwards to the bottom of the cricoid cartilage. The arytenoid cartilage had disappeared, and the cricoid cartilage was lying, almost as a sequestrum, in the cavity of the abscess. A small hole

was found on the inner aspect of the swelling from which pus was exuding, the cavity being only about one-third full at the time of the autopsy.

It seemed to have started as a perichondritis at the crico-arytenoid joint and to have gone on to complete disorganisation of the arytenoid and necrosis of the cricoid. The leakage through the aperture on the inner surface had prevented the swelling causing any great amount of laryngeal obstruction.

Case 2.—A boy, aged 15, was admitted on September 20th with an attack of well-marked enteric fever. The mouth was dry and the gums sore, and covered with scabs of dried blood and muco-pus; the tongue was dry and cracked, and there was one carious molar tooth, from the cavity of which pus was exuding; this was extracted, and a small peridental abscess was thus opened, which, however, healed up in a few days.

He had a severe attack of enteric fever, with hæmorrhages from the bowel on the 13th to the 15th day of disease. On the 27th day he was noticed to be slightly hoarse, and on the morning of the 28th day his respiration was distinctly stridulous. The stridor increased, and by mid-day he was suffering from severe laryngeal obstruction; the lips were blue, and there was much dyspnæa, though, as was to be expected from the age of the patient, there was little or no intercostal or epigastric recession. A high tracheotomy was then performed, after injection of eucaine subcutaneously, no general anæsthetic being required, with complete relief of the distress. A No. 5 Parker's tube was inserted. The next day a view of the larynx was obtained, and a large swelling was found occupying the entire right half of the larynx, and extending partially over to the left side behind, so that all that could be seen of the vocal cords was the anterior two-thirds of the left one. The swelling was bright red in colour, and was causing almost complete glottic obstruction. As seen from day to day, the tumour gradually decreased in size, but there was no sudden discharge of pus, though the buccal secretion was mucopurulent throughout. Seventeen days after the tracheotomy, he was able to breathe without the tube for a short time, and from thence to his death, on the 26th day after tracheotomy, and the 54th of the disease, the metal tube was not used, though he required a rubber tube for short periods after attacks of coughing. The voice did not return at all. His death occurred after laparotomy and suture of the intestine for a perforation arising on the 12th day of a relapse of enteric. This part of the case was reported more fully in the Lancet of February 2nd, 1901.

Post-mortem.—On slitting up the larynx from behind, a cavity was opened, which was almost empty, containing only a little débris of laryngeal tissue. It extended right across the posterior part of the larynx, reaching on the left side anteriorly to half-way down the vocal cord, but below it throughout. On the right side it had burrowed above the glottis, opening on the superior aspect of the larynx at the anterior attachment of the right vocal cord. Below, it reached to the lower edge of the cricoid on each side, but it was on the outside of it throughout, and the cartilage itself was not loosened. The left arytenoid was present, but the right was represented by only a few fragments of débris. The tracheotomy wound reached from the lower edge of the cricoid through the first two rings in the middle line of the trachea, which was normal below the wound.

These two cases are interesting from the difference in the clinical symptoms produced by almost identical lesions. In the first case, the result of the perichon-

dritis was a series of attacks of dyspnæa, which was, I take it, a reflex act from irritation of the superior laryngeal nerve. I do not think there was any actual obstruction in this case. In the second, the abscess did not burst until it had caused much laryngeal obstruction, and the rapidity of development of the symptoms is remarkable. From the onset of the stridor to the tracheotomy was only some ten hours.

Perichondritis laryngis is a rare complication, but it appears to be a very frequent sequel of any ulceration of the larynx occurring in the acute stage of enteric fever. Keen has collected from his own and Linning's observations 221 cases of disease of the larynx in enteric fever. Of these 197 resulted in acute laryngeal obstruction. As ædema of the larynx is described as a very rare affection, it is probable that the majority of the cases were due to abscess. In 75 of these there was necrosis of a cartilage, and of these, again, 71 died. Horton-Smith has collected 165 cases of autopsies on cases of enteric at St. Bartholomew's Hospital in which the larynx was examined, and in these ulceration was found in 42 and perichondritis in 6. In the Munich series of 2,000 autopsies on cases of enteric, ulceration of some part of the larynx was found in 107.

The most remarkable point in the pathology of the laryngitis of enteric fever is, to my mind, that Eberth's bacillus is not found in the larynx, but cocci of various kinds and numerous bacilli not allied to the bacillus typhosus are present instead; in fact, such micro-organisms as are found in the mouth.

As regards treatment, the occurrence of perichondritis is, I think, an additional indication for a most rigorous cleansing of the mouth and teeth in the acute stage of enteric fever. One is too apt to assume that the dry and dirty condition of the mouth and tongue is due entirely to the pyrexia and to the condition of the alimentary tract. Sometimes we go further and assume that every patient with a dry tongue has or is going to have a severe attack of enteric. The state of the mouth is more often due to the presence of decayed teeth; certainly, it is a clinical fact that it is almost impossible for a nurse to get the mouth clean when these are present, and her difficulty is largely lessened when they are removed. It is, I think, more often a local than a general condition. In addition to the extraction of any carious teeth as soon as the patient is seen, the gums and teeth should be scrubbed with a brush and an alkaline antiseptic. The usual routine of gargling and swabbing is not sufficient, however virulent a germicide is used for the purpose. It is, of course, impossible to assert that a foul condition of the mouth produces perichondritis, but one should, at all events, be careful to avoid any pollution of the air stream before it reaches the larynx. The main indication for a vigorous treatment of the mouth is that it often enables one to feed the patient and increases the ability of the patient to digest food in the acute stage.

As to treatment of the perichondritis when it has arisen, there is, I fear, little to be done intra-laryngeally. In a condition where there may be, and probably is, a loose bit of cartilage inside the abscess, it is unwise to attempt to open it from within, without a preliminary tracheotomy—the risk of suffocation is too great. In each of the present cases the abscess burst, or rather leaked of its own accord. Then, too, the obstruction is frequently subglottic, and also the general mental condition of the patient during an acute stage of enteric makes it

exceedingly difficult to pass any instrument into the larynx, sometimes even to see it.

As a rule, perichondritis seems to occur only in cases that are almost necessarily fatal from the stress of the disease, but where recovery takes place, the risk of cicatricial contraction and subsequent stenosis is great.

### A SUCCESSFUL CASE OF LAPAROTOMY FOR PERFORATION OF THE BOWEL IN A CASE OF ENTERIC FEVER.

(By J. WILKINS, M.R.C.S., L.R.C.P. Lond., and F. VILLY, M.D., B.A. Camb.)

Dr. Osler has recently (Lancet, February 9th, 1901) addressed to the medical officers of fever hospitals a plea for the more careful study of the symptoms of perforation (in typhoid fever) with a view to early operation. In this paper he mentions that Dr. Finney has collected 112 cases of laparotomy for perforation, in which the death-rate was only 21. Even supposing that these were specially favourable cases, the results are still admirable and most encouraging. The chief element in success is the early diagnosis of perforation, and this is beset with One cause of hesitation in diagnosis is that not infrequently cases occur in which towards the end of the third week there is vomiting with more or less severe abdominal pain, tenderness, and distension, marked decrease of the abdominal movements, facial pallor and anxiety, with quickening and diminution of the pulse, and one feels all but certain that perforation has occurred, but in the course of a few days all the alarming symptoms have disappeared and the patient progresses favourably. The case described below suggests as an explanation for these cases that the symptoms may be due to a plastic peritonitis, the result of a direct extension of inflammation to the peritoneum through the thin base of an ulcer, and that the adhesions thus formed proved adequate to the needs of the case and that recovery then ensued.

The patient, G. H., aged 13, was admitted to the South-Eastern Hospital on July 19th, suffering from enteric fever. She had been ill about a week before admission, having suffered from headache and malaise since the 13th of July, and diarrhœa since the 16th.

On admission, the 7th day of illness, she was thin, pale, and delicate-looking, irritable and peevish in manner, but did not appear to be very ill. The abdomen was tumid, the spleen was enlarged, there was no eruption. Respiration was slightly hurried, and some bronchitis was found to be present. The tongue was furred, cracked, and dry, this being in part due to the patient breathing through her mouth, which was constantly half open. The pulse was good and the mind clear, The patient slept well and took her nourishment readily. The motions were pale and loose, not frequent, there being usually two in the 24 hours. The temperature ranged from 104.6, the highest point reached, to 101; usually the evening temperature was about 103. The patient appeared to be progressing favourably, she became more cheerful, and her tongue became cleaner and moister; the abdomen remained tumid. Nothing occurred worthy of note until July 26th; from that date

to the 28th the temperature gradually fell from 103.6 to 99. There was nothing to account for this fall of temperature. The abdomen was free from pain and tenderness, the patient was feeling better and appeared to be so. The temperature rose again gradually, reaching 104.2 at 2 a.m. on the 30th, this being the 18th day of disease. The patient was now inclined to be restless, but after being sponged with tepid water her temperature fell to 102 and she slept fairly well. At 6 a.m. the temperature was 100.8, and the patient complained of nausea and slight ill-defined abdominal pain. At 12 noon there was slight general abdominal tenderness, no alteration in liver dulness, and the abdominal wall moved normally. The pulse was soft and quiet, the tongue clean and moist.

2 p.m.: since the morning the pain had steadily increased, but was not now localised to any definite part of the abdomen, though rather more marked in the right iliac fossa than elsewhere. Tenderness and resistance to pressure were great, but not more distinctly localised than the pain. The abdominal wall moved freely with respiration, nor was there tumifaction or alteration of the normal areas of dulness. The general condition was excellent.

7.30 p.m.: since the last note, several distinct changes had occurred. The face had become anxious in expression and the pulse to a certain extent "wiry." The complaint of pain was more urgent, and now a definite localisation in the right iliac region was described. In a similar way tenderness and resistance to pressure had increased and become definitely localised. Whilst the liver dulness was unaltered, a new area of dulness had appeared in the right iliac fossa, the abdomen as a whole being slightly more resonant and prominent, though still by no means distended. The abdominal wall still moved with respiration, though there was a distinct decrease in the range of that movement.

Though nausea had been experienced, no vomiting had occurred. The bowels had been opened three times during the day, twice by means of a simple enema. The temperature showed no characteristic rise or fall. Eight minims of the tincture of opium were administered.

11.45 p.m.: no definite alteration had occurred since the last notes were taken.

Dr. Villy now opened the abdomen under chloroform in the region of the right semilunar line by an incision some 21 to 3 inches in length. The outer border of the rectus abdominis muscle was then separated. The abdominal cavity having been opened, it was seen that only slight indications of peritonitis were present. The peritoneum was injected and very slightly roughened in parts; in other places very recent adhesions were present, the omentum being adherent to the bowel in a few places, and the coils of bowel were slightly attached one to another. These adhesions were so slight as to be separated by the lightest touch. There was no sign of fluid or of fœcal extravasation. On pulling out the coil of gut which presented in the wound, a minute perforation was almost immediately exposed. It was situated at the base of an ulcer of about the size of a sixpenny piece. The whole ulcer was inverted in a direction transverse to the long axis of the bowel, and the peritoneal surfaces thus opposed were united by about six fine silk Lembert sutures. No peritoneal toilet was made, but the exposed bowel was sponged with boracic acid lotion and returned. The incision was completely closed by silk sutures, including the peritoneum and the whole thickness of the abdominal wall.

The operation was completed in about 45 minutes. The patient's general condition was little, if any, affected by it.

A point of interest with regard to the abdominal condition was the early state of the peritoneal imflammation, together with the absence of focal extravasation, though a perforation was undoubtedly present, and had probably been in existence for several hours. It is possible that the gap had been temporarily stopped by adhesion of neighbouring surfaces, for such slight adhesions as were found were broken down by a mere touch, and so their actual positions and relations were difficult to observe. At the same time the perforation itself was very minute, and it is thus possible that it might have been temporarily plugged from within by a portion of mucous membrane or other substance. Either cause may be imagined as powerful enough to prevent more than a slight exit of the bowel contents, especially when the probable paralysed state of the wall is borne in mind.

The patient slept well the night after the operation. She had severe pain at times, but there was no retching or sickness. Peptonised milk was given every three hours by enema, T. opii in mx. being added when the pain was very severe. Warm water was given by mouth.

August 1st.—The patient was very comfortable. The temperature ranged from 99 to 101. One ounce of peptonised milk was given hourly by mouth.

August 2nd.—The abdomen was less tumid. Tenderness was quite local and confined to the right iliac region.

August 3rd.—The patient did not seem so well. The pulse was quicker and dicrotic. The cheeks were flushed, and there was severe pain at times.

August 4th.—The stitches were removed, the wound gaped slightly in parts. There was very little tenderness or tumidity.

August 6th.—The wound was gaping, and showed the peritoneal union to be good. The edges were now approximated by strapping, and the wound healed slowly by granulation, and was quite sound by September 4th.

The patient was discharged in excellent health and condition on October 10th.

### THE DIPHTHERIA BACILLUS AND ITS SIGNIFICANCE IN CASES OF SCARLET FEVER.

(By W. T. GORDON PUGH, M.D., B.S. Lond., Senior Assistant Medical Officer, North-Eastern Hospital.)

In this paper I have recorded certain observations on the occurrence of diphtheria bacilli in cases of scarlet fever in this hospital, and have incorporated therewith brief accounts of such investigations on the subject of diphtheria as have seemed of interest in connection with the origin and spread of post-scarlatinal diphtheria. In order to indicate clearly these points it has been necessary to include a section on the organisms concerned. The importance of the subject from an administrative point of view will, I hope, justify the length of the paper.

#### I.—THE TRUE DIPHTHERIA BACILLUS AND ITS SIMULATORS.

An examination of the literature of diphtheria reveals the fact that considerable lack of uniformity has existed in describing and naming diphtheroid organisms, a fact which depreciates the value of many of the investigations. It has, therefore, seemed advisable that in the first place a classification of these organisms should be adopted and their relation to one another discussed.

The classification at present in general use is founded on one suggested by Park and Beebe<sup>1</sup> in 1894, and is as follows:—

Group I .- the virulent diphtheria bacillus (Klebs-Loeffler).

- " II.—the non-virulent diphtheria bacillus.
- , III.—the Hoffmann bacillus.

By the vast majority of bacteriologists it is believed that only bacilli of group I, are capable of causing diphtheria.

NOMENCLATURE.—An analysis of previous papers on this subject was published by Hewlett and Knight<sup>2</sup> in 1897. They, adopting in essence the classification of Park and Beebe, showed that, while all were agreed as to what was the virulent diphtheria bacillus, confusion arose as to what was the "pseudo-diphtheria bacillus"; that the pseudo-diphtheria bacillus of Roux and Yersin, of Fraenkel, and of Abbott was what is included in this classification as group II., while the pseudo-diphtheria bacillus of Læffler, Hoffmann, Zarniko, Escherich, Park and Beebe, and Peters was what is here called Hoffmann's bacillus. Similarly, the acid-forming and the alkali-forming pseudo-bacilli of Cobbett and Phillips are groups II. and III. respectively. The obvious course to adopt was to abandon the use of the term pseudo-diphtheria bacillus altogether, but this, unfortunately, was not done by the authors, who gave the title to the third group on the ground of priority; by several later writers, however, the term has been discarded.

many forms that may be assumed by the virulent diphtheria bacillus should be described. With regard to the non-virulent variety, all that have come under my notice have been absolutely indistinguishable microscopically from the virulent organism.

As, however, the descriptions of Hoffmann's bacillus given in the various text-books and papers do not exactly tally, a short account of that micro-organism may not be out of place. Examined at the end of 24 hours' growth on blood-serum and stained with Læffler's methylene blue, it is a short bacillus, frequently arranged in parallel pairs; in its centre an unstained narrow interval can generally be seen, each half appearing as a pyramid uniformly stained. A fair proportion do not present this division into two parts, but are simply short rods slightly thicker in the middle. Occasionally a pyramid may be seen quite separate from its fellow, and by some observers each half of the bacillus is described as a separate entity arranged with its base in apposition to its companion pyramid. In general, no difficulty is experienced in identifying the Hoffmann bacillus; there is, however, a short type of the diphtheria bacillus

<sup>1</sup> New York Medical Record, 29th September, 1894.

<sup>&</sup>lt;sup>2</sup> Trans. of Brit. Inst. of Prevent. Med., first series, 1897.

which somewhat closely resembles it, and, again, in cultures of the former there occasionally appear degenerate forms, even at the end of 24 hours, which in their aggregations of protoplasm and clubbing much simulate the diphtheria bacillus and suggest an admixture of the two.

These, then, are the bacilli between which it is necessary to distinguish. That those of group II. should be returned as "diphtheria bacilli" by bacteriologists, in the rapid report required by the physician, is of course under the circumstances unavoidable, but it is disconcerting to find some similarly returning bacilli of the third group. Thus, a distinguished bacteriologist in 1898 wrote, "... there can "be no doubt that these short forms-whether Hoffmann's or not-are less virulent "than the longer forms. At the same time they appear to have the capacity "under certain circumstances of becoming much more virulent, and it is for this " reason that we return them as diphtheria bacilli, especially where isolation is Again, another bacteriologist3 says, " . . . I believe that "Hoffmann's pseudo-bacillus is a modified Klebs-Læffler, and that when it is "present a positive diagnosis should be given"; while in a paper published in September, 1900, Andrewes says, "Within the last few months I have been "concerned with a private school in which cases of diphtheria had occurred. The "boys were sent home while disinfection was carried out, and no boy was allowed "to return until cultivations from the throat and nose had shown the absence of "diphtheria bacilli. Between 50 and 60 boys were thus examined: in no case "were any suspicious bacilli found in the throat, but in about 10 cases reports "came from different bacteriologists that diphtheria bacilli (or the more cautious "report 'bacilli morphologically indistinguishable from diphtheria bacilli') were "present in the nose. These boys were all in perfect health, but the bacteriologists "were not told that the material came from healthy noses, and they fell into the "pit. But in no single case were the bacilli found to have any pathogenic effect "upon guinea-pigs, when more careful tests were applied. Eight of the 10 were "submitted to me, and I found only Hoffmann's bacillus or some allied harmless "species; the other two were tested elsewhere with similar result."

It is this that makes statistics of investigations into the presence of diphtheria bacilli in scarlet fever patients unreliable; some of the investigators may have distinguished the three groups, some the first two from the last, others may have included all three as diphtheria bacilli.

THE DIFFERENTIATION OF GROUP III. FROM GROUPS I. AND II.—The following are the more commonly accepted tests:—

- (a) The fermentation of neutral litmus glucose broth: bacilli of both groups I. and II. render this acid; Hoffmann's bacillus does not.
- (b) Inoculation of guinea-pigs: Hoffmann's bacillus in being non-pathogenic differs from bacilli of group I.

The second test, although of great scientific interest and importance, is naturally of no practical value to the clinician who desires to make an early diagnosis and who, moreover, has no facilities for inoculation. The first test

<sup>&</sup>lt;sup>5</sup> Trans. of Jen. Inst. of Prev. Med., second series, 1899, p. 203.

<sup>\*</sup> Brit. Med. Journ., 29th September, 1900.

requires a pure culture and may, therefore, for the same reason also be neglected.

The only test remaining which seems worthy of mention is

(c) Neisser's diagnostic stain. —A film preparation of a blood-serum culture, of not more than 24 hours' growth, is stained with acid methylene blue solution for five seconds, washed and stained with vesuvin for about 10 seconds. So treated, the diphtheria bacillus appears as a brown rod with an inky granule at each pole, occasionally with a third at its middle. In agar cultures the reaction is very variable and usually badly marked. "... The pseudo-diphtheria bacillus of "Hoffmann morphologically differs entirely from it and never shows any granules. "With preparations of the xerosis bacillus, an individual here and there resembles "the diphtheria bacillus, but the majority do not react. Certain thread forms or "strepto-bacilli such as the leptothrix in the mouth show the double staining, but "the threads are thick and the granules large and spherical" (Hewlett).8

Other opinions on the value of the stain may be quoted. Fraenkel<sup>9</sup> in December, 1897, stated that he had been able to confirm Neisser's observations, and he looked upon the whole process as very simple and rapid, but regarded the inoculation of animals as the only absolute test. Bronstein<sup>10</sup> in February, 1900, said this method had to a great extent obviated the necessity of inoculating animals in doubtful cases. True Klebs-Læffler's bacilli presented a double staining; the pseudo-bacillus had no polar granules and there was no double staining. He examined a number of membranes; in 172 true diphtheria bacilli were found by culture, and out of 150 of these in which preparations had been made directly from the membrane. Neisser's reaction had been obtained in 135. Schanz<sup>11</sup> in March, 1898, adversely criticised the method, while Andrewes <sup>12</sup> has recently said: "I have employed the test regularly for some time, and my experience is that, while "it is a useful confirmatory test, often helpful, it is not one upon which absolute "reliance can be placed."

It will be seen that there is among writers some difference of opinion regarding Neisser's stain. With bacilli of both groups I. and II. grown on blood serum for about 24 hours I have, I think without exception, succeeded in obtaining a positive result; after 48 hours' growth the reaction has generally been feebler and variable; after 60 hours, as a rule, it has not been obtained. It is not usual, however, in any specimen for all the bacilli to stain. Hoffmann's bacillus, on the other hand, appears never to show the pole granules; I have examined pure cultures of this organism through over 20 generations with uniformly negative results.

In Neisser's stain, therefore, clinicians possess a valuable method of definitely distinguishing the third group from the other two, but it is not a test that separates the virulent diphtheria bacillus from its non-virulent simulant of group II. With this limitation, I believe it has proved a most efficient aid during a period of about three years, in which it has been used as a routine confirmatory test in this hospital. Besides its use in differential diagnosis, it has seemed of

<sup>5</sup> Zeitschr. für Hyg., bd. xxiv., 1896.

<sup>6</sup> One gramme of methylene blue (Grubler's) is dissolved in 20 c.c. of alcohol (96 %), and mixed with 950 c.c. of distilled water and 50 c.c. of glacial acetic acid.

Two grammes of vesuvin are dissolved in 1,000 c.c. of boiling distilled water, and the solution is filtered Trans. of Jen. Inst. of Prev. Med., second series, 1899.

\*\*Berl. klin. Woch., 13th December, 1897.

<sup>10</sup> Berl. klin. Woch., 12th February, 1900. 11 Münch. Med. Woch., No. 11, 15th March, 1808. 12 Loc. cit

particular value in picking out a few diphtheria bacilli from an admixture with Hoffmann's bacilli, in cultures where the latter have apparently outgrown the more important organism.

THE DIFFERENTIATION OF GROUP I. FROM GROUP II.—It is generally held that the inoculation of guinea-pigs furnishes the only method by which the virulent diphtheria bacillus can be with certainty distinguished. Since it is claimed that there are similar organisms pathogenic to these animals, yet unconnected with diphtheria, it is now regarded as essential for absolute proof that diphtheria antitoxin should be capable of neutralising in a control animal an otherwise fatal dose of the bacillus.

THE RELATION OF THE GROUPS TO ONE ANOTHER.—On this subject there still exists uncertainty. By many, however, the non-virulent diphtheria bacillus is considered to be a saprophytic variety of the Klebs-Læffler organism, while the Hoffmann bacillus is regarded as probably a totally distinct species. The possibility of the conversion of one group into another is, from a practical standpoint, of much importance.

The conversion of Group I. into Group II.—Roux and Yersin found it was possible to produce an attenuation of the virulence of the bacillus in a number of ways. "For instance, if a current of sterile air is kept passing through a broth "culture maintained at a temperature of 39.5° C., after about two weeks some of "the bacilli begin to lose their virulence, and at the end of about four weeks all "the bacilli have lost all of their virulence and produce non-virulent cultures. A "little while after losing their virulence the bacilli remaining in the culture died. "They also found that if from time to time cultures were made from dried bits of membrane, a period finally came when the bacilli, although alive, had become "non-virulent." 13

The conversion of Group II. into Group I.—Roux and Yersin were unable, on the other hand, to give back virulence to those bacilli which had been completely robbed of it by the above method, or to those which had no virulence originally when obtained from the throat. Their attempts were more successful when they used a bacillus that still retained some slight action on the guinea-pig—by injecting a mixture of this non-fatal bacillus and very active cultures of the streptococcus of erysipelas, virulence was, though not invariably, restored.

The conversion of Group I. into Group III.—Hewlett and Knight kept 48-hour broth cultures of a virulent diphtheria bacillus at a temperature of 45° C. for (a) 4, (b) 6½, (c) 17, and (d) 24 hours respectively. No subcultures could be obtained from (d); from (a) and (b) virulent subcultures were readily obtained. With regard to (c), "the growth in the first subcultures obtained from the broth "heated for 17 hours was very poor, showing that most of the organisms "had been killed, and the nature of those that remained alive appeared to have "been completely changed. . . . In later subcultures the growth was as good as "before heating." These latter were undoubtedly cultures of Hoffmann's bacillus. The experimenters were confident that the suggestion that the original stock was a mixture of Klebs-Læffler and a few Hoffmann's bacilli was untenable, but as they

attempted to obtain the same transformation with other virulent diphtheria bacilli without the same complete success, it cannot be said that the evidence is satisfactory.

The conversion of Group III. into Group I.—Investigations of this nature lend themselves to much criticism on account of their inherent difficulties; for, when it is remembered that diphtheria bacilli may not rarely be outgrown in cultures by Hoffmann's bacilli, that the plate method is far from perfect in separating microorganisms which are very similar, that a negative result of the neutral glucose broth test and of the inoculation of guinea-pigs does not prove complete absence of virulent diphtheria bacilli in the culture used,—it will be obvious that to be convincing the evidence should be without flaw; especially, the source of the culture should be one which is above suspicion as to the possibility of contamination with the virulent bacillus. Space, unfortunately, does not permit a detailed account of these investigations.

Trumpp<sup>15</sup> in 1896 stated that by injecting simultaneously a dose of the culture and a small quantity of diphtheria toxin he had succeeded in changing a bacillus, non-virulent to the guinea-pig and of the pseudo-diphtheritic type, into one which proved pathogenic to that animal. Hewlett and Knight<sup>16</sup> in 1897 said that they believed that in one or two cases they had succeeded in transforming the pseudo-diphtheria bacillus of Hoffmann into a virulent form. The treatment consisted in incubating cultures showing only typical pseudo-forms, both morphologically, culturally, and in non-virulence, on serum for a week for a variable number of generations. Salter and Richmond<sup>17</sup> stated in 1899 that by several passages through very susceptible birds, such as the goldfinch, they had been able to change the form of the Hoffmann into that of the Klebs-Læffler bacillus, and to exalt its virulence until it had been able to kill the guinea-pig.

In these investigations, however, the source of the Hoffmann bacillus, where it is mentioned, has almost invariably been a singularly unfortunate one. Thus, in the only experiment described in detail by Hewlett and Knight, the Hoffmann bacillus was derived from a nurse who had been in attendance on a case of diphtheria, while in Salter and Richmond's experiments, of the 15 strains of bacilli the sources of which are given in the paper, no fewer than 14 are stated to have been obtained from cases clinically diphtheria or post-scarlatinal diphtheria. Conclusions so far-reaching in their consequences cannot be accepted without due confirmation.

clinical significance of these organisms.—By some writers it is said that Hoffmann's bacillus causes a mild tonsillitis, but I have never been able to convince myself that in any of the numerous cases of tonsillitis which have occurred at this hospital its presence was more than accidental. As will be shown later, a considerable percentage of children have normally these bacilli in nose or throat.

As to the diphtheria bacillus, an attempt will be made in the following sections to show that it is not justifiable to regard children in whom bacilli morphologically

<sup>14</sup> Cobbett and Phillips, Journal of Path. and Bact., Dec., 1836.

<sup>15</sup> Centralb. f. Bakt., bd. xx., 1896.

<sup>16</sup> Loc. cit.

<sup>11</sup> Guy's Hospital Reports, vol. liii., and Trans. of Jen. Inst. of Prev. Med., second series, 1899.

indistinguishable from the true diphtheria bacillus are found as persons requiring isolation, unless—

- (i.) the virulence of the bacillus is proved, or
- (ii.) the clinical evidence supports the diagnosis of diphtheria, or
- (iii.) there is a history of exposure to infection by this disease.

#### II. - DIPHTHERIA BACILLI IN THE THROAT.

The impression that virulent diphtheria bacilli are not uncommon among healthy members of the general public appears to have gained some hold of our profession. If, however, the evidence upon which this belief is founded be examined, it will be seen that it is not of a very convincing character, and is possibly open to the following explanation:—

- (a) Diphtheria bacilli have been frequently found in the throats of healthy persons who have been exposed to the disease, and in many of these cases the virulence has been tested with a positive result.
- (b) In persons who have not been exposed to this infection it is theoretically probable that the bacilli which have been not infrequently found belong to the nonvirulent or saprophytic class. By some strange fatality the virulence of bacilli found under these latter conditions seems seldom to have been tested, and it has apparently been assumed that they are of the true Klebs-Læffler variety.

I will now proceed to consider the occurrence of bacilli in the throats of healthy persons under various conditions.

(1.) In those who have been exposed to infection.—Many investigations might be quoted proving the liability of those who are brought into close contact with patients suffering from diphtheria to acquire virulent bacilli in their throats without showing any signs of the disease.

Johannessen<sup>18</sup> found the virulent bacillus present in the healthy throats of three out of 20 children in a ward in which a case of diphtheria had occurred.

Park and Beebe<sup>19</sup> examined the throats of the healthy children of 14 families in which one or more of the other members had diphtheria. There were in all 48 healthy children; in 13 of the families and in 50 per cent. of the children diphtheria bacilli were found. Six cultures were tested for virulence with positive results.

Meade Bolton<sup>20</sup> believed as a result of his investigations that more than onethird of those exposed to infection get the bacilli in their throats.

(2.) In institutions.—Goadby<sup>21</sup> in 1898 examined bacteriologically the throats of 100 healthy children in a barrack school where no diphtheria had occurred for two years. Carbol-methylene blue and Neisser's stain were used, and Hoffmann's bacillus differentiated. Diphtheria bacilli were found in 18 of the cultures. Whether these were of the second group, the saprophytic variety, was not ascertained, the inoculation test, as Mr. Goadby has kindly informed me, not being applied. I might mention, however, that recently, in the throat of a child admitted here for scarlet fever from a large orphanage, in which no case of diphtheria had occurred for two years, organisms microscopically indistinguishable

from the Klebs-Læffler bacillus were found, which were capable of rendering neutral glucose broth acid, but were absolutely non-virulent to guinea-pigs.

Goadby was at the time investigating an epidemic of diphtheria at the Poplar Union Schools, where about 600 children are kept on barrack principles, there being but one playroom for each sex. Twenty-three cases of diphtheria had already occurred when the cultures were taken. No fewer than 190 (32 per cent.) out of the 586 children examined were found to have diphtheria bacilli in their throats. What proportion of these were of the virulent variety it is impossible to say; cultures from two children, who had no clinical signs of throat affection, were found to be fully virulent. Only 15 of the 190 subsequently developed clinical diphtheria.

Aaser,<sup>22</sup> in an outbreak of diphtheria in a soldiers' barracks, found the bacillus in 17 out of 89 healthy throats. Denny<sup>23</sup> in 1899 examined the throats of 200 boys in a truant school, in which four cases of diphtheria with membrane had occurred. In 22 the cultures gave a positive result; only six of these boys had sore throats, the others being apparently quite healthy. Berry and Washbourn<sup>24</sup> met with like results in an examination under similar circumstances of the throats of children at the London Orphan Asylum in 1898. In none of these investigations, however, is it stated that the virulence of the bacilli was examined.

(3.) Among the general public.—We find in medical literature but few accounts of the examination of healthy throats apart from those which come under the two heads already discussed.

A feature noticeable in these investigations is that the prevalence of diphtheroid organisms depends largely on the social status, and consequent surroundings, of the persons examined, and also, perhaps, to a certain extent on locality.

Denny,<sup>25</sup> of Brookline, Mass., examined 235 healthy individuals, 216 children and 19 adults, a large proportion being of the well-to-do class. In cultures from their throats only once was the diphtheria bacillus found. This was a school-child who, as far as was known, had not been in contact with any case of diphtheria. The bacilli were so few that a pure culture for inoculation could not be obtained.

Park and Beebe,<sup>25</sup> on the other hand, examined 275 persons, chiefly hospital and dispensary patients, who were not known to have been exposed to infection; from the throats of 26 diphtheria bacilli were obtained, which in 23 cases proved non-virulent to guinea-pigs. Fifty-five patients in a foundling hospital were also examined; among them six were found to have diphtheria bacilli, no fewer than five of the cultures being of the virulent variety. In view of the source of these cultures, one can readily agree with the authors when they express the opinion that these cases were probably the result of an unrecognised case of mild diphtheria. Since it is also stated that two of the carriers of virulent bacilli (though whether of the three or the five is not related) subsequently developed diphtheria, it may fairly be questioned whether there is in this paper anything definitely supporting the belief to which I referred when commencing this section, although it has been frequently quoted for that purpose.

<sup>22</sup> Deutsch. Med. Woch., 1895.

<sup>24</sup> Trans. of Epidem. Soc., Lond., vol. xix.

<sup>25</sup> Boston Med. and Surg. Journ., 22nd November, 1900.

<sup>25</sup> Loc, cit.

<sup>16</sup> Loc. cit.

IN SCARLET FEVER CASES.—The presence of diphtheria bacilli in the throat under these various conditions has been discussed in order that the significance of these bacilli in the throats of scarlet fever patients may be the better appreciated. I will now consider their presence in the throats of patients on reception into hospital. A series of 203 consecutive cases admitted into certain of my scarlet fever wards were examined for this purpose, the cultures being taken in the receiving room to avoid possibility of infection in hospital. In 11 of these were found bacilli morphologically identical with those of diphtheria. In one case the appearance of the throat and the absence of definite evidence of scarlet fever suggested uncomplicated mild diphtheria, which diagnosis was confirmed by the subsequent course of the case; the bacilli were tested by inoculation and found to be virulent. Of the 10 other patients, all of whom were suffering from scarlet fever, six presented only injection of the fauces, three some follicular exudation, and one ulceration of uvula and tonsils.

Thus, of the scarlet fever cases admitted into these wards during three-parts of a year, about 5 per cent. had bacilli which were not to be distinguished by the means available to a physician from the true Klebs-Læffler organism. The bacilli from two of these patients were further examined; they were found capable of producing acid reaction in neutral litmus glucose broth, but to be quite innocuous to guinea-pigs.

It might also be mentioned that Hoffmann's bacillus was found in 41 of the cultures.

Garratt and Washbourn<sup>27</sup> examined the throats of 666 cases of scarlet fever admitted under their care at the London Fever Hospital from March, 1896, to December, 1898. In eight, or 1.2 per cent., were found bacilli morphologically resembling the bacillus diphtheriæ; the inoculation test was not applied.

It will be noticed that this percentage is considerably lower than that found in the patients admitted into this hospital. The difference is possibly dependent on the higher average age and social status of patients at the London Fever Hospital. The relative frequency among the class of patients admitted to the Board's hospitals is confirmed by an investigation of Goodall's<sup>28</sup> in 1896, when among 87 cases of scarlet fever examined on admission six patients were found to have diphtheria bacilli of the long variety in their throats.

I venture to think that the evidence given in this section lends some support to the view that bacilli found in the throats of persons who have not been exposed to the infection of diphtheria belong probably to the saprophytic or non-virulent class, while, on the other hand, those found after such exposure are in a considerable proportion of cases of the true or virulent variety.

#### III.—DIPHTHERIA BACILLI IN THE NOSE.

In this section will be discussed :-

- (1.) The occurrence of diphtheria bacilli in the nasal cavities of scarlet fever patients on admission into hospital.
- (2.) A disease which is described by rhinologists under the title of fibrinous rhinitis.
  - (3.) Post-scarlatinal rhinitis.

(1.) IN SCARLET FEVER PATIENTS ON ADMISSION.—A bacteriological examination was made at this hospital of the noses of 202 cases of scarlet fever, without any selection, the cultures being taken in the receiving room to avoid complication. From 14 long or medium diphtheria bacilli were obtained; from 11, short bacilli, which likewise, stained by Læffler's and Neisser's solutions, were morphologically diphtheria bacilli. With regard to the condition of the nose in these patients, 18 appeared on careful examination quite normal, four were moist, two had thin discharge and sore nostrils, one thick discharge with scabs. In no case could membrane be seen on turbinals or septum.

In 108 cases the bacillus of Hoffmann was found.

It will thus be seen that of the cases examined no fewer than 12 per cent. had bacilli in their noses, which by microscopical examination were not distinguishable from true diphtheria bacilli. One of the cultures of short bacilli, on further examination, gave a positive result with neutral litmus glucose broth, but was found to be non-virulent to the guinea-pig. Two of the cultures of medium bacilli were similarly tested; both were found capable of fermenting the glucose broth, but likewise were non-pathogenic to guinea-pigs. Two of the Hoffmann cultures were examined as to virulence, with negative result; they failed to render neutral sugar broth acid.

Here, again, it will be noticed that the results of inoculation tend to confirm the view expressed in the last section as to the nature of the bacillus when found apart from exposure to the infection of diphtheria.

It is interesting to compare these results with those obtained at a hospital for children. Mr. Lambert Lack<sup>29</sup> made cultures from the noses of 75 children attending his ear, nose, and throat out-patient practice, and 25 children under 12 years of age attending a medical clinique—in all, 100 patients. About 40 were cases of adenoids, four had atrophic rhinitis, many had slight running from the nose, while none were seriously ill and in no case was there a history of exposure to diphtheritic infection. In 13 per cent. the diphtheria bacillus was found and in 52 per cent. that of Hoffmann. Unfortunately, as Mr. Lack informs me, in no case was the virulence tested.

(2.) FIBRINOUS RHINITIS.—This affection was first described in 1871 by Schuller,<sup>39</sup> who found in the case of an infant dying of erysipelas the nose lined with membrane. In recent years numerous papers on the subject have appeared, chiefly by German and American writers.

It occurs most commonly in children, and commences with the ordinary symptoms of catarrh; the child, beyond being perhaps a little feverish for the first day or two, seems in its general health unaffected. Complete bilateral or unilateral nasal obstruction ensues, accompanied by a watery or muco-purulent discharge, with sometimes more or less irritation of the nostrils and upper lip, or even extensive impetigo. Fibrinous exudation can be seen over the nasal mucous membrane and sometimes large loose pieces may be removed.

Mr. Lambert Lack, 31 whose valuable paper first drew general attention to the affection in this country, had 36 cases under his care during his 15 months' investigation. Of these, 33 were under eight years of age, while nearly half

occurred during the months of August and September. Nasal obstruction was usually the symptom for which relief was sought; discharge was constantly met with, but was sometimes very slight; bleeding from the nose occurred in about two-thirds, was as a rule small in amount, and appeared late in the disease when the membrane was separating. Excoriation of the anterior nares was present in the majority, sometimes with impetigo of the lip; in three cases there were pustules on the face and hands. Examination of the nose usually showed a thin whitish, flaky, somewhat adherent exudation on the inferior turbinals, floor of nose, and septum; the mucous membrane seemed congested and bled easily when touched with the probe. In no case did the exudation extend to the vestibule, and hence examination by mirror was required. In one-fourth of the cases the affection was strictly unilateral. In 32 cases examination of the throat yielded a negative result; in the remaining four were slight lesions. No loss of knee-jerk or paresis of palate followed, although these were regularly sought for. The affection lasted on an average six to eight weeks.

Thirty-three cases were examined bacteriologically. In each instance were found diphtheria bacilli, generally of the long variety, capable of producing an acid reaction on litmus sugar-agar. In the 23 cases in which inoculation experiments were made, the organisms were found to be of full virulence to guinea-pigs, to produce virulent toxin, and to be neutralised by antitoxin, while a membranous exudation lining the whole trachea and extending down to the bronchi was in one case produced in a tracheotomised rabbit.

The degree of frequency of the affection may be estimated from the fact that in 700 new cases, attending in one year Lack's clinique for ear, nose, and throat affections at the Children's Hospital, Paddington Green, 16 cases of the disease occurred. Mr. Lack kindly informs me, "Probably I saw all the cases (or nearly "all) of fibrinous rhinitis attending the hospital, as they would be sent to me as "nose cases. The new cases attending the whole hospital are, I believe, about "10,000 a year."

Inquiry was made into the children's surroundings to ascertain the relation of the disease to true diphtheria. In one case the patient's father was said to be suffering from diphtheria. In each of two cases a sister had had a sore throat; at the time cultures were made from these sisters there appeared nothing abnormal in their throats, but virulent bacilli were obtained. One of the series occurred in a ward at King's College Hospital: bacteriological examination showed that three of the nurses and six of the other patients had diphtheria bacilli in the throat, three of these presenting exudation. In another case the bacillus was obtained from the throats of mother and sister; in another from a sister. In four instances there was a history of sore throat among other members of the family, but no bacilli could be obtained from them, and in other cases no apparent source of infection could be found. Sometimes the rhinitis gave rise to other cases of the same disease, nine of the 36 cases occurring in four families.

(3.) POST-SCARLATINAL RHINITIS.—In a paper read by Todd<sup>32</sup> in January, 1898, attention was called to "a form of external rhinitis due to the Klebs-Læffler "bacillus appearing in children convalescing from scarlet fever."

This commenced as a slight redness of the posterior margin of one or both

nostrils, ultimately resulting in the formation of a moist granular-looking raw surface, bleeding readily, and often covered by a crust, which sometimes almost blocked the nostril. There was never any formation of membrane, and the process did not appear to extend backwards into the nasal cavity, but in many cases spread down to the upper lip in the form of an eczematous area. Discharge was usually slight and not uncommonly absent; the affection lasted from one to five weeks, and there was a tendency to the formation of pustules on parts of the body exposed to contact with the discharge; the face was often spotty. The general health was apparently unaffected; no paralytic symptoms were recorded. The rhinitis appeared to be contagious, and spread, though not rapidly, among young children, when it was introduced into a convalescent ward.

Fifty-one cases occurred among 365 children under observation during 18 months at the London Fever Hospital; it was most common at the ages of three and four years, no case occurring after 12. Five cases were observed during the first week after admission, and five during the second and third weeks. Later, when the children were up, the incidence was more frequent. In only three cases were diphtheria bacilli found in the fauces of the children affected; of these two were sisters whose mother and brother were suffering from definite diphtheria, while the third had also been similarly exposed to infection. During the 18 months over which these observations extended a bacteriological examination of the fauces of every patient was made before admission to the scarlet fever wards, and during this period only one case of post-scarlatinal diphtheria occurred in the hospital. In a few instances (the number is not obvious from the paper) the virulence of the bacilli was tested and they were found to be pathogenic to guinea-pigs.

Chronic rhinitis with sore nostrils, clinically similar to that described by Todd, apparently contagious, yet unassociated with the diphtheria bacillus, is, however, a fairly common sequel of scarlet fever. For example, in one of our wards there were some months ago six children who presented nasal discharge accompanied by redness and scabbiness of the nostrils; in but one of the cultures taken from these was the diphtheria bacillus found.

I have, therefore, been led to believe that the cases of rhinorrhea associated with this bacillus in the discharge, which cases have been found to be not infrequent in this hospital (and perhaps, also, those described by Todd), are composed of two entirely different classes:—

- (a) Cases where the patient has been the host of non-virulent diphtheria bacilli and later develops the ordinary post-scarlatinal rhinorrhoea.
- (b) Cases in which true Klebs-Læffler bacilli are present. In some instances, no doubt, as in the throat, these bacilli merely lodge in the nose; in others membrane is produced, giving rise to the affection which rhinologists term fibrinous rhinitis, but which I see no logical objection to calling nasal diphtheria.

In several of our cases membrane has been found in the nasal cavities. Some details of three of these in which the inoculation test was applied may be given. A case of secondary diphtheria with membrane on the tonsils having occurred in a convalescent ward, the throats and nasal cavities of all the patients were examined. One boy, who had very slight discharge and no redness or soreness of nostril, was found to have the left side of the septum markedly congested with thin but definite membrane extending over part of its surface. Free bleeding occurred when a portion of the membrane was removed, and cultures

showed that virulent bacilli were present. The right nasal cavity appeared normal; the throat, also, was natural and a culture from it negative. Diphtheria bacilli, virulent to the guinea-pig and capable of neutralisation by antitoxin, were obtained from two other cases, occurring in different wards under somewhat similar circumstances. These patients had rhinorrhea with scabbiness of the nostrils, and when the nasal cavities were examined after douching membrane was seen on the turbinated bone. In all the general health remained practically unaffected.

## IV.—THE ORIGIN OF POST-SCARLATINAL DIPHTHERIA.

I now propose to consider the principal reasons which have been suggested for the occurrence of secondary diphtheria in scarlet fever wards.

- (i.) Defects in sanitation.—With increased knowledge of the bacterial origin of diphtheria, the belief that the disease could be caused by defective drainage has gradually waned. Nevertheless, it may be well to recall that Sweeting,<sup>33</sup> in 1893, investigated this point in connection with the Board's hospitals, and found that "post-scarlatinal diphtheria has prevailed in like degree in hospitals with ventilated "and in those with unventilated soilpipes; in hospitals with automatic flushing apparatus, and in hospitals without such appliances; in hospitals with elaborate systems of ventilation and disconnection, and in hospitals where these are of the most meagre and incomplete kind. In fact, the diversity is so great that no "common factor of drainage defect can be pointed to as explaining the long-"continued yearly recurrence of this condition of post-scarlatinal diphtheria."
- (ii.) Overcrowding.—This term, strictly speaking, applies to a diminution in the recognised floor and cubic space allowed per bed. That overcrowding in this sense, within reasonable limits, has any great influence on the incidence of postscarlatinal diphtheria is open to doubt.

What should probably be regarded as of far greater importance is that an increase in the number of beds in a ward beyond the normal brings more patients, especially in convalescent wards, into intimate association with one another, so that, if a source of infection is by mischance introduced, a larger number of children is likely to be affected by it.

(iii.) Introduction of unrecognised diphtheria.—Among the many cases of tonsillitis which are admitted every year into these hospitals certified as scarlet fever, it is at least possible that some are really suffering from mild diphtheria. The number of cases presenting on admission evidence of tonsillitis only is considerable, for patients have not infrequently lost by the time they arrive at the hospital the other signs upon which the practitioner founded his diagnosis, and yet many of these are proved subsequently by the occurrence of desquamation to be suffering from the disease certified. Owing to the limited number of isolation rooms, a considerable proportion of these cases of apparent tonsillitis are admitted for observation into the scarlet fever wards, and one of mild diphtheria might thus be the origin of an outbreak of post-scarlatinal diphtheria.

Under this heading must also be included those occasional cases of double infection, in which the local evidence of diphtheria is so slight, or else so masked by the lesions of scarlet fever, as to escape recognition. What proportion of

patients are thus affected it is difficult to say, for a condition of throat closely simulating diphtheria is not uncommon in scarlet fever. Cultures as a rule show absence of the specific bacillus, but sometimes organisms are found which morphologically are indistinguishable from it. In view of what has been said in a previous section regarding the not infrequent presence of non-virulent diphtheria bacilli in normal and scarlatinal throats, it is obvious the mere finding of the bacillus, without recourse to inoculation, cannot be regarded in this throat condition as proof of the co-existence of the two diseases. Hence it is possible that the number has been over-estimated when it is recorded in the annual statistics that 1,046 cases of the combined diseases were admitted into the Board's hospitals in the four years 1896–99.

(iv.) The treatment upon the same site of the two diseases.—It is but natural that a layman, unacquainted with the administration of a fever hospital, should, when he hears that his child, convalescent from scarlet fever, has developed diphtheria, forthwith conclude that infection has been derived from cases of diphtheria treated in the same hospital. This opinion has to some extent been shared by members of our profession. Thus, Sweeting<sup>34</sup> in 1893 apparently believed that there was a connection between the reception of both diseases in the Board's hospitals and the incidence of post-scarlatinal diphtheria. He concluded from a study of his statistics "that there had been a marked increase of the "complication at the acute hospitals since diphtheria was received, although it had "undoubtedly existed to a minor extent at some of them before diphtheria was "admitted," but "... that at the Northern Convalescent Hospital it had existed "before and after the reception of diphtheria convalescents, and that its prevalence "had apparently been inappreciably affected thereby."

Now if, as the supporters of this theory hold, the treating in the same hospital of the two diseases is the main cause of post-scarlatinal diphtheria, one would expect it to be of comparatively rare occurrence in hospitals reserved entirely for the treatment of scarlet fever. That this is not so is evident from the fact that, in the five years 1896–1900, 160 cases were recorded for this hospital, into which only patients certified to be suffering from scarlet fever have been received since its opening in 1892. Similarly at Gore Farm, which up to 1899 received scarlet fever convalescents only, 273 cases of secondary diphtheria occurred during the two years 1897 and 1898.

It would be interesting to compare the incidence of post-scarlatinal diphtheria at hospitals receiving scarlet fever only and at those admitting both diseases. In the case of the acute hospitals such comparison would, however, be without value, on account of the varying proportion of patients transferred to the convalescent institutions. Comparison of the latter hospitals is free from this particular objection; at Gore Farm during the years 1896-98, a period when it received scarlet fever convalescents only, 4.5 per cent. of the patients developed secondary diphtheria; at the Northern Hospital, admitting convalescents from both diseases, the almost identical percentage incidence of 4.9 is recorded during the same three years.

It may, therefore, I think, be regarded as proved, so far as statistics are able to help one, that the aggregation upon the same site of the two diseases is not an important factor in the etiology of post-scarlatinal diphtheria. Is it possible for such association ever to give rise to this complication? Goodall<sup>35</sup> in 1896, after pointing out certain fallacies in Sweeting's statistics and deductions, said he had not been able to satisfy himself that, save in very exceptional instances, infection had been conveyed from the diphtheria to the scarlet fever wards. Indeed, since diphtheria spreads solely through intimate contact with the source of infection, it can extend to the scarlet fever wards only in consequence of imperfect separation of the convalescents or through conveyance there by members of the staff. I am not aware that the first means of infection exists at any hospital and will therefore confine my remarks to the second.

Practically the only persons involved are the medical officers and the nurses. The former, however, are not brought into sufficiently close contact with their patients to encourage the belief that they serve in any degree of frequency as sources of infection. The intimate relations, on the other hand, existing between a nurse and the children under her care render her more likely to prove an important factor in the spread of this disease. On a preceding page the extreme liability of a nurse in close attendance on diphtheria patients to acquire virulent bacilli in her throat was pointed out. Is there any evidence that a nurse, in the best of health herself, can by this means convey infection? Proof has before now been furnished, but the following instances seem of sufficient interest to deserve mention.

There is an isolation building in this hospital, used for cases erroneously diagnosed as scarlet fever, containing four separate rooms, which are looked after by a single nurse. In one was a child with bronchitis; in another a patient suffering from diphtheria. The latter died on November 18th, five days after admission. On December 3rd the bronchitic child, who had not yet left his bed, developed laryngeal diphtheria, necessitating tracheotomy. No source of infection appeared possible save by the medical or nursing staff. Cultures were made from the throats of all who had been in contact with the child, and from one nurse, who had been in attendance on the diphtheria case of a fortnight before, virulent Klebs-Læffler bacilli were obtained. She had throughout had no sore throat, and the tonsils showed only chronic enlargement.

Another instance was as follows:—A child having developed diphtheria in a scarlet fever ward, cultures were taken from the throats of all the other patients, and several were found to have diphtheria bacilli. These were removed, and those remaining kept in bed until another round of cultures had been taken. It was then found that several more had acquired the bacillus, including a boy, from whom a negative culture had also been made on admission, and whose condition had all along precluded any approaches by the other children. Cultures were, therefore, made from the nurses' throats, and from two diphtheria bacilli were obtained.

This subject has been dealt with at some length because it appears to be the only conceivable way by which the disease can be conveyed from the diphtheria to the scarlet fever wards.

The relation which appears to exist between the state of the throat and the period during which infectivity continues is of interest. Of four nurses, who about the same time, without impairment of health, carried diphtheria bacilli in their throats, one had large, rugged tonsils with some remains of adenoids, while the throats of the others were normal in appearance. The latter were by anti-

septic treatment freed from the organism in a few days. The one with the abnormal throat, in spite of over a month's vigorous local treatment, followed by some weeks at the seaside, showed virulent diphtheria bacilli nine weeks after the first examination, although during the whole of this period she had not been in contact with any source of infection.

## V.—THE PREVENTION OF POST-SCARLATINAL DIPHTHERIA.

This subject divides itself naturally into two parts—the prevention of the introduction of diphtheria bacilli into a ward, and the prevention of spread among patients.

- (A.) PREVENTION OF INTRODUCTION.—Introduction, as was pointed out in the preceding section, seems to take place (i.) through patients who, whether suffering from clinical diphtheria or not, are admitted with virulent bacilli in their throats or noses, or (ii.) occasionally by members of the staff who have been working in wards containing cases of diphtheria.
- (i.) By patients.—The course which at once suggests itself is examination by culturing of all new cases on admission. This was in fact advocated by Garratt and Washbourn<sup>36</sup> in 1899 as a method of preventing post-scarlatinal diphtheria. They found, as already stated, that of the patients admitted under their care for scarlet fever at the London Fever Hospital during nearly three years, eight (1·2 per cent.) had in their throats bacilli morphologically resembling those of diphtheria. These were isolated. In 1896, of 637 admissions only three developed post-scarlatinal diphtheria; in 1897, of 431, only one; in 1898, out of 325 patients, none at all. The previous record for the hospital had been four cases in 1893, one in 1894, and 14 in 1895, when, it is stated, an outbreak necessitated the closing of some wards.

When, however, one comes to examine more carefully this proposition, certain objections suggest themselves.

In the first place, the patients admitted into the Board's hospitals appear far more frequently to carry in their throats bacilli morphologically indistinguishable from the Klebs-Læffler bacillus—about 5 per cent. in the series examined at this hospital. Now supposing, by a routine investigation—which, dealing with large numbers, would be very laborious—this percentage of patients were distinguished from the others as carrying the diphtheria bacillus, it is difficult to see what could be done with them. That each child could be separated and kept by itself is obviously impossible. The only alternative, to send them all into certain wards reserved for them, would merely subject the many in whom the bacillus was of the non-virulent variety to infection by the few who happened to harbour the virulent germ, and would certainly not eradicate post-scarlatinal diphtheria.

Again, Todd<sup>37</sup> found that this systematic examination of the throats had not prevented the occurrence in the same wards of a contagious rhinitis associated with the presence of diphtheria bacilli, which in some cases at least were proved to be virulent. This would suggest the advisability of a similar routine examination of the nose on admission; but, as shown above, over 12 per cent. of the children who are received into the Board's hospitals appear normally to present a bacillus which, although probably in the majority of cases non-virulent, is not to be distinguished by any method available to the clinician from the true diphtheria bacillus.

The conclusion may, I think, be drawn that, however useful bacteriological examination may be in suspicious cases, systematic examination of the nature suggested would be of no practical value in these hospitals. It must, therefore, be admitted that, in spite of the greatest care, it is impossible, with the means at present at our command, to prevent the occasional introduction by patients of virulent diphtheria bacilli into the scarlet fever wards.

(ii.) By members of the staff.—It follows from what has already been said that nurses who have been working in wards containing diphtheria or post-scarlatinal diphtheria patients should not be put on duty in scarlet fever wards unless they have been proved by culturing to be free from the means of infecting their charges with diphtheria. In the selection of fever nurses special attention should be paid to the condition of the throat; the case recorded in the last section shows how difficult it is to free from diphtheria bacilli the fauces of those who suffer from chronically enlarged tonsils.

I have not yet referred to the precise means by which bacillus-carrying nurses may transmit the germs to children under their care. It is obvious, as Denny<sup>38</sup> remarks, that a person is dangerous "in proportion to the number of bacilli which "are given off from him. In an acute case of diphtheria, when the child is coughing "and gagging and the secretions are profuse, the bacilli will be disseminated more "than they are in the mild or convalescent cases. Still from the mild cases, and "equally from healthy individuals, there is abundant opportunity for the bacilli to "be disseminated. In coughing and sneezing, and even, according to Pflugger, in "speaking, the bacilli are scattered abroad." A more likely means, in the circumstances under consideration, both of acquiring and of distributing infection, would seem to be the fondling and kissing of children; the rule, which is understood in every hospital, that no child should be kissed by a nurse is, without doubt, very frequently broken.

(B.) PREVENTION OF SPREAD.—The number of patients developing postscarlatinal diphtheria will necessarily depend on the number brought in contact with those already infected with the bacillus.

This is one of the principal objections to that increase in the number of beds in a ward which is sometimes required in time of pressure. For example, it happened here, when under these circumstances six extra beds had been placed in each of the convalescent wards normally receiving 20 patients, that a case of post-scarlatinal diphtheria occurred in one, the source of infection not being obvious. The 26 children were kept in bed and cultures made from their throats, with the result that in 13 diphtheria bacilli were detected. In the then crowded state of the hospital it would have been difficult to isolate such a large number, but the simultaneous outbreak in the ward of varicella effectually prevented any such attempt. All those harbouring diphtheria bacilli were, therefore, placed on one side of the ward and attended to by special nurses; they were allowed up and taken for exercise at different hours from the other patients, in fact, strictly kept from contact with those free from the bacillus. Seven of these patients subsequently developed signs of mild faucial inflammation, in some cases with slight exudation. It was satisfactory to find that in no case was a bacillus-free child on the opposite side of the ward infected.

When resident medical officer some years ago at a hospital for children, I

became convinced that in institutions of that character many-bedded wards were a mistake, on account of the liability to introduction of various infectious diseases. Experience of isolation hospitals has led me to the same opinion as regards fever hospitals. In the designing of institutions to be used largely or entirely for the treatment of children, there can be no question that the smaller the wards, consistent with economy in building and administration, the better.

It naturally follows that the intermingling of patients from different wards is much to be deprecated. At several isolation hospitals in this country a common recreation room is provided for the use of all the scarlet fever convalescents. It is easy to see how this favours the spread of secondary diphtheria: an infecting child is brought into most intimate contact with scores of more or less susceptible patients, and it is but natural that hospitals of such construction should present a high incidence of post-scarlatinal diphtheria.

When the virulent bacillus has invaded a scarlet fever ward, as evidenced by the occurrence of a case of secondary diphtheria, cultures should be taken of all the other patients in the ward (these being kept in bed until the results are known), and the nurses' throats should be similarly examined. Pursuing this line of treatment, we have often found several persons with apparently normal throats harbouring the diphtheria bacillus.

Now, it was shown in a previous section that such bacillus-carrying persons were capable of communicating virulent diphtheria to susceptible children. It cannot be doubted that in hospitals where a general congregation of patients in a recreation room is permitted the production of bacillus-carrying children is not infrequent. The possible harm done by the introduction of diphtheria bacilli into a ward is to be gauged, not by the number of patients who develop post-scarlatinal diphtheria, but by the number infected with the bacillus. The former, which alone is recorded in the Board's statistics, is no guide to the amount of evil which may possibly result from the discharge to their homes and schools of children who, though apparently healthy, carry with them the virulent bacillus of diphtheria. It follows, therefore, that exposure to this infection should be most carefully guarded against, and that the adoption of what may be called a "barrack" system (so often denounced in the case of schools) should be discountenanced in hospitals for fever convalescents.

It is evident that secondary diphtheria will, in spite of all precautions, continue to occur in scarlet fever wards until a more convenient method than inoculation is devised for distinguishing the true bacillus. If the only difference between it and its non-virulent simulator is the formation of toxin, it is difficult to imagine that any test available to the clinician will ever be discovered. On the other hand, as I have endeavoured to show, there is no definite evidence that the primary introduction of virulent diphtheria bacilli into scarlet fever wards is more than infrequent, and hence we are encouraged, as well as compelled, to direct our attention mainly towards preventing spread of infection.

<sup>\*\*</sup> Inspection of the nasal cavities is also advisable.

to To show that this is no mere theoretical consideration, the following case may be cited:—A child, after being in hospital suffering from scarlet fever for about the average period, was discharged apparently in good health—the throat and nose being noted as quite normal. In the ward in which he had been treated, a mild case of tonsillitis had occurred, which culturing showed to be diphtheria. Some days after the boy's return home, he himself continuing in perfect health, his two sisters were attacked with diphtheria, which I believe in one rapidly proved fatal. The throats of all the patients in the ward in which the boy had been were examined bacteriologically, and several were found to be infected with the diphtheria bacillus.

## ERRATUM .- POST-SCARLATINAL DIPHTHERIA DURING 1899.

Gore Farm Hospital.—Table XII.—Post-Scarlatinal Diphtheria during 1899 continued. (Omitted from Medical Supplement for 1899.)

115   J. B.   M   6   L   Apr. 5/99   May 4/99   30   Laryngeal   Result.   Apr. 5/99   May 4/99   30   Laryngeal   Result.   Apr. 5/99   May 4/90   May 4/90   30   Laryngeal   Result.   Apr. 5/99   May 4/90   May	Antitoxin or not.  Antitoxin.
116   E. J.   F   6   A   ", 6 ", 22 ", 48   Faucial R   Li   Li   Li   Li   Li   Li   Li	" " " " "
116   E. J.   F   6   A   ", 6 ", 22 ", 48   Faucial R   Li   Li   Li   Li   Li   Li   Li	" " " " "
117 H. J. M 9 S May 18 ,, July 26 ,, 69 ,, D  118 G. J. F 13 F Apr. 5 ,, June 10 ,, 66 ,, R  119 H. H. F 4 A May 6 ,, ,, 11 ,, 33 ,, R	"
118 G. J. F 13 F Apr. 5 ,, June 10 ,, 66 ,, R R	" " " "
190 C C P 7 1 Wes 90" 11" 01	)) )) ))
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"
120 G. C. F 7 A Mar. 22 ,, ,, 14 ,, 84 ,, R 121 G. M. F 8 F May 5 ,, ,, 20 ,, 46 ,, R	:
122 J. W. M 10 S , 30 , 27 , 25 Laryngeal R	
123 G. K. F 6 F Apr. 4 ,, ,, 23 ,, 67 Faucial R 124 O. L. M 10 I May 23 ,, July 15 ,, 53 ,, R	11
10E T H P 10 B 0F T 00 01	1000
125 L. H. F 12 F ,, 25 ,, June 28 ,, 31 ,, R 126 C. M. M 3½ L ,, 10 ,, 24 ,, 45 ,, R	"
127 N. H. F 5 A Apr. 30 ,, , 24 ,, 55 Laryngeal R	"
128 G. J. F 12 F ,, 7, 2, 56 Faucial R	"
129   L. J. B.   M   3   O   May 13 ,,   July 18 ,,   61   ,,     R     R     130   F. S.   F   7   C   ,,   2 ,,   13 ,,   72   ,,       R	"
	No antitoxin.
132   R. F.   F   9   B   Mar. 26 ,,   May 8 ,,   41   ,,   R     A	antitoxin.
133 J. C. W. F 13 C June 19 ,, July 18 ,, 29 , , R	**
134   G. L. M. F   4   B   May 30 ,,   ,, 23 ,, 54   Laryngeal R   135   W. G. M. M   54   I   ,, 28 ,,   ,, 29 ,, 60   Faucial R	"
135 W.G.M. M 54 1 ,, 28 ,, 29 ,, 60 Faucial R 136 A.J.H. M 6 S June 10 ,, Aug. 1 ,, 52 Laryngeal R	"
137 A. M. F 6 F ,, 21 ,, 9 ,, 47 Faucial R	"
138 A. R. F 10 F May 16 ,, , 14 ,, 90 ,, R	.,
139   G. C.   F   10   C   June 18 ,,   ,, 15 ,, 56   ,,   R     140   G. T.   M   16   H   July 19 ,,   ,, 19 ,,   31   ,,   R	"
140 G. T. M 16 H July 19 ,, ", 19 ,, 31 ,, R 141 G. A. F 4 O Aug. 3 ,, ", 25 ,, 22 ,, R	.;
142 G. M. F 5 D June 26 , , 22 , 57 , R	"
143 G. B. F 3 F ,, 4 ,, July 31 ,, 56 ,, R	"
144 F. J. M. M 6 L ,, 27 ,, Aug. 23 ,, 57 ,, R R 145 S. T. M 64 I ,, 13 ,, 18 ,, 66 ,, R	"
146 A. A. W. F 3 P July 6 ,, ,, 25 ,, 49 ,, R	"
147 F. Q. M 7 L June 5 ,, ,, 24 ,, 79 Laryngeal R	"
148 I. P. F 5 P ,, 21 ,, ,, 24 ,, 64 Faucial R	"
149 W. J. W. M 3 E , 30 , 30 , 24 , 55 , R R 150 E. W. M 3 E July 8 , Sept. 2 , 56 Laryngeal R	"
151 G. J. F 4 P June 5 ,, Aug. 24 ,, 79 Faucial R	
152 W. J. H. M   16   I   July 30 ,,   Sept. 2 ,,   32   ,, R	"
153 E. B. M 7 I ,, 10 ,, Aug. 30 ,, 49 ,, R	"
154 E. F. M 4 I ,, 14 ,, 27 ,, 43 ,, R R 155 P. A. M 9 L ,, 14 ,, Sept. 17 ,, 62 ,, R R	"
155 J. C. M 9 L ,, 15 ,, 50 ,, R	"
157 H. C. F 9 E Aug. 4 ,, ,, 20 ,, 47 ,, R	11
158 A. H. F 64 E July 21 ., , , 17 ,, 57 ,, R R	"
160 A C P 5 O Inne 21 Ave 20 60	"
161 R. C. F 5 P July 7 ,, Sept. 11 ,, 65 ,, R	
162 J. S. F 8 O June 21 ,, Aug. 26 ,, 66 ,, R	"
163 S. H. G. M 6 L July 16 ,, Sept. 16 ,, 61 ,, R R R R R	.,
les D H F 2 D Oct 14 Dec 0 54	"
166 E. A. M 4 B July 7 ,, Sept. 17 ,, 72 ,, R	"
167 E. M. F 10 O Aug. 18 ,, ,, 12 ,, 25 ,, R	,,
168 H. R. M 21 B ,, 18 ,, 12 ,, 25 ,, R R 169 G. D. F 14 F Sept. 22 ,, Oct. 10 ,, 18 18 R	**
170 C C M 4 P Inly 10 Cont 00 75	**
171 E.A. F 6 0 27 18 78 R	"
172 W. S. M 5 L Aug. 20 ,, Oct. 7 ,, 48 Laryngeal R	**
173 S. A. Q. M 3 B ,, 29 ,, 9 ,, 35 ,, R R 174 F. M. M 7 I Sept. 7 ,, 7 ,, 30 Faucial R	22
17E W D M 4 F Aver 90 90 59	"
176 A. J. U. M 11 L ,, 25 ,, 24 ,, 57 ,, R	"
177 J. C. M 7 I ,, 4 ,, Sept. 19 ,, 46 ,, R R	.,
178 E. W. M 12 L Sept. 30 ,, Oct. 23 ,, 21 Laryngeal R	"
179 N. N. F 4 E Aug. 14 ,, ,, 18 ,, 64 Faucial R 180 J. S. M 5 L ,, 29 ,, ,, 7 ,, 39 ,, R	**
180 J. S. M 9 I Sept. 18 ,, , 27 ,, 39 ,, R	::
182 C. U. F 4 M , 11 , 31 , 50 Laryngeal R	"
183 M. A. F 10 F ,, 17 ,, Nov. 1 ,, 45 Faucial R 184 K. S. F 5 D 14 1 1 48	"
195 T C P 8 P " 4 Oot 97" 59 " " P	"
186 N. R. T. F 13 D 8 Nov. 2 52 R	"
187   D. V.   F   8   N   18   1   44     R	,,
188 W.A. M 75 E , 22 , , 3 , 42 , R	"
189 A. C. R. M 34 N Oct. 2 ,, ,, 6 ,, 35 R 190 C. W. M. M 6 L Aug. 5 ,, Oct. 7 ,, 59 Laryngeal R	"



